QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

ARC Human Services

12-29-17

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This is a comprehensive report of the on-site and desk review completed by the Washington County AE to give you an overview of the results and findings in order to provide you positives that were notes, in addition to areas needing corrected and approved. There was also non-scored items regarding Deaf services and Employment that will be included in the question review.

Your organization submitted your QA & I documents to ODP and the AE within expected timeframes. At that time the AE desk review began with overviews of EIM and HCSIS. Our last review stage leading to the results in this report was our on-site visit to your agency utilizing the ODP established tool/questions for review, including interviews with staff and an individual.

As we discussed at your entrance and exit interviews, the purpose of this process is to help you identify positives and areas of improvement for your agency. The purpose of the review is Quality Assurance and Improvement.

We selected a sample of 5 individuals to review (MCI #'s 630111427, 330113716, 310239862, 790112346, and 70116760) that received services including Residential, Community Participation Supports, Small Group Employment, Supported Employment, and Behavior Supports.

One individual (MCI #310239862) was interviewed, in part with their staff present and also without staff. The individual was happy with services, felt his needs were met, and seemed to have a good relationship with his staff. He stopped to talk to me right after finishing a shift with his small group employment

Your agency is making great improvements when compared to the 15-16 Provider Monitoring which is great to see! Some of the positives include the individuals were happy and well supported, areas needing improvement were already known to your agency and being worked on, the person centered philosophy is shared amongst leadership, and there were new tracking forms implement for items such as back-up plan usage and daily documentation with valuable information. You also had all key management personnel from amongst all department at the exit interview which was extremely important and shows that you are working as a team to continue to improve and to build upon what is working well.

Your training, while in-depth, needs to be improved in ensuring all required topics are fully covered. In general, a recommendation would be to share information and forms amongst department because there are a lot of great strengths that could be streamlined to be sure they are covered well agency wide.

The focus area of employment is at 100%. In talking with your agency management, it is clear that you will be looking at how you provide employment services, and how you can continue to improve this this crucial area to help many reach their goals in life. This section of the report will provide data and analysis in key areas, highlighting both good performance and areas for improvement.

In comparing your self-assessment submission with our on-site review the following was found You had noted that your QM plan does not meet the requirements, however in reviewing what you had on-site it did meet requirements.

You had noted that performance data is not utilized in selecting priorities but in reviewing your information it did show the items that you look at for improvement meeting the requirements listed.

You had noted that your QM Plan was not revised/analyzed every 2 years but your documents showed that you did and were in the process of doing so.

You had marked that your staff did not receive training in meeting the individual's needs before they provide service but in reviewing documentation your staff was able to provide documentation that the training did occur according to required timeframes, both for new staff and those already employed prior to this review period.

You had marked that staff did not receive training on the Emergency Disaster Response plan but we were provided with documentation that showed this as in compliance.

You had marked that incidents were not reviewed quarterly, however in reviewing your leadership meeting minutes and your scorecard there was documentation that this had occurred.

Other than the above your findings were accurate with ours.

Please refer to My ODP for information on completing the CAP, PPR, and timelines needing met. Your items require remediation within 30 days. There are items that fall below 86%. All of these areas are ones that you are aware of and were able to show me on-sire that you are working on so please submit the corrections for all. The tool has recommended/required remediation to refer to in order to assist at you complete your CAP on the attached form to submit within required timeframes. If you need any assistance please call Jennifer Scott or Sheila Fullerton at 724-228-6832.

Appendices

The results of each question from the Onsite Questions Tool for Providers are below, as were reviewed in our Exit Interview. They are marked yes if in compliance or No with a note if they are not in compliance.

1. Yes
2. Yes
3. Yes
4. Yes

5. Yes
6. Yes
7. Yes
8. Yes
9. Yes
10. Yes
11. Yes
12. Yes
13. Yes
14. Yes
15. Yes
16. Yes
17. Yes
18. No-you do not reflect that you cover preventing, recognizing, or assuring safety.
19. Yes
20. Yes
21. Yes
22. No-Frequency and Duration as listed in the ISP are not being followed consistently for service provision and documentation
23. N/A
24. No-some progress notes do not have an area to show lack of progress and others did not give corrective actions for lack of progress that was noted.
25. Yes-Non-scored
26. Yes
27. N/A
28. Yes
29. Yes
30. N/A
31. N/A
32. N/A
33. N/A-non-scored
34. N/A
35. N/A
36. Yes
37. N/A
38. N/A
39. No-there were numerous incidents not finalized within the 30 day requirement, and that did not have an extension filed.

40. No-EIM #8311840
41. No-EIM #s 8336655 and 8311840
42. N/A
43. Yes
44. Yes
45. Yes
46. Yes
47. Yes
48. No
49. Yes

The Corrective Action Plan document for you to utilize to respond to areas found out of compliance is attached, as well as the MCI tracker.