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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Cambria Residential Services

October 18, 2017

To: Jim Cook and Linda Miko, CRS

From: Mary Ann Arnone and Heather Bond, Cambria County

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## Introduction

The Comprehensive Report provides an overview of the results of your agency's Quality Assurance and Improvement Self Assessment, Desk Review and On-site audit which occurred on September 28, 2017. It also contains a summary of the findings from the interview held on October 9, 2017. This report highlights areas where your agency is doing well regarding 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 self assessment; summarize instances of non-compliance that were remediated during the onsite review, if applicable; outline non-compliances, if applicable; 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 focus areas for the year's review statewide include positive practices and employment. Services should be accessible, flexible, innovative and person-centered.

## QA&I Summary

Cambria Residential Services submitted their self assessment on August 18, 2017 along with the required documents – Quality Management Plan, Restrictive Intervention Policy and their Annual Training Plan. The self assessment was completed on 5 individuals. No non-compliances were noted on the self assessment. The required documentation for CRS met the established criteria as outlined in ODP's QA & I guidelines.

The onsite audit was conducted on September 28, 2017. Linda Miko and Marcia Garman were present for your agency. Mary Ann Arnone and Heather Bond were the QA &I Leads for Cambria County. Five individuals were selected for the on-site audit sample. Three individuals are enrolled in the Consolidated Waiver; one in the PFDS waiver and one in Base. Three individuals are authorized to receive residential services, and two (PFDS and Base) receive in-home and community support from CRS.

Cambria Residential Services was well prepared for the onsite audit. A binder was created for the self assessment that contained all the information needed for the policy review. The binder contained staff training documentation for the self assessment sample. Training documentation for the staff who worked with the on-site sample was not available during on-site. It was submitted to this reviewer shortly after the on-site. Annual training documentation was available for 19 of the 21 staff reviewed. Documentation was not available for two staff to verify they received all topics of the annual training.

### 3.

CRS' QM plan focuses on incident management and subtopics such as ensuring staff are trained on reporting abuse, neglect and exploitation, review of target reports and peer review of investigations. CRS has a good tracking system for incident management. The incidents are entered and finalized within ODP's requirements. The content of the IMs are concise and accurate.

CRS staff receives training on the individuals' ISP prior to working with them. The residential program has a form that is signed by the staff documenting the receipt of the ISP training. The in-home program utilizes a similar form however; it was recommended the in-home supports program utilize the same form.

CRS' residential program utilizes ODP's progress note template which records all required information. The in-home program utilizes a different form. It was recommended that the in-home program start to use the standard template in order to document progress and frequency and duration of services. Revised progress notes for the in-home program were submitted to this reviewer. These progress notes met requirements.

CRS is not an employment provider. No one in residential is competitively employed. As noted in our discussion on employment, if an individual would express an interest in competitive employment the SC would be notified and options would be explored.

No one in the sample is deaf or utilizes a communication device. CRS provides residential support to one individual who is deaf. Administrative staff and staff who work directly with her have received ODP's required training pertaining to supporting deaf individuals.

One individual in the sample was interviewed at the residential home. She is in school and plans to graduate in 2018. She is actively working with OVR to explore employment options. She is able to be left home alone for an hour at a time. She would prefer to have her own bedroom in order to have more time to her herself and to have the ability to decorate it according to her own style. She stated that sometimes others use her personal belongings without permission. She likes to listen to music, go to the movies with friends and participates in Special Olympics. She has the ability to make her own choices regarding her daily routine.

4.

### Data Analysis and Performance Evaluation

As stated in the previous section, Cambria Residential Services submitted the self assessment and supporting documentation as required by ODP. They were well prepared for the on-site audit which occurred on September 29, 2017 with an interview being conducted on October 9, 2017. CRS' Quality Management plan focuses on incident management with various subtopics to ensure the health and safety of the individuals they support. Residential progress notes were well written. When revised, progress notes for the in-home program met requirements.

Recommendations include –

1. Staff training records need to be organized – strongly recommend a spreadsheet for trainings
2. In-home program should utilize the same form to document training of ISPs that is being used by the residential program.

Based on the results of the on-site audit, a Corrective Action Plan is being issued for two non-compliances.

1. CRS did not obtain a room and board contract for the individuals receiving residential support on an annual basis. A room and board contract was on file for 2017 but one was not completed for 2016. CRS stated since the rate for 2016 was the same as 2015, there was no need for a new contract.
2. Documentation did not verify all 21 staff who were reviewed had participated in the annual training. Documentation was missing for 2 of the 21.

See attached template. The CAP needs to be completed and returned to me within 30 calendar days of this letter. **The CAP will be due November 17, 2017.**

### Appendices

The QA & I MCI review spreadsheet is attached for your review.

The CAP is attached

The Exit Agenda is also attached.

### 11-2-17

**\*\*Cambria Residential Services completed and returned the CAP on October 24, 2017. Supporting documentation to verify CAP activities was also submitted. CRS' CAP was approved and validated on November 2, 2017.**