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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Quality Life Services

November 7, 2017

To: Amanda Jennings, Katie Delozier and Broc Jennings, QLS

From: Mary Ann Arnone and Heather Bond, Cambria County

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## Introduction

The Comprehensive Report provides an overview of the results of your agency's Quality Assurance and Improvement Self Assessment, Desk Review and On-site audit which occurred on October 18, 2017. It also contains a summary of the findings from the interview held on the same day. This report highlights areas where your agency is doing well regarding 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 self assessment; summarize instances of non-compliance that were remediated during the onsite review, if applicable; outline non-compliances, if applicable; 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 focus areas for the year's review statewide include positive practices and employment. Services should be accessible, flexible, innovative and person-centered.

## QA&I Summary

Quality Life Services submitted their self assessment on August 29, 2017 along with the required documents – Quality Management Plan, Restrictive Intervention Policy and their Annual Training Plan. The self assessment was completed on 5 individuals. No non-compliances were noted on the self assessment. The required documentation for QLS met the established criteria as outlined in ODP's QA & I guidelines.

The onsite audit was conducted on October 18, 2017. Katie Delozier and Broc Jennings were present for your agency. Mary Ann Arnone and Heather Bond were the QA &I Leads for Cambria County. Five individuals were selected for the on-site audit sample. All of the sample are enrolled in the Consolidated Waiver and are authorized for residential habilitation services.

Quality Life Services was well prepared for the onsite audit. A binder was created for the self assessment that contained all the information needed for the policy review. Individual binders for the sample were also available for review.

### 3.

QLS' QM plan focuses on compliance of the 6400 regulations, implementation of the new 6100 regulations and staff training opportunities for various topics. It was recommended that QLS track restraints and incidents of neglect and exploitation since QLS provides services to individuals with complex needs. A target report should also be run to determine individuals who have a high number of I to I incidents.

QLS has a good tracking system for incident management. The incidents are entered and finalized within ODP's requirements. However, QLS does not have a formalized method to document that corrective action(s) are implemented. This pertained two of the consumers, TA and DS. This non-compliance will be listed on the Corrective Action Plan.

One of the individuals (CY) did not have a room and board contract on file. This non-compliance will be listed on the corrective Action Plan

Training documentation for the staff who worked with the on-site sample was available for review. It was documented that 17 out of 19 staff were trained on the ISP prior to working with the individual. And 55 out of 56 of the newly hired staff were trained on the ISP prior to working with the individuals. This non-compliance will be listed on the Corrective Action Plan.

QLS participated in the development of the ISPs. Progress notes were written as required. QLS provides the services and supports at the frequency and duration as authorized in the ISP.

QLS surpasses the requirement for completion of peer reviews. Peer reviews are conducted on every investigation. However, the peer review committee does not sign off on the review and there was no documentation to support of the peer review recommendations. This non-compliance will be listed on the Corrective Action Plan.

QLS is not an employment provider. No one in residential is competitively employed. As noted in our discussion on employment, if an individual would express an interest in competitive employment the SC would be notified and options would be explored.

No one in the sample is deaf or utilizes a communication device. QLS does not provide services to anyone who is deaf.

#### 4.

One individual was interviewed – NR. He was very polite and answered all questions asked of him. He was looking forward to participating in the Halloween Parade which was being held that afternoon. NR resides in a QLS group home with one other individual. According to NR they “get along most of the time”. He did mention that his housemate sometimes does not ask permission to use his personal belongings. (This was mentioned to Katie Delozier at the end on the on-site. Katie said she would discuss this with NR.) NR has the ability to participate in community outings of the choice. He enjoys playing video games, watching wrestling and spending time with his girlfriend. According to NR, he has completed an OVR assessment and is waiting to hear from them regarding employment recommendations. He expressed an interest in becoming a mechanic or obtaining a job that involved working with his hands. NR seems satisfied with the services he is receiving from QLS. He did state he really likes his staff.

#### Data Analysis and Performance Evaluation

As stated in the previous section, Quality Life Services submitted the self assessment and supporting documentation as required by ODP. They were well prepared for the on-site audit and interview which occurred on October 18, 2017.

Recommendations include –

1. For their QM plan - To track restraints and incidents of neglect and exploitation since QLS provides services to individuals with complex needs. A target report should also be run to determine individuals who have a high number of I to I incidents.
2. For the annual training curriculum – to list specific topics that are “ODP required” instead of the topics falling under the general topic of “policies and procedures”.

5.

Based on the results of the on-site audit, a Corrective Action Plan is being issued for six non-compliances.

1. Room and board contract - QLS did not have on file a room and board contract for one of the individuals – CY
2. ISP training – 2 out of 19 staff reviewed did not receive training on the ISP before providing support to the individuals
3. ISP training – 1 out of the 56 new hired staff did not receive training on the ISP before providing support to the individuals – \*\*Documentation was found that verified staff was trained on the ISP prior to working with the individual. No longer a non-compliance item.
4. Corrective action implementation - QLS did not have any written documentation to verify the corrective actions for TA and DS were implemented.
5. Peer reviews – QLS completed peer reviews however the reports were not signed by the review committee.
6. Peer reviews – QLS did not have documentation to support that they followed up on the recommendations of the peer review.

See attached template. The CAP needs to be completed and returned to me within 30 calendar days of this letter. **The CAP will be due December 7, 2017.**

#### Appendices

The QA & I MCI review spreadsheet is attached for your review.

The CAP is attached

The Exit Agenda is also attached.

**12/5/2017**

**\*\*Quality Life Services completed and returned the QA&I CAP December 5, 2017. Supporting documentation to verify CAP activities was also submitted. QLS' CAP was approved and validated on 12/5/2017.**