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**OFFICE OF THE
NEW YORK STATE COMPTROLLER**

**DIVISION OF STATE
GOVERNMENT ACCOUNTABILITY**

DEPARTMENT OF HEALTH

**INVESTIGATION OF
NURSING HOME
COMPLAINTS**

Report 2006-S-87

AUDIT OBJECTIVE

Our objective was to determine whether the Department of Health investigated and followed up on nursing home complaints according to Federal and State regulations.

AUDIT RESULTS - SUMMARY

The Department of Health's (Department) Division of Quality Assurance and Surveillance for Nursing Homes and Intermediate Care Facilities (Division) is responsible for processing and investigating nursing home complaints.

Federal law requires that the investigation of nursing home complaints be initiated within certain time frames depending on the seriousness of the complaint. Investigations of the most serious complaints must be initiated within two days of the complaint. In addition, the Department requires that less-serious complaints (Priority D) be started within 120 days. Also, the Department requires that Division staff complete nursing home complaint investigations within 180 days.

We found that, generally, the Department investigated and followed up on Priority A complaints according to Federal and State guidelines. However, we did note some areas where improvements are needed.

For example, the Department commenced 6,696 investigations based on nursing home complaints filed with the Department during the period April 1, 2005, through September 30, 2006. Of these 6,696 investigations, 1,186 (18 percent) started later than was required under Federal regulations. Most of these late starting investigations (899) were supposed to have commenced within 10 days of the complaint (Priority B complaints), and

most of them involved complaints in New York City (733) and Central New York (121).

Of the 6,696 investigations initiated, 1,652 cases remained open as of November 16, 2006; and 560 (33 percent) of these had been open more than the maximum period of 180 days. Again, most of these open investigations involved Priority B complaints in New York City (258) and Central New York (153). [Pages 3-6]

The law requires the Department to maintain certain documentation relating to nursing home complaint investigations. To verify that the required documentation was in the files, we judgmentally selected 85 cases to review and visited 4 offices. We found 9 of the 85 files were missing documentation, 6 of which were in the Central New York Office. [Pages 6-7]

The Division receives, classifies, and enters all complaint information into a computerized database called the ASPEN Complaints/Incidents Tracking System (ACTS). ACTS is used to record allegations, track investigations, and generate reports to gauge the progress of investigations. Specific dates and information must be entered into ACTS. However, we found that the information was not being entered in a consistent manner and was not always accurate. [Pages 7-8]

Our audit report contains six recommendations.

This report, dated December 27, 2007, is available on our website at: <http://www.osc.state.ny.us>. Add or update your mailing list address by contacting us at: (518) 474-3271 or Office of the State Comptroller
Division of State Government Accountability
110 State Street, 11th Floor
Albany, NY 12236

BACKGROUND

The Department of Health's (Department) Division of Quality Assurance and Surveillance for Nursing Homes and Intermediate Care Facilities (Division) is responsible for processing and investigating nursing home complaints, most of which arrive through a toll-free hotline. The Division has a main office in Albany, and four regional offices: Capital District, Central New York, Western (which has a local office in Rochester and a local office in Buffalo); and Metropolitan Area (which has a local office on Long Island, as well as a local office in New Rochelle and a local office in New York City).

The Division receives, classifies and enters all complaint information into a computerized database called the ASPEN Complaints/Incidents Tracking System (ACTS). ACTS is used to record allegations, track investigations, and generate reports to gauge the progress of investigations.

Federal law defines complaints according to various priority classifications and establishes required time frames for commencing an investigation of each one. Investigation of the most-serious complaints (Priority A) must start within two days of the complaint. Investigation of the least-serious complaint (Priority D) must start within 120 days of the complaint. ACTS provides the regional offices with notice of the complaints and the required time frames for commencing investigation. For complaints that do not require on-site visits to nursing homes, ACTS provides the notice of the complaint and the required time frame for commencing investigation to the Case Resolution Bureau (Bureau) located in the Division's main office. Federal law also requires states to develop policies and procedures for receiving, investigating, and resolving nursing home

complaints; specifies what information should be collected from complainants; and identifies procedures for conducting investigations.

The State's Public Health Law requires designated persons such as physicians and nursing home operators to report to the Department instances of physical abuse, mistreatment, or neglect of nursing home residents. The Department requires investigations to be completed and closed within 180 days of the complaint being sent to the regional office or Bureau. In addition, if investigators find that nursing homes do not meet Federal or State standards while investigating complaints, they issue a Statement of Deficiencies (SOD) to the facility.

During the period April 1, 2005, through September 30, 2006, the Department received 13,112 nursing home complaints, of which 7,113 complaints were categorized as priority cases and were assigned to the regional offices for investigation. The remaining 5,999 cases were of lesser priority and were handled by the Bureau.

AUDIT FINDINGS AND RECOMMENDATIONS

Investigation Timeliness

Starting Investigations

When nursing home complaints are received, Department staff categorizes them as Priority A, B, C, or D based on severity, with Priority A complaints being the most severe. For example, Priority A indicates that nursing home residents' lives are in immediate jeopardy. Any complaint that is given a priority category requires an on-site nursing home inspection. Federal law requires investigations to be started within the following time periods:

- Priority A (immediate jeopardy) - within 2 days
- Priority B (non-immediate jeopardy, high) - within 10 days
- Priority C (non-immediate jeopardy, medium) - within 45 days

The Department also requires that Priority D (non-immediate jeopardy, low) be started within 120 days.

We found that nursing home investigations do not always start within the required time frames. To determine if investigations were initiated in a timely manner, we examined data regarding complaints received between April 1, 2005, and September 30, 2006. Out of the 7,113 complaints categorized as Priority A-D cases, as of the date of our data download, investigations were initiated for 6,696; and the remaining 417 still fell within the required time frames for an investigation to be initiated. Of the 6,696 investigations, 1,186 (18 percent) were started late.

Late Starts by Office

Office	Priority Type				
	A	B	C	D	Total
Buffalo	0	2	0	0	2
Capital District	0	18	2	0	20
Central New York	0	121	30	1	152
Long Island	0	7	2	0	9
New Rochelle	2	17	4	0	23
New York City	1	733	237	7	978
Rochester	1	1	0	0	2
Total Cases Started Late	4	899	275	8	1,186
Total Cases Investigated	440	4,392	1,774	90	6,696

We found that the Department did a good job in starting Priority A cases on time. Further, out of the four Priority A cases that the original data showed started late, two actually started on time. The New York City case had been reopened so it appeared to have started

late in ACTS; and in New Rochelle, the date an SOD was issued was incorrectly entered as the Start Date.

Our analysis showed that Priority B cases were started late by an average of 98 days, ranging from 1 to 472 days. To determine why Priority B cases started late, we selected a judgmental sample of 32 out of the 899 cases from 4 offices: Central New York, Long Island, New Rochelle, and New York City. At each office we selected the four latest-starting cases, and the remaining cases were selected judgmentally based upon our analysis of the length of the delay in starting the investigation. We reviewed these case files and discussed them with officials at the offices. In 17 of the 32 cases, management at the Central New York and New York City offices made decisions to delay the start of the cases so more-serious Priority B cases could be investigated. (In nine cases, the investigations actually started on time, but the Start Dates were entered incorrectly into ACTS.) The Department could not provide us with a reason for the late start for four of the cases. For the remaining two cases, one was referred to another office and one was withdrawn by the complainant.

Not starting Priority B investigations within the required time frame may increase the risk to residents' health and safety. Department officials acknowledged there was a problem in starting Priority B investigations on time. Most of the Priority B late investigations were in the Central New York (121 cases) and New York City (733 cases) offices. The New York City Office received the highest number of Priority B cases during our audit period (1,332) and we note it has made some progress in reducing its backlog (i.e., giving other offices cases to investigate, getting investigators from other offices). Central New York and New York City offices also indicated that they investigate the more

serious Priority B complaints first. In addition, the Central New York Office has had three of its six investigator positions vacant for the last three years. According to Office officials, these vacancies have hampered their ability to investigate all cases in a timely manner.

We note that New York is not the only state that has problems with investigating Priority B cases in a timely manner. In June 2003, the United States General Accounting Office issued a report that found 42 states were not complying with the requirement to investigate Priority B cases within the required 10-day time frame. Officials from states unable to meet the time frame indicated that they had staff shortages or had an increase in the volume of complaints received.

Completing Investigations

The Department requires all investigations to be completed within 180 days. To determine how many cases were open longer than 180 days, we reviewed data regarding the 6,696 cases for which investigations were initiated. As of November 16, 2006, just 1,652 of these were still open, including 560 that were open longer than 180 days. Following is a breakdown by office and the priority of cases that were open for more than 180 days.

Investigations Open More Than 180 Days

Office	Priority Type				Total
	A	B	C	D	
Buffalo	0	0	0	0	0
Capital	1	20	3	0	24
Central New York	7	100	42	4	153
Long Island	3	64	24	1	92
New Rochelle	2	26	4	0	32
New York City	7	179	70	2	258
Rochester	0	1	0	0	1
Total	20	390	143	7	560

Generally, for cases open past 180 days, Priority A cases were open between 185 and 540 days; Priority B cases were open between 181 and 581 days, Priority C cases were open between 181 and 562 days, and Priority D cases were open between 234 and 415 days.

We selected a judgmental sample of 40 of the 390 Priority B cases open more than 180 days to review the files and interview officials at four offices (Central New York, Long Island, New Rochelle, and New York City). At each office, we selected the four cases that had been open for the longest period of time. The remaining cases were selected judgmentally based upon our analysis of the length of time the investigation remained open. For 17 of the 40 cases, officials at the Central New York and Long Island offices said that the cases stayed open longer because management placed a higher value on starting newer priority cases than on completing the administrative work to close older cases. In addition, as noted above, the Central New York Office has had vacant investigator positions for three years. After unsuccessful attempts to fill these positions, two were recently filled. The Central New York Office is attempting to close older cases by offering overtime to staff to close out cases.

We note that the Division has improved its timeliness in meeting the 180-day closing requirement during the past 5 years. While

525 cases were open longer than 180 days as of October 2006, there were 1,384 overdue cases still open in October 2001. However, the Department needs to find ways of using current resources to close cases as soon as possible. The Division receives reimbursement from the United States Department of Health and Human Services for all completed investigations. However, it deems an investigation complete only when it has been closed in ACTS. For each onsite investigation closed during Federal Fiscal Year ending September 30, 2007, the Division is reimbursed for 15.5 hours at the rate of \$105 for a total of \$1,633 per investigation. If the Division had closed the 560 investigations on time, it would have received the \$914,611 in reimbursement more quickly.

Caseload Analysis

Our analysis of the average caseload per investigator at the various field offices showed wide variation, ranging from 1 to 55 cases per investigator, as follows:

Cases Open as of November 16, 2006

Office	Total Cases	Number of Investigators	Average Caseload Per Investigator
Buffalo	11	10	1
Capital	112	6	19
Central	274	5	55
Long Island	329	8	41
New Rochelle	175	5	35
New York City	694	18	39
Rochester	57	7	8
Total	1,652	59	28

In light of these variations, the Department needs to assess its allocation of staffing among the various field offices and determine to what extent it is hampering the

Department's ability to investigate cases in a timely manner.

Recommendations

1. Re-evaluate the allocation of staffing resources among the individual offices based on need so that the investigations can be initiated and completed on time.
2. Continue efforts to hire sufficient staff in the Central New York Office.
3. Analyze operations at various offices considering such factors as case loads, staffing, and best practices. Based on the results of the analysis, take necessary steps to improve timeliness of the investigative process at offices that need improvement.

Documentation of Investigations

The law requires the Department to maintain certain documentation relating to nursing home complaint investigations. The documentation is used by officials to verify that investigations were complete and appropriate procedures were followed. For example, once a regional office receives a complaint, it is required to contact the complainant three times: (1) when it receives the complaint, (2) when she/he is interviewed during the investigation, and (3) when it sends a closure letter indicating the outcome of the investigation. All of these contacts must be noted in the case file. In addition, case files should contain the initial complaint, copies of medical records (if applicable), records of interviews with appropriate nursing home staff and/or residents, a summary report, and an SOD/Plan of Correction (if applicable). All cases must be signed off as reviewed by a supervisor.

We judgmentally selected 85 cases, including 15 from the Bureau and another 70 from 4 local and regional offices (Central New York - 15, Long Island - 15, New Rochelle - 15, and New York City - 25), and reviewed the case files to verify that the required documentation was in the files. We selected our cases based on a cross-section of the various types of complaints received. We found that, for 84 of the 85 complaints, the Department took the necessary steps, for the most part, to properly investigate the cases. In one case at the Central New York Office, we found that there was no evidence that the complaint was investigated. Central New York officials said that an investigation was not necessary since a survey at the facility was recently completed. Department officials advised that, while federal guidelines allow for investigations to be closed when a complaint is received within 30 days of a re-certification survey, they did not apply in this case since the complaint was received 56 days after the survey.

Out of the 85 files, we found 9 had some instances of missing documentation; Central New York had 6 files missing documentation, Long Island had two, and New York City one. In the six files at the Central New York office, there were ten instances of missing documentation such as no-closure letters (3), no records of interview with the complainant during the investigation (2), no interviews conducted (3), no medical record review (1), and no initial complainant contact (1).

Files with missing essential documents could potentially risk the health and safety of nursing home residents. We recommend that Central New York, Long Island, and New York City supervisors not sign off on cases unless all of the required documentation is in the files.

In addition, there were 21 SODs in the 85 files we reviewed. In response to an SOD, a plan of correction must be submitted by the nursing home to address how the facility will correct the deficiency. The Division must approve all plans. For the 21 SODs issued, all had accompanying plans of correction in the files. Further, we verified that investigators followed up on the plans of corrections to ensure they were addressed within the required time frame. We also went to five nursing homes that submitted a plan of correction, one each in Central New York, Long Island, and New Rochelle, and two in New York City, to determine if the plans were implemented and found they were at these facilities. In one facility, an SOD was issued for missing and moldy tiles in the showers. When we visited the facility, we found the tiles had been replaced and the mold had been removed.

Recommendations

4. Take steps to improve Central New York Office's investigation of complaints.
5. Require supervisors in the Central New York, Long Island and New York City offices to sign off only on cases that have complete documentation in the files.

ACTS Accuracy

There are specific dates and information that must be entered into ACTS such as the first date an investigator visits the nursing home (Start Date), the last date the investigator is at the nursing home (Exit Date) and the date the investigation is officially closed and a closure letter is sent to the complainant with the results of the investigation (Closure Date). However, we found that the information was not being entered in a consistent manner and was not always accurate. The range in the inaccuracies of the dates entered was not

significant enough to impact our audit conclusions on the timeliness of the investigations.

To determine if the information was being entered into the system accurately, we used our sample of 85 cases (15 from the Bureau and 70 from 4 local and regional offices) and matched the information in the files to ACTS'. We compared information for the Start Date, Exit Date and Closure Date. For the 15 cases from the Bureau, all the information was entered accurately. For the other 70 cases:

- The Start Date was entered incorrectly in 18 of the 70 cases; 11 at the Long Island Office, 3 in New Rochelle, and 2 each at Central New York and New York City. The remaining 52 had the correct Start Dates.
- The Exit Date was entered incorrectly in 12 of the 70 cases; 8 were done at the Long Island Office, 2 in New York City, and 1 each in Central New York and New Rochelle. The remaining 58 had the correct Exit Dates.
- The Closure Letter Date did not match the closure date in ACTS in 12 of the 70 cases; 6 in New York City, 5 in Long Island; and 1 in New Rochelle. Five cases did not have closure letters in their files, and the remaining 53 had correct Closure Letter Dates.

The Start Date errors in Long Island were due to staff entering the date the investigator was assigned to the case rather than the date the investigator visited the facility. In New Rochelle, two of the cases had SODs issued and the staff replaced the Start Date with the SOD date. The remaining errors were attributed to data entry mistakes.

There were a variety of reasons for the Exit Date errors. In Long Island, four of the eight errors were attributed to staff incorrectly entering the date the case was closed instead of the last date the investigator was at the facility. Two other errors in Long Island involved staff entering either a revisit date or the closure letter date. The remaining six Exit Date errors were data entry mistakes.

Eleven of the 12 Closure Letter Date errors were due to data entry errors. The remaining case was in New York City, in which the report date had been entered incorrectly as the closure date on ACTS.

Department officials explained that when they started using ACTS, all local offices received training. However, not all local offices are using the system in the same manner. Management can make more informed decisions, if the information on ACTS is consistent and accurate.

Recommendation

6. Re-train staff on the proper use of ACTS so all information is entered consistently and accurately.

AUDIT SCOPE AND METHODOLOGY

We audited the Department to determine whether it investigated and followed up on nursing home complaints according to Federal and State regulations. The audit covered the period from April 1, 2005, through January 25, 2007.

To accomplish our objective, we reviewed New York State Public Health Law, the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services State Operations Manual, and New York State Codes, Rules and Regulations. We reviewed the Centralized Complaint Intake Program,

Case Resolution Bureau, and regional office investigation policies and procedures. We also interviewed Division and regional office officials. In addition, we visited four offices (Central New York, Long Island, New Rochelle, and New York City) to determine if nursing home complaints were properly investigated and documented, and actions were followed-up, when necessary. These offices were selected by relative caseload and case timeliness indicators. At each office, we reviewed a sample of files to determine if the investigations were properly documented and the evidence supported the decision made.

We obtained data from ACTS for the 13,112 nursing home complaints received from April 1, 2005, through September 30, 2006, of which 7,113 were assigned to the regional and local offices; and 5,999 complaints were handled by the Bureau. For our review of starting and completing investigations, we used the 7,113 complaints. To determine why cases were starting late, we selected a judgmental sample of 32 out of 899 late Priority B cases to review their files and interview office officials. To review the timeliness of complaint investigations, we reviewed a judgmental sample of 40 cases closed late (open more than 180 days since complaint assignment). We interviewed office officials to determine the reasons for the cases starting or closing late. To test the accuracy of ACTS, we reviewed a judgmental sample of 85 complaint investigation files out of the 13,112 complaints at the following offices: Bureau - 15; Central New York - 15, Long Island - 15; New Rochelle - 15; and the New York City - 25.

At the Central New York, Long Island, and New Rochelle offices, we judgmentally selected one sampled complaint that resulted in an SOD and where a plan of correction was required. At the New York City Office, we selected two SODs. Accompanied by a

Division investigator, we visited the five nursing homes to determine if the plans of corrections were implemented.

In addition to being the State Auditor, the Comptroller performs certain other constitutionally and statutorily mandated duties as the chief fiscal officer of New York State. These include operating the State's accounting system; preparing the State's financial statements; and approving State contracts, refunds, and other payments. In addition, the Comptroller appoints members to certain boards, commissions and public authorities, some of whom have minority voting rights. These duties may be considered management functions for purposes of evaluating organizational independence under generally accepted government auditing standards. In our opinion, these functions do not affect our ability to conduct independent audits of program performance.

AUTHORITY

The audit was performed according to the State Comptroller's authority as set forth in Article V, Section 1, of the State Constitution; and Article II, Section 8, of the State Finance Law.

REPORTING REQUIREMENTS

A draft copy of this report was provided to Department officials for their review and comment. Their comments were considered in preparing this report, and are included as Appendix A. The Department indicated activities it has taken to address many of the report's recommendations.

Within 90 days of the final release of this report, as required by Section 170 of the Executive Law, Department officials shall report to the Governor, the State Comptroller,

and the leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons therefor.

CONTRIBUTORS TO THE REPORT

Major contributors to this report include William Challice, Al Kee, Ed Durocher, Michael Cantwell, Mark Radley, Theresa Nellis-Matson, Sally Perry, and Sue Gold.

APPENDIX A - AUDITEE RESPONSE



Coming Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Chief of Staff

November 14, 2007

William P. Challice
Audit Director
Division of State Services
State Audit Bureau
123 William Street – 21st floor
New York, New York 10038

Dear Mr. Challice:

Enclosed are the Department of Health's comments on the Office of the State Comptroller's draft audit report on "Investigation of Nursing Home Complaints" (2006-S-87).

Thank you for the opportunity to comment.

Sincerely,

Wendy E. Saunders
Chief of Staff

Enclosure

cc: Stephen Abbott
Mark Brownell
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Mark Kissinger
Sandra Pettinato
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**Department of Health
Comments on the
Office of the State Comptroller's
Draft Audit Report 2006-S-87 on
"Investigation of Nursing Home Complaints"**

The following are the Department of Health's (Department) comments in response to the Office of the State Comptroller's (OSC) draft audit report 2006-S-87 on "Investigation of Nursing Home Complaints", including general comments followed by responses to the specific recommendations included in the draft audit report.

General Comments

The Department's ongoing surveillance of nursing home operations ensures residents receive high quality services that are consistent with Federal and State regulations.

