
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Terrapin House

October 25, 2017

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Introduction

The mission of ODP is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice, and opportunity in their lives. ODP's Quality Assessment and Improvement (QA&I) process is designed to conduct a comprehensive quality management review of county programs, Administrative Entities (AE), Supports Coordination Organizations (SCO) and Providers delivering services and supports to individuals with intellectual disabilities and autism spectrum disorders. As part of ODP's quality management strategy, this QA&I process has been designed to be comprehensive, standardized, and measurable. The QA&I process is intended to:

- Follow an individual's experience throughout the system;
- Measure progress toward implementing "*Everyday Lives: Values in Action*;"
- Gather timely and usable data to manage system performance; and
- Use data to manage the service delivery system with a continuous quality improvement approach.

The purpose of the QA&I Comprehensive Report is to compile the findings from the desk review and onsite review, face-to-face interviews, and self-assessments, as applicable. Each provider entity then is able to utilize the data to continuously improve quality for ODP's vision of an effective system of accessible services and supports that are flexible, innovative, and person-centered. For each entity, the QA&I Comprehensive 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 Plan to Prevent Recurrences (PPRs) where compliance is below the 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.

ODP's quality management strategy is a comprehensive approach that includes quality planning, quality assurance, and quality improvement/enhancement. This QM strategy is developed and implemented to:

- Offer the highest quality services that promote choice and control in individuals' everyday lives.
- Safeguard the health and safety of individuals receiving services.
- Implement promising practices.
- Ensure program compliance with regulations.

ISAC recommendations for *Values in Action* are built on the values, goals, expectations, and aspirations of people with disabilities and their families. The recommendations are a guide for ODP to develop policy and design programs for people with disabilities, families, providers of service, and advocates who support people to have an everyday life. By utilizing the ISAC recommendations and data gathered from the QA&I process, providers are able to create systemic improvement projects and are able to incorporate improvement activities into their QM Plans. The current ISAC recommendations are as follows:

1. Assure Effective Communication
2. Promote Self-Direction, Choice, and Control
3. Increase employment
4. Support Families throughout the Lifespan
5. Promote Health, Wellness, and Safety
6. Support People with Complex Needs
7. Develop and Support Qualified Staff
8. Simplify the System
9. Improve Quality
10. Expand Options for Community Living
11. Increase Community Participation
12. Provide Community Services to Everyone
13. Evaluate Future Innovations Based on *Everyday Lives* Principles

The focus areas identified by ODP for this QA&I cycle are ensuring communication, employment, and quality management. Provider entity performance in these areas will be highlighted in this report.

QA&I Summary

Terrapin House, successfully submitted their QA&I Self-assessment on July 11, 2017. The self-assessment did not identify any areas of non-compliance. The Provider Checklist, Quality Management Plan, Restrictive Intervention Policy, and Annual Training plan were submitted to the AE on August 28, 2017. The AE validated that all of the policies and procedures that were submitted with the provider checklist are in compliance with applicable regulations.

On September 29, 2017, the AE provided Terrapin House with a two-week notification email which included the provider's sample and a list of items that would be reviewed by the AE during the on-site review. Terrapin House is currently providing services to two individuals in the ODP waiver programs. The AE selected a sample of two, reviewed two sets of individual records, and conducted one staff and one individual interview as part of the on-site review process. One of the individuals in the sample is a consolidated waiver participant receiving licensed residential habilitation from this provider entity. The second individual in the sample is a P/FDS waiver participant receiving supports broker services from Terrapin House.

The QA&I on-site review of Terrapin House occurred on October 13, 2017 at the provider's residential service location in Allentown, Pennsylvania. The on-site review began with the entrance interview which was attended by Jessica Farkas (CEO/Program Specialist), Lisa Sportelli (Micro board Secretary/Direct Support Professional), and Jessica Pahountis (Lehigh County AE QA&I Lead). During the entrance interview, the AE provided an overview of the QA&I process and answered any provider questions in regards to the QA&I process. Terrapin House provided the AE with a brief description of their vision and mission for their agency, highlighted their quality improvement priorities, and discussed their plans to expand service offerings in the future. At the conclusion of the entrance interview, Jessica Farkas provided the AE with several binders containing all of Terrapin House's policies, procedures, and other supporting documentation that was utilized when completing the self-assessment. The AE began the on-site review process by reviewing all of the documentation required to answer the questions in the QA&I On-site Questions Tool for Providers.

