

Developmental Disabilities Adult Service and Children's Group Home
Annual Quality Assurance Review

Agency Name: Quality Life Concepts
 Evaluator(s): Wertz, Wilson, Davidson, Kleinsasser
 Date Covered by Review: March 09 to March 10

Agency Overview
DESK REVIEW

	QAOS #
<p>Brief Agency Description: <i>QLC is the largest provider of services to adult persons with developmental disabilities in the state. Services are provided in the Great Falls metro area with satellite services in Conrad. Services include 13 group homes that provide services for folks with limited skills, senior needs as well as homes for folks with behavioral support needs. Day and work services programs include some contract work, community integration programs, senior activities and individual supported work. Supported living in congregate as well as individual sites is also provided. Overall, the agency provides services for approximately 139 consumers, excluding the children's programs which are covered under separate review.</i></p>	
<p>Agency Strengths/Significant Events: <i>QLC successfully completed an agency wide corrective action plan in June 2009.</i></p> <p><i>The agency is currently in the process of a substantial restructure of its service delivery system. In an effort to be more efficient and responsible to consumer service, the agency is restructuring the mid management staff and putting more training and supervisory responsibility in the direct care arena. Many staff are being asked to re-apply for their jobs in an effort to match skills with the new structure. Although it has been stated that the fiscal impact to the agency will show no distinct savings, it is hoped that the new structure will allow for specific staff to be more responsible and responsive to individual consumer needs.</i></p> <p><i>The agency hired a new Human Resources Director, Cynthia Hoard who replaced Stephani Ritter when her family left the area earlier this year. Cynthia has been a wonderful asset and resource to both QLC and Regional staff.</i></p> <p><i>The agency hired a new Incident Management Coordinator this year. This is the fourth hire in less than five years, excluding interim replacements. In an agency this size, this position can be very demanding. April Reppert is welcomed aboard with much appreciation and best wishes for her success.</i></p>	
<p>Summary Findings: This section summarizes positive findings as well as deficiencies noted over the course of the past year. Please note, this report encompasses random onsite visits as well as information and data gathered throughout this past year. Also note that the sample size is by service area and may not necessarily reflect every site.</p> <p><i>The agency was asked to develop and monitor internal corrective action plans to address outstanding concerns related to PSP tracking, Laurel and Conrad sites and fiscal issues related to audit bureau communications. Tracking and implementation of PSP has greatly improved as have the service reviews for Laurel and Conrad. Fiscal issues are addressed below.</i></p> <p><i>The agency has fully developed a position to track and provide internal quality assurance related to the PSP (personal supports planning) process. This has been a great help in recovering and correcting data issues cited in prior reviews. It is believed that this position will be even more important as the evaluation process moves toward performance measures. QLC will be a step</i></p>	<p>QAOS Laurel</p> <p>QAOS Conrad</p> <p>QAOS PSP</p>

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<p><i>ahead of many agencies in assuring that expendable dollars in the plan have corresponding actions for the consumer.</i></p> <p><i>There have been noted concerns this past year related to incident management policy, specifically timeliness of reporting, accuracy of written incident reports when compared to verbal reporting, receipt of reports, and at one point the quality of investigations done. Many of the timeliness issues have been addressed and were/are related to the switch to Therap. With the hire of the new IMC staff, the issues of quality of investigations and whether they being completed according to policy have also been ameliorated.</i></p>	
<p>Policies and Administrative (DDP) Directives: <i>Supported work remains an ongoing concern in terms of policy, implementation and monitoring of the employment options. There were two quality assurance observation sheets written since the end of the correction action outlining continuing concerns with this program. The first has to do with agency failure to write and implement career plans according to the state policy. Although the qaos was accepted, to date the career plans cited have not been completed and returned to this office. The second was client specific but speaks to a larger performance issue in supported work—namely that people continue to wait for a job for months or years without progress. Recently, DDP received notice that a consumer signed up with VR was closed for lack of progress and failure by the agency to submit required progress reports and assessments. The client has some good skills and is employed on an agency 'crew', but has had no career plan under DDP policy and no placement to a competitive position even though waiting since June. This is not the only consumer in this situation. There are currently three other people served under DDP waiting for job placement through QLC who have had limited progress toward that goal. It is noted that TC and DH were placed after a lengthy period of time.</i></p> <p><i>By comparison of QLC to other agencies providing this service in Great Falls:</i></p> <ul style="list-style-type: none"> <i>-- Easter Seal had 103 referrals with 38 placements (37%) at an average wage of \$10</i> <i>-- New Directions had 83 referrals with 19 placements (23%) at an average wage of \$8.17</i> <i>--QLC's placement rate for this same time period was 23 referrals with 4 placements (17%) at an average starting wage of \$8.88 (Data provided by MT VR Program Partners, 10/1/2008-9/30/2009)</i> <p><i>Failure to write or implement career plans, lack of SE staff attendance at PSP meetings, lack of staff to cover supported work when one staff is absent, etc... has been raised in different degrees since 2006 reviews with agency response varying from the staff citing lack of training or having unclear expectations, to not receiving appropriate paperwork from case management to promises to resolve the issues. Communication is also an issue at the supported work level as well as the work services levels. It is difficult to get a clear understanding from agency staff of exactly why those barriers exist.</i></p>	<p>QAOS- WSP/SE</p>
<p>Agency Communication Systems: <i>There has been improvement in the area of communication from the Main office to the houses/services sites this past year. The Regional Office has seen several agency wide emails informing staff of immediate changes to agency protocols as well as</i></p>	

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state policies. The pending agency restructure also has the potential to improve overall agency communication. It is noted that internal monitoring in the agency has also improved. As a case in point, the agency recently self-reported an issue related to fire drills being 'simulated' in some homes---mock drills were run without consumers present. The agency responded with immediate and appropriate action and has implemented a procedure whereby the drills will be witnessed by supervisory staff in order to assure compliance with fire and contract related standards.

Communication issues related to Supported Work services were noted above, and it is also noted that there appears to be continued stress between the work services and residential divisions of service. Although issues appear to be largely internal, it is noted and hoped that the relationship between the two divisions improves this year. Additionally there have been issues of communication between works services and other residential providers which have resulted in complaints to the Regional Office regarding hours of support and coordination of services.

Regional Office interactions with the CEO are relatively limited; most communication comes from the agency Directors. We would like to express our thanks for the ongoing communications we have had with the Directors, and especially for their willingness to meet with us and discuss any concerns we have had this year.

Incident Management Requirements

Key (mark "+" or "X" if requirement is met or "no" if not)

Incident Management Policy followed	X	<i>In Oct 09, state policy changed to adopt Therap as the means of tracking and collecting incident data for the entire state. The switch to Therap has created some bumps along the way that included confusion about the types of reports and information that can be gleaned from the program. The State has continued to work with Therap creators as issues have arisen, and over time, it is believed that the use of Therap may be expanded to other applications (electronic transfer of referral or other sensitive information, etc..)</i>	QAOS IMC
Regular Incident Management Meetings	X	<i>Incident Management meetings are held on a weekly basis with a representative from all the areas necessary. Regular High Risk reviews are not being consistently held in accordance with incident management policy.</i>	
Agency Completes Monthly Trend Report	NO	<i>The agency is not conducting a monthly trend analysis at this point. This is slated as a project for the new IMC coordinator to ensure this is reviewed monthly.</i>	

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Agency Enters Data in Therap Regularly	X	<i>Timelines for entering the information have been a concern while the agency adjusts to Therap use. Please see notes below.</i>	
Agency Keeps Minutes of the IM Meetings	X	<i>Minutes from IMC have recently included follow-up from previous recommendations as described in policy. The notes however do not yet provide enough detail of individual incidents to be a stand-alone summary.</i>	
<p><i>Comments: The agency has a new incident management coordinator this year. April Reppert has been in the position for just a short time and is the process of correcting past concerns in reference to monthly trending, quarterly trend analysis and timeliness of incident reporting. Stephanie Foster has been instrumental in setting up Therap and ensuring agency wide coordination of the incident management system. We have found both of these staff to be very responsive in addressing questions or concerns that we might have and have found both staff to be open to discussions and questions related to incident reports and investigations as well as system issues related to Therap. It is noted that the agency has been reluctant to have staff directly input incidents to Therap (due to concerns of confidentiality and system security) and so at this time have just one or two staff inputting all the data. This has at times caused delays in entry (illness or vacations can cause a back log) and it is hoped that as the agency becomes more comfortable with all of the benefits of Therap, that the process can be streamlined such that there won't be so much pressure on just a handful of people.</i></p>			

Staff Related	Key (mark "+" or "X" if completed or "-" or "no" if not)										QAOS #
College of Direct Support											
Staff Initials	LR	JP	ML	RM	BB	ML	MS	JS	SS		
Tier One-completion within 6 months	1/4/10	X	X	X	X	X	X	X	X	X	
Tier Two – completion within 12 months		X	X	11/10/08	X	X	X	10/3/08	X		
<p>Note where evidence was found: all staff completed CDS within required time frames save two, AO and YH—one staff is on maternity leave, did not request extension as needed, and will not work the floor until the final lessons are complete, the second staff is not expected to return to work. Agency has taken appropriate follow up and has done a very nice job of tracking, monitoring and supervising staff progress.</p>										QAOS CDS	
Staff Initials	LR	JP	ML	RM	BB	ML	MS	JS	SS		
Evidence of Criminal Background Check	x	x	x	x	x	x	x	x	x	x	
<p>Note where evidence was found: personnel files, CDS online</p>											
Performance Measures:NA											
Comments:											

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College of Direct Support									
	Staff Initials	RA	SG						
Tier One-completion within 6 months	X	X							
Tier Two – completion within 12 months	X	X							
Note where evidence was found: CDS, staff training records									
	Staff Initials	RA	SG						
Evidence of Criminal Background Check	x	x							
Note where evidence was found: personnel files, CDS online									
Performance Measures:NA									
Comments:									

Staff Related	Key (mark "+" or "X" if present or "-" or "no" if not)								QAOS #
Evidence Found of Staff Training									
	Staff Initials	LR	JP	ML	RM	BB	ML	MS	JS
CPR	X	X	X	X	X	X	X	X	X
1 st Aid	X	X	X	X	X	X	X	X	X
Abuse Prevention	x	x	x	x	x	no	x	x	x
Client Rights	x	x	x	x	x	x	x	x	x
Incident Reporting	x	x	x	x	x	x	x	x	x
Confidentiality	x	x	x	x	x	x	x	x	x
PSP Training	x	x	x	x	x	x	x	x	x
911 Medical Memo Training	*	*	*	*	*	*	*	*	*
Medication Certification	no	x	x	X	X	X	X	X	x
Note where evidence was found:									
	Yes	No							
Licensure Requirements Met	X								
Note where evidence was found: personnel files, staff training records, additionally, email sent from Director requiring all staff									

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to review and sign the 911 policy at the next staff meeting. Please note, the training consists of a review and signature of the 911 policy memo.

