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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Everyday Home Care

*January 18, 2018*

# Table of Contents

Introduction.....	3
QA&I Summary.....	4
Data Analysis and Performance Evaluation.....	6
Appendices.....	8
Appendix A: AE On-site Data.....	8
Appendix B: Analysis of Performance- Focus Areas.....	13
Appendix C: Comparative Analysis of Self-Assessment & Onsite Data.....	14

## 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

Everyday Home Care, successfully submitted their QA&I Self-assessment on August 29, 2017. The self-assessment identified no areas of non-compliance. The Provider Checklist, Quality Management Plan, Restrictive Intervention Policy, and Annual Training plan were also submitted to the AE on August 29, 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 16, 2017, the AE provided Everyday Home Care 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 six. Three of the individuals in the sample are consolidated waiver participants and three of the individuals in the sample are P/FDS waiver participants. Five of the individuals in the sample received In Home and Community Supports and one individual received Nursing (LPN). The QA&I on-site review of Everyday Home Care had originally been scheduled for Thursday, November 30, 2017 but a change in the AE's schedule required the on-site to be rescheduled until Friday, December 15, 2017.

The QA&I on-site review of Everyday Home Care occurred on Friday, December 15, 2017 at the provider's office location on Liberty Lane in Allentown, Pennsylvania. The on-site review began with the entrance interview which was attended by Nelly Kabiru (Executive Director), Femi Akinleye (Director of Intellectual Disability and Autism Services), Pat Sharif (Administrator/Director of Nursing), Jean Onyambu (Office Manager), 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. Mr. Akinleye provided the AE with a brief description of Everyday Home Care's vision and mission, highlighted their quality improvement priorities (improved outcomes and high-quality care). At the conclusion of the entrance interview, Mr. Akinleye provided the AE with all of the supporting documentation that was utilized when completing the self-assessment, as well as the six 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 on-site review questions tool, the exit interview was conducted on December 15, 2017 with the same parties that were in attendance at the Entrance Interview. The AE discussed with Jean Onyambu the fact the individual and staff interviews would need to be scheduled. Jean assisted the AE in scheduling the interviews to occur on Monday, December 18, 2017. The AE noted that Everyday Home Care had a strong annual training curriculum for staff which extends beyond the minimum regulatory requirements. Additionally, the AE noted that the provider's process for maintaining staff qualification documents and exclusion list checks was highly organized, up to date, and in accordance with regulatory requirements. The AE discussed with Everyday Home Care, areas in which they are showing promising practices, which are detailed further in this report. The AE informed Everyday Home Care that they would be required to complete some areas of remediation surrounding not having completed ODP's required webinar on deaf culture for administrators and not having documentation to support that the Provider made the listed health promotion options available to the individual. The AE also recommended improved progress note documentation training for staff surrounding outcome progress and/or lack of progress, as this was not well documented within some of the individual progress notes. 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.

The AE returned to Everyday Home Care on Monday, December 18, 2017 and Staff interviews were conducted with Jose Arzuaga, In Home and Community Supports Direct Support Staff. Interviews were conducted in the community during service provision. The AE's overall impression of Everyday Home Care'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. Additionally, the staff that was interviewed worked with both individuals in the sample with a different provider agency prior to that agency's closure. As a result, the staff member interviewed appeared to have very strong, positive relationships with both individuals.

The AE also conducted interviews with the following individuals receiving services: MCI#830108648 (P/FDS) and MCI#190206322 (P/FDS). Individuals receiving services had reported that they are “very satisfied” with the services that they are receiving with Everyday Home Care. Individuals further reported that they feel listened to and understood by staff and their choices are respected. Individuals receiving services also reported that their staff listen to them and make them feel understood.

### Data Analysis and Performance Evaluation

Everyday Home Care had two areas of non-compliance and are required to make remediation actions at this time. The first area of non-compliance was on question #34 of the QA&I on-site questions tool regarding the Provider ensuring that one or more of the Provider’s administrative staff have viewed ODP’s webinar on deaf culture. There was no documentation to demonstrate that at least one of the Provider’s administrative staff have completed the required training. Please note that the Provider is not currently serving any individuals who are deaf. The second area of non-compliance was on question #49 regarding whether the Provider has made the health promotion options listed in the ISP available to individuals. There was not consistent documentation to indicate that the Provider has made the listed health promotion options available to the individual (MCI#830108648 had documentation to support that options were made available, MCI#920111671 had no documentation to support that options were made available). 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 have at least one administrative staff complete the required ODP webinar on deaf culture. Additionally, the AE recommends that Everyday Home Care develops a process to ensure that health promotion options are made available as described in the ISP and the availability of the health promotion options be clearly and consistently documented. Although this area is not identified as an area of non-compliance, the AE recommends improved documentation of progress or lack of progress that is being made on individual outcomes. At current, the outcomes are being documented but measures of progress or lack of progress are not well documented. In order to achieve improved progress note/outcome documentation, the AE recommends that staff be re-trained in this area. Overall, Everyday Home Care appears to be providing satisfactory services to individuals with an intellectual disability and/or autism spectrum disorders.

As mentioned previously, Everyday Home Care has a staff training curriculum that extends well beyond the minimum requirements. Additionally, the AE noted that the provider’s process for maintaining staff qualification documents and exclusion list checks was highly organized, up to date, and in accordance with regulatory requirements. Having a strong staff training curriculum and proper maintenance and completion of staff qualification documentation and exclusion list checks are promising practices in which the entity excels.

Everyday Home Care had one area of non-compliance in the focus area of ensuring communication, as there was no documentation to show that at least one administrative staff completed the required ODP webinar surrounding deaf culture. The Provider did not have any non-compliances surrounding the focus areas of employment and quality management, all of 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 two areas of non-compliance while on-site. Analysis of this data is located in Appendix C of this document.

Appendix A

<b>AE On-site Data: Questions Tool for Providers</b>		
<b>Question</b>	<b>Findings</b>	<b>Comments</b>
<b><u>Self-Assessment</u></b>		
<i>The Provider completes an annual QA&amp;I self-assessment</i>		
6. The provider completed its annual self-assessment using the ODP specified tool.	Yes	Completed 8/29/2017
<b><u>Quality Management</u></b>		
<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 9/1/2016
8. The Provider reviews and evaluates performance data in selecting priorities for the QMP.	NA	The Provider's initial QMP is less than 2 years old.
9. The Provider analyzes and revises the QMP every 2 years.	NA	The Provider's initial QMP is less than 2 years old.
<b><u>Person-Centered Planning, Service Delivery &amp; Outcomes</u></b>		
<i>The system of support is straightforward</i>		
10. The Provider implements a policy/procedure to screen employees and contractors.	Yes	The policy/procedure does not meet all criteria and there is evidence that it is being implemented.
11. The Provider documents grievances in accordance with regulation.	Yes	The grievances were completed in accordance with regulation.
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	6/6 records reviewed. The individuals in the sample do not receive residential habilitation services from the Provider.
<b><u>Qualified Providers</u></b>		
<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 Support Plan (ISP) before providing services.	Yes	7/7 records reviewed. Training records indicate that staff received training on the current, approved ISP prior to 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	7/7 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	7/7 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	7/7 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	7/7 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	7/7 records reviewed were in compliance. The provider records indicate that staff were trained on the Emergency Disaster Response plan.