The Department is committed to thoroughly investigating any allegation that a nursing home has violated regulations. Its nursing home complaint investigation program falls under the auspices of the Centers for Medicare and Medicaid Services (CMS), the federal agency with oversight authority for nursing home surveillance activities. While noting improvements in investigation timeliness are available, CMS has consistently evaluated the thoroughness, completeness and accuracy of the Department's complaint investigation program as being highly compliant with regulatory requirements.

The Department appreciates the Report's recommendations, which note that staff resource issues contribute to areas of performance that represent improvement opportunities. The Department recognizes the need for additional staff to build on the effectiveness of the complaint investigation program.

The Department has already initiated activities addressing many of the report's recommendations and has developed a plan to identify and implement additional activities. These actions will further ensure that every complaint regarding nursing home care is swiftly and thoroughly investigated.

Recommendation #1:

Re-evaluate the allocation of staffing resources among the individual offices based on need so that the investigations can be initiated and completed on time.

Response #1:

The Department's investigation of Priority A complaints – those of the highest priority that allege the highest level of risk for nursing home residents – is nearly always commenced within the required timeframe. As the report notes, investigation of 438 of

the 440 high priority cases reviewed during the audit period was initiated within the regulatory timeframe, reflecting a 99.5 percent compliance rate. Since the end of the audit period (September 2006), every Priority A complaint has been investigated on time.

The Department has begun evaluating current staffing levels within the context of the relative workload of complaints of all priority levels, and will utilize this analyses to identify the appropriate resource need in each regional office. Future budget requests will be based on this need methodology.

Additionally, the report notes a variation in investigator-specific caseloads amongst the seven regional offices. Some of this variation is explained by the fact that the ratios are based on the number of filled investigator positions at the time of the audit.

Recommendation #2:

Continue efforts to hire sufficient staff in the Central New York Office.

Response #2:

The Department has recognized the need for additional resources in the Central New York Regional Office (CNYRO). As the report notes, the CNYRO has recently filled two investigator positions. Additional needs are currently being identified and will be recruited in the near future.

Recommendation #3:

Analyze operations at various offices considering such factors as case loads, staffing and best practices. Based on the results of the analysis, take necessary steps to improve timeliness of the investigative process at offices which need improvements.

Response #3:

The Department supports standardizing operations statewide, and recently performed a comparative analysis of regional offices' operations which identified some practices that may offer opportunities for greater efficiency. The Department is currently performing a detailed evaluation of these practices and those determined a "best practice" will be implemented in all regional offices.

Recommendation #4:

Take steps to improve Central New York Office's investigation of complaints.

Response #4:

The CNYRO experienced significant staffing losses during the audit period. Its complaint investigation staff decreased by 50 percent. Despite the temporary use of investigators from other regional offices, the time to complete complaint investigations in the CNYRO increased. The CNYRO recently hired additional staff, but requires even more resources to improve its timeliness.

The Department is conducting training for both existing and newly hired staff to ensure all investigations are conducted and completed consistent with program requirements. This training began for existing staff in October 2007 and will continue through the Fall. In addition, all investigators receive annual training at the Surveyor Training Academy each March.

Recommendation #5:

Require supervisors in the Central New York, Long Island and New York City offices to only sign off on cases that have complete documentation in the files.

Response #5:

The report notes that nine of the 85 cases reviewed in the audit sample had some instances of missing documentation, with six of the nine cases being CNYRO cases. The Department is currently updating its case file documentation protocols, including implementation of quality assurance protocols requiring regional office staff to verify the completeness of the case file documentation prior to forwarding for supervisory approval, following which all appropriate staff will be trained on the updated protocols. The Department expects these changes will be fully implemented and the associated training completed by December 1, 2007.

Recommendation #6:

Re-train staff on the proper use of ACTS so all information is entered consistently and accurately.

Response #6:

The Department believes, overall, the accuracy of data entry into ACTS is high. The complaint program's policies and procedures include appropriate instructions on data entry into ACTS. In addition, the regional offices in which the greatest volume of errors was identified in the audit findings all experienced turnover in staff during the audit period, which the Department believes significantly contributed to the findings.

To ensure that data entry is complete and accurate, all complaint program staff in the Long Island regional office were retrained on use of and data entry into ACTS on June 7, 2007. Similar training for all other regional offices is being scheduled and is expected to be completed before the end of the year.