Evidence Found of Staff Training									
Staff Initials	RA	SG	SS						
CPR	X	X	X						
1 st Aid	X	X	X						
Abuse Prevention	NO	X	no						
Client Rights	X	x	x						
Incident Reporting	x	x	x						
Confidentiality	X	x	x						
PSP Training	x	x	x						
911 Medical Memo Training	X	x	*						
Medication Certification	X	X	x						
Note where evidence was found:									
	Yes	No							
Licensure Requirements Met	X								
Note where evidence was found: <i>personnel files, staff training records</i>									

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Plan of Care	Key (mark "+" or "X" if present or "-" or "no" if not)								QAOS #
	Note Site Reviewed				Add Sites as needed				
	GH	GH	SL	GH	DAY	SL	GH	GH	
Consumers Initials	█	█	█	█	█	█	█	█	
ON SITE									
Consumer/Family Survey	X	X	X	X	X	X	X	X	
50/50 Rule	ES	ES	X	ES	new	X	ES	ES	
PSP Actions Implemented	X	X	X	X	X	X	X	X	
Actions Support Outcomes	X	X	X	X	X	X	X	X	
Data Internally Monitored	X	X	X	X	X	X	X	X	
Pre-Voc Outcomes Written	ES	ES	no	ES	x	NO	ES	ES	QAOS prevoc
Consumer Informed of Grievance Procedure	X	X	X	X	X	NO	X	X	
SL consumer has choice of SL Staff	NA	NA	x	NA	NA	NA	NA	NA	
Rights Restriction	NA	NA	NA	NA	NA	NA	NA	NA	
CM INPUT									
PSP Completed Annually	X	X	X	X	X	new	X	X	
Individual Needs Addressed	X	*	X	X	X	*	X	X	
Assessment Based?	SEE BELOW	SEE BELOW	SEE BELOW	SEE BELOW	SEE BELOW	SEE BELOW	SEE BELOW	SEE BELOW	QAOS protocols
Quarterly Reports?	X	X	X	X	X	X	X	x	
Incident Reports Addressed?	X	X	X	X	X	X	X	X	
Behavioral Supports Addressed?	X	X	NA	X	X	See below	X	X	
Functional Analysis, if needed?	NA	X	NA	NA	NA	X	X	X	
Performance Measures:									
<p>Comments: Generally, the only assessments found for the majority of folks were observational in nature and not a standardized assessment of skill or need. The exception to this is for bathing and medication—QLC has templated a standardized assessment form for those two needs. █ has a vision to work for QLC and outcome to make money....not really prevocational in nature.</p> <p>SDP—protocols were still on file for a consumer who passed away nearly a year ago. Some protocols not signed off or dated. The issue of unsigned/undated protocols was also noted consistently at residential sites. At SDP, a couple of consumers with objectives to see family outside of the GFS</p>									

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area still have that need unmet. Staff reported the weather was a concern (too cold) but for one consumer, the action was set last Spring so should have allowed the trip to occur over the summer months. Staff reported that the SDP is understaffed at this time, but it is noted that three staff were in the foyer working on formatting program books and not directly engaged in consumer activities for a period of time after my arrival. It is also noted that the Director of Residential services was onsite and providing direct care at this same time. A concern is also noted that one consumer seems to provide quite a bit of time and assistance that would otherwise be a staff responsibility. He appears to be relied on in several aspects (cleaning up after lunch, mopping/sweeping, etc). It was noted that nearly every time he walked by, a staff asked if he could 'grab that' or 'reach that' or could he 'please get' something else. This is noted largely because I also selected this individual for the consumer questionnaire at which time he noted that his arthritis was killing him...that his hips hurt. But he didn't want to sit down for more than a minute because he was needed to help out. Although I understand that he is paid for some of the tasks performed, I am concerned that he provides more assistance than he is paid for and that because of his age and because he likes to help and be useful to staff, that he is not able or willing to say "no" even when he can and maybe should. In order to ensure that this wasn't just a one-time issue, I checked with other support staff and note that this has been a concern over time for them as well. It is recommended that the Team and QLC develop structured 'work' hours vs other hours (recreational, leisure, down time) so that there is a distinct break in what is expected for this gentleman and that there is no appearance that he is being used to supplement staff activities.

	Note Site Reviewed				Add Sites as needed				
	GH	GH	SL	SL/SE	SL	CSP/SE	CSP	SL-GF	
Consumers Initials			■	■	■	■	■	■	
ON SITE									
Consumer/Family Survey			X	X	X	X	X-4	X	
50/50 Rule			NA	NA	NA	NA		NA	
PSP Actions Implemented			X	X	X	X		X	
Actions Support Outcomes			X	X *2	X	X		X	
Data Internally Monitored			X	X	X	X		X	
Pre-Voc Outcomes Written			NA	X	NA	X *3		NA	
Consumer Informed of Grievance Procedure			X	X	X	X		X	
SL consumer has choice of SL Staff Rights Restriction			X	X	X	X		X	
			NA	NA	NA	NA		NA	
CM INPUT									
PSP Completed Annually			X	X	X	X		X	
Individual Needs Addressed			X	X	X	X		X	
Assessment Based?			X	X	X	X		X	
Quarterly Reports?			X	X	X	X		X	

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Incident Reports Addressed?			X *1	X	X *1	X		X	
Behavioral Supports Addressed?			X	NA	X	NA		NA	
Functional Analysis, if needed?			NA	NA	NA	NA		NA	

Performance Measures:

Comments: *1. ■ numerous meetings have been held to address concerns/IR's related to ■'s dad. This has had an impact on all the individuals living in the house. *2. ■'s actions changed twice in a short period of time which lead to old actions being run, this was an oversight and was corrected as soon as it was noticed. *3. Employment Options Trainer, Pat, has had a difficult time meeting with ■. It has been suggested numerous times that Employment Options and CSP staff work together and share information to help best serve the individuals. SE: This is an area that this agency struggles with they were on corrective action after last year's comprehensive evaluation in this area; and just recently December 2009 had a QAOS accepted regarding getting Career Plans completed and to the Case Managers. At this time Employment Options has been sending monthly reports that include actions and written documentation. 4. All individuals in Community Supports had the consumer interview reviewed and no concerns were noted by those consumers. ■ may be in need of additional supports in the future but is currently served under General Fund. He may have to become Medicaid eligible to get the additional services.

