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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

**Entity Name:** K&K Healthcare Services

**Date of Review:** November 6, 2017

**Date of Report:** December 1, 2017

**Onsite Review conducted by Philadelphia IDS**

**Name(s) of QA&I Review Team:** Tiaisha Dandy, Public Health Program  
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## Introduction

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process for K&K Healthcare Services. This report will include the official findings of the desk review and on-site review processes conducted earlier this year by your assigned Administrative Entity (AE), Philadelphia Intellectual disAbility Services.

The ODP QA&I Process for providers, which replaced the ODP Provider Monitoring process on July 1, 2017, is one piece of a comprehensive quality management review designed to evaluate the supports and services offered by the AE's, Supports Coordination Organizations, and Provider agencies across the Commonwealth of Pennsylvania. The purpose of the revised process, as stated by ODP, is to eliminate unnecessary duplication across Commonwealth and county review procedures, to allow more time to focus on individual experiences and quality improvement, to improve methods of collecting and reporting useful data in a timely manner, and to foster collaborative partnerships and opportunities for technical assistance and shared learning.

Upon completion and approval of this comprehensive report, the results are shared with ODP in order to assist with the evaluation of the current system of supports, and to identify ways to improve the system for all individuals and key stakeholders. Additionally, QA&I assists with data collection that measures Consolidated and P/FDS waiver performance measures, compliance with Title 55 PA Code Chapter 51 regulations, and compliance with the Medicaid Waiver Provider Agreement.

ODP's focus areas for this year's statewide QA&I review are consistent with the desired outcomes of the 2017 waiver renewals and the ODP quality management strategy. These focus areas include but are not limited to the following:

- Families with infants and toddlers and people with Autism get the support they need
- People will be connected with their community and increase community participation
- People will live with people they like and who care about them
- People will be physically and mentally healthy
- Assuring effective communication
- Increasing employment
- Ensuring individuals are free from abuse, neglect, and exploitation
- Ensuring that people with complex needs have the support they need

### **Quality Assessment & Improvement Summary**

All qualified providers that offer base funded services or services through the Consolidated and/or the P/FDS waivers participate in the ODP QA&I process on an annual basis. All providers are selected for on-site review by ODP once during the three-year QA&I cycle, based on the last digit of their Master Provider Index (MPI) number. The steps of the ODP QA&I process are inclusive of the following procedures:

#### **Self-Assessment:**

All providers must complete the self-assessment on an annual basis. Providers are expected to remediate issues that are discovered during their self-assessment within 30 days, and to engage in quality improvement activities based on the results of self-assessment. K&K Healthcare Services successfully completed their self-assessment on time, before the deadline set by ODP. In reviewing the provider's self-assessment the overall responses given were consistent with the findings of the on-site review. The provider has not served any individuals in the last fiscal year and therefore majority of the questions on the self-assessment were non-applicable. The only difference between the self-assessment responses and the review findings were with questions #10, #11, #12, and #16. See the data analysis section of this report for a review of their results compared to our findings onsite.

#### **Desk Review of Providers:**

The assigned AE conducts a desk review of providers that are assigned for on-site review prior to the date of on-site. This desk review includes an analysis of the provider agency's Quality Management Plan, the Annual Training Plan, and the Restrictive Intervention Policy, which are submitted to the AE by the provider upon completion of the self-assessment. The desk review also consists of a review of data collected from Home & Community Services Information System (HCSIS), the Enterprise Incident Management system (EIM), and the Individual Support Plans (ISPs) of the individuals selected by the assigned AE for the onsite review sample. K&K Healthcare Services submitted all required documentation for the desk review component of the monitoring. During the desk review, it was noted that K & K Quality Management Plan did meet ODP's criteria. The provider submitted their annual training plan, but did not send in the necessary curriculums that needed to accompany the plan. During the on-site review the provider did supply the curriculum. The annual training plan did not include the providers Quality Management plan and lacked the component on Documentation and Department Issued Procedures. The providers Restrictive Intervention Policy did not meet criteria because it did not include the component on reporting misuse of restrictive interventions.

