
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

TLC Nursing

December 12, 2017

Revised January 11, 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. TLC Nursing Services was reviewed on October 10, 2017. Two individuals receiving services through TLC Nursing Services were interviewed on November 13 and December 6, 2017. This report includes findings from your agency's review along with the MCI tracker.

QA&I Summary

TLC Nursing Services is currently delivering services/supports to a number Bucks County individuals receiving ID services/supports through ODP. TLC Nursing Services had all required policies and a training curriculum in place.

TLC Nursing Services submitted their self-assessment on 8/14/2017, prior to the deadline.

Entrance interview discussion involved review of their self-assessment and recommendation that their agency review ODP's Quality Management Certification training. Exit interview discussion involved a review of the findings of the QA&I Process.

Review Process Summary: 5 Bucks County individual's records were reviewed and 2 Bucks County individuals were interviewed. One individual said she is very satisfied with the services she is receiving through TLC Nursing Services. She said her staff take her out to eat and shopping. The other individual is also very satisfied with his services through TLC Nursing Services. He and his mother stated that they switched from another agency to TLC Nursing Services and his nurse also changed agencies in order to keep working with him. The family is very satisfied with their current services.

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)

TLC Nursing Services 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

16) Provider's annual training plan meets ODP's requirements

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

RECORD REVIEW— The following numbers represent the correlating questions from the Onsite Question Tool for Providers (Q's 21, 22, 36, 38, 41, 49)

TLC Nursing Services has compliance with the following record review questions:

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

36) Provider implements the individual's back-up plan as specified in the ISP, (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%)

49) The Provider promotes wellness, (100%)

TLC Nursing Services was non-compliant for the following components of ODP's record review:

22) Provider did not deliver/document services/supports in the type, scope, amount, frequency and duration was not delivered as specified in the ISP, (20%)

Provider Remediation: TLC has been in contact with Supports Coordinators to try and adjust ISP frequencies on certain individuals to a monthly amount of units, instead of weekly, for those that have adjusting schedules.

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

TLC Nursing Services 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%)

TLC Nursing Services 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, (34.78%)

Provider Remediation: Current staff members are being trained throughout December 2017 & January 2018, then all staff members and new hires will be trained upon hire and yearly thereafter, to prevent any non-compliance of staff training in accordance with ODP. TLC will keep written documentation on training.

18) Staff did not receive annual incident management training on preventing, recognizing, reporting and responding to incidents and assuring a participant is safe, (34.78%)

Provider Remediation: Current staff members are being trained throughout December 2017 & January 2018, then all staff members and new hires will be trained upon hire and yearly thereafter, to prevent any non-compliance of staff training in accordance with ODP. TLC will keep written documentation on training.

19) Staff received training on Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies and crises, (34.78%)

Provider Remediation: Current staff members are being trained throughout December 2017 & January 2018, then all staff members and new hires will be trained upon hire and yearly thereafter, to prevent any non-compliance of staff training in accordance with ODP. TLC will keep written documentation on training.

20) Staff received training on Provider's Emergency Disaster Response plan that address individual's safety and protection, communications and/or operational procedures, (34.78%).

Provider Remediation: Current staff members are being trained throughout December 2017 & January 2018, then all staff members and new hires will be trained upon hire and yearly thereafter, to prevent any non-compliance of staff training in accordance with ODP. TLC will keep written documentation on training.

Appendices

TLC Nursing Services AE Tool

TLC Nursing Services AE MCI Tracker