Plan of Care

Key (mark "+" or "X" if present or "-" or "no" if not)

QAOS #

	Note Site Reviewed				Add Sites as needed				QAOS #
	GH	GH	GH	GH	GH	GH	GH	GH	
Consumers Initials	■	■	■	■	■				
ON SITE									
Consumer/Family Survey	X	X	X	X	X				
50/50 Rule	Na	na	X	X	na				
PSP Actions Implemented	X	X	X	X	X				
Actions Support Outcomes	X	X	X	X	X				
Data Internally Monitored	X *3	X	X	X	X				
Pre-Voc Outcomes Written	na	na	X	X	na				
Consumer Informed of Grievance Procedure	X	X	No *1	X	X				
SL consumer has choice of SL Staff	na	na	X	X	X				
Rights Restriction	na	na	na	X	na				
CM INPUT									
PSP Completed Annually	X	X	X	X	X				
Individual Needs Addressed	X	X	X	X	X				
Assessment Based?	X	X	X	X	X				
Quarterly Reports?	na	X	X	X	na				

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Incident Reports Addressed?	X	X	X	X	X				
Behavioral Supports Addressed?	na	X	No*2	X	na				
Functional Analysis, if needed?	na	X	Na	X	na				

Performance Measures:

Comments: 1) [redacted] did not a copy of the grievance procedure in his main file or on site. 2) [redacted] has a SIB concern that is identified in his historical history from MDC that has not been addressed in his interaction protocol or PSP. 3) Rather than reporting quarterly QLC has chosen to complete monthly reporting of actions. Monitoring of the monthly reports has been much stronger this year and issues have been more quickly identified and addressed by management, staff and case managers.

	Note Site Reviewed				Add Sites as needed				
	GH	SL	Day	Day	GH	SL			
Consumers Initials	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			
ON SITE									
Consumer/Family Survey	x	x	x	x	x	x			
50/50 Rule	x	x	x	x	x	x		Skyview	
PSP Actions Implemented	x	x	x	x	x	x			
Actions Support Outcomes	x	x	x	x	x	x		SL	
Data Internally Monitored	x	x	x	x	x	x			
Pre-Voc Outcomes Written	na	na	na	x	na	na			
Consumer Informed of Grievance Procedure	x	x	x	x	x	x		DAY	
SL consumer has choice of SL Staff	na	x	na	x	na	x			
Rights Restriction	na	na	na	na	x	na			
CM INPUT									
PSP Completed Annually	x	x	x	x	x	x			
Individual Needs Addressed	x	x	x	x	x	x			
Assessment Based?	x	x	x	x	x	x			
Quarterly Reports?	x	x	x	x	x	x			
Incident Reports Addressed?	x	x	x	x	x	x			
Behavioral Supports Addressed?	x	x	x	x	x	x			
Functional Analysis, if needed?	na	na	na	na	na	na			

Performance Measures:

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Comments:

Sky View Group Home- PSP documents were available, current, data was available, implementation plans were current and in place along with protocols and rights restrictions. Monthlies are being completed and submitted to the appropriate team members. The QLC Conrad sample reviewed indicates that they have made significant improvements in documenting delivery of services. Water temperatures in the kitchen and both bathrooms were consistently 100 degrees.

GQAOS- Sky View GH was neat, clean and books were nicely organized and contained the necessary information to meet consumer's needs. ■ now has a shed in the backyard that stores his train collection. ■ attends church several times a week and loves it. On Friday's the gh has what they call an "ice cream social" where they visit and review safety concerns along with any other concerns consumers may have. It is evident that staff have put a lot of time and effort into assisting consumers in meeting their wants and needs and ensuring their plans are being implemented, followed and making changes as needed.

Supported Living- PSP documents were available, current, data was available, implementation plans were current and in place along with completed and updated assessments. Monthlies are being completed and submitted to the appropriate team members. The QLC Conrad sample reviewed indicates that they have made significant improvements in documenting delivery of services. ■ was more than happy to show me her apartment and her collection of stuffed animals. Some of the animals she likes to collect are Care Bears and she really likes the Tasmanian Devil. Consumers reviewed had their homes decorated to their personal taste and were neat and clean. It is evident that staff have put a lot of time and effort into assisting consumers in meeting their wants and needs and ensuring their plans are being implemented, followed and making changes as needed.

QAOS- ■ did not know the QLC on call number or have it available in her apartment.

Work Activity Center-**GQAOS-**The day program offers a variety of work opportunities and at times plenty of it. Consumer's more times than not have plenty of opportunity to work. Jobs include working in the Thrift Shop, labeling and packaging lentils, bulk mailing among other job opportunities. If people want to work, there is work available. Consumers also enjoy Special Olympics and were anxious to talk about starting bowling practice.

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Health and Safety

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QAOS#

Note Site Reviewed	CP	ML	WSP	GH	GH	SL		
Bathing Procedures Posted	X	X	NA	X	X	NA		
Clean/Sanitary Environment	X	X	X	X	X	X *4		
Egress	X	X	X	X	X	X		
Hot Water Temps	X	X	X	X	X	X		
Emergency Assistance	X	X	X	X	X	X		
Fire Extinguishers/Smoke Detectors	X	X	X	X	X	X		
1 st Aid/CPR Supplies Accessible/Available	X	X	X	X	X	X		
PRN Medications	*1	*1	*1	X	X	NA		
Medication Procedures	*1	*1	*1	X	X	X		
Medication Locked /Storage	X	X	X	X	X	NA		
Medication Administration Records	*2	X	*2	X	X	NA *3		
Staff Ratio of ICP Staffing	X	X	X	X	X	X		
Awake Overnight Staff	X	X	NA	X	X	NA		
Adequate Supplies	X	X	X	X	X	X		
Storage of Supplies	X	X	X	X	X	X		
Free From Aversive Procedures	X	X	X	X	X	X		

Performance Measures:

Comments: 1) PRN protocols were not up to date in the medication manuals. It appears that the internal approval procedure takes up to 3 months to finalize. Examples include ■■■ a PRN medication was prescribed on 9/21/09 and the protocol was not yet in the book. ■■■ was ordered a PRN inhaler on 11/23/09 and a protocol was not yet approved and in the book. 2) The WSP did not have copies of PRN protocols on site but had administered PRN's for headaches. ■■■ has a medical order to use a CPAP machine nightly. There is a protocol for cleaning and use of the machine but its use is not documented on a MAR sheet or other form of consistent documentation. 3. SL staff pick up docu-dose packets for shredding and check medications on a weekly basis. 2. ■■■'s home was in need of thorough cleaning. At the time of this review he was recovering from an injury and was more dependent on staff assistance with general housekeeping. As indicated above this consumer is funded at the base rate for SL under general fund. He may need to become Medicaid eligible to access the additional services he is needing.

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Health and Safety	Key (mark "+" or "X" if present and requirement met or "-" or "no" if not)						QAOS#
Weekly integrated Activities	X	X	X	X	X	X	
House or Site Rules	X	X	X	X	X	NA	
Opportunities for Choice/Self Determination	X	X	X	X	X	X	
Meal Prep/Meals	X	X	NA	X	X	X	
Engagement in Daily Life	X	X	X	X	X	X	
Participation in Daily Living Skills	X	X	X	X	X	X	
Daily Leisure Opportunities	X	X	X	X	X	X	
Staff Trained in Individual Specifics	*1	X	X	X	X	X	
Performance Measures:							
<p><i>Comments: 1) Meadowlark group home has had a complete turnover in both direct care staff and supervisory staff in the past few months. This led to a dramatic increase in client behavioral concerns and lack of trained support in the home. A meeting was held in January to plan and implement procedures to correct this deficit. As of 3/2/10 the respective PSP teams are awaiting a report of follow-up on the implementation of recommendations made.</i></p>							

Health and Safety	Key (mark "+" or "X" if present and requirement met or "-" or "no" if not)						QAOS#
Note Site Reviewed	GH	Day	Thrift S.	SH home	DH home		
Bathing Procedures Posted	x	na	na	na	na		
Clean/Sanitary Environment	x	x	x	x	x		
Egress	x	x	x	x	x		
Hot Water Temps	100	na	na	na	na		
Emergency Assistance	x	x	x	no	x		SL
Fire Extinguishers/Smoke Detectors	x	x	x	x	x		
1 st Aid/CPR Supplies Accessible/Available	x	x	x	x	x		
PRN Medications	x	x	na	na	na		
Medication Procedures	x	x	na	na	na		

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Medication Locked /Storage	x	x	na	na	na			
Medication Administration Records	x	x	na	na	na			
Staff Ratio of ICP Staffing	x	x	x	x	x			
Awake Overnight Staff	x	na	na	na	na			
Adequate Supplies	x	x	x	x	x			
Storage of Supplies	x	x	x	x	x			
Free From Aversive Procedures	x	x	x	x	x			
Performance Measures:								
Comments:								

Health and Safety

Key (mark "+" or "X" if present and requirement met or "-" or "no" if not)

QAOS#

Weekly integrated Activities	x	x	na	x	x			
House or Site Rules	none	na	na	na	na			
Opportunities for Choice/Self Determination	x	x	na	x	x			
Meal Prep/Meals	x	x	na	x	x			
Engagement in Daily Life	x	x	na	x	x			
Participation in Daily Living Skills	x	x	na	x	x			
Daily Leisure Opportunities	x	x	na	x	x			
Staff Trained in Individual Specifics	x	x	na	x	x			
Performance Measures:								
Comments:								

Health and Safety

Key (mark "+" or "X" if present and requirement met or "-" or "no" if not)

QAOS#

Weekly integrated Activities	x	x	na	x	x			
House or Site Rules	none	na	na	na	na			
Opportunities for Choice/Self Determination	x	x	na	x	x			

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Meal Prep/Meals	x	x	na	x	x			
Engagement in Daily Life	x	x	na	x	x			
Participation in Daily Living Skills	x	x	na	x	x			
Daily Leisure Opportunities	x	x	na	x	x			
Staff Trained in Individual Specifics	x	x	na	x	x			
Performance Measures:								
Comments:								

Transportation

Key (mark "+" or "X" if present and requirement met or "-" or "no" if not)

QAOS #

Name of Site Reviewed		Laurel	SDP	WSP	ML			
Driver Orientation Program	See below	█	█	█	█	█	█	
Wheelchair tie downs	*	█	█	█	█	█	█	5 point
Wheelchair Lift		X	X					
Driver's Licenses	See below	█	█	█	█	█	█	
Emergency Supplies		X	x	x	x			
Fire Extinguisher		X	x	x	x			
Transportation Log		X	x	x	x			
Scheduled Maintenance Program	See below	█	█	█	█	█	█	
Staff Doing Maintenance Checks	See below	█	█	█	█	█	█	
Montana Department of Transportation (MDT) Inspection On File (MDT vehicles only)								

Comments: *transportation logs were not consistently available in the Transportation Manager's data books (Vehicle Transportation Log binder)....with transportation billed at a rate based on commute miles, this is not a huge concern except in the case there is a rate change, the agency data logs may not be accurate. Maintenance records indicate regular maintenance and oil changes as well as repair work on vans and vehicles across the agency. The agency has a driver orientation program in place and staff who show deficiency are retrained as needed. Staff are responsible for the weekly transportation logs and those logs do show evidence of routine safety checks. Medical mileage is not separated on the data forms. Medicaid mileage rate is so low and paid by person to make it not worthwhile to bill that program*

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(program reports that it costs more to manage the data than the agency is reimbursed). Both driver's license and DMV checks were available and found for the staff sample in the personnel files, as was transportation training. There is a concern noted regarding tie downs for the wheelchairs. This past year has had several wheelchair-transport related incidents, some of which had to do with tie downs, or concerns about having functional tie downs in the vans. The agency is asked to review the most current wheelchair transportation codes and determine whether the vans need to be equipped with 5 point tie downs.

Transportation

Key (mark "+" or "X" if present and requirement met or "-" or "no" if not)

QAOS #

Name of Site Reviewed	05ford	99cara	96dod	05pont				
Driver Orientation Program								
Wheelchair tie downs	na	na	na	na				
Wheelchair Lift	na	na	na	na				
Driver's Licenses								
Emergency Supplies	x	x	x	x				
Fire Extinguisher	x	x	x	x				
Transportation Log	x	x	x	x				
Scheduled Maintenance Program								
Staff Doing Maintenance Checks								
Montana Department of Transportation (MDT) Inspection On File (MDT vehicles only)	na	na	na	na				

Comments: Driver Orientation Program, Driver's Licenses, Scheduled Maintenance Program and Staff Doing Maintenance Checks are completed and sent to the Great Falls Office. LW and CT have reviewed the samples for the areas mentioned that are not marked above.

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Staff Survey	Key (mark "+" or "X" if answered correctly or "-" or "no" if not)						QAOS #		
Staff Initials	Jl	KB	DD	ES	RH				
ABUSE									
Allegations Are Reported To? (APS)	X	X	X	X	X				
Do You Notify Supervisor First? (No)		X	X	X	X				
Steps To Take If Abuse is Discovered?	X	X	X	X	X				
Comments:									
RIGHTS									
Suspect Theft of Gloves, Steps To Take?	X		X	X	X				
PSP Requests Doctor's Appointment(s)?		X	X	X	X				
No Jacket, -25 Consumer Wants To Leave?	X	X	X	X	X				
Review Right's Restriction?		X	X	X	X				
Comments:									
BEHAVIOR MANAGEMENT PLANS									
Describe Consumer Behaviors	X	X	X	X	X				
Staff Response To Behaviors By Plan	x	X	X	X	X				
List Proactive of Environmental Strategies		X	X	X	X				
Comments: NO BMPs on site, but still some confusion over whether IRs need to be written for self injurious behaviors									
ORIENTATION									
Former Employee Wants Info	x	X	X	X	X				
What Is Consumer Information?		X	X	X	X				
Training To Meet Health and Safety Needs?	x	X	X	X	X				
Emergency Evacuation Procedures?		X	X	X	X				
Comments:									

Staff Survey	Key (mark "+" or "X" if answered correctly or "-" or "no" if not)						QAOS #		
Staff Initials	DJ gh	AW day	SM sl						
ABUSE									
Allegations Are Reported To? (APS)			x						
Do You Notify Supervisor First? (No)		x							

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Steps To Take If Abuse is Discovered?	x							
Comments:								
RIGHTS								
Suspect Theft of Gloves, Steps To Take?		x						
PSP Requests Doctor's Appointment(s)?								
No Jacket, -25 Consumer Wants To Leave?			x					
Review Right's Restriction?	x							
Comments:								
BEHAVIOR MANAGEMENT PLANS								
Describe Consumer Behaviors		x						
Staff Response To Behaviors By Plan	x							
List Proactive of Environmental Strategies			x					
Comments:								
ORIENTATION								
Former Employee Wants Info		x						
What Is Consumer Information?			x					
Training To Meet Health and Safety Needs?	x							
Emergency Evacuation Procedures?								
Comments:								

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Staff Survey	Key (mark "+" or "X" if answered correctly or "-" or "no" if not)						QAOS #	
Staff Initials	Jl	KB	DD	ES	RH			
MEDICATIONS								
Describe Procedures to Assist with Meds		X	X	X	X			
What if Med is Unavailable?		X	X	X	X			
What if Wrong Med is Given?	x	X	X	X	X			
If Moving to a New Place or Gets New Meds?		-	-	X	X			
Describe PRN and Over-the-counter is to be given?		X	X	X	X			
Requirement to Assist with Meds?		X	X	X	X			
What Constitutes a Med Error?	x	X	X	X	X			
Comments:								
EMOTIONALLY RESPONSIBLE CAREGIVING								
Steps to Avoid Power Struggles	x	X	X	X	X			
How to Respond to Someone Who Is Upset		X	X	X	X			
What If You Start to Lose Control?	x	X	X	X	X			
Comments:								
INCIDENT REPORTING and MANAGEMENT								
When Do You Fill Out an Incident Report?	x	X	X	X	X			
Notifications for Emergency Room Visits?	x	X	X	X	X			
Consumer to Consumer Incidents		X	X	X	X			
Who Writes the Incident Report?		X	X	X	X			
Comments:								

Staff Survey	Key (mark "+" or "X" if answered correctly or "-" or "no" if not)						QAOS #	
Staff Initials	DJ gh	AW day	SM sl					
MEDICATIONS								
Describe Procedures to Assist with Meds								
What if Med is Unavailable?			x					
What if Wrong Med is Given?	x							

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If Moving to a New Place or Gets New Meds?								
Describe PRN and Over-the-counter is to be given?								
Requirement to Assist with Meds?								
What Constitutes a Med Error?								
Comments: AW is not medication certified at this time. She has been employed with QLC for 6 months.								
EMOTIONALLY RESPONSIBLE CAREGIVING								
Steps to Avoid Power Struggles		x						
How to Respond to Someone Who Is Upset	x							
What If You Start to Lose Control?			x					
Comments:								
INCIDENT REPORTING and MANAGEMENT								
When Do You Fill Out an Incident Report?			x					
Notifications for Emergency Room Visits?								
Consumer to Consumer Incidents		x						
Who Writes the Incident Report?	x							
Comments:								

