DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES

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8/30/2007

TO: Dale Boespflug, Executive Director
Deborah Hedstrom, Board Chair

FROM: Cherilyn Turner, Quality Improvement Specialist

SUBJECT: Comprehensive Evaluation for FY 07

Please find the attached review summary and findings for this fiscal year. The format is different than in prior years. The table shows the areas of review with any pertinent findings noted in the comment sections, followed-up with quality assurance observation sheets and appropriate appendices. As always, I would like to thank the staff for their ongoing support of people with disabilities and of their community.

This review encompasses the contracted services of residential habilitation (group home and supported living), day habilitation and community supports. *There are five follow-up issues which require your attention as a result of this review with responses due September 13, 2007.*

Your agency has many strengths, not the least of which is your current employees, strong administration, and your long history of quality services. Your staffing patterns appear to be an accurate reflection of the services being purchased by the consumers, 'staff ratios' (staff available onsite) are clearly tailored by the cost plans and meeting individual health, safety and quality of life issues. Thank-you for your honest and transparent application of the rates, incident management and PSP systems to consumer wants, needs, safety and overall supports. Your agency has a healthy approach to service provision, always striving to be better than any minimum standard we can apply through this evaluation process.

I am privileged to monitor this program, get to know each of you, and to be counted as part of your service family. As always, if I can be of any assistance, please do not hesitate to call.

Comprehensive Evaluation
Havre Day Activity Center (HDAC)
235 First Street West
Havre, MT
FY 2007

As Evaluated by:
Cherilyn Turner, QIS
and
Chris Kleinsasser, QIS
Region II Developmental Disabilites
201 1st Street South, Suite 3
Great Falls MT 59405

Comprehensive Evaluation
9/25/2007

Agency: **HDAC**
Evaluators: **Turner/Kleinsasser**

DESK REVIEW:	Appendix or QAOS
Accreditation: Acreditation is no longer required by the state contract.	
Significant Events from the Agency: Since their previous QA evaluation, HDAC has continued their tradition of consistent high quality services to the DD population in the Havre area. The implementation of a direct care employee recognition committee has had a positive impact on the staff at HDAC. This committee is made up of staff nominated by their peers and given a budget of $1700 to reinforce staff for the important work that they do. Additional support for the direct care staff include pay raises, a new training room upstairs in the center for the implementation of the College of Direct Care, and ongoing in-service and training support. Although staff surveys are not currently being implemented, exit interviews are conducted. Another addition has been the new HDAC website at havredaycenter.com. Havre day is also very proud of the updates they have done to the group homes. This includes recarpeting, new flooring and counters, new computers and an awning for shade. HDAC should also be very proud of the fact that there have been no consumers porting out of their agency this year. This and the results of the consumer satisfaction surveys is a very clear indicator that the people they support are happy with the services provided.	QAOS 1 APP A
Agency Internal Communications Systems: Havre Day utilizes a variety of formal and informal methods of internal communication. They hold scheduled staff meetings on a regular basis including: group home meetings two times per week, residential managers, and incident management committee, and administrative staff meetings weekly. Direct care staff meeting is held monthly in addition to the employee recognition committee, safety committee, in-service training, and the consumer driven Voices committee. Daily communication between the day and residential programs occurs during transition times and via the daily log book. HDAC also utilizes the email system, written notices, phone calls, and "drop in" visits by consumers, staff and families.	
Policies and Administrative (DDP) Directives Havre Day has a very complete set of policies that covers all the contract requirements, and incident management. Their administrative staff is very knowledgeable and experienced which allows them to comply quickly with DDP directives.	

Comprehensive Evaluation
9/25/2007

Agency: HDAC
Evaluators: Turner/Kliensasser

DESK REVIEW:	Appendix or QAOS
Fiscal (audits, cost plans, invoices):	
Invoices and cost plans are turned in accurately and timely. Several members of the Havre Day administrative staff have been actively involved in advocating for policy and assisting both the state and other providers understand the requirements of the new rates system. HDAC collects and maintains clear records of staff time in motion which correlates directly with the individual consumer cost plans. (see sample in Appendix B)	APP. B
Financial audit dated March 8, 2007 shows recommendations in three areas. HDAC has responded to each. See appendix C for details.	APP C
Licensing:	
An annual licensing review was conducted in March 2007 by Jackie Stoeckel, Community Residential Licensing Specialist. All identified deficiencies have been quickly addressed by HDAC and all group homes are currently licensed. See appendix D for details.	APP D

