
QUALITY ASSESSMENT AND IMPROVEMENT:
COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Royer Greaves

12/21/17

Introduction

The Office of Developmental Programs (ODP) Quality Assessment and Improvement (QA&I) process is designed to conduct a comprehensive quality management review of county programs, Administrative Entities (AE), Supports Coordination Organizations (SCO) and Providers delivering services and supports to individuals with intellectual disabilities and autism spectrum disorders. As part of ODP's quality management strategy, the QA&I process has been designed to be comprehensive standardized and measurable. This gives providers applicable information for making decisions regarding service delivery and provides them the opportunity to make systemic changes in their organization that will improve the quality of their services.

The mission of ODP is to support Pennsylvanians with developmental disabilities achieve greater independence, choice, and opportunity in their lives. This includes continuously improving an effective system of accessible services and supports that are flexible, innovative, and person-centered. The QA&I process is designed to accomplish this. It is a continuous process that includes the Provider's Self- Assessment > Desk review > Onsite Review > Comprehensive Report > Corrective Action and Quality Improvement > Technical Assistance > Self- Assessment. The goal is to continuously improve the quality of services.

Quality services include:

- Ensuring Individuals have Choice, control in their lives regarding who they live and socialize with, where they work,
- Assuring effective communication
- Increasing employment
- Increasing community participation
- Ensuring ISPs are updated timely when there is a change in need
- Ensuring individuals are free from abuse, neglect, and exploitation
- Ensuring people with complex needs have supports they need (Behavioral and mental health supports, adaptations in their environment so they can access what they need and want.
- Quality services that provide services that will meet their needs with dignity and respect.

This QA&I Comprehensive report summarizes the findings from the provider's self-assessment, onsite review, and interview/s with the consumers and staff.

QA&I Summary

Royer Greaves is a provider, that provides services to individuals registered with the Office of Developmental Programs. Royer Greaves is currently providing, Residential Habilitation and Licensed Day Habilitation to individuals registered with the Office of Developmental Programs. They offer services to 8 Counties in Pennsylvania. The Provider Self-Assessment and the desk review, which included a copy of the Quality Management Plan, Restrictive Intervention Policy, and the Annual training curriculum, were submitted prior to the 8/31/17, due date.

The onsite QA&I review was conducted on 12/8/17 at Royer Greaves located in Paoli, Pa. The entrance interview was conducted with, the following was discussed:

- The purpose of the QA&I process, a review of the process and the timelines
- Summary of ODP's missions and vision
- The Quality improvement priorities
- Website for the QA&I survey

Data Analysis and Performance Evaluation

The exit interview was held, on the same day, with Royer Greaves staff. The following was discussed:

- Royer Greaves was cooperative and receptive to learning the new QA & I Process. Their training curriculum was excellent. Royer Greaves priorities include, creating a safe environment by training staff to work with blind individuals.

Policy: (Questions – 7, 8, 9, 10, 11, 12, 16, 23, 39, 43, 44, 45, 47)

Providers QM plan, Incident Management Plan, and Restrictive Plan were in accordance with OPD requirements. There were no grievances filed and no incident reports for the individuals in the sample for the period reviewed.

7 Royer Greaves Quality Management Plan did not reflect ODP initiatives.

#12 Royer Greaves did not have a current Restrictive Intervention plan which listed all the components from the ODP source document.

44-45 Royer Greaves did not have a formal Peer Review process for all incidents requiring investigations

Suggested corrective actions: Update Quality Management Plan to include ODP initiatives. Restrictive Plan needs to be updated to reflect all components from ODP Memo 080-12. Develop a Peer Review Process. Review daily progress to ensure completion. Review all medical appoints to ensure they are completed in the necessary time frames. Include the deficiencies into the Quality Management Plan and review quarterly to ensure they are being implemented.

Training: (Questions – 12, 15, 17, 18, 19, 20, 34, 35)

Trainings for 32 staff persons were reviewed. All staff trainings were completed - 100% compliance.

Record Review: (Questions – 13, 21, 22, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 36, 37, 38, 40, 41, 42, 46, 48, 49)

#22 Royer Greaves did not have completed daily progress notes for four individuals in the sample

#24 Royer Greaves did not have completed daily progress notes to indicate progress status for four individuals in the sample.

46 Royer Greaves did not complete all necessary health care appointments for two individuals in the sample.

48 Royer Greaves did not complete a psychiatric appointment for one individual in the sample.

#49 Royer Greaves did not complete all required medical and psychiatric appointments for two individuals in the sample.

Other attachments:

MCI tracker
CAP