
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental
Programs

Happy Valley Hab-Aide

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Introduction

This section will provide an overview of the report purpose and its contents. It will also briefly describe the focus areas for the year's review statewide.

QA&I Summary

This section will briefly describe the steps of the entity's QA&I review, from the organization's submission of the self-assessment to the onsite review. The onsite review description will note highlights from the entrance and exit discussions. The statistics of the entity's review process will be summarized including number of records, number of interviews, etc.

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.]

The following information should be considered for inclusion:

- At least one promising practice in which the entity excels
- Analysis of performance based on focus areas
- Analysis of performance for extra areas
- Comparison of onsite to self-assessment results
- Issues discovered and corrected while onsite or during desk review
- Items requiring remediation within 30 days
- Recommendations for entity's system improvement, including those things that rise to the level of needing attention at a broader level including those areas that fall below 86% of compliance.

Appendices

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

QA&I Comprehensive Report

As a 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 life experience throughout the system; measure progress toward implementing *"Everyday Lives: Values in Action;"* Gather timely and useable data to manage system performance; and use data to manage the service delivery system with a continuous quality improvement approach.

This report will provide a succinct review of your individual onsite QA&I experience and outcome, as well as any promising practices found, remediation needed within 30 days, or recommendations for improvement. Attached to the report, you will find the appendices of the QA&I review results and the Corrective Action Plan, as appropriate.

JVBDS ID Program Coordinators, Barbara Brubaker and Bethlyn Corbin, met with Happy Valley Hab-Aide Agency Owners, Matt and Angela Deamer, as well as Program Specialist Kenneth Brubaker for the QA&I on-site review on 11/6/17, 11/7/17, 11/8/17, 12/18/17, and again for the exit interview on 12/28/17. During the QA&I process, two staff and one individual were interviewed. There were 5 individual records reviewed, while all staff records were reviewed. The MCI review revealed 100% compliance, the same as the self-assessment MCI review. Overall, the policy and procedure review was positive, revealing only a few items for immediate correction. The self-assessment showed no policy and procedure concerns.

One highlight that is noted with Happy Valley Hab-Aide (HVHA) is that they are willing to work with individuals who are facing difficult situations, such as bed bugs. They will meet with the individuals at alternative locations and help address the situation to the best of their ability if the family is or is not willing to address the situation. The staff at HVHA is overall pleasant to work with and quick to address any concerns. Another highlight and trend that is noticed is that overall, documentation of services/notes are thorough. Goals/outcomes were addressed in notes as well.

At the Exit Interview, it was discussed that there were two areas that were found out of compliance and needing attention within 30 days of the issuance of the Comprehensive Report. It should be noted that staff were present during the Onsite Review. Some of these areas of non-compliance had been corrected prior to the exit interview. The first area that is in need of immediate remediation is in regards to staff training. HVHA has referenced several ID bulletins and does address this area, however "ODP Bulletin 00-14-04, Accessibility of Intellectual Disability Services for Individuals who are deaf" should be referenced and reviewed during staff trainings. Second, when HVHA is completing the exclusion lists on a monthly basis for all employees, a record of the completion of this task must be kept on site for verification of completion of the task (QA&I #10).

There were five areas of recommendations made for the agency to review for the possibility of improvements. Of those five areas, it should be noted that most, if not all areas had been reviewed and improvements made where applicable. The areas listed for review are as follows: First, it was

recommended that when the exclusion list is completed, a spread sheet is completed and kept with date, time, database that is checked, and results of completion. Second, in personnel files, it has been recommended when requesting personal checks from employees for completion of direct deposit of funds, VOID should be written on ALL blank checks received from employees. Third, it is recommended that all time sheets/expense reports are kept on site and locked, for staff confidentiality and security purposes. Fourth, while it is noted in the New Hire Training that all staff will review ISP and Outcomes with the director, it is recommended that there is a separate signature sheet for each specific ISP so that the staff member who is reviewing it is able to sign and date when he/she reviews it. This review can be completed following a critical review, annual review, beginning with the individual, etc. Fifth, it is recommended to review the current employee expense reimbursement system along with other possible options for reimbursement and budgeting purposes.

Appendices

Corrective Action Plan

MCI Review