**Person-Centered Planning, Service Delivery & Outcomes**

*The individual is supported in developing their own ISP, including involvement of people chosen by the individual*

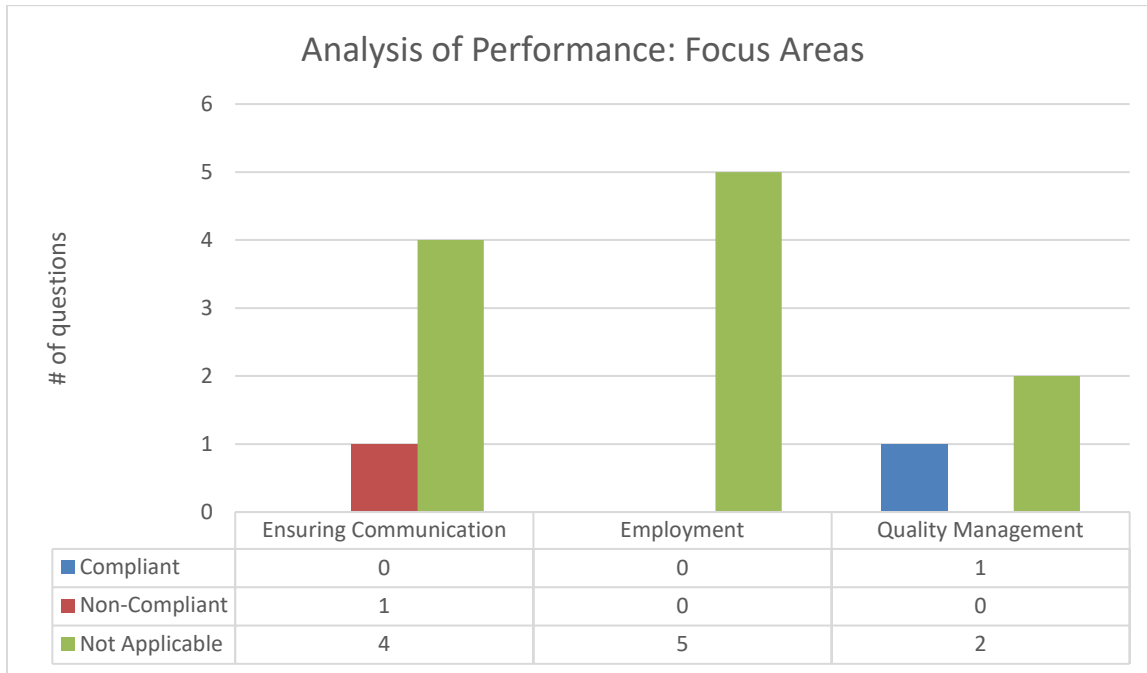
21. The provider participates in the development of the ISP.	Yes	6/6 records reviewed. 2/6 ISP signature sheets indicates that a provider representative participated in the ISP Annual Meeting. 4/6 were not applicable, as the individual was not receiving services with this Provider at the time of the ARU meeting.
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22. The provider documents delivery of services/supports in the type, scope, amount, frequency and duration specified in the ISP.	Yes	6/6 records reviewed. 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	6/6 records reviewed. 6/6 records reviewed indicated that progress is being made in achieving an outcome.
25. The individual receives employment supports from the provider.	NO	6/6 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	6/6 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	6/6 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	6/6 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.
<b><u>Person-Centered Planning, Service Delivery &amp; Outcomes</u></b>		
<i>The individual is supported to communicate</i>		
30. Staff are trained on the person's communication plan and/or formal communication system.	NA	6/6 records reviewed. The Individuals' ISPs did not have any communication supports and services identified.
31. The provider provides communication assistance as indicated in the ISP.	NA	6/6 records reviewed. The individuals' ISPs do not have any communication assistance identified for the individuals.

