

### 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

<b>Agency Name:</b>	<b>JOBS</b>
<b>Evaluator(s):</b>	<b>Sheri Pullium</b>
<b>Dates Covered by Review:</b>	<b>June 2008 Jun-09</b>

<b>DESK REVIEW</b>	<b>* QAOS = Quality Assurance Observation Sheet</b>	<b>insert * QAOS #</b>
<b>Accreditation:</b> Accreditation is no longer required by the state contract.		
<b>Significant Events from the Agency:</b> JOBS is doing an incredible job supporting folks in the community and in their jobs. This year has been growing and stretching JOBS in the services they provide and how the consumers are defining what they want from a provider. JOBS is meeting those needs and expectations by becoming a 0208 Waiver provider. The next year will be challenging as JOBS navigates thru the additional requirements and adapts the new PSP process and new incident management requirement to utilize the Therap website. With this comes increased expectations of tracking and showing progress. Michelle already does this for the Voc Rehab clients she serves and incorporates this with the DDP consumers. The implementation of this DDP requirement gives her a chance to perfect the system she is using and make it meet the standard of expectation of the state.		1
<b>Agency Internal Communications Systems:</b> At this time the agency consists of the director who does the direct supports with a couple of other full time staff that shares direct care and job supports.		
<b>Policies and Administrative (DDP) Directives</b> Michelle Pickell has an open communication system with her Case Managers, QIS and Regional Manager. No concerns in this area noted.		

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

Agency: **JOBS**  
 Evaluator(s): **Sheri Pullium**  
 Dates Covered by Review: **June 2008-June 2009**

DESK REVIEW	insert QAOS #
<p><b>Fiscal (audits, cost plans, invoices):</b></p> <p>No issues noted</p>	
<p><b>Licensing ( for Group Homes, Adult Foster sites and Assisted Living sites):</b></p> <p>N/A</p>	

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DESK REVIEW	insert QAOS #
<p><b>Quality Assurance Observation Sheets: (trends from past year)</b></p> <p>See Commendation QAOS #1</p>	
<p><b>Medication Errors: (trends from past year)</b></p> <p>N/A</p>	
<p><b>Incident Management: (Incident Management Committees - IMCs &amp; trend reports, summary trends, steps to address trends, and investigation summaries)</b></p> <p>One critical incidents this year. Documentation available showing that no IMC meeting needed. Critical incident that occurred in June was handled appropriately.</p>	

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

<b>Staff Related:</b>	1 part time staff employed only										<b>insert QAOS #</b>
<b>Evidence Found of Orientation Training</b>											
Use three to five staff ~ new hires											
staff initials	SH	CC									
+ or X / - or no	X	X									
<b>Note where evidence found:</b>											
<b>Evidence Found DDCPT or equivalent:</b>											
For intensive staffing only - LOC for Waiver indicates Intensive determination											
staff initials											
consumer initials											
+ or X / - or no	n/a	n/a									
<b>Note where evidence found:</b>											
<b>Evidence of Criminal Background Checks:</b>											
Use three to five staff ~ new hires											
staff initials											
yes/no	Y	Y									
<b>Note where evidence found:</b>											
personnel files, staff training records, agency employment application											
<b>Evidence of Staff Survey:</b>											
Interview at least one staff per site visited, no less than 5 staff											
staff initials											
+ or X / - or no	X										
<b>Note where evidence found:</b>											
In Director's files											

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Staff Related:								insert QAOS #
<b>Evidence Found of Staff Training:</b>								
<b>staff initials</b>	SH	CC						
1st aid/CPR	X	X						
Abuse Prevention	X	X						
Client Rights	X	X						
Incident Reporting	X	X						
Confidentiality	X	X						
IP/PSP Process	X	X						
CDS* complete w/in 6 months of hire date?	X	X						
Medication Cert	n/a	n/a						
<b>Note where evidence found: Director's files</b>								
* CDS = College of Direct Supports								
<b>Comments:</b>								

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

Note Site Reviewed:

Add sites as needed:

IP Checklist:										insert QAOS #
Consumer Initials										
<b>O n s i t e</b>	Consumer/ Surveys	X	X	X	X	X	X			
	PSP/IP Available to all Staff	X	X	X	X	X	X			
	IPP/Actions Implemented	X	X	X	X	X	X			
	Data for IPP/Actions	X	X	X	X	X	X			
	Data Internally Monitored	X	X	X	X	X	X			
	Self Medication Objective	na	na	na	na	na	na			
	Consumer informed of grievance procedure	X	X	X	X	X	X			
	SL consumer choice of SL staff	X	X	X	X	X	X			
	Rights Restrictions	na	na	na	na	na	na			
**	PSP/IP Checklist	X	X	X	X	X	X			
<b>C M H U P T</b>	PSP/IP 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 Needed?	X	X	X	X	X	X			
Free from Aversive Procedures?	X	X	X	X	X	X				
<b>Comments: (regarding service planning and delivery)</b> All except and are Community Supports only. and have minimal SL and SE.										
** = Case manager										



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 Dates Covered by Review: **N/A**

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

Make note of site reviewed

Residential Site Checklist: <b>NONE</b>									insert QAOS #
Site Name									
<b>H</b> <b>e</b> <b>a</b> <b>l</b> <b>t</b> <b>h</b>	Bathing procedures posted								
	Clean/Sanitary Environment								
	Egress								
	Hot Water Temps								
	Emergency Assistance								
	Fire Extinguishers/smoke Detectors								
	1st Aid/CPR Supplies Accessible/Available								
	PRN Medications								
	<b>S</b> <b>a</b> <b>f</b> <b>e</b> <b>t</b> <b>y</b>	Medication Procedures							
		Medication Locked Storage							
Medication Administration Records									
Staff Ratios or ICP staffing									
Awake Overnight Staff									
Adequate Supplies									
Storage of Supplies									
Free from aversive procedures?									
<b>D</b> <b>a</b> <b>i</b> <b>l</b> <b>y</b>	Weekly integrated activities								
	House or Site Rules								
	Opportunities for choice, self determination								
	Meal Prep, Mealtime								
	Engagement in Daily Life								
	Participation in Daily Living Skills								
	Daily Leisure Opportunities								
Staff Trained in Individual Specifics									
<b>Comments:</b> No residential sites									

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 Evaluator(s):   
 Dates Covered by Review:

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

Residential Site Checklist: N/A										insert QAOS #
Site Name										
<b>T r a n s p o r t a t i o n</b>	Driver Orientation Program									
	Wheelchair tie downs									
	Wheelchair Lift									
	Driver's Licenses									
	Emergency Supplies									
	Fire Extinguisher									
	Transportation Log									
	Scheduled Maintenance Program									
	Training--Staff Doing Maintenance Checks									
	Procedures for Timely Repairs									
	MDT* inspection on file (MDT vehicles only)									
Comments:										
* MDT = Montana Department of Transportation										
<b>Comments:</b>										
No transportation										

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

Agency: **Montana Works Solutions**  
 Evaluator(s): **Sheri Pullium**  
 Dates Covered by Review: **June 2008 Jun-09**

**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	SH								
<b>A b u s e</b>	Allegations are reported to? (APS)	X									
	Do you notify Supervisor first? (NO)										
	Steps to take if abuse is discovered?										
	Comments:										
<b>R i g h t s</b>	Suspect theft of gloves, steps to take?	X									
	IP/PSP requests Doctors appt										
	No jacket, -25 consumer wants to leave										
	Review Right's Restriction										
Comments:											
<b>** b m p **</b>	describe consumer behaviors										
	staff response to behaviors by plan										
	list proactive or environmental strategies	X									
	Comments:										
<b>H o m e h e a l t h c o n c e r n s</b>	former employee wants info										
	what is consumer information?										
	training to meet health and safety needs?	X									
	emergency evacuation procedures?										
Comments:  <b>No concerns in this area noted</b>											
Comments:											