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Fiscal Accountability

Representative random sample of each service agency provides.
 Key (mark "+" or "X" if present or "-" or "no" if not)

QAOS #

Consumer Initials	Meadowlark	Central Park	BM						financial
Sample Invoices Match Service Records	X	X	x						
Client Accounts Set Up According to Policy	Unknown	Unknown	unknown						
ICP's Developed According to Guidelines	X	X	x						

Comments:

Audit Summary & Findings: An independent audit was conducted by Junkermier, Clark, Campanella and Stevens on 2/2/2010 for the review period ending June 30, 2009. It notes no significant findings, and in relation to the issue of 'client accounts' makes the following statement: "The nature of the social services provided by Quality Life Concepts, Inc, provides for a trustee relationship of the Organization to its clients. Social Security income money as well as state supplements received on behalf of the clients are administered by Quality Life Concepts, Inc.; however, they are the property of each client. To safeguard against co-mingling of funds, the Organization maintains a separate checking account and accounting records for all such funds."

State Audit Bureau has also been involved with the QLC since the corrective action and to date has some issues outstanding. Based on the December and March updates, the following concerns are still of note:

Additional information requested last June(09)

Many of the audit recommendations have not been implemented; have not been able to obtain detailed financial statements by program for FYE 2009. Did receive a preliminary FYE 2009 consolidated report. **(update March 2010: We did receive the audited financial statement for FY 2009. No other correspondence has occurred and no changes have been made to the financial statements as we recommended in our June 2009 report).** The audited financial statement indicated that QLC made \$331,567 in FY 2009. This is ahead of the June projections given to us of \$308,066, but behind FY 2008 income of \$551,453. The budgeted profit for FY 2009 was \$588.75. According to the preliminary report, QLC lost money in six programs; Part C, FES, Day Program, Community Supports, Vocational Rehabilitation and Production. It is unknown how well each program performed as no additional information on performance was given to us. The auditors indicated in the management letter that the prior year recommendations have both been implemented. The auditors also noted that the completion of the audit was delayed as documents needed from the State were not received when anticipated).

Received a consolidated first quarter FY 2010 report and an abbreviated first quarter report on program performance **(update March 2010: received second quarter consolidated statement, and a second quarter abbreviated report on program performance).** Did not receive detailed financial reports by program for FY 09 or FY 10.

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QLC lost money in six of their programs in FY 2009, were losing money in eight of their programs after the first three months of FY 2010. Losses in FY 2010 are in Part C, IFES, Children's Autism, Supported Living, Day Program, Voc Rehab, Production and Rentals. **(update March 2010: For the first six months of FY 2010, QLC made \$65,713.80 compared to a loss of (\$13,488.96) for the first six months of FY 2009. From the consolidated 2010 report we were able to determine that QLC lost money in eight programs year to date; Part C, Children's Autism, Supported Living, Day Programs, Transportation, Vocational Rehabilitation, Production and Rentals).**

The Audit Bureau never received a final budget by program for FY 2010. The Audit Bureau needs all the budgets by program to compare budgeted amounts to actual amounts. Need to know why some of the programs are losing money, and see if QLC is cost allocating expenses fairly to each of the programs. Need to understand the allocation methodology.

Recommendations not implemented:

FY 2010 financials should be given to the program managers and Board members showing budget comparisons to actual results and to past years' results. We do not see last year's monthly and year-to-date results or a monthly and year-to-date budget in the financial reports. This report should be created for each program.

Consolidated profit and loss statement should be given to the board each month. QLC has established a consolidated statement, but a number of items are not on the report that should be. Columns that should be added are budget for the month/year-to-date and last year's results for the month/year-to-date.

Update March 2010: It appears that QLC still is not giving Board members budget comparisons to actual results and to past years' results, and they still are not giving the Board a consolidated profit and loss statement with budget month/year-to-date and last year's results for the month/year-to-date. We still believe this is a good management tool that would be easy to create and well worth the time to create.

Other concerns:

Wages have exceeded the budget in Direct Care Wages (\$102,000 for the quarter and annualized to be over \$410,000 over budget)

G&A wages are over budget

Need to do the analysis to find out why wages are so much higher than the budget.

FICA expense does not match 7.65% of wages paid –errors should be caught before budget is disseminated.

QLC uses a Medicaid Reserve account as an expense account--reserve accounts are not permitted as an expense account under Generally Accepted Accounting Principles (GAAP), because it is not an actual expense. DSD providers are required to follow GAAP according to the contract.

QLC has a potential shortfall in revenue from the State in the amount of \$181,000 when comparing actual results to budgeted dollars

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annualized for FY 2010. The Family Resource account continues to have an extremely high budget when compared to past years' expenses and compared to annualizing this year's expenses year-to-date.

Update March 2010: Concerned about their Direct Care Wages spent year-to-date. After the first six months, they are \$249,843 over budget and annualized to be almost a half million dollars over budget. Do not know why they are so far off in projecting this cost. They are still using the Medicaid Reserve Account as an expense account. A reserve account is not permitted as an expense account under Generally Accepted Accounting Principles (GAAP), because it is not an actual expense. DSD providers are required to follow GAAP according to the contract. State revenue has improved from the first quarter; however QLC is still \$137,176 behind budgeted dollars when annualized for FY 2010. Total income is under budget \$44,000 when annualized, and total expenses are over budget \$143,000 annualized. On a positive note, the Family Resource account continues to spend significantly less than what is budgeted.

