

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:	Renee's Helping Hands
Evaluator(s):	Sheri Pullium
Dates Covered by Review:	April 09-Sept. 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: Trained in Therap. Should begin using for Incident Management this year.		1
Agency Internal Communications Systems: At this time the agency consists of the parent who is owner, direct care staff and natural support		
Policies and Administrative (DDP) Directives Some concerns came up during this review about one of the client's living arrangements. This provider has agreed at this time to cooperate with in the Team and accessing APS resources to guide decisions		

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DESK REVIEW	insert QAOS #
<p>Fiscal (audits, cost plans, invoices):</p> <p>No issues noted to date. At the end of the first year there should be an audit to review.</p>	
<p>Licensing (for Group Homes, Adult Foster sites and Assisted Living sites):</p> <p>N/A</p>	

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DESK REVIEW	insert QAOS #
<p>Quality Assurance Observation Sheets: (trends from past year)</p> <p>There are no trends to review as this is the 6 month review and a new provider. No QAOS given at this time. Overall, day program is documented as required. Evidence that consumers are learning and progress being made. No commendations or plan of corrections needed.</p>	
<p>Medication Errors: (trends from past year)</p> <p>N/A-no medications are taken by either individual</p>	
<p>Incident Management: (Incident Management Committees - IMCs & trend reports, summary trends, steps to address trends, and investigation summaries)</p> <p>No incidents reported to date. Further relationship building necessary for this QIS to be confident that the provider will report all incidents as the 2 consumers are isolated from public except on occassional outings.</p>	

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

	insert QAOS #																																				
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 Evaluator(s): **Sheri Pullium**
 Dates Covered by Review:

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

Staff Related:								insert QAOS #
Evidence Found of Staff Training:								
staff initials	CI							
1st aid/CPR	+							
Abuse Prevention	+							
Client Rights	+							
Incident Reporting	+							
Confidentiality	+							
IP/PSP Process	+							
CDS* complete w/in 6 months of hire date?	+							
Medication Cert	n/a							
Note where evidence found: Certificate of training in CDS in qualified provider application. CDS covers training requirements								
* CDS = College of Direct Supports								
Comments:								

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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									
O n s i t e	Consumer/ Surveys	X	X						
	PSP/IP Available to all Staff	X	X						
	IPP/Actions Implemented	X**	X**						
	Data for IPP/Actions	X	X						
	Data Internally Monitored	X	X						
	Self Medication Objective	na	na						
	Consumer informed of grievance procedure	X	X						
	SL consumer choice of SL staff	na	na						
	Rights Restrictions	na	na						
**	PSP/IP Checklist	X	X						
C M I P T	PSP/IP completed Annually?	X	X						
	Individual Needs Addressed?	X	X						
	Assessment Based?	X	X						
	Quarterly Reports?	X	X						
	Incident Reports Addressed?	X	X						
	Behavioral Supports Addressed?	X	X						
	Functional Analysis Needed?	X	X						
	Free from Aversive Procedures?	X	X						
Comments: (regarding service planning and delivery)									
<p>**Actions did not reflect entirely what the consumers are doing. Many of the actions were completed and new actions need to be written. Consumers doing more than what the PSP reflects. CM and provider will submit a supplemental to d/c actions that are completed and begin new actions. Now, provider and CM understand how to do this so that the PSP stays current with what the consumer's life actually looks like. Will review this in the next 3 months for compliance and improvement.</p>									
** = Case manager									

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

Make note of site reviewed

Residential Site Checklist: NONE									insert QAOS #
Site Name									
H e a l t h	Bathing procedures posted								
	Clean/Sanitary Environment								
	Egress								
	Hot Water Temps								
	Emergency Assistance								
	Fire Extinguishers/smoke Detectors								
	1st Aid/CPR Supplies Accessible/Available								
	PRN Medications								
	S a f e t y	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?									
D a i l y	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								
Comments:									
No residential sites. One of the consumer's home is the Day Program site. This poses some concerns as the consumer is not ambulatory and community exposure is limited. Additional measurements outside of this QA process will be needed. The consumers funding has been transferred entirely to day program only. Supported Living services has been declined by guardian.									

