
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Not Forgotten Home and Community Services

November 22, 2017

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Introduction

The purpose of the Comprehensive report is to compile the official findings from the desk and onsite reviews, face-to-face interviews and self-assessments, as applicable, that were completed for your agency as part of ODP's QA&I Process. This 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 PPRs where compliance is below 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.

The mission of the Office of Developmental Programs (ODP) is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.

ODP's vision is to continuously improve an effective system of accessible services and supports that are flexible, innovative and person-centered.

The Quality Assessment & Improvement Process is a way for ODP to evaluate our current system and identify ways to improve it for all individuals.

QA&I Summary

Per ODP's requirement, ***Not Forgotten Home & Community Services*** (NFHCS) completed and submitted their Self-Assessment to Allegheny AE on August 22, 2017. Additionally, NFHCS submitted their Quality Management, Restrictive Procedure and Annual Staff Training policies to Allegheny AE. These policies and the Self-Assessment were reviewed by Allegheny AE during the AE desk review. The On-Site review was conducted on November 15th and 16th, 2017. During the entrance discussion the AE reviewed ODP's focus on Quality Management, Restrictive Procedure Policy compliance, and increased focus on Staff Training, as well as the reduction of self-

assessment questions from the previous number of 87 to the current tool which features 49 questions. The provider was reminded of the change in QA & I cycle of On-Site reviews from once every two years, to now once every three years.

The provider shared that they now support over 60 individuals and has increased their service offering to include license residential habilitation, companion, respite, and In-Home & Community Supports. They also plan to begin offering Behavioral Supports. NFHCS now also operates an art studio that is open to the public where individuals and the public may make and sell art. The provider shared that they also operate a drop-in center for their individuals to access recreational and social opportunities.

The AE reviewed what would be covered and when during the On-Site review and scheduled the individual interview to be done at 1:00 pm on the first day of the review. The provider sample included 5 individual records and 13 staff training records. The individual interview was conducted as scheduled.

Data Analysis and Performance Evaluation

During the On-Site review portion of the QA&I process, NFHCS provided access to all required records and arranged for the participation of one person in the individual interview. The process went smoothly and the NFHCS was able to attend to any questions or concerns as they came up during the process.

Findings

Highlights and Provider Strengths:

- NFHCS has done well in developing community participation via their new art studio and drop-in center as well as accessing unique community participation opportunities in the greater community.
- The individual interview demonstrated that the individual selected was most satisfied with the support provided by NFHCS and had absolutely no recommendations for improvements needed. She expressed that she felt NFHCS had helped her turn her life completely around and that she was not successfully living in her community.
- The individual and training records were organized and complete, with the exception of a few training records with missing signature sheets, which was remedied on-site prior to the close of the QA&I process.
- All policies met ODP criteria.

Areas for Corrective Action:

- Question # 13: In residential habilitation, the individual has a signed department approved room and board contract on file. For individual MCI # 080010074 the amount charged for room and board, \$749.52 exceeds 72% of the SSI maximum benefit (which 72% equals \$545.11). NFHCS reported that the amount was computed by the individual's rep payee and that they were not aware of how the amount was calculated, nor the stipulation about the threshold of 72% of the maximum SSI benefit.
- Question # 39: For the provider as a whole, were the incident reports finalized by the provider within 30 days? Reporting of two incidents, # 8326124 and # 8350218 did not meet the 30 day deadline criteria.
- Question # 41: Did the Provider implement the necessary corrective action for each individual's incidents? The Provider failed to designate and implement corrective actions for incidents # 8326124 and # 8350218.
- Question # 43: Did the provider review and analyze incidents at least quarterly? The provider failed to review and analyze incidents at least quarterly.
- Question # 44: The Provider's peer review process to review the quality of investigations was completed and documented. NFHCS contracts out their certified investigation function. There was no documentation verifying that a peer review process was followed. The provider aims to bring this in-house by having designated staff become certified investigators, at which time they will institute the peer review process.

Recommendations for Quality Improvement:

- Allegheny AE recommends tighter review by NFHCS management of timesheet signatures, as some records for individual MCI # 810173027 lacked signatures of one of the two staff providing service on given dates.
- Allegheny AE recommends NFHCS amend their ISP Acknowledgement form to add a field for printed name as some signatures were not legible.
- NFHCS requested information from Allegheny AE about training offered in Enterprise Incident Management. Allegheny AE will share contact and calendar information regarding the training.

Appendices

- NFHCS QA&I Tool
- NFHCS Corrective Action Plan
- NFHCS MCI Spreadsheet