Performance Measures:

Key ("A" for Acceptable and "U" for Unacceptable)

Consumer Questionnaire by QIS if individual can respond – All Questions Are Mandatory

QAOS#

Individual's Initials	■	■	■	■	■		
Do you have nice staff at home/work?	A	A	A	A	A		
Is anyone mean to you at home/work?	A	A	A	A	A		
Do you like where you live work?	A	A	A	A	A		
Are you afraid of anyone?	A	A	A	A	A		
If someone hits or hurts you, who can you tell?	A	A	A	A	A		
Does anyone talk to you about this?	A	A	A	A	A		
Can you get help when you need it?	A	A	A	A	A		
Can you get help from staff when you need it?	A	A	A	A	A		
Can you get help from your Case Manager when you need it?	A	A	A	A-1	A		
Can you get your own food or drink?	A	A	A	A	A		
Do people come into your room/house without knocking or getting permission?	A	A	A	A	A		
Does staff ever take things from you?	A	A	A	A	A		

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Can you get rides to places you need to go?	A	A	A	A	A		
Can you get rides to places you want to go?	Duplicate question	████	████	████	████	████	████
Who is your Case Manager?	A	A	? "that gal"	A-2	A-3		
Does he/she talk to you about waiver services?	A	A	A	A	A		
Does he/she help you get what you need?	A	A	A	A	A		
Consumer has/shows ID card? (if PSP documents this is not applicable mark NA)	A	A	A	A	A		

Comments: Likes █████, no one is mean to me but I am mean to them, staff are grouchy once in awhile when I don't get my own dishes or bring my own food to the table though, not scared, you don't want to know how I act when I am upset, I can get my own food and drinks whenever I want, Lorraine is my case manager and helps me with my services, tells me my options if I don't behave so I don't get kicked out of here, has own picture ID card....it is at home, got my fishing license but have to get a new one in March—get rides where I want to go but not EVERYWHERE I want, sometimes people come in my room without asking, makes me mad, I have a lock on it, staff knock and usually will go away if I tell them, sometimes they just come in and usually it is when they want me to do something. It is ok if they are checking me to be safe—not if it is 'wait I am on the phone'...I like where I live, I like █████, tomorrow is payday...I like my work, we talk and chitchat, it was over my head, talking to me that Mr Attitude has to stop, talked a lot about food at my last meeting, having some trouble hearing, long time ago I got marker on the walls, don't have a key, I don't write on my walls anymore (noticed █████'s fingernails, you are like a rock star), have lots of food, dad cooks for us (home most weekends), I cook hotdogs myself, I have a hot dog toaster, my case manager is Amber—no, at the big meetings, Mark? He is at the house too,,,,,how about Edith—oh yeah, she helps me, 30days, 90 days, stuff like that....not afraid of anyone, no one is mean to me....am a little tired, if someone was mean, I would walk away,,,would you tell anyone—yeah, Dawn, Deb and Bob would take care of it with █████, talking about a client now.....he says knock it off, knock it off.....they were getting mad....█████ was calling people retard and staff wrote and IR, Joe said knock it off....but they kept going and going, stack that high (motioned about 8 inches) of IRs on █████. Me and █████ were talking about it, not upset, Bob took care of it, told him he was going to do IRs a big book of them..... 1. █████ have a new Case Manager (CM) so they do not know her name. 2. I talked to the newly hired CM and she had just met with █████ for over 2 hours the prior day. 3. █████ has not met his Case Manager yet, I did visit with the newly hired CM and she will get over to met █████ this week.

Consumer Questionnaire by QIS if individual can respond – All Questions Are Mandatory

QAOS#

Individual's Initials	████	████	████				
Do you have nice staff at home/work?	a	a	a				
Is anyone mean to you at home/work?	a	a	a				
Do you like where you live work?	a	a	a				

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Are you afraid of anyone?	a	a	a				
If someone hits or hurts you, who can you tell?	a	a	a				
Does anyone talk to you about this?	a	a	a				
Can you get help when you need it?	a	a	a				
Can you get help from staff when you need it?	a	a	a				
Can you get help from your Case Manager when you need it?	a	a	a				
Can you get your own food or drink?		a	a				
Do people come into your room/house without knocking or getting permission?		a	a				
Does staff ever take things from you?		a	a				
Can you get rides to places you need to go?		a	a				
Can you get rides to places you want to go?		a	a				
Who is your Case Manager?	JK	WR	JK				
Does he/she talk to you about waiver services?	a	a	a				
Does he/she help you get what you need?	a	a	a				
Consumer has/shows ID card? (if PSP documents this is not applicable mark NA)	na	na	na				

Comments: SH answered a few of the questions, but chose not to answer others. CZ is not fond of a housemate and this was indicated on a couple of questions answered in this survey and indicated he would like to get his own place.

Key ("A" for Acceptable and "U" for Unacceptable)

Consumer Questionnaire by QIS for Caregivers if Individual cannot respond – All Questions Are Mandatory

QAOS #

Consumer Initials	█						
Caregiver							
Who helps this person and how?	a						
Are there some staff/peers they like better?	a						
Are there some staff/peers they don't like? Why?	a						
Are there current needs not being met?	a						
Are there health and safety needs not being met?	a						
Who do you talk to about these concerns?	a						

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Does the person have input to his/her life?	a						
If you have concerns, who do you talk to?	a						
Are concerns resolved?	a						
What are this person's wishes/dreams?	a						
Is their plan moving in that direction?	a						
What would make this better?	a						
Does this person ever seem afraid?	a						
Are you afraid for this person?	a						
Does this person know how or where to report abuse?	a						
Who provided that training?	a						
Who will the individual call or report abuse to?	a						
Who provided that information?	a						
Does the person have transportation to all services and places he/she would like to go?	a						
Who is the person's Case Manager?	JK						
Does the Case Manager help the person access services?	a						
Does the Case Manager explain waiver services?	a						
Does the person understand this information?	a						
Comments: Staff, ■■■ feels that ■■■ would not know how or where to report abuse. He feels he does not understand.							