

DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES



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STATE OF MONTANA

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June 6, 2008

TO: Stephanie Foster, Designated QLC recipient  
Donna Zook, Board Chair

FROM: Bruci Ann Hall, Regional Manager  
Joe Davidson, Lori Wertz, Chris Kleinsasser, Cheri Wilson, QIS

SUBJECT: Comprehensive Evaluation for FY 08

Please find the attached review summary and findings for fiscal year 2008. The format is similar to last year but with the inclusion of specific PSP actions as well as follow-up items from the corrective action for FY08. The tables show the areas of review with any pertinent findings noted in the comment sections, followed by quality assurance observation sheets and appropriate appendices. As always, we would like to thank the staff for their ongoing support of people with disabilities.

This review encompasses the contracted services of residential habilitation (group home and supported living), day habilitation and community supports. There are 27 follow-up issues which require your attention as a result of this review with dates for responses listed on each quality assurance observation sheet. Responses need to be returned electronically (copies will be emailed to you under separate cover). Although many areas of improvement were noted during the site reviews, there were some areas that have not fully implemented the changes the agency has adopted. As a result, we recommend the corrective action plan be continued with regular re-evaluation. This should allow the in-coming CEO an opportunity for input as well as time to complete the necessary follow-up. We are also willing to commit to 'mini-reviews'—regular site evaluations over the course of the year to ensure continued progress and compliance toward the agency and contract goals. Should you need additional information or need clarification on any of the issues, please do not hesitate to call. We are happy to assist you in any way appropriate.

At this time we would like to inform you that we are changing the QIS assignments working with your program. Beginning June 15, 2008 the following assignments will be in effect: Lori Wertz—Berkner, Ramur, Hansen, Park Garden, Laurel, Treasure, Phoenix, SOAR and CBD; Cheri Wilson—Primrose, South Park, Central Park, Meadowlark, Riverview, Cedar, Willow and Work Services; Joe Davidson—Independent Supported Living, and CSP; Chris Kleinsasser will continue to work with the Northern Services Division.

Once again, thank-you for your ongoing efforts and supports on behalf of the people we serve.

Agency: QLC 2008

Evaluators: Davidson, Turner, Kleinsasser, Hall and Wertz

DESK REVIEW:	QAOS or App
<p><b>Accreditation:</b> QLC currently carries a three year accreditation from CARF for vocational services. The current survey report and agency response are in App A. Please see the section on Supported Work for additional information related to accreditation.</p>	App A
<p><b>Significant Events from the Agency:</b> The agency has experienced many changes this year. The CEO position was vacated in February and is expected to be rehired in the next couple of weeks. The Board of Directors in the absence of a CEO has become much more involved in agency operations (see QAOS). The CIC position was held by three different individuals due to staff turn over in this fiscal year. The agency's HR position also has a new face. Due to concerns brought forward by parents, incident reports, medical issues, the prior year's comprehensive evaluation and fiscal concerns from related audits, the agency has been under corrective action with the State of Montana since February 2008. Since the corrective action, the agency has been more responsive in correction of identified issues related to the previous comp eval, fiscal/audit and programmatic issues. Please see CAP summary, APP B. Based on fiscal considerations and multiple meetings to ensure the needs of consumers are met, people have been moved, group homes closed (Tucson) and sold and some supported living folks have been moved into congregate apartment settings. Agency management structure, levels of supervision and overall leadership were issues brought up as part of the corrective action and it is hoped these issues will be more permanently addressed with the hire of the new CEO. Several people ported out of the agency to other services this past year with several more lost to nursing facilities or screening slots that were not recovered. There are currently four people waiting to port from the agency.</p>	QAOS 2008-01  App B
<p><b>Agency Internal Communications Systems:</b> Prior to February, agency reports indicate that communications were limited in that the CEO did not apparently share important information with management staff or with the Board of Directors. This appeared to be true of internal agency information as well as information coming to or from the State. According to staff, this resulted in items being missed or not addressed that would have otherwise been remedied. Recently, issues of appointments being miscommunicated have resulted in consumers missing medical or counseling appointments as well as medications being missed or prescriptions not being picked up. While the agency size can legitimately create some communication challenges, there is still a sense of vagueness of accountability that allows for issues to be missed or dismissed as isolated, rather than addressing a long term meaningful solution that limits miscommunication. Human error will happen, but it can sometimes be prevented by better planning, supervision and attention to details. Specific examples of recent miscommunications that impacted consumers can be requested from the regional office. One very positive step that happened this year resulted from an agency restructure that has the CIC position supervised by HR--making a direct link to employee performance and better improving communication along that line.</p>	QAOS 2008-02
<p><b>Policies and Administrative (DDP) Directives</b> There have been no significant changes to agency policy since last review. It was noted that some draft policies are in the review process and not yet adopted, including one on medication procedures. With the turnover in the CIC position, there have been some bumps in the incident management process. We spend a lot of time revisiting issues that have been addressed in the past but resurface with new staff. Staff are encouraged to shape future revisions of the policy but reminded that the policy as it stands must be followed and enforced. It is also noted that the agency is revamping its IMC policy to more closely reflect state policy.  Again, the Board of Directors and staff are to be commended for their hard work and willingness to meet the directives of the corrective action plan. Their willingness to speak forthrightly and openly about their concerns as well as ours made a difficult situation better. Their determination to hire the 'right' CEO for the agency and address long term planning needs for the agency are also greatly appreciated.  The agency spend a tremendous amount of time re-vamping onsite files. The new format provides for better information and is easier to follow. Not all sites have adopted or completed the transition, leaving gaps in data in some sites.</p>	QAOS 2008-03

Comprehensive Evaluation  
6/11/2008

Agency:  
Evaluators:

DESK REVIEW:	Appendix or QAOS
<p><b>Fiscal (audits, cost plans, invoices):</b></p> <p>Agency fiscal issues were a prime consideration this past year. As noted by the auditors, the agency has had greatly reduced reserve accounts as well as income over the last several years. This has been due in part to ports out of the agency, a person returning to MDC, and screenings wherein the consumer did not select QLC as their agency of choice. Methodologies for depreciation and cost allocations made it difficult to determine profit/loss by service area/site. The agency has worked closely with the Audit Bureau to remediate the issues and hopefully rebuild reserves. It is unclear still this year whether the agency will show a modest profit at the end of this fiscal year. It is unclear whether a training manual or cross training of fiscal staff has been completed.</p> <p>Cost Plans: As noted in the previous eval, there has been ongoing discussion regarding what kinds of services, increases and decreases are appropriate to a cost plan. Overtime wages have been up and down this past year, with periods of being fully staffed and periods of excessive overtime hours. Balancing salaried staff against the direct care reimbursement has also been a topic of discussion. The agency has reported losses in supported living and in response has moved several consumers into a congregate apartment building in order to maximize staff. Many hours of support are provided to consumers but without clear documentation of how that support relates to the cost plan. PSP documents do not always clearly support the cost plan hours in terms of staff time or actions on behalf of the consumers. Please see also community supports.</p> <p>Reviewing a sample of staff hours vs. hours billed per site is a difficult process. Staff borrowed to other sites for medications and whether the staff hours include non-direct care hours seems to be a point of confusion for the agency (emails related). Interviews with staff indicate that managers have been given confusing instruction on whether staff meetings or paperwork time (admin hours) are or are not billable to the client hours. Currently there are concerns that staff have been instructed to have staff meetings while consumers are in the home in order to make the time 'billable'. This does not seem to meet the intent of the billable unit as staff cannot be engaged with consumers (consumer related activities) while discussing house management, staffing and related issues.</p> <p>Guidelines from Social Security have recently caused some additional questions (App C). Charging clients for transportation costs outside of their transportation budgets is currently being discussed. Any agency policy related to this will need to be approved by the State to ensure there is no audit exception. Use of the consumer's hours of support for overnight or congregate vacations continues to be an area of discussion as well both in terms of ICPs and SSA regulations. At times the agency has said it will not provide consumers with vacations or transportation outside of the normal services. Some staff are determined to be very creative about making these quality of life experiences happen, others are not. It is hoped that with the hire of a new CEO that the agency can come to a reasonable policy that continues to meet consumer needs while still maintaining a good balance for the agency. It is recommended that as many people as possible attend the SSA training in June.</p>	<p>QAOS 2008-04</p> <p>QAOS 2008-06</p> <p>QAOS 2008-05</p> <p>App C</p> <p>recommendation</p>
<p><b>Licensing:</b></p> <p>The agency homes are licensed and the only licensing notation made at the time of the onsite reviews by that agency involved the lack of dentists and dental care as required by Quality Assurance Division. Additionally through incident management, several issues have been reported to licensing this year: alleged abuse by staff, posting of menus, menus that meet licensing requirements of three meals a day. The agency is to be commended for the purchase of water temp regulators--all water temps were at 120 or below.</p>	<p>QAOS 2008-07</p>