32. The provider has been entering the individual's progress related to their communication outcomes into the progress notes.	NA	6/6 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	6/6 records reviewed. The provider is not currently serving any individuals who are deaf.
34. The provider ensures that one or more of the provider's administrative staff have viewed ODP's webinar.	NO	The training records did not indicate that one or more of the administrative staff received the required ODP training.
35. The provider ensures that provider staff who serve a deaf waiver participant(s) have viewed ODP's webinar.	NA	6/6 records reviewed. The provider does not serve any individuals who are deaf.
<b><u>Health &amp; Welfare</u></b>		
<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.	NA	6/6 records reviewed. 6/6 records indicate that no events occurred which required the implementation of a back-up plan.
37. If an individual's back-up plan is not implemented as designed, an incident report of neglect was submitted.	NA	6/6 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	6/6 records reviewed. The individuals did not have any lost or damaged property.
39. The provider finalizes incidents within 30 days.	NA	The Provider had no incidents for the time frame reviewed.
40. The provider offered victim's assistance to the individual as appropriate.	NA	The Provider did not have any individuals in the sample with an incident for the timeframe reviewed.
41. The provider implemented the corrective action for each individual's incidents.	NA	The Provider had no incidents for the time frame reviewed.
42. The provider reported all critical incidents.	NA	There is no documentation to indicate that any incidents occurred that were required to be reported.

43. The provider reviews and analyzes incidents at least quarterly.	NA	There were no incidents for the previous year.
44. The provider's peer review process to review the quality of investigations was completed and documented.	NA	There have been no certified investigations completed by the Provider.
45. The provider implements follow-up recommendations from the Certified Investigation peer review process.	NA	There have been no certified investigations completed by the Provider.
46. The provider completes all health care appointments, screenings, and follow-ups as prescribed.	NA	6/6 records reviewed. The Provider is not responsible for health care appointments for anyone in the sample.
47. All required investigations are completed by a Department certified incident investigator.	NA	There were no investigations.
48. If the individual has a dual diagnosis, the individual is receiving needed mental health (MH) services.	NA	6/6 records reviewed. Provider is not responsible for ensuring MH services for anyone in the selected sample.
49. The provider promotes wellness.	NO	6/6 records reviewed. The provider is responsible for providing health promotion options for 2/6 individuals in the sample. The Provider has made the listed health promotion options available to the individuals 1 of 2 of the individuals in the sample.

Appendix B



Appendix C

Question	Onsite Findings	Self-Assessment Findings
<b><u>Quality Management</u></b>		
<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.	NA	Yes
The Provider analyzes and revises the QMP every 2 years.	NA	Yes
<b><u>Person-Centered Planning, Service Delivery &amp; Outcomes</u></b>		
<i>The system of support is straightforward</i>		
The Provider implements a policy/procedure to screen employees and contractors.	Yes	Yes
The Provider documents grievances in accordance with regulation.	Yes	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	Yes
<b><u>Qualified Providers</u></b>		
<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

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
<b><u>Person-Centered Planning, Service Delivery &amp; Outcomes</u></b>		
<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.	NA	Yes
The individual receives employment supports from the provider.	NA	Yes
The individual is supported in exploring employment opportunities through job development and assessment.	NA	Yes

The employment provider supports the individual in obtaining employment through job interviewing.	NA	Yes
The employment provider supports the individual in maintaining employment through job support and follow-along services.	NA	Yes
The residential provider supports the individual to maintain employment by facilitating transportation.	NA	Yes
<b><u>Person-Centered Planning, Service Delivery &amp; Outcomes</u></b>		
<i>The individual is supported to communicate</i>		
Staff are trained on the person's communication plan and/or formal communication system.	NA	Yes
The provider provides communication assistance as indicated in the ISP.	NA	Yes
The provider has been entering the individual's progress related to their communication outcomes into the progress notes.	NA	Yes
The provider serves one or more Consolidated and/or P/FDS waiver participants who are deaf.	NO	NA
The provider ensures that one or more of the provider's administrative staff have viewed ODP's webinar.	NO	Yes
The provider ensures that provider staff who serve a deaf waiver participant(s) have viewed ODP's webinar.	NA	Yes
<b><u>Health &amp; Welfare</u></b>		
<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.	NA	Yes
If an individual's back-up plan is not implemented as designed, an incident report of neglect was submitted.	NA	Yes



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