
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Compass Rose Care, Ltd.

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Introduction

The purpose for this report is to compile findings from the desk review and onsite review, face-to-face interviews and the self-assessment that was completed. It will highlight areas where you are doing well related to person-centered services delivery, analyze performance in quality focus areas, outline issues of non-compliance which is expected to be remediated within 30 calendar days of the receipt of this report. It will also briefly describe the focus areas for the year's review statewide.

QA&I Summary

Your self-assessment submission was used to compare answers when your on-site review was completed. Your staff were very helpful with providing the proper documentation in order to answer the questions properly on the tool and also complete the desk review prior to completing the onsite review. There are only two individuals who are served by your agency so each one was used for the sample size and interviews.

Data Analysis and Performance Evaluation

- Given you are a small provider and serve two individuals through ODP, you are very passionate about your clients and making sure you are up to date with ODP standards and requirements no matter what it takes.
- Overall your performance was very good. There were a total of 49 questions and out of those 49, 45 were compliant which equals 92%.
- During the onsite and comparing the self-assessment to what I was finding, it was noticed that some of the questions were answered incorrectly. Three questions (8, 9 & 11) should have been marked no and n/a. Although you answered them incorrectly, it will not cause for you to complete a corrective action plan on those questions. Due to the nature of the questions in the tool and the services you provide, a lot of these questions did not pertain to you.
- Onsite review was not difficult to complete and issues were noted and discussed with the staff that were available. Further clarification needed to be done by the Director, which emails were sent to her, due to her being in North Carolina. The staff were very helpful with assisting with the onsite review. The issues that were noted and unable to be corrected during the onsite review, require a corrective action plan.
- The items that are requiring remediation within 30 days are the following:
 - Q8 - The Provider reviews and evaluates performance data in selecting priorities for the QMP and provides documentation to show that the provider reviewed and evaluated performance data in selecting priorities for the QMP.

- Q9 - The Provider analyzes and revises the QMP every 2 years and documentation to show that the Provider analyzes and revises the QMP every 2 years.
- Q14 - Staff receive training to meet the needs of the individual they support as identified in the current, approved Individual Support Plan (ISP) before providing services to the individual. There are no training records indicating staff received training on the current, approved ISP prior to beginning to work with the individual.
- Q21 - The Provider participates in the development of the ISP. The provider was invited but did not attend one ISP meeting.
- In order to improve your entity's system, these are the following recommendations I have in order to remain compliant with ODP's requirements.
 - Q8 - Develop and implement a process that ensures that performance data is reviewed and evaluated in selecting priorities for the QMP.
 - Q9 - Develop and implements a process that ensures that the QMP is revised and analyzed within the specified timeframe (every 2 years).
 - Q14 - Develop and implement a process that ensures staff have an understanding on the needs of the individual and retrained as appropriate on addressing the needs of the individual when rendering services prior to the service delivery.
 - Q21 – Develop and implement a process to ensure provider participation in the development of the individual's ISP.

Appendices

Overall the entity's QA&I review was very good. There were 45/49 questions that were compliant or 92%. For the four questions that were non-complaint, a corrective action plan has been developed and has been attached with this comprehensive report.