
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Bell Socialization Services

Date of Self-Assessment and Provider Checklist Document Submission: August 31, 2017

Date of Desk Review: August 24, 2017 to August 25, 2017

Date of On-site Quality Assessment and Improvement Monitor:

December 12th, 13th, 18th and 28th, 2017

In Attendance: Rosiland Lauchman: York/Adams AE

Theresa Franklin, Bell Socialization Services

Bell Socialization Service is qualified to provide the following services: Residential, Home and Community, Companion and CPS to those individuals enrolled in the Consolidated and PFDS waiver programs. The provider has recently undergone significant positive changes in staffing and oversight within all programs.

A sample of ten individuals was selected by the AE. Seven individuals receive home and community based services (one of which no longer receives services)

and three individuals receive residential services. Two of these individuals receive additional behavioral supports.

Desk Review Results:

The provider participated in all scheduled ISP's.

The provider does not provide employment services, however, there is documentation that the provider supports and encourages community employment for individuals not in the sample.

There are two individuals in the sample with a communication plan and/or formal communication system. Staff is familiar with the communication plan of one individual and the PEC system which is utilized by another.

There were no instances of neglect due to non-implementation of a back-up plan and all home and community individuals in the sample have individualized back-up plans. The provider has promoted new staff to oversee the SELF program and significant positive changes are occurring.

There were no instances of need to replace an individual's lost or damaged property.

A report for incidents was run for the period of March 1, 2017 to August 31, 2017. All individuals were offered victim's assistance as appropriate. There were twelve incidents found to be non-compliant in regards to finalizing within 30 days. The provider has hired staff to oversee incident management and staff was able to provide documentation demonstrating all incidents have now been addressed and closed. Aging incidents, outside of the current review, were also addressed with the provider. Staff hired is aware and will address all aging incidents once compliance is met with all current open incidents. A peer review of all incidents occurs every quarter. The provider has six staff certified as investigators and all have current certification.

There are three individuals receiving residential services and the provider completed all necessary medical appointments and health care screenings and follow-ups as prescribed.

Four home and community individuals have a dual-diagnosis and receive needed mental health services. Two residential individuals also have a dual-diagnosis and received behavioral supports with contracted providers. Both have SEEN plans as well as Behavioral Support Plans. Quarterly reviews are conducted for both individuals.

The provider promotes health and welfare for seven individuals including healthy diets, decreasing self-abusive behaviors and healthy weight maintenance.

On-Site Review Results:

A review of all policy and procedure documentation was completed. The content compliancy of all required documentation was very good.

The Quality Management Plan is currently under the two year update revision. The current plan was reviewed and found to be in compliance. The new plan will address focus areas of medication errors, individual to individual incidents and Community Participation Services. Performance measures are reviewed during board meetings on a quarterly basis.

The provider utilizes an appropriate check system for all staff screenings newly hired and on an ongoing monthly basis. The provider was able to present the most current monthly check.

There are three individuals in the sample receiving residential services and all three have signed department approved room and board contracts.

The annual training policy was reviewed as well as all training documents. There were forty-five staff that provided direct support to the individuals and thirty-two received training on the ISP's prior to working with the individuals. *Thirteen staff are non-compliant in reading the ISP prior to working with the individuals due to

emergency staffing situations. The provider is currently implementing a process to ensure that all individuals' ISP's are reviewed by all staff prior to working with the individual.

Ten newly hired staff training records were reviewed. The staff and training records were very organized, comprehensive and met all training requirements as outlined.

Documentation of delivery and services/supports type, scope, amount, frequency and duration was included on all daily progress notes and delivered as documented. It was recommended that staff carefully review frequency and duration as entered on all daily logs to ensure all information is entered and entered correctly. A recommendation was also made to resume the completion of monthly progress notes for home and community services (daily notes are completed). Monthly progress notes are completed for residential programs and this form will be provided to all home and community staff. Daily progress notes were reviewed and showed individuals maintaining or progressing in outcomes.

There are no deaf individuals included in the sample however the provider does serve four deaf individuals. Administration and staff have reviewed ODP's webinar.

Individual and Staff Interview Results:

One individual who receives funding for Residential and Recreational and Leisure services was interviewed. The individual resides with two housemates in a very nice home overlooking York City. The individual is ambulatory and can access the community. (Wheelchair use was recently prescribed for long distances if needed.) The individual attends another provider's day licensed facility. The individual is verbal and able to express self. The individual was able to describe the services received and states they are happy with staff and the help they provide. The individual enjoys taking walks when weather permits but prefers to stay home and watch television or weave yarn. The individual is also provided with opportunities to go to concerts and summer vacations. The individual participates in her

provider's recreational club and enjoys movie nights, bowling and community activities. The individual has no desire to work in the community. Individual stated that they are able to be alone when desired and gets along with housemates. The individual also has opportunities to visit with family members including sister, nephews and nieces.

Staff was very knowledgeable in all aspects of the individual's life. Staff demonstrated concern for the individual's health in regards to ambulation and seizure and discussed actions being taken to address this issue for the individual.

*During the review process and the holiday season, it came to my attention that this provider reached out to an individual in the community who was experiencing an emergency situation. The individual's safety was at risk and needed to find shelter during the holiday season. Having no prior knowledge of the individual, Bell Socialization worked with county staff and was willing to provide a safe home for the individual. Bell staff also purchased necessary personal items as well as Christmas gifts. This is not the first time that Bell Socialization staff have gone far above and beyond for our individuals in need.

Need for Remediation:

The AE has found one area of needed remediation at this time. Please find attached a Corrective Action Plan to address remediation for non-compliance of Question #13 of the QA and I Question Tool: Staff receives training to meet the needs of the individual they support as identified in the current, approved Individual Support Plan before providing services to the individual.

The Corrective Action Plan was completed on February 2, 2018 and validated on February 5, 2018. Supporting documentation to support the remediation was also provided.