### **AE Onsite Review of Providers:**

Philadelphia IDS conducted the onsite review of K&K Healthcare Services on November 6, 2017. The process began with an Entrance meeting, held on the first day of the scheduled onsite review. A copy of the Entrance meeting signature sheet documenting all attendees is included in the appendices of this report. Discussion during the entrance meeting included introductions, a general overview of the QA&I process, including the mission, vision and quality improvement priorities of ODP, IDS, and the reviewed provider, and a discussion of the specific details of the onsite process. The provider was prepared for the on-site review. The provider made all necessary documentation available for review; the documentation was organized neatly and placed in a binder. The provider did not have a sample; therefore there were no individual interviews to conduct. During the on-site review entrance meeting, the new QA&I process was explained in detail, and the entrance meeting sheet was signed. The provider received technical assistance regarding their plans on beginning the process of serving ODP waiver participants. The provider has not served any individuals in the last three fiscal years. However the provider appears to be knowledgeable in the ID system and understands the importance and emphasis of the Everyday Lives philosophy in providing services to individuals with an intellectual disability.

At the completion of the onsite review, an Exit meeting took place. A copy of the Exit signature sheet documenting all attendees is included in the appendices of this report. Topics of discussion during the Exit meeting included introductions, an overview of the process from the perspective of the reviewer and the reviewed provider, an overview of the findings documented during the review, and an overview of the comprehensive report and the corrective action process. The provider was made aware of the timeframes of remediation and was offered technical assistance regarding the use of MyODP. K & K appreciated the feedback received throughout the QA&I process.

### **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. [Data for every QA&I question will be provided in an appendix.]

#### **Analysis of performance based on focus areas**

During the onsite visit it was reported by the provider that they accepted their first residential individual MCI#002902383 on September 20, 2017. The individual has severe challenging behaviors; thus at the time of the visit the individual was hospitalized due to a psychiatric episode. The provider was unaware of the procedure for entering reports into EIM. However, with support from the analyst

and the risk management unit at IDS the provider was able to enter the incident and subsequently has been able to successfully enter other incidents on time.

It has been noted by the SCO and the team at BHID that the provider has done a great job at trying to provide adequate services for the individual despite the challenges presented by the individual. The team believes that K&K, while a smaller provider, is much more appropriate to meet the needs of the individual including personalization of supports, attention to detail, and staff whom are caring and respectful of the individual.

The provider, with the recommendation of the AE, will need to hire more staff; train all staff on the updated ISP, and provide training that meets the requirements of both Chapter 6400 and Chapter 5100 regulations.

K&K Healthcare Services has demonstrated they are open to feedback and recommendations of the office and are capable of providing quality services to all individuals in the waiver.

#### **Issues from the desk review corrected while onsite**

There were no issues corrected while onsite or following desk review.

#### **Items requiring remediation within 30 days**

- Q#10: The Provider policy/procedure on screening employees and contractors did not exist.
- Q#11: The Providers' grievance policy did not include a process to review, document, and resolve each grievance including name, nature, date actions to resolves resolution and date resolved. The Provider also did not include procedures annually to determine number of grievances and their disposition
- Q#12: The Provider's policy did not include the component on reporting he misuse of restrictive interventions.
- Q#16: The provider does not have an Annual Training Curriculum that meets all the requirements. The provider's training curriculum is missing the component on Department-Issued Procedures.

All areas of non-compliance require remediation within 30 days of receiving the Comprehensive Report. K&K Healthcare Services should respond with proof of remediation, CAP responses, and the Plan to Prevent Recurrence (PPR) for the areas of non-compliance.

**Recommendations for entity's system improvement, including those things that rise to the level of needing attention at a broader level including those areas that fall below 86% of compliance**

There were no areas that fell below 86%. Therefore, there is no need for K&K Healthcare Services to create a plan to prevent recurrence of non-compliance (PPR).

**Appendices**

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet