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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

*TEC dba Friends & Family*

*December 7, 2017*

*Revised January 18, 2018*

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## Introduction

The mission of the Office of Developmental Programs (ODP) is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives. ODP's vision is to continuously improve an effective system of accessible services and supports that are flexible, innovative and person-centered. The Quality Assessment & Improvement Process is a way for ODP to evaluate our current system and identify ways to improve it for all individuals. ODP's focus areas for this year's review are Employment, Quality Improvement and Communication.

The comprehensive report is a packet of information compiled from your agency's self-assessment, desk reviews, individual interviews and an onsite review. TEC/Family & Friends was reviewed on November 1, 2017. Two individuals residing at the facility were interviewed on November 20, 2017. This report includes findings from your agency's review along with the MCI tracker.

## QA&I Summary

TEC/Family & Friends is a 2600 licensed Personal Care Boarding home in which a number of Bucks County individuals with ID reside. TEC/Family & Friends had all required policies and a training curriculum in place as per the requirements for compliance with the 2600 regulations. This was the first year the ODP QA&I Process was required for this facility. TEC/Family & Friends diligently worked and hired a consultant to meet the compliance standards of ODP's QA&I assessment.

TEC/Family & Friends submitted their self-assessment on 8/31/2017.

Entrance interview discussion involved review of their self-assessment and recommendation that their agency review ODP's Quality Management Certification training in addition to ODP's Deaf Services for Provider Administrators and Agencies and finally, that the 2018 Self-Assessment will be due 7/31/18. Exit interview discussion involved a review of the findings of the QA&I Process and a recommendation to review the draft Chapter 6100s. TEC/Family & Friends also articulated their position on how base funding should preclude them from compliance with the QA&I Process.

Review Process Summary: 5 Bucks County individual's records were reviewed and 2 Bucks County individuals were interviewed. One individual stated he is very satisfied with the services he is receiving through TEC/Family & Friends. He said he likes living there, goes on outings of his choice, visits with his family, and can have alone time in his room when he wants it. The other individual is also very satisfied with her services through TEC/Family & Friends. She said that she have lived here since 2008. She goes on outings, has family visits, and keeps busy.

### Data Analysis and Performance Evaluation

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

#### **POLICY -- The following numbers represent the correlating questions from the Onsite Question Tool for Providers (Q's 7, 8, 9, 10, 11, 12, 16, 23, 39, 43, 44, 45, 47)**

TEC/Family & Friends was compliant with the following regarding policies:

7-9) Provider has a Quality Management Plan which is analyzed and evaluated quarterly and updated every 2 years

10) Provider implements policy to screen employees and contractors

11) Provider has a grievance policy but has not had to implement it

12) Provider has a policy that addresses restrictive procedures

23) The Provider has a transition policy but did not need to implement it.

39-43) Provider has an incident management policy; ensures all incidents are finalized within 30 days; initiated reviews and analyzes of incidents quarterly, but has not had any incidents for Bucks County individuals in the past 6 months.

44-47) Provider has initiated a peer review procedure and ensures that recommendations from the Certified Investigation peer review process are followed-up and ensures all required investigations are completed by a Department certified incident investigator. Provider did not need to implement this process for the past 6 months since there were no investigations conducted for Bucks County individuals in the past 6 months

TEC/Family & Friends was non-compliant with the following question regarding policies:

16) Provider's annual training plan does not include all required ODP trainings yet does comply with the 2600 Regulations.

Provider Remediation: Missing ODP trainings were incorporated into annual training plan to ensure all staff training.

#### **RECORD REVIEW— The following numbers represent the correlating questions from the Onsite Question Tool for Providers (Q's 13, 21, 22, 24, 38, 41, 46, 48, 49)**

TEC/Family & Friends has compliance with the following record review questions:

13) Provider meets client's room and board contracts under 2600 licensure regulations and we accepted these in lieu of the 6400 room and board contracts.

21) Participated in the development of the ISP, (100%)

22) Provider documents services/supports in the type, scope, amount, frequency and duration was not delivered as specified in the ISP, (100%)

24) The Provider progress note indicates what actions have been taken if a progress note indicates lack of progress in achieving an outcome, (100%)

38) Provider has a policy to ensure the replacement of an individual's lost or damaged property in accordance with regulation but has not had to implement it.

41) The Provider implemented the corrective action for each individual's incidents, (100%)

46) The Provider completes all health care appointments, screenings and follow-up as prescribed, (100%)

48) The Provider ensures that individuals who have a dual diagnosis are receiving needed mental health (MH) services, (100%)

49) The Provider promotes wellness, (100%)

**TRAINING— The following numbers represent the correlating questions from the Onsite Question Tool for Providers (Q's 14, 15, 17, 18, 19, 20)**

TEC/Family & Friends has compliance for the following regarding staff trainings:

14) Staff received training to meet the needs of the individual they support as identified in the current, approved Individual Support Plan (ISP), (100%)

15) Newly hired staff received training to meet the needs of the individual they support as identified in the current, approved, Individual Support Plan (ISP), (100%)

18) Staff received annual incident management training on preventing, recognizing, reporting and responding to incidents and assuring a participant is safe, (100%)

19) Staff received training on Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies and crises, (100%)

20) Staff received training on Provider's Emergency Disaster Response plan that address individual's safety and protection, communications and/or operational procedures, (100%).

TEC/Family & Friends was non-compliant for the following question regarding staff trainings:

17) Provider and Provider's staff did not complete all components of ODP'S required annual training plan, (0%)

Provider Remediation: Missing ODP trainings were incorporated into annual training plan. Training will be completed per annual training plan throughout the year. Existing staff will be trained in ODP required trainings not previously completed listed as follows; QM plan, grievance resolution, Department policies/

procedures and accurate billing and documentation of service. Additionally, all ODP required trainings will be incorporated into our orientation for new staff.

Appendices

TEC/Family & Friends AE MCI Tracker