
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Circle of Support

December 12, 2017

Summary of Findings

Introduction

The purpose of this report is to provide the results of the 2017 QA&I Provider Onsite Review that occurred on December 8, 2017.

The Quality Assessment and Improvement Process has been designed to provide oversight to provider agencies under the Office of Developmental Programs. The focus areas for this review include quality management, incident management, and promoting employment.

QA&I Summary

Your organization was included in this review based on your MPI number. Your organization submitted the provider self-assessment late and received a directed corrective action plan as a result. The agency did submit a self-assessment on 9/15/17. The day of the onsite review you were audited by Lauren A. Smoyer, Intellectual Disabilities Supervisor for the Chester County Office of Mental Health and Developmental Disabilities. The onsite review of policies and procedures, staff training, client record review and consumer interview took place on December 8, 2017. Four consumer records and their assigned staff training records were reviewed. The agency had 25 new hire staff, all of which had training records reviewed to ensure they had been trained on ISPs.

Data Analysis and Performance Evaluation

Circle of Support performed well on the policy review portion of the audit. The quality management plan exists and meets regulatory requirements, but it is highly recommended that the provider attend the Quality Management Certification class and use the QM templates that have been developed by ODP to enhance quality management functions. The provider was not required to submit quarterly reviews of data because they are new, however going forward it is the expectation that monthly data collection and quarterly data reporting will be a function of someone in the organization.

No grievances were filed in the last 12 months, but the grievance procedure is missing regulatory requirements in regards to reviewing grievances annually. The provider should update the grievance procedure to comply with Chapter 51 regulations.

The provider was cited for not completing quarterly incident reviews. It is a regulatory requirement that providers conduct incident reviews on at least a quarterly basis.

Circle of Support was cited for not ensuring consumers who are supported residentially who take psychotropic medications for a psychiatric diagnosis are attending 90 day med reviews. Two consumers are out of compliance in this area. The same two consumers are out of compliance for not having documented appointments with therapists as defined in the ISP.

Progress and service delivery notes are not clear in the frequency and duration of services, and there days when there is an appearance of in home and community supports are being provided in a licensed setting. The service notes in general do not support the duration of the service for the day. For example, one service note was intended to substantiate 7 hours of in home and community support, but only said “went to Long John Silver”. It is unlikely that this activity took 7 hours, which is why it is imperative to write service notes that are comprehensive and complete. This was not an area of non-compliance for the review; however, this should be addressed by the provider going forward to avoid any confusion.

One consumer was interviewed at her residential site where she is supported by Circle of Support. The consumer is generally satisfied with services with some complaints. The nature of the complaints could reveal the identity of the consumer and are being left out of the comprehensive report. The QA&I reviewer will discuss the complaints with the provider personally to maintain confidentiality. It was observed that there is a leak below the sink in the kitchen, where a basin is collecting water. It was reported, but not observed, that one of the upstairs toilets will run if the handle is not manipulated.

No areas of non-compliance were remediated during the onsite review for your agency.

Appendices

QA&I MCI tracker

QA&I Corrective Action Plan