QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Pathways of Southwestern Pennsylvania, Inc.

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Introduction

This is a comprehensive report of the on-site and desk review completed by the Washington County AE to give you an overview of the results and findings in order to provide you positives that were notes, in addition to areas needing corrected and approved. There was also non-scored items regarding Deaf services and Employment that will be included in the question review.

QA&I Summary

Your organization submitted your QA & I documents to ODP and the AE within expected timeframes. At that time the AE desk review began with overviews of EIM and HCSIS. Our last review stage leading to the results in this report was our on-site visit to your agency utilizing the ODP established tool/questions for review, including interviews with staff and an individual.

As we discussed at your entrance and exit interviews, the purpose of this process is to help you identify positives and areas of improvement for your agency. The purpose of the review is Quality Assurance and Improvement.

We selected a sample of 5 individuals to review (MCI #'s 460004006, 870156992, 310141738, 740142416, and 570402442) that received services including Adult Training Facility (2380) and Residential (6400).

One individual (MCI #570402442) was interviewed, in addition to their direct care staff person. The individual said things were going well and was able to answer my yes and no questions and some other basic questions. He identified some items he likes to do such as vacation, decorating, delivering Meals on Wheels, etc.) He also said that he does not like paperwork. His staff seemed to know him well overall.

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.

It was great that you had key management staff at both the entrance and exit interviews, as well as available throughout the day. Having representatives from your ATF, Residential, AWC (even though not monitored), and your Chief Operations Officer was beneficial. Some of the positives noted include always trying to enhance independence, increased community participation (before mandated), having things try thigs they have never done before, the philosophy of Everyday Lives, flexible and individualized services, and just an overall goal to assist individuals to have meaningful lives person by person.

It is important to note that the non-compliance findings are all related to the Residential program, other than one communication issue for MCI 570402442. I would encourage you to utilize what is working in specific programs to help other grow and meet requirements and beyond that.

Paperwork seems to be a primary issue in the fact that even though it seems through conversation a lot of the findings would have been compliant, there was no documentation to substantiate that. It is also of note that some of the items when questioned that we recognized from the ISP were stated later to not be accurate, thus it is crucial to be constantly reviewing the ISP and working with the SC to make sure it is an accurate picture of the individual's life at any given time. Also, in the documentation concern is that there were items, such as the QM plan, that was pieced together from a variety of documents so it would be very beneficial to ensure that all pieces are covered in a fluent document. Another example of paperwork improvement being needed is your employee screening policy, while you are doing SAMA, the policy still says EPLS. Training, both in content and documentation, is also an area for improvement.

In comparing your self-assessment submission with our on-site review the following was found: You had noted that you did not evaluate and review performance data in selecting priorities for the QM plan, however on-site we were provided documents showing that you do.

You had marked that you document grievances in accordance with regulations, however the Residential policy does not reflect that a review is done annually.

You had marked that staff receive training in the ISP before providing services but that was not documented to be the case Residentially, this is the case for current and new hire staff.

You had marked that staff completed all components of the annual training plan but that was not able to be shown through documentation for all Residential staff.

You had marked that staff receive annual IM training. The piece of responding and ensuring safety is not addressed Residentially, it is for ATF. The policy on that also needs updated Residentially.

You had marked that staff receive training on the policy/procedure on how to respond of health, behavioral health and emergencies. This was not documented Residentially. The policy on that also needs updated Residentially.

You had marked that staff received training on the Emergency Disaster Response plan and that also could not be shown through documentation to have been done consistently. The policy on that also needs updated Residentially.

You had marked "0" for progress notes showing lack of progress/actions taken. This is not the case as Residential notes showed lack of progress on some but does not document that effectively or show actions taken. Some goals went for years with continuing lack of progress.

For the communication assistance questions/training related to this you had marked “0” but 2 of your individuals do have communication methods in their ISP that could not be shown as addressed and/or trained on.

For the questions related to one or more administrative staff having completed the deaf webinar, there were no current Residential administrative staff having completed the training.

You had marked that incident corrective action were implemented for “2” but only 1 of those had proof of that in writing.

You had marked that “2” we had health care appointments, screening and follow-up as prescribed, however it was 3 in the sample and only 2 were able to show documentation of all being done as required.

You had marked “2” for provider promotes wellness, however 2 of 3 did not have this documented in accordance with the ISP.

Other than the above your findings were accurate with ours.

Please refer to My ODP for information on completing the CAP, PPR, and timelines needing met. Your items require remediation within 30 days. There are items that fall below 86%. All of these areas are ones that you are aware of, some of which you were already working on correcting at that time, so please submit the corrections for all. The tool has recommended/required remediation to refer to in order to assist at you complete your CAP on the attached form to submit within required timeframes. If you need any assistance please call Jennifer Scott or Sheila Fullerton at 724-228-6832.

Appendices

The results of each question from the Onsite Questions Tool for Providers are below, as were reviewed in our Exit Interview. They are marked yes if in compliance or No with a note if they are not in compliance.

1. Yes
2. Yes
3. Yes
4. Yes
5. Yes
6. Yes
7. Yes
8. Yes
9. Yes
10. No-policy states EPLS (even though showed us that SAMS are done)
11. No-Residential did not have the piece “process to review procedures annually to determine number of grievances and their disposition?
12. Yes

13. Yes
14. No-Some residential staff did not have documentation to show they were trained on the ISP before providing services.
15. No- Some new hire residential staff did not have documentation to show they were trained on the ISP before providing services.
16. Yes
17. No-Documentation did not show some Residential staff having completed all annual training plan requirements.
18. No-you do not reflect that you cover responding or assuring safety in the Residential IM.
19. No- Documentation did not show some Residential staff having completed training on the responding to health, behavioral emergencies and crises as are in the requirements.
20. No-Documentation did not show some Residential staff having completed training on the Emergency Disaster Response Plan.
21. Yes
22. Yes-recommend that you put the outcomes on the documentation daily form for Residential
23. N/A
24. No-some progress notes do not have an area to show lack of progress and others did not give corrective actions for lack of progress that was noted. Overall, Residential's forms are not being completed on the back or fully documented.
25. N/A
26. N/A
27. N/A
28. N/A
29. N/A-although do so for others outside of the sample
30. No-As stated on the tracker, one individual has PECS and the other Dynavox and no documentation of training was present.
31. No-same issues as #30
32. N/A
33. Yes-non-scored
34. Yes-during the time period reviewed this would have been okay, but as of the on-site there was no administrative staff Residentially who had completed the deaf training.
35. Yes
36. Yes
37. N/A
38. N/A
39. No-all unfinalized incidents were Residential incidents, all ATF finalized.
40. Yes
41. No-EIM # 8358014

42. Yes
43. Yes
44. Yes
45. Yes
46. No-MCI # 460004006-no cardiologist, dental, neurology, exercise program (based off of PT recommentdation)
47. Yes
48. Yes
49. No-MCI # 870156992-no neuro as listed in ISP, MCI #740142416 no meal plan or exercise plan in place as listed in ISP

The Corrective Action Plan document for you to utilize to respond to areas found out of compliance is attached, as well as the MCI tracker.