

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

Agency: BSW Inc.  
 Evaluator(s): Mike Petersen-Quality Improvement Specialist  
 Dates Covered by Review: July 2008-September 2009

|  |   |                  |
|--|---|------------------|
| DESK REVIEW:   | *QAOS = Quality Assurance Observation Sheet | Insert<br>QAOS # |
| <p><b>Accreditation:</b><br/>         BSW Inc. continued to be accredited by CARF through December 2009, even though this is no longer a requirement of the Developmental Disabilities Program of the State of Montana. After December 2009, BSW Inc. has chosen not to pursue renewed accreditation at this time.</p>   |   |                  |
| <p><b>Significant Events from the Agency:</b></p> <ul style="list-style-type: none"> <li>●BSW remodeled a building they purchased working toward goal of consolidating most of it's work/day opportunities. This has afforded individuals served more choice in their daily work/day schedules. It has also afforded administrative staff to be onsite and more hands on in the daily operation of work/day services.</li> <li>●BSW recently created/hired a position of Personal Support Planning Specialist to monitor Personal Support Plans of individuals served.</li> <li>●Pellet mill equipment purchased to utilize shredding from document destruction and saw dust from woodworking into a saleable item of pellets for pellet stoves.</li> <li>●BSW works collaboratively with and extends training opportunities to other qualified providers in the area (ie. First Aid, CPR, MANDT, Medication Certification).</li> <li>●Increased staff retention, affording more consistency in service provision.</li> <li>●Improvements to exterior of Rahn House (sidewalk, landscaping).</li> <li>●Staff training specific to clients (ie. autism, behavior, etc.) resulting in a decrease in aggressive behavior.</li> <li>●Steamer installed in Processing area.</li> <li>●Increased computer availability for staff.</li> <li>●Improvements to interior of 4-plex (carpet).</li> <li>●Securement of new products to be manufactured (store displays, machine crates)</li> <li>●Woodworking starts each day out discussing safety/rules/issues.</li> <li>●9 Supported Employment placements/1 Job Development</li> <li>●Secured 2 fifteen passenger vans and 3 mini vans</li> <li>●BSW Inc. fiscal staff redistributed non-utilized monies to others in need of additional service dollars in order to make them whole.</li> </ul> |   |                  |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

|  |                           |
|--|---------------------------|
| <p><b>Agency Internal Communications Systems:</b></p> <ul style="list-style-type: none"> <li>●Monthly Managers meetings for Program Managers, which includes Administrative staff</li> <li>●Administrative staff meetings occur bi-monthly</li> <li>●Monthly meetings for direct support professionals with Program Managers</li> <li>●Internal memos</li> <li>●Secure communication/email correspondence as needed</li> </ul>   |                           |
| <p><b>Policies and Administrative (DDP) Directives:</b></p> <ul style="list-style-type: none"> <li>●DDP Incident Management Policy needs to be written into BSW Inc. Policy and Procedures as per the DDP Incident Management Policy. It cannot simply be referenced in appendix but a comprehensive internal policy describing how staff are to comply with the DDP Incident Management Policy. As currently written in BSW Inc. policy, procedures do not follow DDP policy. Procedures for THERAP should be incorporated into the policy as well.</li> </ul>  | <p>QAOS<br/>#4-12-10a</p> |
| <p><b>Fiscal (audit, cost plans, invoices):</b></p> <ul style="list-style-type: none"> <li>●Most recent Desk Review of Audit Report was completed by the Department of Public Health and Human Services-Division of Quality Assurance on December 17, 2009. The audit report was acceptable, the opinions on the financial statements were unqualified and there were no findings or questioned costs in the report. There were no instances of noncompliance or other matters that were required to be reported under Government Auditing Standards.</li> <li>●BSW Inc. fiscal staff internally monitor usage of Individual Cost Plans (ICP's) and have redistributed non-utilized monies to others in need of additional service dollars in order to make them whole. Non-utilized service dollars were transferred to six individuals through a cooperative work effort with Case Management and DDP staff. BSW Inc. transferred service dollars for one individual knowing their service needs would transfer the money to another qualified provider, ultimately resulting in a revenue reduction for BSW Inc.</li> </ul> | <p>QAOS<br/>#1-09</p>     |
| <p><b>Licensing (for Group Homes, Adult Foster sites and Assisted Living sites):</b></p> <p>BSW Inc. operates seven group homes in the Butte and Dillon communities which were most recently licensed in September/October 2009. All licensing recommendations have been resolved.</p>   |                           |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

