
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

EFCC Acquisition Corp.

December 6, 2017

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Introduction

The mission of ODP is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice, and opportunity in their lives. ODP's Quality Assessment and Improvement (QA&I) process is designed to conduct a comprehensive quality management review of county programs, Administrative Entities (AE), Supports Coordination Organizations (SCO) and Providers delivering services and supports to individuals with intellectual disabilities and autism spectrum disorders. As part of ODP's quality management strategy, this QA&I process has been designed to be comprehensive, standardized, and measurable. The QA&I process is intended to:

- Follow an individual's experience throughout the system;
- Measure progress toward implementing "*Everyday Lives: Values in Action*;"
- Gather timely and usable data to manage system performance; and
- Use data to manage the service delivery system with a continuous quality improvement approach.

The purpose of the QA&I Comprehensive Report is to compile the findings from the desk review and onsite review, face-to-face interviews, and self-assessments, as applicable. Each provider entity then is able to utilize the data to continuously improve quality for ODP's vision of an effective system of accessible services and supports that are flexible, innovative, and person-centered. For each entity, the QA&I Comprehensive Report will:

- Highlight those areas where the provider is doing well related to 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 entity's self-assessment;
- Summarize those instances of non-compliance that were remediated during the onsite review;
- Outline issues of non-compliance expected to be remediated within 30 calendar days of report receipt;
- Recommend Plan to Prevent Recurrences (PPRs) where compliance is below the 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.

ODP's quality management strategy is a comprehensive approach that includes quality planning, quality assurance, and quality improvement/enhancement. This QM strategy is developed and implemented to:

- Offer the highest quality services that promote choice and control in individuals' everyday lives.
- Safeguard the health and safety of individuals receiving services.
- Implement promising practices.
- Ensure program compliance with regulations.

ISAC recommendations for *Values in Action* are built on the values, goals, expectations, and aspirations of people with disabilities and their families. The recommendations are a guide for ODP to develop policy and design programs for people with disabilities, families, providers of service, and advocates who support people to have an everyday life. By utilizing the ISAC recommendations and data gathered from the QA&I process, providers are able to create systemic improvement projects and are able to incorporate improvement activities into their QM Plans. The current ISAC recommendations are as follows:

1. Assure Effective Communication
2. Promote Self-Direction, Choice, and Control
3. Increase employment
4. Support Families throughout the Lifespan
5. Promote Health, Wellness, and Safety
6. Support People with Complex Needs
7. Develop and Support Qualified Staff
8. Simplify the System
9. Improve Quality
10. Expand Options for Community Living
11. Increase Community Participation
12. Provide Community Services to Everyone
13. Evaluate Future Innovations Based on *Everyday Lives* Principles

The focus areas identified by ODP for this QA&I cycle are ensuring communication, employment, and quality management. Provider entity performance in these areas will be highlighted in this report.

QA&I Summary

EFCC Acquisition Corp., successfully submitted their QA&I Self-assessment on August 15, 2017. The self-assessment identified one area of non-compliance surrounding finalizing of incidents within 30 days. The Provider Checklist, Quality Management Plan, Restrictive Intervention Policy, and Annual Training plan were also submitted to the AE on August 31, 2017. The AE validated that all of the policies and procedures that were submitted with the provider checklist are in compliance with applicable regulations.

On November 3, 2017, the AE provided EFCC Acquisition Corp. with a two-week notification email which included the provider's sample and a list of items that would be reviewed by the AE during the on-site review. The AE selected a sample of nine. All of the individuals in the sample are consolidated waiver participants receiving one or more of the following services; In Home and Community Supports, Nursing (RN), or Nursing (LPN).

The QA&I on-site review of EFCC Acquisition Corp. occurred on Thursday, November 16, 2017 at the provider's office location on Cedar Crest Boulevard in Allentown, Pennsylvania. The on-site review began with the entrance interview which was attended by Carole Chiego (Administrator) and Jessica Pahountis

(Lehigh County AE QA&I Lead). During the entrance interview, the AE provided an overview of the QA&I process and answered any provider questions in regards to the QA&I process. Ms. Chiego provided the AE with a brief description of EFCC's vision and mission, highlighted their quality improvement priorities (incident management and participant health). At the conclusion of the entrance interview, Ms. Chiego provided the AE with all of the supporting documentation that was utilized when completing the self-assessment, as well as the nine records for the individuals in the sample. The AE began the on-site review process by reviewing all of the documentation required to answer the questions in the QA&I On-site Questions Tool for Providers.

Upon completing the QA&I On-site Questions Tool for Providers, the AE conducted four staff and four individual/family interviews. Staff interviews were conducted with the following staff members: Deborah Whitefield, Dorothy Evangelist (LPN), Toni Moyer, and Dalvinder Matharu (LPN). Half of the interviews were conducted face to face in EFCC's office location. The other half of the interviews were conducted via telephone due to participant health needs and/or staff availability (shift during the overnight hours). The AE's overall impression of EFCC's staff following the completion of the interviews was that staff are well trained on the ISPs (including risk mitigation factors) and are finding creative ways to incorporate preferred activities and other individual preferences into their delivery of services.

The AE also conducted interviews with the following individuals receiving services (and families when available): MCI#240108386 (Consolidated), MCI#05012587 (Consolidated), MCI#750124298 (Consolidated), and MCI#920119932 (Consolidated). Three out of four of the individuals interviewed were unable to clearly communicate their responses to the interview questions therefore family participated and provided input when able. Individuals receiving services and their families had reported that they are "very satisfied" or "satisfied" with the services that they are receiving with EFCC Acquisition Corp. Families did comment in regards to some occasional issues with a lack of consistency in staffing. When further discussed, the families have reported improvement in this area and overall satisfaction with the services that are being received. Individuals receiving services also reported that their staff listen to them and make them feel understood. Additionally, MCI#240108386's mother reported that staff know her daughter well, engage her in her preferred activities, and have a long-lasting positive relationship with her daughter.

Upon completing the on-site review questions tool, four staff interviews, and four individual interviews, the exit interview was conducted on November 16, 2017 with the same parties that were in attendance at the Entrance Interview. The AE noted that EFCC Acquisition Corp.'s Quality Management Plan had greatly improved and was expanded to include additional areas of improvement since the last Provider Monitoring on-site. The provider also had a strong annual training curriculum for staff which extends beyond the minimum regulatory requirements. Additionally, the AE noted that the provider's progress note documentation had also significantly improved since the last Provider Monitoring on-site. The AE discussed with EFCC Acquisition Corp., areas in which they are showing promising practices, which are detailed further in this report. The AE informed EFCC Acquisition Corp. that they would be required to

complete some areas of remediation surrounding their policies for checking exclusion lists and grievance proceedings, and incidents not being finalized within 30 days. All areas of required remediation are detailed further in this report, as well as within the Corrective Action Plan. The next steps in the QA&I process were then discussed and additional provider questions were answered by the AE.

Data Analysis and Performance Evaluation

EFCC Acquisition Corp. had three areas of non-compliance and are required to make remediation actions at this time. The first area of non-compliance was on question #10 of the QA&I on-site questions tool regarding the policy/procedure to screen employees and contractors. The policy/procedure did not contain all of the established criteria but there was evidence that the policy is being appropriately implemented (all 3 exclusion list checks are occurring prior to hire and monthly thereafter). The second area of non-compliance was on question #11 regarding the grievance policy/procedure which did not include all of the established criteria. The last area of non-compliance was on question #39 regarding finalizing incidents within 30 days. Per the EIM Incident Management Review Report that was reviewed by the AE, 3 incidents (Incident ID#8315564, Incident ID#8351096, and Incident ID#8367975) were not finalized within 30 days and extensions were not always requested and/or finalized by the extension date. The aforementioned items have been included in the Corrective Action Plan (CAP) which is located in a separate attachment. The provider will need to respond to the results of this report and the CAP within 30 days of receipt of this report. Data for every QA&I question can be located in Appendix A of this document.

The AE currently recommends that the Provider update their exclusion list policy to include all established criteria and continue to implement their exclusion list policy by completing exclusion lists checks for all employees and contractors prior to hire and on a continuous monthly basis thereafter. Additionally, the AE recommends that EFCC Acquisition Corp. update their grievance policy to include all established criteria. To address the non-compliances discovered surrounding finalizing incidents within 30 days, the AE recommends that the Provider works on closing all incidents that are currently open beyond 30 days. Additionally, the AE recommends that the provider develop and implement a process and/or tracking system to ensure that incidents are finalized within 30 days. Overall, EFCC Acquisition Corp. appears to be providing high quality services to individuals with an intellectual disability and/or autism spectrum disorders.

As mentioned previously, EFCC Acquisition Corp. has a staff training curriculum that extends well beyond the minimum requirements. Additionally, EFCC Acquisition Corp. has an improved quality management plan which is more reflective of ISAC recommendations for *Values in Action*. It is important to note that when updating the Quality Management Plan, the provider utilized data from previous Provider Monitoring on-site reviews to improve upon their service provision surrounding the area of incident management. Additionally, the AE noted that the Provider's Progress Notes and documentation practices in regards to outcome progress have significantly improved since the previous Provider Monitoring on-

site. Having a strong staff training curriculum, an improved quality management plan, and newly created progress note format are promising practices in which the entity excels.

EFCC Acquisition Corp. did not have any non-compliances for any of the focus areas (ensuring communication, employment, quality management) which were analyzed through the QA&I process. Data analysis of performance on focus areas is located in Appendix B of this document. The AE's onsite results and entity's self-assessment results reported similar findings. The provider did not report any areas of non-compliance in their self-assessment, however, the AE found three areas of non-compliance while on-site. Analysis of this data is located in Appendix C of this document.

Appendix A

| AE On-site Data: Questions Tool for Providers | | |
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| Question | Findings | Comments |
| <u>Self-Assessment</u> | | |
| <i>The Provider completes an annual QA&I self-assessment</i> | | |
| 6. The provider completed its annual self-assessment using the ODP specified tool. | Yes | Completed 8/15/2017 |
| <u>Quality Management</u> | | |
| <i>There are systemic efforts to continuously improve quality</i> | | |
| 7. The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision, and Values. | Yes | Effective 7/1/2017 |
| 8. The Provider reviews and evaluates performance data in selecting priorities for the QMP. | Yes | There is documentation to show that the provider reviewed and evaluated performance data in selecting priorities for the QMP. |
| 9. The Provider analyzes and revises the QMP every 2 years. | NA | The Provider's initial QMP is less than 2 years old (created as part of a CAP for a previous PM cycle) |
| <u>Person-Centered Planning, Service Delivery & Outcomes</u> | | |
| <i>The system of support is straightforward</i> | | |
| 10. The Provider implements a policy/procedure to screen employees and contractors. | NO | The policy/procedure does not meet all criteria, however, there is evidence that it is being implemented. |
| 11. The Provider documents grievances in accordance with regulation. | NO | All of the criteria were not satisfied. |
| 12. The Provider has a policy that addresses restrictive interventions. | Yes | The provider has a policy that includes all required criteria. |
| 13. In residential habilitation, the individual has a signed department-approved room and board contract. | NA | 9/9 records reviewed. The individuals in the sample do not receive residential habilitation services from the Provider. |
| <u>Qualified Providers</u> | | |
| <i>The individual's Provider(s) meet necessary training requirements</i> | | |
| 14. Staff receive training to meet the needs of the individual they support as identified in the current, approved Individual | Yes | 8/8 records reviewed. Training records indicate that staff received training on the current, approved ISP prior to |

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| Support Plan (ISP) before providing services. | | beginning work with the individual. |
| 15. If a provider has any new hire staff, the new hire staff received training to meet the needs of the individual they support as identified in the current, approved ISP before providing services to the individual. | Yes | 4/4 records reviewed. Training records indicate that staff received training on the current, approved ISP for the person they support prior to beginning work with the individual. |
| 16. The provider has an annual training plan that meets all requirements. | Yes | The provider has an annual training plan that meets all requirements. |
| 17. The provider and the provider's staff completed all components of the Annual Training plan as required. | Yes | 8/8 records reviewed were in compliance. The provider records indicate completion of the annual training plan. |
| 18. Provider staff receive annual incident management training on preventing, recognizing, reporting, and responding to incidents and assuring a participant is safe. | Yes | 8/8 records reviewed were in compliance. The provider records indicate completion of the annual incident management training. |
| 19. The staff receive training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies, and crises. | Yes | 8/8 records reviewed were in compliance. The provider records indicate completion of the annual training on how to respond to individual health, behavioral emergencies and crises. |
| 20. The staff receive training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures. | Yes | 8/8 records reviewed were in compliance. The provider records indicate that staff were trained on the Emergency Disaster Response plan. |
| <u>Person-Centered Planning, Service Delivery & Outcomes</u> | | |
| <i>The individual is supported in developing their own ISP, including involvement of people chosen by the individual</i> | | |
| 21. The provider participates in the development of the ISP. | Yes | 9/9 records reviewed. 9/9 records indicate ISP signature sheet indicates that a provider representative participated in the ISP Annual Meeting. |
| 22. The provider documents delivery of services/supports in | Yes | 9/9 records reviewed. |

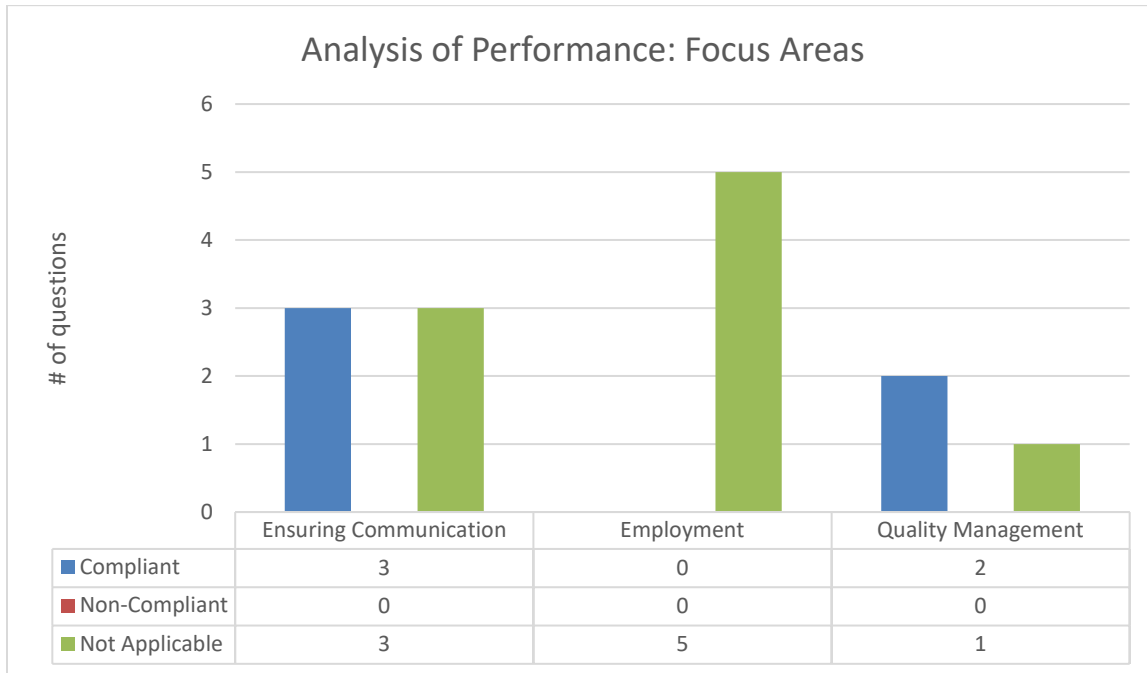
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| the type, scope, amount, frequency and duration specified in the ISP. | | The daily documentation and progress notes reflect that services/supports were provided in accordance with the individual's ISP. |
| 23. The Provider continued to provide the authorized services to ensure continuity of care during transition. | NA | 0/0 records reviewed. The provider did not transition any individuals to a new provider for the previous year. |
| 24. If a progress note indicates lack of progress in achieving an outcome, the provider progress note indicates what actions have been taken. | NA | 9/9 records reviewed. 9/9 records reviewed indicated that progress is being made in achieving an outcome. |
| 25. The individual receives employment supports from the provider. | NO | 9/9 records reviewed. The individuals do not receive employment supports from the provider. |
| 26. The individual is supported in exploring employment opportunities through job development and assessment. | NA | 9/9 records reviewed. The individuals do not receive employment supports from this provider. |
| 27. The employment provider supports the individual in obtaining employment through job interviewing. | NA | 9/9 records reviewed. The individuals do not receive employment supports from this provider. |
| 28. The employment provider supports the individual in maintaining employment through job support and follow-along services. | NA | 9/9 records reviewed. The provider is not a provider of employment services. |
| 29. The residential provider supports the individual to maintain employment by facilitating transportation. | NA | 0/0 records reviewed. The Provider is not a provider of residential habilitation services. |
| <u>Person-Centered Planning, Service Delivery & Outcomes</u> | | |
| <i>The individual is supported to communicate</i> | | |
| 30. Staff are trained on the person's communication plan and/or formal communication system. | Yes | 9/9 records reviewed. 1/9 individuals' ISPs had identified communication supports and services. |
| 31. The provider provides communication assistance as indicated in the ISP. | Yes | 9/9 records reviewed. 1/9 of the individuals in the sample required communication assistance. The daily documentation and progress notes reflect how the provider |

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| | | implemented the communication assistance. |
| 32. The provider has been entering the individual's progress related to their communication outcomes into the progress notes. | NA | 9/9 records reviewed. The ISPs do not have a communication outcome the Provider is responsible to implement. |
| 33. The provider serves one or more Consolidated and/or P/FDS waiver participants who are deaf. | NO | 9/9 records reviewed. The provider is not currently serving any individuals. |
| 34. The provider ensures that one or more of the provider's administrative staff have viewed ODP's webinar. | Yes | 1/1 records reviewed were in compliance. The training records indicate that the administrator, Carole Chiego, completed the required ODP training. |
| 35. The provider ensures that provider staff who serve a deaf waiver participant(s) have viewed ODP's webinar. | NA | 9/9 records reviewed. The provider does not serve any individuals who are deaf. |
| <u>Health & Welfare</u> | | |
| <i>The individual's health, safety, and rights are protected</i> | | |
| 36. The provider implements the individual's back-up plan as specified in the ISP. | Yes | 9/9 records reviewed. 4/9 records indicate that the Provider implemented the individual's back up plan as described in the ISP. 5/9 records indicated that a back-up plan was not required. |
| 37. If an individual's back-up plan is not implemented as designed, an incident report of neglect was submitted. | NA | 9/9 records reviewed. There were no events that occurred which required the implementation of a back-up plan. |
| 38. The provider ensures the replacement of an individual's lost or damaged property in accordance with regulation. | NA | 9/9 records reviewed. The individuals did not have any lost or damaged property. |
| 39. The provider finalizes incidents within 30 days. | NO | 3/3 records reviewed. 3 incidents were reported within the last 6 months but none of incidents were finalized within 30 days. |
| 40. The provider offered victim's assistance to the individual as appropriate. | Yes | 9/9 records reviewed. 1/9 individuals in the sample had an incident report during the |

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| | | review period. Incident reports reflect that the Provider offered Victim’s assistance. |
| 41. The provider implemented the corrective action for each individual’s incidents. | Yes | 9/9 records reviewed. 1/9 individuals in the sample had an incident for the timeframe reviewed and the provider implemented the corrective action(s) described in the report. |
| 42. The provider reported all critical incidents. | Yes | 9/9 records reviewed. The provider reported all critical incidents for the individuals in the sample. |
| 43. The provider reviews and analyzes incidents at least quarterly. | Yes | The provider’s review and analysis were completed at least quarterly for the previous year. |
| 44. The provider’s peer review process to review the quality of investigations was completed and documented. | NA | A certified investigation was completed but the final report was never provided to the Provider. Provider had documentation in regards to follow-up. As a result, no peer reviews could be completed and EIM report has not been finalized. |
| 45. The provider implements follow-up recommendations from the Certified Investigation peer review process. | NA | A certified investigation was completed but the final report was never provided to the Provider. Provider had documentation in regards to follow-up. As a result, no peer reviews could be completed and EIM report has not been finalized. |
| 46. The provider completes all health care appointments, screenings, and follow-ups as prescribed. | Yes | 9/9 records reviewed. The provider was responsible for health care appointments for 2/9 in the sample. Required and recommended appointments occurred. |
| 47. All required investigations are completed by a Department certified incident investigator. | Yes | All investigators who conduct investigations were certified at the time of the investigation. |
| 48. If the individual has a dual diagnosis, the individual is receiving needed mental health (MH) services. | NA | 9/9 records reviewed. Provider is not responsible for ensuring MH services for anyone in the selected sample. |

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| 49. The provider promotes wellness. | Yes | 9/9 records reviewed. The provider is responsible for providing health promotion options for 7/9 individuals in the sample. The Provider has made the listed health promotion options available to the individuals. |
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Appendix B



Appendix C

| Question | Onsite Findings | Self-Assessment Findings |
|---|-----------------|--------------------------|
| <u>Quality Management</u> | | |
| <i>There are systemic efforts to continuously improve quality</i> | | |
| The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision, and Values. | Yes | Yes |
| The Provider reviews and evaluates performance data in selecting priorities for the QMP. | Yes | Yes |
| The Provider analyzes and revises the QMP every 2 years. | Yes | Yes |
| <u>Person-Centered Planning, Service Delivery & Outcomes</u> | | |
| <i>The system of support is straightforward</i> | | |
| The Provider implements a policy/procedure to screen employees and contractors. | NO | Yes |
| The Provider documents grievances in accordance with regulation. | NO | Yes |
| The Provider has a policy that addresses restrictive interventions. | Yes | Yes |
| In residential habilitation, the individual has a signed department-approved room and board contract. | NA | NA |
| <u>Qualified Providers</u> | | |
| <i>The individual's Provider(s) meet necessary training requirements</i> | | |
| 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. | Yes | Yes |
| If a provider has any new hire staff, the new hire staff received training to meet the needs of the individual they support as identified in the current, approved ISP before providing services to the individual. | Yes | Yes |
| The provider has an annual training plan that meets all requirements. | Yes | Yes |

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| The provider and the provider's staff completed all components of the Annual Training plan as required. | Yes | Yes |
| Provider staff receive annual incident management training on preventing, recognizing, reporting, and responding to incidents and assuring a participant is safe. | Yes | Yes |
| The staff receive training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies, and crises. | Yes | Yes |
| The staff receive training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures. | Yes | Yes |
| <u>Person-Centered Planning, Service Delivery & Outcomes</u> | | |
| <i>The individual is supported in developing their own ISP, including involvement of people chosen by the individual</i> | | |
| The provider participates in the development of the ISP. | Yes | Yes |
| The provider documents delivery of services/supports in the type, scope, amount, frequency and duration specified in the ISP. | Yes | Yes |
| The Provider continued to provide the authorized services to ensure continuity of care during transition. | NA | Yes |
| If a progress note indicates lack of progress in achieving an outcome, the provider progress note indicates what actions have been taken. | Yes | Yes |
| The individual receives employment supports from the provider. | NA | NA |
| The individual is supported in exploring employment opportunities through job development and assessment. | NA | NA |

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| The employment provider supports the individual in obtaining employment through job interviewing. | NA | NA |
| The employment provider supports the individual in maintaining employment through job support and follow-along services. | NA | NA |
| The residential provider supports the individual to maintain employment by facilitating transportation. | NA | NA |
| <u>Person-Centered Planning, Service Delivery & Outcomes</u> | | |
| <i>The individual is supported to communicate</i> | | |
| Staff are trained on the person's communication plan and/or formal communication system. | Yes | Yes |
| The provider provides communication assistance as indicated in the ISP. | Yes | Yes |
| The provider has been entering the individual's progress related to their communication outcomes into the progress notes. | NA | NA |
| The provider serves one or more Consolidated and/or P/FDS waiver participants who are deaf. | NA | NA |
| The provider ensures that one or more of the provider's administrative staff have viewed ODP's webinar. | Yes | Yes |
| The provider ensures that provider staff who serve a deaf waiver participant(s) have viewed ODP's webinar. | NA | NA |
| <u>Health & Welfare</u> | | |
| <i>The individual's health, safety, and rights are protected</i> | | |
| The provider implements the individual's back-up plan as specified in the ISP. | Yes | Yes |
| If an individual's back-up plan is not implemented as designed, an incident report of neglect was submitted. | NA | NA |

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| The provider ensures the replacement of an individual's lost or damaged property in accordance with regulation. | NA | NA |
| The provider finalizes incidents within 30 days. | NO | NO |
| The provider offered victim's assistance to the individual as appropriate. | Yes | Yes |
| The provider implemented the corrective action for each individual's incidents. | Yes | Yes |
| The provider reported all critical incidents. | Yes | Yes |
| The provider reviews and analyzes incidents at least quarterly. | Yes | Yes |
| The provider's peer review process to review the quality of investigations was completed and documented. | NA | Yes |
| The provider implements follow-up recommendations from the Certified Investigation peer review process. | NA | NA |
| The provider completes all health care appointments, screenings, and follow-ups as prescribed. | Yes | NA |
| All required investigations are completed by a Department certified incident investigator. | Yes | Yes |
| If the individual has a dual diagnosis, the individual is receiving needed Mental Health (MH) services. | NA | Yes |