
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Reliance Family Care

On-site dates: October 02, 03, 05, 2017

Date of report: October 23, 2017

Onsite Review conducted by Philadelphia IDS

Name(s) of QA&I Review Team: Vernon Franks, Public Health Program Analyst, & Joseph Treegoob, Health Program Analyst Supervisor

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Introduction

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process for Reliance Family Care. This report will include the official findings of the desk review and on-site review processes conducted earlier this year by your assigned administrative entity, Philadelphia Intellectual disAbility Services.

The ODP QA&I Process for providers, which replaced the ODP Provider Monitoring process on July 1, 2017, is one piece of a comprehensive quality management review designed to evaluate the supports and services offered by county Administrative Entities, Supports Coordination Organizations, and Provider agencies across the Commonwealth of Pennsylvania. The purpose of the revised process, as stated by ODP, is to eliminate unnecessary duplication across Commonwealth and county review procedures, to allow more time to focus on individual experiences and quality improvement, to improve methods of collecting and reporting useful data in a timely manner, and to foster collaborative partnerships and opportunities for technical assistance and shared learning.

Upon completion and approval of this comprehensive report, the results are shared with ODP in order to assist with the evaluation of the current system of supports, and to identify ways to improve the system for all individuals and key stakeholders. Additionally, QA&I assists with data collection that measures Consolidated and Person/Family Directed Support waiver performance measures, compliance with Title 55 PA Code Chapter 51 regulations, and compliance with the Medicaid Waiver Provider Agreement.

ODP's focus areas for this year's statewide QA&I review are consistent with the desired outcomes of the 2017 waiver renewals and the ODP quality management strategy. These focus areas include but are not limited to the following:

- Families with infants and toddlers and people with Autism get the support they need
- People will be connected with their community and increase community participation
- People will live with people they like and who care about them
- People will be physically and mentally healthy
- Assuring effective communication
- Increasing employment
- Ensuring individuals are free from abuse, neglect, and exploitation
- Ensuring that people with complex needs have the support they need

Quality Assessment & Improvement Summary

The steps of the ODP QA&I process are inclusive of the following procedures:

Self-Assessment:

All providers complete the self-assessment on an annual basis. Providers are expected to remediate issues that are discovered during their self-assessment within 30 days, and to engage in quality improvement activities based on the results of self-assessment. Reliance Family Care successfully completed their self-assessment on time, before the deadline prescribed by ODP. The provider submitted their self-assessment on 08-25-2017. The provider's response to questions # 8, 11, 22, 39, and 45 do not match the reviewer's findings during the onsite review. These 5 questions are identified via corrective action plan (CAP).

Desk Review of Providers:

The assigned Administrative Entity will conduct a desk review of providers that are assigned for on-site review prior to the date of on-site. This desk review includes an analysis of the provider agency's Quality Management Plan, the Annual Training Plan, and the Restrictive Intervention Policy, which are submitted to the AE by the provider upon completion of the self-assessment. The desk review also consists of a review of data collected from Home & Community Services Information System (HCSIS), the Enterprise Incident Management system (EIM), and the Individual Support Plans (ISPs) of the individuals selected by the assigned AE for the onsite review sample. The provider completed and submitted the required documents on time prior to the on-site review. Each plan/policy is well documented and complies with chapter 51 regulations. There were no concerns identified in this area. The Reliance quality management plan is very thorough and is consistent with the quality management strategy of the Department. A recommendation was made to incorporate the ODP recommended format to make tracking objectives, target dates and completion dates user friendly and easier to follow. A review of the providers incidents revealed eight incidents that were not finalized within 30 days. Extension requests were not requested by the provider. Subsequent required corrective action has been documented via corrective action plan (CAP).

AE Onsite Review of Providers:

Philadelphia IdS conducted the onsite review of Reliance Family Care from October 02, 2017 through October 05, 2017. The process began with an Entrance meeting, held on the first day of the scheduled onsite review. A copy of the Entrance meeting signature sheet documenting all attendees is included in the appendices of this report. Discussion during the entrance meeting included introductions, a general overview of the QA&I process, including the mission, vision and quality improvement priorities of ODP, IdS, and the reviewed provider, and a discussion of the specific details of the onsite process. The entrance interview of this provider was inclusive of the individuals that were responsible for the QA&I process. After the entrance interview, it became apparent that the provider

was not fully prepared for this process. As the review of records began, the provider often had to leave the reviewer and supervisor to locate documentation that should have been readily available for review.

A total of five individuals were selected as a part of this provider's sample, and of those sample individuals, five interviews were conducted during the onsite review. The interviews were conducted at the homes of each individual. The agency owned/leased homes were in great condition. The homes were fully staffed. Individuals interviewed were consistently not aware of their ISP and its contents. Individuals did not know they could request to read their ISP'S. The interviewer on one occasion went over the ISP with the individual. Individuals interviewed were not aware of their right to file a formal grievance with the provider. During another interview, which was held at the private home of an individual not supported for residential services, the interviewer observed the home in a state of disarray. The home was dirty and unkempt. The interviewer could not verify if the individual had their own bedroom. The individual appeared to be sleeping on the sofa. The interviewer notified the individual's support coordinator and the provider on October 06, 2017 as to the condition of said home. Follow-up, the individual's support coordinator contacted the reviewer on October 13, 2017 to reply to the concerns identified during the interview. The support coordinator indicated that the individual has been counseled on other living options that could become available to the individual. The individual has refused to move, citing her ability to remain independent. The support coordinator will continue to support and encourage the individual about other living options. Another individual interviewed expressed his dissatisfaction with this provider. He told the interviewer that some staff sleeps on the job. He stated he was not happy and subsequently left the services of this provider and began services with a new provider. Finally, an individual interviewed expressed dissatisfaction with some of his residential staff. On occasion, the individual wants to go into the community and his staff would rather remain in the home. This tends to happen on the weekends.

