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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Ewing House, LLC

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## Introduction

The Quality Assessment and Improvement Process (QA&I) began July 1, 2017 for the Consolidated and Person Family Directed Services (PFDS) waivers. The purpose of the re-designed process is to conduct reviews of service providers who support individuals with intellectual disabilities that assists with and promotes quality services. Compliance with regulations and standards set forth by the Office of Developmental Programs (ODP) will continue to be monitored; however, the focus is on quality improvement activities and how providers are supporting people in the implementation of Everyday Lives.

This report will provide a summary of QA & I activities conducted by Greene County Administrative Entity (AE) for Ewing House, LLC from October 2018-December 2018. The report will include information beginning with submission of the self-assessment of performance and will include activities and findings of the desk review and on-site reviews.

## QA&I Summary

The first phase of the process is the self-assessment completed by all providers and Administrative Entities. A Directed Corrective Action Plan (DCAP) was issued on 9/13/18 to Ewing House, LLC for failure to submit the self-assessment by 8/31/2017. The assessment was then completed on 9/25/17 and an email confirmation received by the Greene County AE on 9/26/2017.

The Onsite review began on November 20, 2017 at the Ewing House Carmichaels office. Present for the review were: Joyce Ewing - owner, Belinda Lilley – Program Specialist, Jayme Ewing – Administrator, Nikki Ewing-Davis – CEO. The review was conducted by Deneen Chulick, IDD Director – Greene County.

An overview of the QA & I process was presented along with clarification of the timelines and flow of the process. Ewing staff were very accommodating and ensured that required documents of the desk review were available as well as records for review. In discussion it was clear that the management staff of Ewing House have a genuine care and concern for the individuals they serve and try to create an environment that gives individuals a sense of belonging and family. In the vision of Everyday Lives, it seems the individuals are treated with dignity and respect and enjoy their homes and activities. Ewing staff are very receptive to the QA&I process and expressed appreciation of the technical assistance that is provided during the process to help them do a better job.

Review was extended over a period of time to conduct all areas of the process due to holidays, vacations, individual schedules and staff schedules as Greene County has one reviewer. A total of 6 individual records were reviewed, 14 staff records, policies and procedures, training records, Quality Management Plan, and interviews of individuals and staff.

### Data Analysis and Performance Evaluation

This section of the report will provide data and analysis in key areas, highlighting both good performance and areas for improvement. [Data for every QA&I question will be provided in an appendix.]

Ewing has made several positive changes to their administrative/management structure to add more positions that will oversee different areas of their organization and within the homes. Ewing has also accepted several individuals into their homes who have more complex and unique needs with challenging behaviors that other providers have declined to provide services. Those individuals have made significant improvements and strides since living in Ewing homes. Policies and procedures have been developed to address past issues and all documentation is kept up to date and organized which are improvements from previous reviews.

Quality Management: While there are outcomes and objectives developed, there has not been a definitive process of how areas of improvement are identified that suit the organization's needs, developing action plans, tracking & measuring progress, and analyzing their own performance

Staff training: Requirements for ODP are documented and maintained; however, some areas still need developed and trained particularly on and around Incident Management and person-centered planning. Protocol for addressing behavioral emergencies and crisis need to be defined and staff well-trained on the protocol. Utilizing other training resources would be beneficial.

Incident Management: Completing timely reports and data entry are areas that require. Quarterly reviews have not been completed in order to determine trends, targets, and types of incidents that need addressed, which could, in turn, indicate where additional support and staff trainings are needed.

Person-Centered Planning: While individuals express that they like where they live and are happy, results of the interviews and daily documentation shows that there are not enough opportunities for them to be a part of their community and do activities that they would like to try or explore on a regular basis. Some expressed this is due to lack of transportation or schedules and some stated it was due to staffing. Again, developing strategies to measure these things could assist in determining focus areas of the QM plan and additional supports that are needed.

### Appendices

This section will include the entity's QA&I review results. The Corrective Action Plan document will sit within its own Appendix.

Policy: Questions related to quality management could not be accurately answered due to the plan being newly developed and not implemented for a full quarter. The annual training plan met requirements around employee grievance, but did not contain a policy related to participant grievance resolution. Although provider showed evidence of running incident reports, there was no documentation about the analysis of incidents on a monthly basis. Ewing also was delayed in having certified investigations completed due to not having a contract or certified investigator within their agency, which has since been rectified just prior to the review.

Record Review: Compliant in most areas with the exception of incident management at 40% where 3 out of 6 records have incidents that were incomplete or still open. All questions related to employment activities were not applicable for 6 of 6 individuals. Provider does not provide employment services. Also, 6 of 6 individuals do not have communication outcomes in their ISPs.

Training: 14 staff training were reviewed. Provider does not serve any individuals who are deaf. One area that did not meet compliance standard pertained to behavioral emergencies and crisis. Since no policy or procedure existed, staff were not trained in this area.