\*\* = Behavior Management Plans

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**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:		Staff Initials	SH							insert QAOS #
<b>m e d i c a t i o n s</b>	describe procedure to assist with meds									
	if med is unavailable?									
	if gave wrong med?									
	if moving to a new place or gets new med?									
	requirement to assist with meds?									
	describe PRN or OTC* is to be given									
	what constitutes a med error?									
Comments: <u><b>Does not assist with medications</b></u>  * OTC = over-the-counter										
<b>E R C</b>	steps to avoid power struggles	X								
	how to respond to someone who is upset	X								
	what if you start to lose control?	X								
	Comments:  ** = Emotionally Responsible Caregiving									
<b>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</b>	when do you fill out an incident report?	X								
	notifications for Emergency Room visit?	X								
	consumer to consumer incidents	X								
	who writes the Incident Report?	X								
	Comments:  * = Incident Reporting and Management									

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

Agency: **Montana Works Solutions**  
 Evaluator(s): **Sheri Pullium**  
 Dates Covered by Review: **June 2008 - May 2009**

**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	SH							
<b>B E H A V I O R</b>	consumer destroying things								
	staff pinches consumer back	X							
	how do you know a support plan is needed?								
	Comments:								
<b>* I P / P S P</b>	what is IP/PSP based on?								
	you have an idea for an objective.....								
	why do assessments?								
	How do you find out what someone would like to do?	X							
	Comments:								
* = IP = Individual Plan PSP = Personal Support Plan									
Comments:									
<b>Not applicable-PSPs not required in this Review period. Provider has no consumers with behavioral support needs.</b>									

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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.		CS ONLY Provider	ALL questions are MANDATORY					insert QAOS #
USE THIS FOLKS WHO CAN ANSWER QUESTIONS		Consumer initials						
Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)								
<b>c o n s u m e r</b>	Do you have nice staff at home/work?							
	Is anyone mean to you at home/work?	Y						
	Do you like where you live/work?	N						
	Are you ever afraid of anyone?							
	<b>Someone hits/hurts you, who can you tell?</b>	Y						
	<b>Does anyone talk to you about this?</b>	Y						
	Can you get help when you need it?	X						
	from staff?	X						
	from Case Manager?							
	Can you get your own food/drink?	Y						
	Do people come into your house/room without knocking or getting permission?							
	Do staff ever take things from you?	N						
	Can you get rides to places you need to go?	Y						
Rides to the places you want to go?	Y							
<b>Who is your Case Manager?</b>	PM							
<b>Does s/he talk to you about waiver services?</b>	Y							
<b>Does s/he help you get what you need?</b>	Y							
<b>Comments:</b>								
had only Mental Health case management thru Winds of Change. This arrangement was not working for so he switched to DD case management in June of 2009. Aware CM Patrick Maddison is now his CM and is busy working on issues that had become a crisis for JL this year. No other concerns in this area noted								

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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).		CS ONLY			ALL questions are MANDATORY			insert QAOS #
ASK CAREGIVERS IF THE CONSUMER IS UNABLE TO ANSWER QUESTIONS								
Consumer initials								
Support	Who helps this person and how?	X	X	X				
	Are there some staff/peers they like better?	X	X	X				
	Staff/peers they don't like? Why?	X	X	X				
	Current needs not being met?	X	X	X				
	Health and Safety related?	X	X	X				
	Who do you talk to about these concerns?	X	X	X				
	Does the person have input to his/her life?	X	X	X				
	If you have concerns, who do you talk to?	X	X	X				
	are they resolved?	x	X	X				
	What are this persons wishes/dreams?	X	X	X				
	is the plan moving that direction?	X	X	X				
	what would make things better?	X	X	X				
	does this person ever seem afraid?	X	X	X				
	are you afraid for them?	X	X	X				
	<b>Does this person know how or where to report abuse?</b>	X	X	X				
	<b>who provided that training?</b>	cm	cm	cm				
	Who will the individual call or report to?	X	X	X				
	who provided that info?	X	X	X				
	Does the person have transportation to all services and places s/he would like to go?	X	X	X				
	<b>who is the person's case manager?</b>	PM	PM	JH				
<b>Does CM help the person access services?</b>	X	X	X					
<b>Does the CM explain waiver services?</b>	X	X	X					
<b>Does the person understand this info?</b>	X	X	X					
<b>Comments:</b>								
No issues in this area noted								