
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Cathryn Stein DBA Coop Provider

November 13, 2017

Introduction

The purpose of this report is to provide the results of the 2017 QA&I Provider Onsite Review that occurred from October 19, 2017 through November 8, 2017.

The Quality Assessment and Improvement Process has been designed to provide oversight to provider agencies under the Office of Developmental Programs. The focus areas for this review include quality management, incident management, and promoting employment.

QA&I Summary

Your organization was included in this review based on your MPI number. Your organization submitted the provider self-assessment on time and submitted required policy documents prior to the onsite review which included the agency's quality management plan, restrictive interventions plan and annual training curriculum. The day of the onsite review you were audited by Lauren A. Smoyer, Intellectual Disabilities Supervisor for the Chester County Office of Mental Health and Developmental Disabilities. The onsite review of policies and procedures, staff training and client record review took place on the first day of the review. The interview was completed with one consumer and his staff person on November 8, 2017 by Chester County MH/IDD program specialist Sue Berg.

Five consumer records were chosen for review and five staff training records were audited for compliance. One consumer interview was completed, and one staff was interviewed for the purposes of assessing the consumer's satisfaction with services and staff's knowledge on the consumers they work to support.

Data Analysis and Performance Evaluation

Cathryn Stein, DBA Coop Provider performed well on the administrative portion of the review. There was one policy that was out of compliance. The provider is not completing quarterly quality management reviews, which is also out of compliance with regulations. The QA&I lead for Chester County will follow up with the provider at times to ensure quality management data collection and analysis is occurring and being documented per regulatory requirements.

The reviewer did note that the agency serves a deaf consumer who is enrolled in the PFDS waiver, and after seeking guidance from ODP on whether or not the provider was required to view ODP's webinar on deaf culture it was determined that the provider agency is responsible for watching the webinar and documenting that this has occurred. One administrative staff and

all staff assigned to the deaf consumer should view the webinar and document the date. The expected time frame for remediation is 30 days from the date of this report.

Cathryn Stein, DBA Coop Provider maintains supporting documentation for the services delivered as required by regulation. Documentation is clearly written and legible or is maintained electronically to support the submitted claims. Staff trainings are in compliance with regulations.

The consumer interview took place in the individual's home with his behavior support person.

Overall the consumer is very satisfied with services.

The staff person that was interviewed was very knowledgeable in regards to the consumer and the contents of the ISP. The staff person promotes the use of the consumer's communication board.

No areas of non-compliance were remediated during the onsite review for your agency.

Appendices

QA&I MCI tracker

QA&I Corrective Action Plan