
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Alternative Living Concepts

November 20, 2017

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Introduction

The purpose of the Comprehensive report is to compile the official findings from the desk and onsite reviews, face-to-face interviews and self-assessments, as applicable, that were completed for your agency as part of ODP's QA&I Process. This report will:

- Highlight those areas where the Provider is doing well related to person-centered services delivery and promising practices;
- Analyze performance in ODP's quality focus areas for the current QA&I cycle;
- Compare results of the desk and onsite reviews with the entity's self-assessment;
- Summarize those instances of non-compliance that were remediated during the onsite review;
- Outline issues of non-compliance expected to be remediated within 30 calendar days of report receipt;
- Recommend PPRs where compliance is below established thresholds of 86%; and
- Recommend improvement activities to be addressed during the remainder of the QA&I cycle, including systemic quality improvement projects to incorporate into QM Plans.

The mission of the Office of Developmental Programs (ODP) is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.

ODP's vision is to continuously improve an effective system of accessible services and supports that are flexible, innovative and person-centered.

The Quality Assessment & Improvement Process is a way for ODP to evaluate our current system and identify ways to improve it for all individuals.

QA&I Summary

Per ODP's requirement, Adult Living Concepts completed and forwarded to the Administrative Entity (AE) their Self-Assessment on July 25, 2017. Additionally, as required, Adult Living Concepts submitted their Quality Management, Restrictive Procedure and Annual Staff Training policies to the AE. These policies and the completed provider Self-Assessment were reviewed by the AE as part of the desk review. The On-Site review portion was scheduled and occurred on November 1, 2017.

The on-site review began with the Individual Interview and then continued with the Entrance meeting. During the entrance discussion, the AE reviewed ODP's focus including Quality Management,

Employment, Communication, Restrictive Procedure Policy compliance and increased focus on Staff Training. Also noted was the change that the AEs are no longer reviewing the specific service billing history of the provider and On-Site is to occur on a 3-year cycle. The AE outlined what would be reviewed during the On-Site and potential timeframes for completion. The provider sample reviewed consisted of five individual records; all licensed residential services. The associated staff training records reviewed included sixteen files.

Data Analysis and Performance Evaluation

During the On-Site review portion of the QA&I process, Alternative Living Concepts made available the required records as well as arranged for the one individual to be interviewed.

Findings:

Highlights and Provider Strengths:

- Alternative Living Concepts' quarterly Incident reviews are detailed and are used as an opportunity to improve their services.
- Alternative Living Concepts provides staff with many additional trainings on topics specific to the individuals they support. ALC utilizes the HCQU for many of these trainings.
- Alternative Living Staff's daily charting is thorough and well-written.

Areas for Corrective Action:

SPECIFIC FINDINGS OF NON-COMPLIANCE

- PROVIDER'S QUALITY MANAGEMENT PLAN WAS NOT DATED WITH MONTH AND YEAR. PROVIDER'S QUALITY MANAGEMENT PLAN DID NOT INDICATE THAT IT WOULD BE UPDATED AT LEAST EVERY TWO YEARS.
- PROVIDER DID NOT IMPLEMENT THEIR POLICY TO SCREEN EMPLOYEES IN THE CASE OF ONE EMPLOYEE.
- PROVIDER DID NOT COMPLETE A PEER REVIEW PROCESS TO REVIEW THE QUALITY OF INVESTIGATIONS WAS COMPLETED AND DOCUMENTED.
- MONTHLY PROGRESS NOTES DID NOT INCLUDE DOCUMENTATION OF ALL NECESSARY COMPONENTS.
- 5 OF 16 STAFF DID NOT RECEIVE TRAINING ON THE INDIVIDUALS' ISPs BEFORE PROVIDING SERVICES TO THOSE INDIVIDUALS
- 5 OF 9 NEW HIRE STAFF DID NOT RECEIVE TRAINING ON THE INDIVIDUALS' ISPs BEFORE PROVIDING SERVICES TO THOSE INDIVIDUALS
- 14 OF 16 STAFF DID NOT RECEIVE TRAINING ON RESPONDING TO INDIVIDUAL HEALTH, BEHAVIORAL EMERGENCIES AND CRISES.

- 14 OF 16 STAFF DID NOT RECEIVE TRAINING ON THE PROVIDER'S EMERGENCY DISASTER RESPONSE PLAN.
- 13 OF 16 STAFF DID NOT COMPLETE ALL COMPONENTS OF THE ANNUAL TRAINING PLAN.
- 1 OF 16 STAFF DID NOT RECEIVE ANNUAL INCIDENT MANAGEMENT TRAINING ON PREVENTING, RECOGNIZING, REPORTING AND RESPONDING TO INCIDENTS AND ASSURING A PARTICIPANT IS SAFE.
- PROVIDER DID NOT DOCUMENT IMPLEMENTATION OF CORRECTIVE ACTIONS FOR ONE INDIVIDUAL'S INCIDENT.

Suggestions for consideration of improvement:

- Since the provider is ultimately responsible for implementing the individuals' ISPs it is suggested that Alternative Living Concepts' Program Specialist review ISPs in HCSIS frequently to ensure they are accurate reflections of the individual's needs. And when an outdated or incorrect statement is discovered it is suggested that Alternative Living Concepts contact the individual's supports coordinator and document the attempt to have the ISP document revised. There are two instances where the AE discovered a need for ISPs to be updated
 - 1.) One individual's diet was not accurate in the ISP.
 - 2.) One individual's ISP indicated that she was to be supported with 1:1 staffing which is outdated information.

It is suggested that the provider contact the supports coordinator to have the plans updated to reflect current practices.
- AE provided Alternative Living Concepts with a copy of ODP Communication packet #031-15 regarding Adult Protective Services. The AE advised ALC to review this communication.

Appendices

- Alternative Living Concepts QA&I Tool
- Alternative Living Concepts CAP