
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

PEACE OF MIND LIVING HABILITATIVE SERVICES LLC

1-2-18

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Introduction

This is a comprehensive report of the on-site and desk review completed by the Washington County AE to give you an overview of the results and findings in order to provide you positives that were notes, in addition to areas needing corrected and approved. There was also non-scored items regarding Deaf services and Employment that will be included in the question review.

QA&I Summary

Your organization submitted your QA & I documents to ODP and the AE within expected timeframes. At that time the AE desk review began with overviews of EIM and HCSIS. Our last review stage leading to the results in this report was our on-site visit to your agency utilizing the ODP established tool/questions for review, including interviews with staff and an individual.

As we discussed at your entrance and exit interviews, the purpose of this process is to help you identify positives and areas of improvement for your agency. The purpose of the review is Quality Assurance and Improvement.

We selected a sample of 2 individuals to review (MCI #'s 570130920 and 31037471) that received services including Residential (6400) and Home and Community Habilitation.

One individual (MCI #570130920) was interviewed, followed by an interview with their staff on shift. She said that she likes to go to the park and McDonald's. She likes to relax. She also said that she likes her staff. She was out in the main living area watching television and seemed content and happy. When interviewing her staff person she had been able to tell us her diet and general needs. She said that she takes her to the Y to swim and to the park when it's not too cold. She also said that she chooses to be alone in her room often listening to music or using her iPad.

Data Analysis and Performance Evaluation

This is the first year for Washington County being your designated AE. It was a pleasure to come out and talk about your philosophy as an agency and to see one of your homes. Your agency philosophy that you shared was very person centered. Some of the key things I noted are that you want to be different provide lifestyle experiences, matching staff to clients, and that there is a lot of interaction and planning for the future. For future QA & I, it would be beneficial for you to be on-site for at least the entrance and exit interviews as the person you had covering was not able to locate a lot of information and did not know answers to many questions. Another suggestion would be to make a binder of the QA & I documentation to organize your documents.

This section of the report will provide data and analysis in key areas, highlighting both good performance and areas for improvement.

Overall your training was thorough and you cover a lot of great non-required topics as well. Your form that you created for staff to sign off on that they have reviewed the ISP and agree to carry it out was excellent in giving the staff accountability. There was also great information on the recommendations section of your monthly reviews.

When comparing your self-assessment to our review, it seems there is room for improvement/clarification on requirements which we discussed at your exit interview. We are more than willing to assist in any way through training and technical assistance as needed. There were areas under training, progress notes, and policies that you had marked yes for that were not able to be substantiated. Examples of this are your grievance policy, restrictive policy, and incident analysis. While you had the policies, there were missing pieces to them, as well as to your incident analysis. Training documentation was also lacking. Unfortunately, the person covering for you at our on-site was not able to find all documents that had led you to mark yes to some things marked below as no's.

Please refer to My ODP for information on completing the CAP, PPR, and timelines needing met. Your items require remediation within 30 days. There are items that fall below 86%. All of these areas are ones that you are aware of and were able to show me on-site that you are working on so please submit the corrections for all. The tool has recommended/required remediation to refer to in order to assist at you complete your CAP on the attached form to submit within required timeframes. If you need any assistance, please call Jennifer Scott or Sheila Fullerton at 724-228-6832.

Appendices

The results of each question from the Onsite Questions Tool for Providers are below, as were reviewed in our Exit Interview. They are marked yes if in compliance or No with a note if they are not in compliance.

1. Yes
2. Yes
3. Yes
4. Yes
5. Yes
6. Yes
7. No-the policy is missing the required piece as related to the Everyday Lives being the driving force.
8. Yes
9. Yes
10. Yes
11. Yes
12. No-your policy does not cover the use of allowable interventions or reporting of misuse.

13. Yes
14. Yes
15. Yes
16. Yes
17. No-Documentation did not exist to show that staff person Jasmine (JL) that we reviewed received all trainings from the annual plan.
18. Yes
19. Yes
20. No-There was no documentation to show that Jasmine has receive this training on the Emergency Disaster Response Plan.
21. No-The ISP signature sheet/proof of participation for MCI570130920 was not able to be located.
22. Yes
23. N/A
24. N/A
25. N/A
26. N/A
27. N/A
28. N/A
29. Yes
30. N/A
31. N/A
32. N/A
33. N/A
34. N/A
35. N/A
36. Yes
37. N/A
38. N/A
39. Yes
40. N/A
41. N/A
42. N/A
43. No-There was no documentation to show that incidents were analyzed quarterly, and med errors monthly.
44. No-no peer reviews had been done.
45. No-No peer reviews had been done.
46. Yes
47. Yes

48. Yes

49. No-MCI #310137471 has a goal/outcome to eat healthy but only hygiene is documented.

The Corrective Action Plan document for you to utilize to respond to areas found out of compliance is attached, as well as the MCI tracker.