Agency: HDAC
Evaluators: Turner/Kliensasser

DESK REVIEW:	Appendix or QAOS
Quality Assurance Observation Sheets: (trends from past year) QAOS's from the previous review consisted of: Positives in the areas of adding a weekend supervisor, incident management, staff surveys, and behavioral supports. Areas of needed improvement included: medications not being locked up, medication logs not signed off, preparation for IP meetings, and data collection. Throughout the year positives were given for dedication to consumers during difficult times, and behavioral supports. One area of concern was identified regarding medication errors.	
Medication Errors: (trending from past year) HDAC has calculated the total numbers of medications given per day as 432 and a monthly total of 12,960. The total number of documented medication errors for the year was 80. This of course is a very low ratio, however any medication error can be quite serious and there is certainly no safe margin. Medication not being locked up adequately was a concern on the previous QA review and is again identified this year. During the onsite evaluation, Blvd group home was visited on two occasions. Both times the medication cabinet was found unlocked. One series of medication errors this year did lead to an APS investigation. To HDAC's credit, they have been diligent in identifying trends and addressing the problems through additional staff training, review and modification of procedures, and administrative actions with staff when necessary.	
Incident Management: (summary trends, steps to address trends, investigation summmaries) HDAC has implemented a strong and consistent incident management policy. The committee meets weekly and not only reviews incident reports but also reviews medically high risk individuals for changes and proactive steps for catching changes in health status. Incidents are consistently reported to outside agencies within the required timeframes. Several special IP/PSP meeting have been held in response to trends that have been identified and intervention steps have been put in place to address the issues. Critical incident investigations have been getting increasingly more thorough and recommendations are being implemented. See appendix E for summary of all incidents this year by type.	QAOS 2 APP E

Comprehensive Evaluation
9/25/2007

Agency: HDAC
Evaluators: Turner/Kliensasser

Staff Related:

							Appendix or QAOS
Evidence Found of Orientation Training (mark 'yes' if present, 'no' if not present)							
staff initials	LB	JA	JC	JE	MM		QAOS 3
yes/no	yes	yes	yes	yes	yes		
Note where evidence found:	**employee training records are tracked on Assistant Program Managers computer.** Copy printed for QIS. Hardcopy documents available for review.						**APP F**
Evidence Found DDCPT or equivalent:							
staff initials	LB	JA	JC	JE	MM		QAOS 3
yes/no	yes	yes	yes	yes	yes		APP F
Note where evidence found:							
Evidence of Criminal Background Checks:							
staff initials	KB	CG	CC	DG	AK		QAOS 4
yes/no	yes	yes	yes	no	yes		
Note where evidence found:	**personell files.**						
personnell files, staff training records, agency employment application							
Evidence of Staff Survey:							
staff initials	LB	JA	JC	JE	MM		
yes/no	no	no	no	no	no		
Note where evidence found:	Written staff surveys are no longer being used, however staff feedback is being given through the employee appreciation committee and exit interviews.						

Comments: (regarding staff hiring, screening, training, supervision)

Staff orientation and training is a definite strength at HDAC. Records are well kept, training is on-going and consistent. Background checks were available for all new hires, however further review showed that background checks were missing for some staff that had been employed since prior to 2001. QIS was informed that this has been corrected immediately following identification during the on-site review.

Comprehensive Evaluation
9/25/2007

Agency: **HDAC**
Evaluators: **Turner/ Kliensasser**

Staff Related:

Appendix or QAOS

Evidence Found of Staff Training: (mark 'X' if present, 'no' if not present)

staff initials	LB	JA	JC	JE	MM
1st aid/CPR	yes	yes	yes	yes	yes
Abuse Prevention	yes	yes	yes	yes	yes
Client Rights	yes	yes	yes	yes	yes
Incident Reporting	yes	yes	yes	yes	yes
Confidentiality	yes	yes	yes	yes	yes
IP/PSP Process	yes	yes	yes	yes	yes
Medication Cert	yes	yes	yes	yes	yes

APP. F
QAOS 3

Note where evidence found:

employee training files maintained by Assistant Director of Programs.

Comments:

Staff training in all areas is very complete and well documented.

Comprehensive Evaluation
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Agency: **HDAC**
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	IP Checklist: check if evidenced	Note Site Reviewed: GH	GH	GH	GH	SL	Day only	CSP	CSP	Appendix or QAOS
	Consumer Initials	JS	JL	PR	DL	LW	SB	SK	SK	
Onsite	Consumer/Family Survey	yes	yes	yes	yes	yes	yes	yes	yes	
	PSP/IP Doc Avail to all Staff	yes	yes	yes	yes	yes	yes	yes	yes	
	IPP/Actions Implemented	yes	yes	yes	yes	yes	yes	yes	yes	
	Data for IPP/Actions	yes	yes	yes	yes	yes	yes	yes	yes	
	Data Internally Monitored	yes	yes	yes	yes	yes	yes	yes	yes	
	Self Medication Objective	met	met	met	met	met	met	met	met	
	Consumer informed of grievance procedure	not met	not met	not met	not met	not met	not met	not met	not met	QAOS 5
	SL consumer choice of SL staff	NA	NA	NA	NA	no	NA	NA	NA	QAOS 6
	Rights Restrictions	NA	NA	NA	yes	NA	NA	NA	NA	
CM INPUT	PSP/IP Checklist	yes	yes	yes	yes	yes	yes	no	yes	
	PSP/IP Annually?	yes	yes	yes	yes	yes	late	late	late	
	Individual Needs Addressed?	yes	yes	yes	yes	yes	yes	yes	yes	
	Assessment Based?	yes	yes	yes	yes	yes	yes	yes	yes	
	Quartery Reports?	yes	yes	yes	yes	yes	yes	yes	yes	
	Incident Reports Addressed?	yes	yes	yes	yes	yes	yes	yes	yes	
	Behavioral Supports Addressed?	no	yes	yes	yes	yes	yes	yes	yes	
	Functional Analysis Needed?	met	met	met	met	met	met	met	met	
	Free from Aversive Procedures?	met	met	met	met	met	met	met	met	

Comments: (regarding service planning and delivery)

Overall systems and IP supports are consistently implemented and well documented. HDAC should be commended for their thorough processes for internal monitoring that enables them to catch issues immediately and provide consistent high quality supports to their consumers. HDAC reviews the consumer grievance procedure with each individual upon entrance into services however there was no documentation available to show that it is reviewed on a regular basis. No policy was available to demonstrate how supported living consumers and/or families have a choice in staff, however it was stated that occasionally SL consumers have sat in on the interview/hiring process.
JS has behavioral concerns identified in her assessments and documented through IR's however it is not addressed in her IP/PSP.

Comprehensive Evaluation
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Make note of site reviewed

Residential Site Checklist: check if evidenced or mark data as appropriate

	Site Name	ALC	blvd	bullhook	n. side	6th ave	7th st.		Appendix or QAOS
Health Safety	Bathing procedures posted	yes	yes	yes	yes	yes	yes		
	Clean/Sanitary Environment	yes	yes	yes	yes	yes	yes		
	Egress	yes	yes	yes	yes	yes	yes		
	Hot Water Temps	yes	yes	yes	yes	yes	yes		
	Emergency Assistance	yes	yes	yes	yes	yes	yes		
	Fire Extinguishers/smoke Detectors	yes	yes	yes	yes	yes	yes		
	1st Aid/CPR Supplies Accessible/Available	yes	yes	yes	yes	yes	yes		
	PRN Medications	yes	yes	yes	yes	yes	yes		
	Medication Procedures	no	no	yes	yes	yes	yes		QAOS 7
	Medication Locked Storage	yes	no	yes	yes	yes	yes		QAOS 7
	Medication Administration Records	yes	yes	yes	yes	yes	yes		
	Staff Ratios or ICP staffing	yes	yes	yes	yes	yes	yes		
	Awake Overnight Staff	yes	yes	yes	yes	yes	yes		
	Adequate Supplies	yes	yes	yes	yes	yes	yes		
	Storage of Supplies	yes	yes	yes	yes	yes	yes		
	Free from aversive procedures?	yes	no	yes	yes	yes	yes		QAOS 8
Daily	Weekly integrated activities	yes	yes	yes	yes	yes	yes		
	House or Site Rules	yes	yes	yes	yes	yes	yes		
	Opp for choice, self determination	yes	yes	yes	yes	yes	yes		
	Meal Prep, Mealtime	yes	yes	yes	yes	yes	yes		
	Engagement in Daily Life	yes	yes	yes	yes	yes	yes		
	Participation in Daily Living Skills	yes	yes	yes	yes	yes	yes		
	Daily Leisure Opportunities	yes	yes	yes	yes	yes	yes		
	Staff Trained in Individual Specifics	yes	no	yes	yes	yes	yes		QAOS 8

Comments:

Medication cabinet was left unlocked at Blvd group home on two separate occasions. The first time a consumer (DL) was observed getting into the cabinet by himself and getting out the medications. On the second occasion, staff was watching TV with a consumer in another room while the cabinet was unlocked. This staff member was focused solely on the TV the entire time of the onsite visit. Again at Blvd, the group home manger was observed physically taking away a jug of milk from a consumer stating that he would drink the entire thing and during the staff survey indicated that he believed there was a rights restriction in place. Review of the file does not support this. File review at Blvd showed several IP objectives in consumer files, (RC and SB), had been amended without IP team approval. A special IP meeting was held after this review to correct the objectives.

the entire thing and during the staff survey indicated that he believed there was a rights restriction in place. Review of the file does not support this. File review at Blvd showed several IP objectives in consumer files, (RC and SB), had been amended without IP team approval. A special IP meeting was held after this review to correct the objectives.

Agency: **HDAC**
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Residential Site Checklist: check if evidenced									**Appendix or QAOS**
Site Name									
Transportation	Driver Orientation Program	yes							
	Wheelchair tie downs	yes							
	Wheelchair Lift	yes							
	Driver's Licenses	yes							
	Emergency Supplies	yes							
	Fire Extinguisher	yes							
	Transportation Log	yes							
	Scheduled Maintenance Program	yes							
	Training--Staff Doing Maintenance Checks	yes							
	Procedures for Timely Repairs	yes							
	MDT inspection on file (MDT vehicles only)	NA							
	Comments:								QAOS 9

Comments:

Very complete transportation logs, maintenance program and documentation. All fire and safety materials in place. Drivers orientation and procedures are complete and documented in the employee training files. Transportation policies are complete and part of the overall employee orientation curriculum.

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9/25/2007

Agency: **HDAC**
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Staff Survey: check if 'met', 0 if 'unmet'									**Appendix or QAOS**
Staff Initials		LB	JA	JC	JE	MM			
Abuse	Allegations are reported to? (APS)		met		met	met			
	Do you notify Supervisor first? (NO)	met		met	met				
	Steps to take if abuse is discovered?	met	met	met	met	met			
	Comments:								
rights	Suspect theft of gloves, steps to take?			met		met			
	IP/PSP requests Doctors appt	met			met				
	No jacket, -25 consumer wants to leave		met	met	met	met			
	Review Rts Restriction	met	met	not met					QAOS 8
	Comments: JC listed several consumers as having rights restrictions that are not in place. Nothing could be done to reinstate.								
bmp	describe consumer behaviors	met	not met	met	met	met			QAOS 8
	staff response to behaviors by plan		not met	not met		met			QAOS 8
	list proactive or environmental strategies	met			met				
	Comments: JA:Behaviors described in negitive terms (not getting his way) Unaware of any protocols in place JC: stated no protocols in place for consumer however there is a How to work with me in the file at the home								
orientation	former employee wants info			met		met			
	what is consumer information?	met	not met		met	met			
	training to meet health and safety needs?	met	met		met				
	emergency evacuation procedures?			met					
	Comments: JA: did not know what consumer info was								

