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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Entity Name: Right Care Family Services LLC

Date(s) of Onsite Review: October 10 – 11, 2017

Date of Report: November 3, 2017

Onsite Review conducted by Philadelphia IDS

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## Table of Contents

<i>Introduction:</i>	3
<i>QA&amp;I Summary:</i>	4
<i>Data Analysis and Performance Evaluation:</i>	7
<i>Appendices:</i>	8

### Introduction

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process for Right Care Family Services LLC. This report will include the official findings of the desk review and on-site review processes conducted earlier this year by your assigned administrative entity, Philadelphia Intellectual disAbility Services.

The ODP QA&I Process for providers, which replaced the ODP Provider Monitoring process on July 1, 2017, is one piece of a comprehensive quality management review designed to evaluate the supports and services offered by county Administrative Entities, Supports Coordination Organizations, and Provider agencies across the Commonwealth of Pennsylvania. The purpose of the revised process, as stated by ODP, is to eliminate unnecessary duplication across Commonwealth and county review procedures, to allow more time to focus on individual experiences and quality improvement, to improve methods of collecting and reporting useful data in a timely manner, and to foster collaborative partnerships and opportunities for technical assistance and shared learning.

Upon completion and approval of this comprehensive report, the results are shared with ODP in order to assist with the evaluation of the current system of supports, and to identify ways to improve the system for all individuals and key stakeholders. Additionally, QA&I assists with data collection that measures Consolidated and Person/Family Directed Support waiver performance measures, compliance with Title 55 PA Code Chapter 51 regulations, and compliance with the Medicaid Waiver Provider Agreement.

ODP's focus areas for this year's statewide QA&I review are consistent with the desired outcomes of the 2017 waiver renewals and the ODP quality management strategy. These focus areas include but are not limited to the following:

- Families with infants and toddlers and people with Autism get the support they need
- People will be connected with their community and increase community participation
- People will live with people they like and who care about them
- People will be physically and mentally healthy
- Assuring effective communication
- Increasing employment
- Ensuring individuals are free from abuse, neglect, and exploitation
- Ensuring that people with complex needs have the support they need

### Quality Assessment & Improvement Summary

The steps of the ODP QA&I process are inclusive of the following procedures:

#### Self-Assessment:

All providers complete the self-assessment on an annual basis. Providers are expected to remediate issues that are discovered during their self-assessment within 30 days, and to engage in quality improvement activities based on the results of self-assessment. Right Care Family Services LLC successfully completed their self-assessment on time, before the deadline prescribed by ODP.

Right Care Family Service LLC self-assessment was completed on time. However, the self-assessment and the onsite QA & I review contradicted each other. During the QA & I onsite the following discrepancies were discovered:

- **Q #8 – Right Care Family Services (RCFS) could not offer a baseline for the development of the QM plan. Percentages were identified with no documentation or data to support the target objective.**
- **Q #10 - RCFS could not demonstrate that the exclusion policy was being implemented on a monthly basis.**
- **Q #11 – RCFS Grievance Policy was missing a bullet #3**
- **Q #12 - RCFS Restrictive Procedure Policy was missing allowable restraints, not all of the prohibitive restraints were identified and the reporting of misuse of restraints was not listed.**
- **Q #14 - RCFS could not demonstrate ISP training was completed for each staff that worked and supported the individuals in the sample.**
- **Q #15 – RCFS could not demonstrate ISP training was completed for each new hire within the time period reviewed.**
- **Q #16 - RCFS - did not have a training plan. None of the required training was identified the 2 paragraph “Training Plan” submission.**
- **Q #17 - RCFS did not train staff on Incident Management**
- **Q # 18 - - RCFS does not have a policy on how to handle a Behavioral Health or Medical Emergency policy; therefore, no training was completed.**
- **Q # 19 - - RCFS Emergency Policy was not in compliance because the policy was not specific to RCFS and did not include individual safety, communication and RCFS operational procedure. The staff were not trained on the policy.**
- **The training documentation consisted of ODP Bulletins and was not personalized for the provider.**

### **Desk Review of Providers:**

The assigned Administrative Entity will conduct a desk review of providers that are assigned for on-site review prior to the date of on-site. This desk review includes an analysis of the provider agency's Quality Management Plan, the Annual Training Plan, and the Restrictive Intervention Policy, which are submitted to the AE by the provider upon completion of the self-assessment. The desk review also consists of a review of data collected from Home & Community Services Information System (HCSIS), the Enterprise Incident Management system (EIM), and the Individual Support Plans (ISPs) of the individuals selected by the assigned AE for the onsite review sample.

