

INSTRUCTIONS FOR THE QIS

These data sheets are appropriate for an Annual Quality Assurance Review of any and all adult service providers and Children's Group Homes.

There is no attached narrative, so in the comments sections it is imperative that bulleted information be included.

On each particular data worksheet, be sure to include narrative/bullets which explain deficiencies or commendations

Use appropriate scoring key listed at the top of each page ~ be consistent with the CODE you use.
for example - if using "+" for yes, use "+" on all sheets -or- if using "X" for yes, use "X" on all sheets...

SPECIFICS for WORKSHEETS

Please indicate in COLUMN M if there is a corresponding QAOS for narrative information included in each section

Refer to Appendix G in the Quality Assurance Process for more specifics of what to include

Adult Services Outline p1 - 3

Staff Training 1 & 2

IP Checklist

PSP Review

Add extra sheets as necessary, review the PSP, Actions, Protocols, Staff support provided, etc.

Residential Sites

Transportation

Staff Survey Pages 1 - 3

Ask one staff from each area one questions from each topic area. If they answer incorrectly, as a second question from that topic. If they still answer incorrectly, move on to the next topic area.

Refer to Appendix I in the Quality Assurance Process for specific questionnaire

Consumer survey 1

THIS SURVEY IS FOR CONSUMERS

USE this survey for consumers who can answer for themselves

Refer to Appendix J in the Quality Assurance Process for specific questionnaire

Consumer Support Survey 2

THIS SURVEY IS FOR CAREGIVERS

USE this survey to talk with caregivers when the consumer cannot answer for him/herself

Refer to Appendix J in the Quality Assurance Process for specific questionnaire

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

Agency Name:	Alliance Outreach
Evaluator(s):	Joe Beneventi
Dates Covered by Review:	7-1-08 to 6-30-09

DESK REVIEW	* QAOS = Quality Assurance Observation Sheet	insert * QAOS #
Accreditation: Accreditation is no longer required by the state contract.		
Significant Events from the Agency: The agency reported a dramatic success in providing a major life change for a Kalispell client who previously was in an exploitative environment. This individual has achieved a new found level of independence. Alliance Outreach has downsized the number of clients served in order to be more efficient and to provide better quality services. There has been a decrease in the number of clients served in Region V and an increase in those served in Region IV.		
Agency Internal Communications Systems: Alliance Outreach maintains direct communication with their staff via cell phone and a land line. An on-call number is available for emergencies on a 24 hour basis. Alliance Outreach also utilizes a fax machine as well as "snail mail" to communicate with the DDP or other related agencies. The agency has consistently kept close communication with their clients, families, and the agencies involved.		
Policies and Administrative (DDP) Directives Alliance Outreach has developed a policy and procedures manual that is consistent with DDP directives related to person centered services, health and safety, individual client rights, employee policies, etc. It is recommended that the policy regarding incidents be expanded to include a provision for the reporting of "discovered incidents" as opposed to incidents that are directly witnessed by staff. Another recommendation is a policy indicating consumer choice of supported living staff.		

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

Agency: Alliance Outreach
 Evaluator(s): Joe Beneventi
 Dates Covered by Review: 7-1-2008 to 6-30-2009

DESK REVIEW	insert QAOS #
<p>Fiscal (audits, cost plans, invoices):</p> <p>Alliance Outreach did not receive any fiscal audits over the past year and no significant problems with client cost plans were reported.</p>	
<p>Licensing (for Group Homes, Adult Foster sites and Assisted Living sites):</p> <p>Alliance does not provide Group Home, Adult Foster Care or Assisted Living Services</p>	

Agency:
 Evaluator(s):
 Dates Covered by Review:

DESK REVIEW	insert QAOS #
<p>Quality Assurance Observation Sheets: (trends from past year)</p> <p>There were no Quality Assurance Observation Sheets generated in Region IV over the past year and no trends to report.</p>	
<p>Medication Errors: (trends from past year)</p> <p>There were no medication errors reported from last year. Most of the clients served by Alliance Outreach receive help with medications by their families. Alliance Outreach staff in Region IV do not administer medications so the likelihood of medications errors is very low.</p>	
<p>Incident Management: (Incident Management Committees - IMCs & trend reports, summary trends, steps to address trends, and investigation summaries)</p> <p>There were no reportable incidents in Region IV in the past 12 months. Alliance Outreach does not routinely hold weekly Incident Management Committee meetings. The agency tends to deal with client issues on a case by case basis, as they occur, when needed. There were no summary trends to identify given the lack of incidents reported.</p>	

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

Staff Related:

insert
QAOS #

Evidence Found of Orientation Training Use three to five staff ~ new hires

staff initials	md	jm	ds	jh					
+ or X / - or no	x	x	x	x					

Note where evidence found: Personnel files

Evidence Found DDCPT or equivalent: For intensive staffing only - LOC for Waiver indicates Intensive determination

staff initials	md	jm	ds	jh					
consumer initials									
+ or X / - or no	n/a	n/a	n/a	n/a					

Note where evidence found: n/a

Evidence of Criminal Background Checks: Use three to five staff ~ new hires

staff initials	MD	JM	DS	JH				
yes/no	x	x	x	x				

Note where evidence found: Personnel files
 personnel files, staff training records, agency employment application

Evidence of Staff Survey: Interview at least one staff per site visited, no less than 5 staff

staff initials	MD	JM	DS	JH				
+ or X / - or no	x	x	x	x				

Note where evidence found:
 Personnel Files.

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

Staff Related:							insert QAOS #	
Evidence Found of Staff Training:								
staff initials	MD	JM	DS	JH	PB			
1st aid/CPR	no	no	no	no	x			
Abuse Prevention	x	x	x	x	x			
Client Rights	x	x	x	x	x			
Incident Reporting	x	x	x	x	x			
Confidentiality	x	x	x	x	x			
IP/PSP Process	n/a	n/a	N/a	N/a	x			
CDS* complete w/in 6 months of hire date?	n/a	n/a	N/a	N/a	x			
Medication Cert	no*	no*	no*	no	x			
Note where evidence found:								
* CDS = College of Direct Supports								
Comments:								
The four staff in region IV do not administer medications, do not attend the PSP meetings and do not participate in the PSP process. The region IV staff, with the exception of PB provide transportation services only. PB is certified as an LPN.								

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

IP Checklist:		Note Site Reviewed:				Add sites as needed:			insert QAOS #	
		sl	sl	sl	sl	csp	csp	SL		
Consumer Initials										
O n s i t e	Consumer/Family Survey	N*	N*	N*	N*	n*	n*	N8		
	PSP/IP Available to all Staff	x	x	x	x	x	x	x		
	IPP/Actions Implemented	x	x	x	x	x	x	x		
	Data for IPP/Actions	x	x	x	x	x	x	x		
	Data Internally Monitored	x	x	x	X	x	x	x		
	Self Medication Objective	n/a*	n/a*	n/a*	n/a*	n/a*	n/a*	n/a*		
	Consumer informed of grievance procedure	x	x	x	x	x	x	x		
	SL consumer choice of SL staff	no*	no*	no*	no*	no*	no*	No*		
Rights Restrictions	n/a	n	n	n/a	n	n	n			
**	M I N I P T	PSP/IP Checklist	x	x	x	n*	x	x	x	
		PSP/IP completed Annually?	x	x	x	N*	x	x	x	
		Individual Needs Addressed?	x	x	x	x	x	x	x	
		Assessment Based?	x	x	x	x	x	x	x	
		Quarterly Reports?	x	x	x	x	x	x	x	
		Incident Reports Addressed?	x	x	x	x	x	x	x	
		Behavioral Supports Addressed?	x	x	x	x	x	x	x	
		Functional Analysis Needed?	n/a	n/a		x	x	x	x	
		Free from Aversive Procedures?	x	x	x	x	x	x	x	
Comments: (regarding service planning and delivery)										
<p>Problems with scheduling often prevent the PSP from being completed within the 365 day time line. *PSP checklists are pending from case management supervisors. Medications are received at home, usually from family, and no self medication objectives have been developed at this time. Alliance does not utilize a formal consumer/client survey at this time. There has been no need on the behalf of consumers to choose alternative SL staff. None of the consumers served in Region IV have behavioral plans or rights restrictions.</p>										
** = Case manager										

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Dates Covered by Re 7-1-08 to 6-30-09

KEY

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

Make note of site reviewed

Residential Site Checklist:		Site Name	sl							insert QAOS #	
H e a l t h	Bathing procedures posted	n/a									
	Clean/Sanitary Environment	x									
	Egress	n/a									
	Hot Water Temps	n/a									
	Emergency Assistance	n/a									
	Fire Extinguishers/smoke Detectors	n/a									
	1st Aid/CPR Supplies Accessible/Available	n/a									
	PRN Medications	n/a									
	Medication Procedures	n/a									
	Medication Locked Storage	n/a									
	Medication Administration Records	x									
	Staff Ratios or ICP staffing	n/a									
	Awake Overnight Staff	n/a									
S a f e t y	Adequate Supplies	n/a									
	Storage of Supplies	n/a									
	Free from aversive procedures?	n/a									
	D a i l y	Weekly integrated activities	n/a								
		House or Site Rules	n/a								
		Opportunities for choice, self determination	n/a								
		Meal Prep, Mealtime	n/a								
		Engagement in Daily Life	x								
Participation in Daily Living Skills		x									
Daily Leisure Opportunities		x									
Staff Trained in Individual Specifics		x									
Comments:											
Alliance Outreach does not serve clients in a facility based environment such as a group home. Supported living services are provided to clients in their individual homes or in their parents' home. There were no issues observed regarding sanitation or safety/health in the individual client apartments.											

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

Residential Site Checklist:								insert QAOS #
		Site Name						
T r a n s p o r t a t i o n	Driver Orientation Program		n/a					
	Wheelchair tie downs		n/a					
	Wheelchair Lift		n/a					
	Driver's Licenses		no*					
	Emergency Supplies		x					
	Fire Extinguisher		n/a					
	Transportation Log		x					
	Scheduled Maintenance Program		n/a					
	Training--Staff Doing Maintenance Checks		n/a					
	Procedures for Timely Repairs		n/a					
	MDT* inspection on file (MDT vehicles only)		n/a					
Comments:								
* MDT = Montana Department of Transportation								
Comments:								
<p>Alliance Outreach staff use personal vehicles to provide transportation with the exception of one employee who uses the company vehicle. John Barragato is responsible for vehicle maintenance and keeps a transportation log to keep track of mileage and maintenance needs. Alliance does not provide services to individuals in wheelchairs and does not have any vehicles equipped with wheel chair lifts or wheelchair tie downs. Alliance staff are responsible for the maintenance of their personal vehicles. Copies of drivers' licenses for two staff need to be added to the file. Alliance Outreach has purchased an umbrella insurance policy that covers the liability of employees beyond their personal insurance. Staff are required to provide a copy of their insurance card to prove that they have adequate liability insurance on their person vehicles.</p>								

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FOR EACH STAFF:

Ask one question per topic area, if incorrect as a second if still incorrect move on the next topic area.

KEY

(mark "+" or "X" if correct, "-" or "no" if not)

insert
QAOS #

Staff Survey:		Staff Initials	DS	JM						
A b u s e	Allegations are reported to? (APS)	x	no							
	Do you notify Supervisor first? (NO)	x	no							
	Steps to take if abuse is discovered?	x	x							
	Comments: One staff was not aware of the current policy to contact APS in cases of abuse or neglect.									
R i g h t s	Suspect theft of gloves, steps to take?	x	x							
	IP/PSP requests Doctors appt	x	x							
	No jacket, -25 consumer wants to leave	x								
	Review Right's Restriction	n/a								
Comments: Staff provided good options for considering client rights and offering alternatives that would not compromise the										
** b m p **	describe consumer behaviors	x	x							
	staff response to behaviors by plan	x	x							
	list proactive or environmental strategies	x	x							
	Comments: Staff were not entirely sure if there was a formal behavioral plan in place but they offered good strategies to deal with behavioral issues.									
H o m e s a f e t y	former employee wants info	x	x							
	what is consumer information?	x	x							
	training to meet health and safety needs?									
	emergency evacuation procedures?									
Comments: Staff were able to easily respond appropriately to questions regarding client confidentiality and safety.										
Comments:										

** = Behavior Management Plans

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FOR EACH STAFF:
 Ask one question per topic area, if incorrect as a second
 if still incorrect move on the next topic area.
 (mark "+" or "X" if correct, "-" or "no" if not)

KEY

Staff Survey:									insert QAOS #
	Staff Initials	ds	jm						
m e d i c a t i o n s	describe procedure to assist with meds	n/a	n/a						
	if med is unavailable?	n/a	n/a						
	if gave wrong med?	n/a	n/a						
	if moving to a new place or gets new med?	n/a	n/a						
	requirement to assist with meds?	n/a	n/a						
	describe PRN or OTC* is to be given	n/a	n/a						
	what constitutes a med error?	n/a	n/a						
Comments:									
The part time staff surveyed do not currently administer medications to their clients and these staff are not med certified at this time.									
* OTC = over-the-counter									
E R C	steps to avoid power struggles	x	x						
	how to respond to someone who is upset	x	x						
	what if you start to lose control?	x	x						
	Comments:								
Staff have a number of years in direct care and had good strategies for dealing with problem behaviors, and power struggles.									
** = Emotionally Responsible Caregiving									
I N C I D E N T R E P O R T I N G A N D M A N A G E M E N T	when do you fill out an incident report?	x	x						
	notifications for Emergency Room visit?	x	x						
	consumer to consumer incidents	x	x						
	who writes the Incident Report?	x	x						
Comments:									
Staff were aware of the incident report policies but no incident reports were submitted by Alliance Outreach staff over the past year in Region IV.									
* = Incident Reporting and Management									

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FOR EACH STAFF:
 Ask one question per topic area, if incorrect as a second
 if still incorrect move on the next topic area.

Staff Survey:		KEY (mark "+" or "X" if correct answer, "-" or "no" if not)							insert QAOS #
	Staff Initials	DS	JM						
B E H A V I O R	consumer destroying things	x	x						
	staff pinches consumer back	x	no						
	how do you know a support plan is needed?		x						
	Comments: Staff did not consistently know to notify APS in cases of abuse. Staff have extensive experience and were able to offer a number of constructive ideas to deal with behavioral issues.								
* I P / P S P	what is IP/PSP based on?	x	x						
	you have an idea for an objective.....	x	x						
	why do assessments?								
	How do you find out what someone would like to do?								
Comments: Staff had a solid understanding of the philosophy of the PSP. Alliance Outreach staff have a background of participation in the planning process.									
* = IP = Individual Plan PSP = Personal Support Plan									
Comments: The PSP meeting is typically attended by the directors of Alliance Outreach and currently the staff are primarily responsible for providing transportation.									

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KEY (mark "+" or "X" if positive/correct, "-" or "no" if not
 "-" or "no" indicates need for follow up
 and comments in lilac area below

Consumer Questionnaire by QIS.		ALL questions are MANDATORY						c-s
USE THIS FOLKS WHO CAN ANSWER QUESTIONS		Consumer initials						
Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)		x	x	x	x	x	x	
c o n s u m e r	Do you have nice staff at home/work?	x	x	x	x	x	x	
	Is anyone mean to you at home/work?	no	no	no	no	no	no	
	Do you like where you live/work?	x	x	x	x	x	x	
	Are you ever afraid of anyone?	no	x	no	no	no	no	
	Someone hits/hurts you, who can you tell?	no	no	no	no	x	x	
	Does anyone talk to you about this?	no	no	no	no	no	no	
	Can you get help when you need it?	x	x	x	x	x	x	
	from staff?	x	x	x	x	x	x	
	from Case Manager?	x	x	x	x	x	x	
	Can you get your own food/drink?	x	x	x	x	x	x	
	Do people come into your house/room without knocking or getting permission?	no	no	no	no	no	no	
	Do staff ever take things from you?	no	no	no	no	no	no	
	Can you get rides to places you need to go?	x	x	x	x	x	x	
Rides to the places you want to go?	x	x	x	x	x	x		
Who is your Case Manager?	x	x	x	no	x	x		
Does s/he talk to you about waiver services?	no	no	x	no	x	no		
Does s/he help you get what you need?	x	x	x	x	x	x		

Comments:
 A few of the consumers indicated that they were afraid of other consumers, such as in the vocational setting, but none indicated that they were afraid of staff. Some of the consumers surveyed live in their parent's home or their own homes and these questions do not necessarily apply. Consumers occasionally answer "the police" instead of APS, when asked who to tell if someone hits/hurts them. Another individual indicated that she would tell her mom. Most of the clients surveyed didn't quite understand the question about available waiver services.

insert QAOS #

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KEY (mark "+" or "X" if positive or correct, "-" or "no" if not)
 "-" or "no" indicates need for follow up
 and comments in the lilac area below

Consumer Questionnaire (used by QIS).		ALL questions are MANDATORY						
ASK CAREGIVERS IF THE CONSUMER IS UNABLE TO ANSWER QUESTIONS		Consumer initials						
S u p p o r t	Who helps this person and how?							
	Are there some staff/peers they like better?							
	Staff/peers they don't like? Why?							
	Current needs not being met?							
	Health and Safety related?							
	Who do you talk to about these concerns?							
	Does the person have input to his/her life?							
	If you have concerns, who do you talk to?							
	are they resolved?							
	What are this persons wishes/dreams?							
	is the plan moving that direction?							
	what would make things better?							
	does this person ever seem afraid?							
	are you afraid for them?							
	Does this person know how or where to report abuse?							
	who provided that training?							
	Who will the individual call or report to?							
	who provided that info?							
	Does the person have transportation to all services and places s/he would like to go?							
	who is the person's case manager?							
Does CM help the person access services?								
Does the CM explain waiver services?								
Does the person understand this info?								

insert
 QAOS #

Comments:
 These survey was not presented to care givers since the consumers who participated in the review were able to give answers to questions about the services they receive.