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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

**Mifflin Juniata Special Needs Center**

***December 11, 2017***

# Table of Contents

## 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.

# 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 staff, Barb Brubaker and Bethlyn Corbin, met with MJSNC staff, Sue Shawver and Deb Fisher, on Tuesday, November 28, 2017, to begin the QA&I process. A brief discussion was held regarding what to expect, records needed for staff and individuals, and approximate length of process. The exit interview was scheduled for and held on December 5, 2017 with MJSNC staff Beth Zong, Sue Shawver, and Deb Fisher. It was also at that time Norm Bilger joined the meeting and was introduced as Director of Adult Day Program Services. Welcome Norm! One interview was completed during the QA&I, five individual records were reviewed, and all staff associated with individuals who participate in services through MJSNC ID Programs. The MCI review revealed 100% compliance. The policy procedure review also revealed 100% compliance.

A few promising practices that were noted are first, the wellness program. It seems as though wellness is embedded into everyone's day, regardless of the ability. Movement activities are brought in for people of all abilities to enjoy in a way that they do not realize they are being active. Nutrition is talked about, taught, documented, and brought into activities when able as well. The second area that is promising is bringing in other supports that help with employment for those individuals who are interested in employment. In addition, your agency is very organized. You know your individuals well.

In comparison to the self-assessment your agency completed, our findings were parallel with the exception of the MCI review. JVBDS had no issues with the MCI review, while you had one concern with your MCI review and completed your corrective action plan in a timely manner. During the onsite desk review, one issue of concern was noted with recommendations for improvement on the documentation for Day Program. As noted in the Exit Interview, this has been rectified by new documentation records. There are no items of concern that need rectified within 30 days. All areas were at 100% compliance.

## Appendices:

QA&I review results/MCI Review

No CAP needed