- RCFS did not have a training plan. The agency submitted document with 3 paragraphs indicating their process for training. There was no training content detailing course description, duration, trainer, etc.
- RCFS submitted a Quality Management Plan; however the provider's target object of increasing community participation by 5% could not be justified because there was no baseline established or data collected to determine the current status of community participation.
- The Restrictive Intervention Policy did not include the allowable restrain or reporting misuse of restrictive intervention and all of the prohibited restraints were not listed.

### **AE Onsite Review of Providers:**

Philadelphia IdS conducted the onsite review of Right Care Family Services LLC from October 10, 2017 through October 11, 2017. The process began with an Entrance meeting, held on the first day of the scheduled onsite review. A copy of the Entrance meeting signature sheet documenting all attendees is included in the appendices of this report. Discussion during the entrance meeting included introductions, a general overview of the QA&I process, including the mission, vision and quality improvement priorities of ODP, IdS, and the reviewed provider, and a discussion of the specific details of the onsite process.

Right Care Family Services can be commended for the following:

Commendations:

- Even though there was not sufficient documentation regarding staff receiving training on the ISP, each staff that was interviewed knew the individual they supported very well. Staff members were able to share the individual's likes, dislikes, health concerns, etc.

Identified Issues and Recommendations:

- **RCFS** for future Q A & I review should provide an appropriate location with ample space for the reviewer to review all of the records.
- **RCFS training** records must include training content, hours, trainer, staff printed name, etc.
- **RCFS** must retrain staff on how to write an appropriate progress note as per the individual's ISP.
- **RCFS** policies must be in compliance with Chapter 51 regulations.

A total of two individuals were selected as a part of this provider's sample, and of those sample individuals, two interviews were conducted during the onsite review. Both sample individuals receive In Home & Community Supports (level 2) from the provider.

- Both individuals interviewed stated that they were very pleased with their support staff.
- Both individuals interviewed stated that they go into the community and participate in various activities and event that they enjoy.
- A mother of one of the individuals was concerned that staff had to use their own funds when accompanying this individual on the various trips and activities. The reviewer brought this to the attention of Right Care Family Services LLC which indicated they would investigate and rectify the situation.
- One individual works part-time. The other individual would like a competitive job and his job coach is working with them to obtain employment.

On the final day of the onsite review, an Exit meeting took place. A copy of the Exit signature sheet documenting all attendees is included in the appendices of this report. Topics of discussion during the Exit meeting included introductions, an overview of the process from the perspective of the reviewer and the reviewed provider, an overview of the findings documented during the review, and an overview of the comprehensive report and the corrective action process.

- The reviewer instructed **RCFS** to read the guidelines and resource document to develop policies that are compliance with the current regulations.
- The reviewer instructed **RCFS** to personalize their policies and not just copy and paste the ODP Bulletins.
- The reviewer instructed **RCFS** to train staff again on how to write progress notes that reflect the outcomes identified in the person's ISP.

### **Data Analysis and Performance Evaluation**

- RCFS is connecting individuals to their communities. The progress notes reflect a variety of outings and activities that they participated in and attend.
- All of the training questions (14, 15, 17 – 20) require remediation within 30 days. **RCFS** could not demonstrate with the current training records that staff were trained. Because RCFS policies did not comply with the guidelines and/or the policy was not in place, staff must be trained within 30 days.
- RCFS must write their policies and appropriately implement to comply with the current guidelines and regulations (Q. 10, 11, 12, 16)

**Appendices**

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet