
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Holy Redeemer Dale Ripley Homes for Independent Adults

October 31, 2017

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Introduction

The Quality Assessment & Improvement (QA&I) Process is a way for ODP to evaluate our current system and identify ways to improve it for all individuals. Focus areas of the QA&I process include staff training, communication (including deaf services), policies and procedures, employment, incident management, and quality management. The purpose of this report is to detail the results of the QA&I process. This report is provided as a means of describing the areas in which they have excelled, and document any areas of non-compliance that will require remediation.

QA&I Summary

Holy Redeemer Dale Ziplez Homes for Independent Adults completed the self-assessment on August 25, 2017 and sent it to the AE on September 8, 2017. The onsite review took place on October 27, 2017. The AE staff Meagan Smolsky and Lauren Foell met with Lakisha Johnson-Wheeler of Holy Redeemer Dale Ziplez Homes for Independent Adults. The AE reviewed all relevant policies and procedures. Findings were discussed at the end of the onsite interview. Highlights from the entrance and exits discussions include:

- Provider's mission, vision, and goals
- QA&I Process moving forward
- ODP Quality Management certification training
- Strengths of review
- Findings of noncompliance
- QA&I Satisfaction survey – <http://gaic1y1feedback.questionpro.com>

Holy Redeemer Dale Ziplez Homes for Independent Adults is a new provider, so there were no individuals pulled for the sample.

Data Analysis and Performance Evaluation

Holy Redeemer Dale Ziplez Homes for Independent Adults has very strong policies and procedures in place. It is clear they are well prepared and train staff thoroughly on their policies and procedures. Language in the policies and procedures also reflect a deep care and respect for individuals served. Most answers on the self-assessment matched answers from the AE onsite review. Discrepancies were found when the provider marked "Yes" and AE marked "N/A" or "No" for a few questions. The provider obtained 3 authorizations since ODP determined they would not have a sample for the onsite review;

two of these individuals were reflected in the provider's self-assessment. However, no individual records or staff trainings were a part of the onsite review. Questions out of compliance during the AE onsite review included:

Q7. The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision and Values.

Q10. The Provider implements a policy/procedure to screen employees and contractors.

Q12. The Provider has a policy that addresses restrictive interventions.

A Quality Management policy was produced during the onsite review. However, the plan was not provided to the AE. A policy is not currently in place to screen employees and contractors. Additionally, there were no documents to support LEIE, DHS Medichex, and SAM exclusions have been run monthly. The provider has an exceptional restrictive policy in place. The policy includes substantial positive approaches and behavior plans are developed as a part of an interdisciplinary team. Language is person-centered. However, the policy does not include "reporting misuse of restrictive procedures." The provider will remediate these items within 30 days.

Appendices

See CAP attached in email

See MCI Review attached in email