QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

NEPA Inclusive

Date of Onsite: 10/16/2017

Date of Last Interview: 10/27/2017

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> ➢ **AE completed QA&I review team's overall experience & impressions and discussed with the provider their feedback about their onsite experience.**

6. **Statistics of the Provider's Review Process**:

1. Number of Individuals in Sample: 5
2. Number of Individuals Interviewed: 2 (2 individuals/1 family member)
3. Number of Staff Interviewed: 3

Data Analysis and Performance Evaluation

The Data Analysis and Performance Evaluation section will provide data and analysis in key areas, highlighting both good performance and areas for improvement. The AE's report is as follows:

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

Promising Practices in which the Provider Excels:

1. **POLICY**: Provider's policies met all requirements and were organized, and easily accessible, in a company binder.
2. **RECORDS**: Provider's records regarding consumer attendance and documentation of delivery of service met the requirements.
3. **TRAINING**: Provider's staff orientation and annual training met requirements.

Analysis of Performance based on Focus Areas:

1. **POLICY**: Provider is doing a nice job with their Quality Management Plan and data review.
2. **RECORDS**: Provider had all documents for individuals organized in binder for review.
3. **TRAINING**: Provider uses MyODP website for most of their training materials and are well organized.

Comparison of Onsite to Self-Assessment Results:

> ➢ Online Self-Assessment for 2017 had few discrepancies:
>> 1. Incidents finalized within 30 days indicated an answer of "N/A": Onsite review found two incidents filed in October (Incident #8237241) and November (Incident #8249819) of 2016 whereas neither Incident had their respective final sections entered and neither Incident had been finalized as of 10/27/2017.
>> 2. Peer Review Process was used to review the quality of investigations indicated an answer of "N/A": Onsite review found that the peer review process was not used to review either of the two incidents mentioned in #1 above.
>> 3. Provider implements follow-up recommendations from the Certified Investigation peer review process indicated an answer of "N/A": Onsite review found that the Certified

Investigator's findings had not been entered for either Incident mentioned in #1 above as of 10/27/2017.

4. All required investigations are completed by a Department certified incident investigator indicated an answer of "N/A": Onsite review found that Provider did not have documentation on hand showing that the CI contracted to conduct the investigations for the Incidents mentioned in #1 was certified. NOTE: staff Shannon D'Agostino is scheduled to attend CI training week of 10/23/2017.

Issues Discovered and Corrected while Onsite:

➢ AE provided Provider with CI Peer Review process and forms
➢ AE advised Provider to ensure that staff date their initials on all training sign-off sheets

Items Requiring Remediation within 30 days:

➢ The two open Incidents (8237241 & 8249819) require that they be finalized and CI enter his findings entered into the last section.
➢ Provider to implement Peer Review Process, at least on a quarterly basis, for all future Provider Incidents filed in EIM.
➢ Staff, Shannon D'Agostino, will complete the CI Training the week of 10/23/2017 and conduct all future investigations for Provider.

Appendices

This section includes the Provider's QA&I review results with items that require action and response to the AE within 30 days. Please find your Corrective Action Plan attached.