Comprehensive Evaluation

6/11/2008

Agency: Quality Life Concepts

Evaluators: Davidson/Wertz

DESK REVIEW:	Appendix or QAOS
<p><b>Quality Assurance Observation Sheets: (trends from past year)</b>                      The QAOS sheets from the last comp eval are found in APP E. Repeat issues for this year include: communication, timely reporting of incidents (also 06), non compliance with agency med policy (06), data collection (06), insufficient staff (06), bathing procedures/policy (06), med certified staff on site, staff survey, food storage (frozen items not consistently dated), egress issues for some sites left from last review, chemical storage unlocked, agency record keeping for PSP/follow up medical appointments, unlocked med cabinets, transportation (no fire extinguishers), PRN med procedures not consistently available, consumer grievance procedures not reviewed every six months and career plans and supported work staff attendance at PSPS. Quality Assurance Observations sheets for this review can be found in the designated category for each of these issues. There were several Quality Assurance Observation Sheets for excellence this past year as well. They included individual staff praises for specific, creative ideas and attention to detail, as well as staff attempts to meet individual needs above and beyond their job descriptions.</p>	App E
<p><b>Medication Errors: (trending from past year)</b>                      Medication errors continue to be a concern. Please see the trend analysis on the accompanying page. There has been an overall decrease of reporting across all categories of nearly 34%. Although the med error section indicates a decrease of med errors across the agency, this information must be interpreted with the following understanding: the overall decrease in agency reporting, that number could be skewed. The difference in med error reporting is not statistically significant from the prior year. It has also been noted that at least in the last couple of months, some of the errors involve consumers not getting medications (in one case, an insulin dependent diabetic), double dosing consumers without medical follow-up, or missing meds because staff were not familiar with the consumers in the home. We understand that human error has an impact on med errors, but we also realize that the potential of harm to consumers from med errors is one of the most important safeguards entrusted to us. Medication documentation including prescriptions on site, PRN protocols, MAR sheet errors, and notification oversights continue to occur and are not included in the trends. It needs to also be noted that one med error may actually involve multiple consumers in one site, making the the actual number of consumers higher than what is reflected in the reporting summary.</p>	App D
<p><b>Incident Management: (summary trends, steps to address trends, investigation summaries)</b>                      As previously mentioned, the IMC Coordination position has been held by three different people in this last fiscal year. With each turnover in staff there has been a learning curve associated with the position, and sometimes different levels of expertise. As a result, a slightly different focus or expectation within the agency. This has been confusing and difficult for staff. It is noted that the agency is currently reviewing their incident management policy and updating it as necessary. Also noted previously, the agency now has the CIC Coordinator supervised by the HR Director. Since many issues that come up at CIC involve staff training or personnel related issues, it is believed this will have an overall positive impact on the efficiency of recommendations made through that committee. Thank-you for considering that option! DDP has offered on two occasions to meet directly with the HR and CIC staff to discuss concerns related to incident management policy, but in both cases, agency staff cancelled the meeting. DDP will continue to work with the CIC coordinator and committee to ensure policy compliance and work out any concerns that are raised.</p> <p>Incident Management Summary Data is attached to this report for the dates March 1, 2007 through March 31, 2008. Of most interest in the trends was a nearly 34% decrease in overall reporting which matches anecdotally to concerns raised by case managers, APS and this office regarding concerns about under reporting. There has been a 57% decrease in 'data not entered--good job getting incidents classified and entered! There has also been a significant decrease in client injuries (69%). Of the most concern in the trending are the increases in client rights violations (since the report was printed, there have been more), mistreatment, and the use of mechanical restraints. Again, it is noted that one documented incident of mistreatment actually may have impacted all the consumers on site. In fact, in the 18 reported incidents of mistreatment, 31 or more consumers were actually affected.</p>	<p>trend analysis</p> <p>QAOS 08-08A QAOS08-08B</p>

<b>DESK REVIEW:</b>			<b>Appendix or QAOS</b>
<b>Supported Work:</b>			
# of persons served in Supported Work		7	
# of career plans on file	*2		
# career plans reviewed at least one time during the PSP cycle	unknown		
<p>notes or comments:</p> <p>Four people purchase SE from CSP program in addition to other services. There have been ongoing concerns throughout this year as evidenced by emails from Case Managers and from DDP that career plans were not completed with the 30 day PSP for new consumers and were not updated with the annual PSP or reviewed at 6 month intervals. At the onsite visit, this was discussed with staff who appeared to be confused about the career plan document itself, or timelines for completion. Immediately after the onsite visit, plans were emailed to the case managers and regional office. Concerns about SE staff not attending PSPs was also revisited with a promise that either the Director of the Voc Program or his staff would attend each PSP for an SE client this year. File reviews for the consumers show the following: DH: 07-08 career plan was not signed, shows regular contact as recorded in plan. Consumer wants a new job, goal not met but consumer changes his mind often! DP: CSP--plan includes res hab, transportation and supported work. Career plan says SE to ave 7 hours a month of SE contact, CSP says 6 hours. He averages 7 hours per contact notes SC: CSP--Career plan calls for 2 contacts a month for \$6500--buys SE only. It appears that VR was billed for the same services billed to DDP which is an audit exception.</p> <p>SK: objectives all noted 'as needed'--not a clear expectation of services provided. DR: has asked to port. Limited contact and frustration on behalf of both consumer and provider. Not clear that documentation supports attempts to contact or work out issues, or that assessments given clear direction of what consumer wants. No career plan was ever done. WG: CSP--12/07 comments do not reflect dates and observations billed per options billings (show 5, 13 and 20th plus travel, contacts shows just two entries). Last CP was 06. CSP asks for 1.5 hours per month, ave is ok, but not always 1.5 per month. SR: CSP asks for up to 2 hours a month for SE, rec/leisure 7 hrs a week for 52, transportation at \$10 trip up to 115 trips a year. Ave SE contacts well under 2 hours per month. It is noted that some of these same issues were cited by CARF in their report.</p>			<p><b>QAOS 2008-09</b></p> <p><b>QAOS 2008-28</b></p>
<p><b>Community Supports: (what types of services were provided? Were they provided in a timely manner, were there gaps in services, any input from family or CM, billing issues?)</b></p> <p>CSP had good documentation of services provided. Client review as follows:                  SC: SE only, see above                  BJW: respite only                  MC: CSP for computer ed, rec and leisure                  TD: soc/rec, brand new client, limited data                  WG: see above, rec/leisure is clearly documented                  SR: see above, rec/leisure clearly documented                  DP: see above, res hab clearly documented</p> <p>One concern noted with CSP is in the billing of 1/12 of the amount when the agencies actual billing reflects a much higher need for services. In fact, two consumers had actually expended the cost plan per the agency records (App D), but the agency was required to continue to provide services. In one case, dollars were reduced by services provided on behalf of the consumer (building brochures for her business) that were not educational (teaching her how to build the brochure) but were a business expense (contracted to the staff to complete). CSP plans for folks purchasing multiple services (SE and community integration for example) need to ensure the CSP and Career Plan match for services provided. Additionally, the agency is billing 1/12 of the contract, needs to manage the budget internally to ensure supports match billing. Agency billing records indicate that in some cases under CSP, the 1/12 billed to the state exceeds the actual services provided, in others, the services exceed the budget. If there are folks served whose needs exceed what is available in community supports, they should be referred for traditional services. It was also observed that supported work only clients under CSP are paying more for this service than their counter parts in the traditional service, while 'base rate' SE folks are paying less. At the time of review, the agency was looking at applying rates costs to the services provided in order to remedy this discrepancy and it is recommended they continue this path.</p>			<p><b>QAOS 2008-10</b></p> <p><b>App F</b></p> <p><b>recommendation</b></p>

Agency: QLC 2008

Evaluators: Davidson, Turner, Kleinsasser, Hall and Wertz

<b>Staff Related:</b>										<b>Appendix or QAOS</b>
<b>Evidence Found of Orientation Training (mark 'yes' if present, 'no' if not present)</b>										<b>QAOS 2008-11</b>
staff initials	KA	SB	LS	GB	CC					
yes/no	yes	yes	yes	yes	yes					
<b>Note where evidence found:</b> signed orientation in personnel file										
<b>Evidence Found DDCPT or equivalent:</b>										
staff initials	KA	SB	LS	GB	CC					
yes/no	yes	yes	yes	yes	yes					
<b>Note where evidence found:</b>										
<b>Evidence of Criminal Background Checks:</b>										
staff initials	KA	SB	LS	GB	CC					
yes/no	yes	yes	yes	yes	yes					
<b>Note where evidence found:</b>										
<b>Evidence of Staff Survey:</b>										
staff initials	KA	SB	KS	GB	CC					
yes/no	Yes	yes	yes	yes	yes					
<b>Note where evidence found:</b>										
<b>Comments: (regarding staff hiring, screening, training, supervision)</b>										
<p>Personnel files, computer records and staff signed documentation show that the staff sampled were in compliance with state contract for required orientation, basic program training, criminal background checks and that staff surveys were present in files. Prior staff surveys were available as well. It is also noted that staff surveys are again being revamped and have been mailed (May 08) for compilation to be done this summer (June).</p>										

Agency: QLC 2008  
 Evaluators: Davidson, Turner, Kleinsasser, Hall and Wertz

Staff Related:	Dates represent when training is due (or completed if one time)--red highlighted events are past due or expired						Appendix or QAOS
<b>Evidence Found of Staff Training: (mark 'yes' if present, 'no' if not present)</b>							
<b>staff initials</b>	KA	SB	LS	GB	CC		
1rst aid	6/29/2010	8/17/2010	5/2/2009	6/6/2009	6/29/2010		
CPR	6/29/2008	8/17/2008	11/13/2008	1/22/2009	6/29/2008		
Abuse Prevention	6/25/2007	8/15/2007	5/11/2006	yes	6/25/2007		
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	relief staff	1/2/2010	7/18/2009	2/14/2009	8/1/2009		
<b>Note where evidence found:</b>							
CDS	3/29/2008	3/29/2008	3/29/2008	3/29/2008	3/29/2008		
<b>Comments:</b>							
<p>Additionally, all staff were noted to have had HIPPA training as well. One staff who has obviously had the appropriate training, was involved in a recent case of consumer information being shared inappropriately with non-agency personnel. One staff during interviews on site stated that training did not mention 'mandatory reporter'. Staff interviews at the homes also, noted that site orientations vary greatly from site to site as well, with some houses doing a very good job, others very little or no training.</p>							<b>QAOS 08-18</b> <b>QAOS 08-12</b>

Comprehensive Evaluation

6/11/2008

Agency: QLC 2008

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IP Checklist: check if evidenced		Treasure	Treasure	Treasure	Central Pa	Central Pa	Hansen	Berkner	Berkner	Berkner	Appendix or QAOS
Consumer Initials											
<b>O</b> <b>D</b> <b>S</b> <b>I</b> <b>T</b> <b>E</b>	Consumer/Family Survey	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
	PSP/IP Doc Avail to all Staff	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
	Health Care Checklist in PSP	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	
	IPP/Actions Implemented	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
	Data for IPP/Actions	no	no	no	Yes	Yes	Yes	Yes	No	Yes	
	Data Internally Monitored	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
	Self Medication Objective	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
	Consumer informed of grievance procedure	yes	yes	yes	Yes	Yes	Yes	Yes	No	Yes	
	SL consumer choice of SL staff	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Rights Restrictions	no	no	no			NA	NA	NA	NA	
<b>C</b> <b>M</b> <b>I</b> <b>N</b> <b>P</b> <b>T</b>	PSP/IP Checklist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
	PSP/IP Annually?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
	Individual Needs Addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
	Assessment Based?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
	Quarterly Reports?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
	Incident Reports Addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
	Behavioral Supports Addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
	Functional Analysis Needed?	No	No	No	No	No	No	No	No	No	
Free from Aversive Procedures?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		

**Comments: (regarding service planning and delivery)**

Treasure: Data for Actions was not able to be found. The ID book for the most part only sporadically documents leisure activities it did not document weekly community outings on a consistent basis. In talking to staff and RSS it appeared that they did not realize community inclusion activities have to be done on a weekly basis for all the consumers, or have very good documentation that they have tried to include individuals on outings. I could not find documentation to support that Actions that were refused were offered at another time or day. I am concerned in looking at the data and lack of actions being completed on a regular basis that QLC could end up in a pay back situation if someone from this house was pulled for an audit, see individual PSP actions.

Central Park: Health Care Checklist was not included when PSP packet was sent to GH from Main Office. Note AM has objectives that have not been completed because AM has until 11/08 to complete. Berkner: OSHA review ok, Licensing ok, Sanitarian Ok. Documentation was very good with the exception of one consumer that did not have her PSP or supporting documents at the house. This individual was recently discharged from the Nursing Home for a 30 day convalescent period, in that time frame her files disappeared according to RC and RSS they could not even find them at the main office. One RX was missing for one consumer.

Comprehensive Evaluation  
6/11/2008

Agency: QLC 2008  
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IP Checklist: check if evidenced		Willow	Willow	Cedar	Cedar	Skyview	Skyview	Con SL	Con SL	Appendix or QAOS
Consumer Initials										
<b>O S I T E</b>	Consumer/Family Survey	Yes	Yes	Yes	Yes					
	PSP/IP Doc Avail to all Staff	Yes	Yes	Yes	Yes	Yes	Yes	yes	yes	
	Health Care Checklist in PSP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	QAOS08-13
	IPP/Actions Implemented	Yes	Yes	Yes	Yes	Yes	Yes	yes/no	yes/no	
	Data for IPP/Actions	Yes	Yes	Yes	Yes	Yes	Yes	yes/no	yes/no	QAOS 08-14
	Data Internally Monitored	Yes	Yes	Yes	Yes	Yes	Yes	yes/no	yes/no	
	Self Medication Objective	Yes	Yes	Yes	Yes	No	No	fam assist	No	QAOS 08-15
	Consumer informed of grievance procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	QAOS 08-16
	SL consumer choice of SL staff	NA	NA	NA	NA	NA	NA	Yes	Yes	
Rights Restrictions	NA	NA	Yes	Yes	NA	NA	na	na		
<b>C M I N P U T</b>	PSP/IP Checklist	Yes	Yes	Yes	Yes	yes	yes	yes	yes	
	PSP/IP Annually?	Yes	Yes	Yes	Yes	yes	yes	yes	yes	
	Individual Needs Addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	Assessment Based?	Yes	Yes	Yes	Yes	Yes	Yes	no	no	
	Quarterly Reports?	Yes	Yes	Yes	Yes	No	No	Yes	no	QAOS 08-17
	Incident Reports Addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	Behavioral Supports Addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	Functional Analysis Needed?	No	No	No	No	No	No	No	No	
Free from Aversive Procedures?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		

**Comments: (regarding service planning and delivery)**

Willow: Staff had not read one individuals interaction protocol, they did have a basic understanding of what the individual wanted because staff had observed interactions with other staff. It appears that staff are confused by the need to be in the community weekly when they have an objective that requires one outing a month. One consumer had two objectives daily (ROM, Stim and sandbox) were not met for the random months, the only other daily item for this person was coke and popcorn, help find electronics to disassemble, minimum 1 community outing a monthly-- 182 hrs month. One consumer had objectives that only occurred 6 times Yr. (2), 1 time month, 4 times Yr., 1 time Yr.(2), these do not seem to support 191 hours of support a month. Cedar: This house has a rights restriction to keep the ladies safe. Data is being collected but objectives are not being met consistently. This has been being reported in the monthly reports that are being sent out. MR receives 195 hours of support a month objectives above the basic living needs are lotion 1 x day, weekly walk outside home, outing 4 x month, 1:1 outing 1 x yr. these objectives are not being met consistently and do not appear to meet 195 hours of support. AO Documentation shows only one objective not being met one time: this is being sent in the monthly reports. Objectives that AO has outside of basic care needs are: taking me to a designated walking area 2 x month, group outing/picnic 1 x yr.. AO receives 138 hours of support a month.

Comprehensive Evaluation

6/11/2008

Agency: QLC 2008

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IP Checklist: check if evidenced		Con WAC	Con WAC	Primrose	Primrose	GF SL	GF SL	Con WAC	Con WAC	Appendix or QAOS
Consumer Initials										
<b>O n s i t e</b>	Consumer/Family Survey									
	PSP/IP Doc Avail to all Staff	Yes	Yes	Yes	Yes	no	no	Yes	Yes	
	Health Care Checklist in PSP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	IPP/Actions Implemented	yes	yes	Yes	Yes	Yes	Yes	yes/no	yes/no	
	Data for IPP/Actions	yes	yes	Yes	Yes	Yes	Yes	yes/no	yes/no	
	Data Internally Monitored	yes	yes	Yes	Yes	Yes	Yes	yes/no	yes/no	
	Self Medication Objective	No	No	No	No	No	No	No	No	
	Consumer informed of grievance procedure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	SL consumer choice of SL staff	NA	NA	NA	NA	Yes	Yes	NA	NA	
Rights Restrictions	NA	NA	NA	NA	NA	NA	NA	NA		
<b>C M I N I P T</b>	PSP/IP Checklist	Yes	Yes	Yes	Yes	Yes	Yes			
	PSP/IP Annually?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	Individual Needs Addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	Assessment Based?	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	Quarterly Reports?	No	No	Yes	Yes	Yes	Yes	No	No	
	Incident Reports Addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	Behavioral Supports Addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	Functional Analysis Needed?	No	No	No	No	No	No	No	No	
Free from Aversive Procedures?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
<b>Comments: (regarding service planning and delivery)</b>										
See tab marked Comments 1 and 2										

Comprehensive Evaluation

6/11/2008

Agency: QLC 2008  
 Evaluators: Davidson, Turner, Kleinsasser, Hall and Wertz

IP Checklist: check if evidenced										Appendix or QAOS
Consumer Initials										
<b>O N S I T E</b>	Consumer/Family Survey	Yes								
	PSP/IP Doc Avail to all Staff	Yes								
	Health Care Checklist in PSP	Yes								
	IPP/Actions Implemented	Yes								
	Data for IPP/Actions	Yes								
	Data Internally Monitored	Yes								
	Self Medication Objective	Yes								
	Consumer informed of grievance procedure	Yes								
	SL consumer choice of SL staff	NA								
	Rights Restrictions	NA								
<b>C M I N I T I V E</b>	PSP/IP Checklist	Yes								
	PSP/IP Annually?	Yes								
	Individual Needs Addressed?	Yes								
	Assessment Based?	Yes								
	Quarterly Reports?	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	Incident Reports Addressed?	Yes								
	Behavioral Supports Addressed?	Yes								
	Functional Analysis Needed?	No								
Free from Aversive Procedures?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Comments: (regarding service planning and delivery)</b>										
<p>LZ: Data indicated that Larry's actions are being met on a consistent basis. JM: The data reviewed indicated that the only objective not being met consistently is staff spending 10 minutes a day with JM. LJ: Data indicates that LJ is refusing cooking, exercising and even on occasion a community outing. I suggested that if LJ is refusing then the team needs to be approached to find another action that he will participate in. The data does not indicate how many times LJ was asked to complete his actions this needs to be documented to indicate that he has been offered to participate more than one time. GM: Needs two of his objectives changed as his VR is closed and at this time filling out job applications is not needed. GM's other objectives are not measurable as they are based on when GM wants/needs something. His work only states he is busy and earns money this is being tracked and shows days he worked and days refused, it does not show the number of hours Glen works. See GM's objective sheet. Data does not indicate when or how often staff are talking him through problems, walking with Glen, this was discussed with the RSS that is does not appear match the number of email's that have been sent when Glen is upset and the amount of time staff spend de-escalating him.</p>										

Comprehensive Evaluation  
6/11/2008

Agency: QLC 2008  
Evaluators: Davidson, Turner, Kleinsasser, Hall and Wertz

IP Checklist: check if evidenced		MeadowL	MeadowL	Ramur	Ramur	Ramur	So. Park	Appendix or QAOS	
Consumer Initials									
<b>O n s i t e</b>	Consumer/Family Survey	Yes	Yes	Yes	Yes	Yes	Yes	yes	
	PSP/IP Doc Avail to all Staff	Yes	Yes	Yes	Yes	Yes	Yes	yes	
	Health Care Checklist in PSP	Yes	Yes	Yes	Yes	Yes	Yes	yes	
	IPP/Actions Implemented	Yes	Yes	Yes	Yes	Yes	Yes	yes	
	Data for IPP/Actions	Yes	Yes	no	no	Yes	Yes	yes	
	Data Internally Monitored	Yes	Yes	Yes	Yes	Yes	Yes	yes	
	Self Medication Objective	Yes	Yes	Yes	yes	Yes	Yes	yes	
	Consumer informed of grievance procedure	Yes	Yes	no	no	Yes	Yes	Yes	yes
	SL consumer choice of SL staff	NA	NA	NA	NA	NA	NA	NA	NA
	Rights Restrictions	NA	NA	NA	NA	NA	NA	NA	ok
<b>C M I N P U T</b>	PSP/IP Checklist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes
	PSP/IP Annually?	Yes	Yes	late/docu.	Yes	Yes	Yes	Yes	yes
	Individual Needs Addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes
	Assessment Based?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes
	Quarterly Reports?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes
	Incident Reports Addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes
	Behavioral Supports Addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes
	Functional Analysis Needed?	No	Yes	yes	no	no	no	no	yes
Free from Aversive Procedures?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	

**Comments: (regarding service planning and delivery)**

Data showed a very good variety of items that consumers could do, this has also been witnessed when I have visited SOAR. Quarterly reports across all sights has only been sent since January 2008, some areas were sending reports prior to that but this was not consistent. SOAR staff do an excellent job of documenting community outings on a weekly basis that are offered. Meadowlark quarterly reports do not match the documentation in the file at the home. RS: PSP was outside the 365 days but had documentation for reason. Ramur: documentation was very complete and consistent.

Comprehensive Evaluation

6/11/2008

Agency: QLC 2008

Evaluators: Davidson, Turner, Kleinsasser, Hall and Wertz

IP Checklist: check if evidenced		So. Park	So. Park	Laurel	Laurel	Riverview	Riverview	Appendix or QAOS	
Consumer Initials		JJ	MJ	RS	AV	JD	BR		
<b>O S I T E</b>	Consumer/Family Survey	yes	yes	yes	yes	yes	yes		
	PSP/IP Doc Avail to all Staff	yes	yes	yes	yes	yes	yes		
	Health Care Checklist in PSP	yes	yes	yes	yes	yes	yes		
	IPP/Actions Implemented	yes	yes	yes	yes	yes	yes		
	Data for IPP/Actions	yes	yes	no	no	yes	yes		
	Data Internally Monitored	yes	yes	yes	yes	yes	yes		
	Self Medication Objective	yes	yes	yes	yes	yes	yes		
	Consumer informed of grievance procedure	yes	yes	no	no	no	no		
	SL consumer choice of SL staff	NA	NA	NA	NA	NA	NA		
	Rights Restrictions	ok	NA	NA	NA	NA	NA		
<b>C M I T T E E</b>	PSP/IP Checklist	yes	yes	yes	yes	yes	yes		
	PSP/IP Annually?	yes	yes	yes	yes	yes	yes		
	Individual Needs Addressed?	yes	yes	yes	yes	yes	yes		
	Assessment Based?	yes	yes	yes	yes	yes	yes		
	Quarterly Reports?	yes	yes	yes	yes	yes	yes		
	Incident Reports Addressed?	yes	yes	yes	yes	yes	yes		
	Behavioral Supports Addressed?	yes	yes	yes	yes	yes	yes		
	Functional Analysis Needed?	yes	yes	NA	NA	NA	NA		
Free from Aversive Procedures?	yes	yes	no	no	yes	yes		QAOS 08-21	
<b>Comments: (regarding service planning and delivery)</b>									

Comprehensive Evaluation

6/11/2008

Agency: QLC 2008

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This serves as overview of the areas noted below. For specifics please refer to QA grid.

Conrad Supported Living- Consumers indicated through their surveys and visits that they are happy with the services they receive. The two Supported Living (SL) consumers reviewed have their apartments decorated to meet their individual needs and like where they live. They spoke favorably of the staff working with them and when asked by QIS stated staff assisted them when they needed it. KM, a SL consumer stated that she takes shots for diabetes four times a day and when SL staff call her at 5:00pm to remind her to take her shot, she often forgets and falls back asleep. This individual also receives PCA services. This is being addressed by QLC staff and will be discussed further by her team at her upcoming (5/22/08) PSP meeting. There were some quarterlies available for one individual (JS), but there were none for the other (KM). A QAOS was issued 1/11/08 for lack of quarterlies for all areas in the Conrad facilities. Quarterlies are still unavailable in all areas. Reference QAOS 08-17. KM did not have a first aid kit in her apt. Data was produced for many of the actions, but some don't have any data or data sheets are not filled out completely. See QAOS 2008-14 and 17. SL consumers did not have any current assessments on file. See QAOS 08-20.

Consumers in SL appear to have meaningful relationships with their peers and staff and have the opportunity to engage in activities and events they enjoy (pending affordability). Consumers were preparing for Special Olympics and were eager to talk about the events they were participating in. QLC staff recognize and respect each individual's individuality and do what they can to assist them in fulfilling their dreams.

Conrad Sky View Group Home- Consumers state that they are happy in their home as this was evidenced by QIS through interactions with staff and consumers. Some consumers were excited to show QIS their rooms and talk about their personal décor and their collections. Sky View home was nicely decorated, and very neat and clean. See QAOS 2008-32

Sky View home has an accessible ramp going out the front door. The surface of the ramp has large air bubbles in it creating uneven terrain for anyone walking on it and at the bottom there is a 1.5 to 2 inch drop into the grass. There was a QAOS issued on the ramp during the last Quality Assurance review. The ramp altered in late fall 2007, but continues to be unsafe for anyone walking on it. See QAOS 2008-31.

Conrad Work/Day Activity- Most consumers were quite busy working at the day program. They were shredding paper, packaging lentils, labeling bags and working at the thrift shop. Consumers took pride in their work and were anxious to show QIS what they were working on and how they did it. Data was difficult to obtain and scattered in staff's offices. Staff were not able to recover some of the data for some actions and one individual reviewed did not have a recent assessment. Quarterlies have not been done. QAOS referenced with Great Falls data (QAOS 14,17).

Comprehensive Evaluation

6/11/2008

Agency: QLC 2008

Evaluators: Davidson, Turner, Kleinsasser, Hall and Wertz

Two Times New Thrift Shop provides consumer's with some diversity in job options and opportunity to work with the public. The only means of egress was the entry door to the store. The side door was padlocked and staff did not have the key. It is recommended that the door be unlocked during business hours as another means of egress.

Overall, the consumers appear to be happy with services received. Staff are attentive to individuals needs and do their best to ensure that their needs are being met. It is evident that individuality is expounded upon with consumers served. Paper work (documentation) is scattered, disorganized and it's difficult to obtain data. Some data was not available. Data was being faxed to the DDP office in portions as it was recovered by QLC staff. It is recommended that QLC take a serious look at their data collection to capture services through organized, readable documentation practices. Services provided need to be clearly documented. Interaction protocols are descriptive and identify how to work best with consumers. A staff surveyed did not adequately answer questions in the abuse reporting section.

Great Falls Supported Living – Consumers expressed happiness with services expressing to QIS that they get to go out and do fun things and staff help them when they need it. Initially, it was difficult to connect with QLC staff and obtain documentation to complete the review. Staff attempted to locate the documentation while other staff were unavailable. After several phone calls on QIS part and tracking on QLC's part it was discovered that the staff on vacation had the necessary documentation in their car (out of state). Staff had to ship it next day air back to Montana. QLC management was very apologetic and understood the ramifications of not having their working files, PSP's and documentation readily available. See **QAOS 2008-18**. Once the files were recovered, documentation was organized and matched up with PSP actions.

One supported living consumer reviewed is not independent in taking her medications. She did not have PRN protocols in place. Anyone who requires assistance and supervision with medications is required to have PRN protocols. See **QAOS 2008-15**. Management staff stated they were not aware of this and were going to get protocols in place right away.

Primrose Group Home – This was an exemplary home. Consumers appear to be happy, smiling while arriving at home at the end of the day. Several consumers enjoy swimming on a regular basis and taking vacations, as money allows. Consumers working files were in organized and data could be easily obtained and matched to actions. The home was neat and clean and it was evident through staff interaction with consumers that they take pride in the work they do with consumers they serve. See **QAOS 2008-33**.

Residential Site Checklist: check if evidenced						Appendix or QAOS	
Site Name	Treasure	Hansen	Central Park	Berkner			
<b>H e a l t h  S a f e t y</b>	Bathing procedures posted	No	Yes	Yes	No, Ole's was moved.	QAOS 08-19	
	Clean/Sanitary Environment	Yes	Yes	Yes	Yes		
	Egress	Yes	Yes	Yes	Ok		
	Hot Water Temps	117/110	110	111/111	116/112/116.3/109		
	Emergency Assistance	Yes	Yes	Yes	Yes		
	Fire Extinguishers/smoke Detectors	Aug-07	Apr-08	Apr-08	Aug-07		
	1st Aid/CPR Supplies Accessible/Available	Yes	Yes	Yes	Yes		
	PRN Medications	No	Ok	Ok	Missing one RX		QAOS 08-15
	Medication Procedures	No	Ok	Ok	OK		QAOS 08-23
	Medication Locked Storage	No	Ok	Ok	Ok		
	Medication Administration Records	yes	Ok	Ok	Ok		
	Staff Ratios or ICP staffing	3 staff	1 staff	2 Staff	3 Staff		
	Awake Overnight Staff	Yes	Yes	Yes	Yes		
	Adequate Supplies	Yes	Yes	Yes	Yes		
Storage of Chemicals	Ok	Ok	Ok	Lysol in Ole's bathroom			
Free from aversive procedures?	Yes	Yes	Yes	Yes			
<b>D a i l y</b>	Weekly integrated activities	Yes	Ok	Very Creative	Ok		
	House or Site Rules	No	No	No	No		
	Opp for choice, self determination	Yes	Yes	Yes	Yes		
	Meal Prep, Mealtime	Staff prepared with	Yes	Yes two consumers	Yes		
	Engagement in Daily Life	Yes	Yes	Yes	Yes		
	Participation in Daily Living Skills	Yes	Yes	Yes	Yes		
	Daily Leisure Opportunities	No	Yes	Yes very creative	Yes good documentation		
	Staff Trained in Individual Specifics	No	Yes	Yes	Yes except LR		
<b>Comments:</b> Treasure: Sanitarian- appeared corrected, Licensing Dental still not met for JD mom is working on this, abusive employee terminated 3-6-08. Several individuals have seizures but bathing protocols were not posted in either bathroom. PRN medication did not always document why (JD) or the results on the back of the mar sheet. Medications for two individuals did not have all the prescriptions, it was noted to look at the, form 47 medication review, April stated that Kathy A. told her this would suffice as a prescription. The medication storage area was unlocked when I arrived. ID notes did indicate that the residents were taken on outings but I could not find that this occurred weekly. Leisure activities were not documented on a daily basis, 3 files reviewed. It appeared some staff do document and others only document items like: eating, bathing, how they slept- health concerns. MSL was being moved in but the bed room had not yet been painted and the boarder had been torn down leaving peeling paint, Maintenance fixed while I was there. The room still needs to be painted. Hansen: OSHA review ok. Licensing Ok, Sanitarian Ok, Documentation looked very good regarding PSP objectives. Hansen was clean and nicely decorated, even the bathtub. It was noted that sometimes the medication sign off only had one person able to due this due to having on two residents and one staff available. Central: OSHA review ok. Licensing Ok, Sanitarian Ok, Documentation was very good. Rec. and Leisure was very creative and well documented and meaningful to the individuals going. Berkner: OSHA review ok, Licensing ok, Sanitarian Ok. Documentation was very good with the exception of one consumer that did not have her PSP or supporting documents at the house. This individual was recently discharged from the Nursing Home for a 30 day convulsant period, in that time frame her files disappeared according to RC and RSS they could not even find them at the main office. One RX was missing for one consumer.							

Residential Site Checklist: check if evidenced						Appendix or QAOS
Site Name		Willow	Skyview	Conrad SL JS	Conrad SL KM	
<b>H</b> <b>e</b> <b>a</b> <b>l</b> <b>t</b> <b>h</b>  <b>S</b> <b>a</b> <b>f</b> <b>e</b> <b>t</b> <b>y</b>	Bathing procedures posted	Yes	Yes	NA	NA	
	Clean/Sanitary Environment	Yes	Yes extremely	Yes	ok	
	Egress	Ok	Yes	Yes	Yes	
	Hot Water Temps	115/114/116	119/118	NA	NA	
	Emergency Assistance	Yes	Yes	Yes	Yes	
	Fire Extinguishers/smoke Detectors		Aug-07 Yes	yes	yes	
	1st Aid/CPR Supplies Accessible/Available	Yes	Yes	Yes	No	
	PRN Medications	1 RX missing	Yes	NA	NA	
	Medication Procedures	Ok	Yes	Family assist	NA	
	Medication Locked Storage	Yes	Yes	NA	NA	
	Medication Administration Records	Ok	Yes	Family assist	Staff count meds weekly	
	Staff Ratios or ICP staffing	3 to 6	2 to 5	Yes	Yes	
	Awake Overnight Staff	Yes	Yes	NA	NA	
	Adequate Supplies	Yes	Yes	Yes	Yes	
Storage of Chemicals	Ok	ok	ok	ok		
Free from aversive procedures?	Yes	Yes	Yes	Yes		
<b>D</b> <b>a</b> <b>i</b> <b>l</b> <b>y</b>	Weekly integrated activities	Most weeks	Yes	Yes	Yes	
	House or Site Rules	No	No	No	No	
	Opp for choice, self determination	Yes	Yes	Yes	Yes	
	Meal Prep, Mealtime	No menu posted	Yes	Does self	Yes	
	Engagement in Daily Life	Yes	Yes	Yes	Yes	
	Participation in Daily Living Skills	Yes	Yes	Yes	Yes	
	Daily Leisure Opportunities	Need more option	Yes	Yes	Yes	
Staff Trained in Individual Specifics	1 staff not sure	Yes	Yes	Yes		
<b>Comments:</b> Willow: Egress the only concern was between the fence and East side of the house leaves were blown up against the house about 4 feet deep. BB had one RX missing otherwise protocols looked good. Daily leisure opportunities were limited the only thing documented for 1 consumer was Disney channel Jill and Stacy are going to work on more options. The staff I interviewed did not know if one of the consumers had an interaction protocol or what was included in it. Weekly outings were not occurring every week according to the documentation, it seems confusing to staff when they read an objective that requires a community outing once a month.						

Residential Site Checklist: check if evidenced						Appendix or QAOS
Site Name		GF SL JE	GF SL CH	Primrose	Conrad WAC	
<b>H e a l t h  S a f e t y</b>	Bathing procedures posted	NA	NA	Yes	NA	
	Clean/Sanitary Environment	Yes	Yes	Yes extremely	Yes	
	Egress	Yes	Yes	Yes	Yes	
	Hot Water Temps	NA	NA	117/118	NA but 118	
	Emergency Assistance	Yes	NA	Yes	Yes	
	Fire Extinguishers/smoke Detectors	yes	yes	Yes	Yes	
	1st Aid/CPR Supplies Accessible/Available	Yes	Yes	Yes	Yes	
	PRN Medications	NO	NA	Yes	Yes	
	Medication Procedures	Yes	NA	Yes	Yes	
	Medication Locked Storage	Yes	NA	Yes	Yes	
	Medication Administration Records	Yes	staff count	Yes	Yes	
	Staff Ratios or ICP staffing	Yes	Yes	3 to 5	4 to 15	
	Awake Overnight Staff	NA	NA	Yes	NA	
	Adequate Supplies	Yes	Yes	Yes	Yes	
Storage of Chemicals	ok	ok	ok	ok		
Free from aversive procedures?	Yes	Yes	Yes	Yes		
<b>D a i l y</b>	Weekly integrated activities	Yes	Yes	Yes	Yes	
	House or Site Rules	NA	NA	NA	NA	
	Opp for choice, self determination	Yes	Yes	Yes	Yes	
	Meal Prep, Mealtime	Meals provided	Meals provided	Yes	NA	
	Engagement in Daily Life	Yes	Yes	Yes	Yes	
	Participation in Daily Living Skills	Yes	Yes	Yes	Yes	
	Daily Leisure Opportunities	Yes	Yes	Yes	Yes	
	Staff Trained in Individual Specifics	Yes	Yes	Yes	Yes	
Comments:						

Residential Site Checklist: check if evidenced					Appendix or QAOS
Site Name		Conrad Thrift	Cedar	Phoenix	Park
<b>H</b> <b>e</b> <b>a</b> <b>i</b> <b>t</b> <b>h</b> <b>S</b> <b>a</b> <b>f</b> <b>e</b> <b>t</b> <b>y</b>	Bathing procedures posted	NA	Yes	Yes	Yes
	Clean/Sanitary Environment	ok	Yes	Yes	see below
	Egress	see below	Yes	NO	Ok
	Hot Water Temps	NA	119/119	110/110/110	121/120
	Emergency Assistance	Yes	Yes	Yes	Yes
	Fire Extinguishers/smoke Detectors	Yes	Aug-07	Aug-07	8-2007 11-2007
	1st Aid/CPR Supplies Accessible/Available	Yes	Yes	Yes	Yes
	PRN Medications	NA	Yes	Yes	Yes
	Medication Procedures	NA	Ok	Ok	Ok
	Medication Locked Storage	NA	Yes	Yes	Ok
	Medication Administration Records	NA	Missing Rx	Ok	Great documenting PRN
	Staff Ratios or ICP staffing	NA	3 staff	2 staff weekdays 3 weeks	2 staff
	Awake Overnight Staff	NA	Yes	Yes	Yes
	Adequate Supplies	NA	Yes	Yes	Yes
Storage of Chemicals	NA	not locked	Yes	Yes	
Free from aversive procedures?	NA	Yes	Yes	Yes	
<b>D</b> <b>a</b> <b>i</b> <b>l</b> <b>y</b>	Weekly integrated activities	NA	Not done weekly	Not done weekly	Yes
	House or Site Rules	NA	NA	No	No
	Opp for choice, self determination	NA	NA	Yes	Yes
	Meal Prep, Mealtime	NA	Staff prepared	Staff prepared	Yes
	Engagement in Daily Life	NA	Yes	Yes	Yes
	Participation in Daily Living Skills	NA	Yes	Yes	Yes
	Daily Leisure Opportunities	NA	Yes	Yes	could have more options
	Staff Trained in Individual Specifics	NA	no	Yes	Yes
<b>Comments:</b> Conrad Thrift: There are two exits, one to enter the store and a back (side) door. The back (side) door was padlocked and the staff did not have a key to open it. It was suggested to the manager that the door be unlocked in the while individuals are in the store. Cedar: A lot of work has been done to improve this house. One prescription was missing for Larazapam, MR. Weekly community outings do not appear to be occurring according to the data reviewed. It did appear that leisure activities are occurring and the documentation is getting better in this regard. Staff on shift were filling in and did not know individuals, protocols or house operations. Phoenix: The drop between the kitchen and office is in a dark area and not lighted, Fire inspection: no noticed power strips being used. Sanitarian Ok, Oxygen cylinders still on sight in the basement not secured, no one uses them. A very good variety of leisure opportunities were offer. The data did not indicate that weekly community outings were taking place. Park Garden: bathroom in the basement was not flushed, bathroom upstairs plugged Ken unplugged, House was clean and picked up. Medication administration books were awesome-- they documented the reason a PRN was given and the outcome.					

Residential Site Checklist: check if evidenced					Appendix or QAOS
Site Name	Work Program	SOAR	Meadowlark	Ramur	
<b>H e a l t h  S a f e t y</b>	Bathing procedures posted	NA	NA	NO	Yes
	Clean/Sanitary Environment	Yes	Yes	Yes	Yes
	Egress	Ok	OK	OK	ok
	Hot Water Temps	118	118 105	100	110
	Emergency Assistance	NO	Yes	yes	Yes
	Fire Extinguishers/smoke Detectors	Aug-07	4 8/2007	OK	ok
	1st Aid/CPR Supplies Accessible/Available	Yes	Yes	Yes	Yes
	PRN Medications	No	Yes one 3-10-06	missing Rx, protocols	Yes
	Medication Procedures	No	Yes	Yes	yes
	Medication Locked Storage	Yes	Yes	yes	yes
	Medication Administration Records	No	Great	missing PRN results	yes
	Staff Ratios or ICP staffing	3.5 staff	3 to4 staff	yes	yes
	Awake Overnight Staff	NA	NA	yes	yes
	Adequate Supplies	Yes	Yes	yes	yes
	Storage of Chemicals	Ice melt unlocked	Yes	yes	yes
Free from aversive procedures?	Yes	Yes	yes	yes	
<b>D a i l y</b>	Weekly integrated activities	Yes	Yes	not documented	great
	House or Site Rules	No	No	OK	ok
	Opp for choice, self determination	Yes	Yes	OK	yes
	Meal Prep, Mealtime	Yes	Yes witnessed	OK	yes
	Engagement in Daily Life	Yes	Yes	OK	yes
	Participation in Daily Living Skills	Yes	Yes	OK	yes
	Daily Leisure Opportunities	Yes	Yes	not documented	yes
	Staff Trained in Individual Specifics	Yes	Yes	yes	yes

QAOS 08-25

**Comments:**  
 Work Program: Lawn Crew consumer did not have a PRN protocol in his book, when I asked what happened if they have a headache I was told they take them home to get the medication. GM did not have a MAR sheet or sign off when individual requests his PRN. RSS stated that they were just getting one for his book but that she tracks it on his narcotic sheet this is not in his book. There was a very detailed protocol for administering PRN Lorazepam. SOAR: MS had a RX for Tylenol 5-17-07 but the PRN protocol was from 3-10-06. AO and nurse does the tube feeding and he does not receive any medications at the day program. LH good documentation for BM tracking and results, no current RX for Aspercream expired on 3-1-08 still on MAR sheet, RX for Elidel cream no protocol for administering. Fire Marshall, items corrected. Very good interactions with a variety of projects that everyone was involved in. Menus are posted for Tuesday and Thursday the two days that lunch is fixed there.  
 RAMUR: Very good overall. Noted an open attitude "it's their house". Consumers Recreational and Leisure activities are completed regularly and well documented.

Residential Site Checklist: check if evidenced					Appendix or QAOS
Site Name		South Park	Laurel	Riverview	
<b>H</b> <b>e</b> <b>a</b> <b>i</b> <b>t</b> <b>h</b> <b>S</b> <b>a</b> <b>f</b> <b>e</b> <b>t</b> <b>y</b>	Bathing procedures posted	NA	yes	yes	
	Clean/Sanitary Environment	yes	yes	yes	
	Egress	yes	yes	yes	
	Hot Water Temps	117,110,119	118	112	
	Emergency Assistance	yes	yes	yes	
	Fire Extinguishers/smoke Detectors	yes	yes	yes	
	1st Aid/CPR Supplies Accessible/Available	yes	yes	yes	
	PRN Medications	yes	yes	no	
	Medication Procedures	yes	yes	yes	
	Medication Locked Storage	yes	yes	no	
	Medication Administration Records	no	yes	yes	
	Staff Ratios or ICP staffing	yes	yes	1 staff weekend ams	
	Awake Overnight Staff	yes	yes	yes	
	Adequate Supplies	yes	yes	yes	
<b>D</b> <b>a</b> <b>i</b> <b>l</b> <b>y</b>	Storage of Chemicals	no	no	no	
	Free from aversive procedures?	yes	no	yes	
	Weekly integrated activities	yes	no	yes	
	House or Site Rules	ok	ok	ok	
	Opp for choice, self determination	yes	ok	ok	
	Meal Prep, Mealtime	yes	no	ok	
	Engagement in Daily Life	yes	yes	yes	
	Participation in Daily Living Skills	yes	yes	yes	
Daily Leisure Opportunities	yes	yes	yes		
Staff Trained in Individual Specifics	yes	yes	yes		
<b>Comments:</b>					
<p>South Park: Missing some PRN results on the MAR sheet, supplies for LJR were put away but not locked.</p> <p>Laurel: bathroom cupboard supplies were not locked up during on site review</p> <p>Riverview: downstairs bathroom supplies not locked, medication cupboard with extra docudose packages not locked up</p> <p>JD: has a PRN for Loperamide, form 29 and protocol states for loose stools there is no RX on file. <b>MAR sheet was handwritten on stating "or before diary products". PRN has been given for this reason.</b> JD also had a dental cleaning at the hospital on 4/24/07, documentation states follow-up should occur in 6 months. <b>There is no documentation that follow-up occurred.</b></p>					

Comprehensive Evaluation  
6/11/2008

Agency: QLC 2008  
Evaluators: Davidson, Turner, Kleinsasser, Hall and Wertz

Residential Site Checklist: check if evidenced								Appendix or QAOS	
Site Name	Central Pa	Hansen	Cedar	Willow	Phoenix	Primrose	Con large		
<b>T r a n s p o r t a t i o n</b>	Driver Orientation Program	training files indicate this is part of general orientation and training							
	Wheelchair tie downs	NA	NA	NA	OK witness	na	ok	na	
	Wheelchair Lift	NA	NA	NA	OK witness	na	ok	na	
	Driver's Licenses	sampled personnel files had copy of DL on file in each							
	Emergency Supplies	Ok	Ok	OK	Ok	Ok	ok	ok	
	Fire Extinguisher	Ok	Ok	No	Apr-07	Aug-07	ok	ok	
	Transportation Log	OK	Ok	OK	Ok	Ok	ok	ok	
	Scheduled Maintenance Program	yes	yes	yes	yes	yes	yes	yes	
	Training--Staff Doing Maintenance Checks	Yes	Yes	Yes	Yes	Yes	Yes		
	Procedures for Timely Repairs	yes	yes	yes	yes	yes	yes	yes	
	MDT inspection on file (MDT vehicles only)	*							
	Comments:	The agency is getting two new MDT vehicles....have a comprehensive vehicle maint program.							QAOS 08-26
<b>Comments:</b>									
Treasure: Did not have a fire extinguisher in the Van, Lynn had maintained bring one up. I did not have a tie down bracket to secure the fire extinguisher, maintenance is going to install one. Willow: Fire Extinguisher was outdated.									

Comprehensive Evaluation  
6/11/2008

Agency: QLC 2008  
Evaluators: Davidson, Turner, Kleinsasser, Hall and Wertz

Residential Site Checklist: check if evidenced							Appendix or QAOS	
Site Name	Con Mini	Cedar	Work Pro.	Treasure	Park	M. Lark		
<b>T r a n s p o r t a t i o n</b>	Driver Orientation Program	training files indicate this is part of general orientation and training						<b>QAOS 08-27 App G</b>
	Wheelchair tie downs	na	NA	NA	OK	NA	NA	
	Wheelchair Lift	na	NA	NA	Ok	NA	NA	
	Driver's Licenses	sampled personnel files had copy of DL on file in each						
	Emergency Supplies	ok	Ok	OK	OK	Ok	ok	
	Fire Extinguisher	ok	No	Aug-07	Aug-07	Apr-07	Nov. 06	
	Transportation Log	ok	Ok	Ok	Ok	Ok	NO	
	Scheduled Maintenance Program	yes	Yes	Yes	Yes	Yes	Yes	
	Training--Staff Doing Maintenance Checks		Yes	Yes	Yes	Yes	Yes	
	Procedures for Timely Repairs	yes	Yes	Yes	Yes	Yes	Yes	
	MDT inspection on file (MDT vehicles only)							
	Comments:							
<b>Comments:</b>								
<p>Cedar: Did not have a fire extinguisher in the van Lynn called and maintained brought one over right away.</p> <p>Treasure: staff had just checked the fluids and the transmission was low, maintenance was contacted.</p> <p>Meadowlark: Fire extinguisher was last checked Nov. 06; transportation logs in the van were from Feb. 07, Staff was not completing them currently. Per policy, the agency is required to log and bill Medicaid for medical appts and travel over \$5.00/month</p>								

Comprehensive Evaluation  
6/11/2008

Agency: QLC 2008  
Evaluators: Davidson, Turner, Kleinsasser, Hall and Wertz

Residential Site Checklist: check if evidenced				Appendix or QAOS			
Site Name	Ramur	Laurel	Riverview				
<b>HO: t a r o p s n r t</b>	Driver Orientation Program	training files indicate this is part of general orientation and training					
	Wheelchair tie downs	NA	NA	NA			
	Wheelchair Lift	NA	NA	NA			
	Driver's Licenses	sampled personnel files had copy of DL on file in each					
	Emergency Supplies	yes	yes	yes			
	Fire Extinguisher	yes	yes	yes			
	Transportation Log	yes	yes	yes			
	Scheduled Maintenance Program	yes	yes	yes			
	Training--Staff Doing Maintenance Checks						
	Procedures for Timely Repairs	yes	yes	yes			
	MDT inspection on file (MDT vehicles only)						
	Comments:  Riverview van needs cleaned. Noted a lot of food wrappers and garbage in it.						
Comments:							

