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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

S G Isaacs Enterprises

*January 11, 2018*

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## Introduction

The Quality Assessment & Improvement (QA&I) Process is a way for ODP to evaluate our current system and identify ways to improve it for all individuals. Focus areas of the QA&I process include staff training, communication (including deaf services), policies and procedures, employment, incident management, and quality management. The purpose of this report is to detail the results of the QA&I process. This report is provided as a means of describing the areas in which they have excelled, and document any areas of non-compliance that will require remediation.

## QA&I Summary

S G Isaacs Enterprises did not complete the self-assessment by the August 30 deadline and a DCAP was sent September 8, 2017. S G Isaacs Enterprises completed the self-assessment and sent it to the AE on September 22, 2017. The onsite review took place on December 11, 2017. The AE staff Meagan Smolsky, Amber Wallace, and Lauren Foell met with Tunji Ogunmola and Angelica Ramos of S G Isaacs Enterprises. The AE reviewed records for five individuals as well as all relevant policies and procedures. Findings were discussed at the end of the onsite interview. Highlights from the entrance and exits discussions include:

- ODP Quality management documentation and certification
- Strengths of review
- Findings of noncompliance
- QA&I Satisfaction survey – <http://qaic1y1feedback.questionpro.com>

## Data Analysis and Performance Evaluation

SG Isaacs has detailed policies and procedures in place. Staff write very strong daily notes. The provider reports that management reviews notes frequently and gives feedback whenever needed. Therefore, all notes reviewed were clear and thorough. The restrictive procedure policy is very person-centered language with a focus on positive supports prior to restrictive interventions. There have been no grievances in the last year. However, it is recommended that S G Isaacs update their grievance policy to resolve grievances within 21 days. There have been no incidents in the last year. Provider self-assessment answers varied where the AE found questions to be out of compliance:

Q8. The Provider reviews and evaluates performance data in selecting priorities for the QMP.

Q10. The Provider implements a policy/procedure to screen employees and contractors.

Q14. Staff receive 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.

Q17. The Provider and the Provider's staff completed all components of the Annual training plan as required.

Q18. Provider staff receive annual incident management training on preventing, recognizing, reporting and responding to incidents and assuring a participant is safe.

Q19. The staff receive training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies and crises.

Q20. The staff receive training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures.

Q21. The Provider participates in the development of the ISP.

There are no available reports to demonstrate analysis of quality management goals and progress. The AE recommends utilizing the ODP template for quarterly reports. S G Isaacs exclusion screening policy and procedure is missing ODP-specific requirements, including monthly screenings of all employees. S G Isaacs provided the most recent ISPs in individuals' charts, but no annual sign offs on ISP trainings were available. Staff were not consistently trained on all components of the annual training plan. Behavioral emergencies and how to respond are clearly defined and training is conducted; a policy for how to respond in cases of individual health emergencies and training is missing. The provider has a strong emergency disaster response plan in place; no training is available on the plan. The provider did not participate in ISP meetings for two individuals.

The AE recommends S G Isaacs update the Quality Management Plan to include goals for staff trainings and participating in the development of the ISP. It is suggested that the provider transition the existing Quality Management Plan into the ODP format, to ensure continued compliance of all components.

The AE attempted to reach out to 2 staff several times for interviews. Staff did not reply to the AE's attempts to contact, indicating a refusal to participate in the interview portion of the QA&I Process.

### Appendices

See CAP attached in email

See MCI Review attached in email