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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										
T r a n s p o r t a t i o n	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										
Comments:										
No transportation done thus far as a part of the day program										

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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:		KEY								insert QAOS #
		Staff Initials	CI							
A b u s e	Allegations are reported to? (APS)									
	Do you notify Supervisor first? (NO)									
	Steps to take if abuse is discovered?									
	Comments These questions are not applicable since the direct care staff is the Provider owner and is the guardian.									
R i g h t s	Suspect theft of gloves, steps to take?									
	IP/PSP requests Doctors appt	X								
	No jacket, -25 consumer wants to leave									
	Review Right's Restriction									
Comments:										
** b m p **	describe consumer behaviors									
	staff response to behaviors by plan									
	list proactive or environmental strategies									
	Comments: N/A									
H o m e h e l p h o m e	former employee wants info									
	what is consumer information?									
	training to meet health and safety needs?									
	emergency evacuation procedures?									
Comments: As the direct care staff is the guardian, and is the Provider owner, assuring quality in this area is not comprehensive with the current QA process										
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:									insert QAOS #
	Staff Initials	CI							
m e d i c a t i o n s	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:									
Does not assist with medications									
* OTC = over-the-counter									
** E R C	steps to avoid power struggles								
	how to respond to someone who is upset	X							
	what if you start to lose control?								
	Comments:		Responds appropriately						
** = 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							
	notifications for Emergency Room visit?								
	consumer to consumer incidents								
	who writes the Incident Report?								
	Comments:		No incidents reported to date. Further relationship building necessary for this QIS to be confident that the provider will report all incidents as the 2 consumers are for the most part, isolated from public except on occassional outings.						
* = Incident Reporting and Management									

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Staff Survey:		KEY (mark "+" or "X" if correct answer, "-" or "no" if not)							insert QAOS #
	Staff Initials	CI							
B O D Y	consumer destroying things								
	staff pinches consumer back								
	how do you know a support plan is needed?								
	Comments: Not applicable for this setting								
* I P / P S P	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: No concerns in this area								
	* = IP = Individual Plan PSP = Personal Support Plan								
Comments:									

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 "-" or "no" indicates need for follow up
 and comments in lilac area below

Consumer Questionnaire by QIS.		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)		X	X		
c o n s u m e r	Do you have nice staff at home/work?	X	X		
	Is anyone mean to you at home/work?	X	X		
	Do you like where you live/work?	X	X		
	Are you ever afraid of anyone?	X	X		
	Someone hits/hurts you, who can you tell?	X	X		
	Does anyone talk to you about this?	X	X		
	Can you get help when you need it?	X	X		
	from staff?	no	no		
	from Case Manager?	X	X		
	Can you get your own food/drink?	no	no		
	Do people come into your house/room without knocking or getting permission?	X	X		
	Do staff ever take things from you?	X	X		
	Can you get rides to places you need to go?	X	X		
	Rides to the places you want to go?	X	X		
Who is your Case Manager?	X	X			
Does s/he talk to you about waiver services?	X	X			
Does s/he help you get what you need?	X	X			

Comments:

The no answer is related to the fact that both consumers have no choice in staff as there is only the mom/direct care staff/owner. If there was an issue where consumers felt afraid, there would be no other "staff" to talk to. There are visits from OT/PT and speech occasionally. the 2nd no is related to the fact that one consumer is physically unable to get or prepare food independently and the other consumer would be unable to put all the steps together to prepare a meal independently. Both are dependent on the careprovider.

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insert
QAOS #

Consumer Questionnaire (used by QIS).		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?				
	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?	X	X		
	If you have concerns, who do you talk to?				
	are they resolved?				
	What are this persons wishes/dreams?	X	X		
	is the plan moving that direction?	X	X		
	what would make things better?				
	does this person ever seem afraid?	X	X		
	are you afraid for them?				
	Does this person know how or where to report abuse?	no	no		
	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?	N	X		
	who is the person's case manager?	X	N		
Does CM help the person access services	N	N			
Does the CM explain waiver services?	N	N			
Does the person understand this info?	N	N			

Comments: