



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

Bureau for Behavioral Health and Health Facilities  
Division of Developmental Disabilities  
350 Capitol Street, Room 350  
Charleston, West Virginia 25301-3708  
Phone: (304) 558-0627 Fax: (304) 558-1008

**Bob Wise  
Governor**

**Paul L. Nusbaum  
Secretary**

October 13, 2004

Mr. Chuck Penn  
Valley Healthcare System  
301 Scott Avenue  
Morgantown, West Virginia 26508

Dear Mr. Penn:

The DD Division has been notified that OHFLAC has found deficiencies that warrant them to decide not to renew P.A.I.S., Inc.'s Behavioral Health License. Based upon the findings, an order has been issued mandating the closure of P.A.I.S., Inc., and a 90 day transition of all MR/DD Waiver participants currently served by them. P.A.I.S., Inc. will have the opportunity to appeal this action. I will inform you if they exercise that due process right and if there are any changes to the time lines regarding the transition of the MR/DD Waiver participants they serve.

As a Service Coordination provider for one or more of the affected Waiver participants, you are instructed to provide a list of individuals on your case load who are receiving waiver services from P.A.I.S., Inc. This list is to be forwarded to me at the above address by October 19, 2004. You may fax the list to me at 304-558-1008.

In order to facilitate a smooth transition and continuation of services for those individuals affected, the Division has developed the enclosed protocol to be implemented immediately. A copy of the OHFLAC order is also enclosed for your convenience. We will inform you of any pertinent information as it relates to your involvement in this process.

Thank you for your attention and assistance in this urgent matter. This office and staff are available to assist and provide guidance as needed. If you have any questions, you can reach me at 304-558-3298.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Kirkland".

Frank Kirkland, Director  
Division of Developmental Disabilities

FK/dlr

Enclosures

cc: Eugenie Taylor  
David Majic  
DD Division Staff  
David Sudbeck  
Stephen G. Mullins  
Pat Winston  
Sheila Kelly  
WV EMS TSN  
WVA  
Legal Aid of WV  
John Russell  
Dale Rice

OHFLAC Closure Order 90 Day Transition Protocol

1. The Service Coordination agency will provide or arrange for services.
2. Waiver participant/legal representative must choose services from another available provider in their service area.
3. If there are no other providers willing to provide services, the Service Coordination agency must provide services.
4. An emergency IDT meeting must be convened no later than November 5, 2004.
5. The IPP must indicate the service provider for all services and a date of implementation to occur on or before the 90 day deadline.
6. All IPPs must have an addendum outlining crisis back-up plans.
7. The agency and IDTs must follow all applicable Department clinical policies.
8. The status of transition must be reported to Frank Kirkland in writing each week by the close of business on Friday of that week for the first thirty days, and the last day of the month for the remainder of the 90 day period thereafter.
9. The Service Coordinator must submit a DD-1A (Waiver Assessment Tool) to the State Waiver Office indicating date/agency change of status. (Prior authorizations for services can remain intact, unless services change.)
10. Following notification in change in status of provider agency, BMS will be notified by the State Waiver Office. All PAIS services and claims for services following the date of transition must cease.
11. We suggest a concerted increase in service coordination monitoring activities during this transition period.
12. We encourage the transition of trained staff who know the individual and have provided satisfactory services for them.
13. We encourage the transfer of documentation verifying training and or qualifications in basic Waiver requirements that enable staff to begin working as soon as possible if transitioning with the Waiver recipient. Copies of records verifying training or qualifications may be given to the individual staff person and the staff may give the records to new agency at their discretion. This would allow a timely transition.
14. Continue to report all complaints or incidents to the appropriate monitoring agencies (OHFLAC, APS, CPS, and MR/DD Waiver Office).
15. Advise all recipients and/or legal representatives of their right to access protection and advocacy.



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bob Wise  
Governor

Bureau for Public Health  
Office of Health Facility Licensure and Certification  
Capitol and Washington Streets  
1 Davis Square, Suite 101  
Charleston, West Virginia 25301-1799  
Telephone: (304) 558-0050 Fax: (304) 558-2515

Paul L. Nusbaum  
Secretary

October 5, 2004

Psychological Assessment and  
Intervention Services (PAIS)  
Dale Rice, President  
1021 Quarrier Street, Suite 508  
P.O. Box 11210  
Charleston, West Virginia 25339

VIA CERTIFIED MAIL  
No. 7099 3400 0017 6339 7208

Dear Mr. Rice:

Enclosed please find an **Order** requiring closure of the above-named service provider.

Please pay special attention to your due process rights as indicated in the last paragraph of the **Order**.

If you have any questions, please contact me or Sheila Kelly, Behavioral Health Program Manager.

Sincerely,

  
Alice Warner Shumlas, Esquire

AWS:rj

Enclosure

cc:  Sheila Kelly, Behavioral Health Program Manager

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

In re: Psychological Assessment and Intervention Services (PAIS)  
Dale Rice, President  
1021 Quarrier Street, Suite 508  
P.O. Box 11210  
Charleston, West Virginia 25339

**ORDER**

Pursuant to W. Va. Code § 27-1-1, *et seq.* and the regulations duly promulgated thereunder at 64 CSR 11, *et seq.*, the West Virginia Department of Health and Human Resources/ Office of Health Facility Licensure and Certification ("OHFLAC") hereby denies your application for licensure renewal as a behavioral health center for the license set to expire October 31, 2004. The grounds upon which this action is taken are based upon the survey concluded on September 13, 2004, and include the following:

1. Failure to provide liability insurance and consumer protections which constitute an immediate jeopardy to the health and safety of the consumer served by the center;
2. Failure to report allegations of neglect, abuse and injuries of unknown origin to the administrator or other officials as required by law;
3. Failure to provide an adequate number of qualified personnel during all hours of operation to support the functions of the center and to provide quality care;
4. Failure to complete criminal background checks on staff;
5. Failure to provide newly hired staff with orientation and training on treatment policies and procedures, consumer rights and the use of emergency procedures such as crisis intervention and restraints;
6. Failure to provide newly hired direct care staff with training on emergency care, first aid, infectious disease control, cardiopulmonary resuscitation, and the Heimlich maneuver;
7. Failure to maintain a Human Rights Committee to review internal and external investigations of complaints and consumer grievances including alleged abuse, neglect or

mistreatment;

8. Failure to develop and implement a system of review of client services including an analysis of the results of treatment plan reviews and reports by the Human Rights Committee;

9. Failure to have clear, written procedures outlining each provider's responsibility when multiple service providers are involved in a consumer's treatment plan;

10. Failure to maintain a system for critical incident reporting as well as proof that it is used to improve treatment planning and services;

11. Failure to develop a process for the administration, storage and accountability of all medication which include provisions for a medication administration record procedure in compliance with State and federal requirements;

12. Failure to honor residents' rights which include the right to treatment and services that support the consumer's liberty and result in positive outcomes to the maximum extent possible;

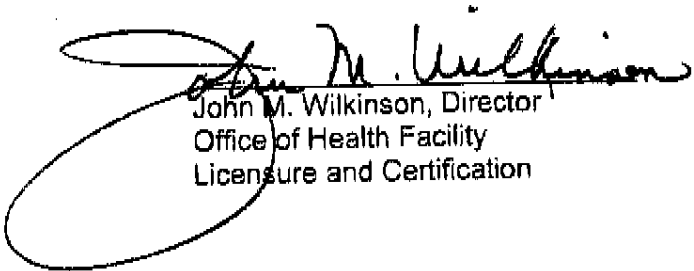
13. Failure to protect resident rights which includes the confidentiality of resident records; and

14. Failure to ascertain that all violations and suspected violations of consumers' rights are thoroughly investigated within a reasonable time period.

You are **ORDERED** to refrain from admitting any additional residents to the above-named programs/facilities, to cease operating as a behavioral health center/facility and to effect relocation of your existing resident population within thirty (30) days of receipt of this **ORDER**. However, the Bureau of Medical Services has agreed to continue payments for ninety (90) days from the date of this Order or until all residents have been placed, whichever is earlier.

Please be advised of the availability of an administrative hearing pursuant to 64 CSR §11.11.1, should you feel aggrieved by this **ORDER**. Any request for a formal hearing must be made in writing and received in this office within ten (10) days of receipt of this **ORDER**.

Entered this 5<sup>th</sup> day of October, 2004.



John M. Wilkinson, Director  
Office of Health Facility  
Licensure and Certification