Comprehensive Evaluation  
6/11/2008

Agency: QLC 20008  
Evaluators: Davidson, Turner, Kleinsasser, Hall and Wertz

Staff Survey: check if 'met', blank if 'unmet'									Appendix or QAOS
Staff Initials		TV	JC	MM	RA	KH	JD	Con MN	
<b>A</b>	Allegations are reported to? (APS)	OK		OK	Ok		OK	ok	
	Do you notify Supervisor first? (NO)		Ok			Ok		ok	
	Steps to take if abuse is discovered?	OK			OK	Ok	Ok		
	Comments:								
<b>B</b>	Suspect theft of gloves, steps to take?		Ok		OK	Ok			
	IP/PSP requests Doctors appt	Ok		Ok		Ok	Ok	ok	
	No jacket, -25 consumer wants to leave				Ok		No		
	Review Rts Restriction							ok	
Comments:									
<b>P</b>	describe consumer behaviors				OK		Ok		
	staff response to behaviors by plan				OK	Ok	No	ok	
	list proactive or environmental strategies					Ok		ok	
Comments:									
<b>H</b>	former employee wants info		OK			Ok	Ok		
	what is consumer information?			Ok	OK			ok	
	training to meet health and safety needs?	OK			OK		Ok		
	emergency evacuation procedures?					Ok		ok	
Comments:	<p>JD: thought there was a behavioral protocol for individual, RC did follow up and there is no behavior Protocol. Staff had not read interaction Protocol and did not know what was in it.</p>								

Agency:  
Evaluators:

Staff Survey: check if 'met', 0 if 'unmet' with notation of incorrect answer							Central	Central	Appendix or QAOS
Staff Initials		Con MN	Con DJ	Con MM	Con LY	Prim PM	JC	MM	
<b>Bob K H O R N</b>	consumer destroying things	ok			ok	ok	ok	ok	
	staff pinches consumer back	ok	ok	ok	ok	ok			
	how do you know a support plan is needed?		ok	ok					
	Comments:								
<b>IP/ PSP</b>	what is IP/PSP based on?		ok		ok	ok			
	you have an idea for an objective.....	ok	ok					ok	
	why do assessments?			ok	ok	ok			
	How do you find out what someone would like to do?	ok		ok					
Comments: I									
Comments:									

Comprehensive Evaluation  
6/11/2008

Agency: QLC 2008  
Evaluators: Davidson, Turner, Kleinsasser, Hall and Wertz

Staff Survey: check if 'met', blank if 'unmet' with notation of incorrect answer								Appendix or QAOS
Staff Initials		TV	JC	MM	RA	KH	JD	Con MN
<b>B O R N</b>	describe procedure to assist with meds	OK		OK			Ok	
	if med is unavailable?		OK		OK			
	if gave wrong med?					Ok	Ok	
	if moving to a new place or gets new med?				Missed			
	requirement to assist with meds?					Ok		ok
	describe PRN or OTC is to be given							ok
what constitutes a med error?								
Comments:								
<b>E R C</b>	steps to avoid power struggles	Ok		OK	OK	Ok	OK	ok
	how to respond to someone who is upset		OK					
	what is you start to lose control?				Ok	Ok	Ok	ok
Comments:								
<b>C O N S U M E R I N C I D E N T S</b>	when do you fill out an incident report?				Ok			ok
	notifications for ER?			Ok		Ok	Ok	
	consumer to consumer incidents	OK	OK		OK			ok
	who writes the IR?					Ok	Ok	
Comments:								

Agency:  
Evaluators:

Staff Survey: check if 'met', 0 if 'unmet' with notation of incorrect answer									Appendix or QAOS
Staff Initials		LF	TW	SB	meadow L	BR	EB	Jl	
<b>Bob Kobler</b>	consumer destroying things	Ok	Ok	Ok	ok	ok	ok		
	staff pinches consumer back		Ok	Ok		ok	ok	ok	
	how do you know a support plan is needed?	OK			ok	ok		ok	
	Comments:								
<b>IP/ PSP</b>	what is IP/PSP based on?		Ok			ok			
	you have an idea for an objective.....	OK	OK		ok	ok	ok	ok	
	why do assessments?				ok			ok	
	How do you find out what someone would like to do?	Ok				ok	ok		
Comments: I									
Comments:									

Agency: QLC 2008  
 Evaluators: Davidson, Turner, Kleinsasser, Hall and Wertz

Staff Survey: check if 'met', 0 if 'unmet'									Appendix or QAOS
Staff Initials		LF	TW	SB	meadow L	BR	EB	Jl	
<b>ASBA</b>	Allegations are reported to? (APS)	Yes	Ok	OK	ok	ok	No	ok	
	Do you notify Supervisor first? (NO)				ok	ok	ok		
	Steps to take if abuse is discovered?	Yes	Ok	OK	ok		ok	ok	
	Comments: EB did not know that suspected abuse needed to be reported directly to APS								
<b>stbqri</b>	Suspect theft of gloves, steps to take?		Ok	Ok		ok		ok	QAOS 08-21
	IP/PSP requests Doctors appt	Yes		Ok	ok		ok		
	No jacket, -25 consumer wants to leave		Ok			ok	ok		
	Review Rts Restriction	Yes			ok	ok	ok	ok	
	Comments: EB described additional "rights restrictions" that are in practice and not on paper ie lack of lunches, limiting milk intake.								
<b>bbp</b>	describe consumer behaviors	Yes	Great	Ok	ok	ok	ok	ok	
	staff response to behaviors by plan	Yes	Great	Ok	ok	ok	ok	ok	
	list proactive or environmental strategies							ok	
	Comments:								
<b>hwhh</b>	former employee wants info	Yes	Ok		ok	ok	ok		
	what is consumer information?			Ok				ok	
	training to meet health and safety needs?	Yes	Ok		ok	ok	ok	ok	
	emergency evacuation procedures?			Ok		ok			
	Comments: EB descibed the in house orientation as differing in effectiveness and thoroughness from site to site.								

Agency: QLC 2008  
 Evaluators: Davidson, Turner, Kleinsasser, Hall and Wertz

Staff Survey: check if 'met', 0 if 'unmet'									Appendix or QAOS
Staff Initials		Con DJ	Con MM	Con LY	Prim PM	Cedar JW	Cedar CM	Phoe. UK	
<b>A eser</b>	Allegations are reported to? (APS)	ok	ok	no	ok	Ok			
	Do you notify Supervisor first? (NO)	ok	ok				Ok	Ok	
	Steps to take if abuse is discovered?			no	ok	Ok	Ok	Ok	
	Comments:								
<b>S st B B i n</b>	Suspect theft of gloves, steps to take?	ok	ok		ok		Ok	Ok	
	IP/PSP requests Doctors appt			ok		OK		Ok	
	No jacket, -25 consumer wants to leave	ok					Ok		
	Review Rts Restriction		ok	ok	ok	OK			
Comments:									
<b>B B P</b>	describe consumer behaviors	ok			ok	OK	Ok	Great	
	staff response to behaviors by plan		ok	ok	ok			Great	
	list proactive or environmental strategies	ok	ok	ok			Ok		
	Comments:								
<b>O n e H o u r H o u r e</b>	former employee wants info		ok	ok			Ok	Ok	
	what is consumer information?	ok			ok	Ok			
	training to meet health and safety needs?	ok	ok	ok			Ok	Ok	
	emergency evacuation procedures?				ok	Ok			
Comments:									

Agency: QLC 2008  
 Evaluators: Davidson, Turner, Kleinsasser, Hall and Wertz

Staff Survey: check if 'met', 0 if 'unmet' with notation of incorrect answer									Appendix or QAOS
Staff Initials		Con DJ	Con MM	Con LY	Prim PM	Cedar JW	Cedar CM	Phoe. UK	
<b>B e n e f i t s</b>	describe procedure to assist with meds	ok					Ok		
	if med is unavailable?	ok		ok	ok		Ok	Ok	
	if gave wrong med?		ok			Ok			
	if moving to a new place or gets new med?					missed			
	requirement to assist with meds?								
	describe PRN or OTC is to be given		ok						Ok
	what constitutes a med error?					ok			
Comments:									
<b>E R C</b>	steps to avoid power struggles	ok	ok		ok	Ok	Ok	Ok	
	how to respond to someone who is upset						Ok		
	how to respond to someone who is upset		ok	ok					
	what is you start to lose control?	ok		ok	ok	Ok		Ok	
Comments:									
<b>A d d i t i o n a l I n c i d e n t R e p o r t s</b>	when do you fill out an incident report?	ok					Ok	Ok	
	notifications for ER?			ok	ok	Ok			
	consumer to consumer incidents	ok	ok		ok		Ok		
	who writes the IR?		ok	ok		Ok		Ok	
Comments:									

Staff Survey: check if 'met', 0 if 'unmet' with notation of incorrect answer									Appendix or QAOS
Staff Initials		LF	TW	SB	MeadowL	BR	EB	JI	
<b>SB</b>	describe procedure to assist with meds if med is unavailable?					ok			
	if gave wrong med?	Yes		Ok	ok	ok	ok	ok	
	if moving to a new place or gets new med? requirement to assist with meds?					ok		ok	
	describe PRN or OTC is to be given	Yes	OK	OK			ok		
	what constitutes a med error?					ok		ok	
	Comments: TW is not medication certified.								
<b>ER</b>	steps to avoid power struggles	Yes	Ok		ok	ok	ok	ok	
	how to respond to someone who is upset								
	how to respond to someone who is upset				ok				
	what is you start to lose control?	Yes	OK	Ok		ok	ok	ok	
Comments:									
<b>EB</b>	when do you fill out an incident report?		Ok	Ok				ok	
	notifications for ER?	Yes				ok			
	consumer to consumer incidents	Yes	OK	Ok	ok	ok	ok		
	who writes the IR?				ok	ok	ok	ok	
Comments:									

Agency: QLC

Evaluators:

Staff Survey: check if 'met', 0 if 'unmet' with notation of incorrect answer									Appendix or QAOS
Staff Initials		Ber. KL	Ber. RA	Trea. AM	Trea. LL	Cedar JW	Cedar CM	Phoe. UK	
<b>Bob K O L</b>	consumer destroying things	Yes	Yes	Yes	Yes	Ok	Ok	Great	
	staff pinches consumer back		Yes				Ok	Ok	
	how do you know a support plan is needed?	Yes		Yes	Yes	Ok			
	Comments:								
<b>IP/ PSP</b>	what is IP/PSP based on?				Yes		Ok		
	you have an idea for an objective.....	Yes	Yes	Yes		Ok		Ok	
	why do assessments?	Yes	Yes	Yes		Ok			
	How do you find out what someone would like to do?				Yes		Ok	Great	
Comments: I									
Comments:									

Agency:  
Evaluators:

Consumer Questionnaire (used by QIS). Check if evidenced. 0 if not asked. Bolded questions are mandatory							Appendix or QAOS
Consumer initials							
Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)							
<b>consumer</b>	Do you have nice staff at home/work?	yes					
	Is anyone mean to you at home/work?						
	Do you like where you live/work?	yes	yes	yes	yes	yes	yes
	Are you ever afraid of anyone?	yes. Mike	no	JH	not really	no	
	<b>Someone hits/hurts you, who can you tell?</b>	Bob	Wayne	Staff	Staff	911	below
	<b>Does anyone talk to you about this?</b>	yeah	Staff	Dawn	yes	Staff	below
	Can you get help when you need it?	<b>yes</b>					
	from staff?	yes					
	from Case Manager?	yes					
	Can you get your own food/drink?						
	Do people come into your house/room w/o knocking/permission?						
	Do staff ever take things from you?						
	Can you get rides to places you need to go?			yes			
	Rides to the places you want to go?						
	<b>Who is your Case Manager?</b>	yes	Jerry	Wayne	Wayne	nk	nk
<b>Does s/he talk to you about waiver services?</b>	yes	Yep	no	yes	yes	yes	
<b>Does s/he help you get what you need?</b>	yes	Yes	no	yes	yes	yes	
<b>Comments:</b> CH, at first said she did not know who to tell if someone hurt her. She then said Jim. She did not answer when asked if anyone talks to her about this.							

Agency:  
Evaluators:

Appendix  
or QAOS

Consumer Questionnaire (used by QIS). Check if evidenced. 0 if not asked. Bolded questions are mandatory								
Consumer initials								
Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)								
<b>Consumer</b>	Do you have nice staff at home/work?							
	Is anyone mean to you at home/work?							
	Do you like where you live/work?							
	Are you ever afraid of anyone?							
	<b>Someone hits/hurts you, who can you tell?</b>		Ok	Ok	Ok	OK	Ok	OK
	<b>Does anyone talk to you about this?</b>		OK	OK	Ok	OK	Ok	OK
	Can you get help when you need it?							
	from staff?							
	from Case Manager?							
	Can you get your own food/drink?							
	Do people come into your house/room w/o knocking/permission?							
	Do staff ever take things from you?							
	Can you get rides to places you need to go?							
	Rides to the places you want to go?							
	<b>Who is your Case Manager?</b>		Callee	Callee	Not sure	Not sure	Lorraine	Not sure
<b>Does s/he talk to you about waiver services?</b>		Yes	Yes	Not sure	Not sure	sometimes	Yes	
<b>Does s/he help you get what you need?</b>		Yes	Yes	Not sure	Not sure	Yes	Yes	

Comments:

Agency:  
Evaluators:

Consumer Questionnaire (used by QIS). Check if evidenced. 0 if not asked. Bolded questions are mandatory								Appendix or QAOS
Consumer initials								
Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)								
c o n s u m e r	Do you have nice staff at home/work?				Yes	Yes, staff	Liz	
	Is anyone mean to you at home/work?						no	
	Do you like where you live/work?		Yes	Yes	pretty good		yes	yes
	Are you ever afraid of anyone?					No		no
	<b>Someone hits/hurts you, who can you tell?</b>		OK	Ok	tell staff	tell staff	nobody	April
	<b>Does anyone talk to you about this?</b>		OK	Ok	Yes	Yes	no	no
	Can you get help when you need it?						yes	
	from staff?						yes	
	Things I do for fun				TV Magazines		ride	
	from Case Manager?							
	Can you get your own food/drink?					Yes	yes	
	Do people come into your house/room w/o knocking/permission?							
	Do staff ever take things from you?							
	Can you get rides to places you need to go?					Yes		yes
	Rides to the places you want to go?							
<b>Who is your Case Manager?</b>		Lorraine	Karla	Callee	Carol	Virginia	don't know	
<b>Does s/he talk to you about waiver services?</b>		Yes	Yes	Yes	Yes	no	no	
<b>Does s/he help you get what you need?</b>		Yes	Yes	Yes	Yes	no	yes-shower	
<b>Comments:</b>								

Agency:  
Evaluators:

Consumer Questionnaire (used by QIS). Check if evidenced. 0 if not asked. Bolded questions are mandatory							Appendix or QAOS
Consumer initials							
Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)							
consumer	Do you have nice staff at home/work?	no	yes-Jeff*	yes	Yes		
	Is anyone mean to you at home/work?	no		no	roommate		
	Do you like where you live/work?	no	yes	yes			
	Are you ever afraid of anyone?			no			
	<b>Someone hits/hurts you, who can you tell?</b>	you/mom	Jeff*	yes-Jeff	Diane	Ken	
	<b>Does anyone talk to you about this?</b>	no	no answ.	Jeff	yes	yes	
	Can you get help when you need it?	no		yes		yes	
	from staff?	no		yes		yes	
	wants to						
	from Case Manager?	move				yes	
	Can you get your own food/drink?	yes				yes	
	Do people come into your house/room w/o knocking/permission?	roommates			roommate		
	Do staff ever take things from you?	no			no	no	
	Can you get rides to places you need to go?	yes	yes-van	yes		yes	
	Rides to the places you want to go?					yes	
	<b>Who is your Case Manager?</b>	Lindy	no	no-"Jeff"	Dave	Patty	
<b>Does s/he talk to you about waiver services?</b>	yes	no	no	yes	no		
<b>Does s/he help you get what you need?</b>	yes-nice la	yes	yes	yes	yes		
<b>Comments:</b>							
LM: Survey results were quite negative. File indicates need for mental health follow-up supports that have not been completed. AR: indicated particular staff by pointing, signed van							

Agency:  
Evaluators:

Consumer Questionnaire (used by QIS). Check if evidenced. 0 Bolded questions are mandatory							Appendix or QAOS
Consumer initials							
S U P P O R T	Who helps this person and how?		yes				
	Are there some staff/peers they like better?	no					
	Staff/peers they don't like? Why?						
	Current needs not being met?	no					
	Health and Safety related?						
	Who do you talk to about these concerns?						
	Does the person have input to his/her life?	yes					
	Do you have an opportunity for input?		yes				
	If you have concerns, who do you talk to?						
	are they resolved?						
	What are this persons wishes/dreams?		below				
	is the plan moving that direction?		yes				
	what would make things better?		below				
	does this person ever seem afraid?		no				
	are you afraid for them?						
	Does this person know how or where to report abuse?	yes	yes				
	who provided that training?	staff	staff				
	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?	VL	LF					
Does CM help the person access services?	yes	yes					
Does the CM explain waiver services?	yes	yes					
Does the person understand this info?	nk	yes					
<b>Comments:</b>							
RB would like to continue contact with family and go swimming. Things could be better he was understanding why he is assisted in grooming. Staff felt RB and CR would indicate abuse through their actions.							

Agency: QLC 2008  
 Evaluators: Davidson, Turner, Kleinsasser, Hall and Wertz

	<p>College of Direct Support: (instructions)          All staff providing direct care greater than 20 hours per week are required to complete CDS within 180 days of hire. Tier 1 is required for all staff working more than 30 hours per week. Components of Tier 1 are required for PT employees 20-30 hours per week. Compare the direct care employee list from your provider to the enrollment lists from your administrator site to ensure all appropriate staff have been included. 100% compliance is required by contract.</p>	Appendix								
	<table border="1" data-bbox="268 354 1213 483"> <tr> <td>number of full time employees employed longer than 180 days</td> <td>139</td> </tr> <tr> <td>number of full time employees completed within 180 days</td> <td>139</td> </tr> <tr> <td>% compliance (# completed/ # staff X 100)</td> <td>100</td> </tr> <tr> <td colspan="2">If less than 100% compliance, document why:</td> </tr> </table> <p data-bbox="268 500 1745 743">Two staff did not complete the required components because they have been on FMLA leave for a long period of time. All regular and part time staff completed the program within the required timeframes.</p>	number of full time employees employed longer than 180 days	139	number of full time employees completed within 180 days	139	% compliance (# completed/ # staff X 100)	100	If less than 100% compliance, document why:		QAOS 08-30
number of full time employees employed longer than 180 days	139									
number of full time employees completed within 180 days	139									
% compliance (# completed/ # staff X 100)	100									
If less than 100% compliance, document why:										
	<table border="1" data-bbox="268 743 1213 873"> <tr> <td>number of part time employees employed longer than 180 days</td> <td></td> </tr> <tr> <td>number of full time employees completed within 180 days</td> <td></td> </tr> <tr> <td>% compliance (# completed/ #staff X 100)</td> <td></td> </tr> <tr> <td colspan="2">If less than 100% compliance, document why:</td> </tr> </table> <p data-bbox="268 906 1745 1170">Agency policy is that all staff whether full or part time will complete the same tiers. Numbers for all staff are included above.</p>	number of part time employees employed longer than 180 days		number of full time employees completed within 180 days		% compliance (# completed/ #staff X 100)		If less than 100% compliance, document why:		
number of part time employees employed longer than 180 days										
number of full time employees completed within 180 days										
% compliance (# completed/ #staff X 100)										
If less than 100% compliance, document why:										