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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Keliser Adult Care Services

*September 27, 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

Per ODP's requirement, Keliser Adult Care Services (Keliser Care) completed and forwarded to the Administrative Entity (AE) their Self-Assessment on August 29, 2017. Additionally, as required, Keliser Care submitted their Quality Management, Restrictive Procedure and Annual Staff Training policies to the AE. These policies and the completed provider Self-Assessment were reviewed by the AE as part of the desk review. The On-Site review portion was scheduled and occurred on September 20, 2017.

One administrator of Keliser Care was present for the entrance meeting which commenced at 11:00am. During the entrance discussion, the AE reviewed ODP's focus including Quality Management,

Employment, Communication, Restrictive Procedure Policy compliance and increased focus on Staff Training. Also noted was the change that the AEs are no longer reviewing the specific service billing history of the provider and On-Site is to occur on a 3-year cycle. The AE outlined what would be reviewed during the On-Site and potential timeframes for completion. The provider arranged for the individual interview portion to occur at approximately 2:30 pm at the home of the individual. The On-Site review took place in several locations including the Keliser Care administrative office and two licensed residential sites as well as at the AE's office later in the week on 9/22/17. The provider sample reviewed consisted of three individual records; all licensed residential services. The associated staff training records reviewed included eleven files. One individual interview was also completed.

### Data Analysis and Performance Evaluation

During the On-Site review portion of the QA&I process, Keliser Care made available the required records as well as arranged for the one individual to be interviewed. The process was somewhat delayed as some of the required documentation was not available on 9/20/17 – the scheduled day of the On site review. Keliser Care provided additional documentation to the AE on 9/22/17 when they visited the AE's office and also via email on 9/26/17.

### Findings:

#### Highlights and Provider Strengths:

- Keliser Care has been successful in preventing medication errors using an impressive process in which the CEO/owner is notified by an electronic system when a medication hasn't been administered within a half hour of its prescribed time.
- The feedback from the individual that was interviewed as part of the On-Site review was positive. The person is overjoyed with his new apartment and staff and credits Keliser Care in his progress toward recovery after a debilitating fall which occurred while he was in the care of his former residential provider.
- Keliser Care's CEO seems to be extremely invested in the success, happiness and wellness of the individuals that reside in his homes. One example that the AE can cite involves the individual that was interviewed. Keliser Care became this individual's residential provider in March 2017 after being discharged following a forty-five-day hospitalization. At that time, he was unable to walk or move much. With the care of therapists and Keliser's direct support staff, this individual is now able to walk short distances and is on the road to getting his life back. The direct support staff accompany him to the gym several times a week for him to perform the physical therapy exercises prescribed. Additionally, while he was in the care of a former provider, the individual lost touch with his brother. Keliser's CEO drove the individual to another town to try to locate his brother on two different occasions. The second attempt proved to be successful and now the brothers visit each other several times a month.

- Some of the staff trainings included quizzes related to the material. This is a good practice to ensure comprehension of important information.
- The two homes that the AE visited were clean and well-appointed.

#### Areas for Corrective Action:

#### SPECIFIC FINDINGS OF NON-COMPLIANCE

- PROVIDER'S QUALITY MANAGEMENT PLAN WAS NOT DATED WITH MONTH AND YEAR. PROVIDER'S QUALITY MANAGEMENT PLAN DID NOT INDICATE THAT IT WOULD BE UPDATED AT LEAST EVERY TWO YEARS.
- PROVIDER DID NOT IMPLEMENT THEIR POLICY TO SCREEN EMPLOYEES. THEY DID NOT SCREEN PRIOR TO EMPLOYMENT OR MONTHLY THEREAFTER.
- PROVIDER DOES NOT HAVE A GRIEVANCE POLICY FOR CONSUMERS.
- PROVIDER'S RESTRICTIVE INTERVENTION POLICY DOES NOT INCLUDE PROVISION OF A COMMITTEE TO APPROVE AND REVIEW ANY RESTRICTIVE INTERVENTIONS.
- 7 OF 11 STAFF DID NOT RECEIVE TRAINING ON THE INDIVIDUALS' ISPs BEFORE PROVIDING SERVICES TO THOSE INDIVIDUALS
- 7 OF 11 NEW HIRE STAFF DID NOT RECEIVE TRAINING ON THE INDIVIDUALS' ISPs BEFORE PROVIDING SERVICES TO THOSE INDIVIDUALS
- ANNUAL TRAINING PLAN DOES NOT MEET ALL REQUIREMENTS. THE FOLLOWING COMPONENTS ARE NOT INCLUDED IN THE PLAN:  
INCIDENT REPORTING, QM PLAN, IDENTIFICATION AND PREVENTION OF ABUSE, DEPARTMENT ISSUED POLICIES AND PROCEDURES, PARTICIPANT GRIEVANCE RESOLUTION,
- 10 OF 11 STAFF DID NOT RECEIVE TRAINING ON INCIDENT MANAGEMENT/REPORTING.
- 7 OF 11 STAFF DID NOT RECEIVE TRAINING ON RESPONDING TO INDIVIDUAL HEALTH, BEHAVIORAL EMERGENCIES AND CRISES.
- 7 OF 11 STAFF DID NOT RECEIVE TRAINING ON THE PROVIDER'S EMERGENCY DISASTER RESPONSE PLAN.

#### Suggestions for consideration of improvement:

- It is recommended that Keliser Care adopt a more organized and consistent system for staff training documentation.
- Keliser currently titles the ISP training "Quality Assurance Training". To avoid any misinterpretation, it is recommended that the title be changed to "Individual ISP training" and to include the name of the individual for whom the staff is being trained.
- Another suggestion is to include the **content** of the training on all training signature sheets. This will avoid the question as to whether the training met criterion for compliance. (For example, for

“ISP trainings” include what was covered in the training such as the name of the individual, desired activities, outcomes, risk mitigation strategies, supervision needs, health care, .....)

- Since the provider is ultimately responsible for implementing the individuals’ ISPs it is suggested that Keliser Care’s Program Specialist review ISPs in HCSIS frequently to ensure they are accurate reflections of the individual’s needs. And when an outdated or incorrect statement is discovered it is suggested that Keliser Care contact the individual’s supports coordinator and document the attempt to have the ISP document revised. There are two instances where the AE discovered a need for ISPs to be updated

1.) One individual in the sample receives AIS as she is transitioning into her new home. The actual times the AIS is to be provided is not consistent throughout the ISP. In the frequency and duration section of her ISP it states that she will receive AIS 16 hours per day. In another section of the ISP it states that the AIS will be provided during awake hours and the number of hours will be determined after the initial 90 days of moving into Keliser’s Residential Service.

Keliser is currently providing AIS 14 hours a day which is the amount of time the individual is typically awake. The AE recommends that Keliser Care contact the individual’s Supports Coordinator to have the ISP wording changed in the frequency and duration to reflect the current need with a statement such as: “AIS will be provided during waking hours up to 16 hours”.

2.) Another individual’s ISP included a behavior plan containing what is regarded as a restrictive intervention. Upon review of documentation in the individual’s chart and further clarification from the staff it was determined that the behavior plan in the ISP was old and was from her former residential placement. The restrictive intervention is not used at Keliser Care.

It is suggested that the provider contact the supports coordinator to have the plan updated to reflect current practices.

### Appendices

- Keliser Adult Care Services QA&I Tool
- Keliser Adult Care Services CAP