
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: The Ridge Human Services

Date of Onsite Review: October 16th, 2017

Date of Report: November 14, 2017

Onsite Review conducted by Philadelphia IDS

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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 **The Ridge Human Services**. 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. The Ridge Human Services successfully completed their self-assessment on time, before the deadline prescribed by ODP. The completed self-assessment did not completely correspond with the Reviewer's findings during the onsite review. The following areas were found to be non-compliant with regard to the accuracy of content as per the Office of Developmental Program's expectations and requirements., and these were not identified by the provider during the self assessment process:

- ✚ The Quality Management Plan
- ✚ Policy & Procedure To Screen Employees and Contractors (SAM, Mediceck and LEIE)
- ✚ Annual Training Plan
- ✚ Specific Trainings – Annual Incident Management Training, Policy/Procedures On How To Respond To Cases Of Individual Health, Behavioral Emergencies and Crises, Emergency Disaster Response Plan,
- ✚ Documentation of Delivery of Services/Supports (name of service, outcome of service frequency & duration)

Desk Review of Providers:

The assigned Administrative Entity conducted a desk review of all 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 Ridge Human Services' training plan did not meet ODP's annual training plan requirements. The current training plan is absent of component (7) – Department issued policies and procedures. Remediation will include adding this component to the current training plan and ensuring all staff are trained accordingly at the onset of hire and annually thereafter. The Quality Management Plan, - though present, does not reflect ODP's Mission, Vision and Values. The current Quality Management Plan (QMP) focuses on *"assuring incidents will be logged into EIM within 24 hours for those reported under that timeframe and 72 hours for those that fall under this specified timeframe."* The Quality Management Plan is not accepted. The Reviewer recommends to

revisit the Quality Management Plan and revise to ensure that the initial outcome mentioned above is fully thought out, includes performance measures, meaningful targeted objectives, and a specific plan of action for each target objective that includes target dates, status updates, and completion dates. Also, the QMP needs to include at least (1) focus area that reflects ODP's Mission, Vision and Values. Revision should also include notation that the QMP is required to be updated every (2) years, as well as inclusion of the person responsible for evaluating the performance data and overseeing the selected priorities in the QMP. The Restrictive Intervention Policy was not received as part of the desk review. An incorrect policy was submitted. Reviewer did however review the correct policy on site and it met all required content.

AE Onsite Review of Providers:

Philadelphia IdS conducted the onsite review of **The Ridge Human Services** on October 16th, 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 Owner/Director of The Ridge Human Services, Marcia Hart, was expected to be present, but was not. It was communicated when I arrived that she had a family emergency and would not be present for the review. Ms. Collins was present for the review and indicated she was volunteering at the time to assist. (In addition, her brother attends this day program MCI002401929). Ms. Collins took me on a tour of the program, introducing me to the individuals present and the staff. (I believe there were 3 individuals at the program). Ms. Collins was excited about her brother attending and communicated how she is looking forward to planning outings for the individuals who attend The Ridge Human Services. She did mention a recent turn over with the individual who was "running" the program. This was the 1st Quality Assessment and Improvement Process for The Ridge, and no leadership was present. It is extremely important that of There was a folder available for me to review. Most of the information included was not the required material that should have been prepared prior. Ms. Collins attempted to retrieve/locate training sheets, but was unsuccessful. Ms. Collins did not stay with the reviewer the entire time, as it appeared that she was also included in staffing ratios at the program. (1) sample individual is included in this review. The interview had been arranged prior and both the individual and staff were present. The support staff appeared irritated at the time of interview, as she needed to leave early and communicated to me that she could not talk for long. She was able to identify the individual's likes and preferences and was able to confirm information that was in the MCI-310000107's ISP.

This was a (1) day review and therefore the Exit took place at the end of the QA&I review and interview on the same day, October 16th, 2017. 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. Ms. Collins did not provide much feedback

regarding the review. She was a stand in for Ms. Hart who had a last minute emergency. Ms. Collins did understand the information that was communicated and I also informed her of the Comprehensive Report and Corrective Action Plan that would be forwarded to Ms. Hart for correction and remediation.

This program is very new. Though Ms. Collins has great intentions and aspirations for the individuals that participate in the program, she is not an employee of The Ridge Human Services. Additionally, there is no real structure to programming or ensuring outcomes are met per each ISP. Training was not present for any of the current employees, with the exception of ISP training. This is definitively a significant concern. The Ridge Human Services is supporting a total of 3 individuals and all 3 can be very intensive and active. Not only is the absence of training out of regulatory compliance with Licensing and the Office of Developmental Programs, it is also a disservice to the individuals who attend the program. Quality supports and services start with well trained staff. In addition, the program would really benefit from an overall décor revitalization.

Data Analysis and Performance Evaluation

The Ridge Human Services is a new 2380 Provider. 2380 services began July, 2017.

Analysis of performance based on focus areas

People will be connected with their community and increase community participation: Ms. Collins, sister of an individual who attends the program and active volunteer, communicated future plans of trips and outings for the 3 individuals who attend.

Analysis of performance for extra areas

The provider should develop a process to ensure that training is completed and documented as required.

Comparison of onsite to self-assessment results

The providers Self-Assessment was not accurate in comparison to their overall review. The Self-Assessment suggested that there were no areas of non-compliance in the areas of the Quality Management Plan, policies/procedures, training and progress notes. The current outcome in the Quality Management Plan is not a reflection of ODP's Mission, Vision and Values. Provider's training curriculum did not meet the criteria due to not having all of the required components. In addition, with the exception of ISP training, training documentation was absent for all staff. Policies were not present and/or absent of required content. Progress notes did not include all required components.

Items requiring remediation within 30 days

- Q#7: Quality Management Plan- Plan does not indicate who is responsible for the plan and does not indicate the plan must be updated every (2) years. Plan needs to include at least (1) focus area that reflects ODP's Mission, Vision and Values.
- Q#10: Policy/Procedure to screen employees and contractors. Policy was not present.
- Q#16: The provider does not have an Annual Training Curriculum that meets all the requirements. The provider's training curriculum is missing the component on Department-Issued Policies and Procedures.
- Q#17: 0% of the provider's staff completed all components of the Annual training plan as required.
- Q18: 0% of the provider's staff completed the Incident Management Training on Preventing, recognizing, reporting and responding to incidents.
- Q#19: 0% of the provider's staff completed the training on How to respond in cases of individual health, behavioral emergencies and crises.
- Q#20: 0% of the provider's staff completed the training on Emergency Disaster Response plan that addresses individual's safety and protection, communication and/or operational procedures.
- Q#22: The Provider failed to document delivery of services/supports in the type, scope, amount, frequency and duration specified in the Individual Support Plan (ISP) for the (1) sample MCI#310000107.

All areas of non-compliance require remediation within 30 days of receiving the Comprehensive Report. The Ridge Human Services, LLC should respond with proof of remediation, CAP responses, and the Plan to Prevent Recurrence (PPR) for the areas of non-compliance.

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

A plan to prevent recurrence of non-compliance (PPR) is required for the following questions, because two or more instances of noncompliance were identified within the sample: Q#17, 18, 19, & 20, regarding training, and Q#22, regarding documentation of outcomes, scope, amount, frequency, and duration in progress notes. Additional system improvement recommendations are bulleted below:

- Provider should create an organizational structure that meets ODP's regulations; one that allows for oversight of effective program delivery. This will ensure quality assurance of supports and services for individuals supported by The Ridge Human Services, LLC. The CEO lives in another state and is not present to oversee day to day program activities, and it was not clear at the time of the review, who exactly is responsible to fulfill this vital role.

- The provider will ensure that someone in the administration team is thoroughly reviewing all progress notes. Notes reviewed did not have all the required areas - in type, scope, amount, frequency and duration.
- Provider will ensure that the training curriculum meets ODP's requirements.
- Provider should create a training module and oversight to ensure all staff are trained on the required ODP trainings upon hire and annually thereafter.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet