

CENTRAL FAIRFAX SERVICES, INC.  
Part of the ServiceSource Network

2010 ANNUAL SAFETY, RISK MANAGEMENT, AND  
CONTINUITY OF OPERATIONS PLAN (COOP) REPORT  
January 1- December 31, 2010

Introduction: Central Fairfax Services, Inc. (CFS) became incorporated on February 25, 1972, in the Commonwealth of Virginia. On July 1, 2010, CFS became an affiliate of the ServiceSource Network. Thus, this report spans a calendar year during which policies and procedures of the former CFS governance (January 1-June 30, 2010) and the new ServiceSource governance (July 1-December 31, 2010) were applicable.

Facility: The CFS center is located at 6860 Commercial Drive, Springfield, VA, 22151.

Guiding Principles: CFS is committed to conducting its operations and maintaining an environment that assures the safety of participants, employees, volunteers, and others. CFS recognizes that providing services to a large number of adults with severe and multiple disabilities place our organization in a high risk position. The strategies employed by CFS include the identification, assessment, and control of these risks to the best of our abilities. CFS is also committed to meeting, and preferably exceeding, the standards and requirements put forth by both regulatory and accreditation organizations, including, but not limited to, the Office of Licensure, Virginia Department of Behavioral Health and Developmental Services and CARF. Following affiliation with the ServiceSource Network, CFS began working closely with the Vice President for Safety and Risk Management and his team to transition procedures and documentation to comply with the Network's standards and formats.

I. Provide a Safe Environment

- a.) Evacuation Drills: Exercises were planned on a monthly basis (weather permitting) under the direction of the Safety Committee. Managers (or designees) exited with emergency supply backpacks for their respective department; walkie-talkies (to report individuals who had been evacuated to a central person) were maintained or replaced as needed; and rosters of all persons, including staff not assigned to a specific program department, were updated as needed. Some drills were conducted with a "blocked exit" to practice alternative evacuation routes. The results of these exercises were reviewed by the Safety Committee at its following meeting. Additional wheelchairs were obtained to assist persons with ambulation disabilities to safely exit the building. Additional managers were trained to serve as drill coordinators. Reports of evacuation drills are on file and available for review. A safe assembly area was marked in the parking lot outside of Door #2 following negotiations with the other building tenant and mediated by the Property Manager to exchange designated parking spaces.

- b.) Shelter In Place Drills: Exercises were conducted on a quarterly basis. Like evacuation drills, this procedure was written to reflect accountability and provisions (i.e., thermal blankets, non perishable food, and water). The results of these activities were also analyzed by the CFS Safety Committee which merged with the Emergency Preparedness Committee during the year. Reports of these exercises are on file and available for review. On August 05, 2010, a severe thunderstorm warning was issued by the National Weather Service and an actual shelter-in-place exercise was conducted. The drill procedure was activated and there were no injuries.
  
- c.) Safety Committee: This Committee was chaired by Mary Spampneto, Facilities Manager, and met on a regular basis. Members of the Committee conducted a walk through each month using an updated checklist. Representatives from all six program departments, nursing, administration, senior management, maintenance, and participants served on the Committee. Matters addressed during the past year included servicing lifts and electric mat tables (which were added to the monthly inspection checklist), issuing extreme weather procedures and alerts, review of evacuation and shelter-in-place drill reports, monitoring emergency supplies, testing fire extinguishers, and transportation safety. Cards with emergency numbers (police, fire, EMS, and poison control) were affixed to all telephones. Minutes of the Safety Committee meetings were posted on the main bulletin board, distributed by e-mail, and placed on file for review.
  
- d.) Emergency Preparedness Team: This group was formed in accordance with federal and state government recommendations in the aftermath of the September 11<sup>th</sup> attacks and met on a semi-annual basis. With the realization that the functions of the EPT and membership were so closely aligned with the Safety Committee, the two groups were merged in 2010. The responsibilities of the former EPT such as determining travel restrictions in relation to the Homeland Security threat codes; reviewing shelter-in-place drills, monitoring emergency supplies, maintaining emergency equipment (radios and cell phones), and monitoring weather and traffic alerts issued by local and federal government agencies came under the scrutiny of the Safety Committee. The nurses organized a flu shot clinic with inoculations provided at no charge to 109 participants and employees.
  
- e.) Building and Grounds Maintenance and Security: CFS staff worked closely with the managing agent, Simpson Properties, to assure a safe environment. Staff quickly responded to reports from the Safety Committee, written maintenance request forms, and verbal reports of hazardous situations. Snow was removed through a contract and efforts by CFS maintenance staff, damaged ceiling tiles were replaced, HVAC malfunctions were promptly reported and repaired, faulty

lighting was repaired, and ramps were cleared of leaves and debris. The intercom system in the changing rooms was maintained to enable communication with the front desk in case of an emergency situation. A fifth changing room was constructed. Exterior security cameras were maintained and monitored and the electronic door access system was maintained. Significant repairs were made to the curbs damaged by snow plows and areas throughout the parking lots where the concrete had cracked and become uneven. A new ramp was constructed at Door #4 to replace steps and provide for emergency egress. A new nurse's station was constructed to include running water and a "clean" sink for the cleaning of g-tubes and other medical equipment. Another nurse's office was moved to a room with running water.

- f.) Inspections and Permits: The annual inspection by the Fire County Fire Department indicated no deficiencies. The occupancy permit is current and posted at the front door. The fire extinguishers were inspected and serviced or replaced as necessary by an independent company. ARJO lifts were inspected by the Safety Committee and inspected and serviced by ARJO technicians on a regular basis. The forklift was also inspected and serviced by a contractor on a regular basis.
- g.) Transportation: The Vehicle Committee, chaired by Mary Spampneto, had regular and informal meetings throughout the year. A list of drivers was reported to the auto insurance company for continuing eligibility. Regular drivers completed checklists for their assigned vehicles. State safety and emissions inspections and registrations were kept current; routine maintenance was completed in a timely manner; vehicles were serviced for repairs, cleaning, and weatherization. Nurses and other staff assured that first aid kits were properly stocked in all vehicles. Following affiliation, all vehicles had a GPS installed for monitoring of speed and location. The landlord and the property manager supported the request of the Safety Committee to install speed limit and directional signs on the grounds.
- h.) Training: Employees received training in risk management topics including abuse and neglect reporting, adult protective services, back management, behavior management, contagious disease, CPR/AED, criminal background investigations, defensive driving, emergency preparedness, falls risk assessment, first aid, human rights, incident report writing, insurance, lift operation, medication administration, private healthcare information, seizure care, universal precautions, wheelchair safety, and workplace safety. Following affiliation, some of these classes were offered online. Training was recorded in individual personnel files and included in the Quarterly Performance Reports which were reviewed by staff, submitted to the Board and funding sources, and posted on the main bulletin board.

- i.) Participant Incident Reports: Employees were required to write an incident report in the event of participant illness, injury, or endangering behavior. All completed reports were reviewed and signed by the applicable Program Manager, Assistant Executive Director, Executive Director, Safety Committee, and other staff (i.e., nurses and therapists) as indicated. Reports were analyzed by Sutapa Ghosh, Quality Assurance Manager, for trends and follow-up actions as necessary. Reports of major significance were forwarded to the participant's authorized representative, support coordinator, residential provider, and regulatory organizations.
- j.) Medication Error Reports: Medication error reports were completed by the nurses and medication technicians for individuals served as they occurred. Quarterly summaries and an annual report were reviewed by senior management staff and procedural changes made as necessary. During the year, there were over 24,000 doses of medication administered with eight errors, two of which were attributable to CFS. None of these errors resulted in consequences to the participant.
- k.) Accident and Injury Trends: A review of the 2010 OSHA Form 300 (Log of Work Related Injuries and Illnesses) indicated zero deaths; six cases with a total of 43 days away from work; and two other recordable cases. The source of the eight injuries included three while providing personal care or other assistance to a participant, two while providing behavioral intervention to a participant, two falls (wet floor, broken curb), and one walking into a door. These totals are significantly below those of the past five years. It is hoped that this is a trend and not a one year exception.

## II. Provide Financial Security

a.) Funding, Governance and Stability: The Board of Directors took several actions in an effort to assure the long term sustainability of the Corporation in light of continuing underfunding by the state and local governments. Representatives of CFS took successful advocacy actions by testifying, meeting, and writing to state officials on the need to preserve transportation and day support services and increase the number of ID Medicaid Waiver slots statewide. The Planning Committee updated the Long Term Strategic Plan (2008-2013) including consequences if rates are not sufficiently increased. The Community Relations Committee and staff continued fundraising efforts which resulted in successful donation campaigns and grant awards. The ongoing effort to secure sustainability for the organization culminated in the Board signing an affiliation agreement with the ServiceSource Network, Alexandria, VA, which became effective on July 1, 2010. In July, the CFS Foundation was incorporated to pursue private donations in support of the mission.

- b.) Annual Independent Audit: The Board of Directors, upon the recommendation of the Finance Committee, selected Ted Ritman, CPA, to conduct the annual independent financial audit.
- c.) Policies: Following affiliation, CFS began the transition, where applicable, to the policies and procedures of the ServiceSource Network.
- d.) Advocacy: In addition to its own actions, CFS worked cooperatively with The Arc, Virginia ACCSES, Forum for People with Disabilities, PAIR, and other advocacy groups to expand and improve services for people with disabilities. The CFS SourceForce was formed to advance legislative advocacy efforts.

### III. Provide Proper Insurance Coverage

- a.) Portfolio Review: All policies were reviewed for proper coverage under the Commercial Package. These policies were designed for nonprofit corporations with special provisions for the population served by CFS. Policies included Property, General Liability, Automobile, Directors and Officers, Group Accident, Medical, Umbrella, Workers Compensation, and Contagious Disease Outbreak.
- b.) Bonding: All applicable employees and volunteers were bonded in accordance with the requirements of the funding and regulatory bodies. Following affiliation, all bonding and insurance matters are handled by the Network's safety and Risk Management Team.

### IV. Provide Legal Protection

- a.) Legal Actions: CFS conducted all legal actions in accordance with applicable laws and regulations. A separate legal report has detailed information.

### V. Assure Accessibility

- a.) Issues: Accessibility concerns and recommendations were addressed. A separate report and plan is available from the Accessibility Committee.

### V. Goodwill

- a.) Satisfaction Surveys: Surveys were conducted for participants, employees, and residential partners. The summaries were provided to the Board of Directors, respondents, funding sources and other interested parties, and posted on the main bulletin board and the website.

- b.) Publicity: Directors and staff represented CFS in a variety of public speaking opportunities at local business, university, elected official, and civic settings. The Corporation enjoys a very good reputation with the Northern Virginia Community Services Boards, ICFs, and local public school systems special education departments. Following affiliation, the Network's Communication Department issued several positive press releases.

VI. Continuity of Operations Plan (COOP): This is a living document which specifically applies to the CFS facility and operations. It was reviewed and updated in the reporting year for compliance with the Network's plan.

Submitted By,

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Executive Director

File: Risk Mgmt Report CY 2010