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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Strawberry Fields

*December 1, 2017*

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## Introduction

The purpose of this report is to review and compile a written summary of the official findings from the desk review, interviews and onsite visit conducted by the Administrative Entity. The focus areas of Cycle 1 of the Quality Assessment and Improvement Process are employment, quality improvement and communication.

## QA&I Summary

Strawberry Fields submitted their self-assessment and supporting documentation on August 15, 2017. The Administrative Entity reviewed the self-assessment and supporting documentation then completed the identification of review sample on September 13, 2017. The 2 week notification letter/email was sent to the provider on October 3, 2017, scheduling the onsite visit for October 17, 2017. The participant face-to-face interview occurred on November 7, 2017 and the staff interview occurred the same day. The entrance interview, onsite visit and exit interview all occurred on October 17, 2017. It should be noted that the reviewing entity returned to the provider on 10/18/2017 and 10/24/2017 to finish the review of the daily logs as required by question # 41. No issues were noted.

The entrance interview focused on the changes from the AEOMP process (Administrative Entity Oversight Monitoring Process) to the new QA&I Process (Quality Assessment and Improvement Process). The exit interview included discussion of the changes in Behavior Support Services as a result of the new waiver implementation and the impact it would have on the provider's service delivery as they currently provide only licensed and unlicensed Residential Habilitation. The provider has met with a local Behavior Support Services provider to discuss BSS for individuals in need of the service after January 1, 2018.

The review sample was 5 with one staff member and one individual in services interviewed. The interviews were positive but garnered no significant information.

## Data Analysis and Performance Evaluation

The provider has incorporated an electronic tracking system for staff training. The system allows for more detailed tracking, including a description of training and the timeline of training for newly hired staff. The provider continues to consider electronic options for other aspects of recordkeeping. The QA&I supporting documentation was well organized and thorough.

The provider has engaged the Administrative Entity in preliminary discussions regarding the changes to Employment Services as they consider a business model to open a coffeehouse. The provider was

encouraged to review the new service definitions in the approved waivers and take advantage of the resources on My ODP.

The provider has a quality plan that addresses performance areas targeting health and safety of individuals, specifically related to analyzing and decreasing medication errors and incidents of individual to individual abuse.

The provider currently provides residential habilitation to one individual identified in the Harry M lawsuit. The Communication Assessment Report (CAR) was recently received and the provider will be working with the SCO to incorporate recommendations into the ISP. As part of the QA&I review provider staff currently working with this individual have not completed the training requirement per Question #34 and this will be on the Corrective Action Plan (CAP) and require remediation. It is the recommendation of the reviewing entity that the provider complete a PPR for this item as well.

The only other item that will appear on the CAP is Question #24 which relates to documentation of progress in achieving an outcome. Monthly progress notes over a six month review did not note progress nor was there any discussion with the team regarding the lack of progress and/or the need to review or end date the outcome. This was noted in only one record and this item will require remediation.

A review of the self-assessment to the onsite results showed the only 2 areas of discrepancy were related to Questions # 24 and 34.

#### Appendices

See attachments: Corrective Action Plan (CAP) and MCI tracker