Upon completing the QA&I On-site Questions Tool for Providers, the AE conducted an interview with staff member, Meghan Cox, who was providing Residential Habilitation services to the consolidated waiver participant in the sample. It was evident from the interview process that Meghan had been well trained on the ISP, including the individual's communication system and risk mitigation factors. Meghan had reported that the individual is supported to engage in their preferred activities and outings (using the iPad, computer time, swimming, Dorney Park, trampoline park, dining out, etc.). Additionally, Meghan reported that she believes that the individual's residence is fully accessible to his needs and is also reflective of the individual's hobbies, interests, and personality.

The AE also conducted an interview of MCI#460151319 and his mother, as the individual is non-verbal and chose not to answer the majority of the questions asked. Necessary communication assistance (iPad) was offered at the time of the interview. The individual's mother reported that she is "very satisfied" with the residential habilitation services her son is receiving with Terrapin House. It was also reported that the individual's ISP is clear/understandable and the individual is able to decide where, when, and how supports are provided. Additionally, it was reported that the individual has friends who are not staff or family but the individual mostly chooses to participate in activities outside the home with staff or family. The individual's mother also reported that her son is able to visit with friends or other visitors any time he would like to and is able to have time alone with them in the home.

Upon completing the on-site review questions tool, a staff interview, and individual/family interview, the exit interview was conducted on October 13, 2017 with the same parties that were in attendance for the entrance interview. The AE noted that the provider's policies and procedures were very well written and were in compliance with all applicable regulations. Terrapin House also had extensive, thorough individual records which include continual data collection, analysis of data, and adjustments being made to service delivery based upon progress or lack of progress. Additionally, the AE noted that the provider was very organized in their preparation for the QA&I on-site process. The AE discussed with Terrapin House, areas in which they are showing promising practices. The AE then informed Terrapin House that they would not

be required to complete any remediation at this time due to having no areas of non-compliance. The next steps in the QA&I process were then discussed and additional provider questions were answered by the AE.

Data Analysis and Performance Evaluation

Terrapin House had no areas of non-compliance and are not required to make any remediation at this time. Data for every QA&I question can be located in Appendix A of this document. The AE currently does not have any recommendations for the entity's system improvement, as Terrapin House appears to be providing high quality services to individuals with an intellectual disability and/or autism spectrum disorders.

The entity has policies and procedures which meet all 55 Pa Code Chapter 51 waiver regulations, as well as requirements established by ODP. Terrapin House has a staff training curriculum that extends well beyond the minimum requirements. Terrapin House also has extensive, thorough individual records which include continual data collection, analysis of data, and adjustments being made to service delivery based upon progress or lack of progress. Additionally, Terrapin House has an extensive quality management plan which is reflective of ISAC recommendations for *Values in Action*. Terrapin House is creating systemic improvement within their provider entity through their quality management plan data collection and analysis. Having a strong staff training curriculum, well-written policies and procedures, thorough individual records, and a strong quality management plan are promising practices in which the entity excels.

As stated previously, Terrapin House had no areas of non-compliance for any of the focus areas (ensuring communication, employment, quality management) which were analyzed through the QA&I process. Data analysis of performance on focus areas is located in Appendix B of this document. The AE's onsite results and entity's self-assessment results reported congruent findings. Analysis of this data is located in Appendix C of this document.

Appendix A

AE On-site Data: Questions Tool for Providers		
Question	Findings	Comments
<u>Self-Assessment</u>		
<i>The Provider completes an annual QA&I self-assessment</i>		
6. The provider completed its annual self-assessment using the ODP specified tool.	Yes	Completed 7/11/2017
<u>Quality Management</u>		
<i>There are systemic efforts to continuously improve quality</i>		
7. The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision, and Values.	Yes	Effective 7/25/2017
8. The Provider reviews and evaluates performance data in selecting priorities for the QMP.	Yes	There is documentation to show that the provider reviewed and evaluated performance data in selecting priorities for the QMP.
9. The Provider analyzes and revises the QMP every 2 years.	NA	The provider's initial QMP is less than 2 years old.
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The system of support is straightforward</i>		
10. The Provider implements a policy/procedure to screen employees and contractors.	Yes	The provider has a policy/procedure that meets all criteria established and there is evidence that it is being implemented.
11. The Provider documents grievances in accordance with regulation.	Yes	The grievances were completed in accordance with regulation.
12. The Provider has a policy that addresses restrictive interventions.	Yes	The provider has a policy that includes all required criteria.
13. In residential habilitation, the individual has a signed department-approved room and board contract.	Yes	1/2 records reviewed. The provider is currently providing residential habilitation to one individual in the sample. A department-approved room and board contract exists, is signed, and completed annually.
<u>Qualified Providers</u>		
<i>The individual's Provider(s) meet necessary training requirements</i>		
14. Staff receive training to meet the needs of the individual they support as identified in the	NA	2/2 records reviewed. Training records indicate that staff received training on the

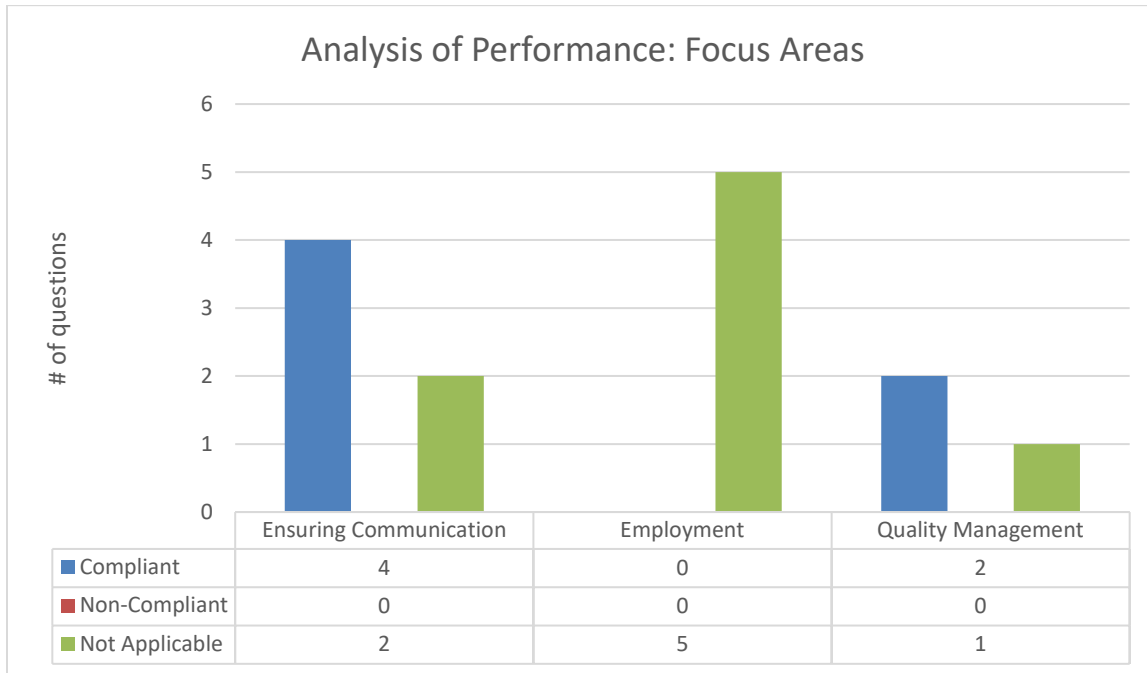
current, approved Individual Support Plan (ISP) before providing services.		current, approved ISP prior to beginning work with the individual.
15. If a provider has any new hire staff, the new hire staff received training to meet the needs of the individual they support as identified in the current, approved ISP before providing services to the individual.	NA	2/2 records reviewed. Training records indicate that staff received training on the current, approved ISP for the person they support prior to beginning work with the individual.
16. The provider has an annual training plan that meets all requirements.	Yes	The provider has an annual training plan that meets all requirements.
17. The provider and the provider's staff completed all components of the Annual Training plan as required.	Yes	2/2 records reviewed were in compliance. The provider records indicate completion of the annual training plan.
18. Provider staff receive annual incident management training on preventing, recognizing, reporting, and responding to incidents and assuring a participant is safe.	Yes	2/2 records reviewed were in compliance. The provider records indicate completion of the annual incident management training.
19. The staff receive training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies, and crises.	Yes	2/2 records reviewed were in compliance. The provider records indicate completion of the annual training on how to respond to individual health, behavioral emergencies and crises.
20. The staff receive training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures.	Yes	2/2 records reviewed were in compliance. The provider records indicate that staff were trained on the Emergency Disaster Response plan.
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The individual is supported in developing their own ISP, including involvement of people chosen by the individual</i>		
21. The provider participates in the development of the ISP.	Yes	2/2 records reviewed. 1/2 records indicate ISP signature sheet indicates that a provider representative participated in the ISP Annual Meeting. For one of the individuals, the provider was not

		providing services at the time of the ARU meeting.
22. The provider documents delivery of services/supports in the type, scope, amount, frequency and duration specified in the ISP.	Yes	2/2 records reviewed. The daily documentation and progress notes reflect that services/supports were provided in accordance with the individual's ISP.
23. The Provider continued to provide the authorized services to ensure continuity of care during transition.	NA	0/0 records reviewed. The provider did not transition any individuals to a new provider for the previous year.
24. If a progress note indicates lack of progress in achieving an outcome, the provider progress note indicates what actions have been taken.	Yes	2/2 records reviewed. The progress notes reviewed indicate action taken to address lack of progress.
25. The individual receives employment supports from the provider.	NA	0/0 records reviewed. The individuals do not receive employment supports from the provider.
26. The individual is supported in exploring employment opportunities through job development and assessment.	NA	0/0 records reviewed. The individuals do not receive employment supports from this provider.
27. The employment provider supports the individual in obtaining employment through job interviewing.	NA	0/0 records reviewed. The individuals do not receive employment supports from this provider.
28. The employment provider supports the individual in maintaining employment through job support and follow-along services.	NA	0/0 records reviewed. The provider is not a provider of employment services.
29. The residential provider supports the individual to maintain employment by facilitating transportation.	NA	1/1 records reviewed. The individual is not employed.
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The individual is supported to communicate</i>		
30. Staff are trained on the person's communication plan and/or formal communication system.	Yes	2/2 records reviewed. The assigned staff's training records indicate that training was received.
31. The provider provides communication assistance as indicated in the ISP.	Yes	2/2 records reviewed. The daily documentation and progress notes reflect how the

		provider implemented the communication assistance.
32. The provider has been entering the individual's progress related to their communication outcomes into the progress notes.	Yes	2/2 records reviewed. Daily documentation and progress notes show the progress or lack of progress has been documented as it related to the communication outcome.
33. The provider serves one or more Consolidated and/or P/FDS waiver participants who are deaf.	NA	0/0 records reviewed. The provider is not currently serving any individuals.
34. The provider ensures that one or more of the provider's administrative staff have viewed ODP's webinar.	Yes	1/1 records reviewed were in compliance. The training records indicate that the CEO/Program Specialist, Jessica Farkas, received the required ODP training.
35. The provider ensures that provider staff who serve a deaf waiver participant(s) have viewed ODP's webinar.	NA	0/0 records reviewed. The provider does not serve any individuals who are deaf.
<u>Health & Welfare</u>		
<i>The individual's health, safety, and rights are protected</i>		
36. The provider implements the individual's back-up plan as specified in the ISP.	NA	0/0 records reviewed. A back-up plan was not required for the service and there were no events that occurred which required the implementation of a back-up plan.
37. If an individual's back-up plan is not implemented as designed, an incident report of neglect was submitted.	NA	0/0 records reviewed. A back-up plan was not required for the service and there were no events that occurred which required the implementation of a back-up plan.
38. The provider ensures the replacement of an individual's lost or damaged property in accordance with regulation.	NA	0/0 records reviewed. The individuals did not have any lost or damaged property.
39. The provider finalizes incidents within 30 days.	Yes	1/1 records reviewed. The incident was finalized within 30 days.
40. The provider offered victim's assistance to the individual as appropriate.	Yes	1/1 records reviewed. The incident report reflects that the provider offered victim's assistance.

41. The provider implemented the corrective action for each individual's incidents.	Yes	1/1 records reviewed. The provider implemented the corrective action(s) as described in the incident report.
42. The provider reported all critical incidents.	Yes	2/2 records reviewed. The provider reported all critical incidents for the individuals in the sample.
43. The provider reviews and analyzes incidents at least quarterly.	Yes	The provider's review and analysis was completed at least quarterly for the previous year and included a review of medication errors (0) and restraints (0).
44. The provider's peer review process to review the quality of investigations was completed and documented.	NA	There have been no Certified Investigations completed by the Provider.
45. The provider implements follow-up recommendations from the Certified Investigation peer review process.	NA	There have been no Certified Investigations completed by the provider.
46. The provider completes all health care appointments, screenings, and follow-ups as prescribed.	Yes	1/1 records reviewed. Required and recommended appointments occurred.
47. All required investigations are completed by a Department certified incident investigator.	NA	There were no investigations.
48. If the individual has a dual diagnosis, the individual is receiving needed mental health (MH) services.	NA	0/0 records reviewed. Individual does not have a dual diagnosis.
49. The provider promotes wellness.	NA	2/2 records reviewed. The provider has made the listed health promotion options available to the individual.

Appendix B



Appendix C

Question	Onsite Findings	Self-Assessment Findings
<u>Quality Management</u>		
<i>There are systemic efforts to continuously improve quality</i>		
The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision, and Values.	Yes	Yes
The Provider reviews and evaluates performance data in selecting priorities for the QMP.	Yes	Yes
The Provider analyzes and revises the QMP every 2 years.	NA	Yes
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The system of support is straightforward</i>		
The Provider implements a policy/procedure to screen employees and contractors.	Yes	Yes
The Provider documents grievances in accordance with regulation.	Yes	Yes
The Provider has a policy that addresses restrictive interventions.	Yes	Yes
In residential habilitation, the individual has a signed department-approved room and board contract.	Yes	Yes
<u>Qualified Providers</u>		
<i>The individual's Provider(s) meet necessary training requirements</i>		
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.	Yes	Yes
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 ISP before providing services to the individual.	Yes	Yes
The provider has an annual training plan that meets all requirements.	Yes	Yes

The provider and the provider's staff completed all components of the Annual Training plan as required.	Yes	Yes
Provider staff receive annual incident management training on preventing, recognizing, reporting, and responding to incidents and assuring a participant is safe.	Yes	Yes
The staff receive training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies, and crises.	Yes	Yes
The staff receive training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures.	Yes	Yes
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The individual is supported in developing their own ISP, including involvement of people chosen by the individual</i>		
The provider participates in the development of the ISP.	Yes	Yes
The provider documents delivery of services/supports in the type, scope, amount, frequency and duration specified in the ISP.	Yes	Yes
The Provider continued to provide the authorized services to ensure continuity of care during transition.	NA	Yes
If a progress note indicates lack of progress in achieving an outcome, the provider progress note indicates what actions have been taken.	Yes	Yes
The individual receives employment supports from the provider.	NA	NA
The individual is supported in exploring employment opportunities through job development and assessment.	NA	NA

The employment provider supports the individual in obtaining employment through job interviewing.	NA	NA
The employment provider supports the individual in maintaining employment through job support and follow-along services.	NA	NA
The residential provider supports the individual to maintain employment by facilitating transportation.	NA	NA
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The individual is supported to communicate</i>		
Staff are trained on the person's communication plan and/or formal communication system.	Yes	Yes
The provider provides communication assistance as indicated in the ISP.	Yes	Yes
The provider has been entering the individual's progress related to their communication outcomes into the progress notes.	Yes	Yes
The provider serves one or more Consolidated and/or P/FDS waiver participants who are deaf.	NA	NA
The provider ensures that one or more of the provider's administrative staff have viewed ODP's webinar.	Yes	Yes
The provider ensures that provider staff who serve a deaf waiver participant(s) have viewed ODP's webinar.	NA	NA
<u>Health & Welfare</u>		
<i>The individual's health, safety, and rights are protected</i>		
The provider implements the individual's back-up plan as specified in the ISP.	NA	Yes
If an individual's back-up plan is not implemented as designed, an incident report of neglect was submitted.	NA	NA

The provider ensures the replacement of an individual's lost or damaged property in accordance with regulation.	NA	Yes
The provider finalizes incidents within 30 days.	Yes	Yes
The provider offered victim's assistance to the individual as appropriate.	Yes	Yes
The provider implemented the corrective action for each individual's incidents.	Yes	Yes
The provider reported all critical incidents.	Yes	Yes
The provider reviews and analyzes incidents at least quarterly.	Yes	Yes
The provider's peer review process to review the quality of investigations was completed and documented.	NA	Yes
The provider implements follow-up recommendations from the Certified Investigation peer review process.	NA	NA
The provider completes all health care appointments, screenings, and follow-ups as prescribed.	Yes	Yes
All required investigations are completed by a Department certified incident investigator.	NA	NA