On the final day of the onsite review, an Exit meeting took place. A copy of the Exit signature sheet documenting all attendees is included in the appendices of this report. Topics of discussion during the Exit meeting included introductions, an overview of the process from the perspective of the reviewer and the reviewed provider, an overview of the findings documented during the review, and an overview of the comprehensive report and the corrective action process. The provider was made aware of the citations and corrective action was reviewed. The provider was professional and committed to correcting the identified problems .

Data Analysis and Performance Evaluation

The provider should be commended on the quality and improvement of their annual training plan. In previous on-site reviews, this provider had repeated citations around this subject. Staff training records were organized and complete. The overall conditions of the community homes were neat and orderly. The provider has hired new management personnel to ensure all ODP policies and guidelines are adhered to.

Analysis of performance based on focus areas

People will be connected with their community and increase community participation:

Based on the results of interviews and trends identified during discussion with staff and individuals receiving support and services from Reliance, it is the review team's opinion that Reliance could significantly improve with this focus area. As discussed earlier in the report, one individual complained that their staff would not always listen to the individual when they said they wanted to go out in the community during periods of service delivery, and would wind up just staying in the house. Individuals that are receiving residential and in-home & community supports from Reliance would greatly benefit if Reliance conducted a study or surveys of their supported individuals, and then took the lead in facilitating person centered planning teams. The study and teams should focus on the level and quality of community connections and social capital through community participation. A goal of the study should be to increase the number of individuals supported by Reliance that contribute and participate in the community with consistency and in a manner that is meaningful and fulfilling to their wants, needs, hopes, and dreams.

People will be physically and mentally healthy:

The provider needs to improve the way they maintain individual records. While reviewing medical records, the reviewer could not locate documentation of some medical appointments. It should be noted that medical appointment documentation needs to be accurately filed under the correct heading. In one instance, medical documentation was found in the individual's lifetime medical section. Multiple appointments were missed, and follow up not completed, or documentation was not available to show this. The responsibility towards the health and safety of individuals that are under their care must be the number one priority for any provider of residential supports. A plan to prevent recurrence of the non-compliance discovered during review must be developed by the provider within 30 days.

Ensuring individuals are free from abuse, neglect, and exploitation:

Reliance does not utilize proper documentation procedures with regard to the peer review of incidents requiring investigation. In addition, the provider agency does not employ their own certified investigators in house, but instead contracts with another agency for all required investigations. The

prohibitive cost of contracting outside investigators could result in a residential provider failing or neglecting to report incidents in some cases, which places individuals they support at risk. It is strongly recommended that Reliance have three of their existing staff trained and certified in the investigation process, and maintain the certification, in order to meet the requirements of the incident management bulletin, the peer review manual, and to ensure the safety of the individuals they support. In addition, as noted below and on the CAP document, there was no evidence of a quarterly review of incidents occurring on a regular basis, and following a review of incidents that were submitted over the past six months, eight incidents were not finalized within the 30 day time frame and the extension procedures were not followed. The recommendation is therefore that the provider complete a detailed review and analysis of their policies and procedures regarding the reporting, follow-up, and routine review of incidents and revise their procedures to be more thorough, accurate, and compliant with all regulations from Chapter 51 and the ODP Incident Management Bulletin.

Items requiring remediation within 30 days:

- Question 8 - The provider did not document reviews and evaluations of performance data in selecting priorities for their QMP
- Question 11 – Although a policy is in place, the provider did not document grievances in accordance with regulation.
- Question 22 - July, August, and September Monthly progress notes for MCI # 250106802 were not available for review during the on-site review. **Please note:** The provider attempted to locate said progress notes. During the exit interview, the provider attempted to submit the missing progress notes for review. The reviewer could not accept the late submission. Progress notes in some instances appeared to be “cut and pasted.” One note regarding a female individual had a reference to “his”. This type of inconsistency raises significant questions with the reviewer of the accuracy and veracity of the service documentation.
- Question 39 - The provider did not finalize the following incidents within 30 days without request for extension: 8320758, 8321326, 8323042, 8323059, 8341715, 8343094, 8346515, 8347561.
- Question 43 - The provider did not review and analyze incidents at least on a quarterly basis.
- Question 44 - The provider did not document the peer review process.
- Question 46 - MCI # 250106802 did not have dental follow-up from 04-25-2015 appointment. MCI # 120114023 did not have vision follow up that was due 02-2017 and hearing follow up that was due 03-2017. MCI # 370004157 Annual physical exam not available for review. Dental exam that was due 04-2017 not available for review. Vision exam that was due 08-2017 not available for review.

Further recommendations for entity's system improvement:

As a reminder, any questions in the QA&I tool that are answered with two or more indications of noncompliance with regard to the sample require a Plan to Prevent Recurrence (PPR) of the noncompliance. In general, PPRs must identify systematic, organizational changes to policies, procedures, supervision roles, and other relevant areas that are implemented, documented, and regularly monitored by the provider in order to ensure that noncompliance does not recur.

The following questions that were documented in the CAP require a PPR: question 39, 43, 44 (with regard to incident management as a whole) and question 46 with regard to health care appointments.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet