# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

## Pennsylvania Office of Developmental Programs

Entity Name: Blossom Philadelphia

Date(s) of Onsite Review: September 19, 2017 – September 22, 2017

Date of Report: October 20, 2017

Onsite Review conducted by Philadelphia IDS

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## Introduction

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process for Blossom Philadelphia. This report will include the official findings of the desk review and on-site review processes conducted earlier this year by your assigned administrative entity, Philadelphia Intellectual disAbility Services.

The ODP QA&I Process for providers, which replaced the ODP Provider Monitoring process on July 1, 2017, is one piece of a comprehensive quality management review designed to evaluate the supports and services offered by county Administrative Entities, Supports Coordination Organizations, and Provider agencies across the Commonwealth of Pennsylvania. The purpose of the revised process, as stated by ODP, is to eliminate unnecessary duplication across Commonwealth and county review procedures, to allow more time to focus on individual experiences and quality improvement, to improve methods of collecting and reporting useful data in a timely manner, and to foster collaborative partnerships and opportunities for technical assistance and shared learning.

Upon completion and approval of this comprehensive report, the results are shared with ODP in order to assist with the evaluation of the current system of supports, and to identify ways to improve the system for all individuals and key stakeholders. Additionally, QA&I assists with data collection that measures Consolidated and Person/Family Directed Support waiver performance measures, compliance with Title 55 PA Code Chapter 51 regulations, and compliance with the Medicaid Waiver Provider Agreement.

ODP's focus areas for this year's statewide QA&I review are consistent with the desired outcomes of the 2017 waiver renewals and the ODP quality management strategy. These focus areas include but are not limited to the following:

- Families with infants and toddlers and people with Autism get the support they need
- People will be connected with their community and increase community participation
- People will live with people they like and who care about them
- People will be physically and mentally healthy
- Assuring effective communication
- Increasing employment
- Ensuring individuals are free from abuse, neglect, and exploitation
- Ensuring that people with complex needs have the support they need

## Quality Assessment & Improvement Summary

The steps of the ODP QA&I process are inclusive of the following procedures:

### Self-Assessment

All providers complete the self-assessment on an annual basis. Providers are expected to remediate issues that are discovered during their self-assessment within 30 days, and to engage in quality improvement activities based on the results of self-assessment.

Blossom Philadelphia successfully completed their self-assessment on time, before the deadline prescribed by ODP. However, the results of the Blossom self assessment were inconsistent with the findings of the onsite review team that conducted the QA&I visit. Blossom indicated compliance with questions 7, 8, & 9 regarding their quality management plan, but upon review all elements of the QM policy and plan require revision. The provider answered N/A to question 10 regarding grievances, however there was no evidence that the grievance policy was implemented as required, and elements of the Blossom grievance policy require revision to become compliant with Chapter 51 regulations. Blossom indicated that the restrictive intervention policy was compliant with Chapter 51, however upon review it was determined this was not the case. The annual training plan was indicated by Blossom to be in compliance with regulation, however review indicated that significant revisions are required to their training plan.

Blossom did accurately document that training requirements were not met, which was consistent with the findings of the review. For training of staff and administrators that support deaf individuals, while there was evidence of training completed, the trainings were not the ODP webinars required by the settlement agreement.

Self assessment questions with regard to sample individuals could not be accurately compared, as the provider and the AE reviewer selected different samples to review.

### Desk Review of Providers

The assigned Administrative Entity conducts a desk review of providers that are assigned for on-site review prior to the date of on-site. This desk review includes an analysis of the provider agency's Quality Management Plan, the Annual Training Plan, and the Restrictive Intervention Policy, which are submitted to the AE by the provider upon completion of the self-assessment. The desk review also consists of a review of data collected from Home & Community Services Information System (HCSIS), the Enterprise Incident Management system (EIM), and the Individual Support Plans (ISPs) of the individuals selected by the assigned AE for the onsite review sample. The desk review found that the policies reviewed did not meet criteria.

The QM plan does not include measurable objectives, an action plan, and is inconsistent with "people first" language. Outcomes in the QM plan should be considered for revision, and possibly

replaced with updated outcomes that equate to current agency goals that are consistent with the ODP Quality Management strategy. The provider should consider using the ODP recommended tools in the development of their revised plan in order to accurately document targeted objectives, action steps, and progress or lack of progress meeting objectives.

The Blossom policy on restrictive interventions does not meet criteria specified in ODP Memo 080-12 with regard to allowable restrictive interventions, prohibited restrictive interventions, or the reporting of unauthorized use.

Finally, the Blossom annual training plan was missing multiple components required by regulation: training to meet the needs of individuals identified in their ISPs, training on the QM plan, and training on department issued policies and procedures were not present. Additionally, training on grievance procedures was missing components required by regulation and needs revision. The training plan was presented as a list of training topics without an explanation of subject matter or evidence of the material that is presented during staff training. Finally, a review of the time spent training staff on the topics listed in their annual training plan was inconsistent with the targeted time frames indicated in the plan.

**AE Onsite Review of Providers**

Philadelphia IdS conducted the onsite review of Blossom Philadelphia from September 19, 2017 through September 22, 2017. The process began with an Entrance meeting, held on the first day of the scheduled onsite review. A copy of the Entrance meeting signature sheet documenting all attendees is included in the appendices of this report. Discussion during the entrance meeting included introductions, a general overview of the QA&I process, including the mission, vision and quality improvement priorities of ODP, IdS, and the reviewed provider, and a discussion of the specific details of the onsite process.

The provider had their documents ready for the review and the interviews of staff and sample individuals were scheduled ahead of time, as requested. The CEO and other staff members stayed with the review team throughout the entire process, and were open and available for questions during the review. Blossom staff that participated in the review were agreeable and open to the suggestions and recommendations that were made as a result of the review.

A total of five individuals were selected as a part of this provider's sample, and of those sample individuals, five interviews were conducted during the onsite review. Two individuals receive licensed residential habilitation services from the provider, and three receive community participation supports. One sample individual is served through the P/FDS waiver, and four through the Consolidated Waiver.

During the interview process it was noted that, for the most part, the individuals were happy with the services provided by Blossom, especially those individuals that receive Community Participation Supports at the Blossom day program. One individual (MCI#001905517) who is supported with

Residential Habilitation, made it very clear that he was not happy with Blossom and is exploring alternative living arrangements with his team. He voiced complaints regarding the handling of his finances and the unavailability of funds when he wanted them. It was noted during the interview that staff supporting the individual were openly dismissive of the individual's complaints and contradicted him on several occasions. At another individual's interview (MCI# 360166131), it was noted that the staff onsite was wearing medical scrubs. When asked about his uniform, he responded by saying that it was required by his employer. The review team felt that staff working with individuals in a residential setting and wearing medical scrubs is not consistent with Everyday Lives principles and reflects a medical or Home Health Care model of supporting individuals.

The homes were found to be generally in good condition, clean and well furnished. Bedrooms at the CLAs were decorated reflecting the individual's preferences, but the common areas of the homes did not reflect those preferences. The furniture in one individual's bedroom (MCI#001905517), was old, visibly damaged, did not match, and the handles on one of the clothes dressers were broken and missing. Also, the individual's closet and storage area in his room was blocked by furniture and not accessible.

On the final day of the onsite review, an Exit meeting took place. A copy of the Exit signature sheet documenting all attendees is included in the appendices of this report. Topics of discussion during the Exit meeting included introductions, an overview of the process from the perspective of the reviewer and the reviewed provider, an overview of the findings documented during the review, and an overview of the comprehensive report and the corrective action process. The provider indicated during the exit interview that they found the QA&I process to be helpful, valuable, and informative, and they were looking forward to collaborating with the review team on remediation of noncompliance and implementing recommendations.

## Data Analysis and Performance Evaluation

This section of the report will provide data and analysis in key areas, highlighting both good performance and areas for improvement. Data for every QA&I question will be provided in an appendix.

Blossom Philadelphia has gone through a significant organizational and administrative change over the past year. New management and leadership, and changes in the way direct support professionals are hired, trained, and assigned to sites have clearly contributed to the large number of areas identified during onsite that were out of compliance with the Chapter 51 regulations to which providers of services in the Pennsylvania ID service system must adhere.

Leadership and management at the day program have adjusted to the major changes in the way adult day services have transformed following the 2017 waiver renewals. All participants in the Blossom day program have transitioned from Prevocational Services and/or Licensed Day Habilitation to Community Participation Services, and based on the small sample we reviewed as well as reports from the staff we interviewed, the change has been smooth and successful. Individuals love having the choice of activities during the day in which they can participate, and likewise enjoy having the opportunity to go on trips or choose an activity at the program based on how they are feeling that day. The staffing structure at the day program allows for individuals to choose from a wide variety of activities that occur during three sessions during the day in addition to trips in the community, and Blossom has a system in place to ensure that at all times during the day staff ratios in individual ISPs are adhered to regardless of individuals choosing a different activity at the spur of the moment. Paperwork to support service delivery at the day program was well organized, thorough, well written and, except for very few instances, was present as expected.

## Analysis of performance based on focus areas

People will be connected with their community and increase community participation:

While Blossom Philadelphia has adjusted well to new requirements for day supports to promote community participation and community connections, the residential program seems to falter in this area. Based on a number of supports coordination reports of individuals not participating in or scheduling outings in the community, missing medical appointments, as well as the results of individual interviews during the onsite review, there appear to be difficulties in making connections in the community for individuals supported residentially. One potential problem apparent to the reviewers is the fact that there is very little or no opportunity for individuals to participate in community activities at the “spur of the moment”. Blossom has no vehicles assigned to any sites, and relies on scheduled transport through CCT Paratransit or floating agency vehicles that are used for medical appointments. All transportation needs to be scheduled in advance, and there is no opportunity for same-day transportation. Brainstorming should occur on how to improve in this area. This focus area could be a

valuable place for Blossom to concentrate an outcome in the revision of their Quality Management Plan, in order to collect data on the frequency of community outings for individuals supported in the residential program, gauge individual satisfaction with their outings, and overall improve community connections that are made for the people they support.

People will be physically and mentally healthy:

Both sample individuals that are supported with residential services had medical appointments that were not completed or out of date, including a psychiatric medication review, and health promotions that are documented in the individual's ISPs were not present in service notes or monthly progress notes. It was unclear from reviewing documentation or staff reports whether health promotion in the specific areas that were recommended by the ISP teams were being implemented in the homes.

Blossom reported that nurse managers are responsible for scheduling and documenting required follow up for the medical appointments for the individuals they support. Some of the nurse managers are newly hired, and a time of transition is a good time to review practices that may not be performing as well as expected. This is a data driven process, and another potential area where revision to the QM plan and inclusion of an outcome that monitors successful follow through with medical care could provide valuable information.

Ensuring individuals are free from abuse, neglect, and exploitation:

As part of the desk review, it was identified that Blossom had 2 incidents that were finalized later than the 30 day time period without a request for extension. Troublingly, over the time period of March 1, 2017 through August 31, 2017, there are 68 incidents in EIM that are open and not finalized, with notes stating that reasons were "waiting for documentation", "waiting for completion of investigation", or another similar statement. As a result, follow up, corrective action, and actions taken to protect the health and safety of individuals is compromised. It is extremely important that the provider take steps to thoroughly complete incident reporting processes within the timeframes required, to actively communicate with the assigned AE and other program offices as needed to complete the process when necessary. It is recommended that the provider regularly review their oversight processes with regard to incident reporting, make changes where necessary to ensure that proper oversight is being conducted, and it is strongly recommended to include incident management processes as a focus area on the revised quality management plan.

**Issues discovered and corrected while onsite or during desk review**

No areas of noncompliance were identified onsite that were remediated onsite. The provider did follow up with identified medical appointments within days of the exit interview, to ensure that all missed appointments were scheduled, and in one case, was able to show that the appointment was held and documentation located.

**Items requiring remediation within 30 days**

The following questions were identified to be out of compliance and require corrective action to be completed within 30 days of the date of this report. Please ensure that proof of corrective action is forwarded to your review team on or before the due date, along with the completed CAP document.

Q7: The QM plan does not include measurable objectives, an action plan, and is inconsistent with "people first" language. Outcomes should be considered that equate to current agency goals and the provider should consider using ODP recommended tools to document the plan.

Q8: Performance data was not available for review that indicated analysis during the development of the outcomes identified in the QMP.

Q9: No indication or evidence that as a matter of policy, the provider reviews and revises the QMP every two years.

Q11: No documentation or data to show that the grievance policy is implemented as per Chapter 51 regulation. The grievance policy should be amended to ensure the process includes all elements required by Chapter 51 regulations.

Q12: Blossom policy does not meet criteria specified in ODP Memo 080-12 with regard to allowable restrictive interventions, prohibited restrictive interventions, or the reporting of unauthorized use of restrictive interventions.

Q13: For two individuals receiving residential supports from the provider, one individual did not have a signed room & board contract (MCI#001905517).

Q14: For 20 staff that work directly with sample individuals, there was no indication of staff training on the individual's ISPs prior to working with the individuals they support.

Q15: For 44 new hire staff, there was no indication of staff training on the individual's ISPs prior to working with the individuals they support.

Q16: The annual training plan was missing multiple components required by regulation: training to meet the needs of individuals identified in their ISPs, training on the QM plan, and training on department issued policies and procedures was not in evidence. Additionally, training on grievance procedures was missing components required by regulation and needs revision. The training plan was presented as a list of training topics without an explanation of subject matter or evidence of the material that is presented during staff training.

Q17: For 20 staff working with the sample individuals, there was no indication that staff were trained on the Blossom annual training plan. The annual training plan was missing multiple components required by regulation: training to meet the needs of individuals identified in their ISPs, training on the

QM plan, and training on department issued policies and procedures was not in evidence. Additionally, training on grievance procedures was missing components required by regulation and needs revision.

Q18: For 20 staff working with the sample individuals, there was no indication that staff were trained on incident management.

Q19: For 20 staff working with the sample individuals, there was no indication that staff were trained on how to respond in cases of individual health and behavioral emergencies and crises.

Q20: For 20 staff working with the sample individuals, there was no indication that staff were trained on the Blossom emergency/disaster response plan.

Q22: There was inconsistent documentation for most of the sample, for example: MCI#002727971 - missing daily documentation from several days in June (6/2, 6/9, 6/29) MCI#001905517 - missing daily documentation for 8/12, 13, 19, 20, 24-27 MCI#360166131 - no 6/1-7/25 no notes 7/29 - one shift missing 7/28 no note 8/20 one shift, 8/17 one shift, 8/13 no notes. In general, day program notes were more complete and accurately reflected the service being provided than residential notes.

Q30: There was lack of staff training on the communication assessment and recommendations in the ISP for one sample individual (MCI# 002727971).

Q34: Although the provider did show training of administrative staff on supporting deaf participants, this was not the training specified in the settlement agreement.

Q35: The provider did not show evidence of staff training (who work with a deaf individual) on the ODP webinars.

Q39: Two closed incidents were submitted beyond the timeline of 30 days without a request for extension. A total of 68 incidents opened between March 1 & August 31, 2017, are still open and not finalized, without indication that extensions have been requested.

Q40: Incident ID#8349416, neglect incident, the individual was not offered victim's assistance as required.

Q46: MCI# 360166131 missing orthopedic follow up documentation & MCI#001905517 vision four months behind schedule.

Q48: MCI# 360166131, last psych med review 1/17, required quarterly.

Q49: Health promotions listed in the ISP for two individuals (MCI#001905517 & 360166131) were not documented in daily or monthly reports and reviewers were not able to determine if they were offered.

**Recommendations for entity's system improvement**

As a reminder, any questions in the QA&I tool that are answered with two or more indications of noncompliance with regard to the sample require a Plan to Prevent Recurrence (PPR) of the noncompliance. The following questions in the QA&I tool require a PPR specific to the areas of noncompliance: Q14, 15, 17, 18, 19, 20, 22, 34, 46, & 49. A distinct PPR should be developed and included on the CAP for each question. These questions cover the general areas of staff training, documentation of service delivery, and the physical and mental health and well-being of the individuals Blossom supports.

In general, PPRs must identify systematic, organizational changes to policies, procedures, supervision roles, and other relevant areas that are implemented, documented, and regularly monitored by the provider in order to ensure that noncompliance does not recur.

Blossom must conduct a systematic review and revision of current procedures with regard to incident management and the timely reporting of incidents. Philadelphia IdS Risk Management Unit has compiled a letter documenting 19 individuals that are supported through the Blossom Philadelphia residential program who have multiple unresolved concerns and/or unreported incidents (see attachment E). These concerns must be addressed with individual's teams, including supports coordinators, and all resolutions documented in ongoing collaboration with Blossom's IDS program analyst, Vincent Santiago, as remediation progresses. Additionally, as reported in response to Q39 of the onsite review tool, there are currently 68 open incidents that are not finalized in EIM and must be addressed. All these serious concerns must be prioritized and resolved as soon as possible. The PPR should outline the systems put in place that will ensure the lack of reporting, unresolved incidents, and lack of follow up will not recur in the future. This is an area that should also be addressed in the revision of the Blossom Quality Management Plan.

Blossom Philadelphia residential program must explore and address concerns from the review team, supports coordination organizations, and IDS Risk Management Unit regarding community participation, missed or unscheduled community outings, and how to improve the social capital of the individuals they support through the development and improvement of existing standards for scheduling, attending, and supporting individuals in community outings. This is an area that should be addressed and routinely monitored in the revision of the Blossom Quality Management Plan.

Blossom Philadelphia must take steps to improve the practices surrounding the scheduling and attendance of routine medical care, medical appointments, and ensure that health promotion options for which Blossom is listed as responsible in individual's ISPs are offered, followed through, and documented. This is an area that should be addressed in the revision of the Blossom Quality Management Plan.

## Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet

Appendix E: Risk Management letter re: Unreported Incidents