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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

CareSense Living LLC

*November 16, 2017*

# Table of Contents

## Introduction

The purpose of the Comprehensive report is to compile the official findings from the desk and onsite reviews, face-to-face interviews and self-assessments, as applicable, that were completed for your agency as part of ODP's QA&I Process. This report will:

- Highlight those areas where the Provider is doing well related to person-centered services delivery and promising practices;
- Analyze performance in ODP's quality focus areas for the current QA&I cycle;
- Compare results of the desk and onsite reviews with the entity's self-assessment;
- Summarize those instances of non-compliance that were remediated during the onsite review;
- Outline issues of non-compliance expected to be remediated within 30 calendar days of report receipt;
- Recommend PPRs where compliance is below established thresholds of 86%; and
- Recommend improvement activities to be addressed during the remainder of the QA&I cycle, including systemic quality improvement projects to incorporate into QM Plans.

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.

## QA&I Summary

CareSense Living, LLC submitted their Self-Assessment and forwarded it to the Administrative Entity (AE) on August 29, 2017. Additionally, as required, CareSense Living submitted their Quality Management Plan, Restrictive Procedure Policy and their Annual Staff Training Curriculum to the AE. These policies as well as the Self-Assessment were reviewed as part of the QA&I desk review process. The on-site review was scheduled and occurred on October 24, 2017. Present for the entrance discussion were Marci Laskey and Jill Laverty-Director, 6400 Residential Homes for CareSense, LLC. During the entrance discussion, the AE reviewed ODP's focus on improving overall services provided to waiver recipients. ODP is focusing on the providers' Quality Management Plan, Restrictive Procedure policy, and staff training, especially on

individual's ISP's and Communication. The AE explained the QA&I process, including what would occur during the on-site review, individual interview and timeframes for possible corrective actions. There were five individuals in the sample to be reviewed. Ms. Lavery arranged for staff to accompany one individual to the residential site to be interviewed by the AE. There were ten staff records that were reviewed. During the entrance meeting, Ms. Lavery talked about the organizational structure of CareSense Living. While CareSense has been in existence for some time, it has only been providing Residential Supports for Individuals with the Consolidated Waiver for less than a year. In that time, the program has grown to include three homes in Southwestern Pennsylvania.

### Data Analysis and Performance Evaluation

During the On-Site review portion of the QA&I process, Ms. Lavery made available all required records as well as arranged for the one individual to be interviewed. The process advanced without delays as CareSense Living was able to retrieve all additional information needed and clarify any questions as identified by the AE.

During the on-site review, the AE noticed that one individual's monthly room and board fee exceeded the maximum allowable amount. CareSense filed a Misuse of Funds Incident.

### Findings:

#### Provider Strengths:

- While completing the self-assessment for CareSense Ms. Lavery discovered areas with which the provider was not compliant and was able to correct many of those issues prior to the AE's onsite visit. For example, Ms. Lavery noted that some progress notes indicated that an individual did not make progress in achieving an outcome but did not include what actions were taken to address the lack of progress. To prevent this from being overlooked, Ms. Lavery had a new progress note template created which prompts the staff to address any lack of progress.
- The individual that was interviewed during the on site review appeared to be happy. CareSense was able to keep the individual and his sister together in the same home after losing their mother. His sister is a source of comfort and support for the individual.

Area for Corrective Action:

**Question #10: The Provider implements a policy/procedure to screen employees and contractors.**

CARESENSE HAD NOT BEEN CHECKING THE EXCLUSION LISTS PROR TO HIRE OR MONTHLY. THEY BEGAN TO IMPLEMENT THE REQUIREMENT IN AUGUST 2017.

**Question #24: If a progress note indicates lack of progress in achieving an outcome, the Provider progress note indicates what actions have been taken.**

ONE OUT OF FIVE RECORDS WERE NOT IN COMPLIANCE WITH THIS REQUIREMENT. CARESENSE HAS ALREADY TAKEN ACTION TO CORRECT THIS ISSUE. CARESENSE'S PROGRAM SPECIALIST WAS TRAINED ON DOCUMENTING PROGRESS RELATING TO OUTCOMES. A NEW DOCUMENTATION FORM WAS ALSO CREATED WHICH INCLUDES A DROP DOWN BOX THAT APPEARS IF IT IS INDICATED ON THE PROGRESS NOTE THAT PROGRESS WHAT NOT MADE ON AN OUTCOME. THIS FORM REQUIRES THE PROGRAM SPECIALIST TO FOLLOW UP WITH A COMMENT ABOUT HOW THE SITUATION WAS ADDRESSED.

**Question #15: If a Provider has any new hire staff, the new hire staff received training to meet the needs of the individual they support as identified in the current, approved Individual Support Plan (ISP) before providing services to the individual.**

ONE OUT OF NINE STAFF RECORDS INDICATE NON-COMPLIANCE WITH THIS REQUIREMENT.

**Question #14: Staff receive training to meet the needs of the individual they support as identified in the current, approved Individual Support Plan (ISP) before providing services to the individual.**

ONE OUT OF NINE STAFF RECORDS INDICATE NON-COMPLIANCE WITH THIS REQUIREMENT.

**Suggestions for considerations for improvement:**

- While conducting the individual interview, the AE noted that the individual being interviewed was trying to communicate something but was not successful in his efforts. Since the staff at CareSense was not able to understand what he was trying to convey either, the AE recommended that the provider contact the SC to discuss obtaining a communication assessment for the individual.
- Technical Assistance was provided to CareSense during the on-site. The Certified Investigations Peer Review process was one topic on which the AE provided information.

- Since the provider is ultimately responsible for implementing the individuals' ISPs it is suggested that CareSense's Program Specialist review ISPs in HCSIS frequently and thoroughly to ensure they are accurate reflections of the individual's needs. And when an outdated or incorrect statement is discovered it is suggested that CareSense contact the individual's supports coordinator and document the attempt to have the ISP document revised.

### Appendices

CareSense LLC - ODP Quality Assessment & Improvement (QA&I) Tool

CareSense LLC - Corrective Action Plan (CAP) QA&I Tool