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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Quality Community Living, Inc.

*October 13, 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, Quality Community Living, Inc. (QCL) completed and forwarded to the Administrative Entity (AE) their Self-Assessment on August 23, 2017. Additionally, as required, QCL 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 11, 2017. During the entrance discussion, the AE reviewed ODP's focus including Quality Management, Restrictive Procedure Policy compliance and increased focus on Staff Training. 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 provider arranged for the individual interview to occur at some point in the morning at the office. The provider sample reviewed was five (5) individual records. The associated staff training included 18 files. One individual interview was also completed.

### Data Analysis and Performance Evaluation

During the On-Site review portion of the QA&I process, QCL made available all required records as well as arranged for the one individual to be interviewed. The process went very smoothly as QCL was able to retrieve all additional information or clarification needed as identified by the AE.

### Findings:

#### Highlights and Provider Strengths:

- It was noted that the quality of the monthly progress notes was very good.
- The medical record portion of the chart was very organized and thorough.
- The individual interview went very well. The individual was enthusiastic as she described her satisfaction with services through QCL. She readily discussed the activities she enjoys on a regular basis. She seemed to be happy with her employment, friends, staff and support provided by QCL.

#### Areas for Corrective Action:

- **Question #9:** The Provider analyzes and revises the QMP every 2 years. QCL has not revised their QMP within the 2-year guideline.
- **Question #10:** The Provider implements a policy/procedure to screen employees and contractors. QCL did not complete the LEIE, SAM and DHS's Medicheck screenings upon employee hire and monthly thereafter on a consistent basis.
- **Question #15:** If a Provider has any new hire staff, the new hire staff received training to meet the needs of the individual they support as identified in the current, approved Individual Support Plan (ISP) before providing services to the individual. One staff (JC) did not have documentation

of the date trained on the individual's ISP. The reviewer was unable to validate that the training took place prior to working with the individual.

- **Question #22:** The Provider documents delivery of services/supports in the type, scope, amount, frequency and duration specified in the Individual Support Plan (ISP). For one individual (#800113893), the AIS 2:1 was not documented in a progress note.
- **Question #40:** The Provider offered victim's assistance to the individual as appropriate. For one individual (#700512554), during one incident as indicated in EIM, victim's assistance was not given. The individual and target were not immediately separated as required.

### Appendices

- Quality Community Living, Inc.'s QA&I Tool
- Quality Community Living, Inc.'s CAP
- Quality Community Living, Inc.'s AE MCI Review (final copy to be sent when provider remediation is validated)