Comprehensive Evaluation
9/25/2007

Agency: HDAC
Evaluators: Turner

Staff Survey: check if 'met', 0 if 'unmet' with notation of incorrect answer

	Staff Initials	LB	JA	JC	JE	MM			Appendix or QAOS
Medications	describe procedure to assist with meds			met	met	met			
	if med is unavailable?	met	met			met			
	if gave wrong med?		met						
	if moving to a new place or gets new med?								
	requirement to assist with meds?	met		met					
	describe PRN or OTC is to be given				met				
	what constitutes a med error?				met				
	Comments:								
ERC	steps to avoid power struggles		not met		met	met			QAOS 8
	how to respond to someone who is upset	met		met					
	what is you start to lose control?	met	met	met	met	met			
	Comments: JA listed give candy as way of gaining cooperation could think of no other ways.								
Incident Report	when do you fill out an incident report?	met	met			met			
	notifications for ER?			met	met				
	consumer to consumer incidents		met			met			
	who writes the IR?	met		met	met				
	Comments:								

Agency: **HDAC**
Evaluators: **Turner/Kliensasser**

Staff Survey: check if 'met', 0 if 'unmet' with notation of incorrect answer

	Staff Initials	LB	JA	JC	JE	MM			Appendix or QAOS
behaviors	consumer destroying things	met	not met	met		met			QAOS 8
	staff pinches consumer back	met	not met	met	met	met			QAOS 8
	how do you know a support plan is needed?								
	Comments: JA: Stated write an IR, no additional actions required.								
IP/PSP	what is IP/PSP based on?	met		met					
	you have an idea for an objective.....	met	met	met		met			
	why do assessments?		not met		met	met			
	How do you find out what someone would like to do?				met				
	Comments: JA: "purpose of assessments is to meet requirements of the state"								

Comments:

Overall the staff surveys show staff to be well trained, knowledgeable, and positive.
One staff member, JA, consistently answered questions inappropriately (comments are listed).
One staff member in a supervisory capacity believed there were rights restrictions in place that were not.
This staff member was also not aware of behavioral protocols that were in place.

Agency: HDAC
Evaluators: Turner/Kliensasser

Consumer Questionnaire (used by QIS). Check if evidenced. 0 Bolded questions are mandatory

Consumer	Consumer intials	SB	RC	ES	FG	DL			Appendix or QAOS
	Do you have nice staff at home/work?		yes	yes	yes	yes			
	Is anyone mean to you at home/work?			no		no			
	Do you like where you live/work?	yes	yes	yes	yes	yes			
	Are you ever afraid of anyone?	yes	yes DL						
	Someone hits/hurts you, who can you tell?	don't know	staff	Dewi//dale	teacher	911			
	Does anyone talk to you about this?	Julie	staff	Dale	no	no			
	Can you get help when you need it?								
	from staff?	yes		yes					
	from Case Manager?	don't know							
	Can you get your own food/drink?	yes							
	Do people come into your house/room w/o					yes RC			
	knocking/permission?					(roommate)			
	Do staff ever take things from you?			no					
	Can you get rides to places you need to go?	yes		yes					
	Rides to the places you want to go?								
	Who is your Case Manager?	Pam	Shelly	Lisa	don't know	don't know			
	Does s/he talk to you about waiver service	don't know	yes	yes at IP	yes	yes			
	Does s/he help you get what you need?	yes	yes	yes	yes	yes			

Comments:

Agency: **HDAC**
Evaluators: **Turner/Kliensasser**

Consumer Questionnaire (used by QIS). Check if evidenced. 0 Bolded questions are mandatory

Support	Consumer intials								Appendix or QAOS
	Who helps this person and how?								
	Are there some staff/peers they like better?								
	Staff/peers they don't like? Why?								
	Current needs not being met?								
	Health and Safety related?								
	Who do you talk to about these concerns?								
	Does the person have input to his/her life?								
	If you have concerns, who do you talk to?								
	are they resolved?								
	What are this persons wishes/dreams?								
	is the plan moving that direction?								
	what would make things better?								
	does this person ever seem afraid?								
	are you afraid for them?								
	Does this person know how or where to report abuse?								
	who provided that training?								
	Who will the individual call or report to?								
	who provided that info?								
	Does the person have transportation to all								
	services and places s/he would like to go?								
	who is the person's case manager?								
	Does CM help the person access services?								
	Does the CM explain waiver services?								
	Does the person understand this info?								

Comments:
This form was not necessary as all consumers interviewed were able to discuss the questions for themselves. HDAC does conduct an internal consumer/family satisfation survey. See Appendix A for summery of the results.

APP A