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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Milestone Centers, Inc.

*October 27, 2017*

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## 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, Milestone Centers, Inc. completed and forwarded to the Administrative Entity (AE) their Self-Assessment on August 24, 2017. Additionally, as required, Milestone Centers, Inc. 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 October 24, 2017. During the entrance discussion, the AE reviewed ODP's focus and changes towards Quality Assessment and Improvement (QA&I). Also noted was the change that the AEs were 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. It was determined that the individual chosen for interview, would be interviewed at his day program on October 25, 2017 at 1pm per what was most convenient for him. The provider sample reviewed was five individual records. The associated staff training records included 91 total files. One individual interview was also completed.

### Data Analysis and Performance Evaluation

During the On-Site review portion of the QA&I process, Milestone Centers, Inc. made available all required records. At the end of the On-Site on 10/25/2017, some additional training files and other documentation were needed. Milestone staff....

### Findings:

#### Highlights and Provider Strengths:

- Milestone Centers, Inc. provided training binders that clearly showed an extensive training curriculum for staff. The training included far exceeded ODP's minimum expectations.
- The individual interview that took place on 10.25.2017 was very positive. Although the individual was minimally able to participate verbally, his staff gave feedback about his life and it appears that the individual is very happy and content with his living situation with his family.
- There was significant documentation surrounding Milestone's screening of the exclusion lists. The screening clearly took place prior to hire and monthly and additionally, there was a thorough procedure in place to follow up on name 'hits' to ensure no employees were truly matches.

#### Areas for Corrective Action:

- **Question #14: Staff receive training to meet the needs of the individual they support as identified in the current, approved ISP before providing services to the individual.** Two of twelve (2/12) staff (JP and WO) did not have documentation of the individual's ISP training.
- **Question #15: If a provider has a new hire staff, the new hire staff received training to meet the needs of the individual they support as identified in the current, approved ISP before providing services to the individual.** Nine out of 70 (9/70) new hires did not have

documentation that they received training on the ISP prior to providing services to the individual.

- **Question #17: The provider and the provider's staff completed all components of the Annual training plan as required.** Two out of twelve (2/12) staff did not have documentation that they completed the Annual training plan.
- **Question #19: The staff receive training on the provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies and crises.** Two out of twelve (2/12) staff did not have documentation that training occurred on how to respond in cases of individual health, behavioral emergencies and crises.
- **Question #20: The staff receive training on the provider's Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures.** Two out of twelve staff (2/12) did not have documentation that they received training on the provider's Emergency Disaster Response plan.
- **Question #36: The provider implements the Individual's back up plan as specified in the ISP.** For one individual (# 740154037) it was found that when services were cancelled in the month of August, 2017, the back up plan was not implemented/ documented.
- **Question #37: If an individual's back up plan is not implemented as designed, an incident report of neglect was submitted.** For one individual (#740154037), it was found that when the back up plan was not implemented, an incident report was not filed.
- **Question #39: The provider finalizes incidents within 30 days.** Within the 6-month review period, the provider finalized 5 incidents over the 30-day time limit. Additionally, there were 36 open incidents that were over the 30-day time expectation.
- **Question #44: The provider's Peer Review process to review the quality of investigations was completed and documented.** The provider was unable to show documentation that peer review occurred during this review period.

### Appendices

- Milestone Centers, Inc. QA&I Tool
- Milestone Centers, Inc. CAP
- Milestone Centers, Inc. AE- MCI Review (upon completion of CAP process)