
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Associates Home Care Inc

December 19, 2017

Revised January 29, 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. Associates Home Care Inc. was reviewed on October 30, 2017. One individual receiving services through Associates Home Care Inc. was interviewed on December 13, 2017. This report includes findings from your agency's review along with the MCI tracker.

QA&I Summary

Associates Home Care Inc. is currently delivering services/supports to a number Bucks County individuals receiving ID services/supports through ODP. Associates Home Care Inc. had all required policies and a training curriculum in place.

Associates Home Care Inc. submitted their self-assessment on 8/29/2017, 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 and the draft Chapter 6100 regulations. Exit interview discussion involved a review of the findings of the QA&I Process and that the 2018 QA&I Assessment will be due 7/31/2018.

Review Process Summary: 5 Bucks County individual's records were reviewed and 1 Bucks County individual was interviewed. The individual said she is satisfied with the services she is receiving through Associates Home Care Inc. She said her staff take her out in to the community shopping, to pet stores, the library, and to restaurants. She said that when something occurs that she does not agree with, she calls the agency and it is corrected.

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)

Associates Home Care Inc. 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)

Associates Home Care Inc. 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.

Associates Home Care Inc. 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, (60%)

Provider Remediation: Excel Spreadsheet will be utilized for tracking purposes and HCSIS will be checked for updates to clients plan daily. Scheduling coordinators will ensure that ISP is followed and if deviation needs to occur SC will be notified.

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

Associates Home Care Inc. has compliance for the following regarding staff trainings:

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%)

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%).

Associates Home Care Inc. was non-compliant for the following question regarding staff trainings:

14) Staff did not receive training to meet the needs of the individual they support as identified in the current, approved Individual Support Plan (ISP), (80%)

Provider Remediation: All changes in staff and clients as well as any new clients, will be trained on ISP / Outcome Action plan as well as sign off on training sheet which will be placed in employee file and client chart. Scheduling Coordinators will keep track of changes in staffing of clients and ensure that ISP is issued and training is documented.

17) Provider and Provider's staff did not complete all components of ODP'S required annual training plan, (9.09%)

Provider Remediation: The Human Resources Manager will track the completion of all annual training requirements for new employees. The Program Manager will ensure that all current staff receive training on all components of the annual training plan within the next 3 months, then yearly during their annual performance evaluation. Proof of completion will be stored in the employee's training file.

18) Staff did not receive annual incident management training on preventing, recognizing, reporting and responding to incidents and assuring a participant is safe, (9.09%)

Provider Remediation: The Human Resources Manager will track the completion of all annual training requirements for new employees. The Program Manager will ensure that all current staff receive training on all components of the annual training plan within the next 3 months, then yearly during their annual performance evaluation. Proof of completion will be stored in the employee's training file.

Appendices

Associates Home Care Inc. AE Tool

Associates Home Care Inc. AE MCI Tracker