|  |                                      |
|--|--------------------------------------|
| <p><b>Quality Assurance Observation Sheets: (trends from past year)</b></p> <p>11-10-08 ●Direct Support Professionals proactive and had protocols in place to facilitate the best health of the individuals served.<br/>         ●Individual served hospitalized, but hospital stay felt to be shortened due to the positive measures by staff.</p> <p>1-16-09 ●Refer to QAOS #1-09 noted in Fiscal section above</p> <p>7-17-09 ●Failure of BSW Inc. staff to complete an Incident Report upon discovery of hospitalization, in accordance with Developmental Disabilities Program Incident Management Policy.</p>  | <p>QAOS #11-08</p> <p>QAOS #7-09</p> |
| <p><b>Medication Errors: (trends from past year)</b></p> <p>July 2008 to September 2008<br/>         ●5 medication errors occurred. Medication errors included: Incorrect administration (incorrect dosage, refusal)-1, Omission/Missed dosage-4</p> <p>October 2008 to December 2008<br/>         ●10 medication errors occurred. Medication errors included: Incorrect administration (incorrect dosage, refusal)-2, Omission/Missed dosage-8</p> <p>January 2009 to March 2009<br/>         ●7 medication errors occurred. Medication errors included: Incorrect administration (incorrect dosage, refusal)-3, Omission/Missed dosage-3, Documentation error-1</p> <p>April 2009 to June 2009<br/>         ●8 medication errors occurred. Medication errors included: Incorrect administration (incorrect dosage, refusal)-2, Omission/Missed dosage-3, Wrong time-3</p> <p>July 2009 to September 2009<br/>         ●12 medication errors occurred. Medication errors included: Incorrect administration (incorrect dosage, refusal)-3, Omission/Missed dosage-8, Other (missing medication)-1</p> |                                      |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

**Incident Management: (Incident Management Committees – IMCs & trend reports, summary trends, steps to address trends, and investigation summaries)**

BSW Inc. continues to embrace the Incident Management policy of the Developmental Disabilities Program of the State of Montana through:

- weekly meetings
- active/dedicated participation
- timely review of incidents
- recommendations to the appropriate entity
- trend reports
- critical investigation(s), as warranted

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

| STAFF RELATED  | KEY (mark "+" or "X" if present, "-" or "no" if not) | Insert QAOS # |                |    |    |    |    |    |                    |    |    |    |    |    |                 |    |    |    |    |    |  |  |
|--|--|---------------|----------------|----|----|----|----|----|--------------------|----|----|----|----|----|-----------------|----|----|----|----|----|--|--|
| <p><b>Evidence Found of Orientation Training:</b> Use three to five staff – new hires</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 25%;">Staff initials</td> <td style="width: 10%;">PF</td> <td style="width: 10%;">LH</td> <td style="width: 10%;">LM</td> <td style="width: 10%;">TM</td> <td style="width: 10%;">CS</td> </tr> <tr> <td>+ or X /- or no</td> <td style="text-align: center;">X</td> </tr> </table> <p><b>Note where evidence found:</b><br/>Verified in BSW Inc. personnel files</p>  |  |               | Staff initials | PF | LH | LM | TM | CS | + or X /- or no    | X  | X  | X  | X  | X  |                 |    |    |    |    |    |  |  |
| Staff initials   | PF   | LH            | LM             | TM | CS |    |    |    |                    |    |    |    |    |    |                 |    |    |    |    |    |  |  |
| + or X /- or no  | X  | X             | X              | X  | X  |    |    |    |                    |    |    |    |    |    |                 |    |    |    |    |    |  |  |
| <p><b>Evidence Found DDCPT or equivalent:</b> For intensive staffing only – LOC for Waivers indicates Intensive determination</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 25%;">Staff initials</td> <td style="width: 10%;">PF</td> <td style="width: 10%;">LH</td> <td style="width: 10%;">LM</td> <td style="width: 10%;">TM</td> <td style="width: 10%;">CS</td> </tr> <tr> <td>Consumers initials</td> <td style="text-align: center;">NA</td> </tr> <tr> <td>+ or X /- or no</td> <td style="text-align: center;">NA</td> </tr> </table> <p><b>Note where evidence found:</b><br/>No staff reviewed had DDCPT. Direct Support Professionals either had completed or were working on the College of Direct Support as per contract</p> |  |               | Staff initials | PF | LH | LM | TM | CS | Consumers initials | NA | NA | NA | NA | NA | + or X /- or no | NA | NA | NA | NA | NA |  |  |
| Staff initials   | PF   | LH            | LM             | TM | CS |    |    |    |                    |    |    |    |    |    |                 |    |    |    |    |    |  |  |
| Consumers initials   | NA   | NA            | NA             | NA | NA |    |    |    |                    |    |    |    |    |    |                 |    |    |    |    |    |  |  |
| + or X /- or no  | NA   | NA            | NA             | NA | NA |    |    |    |                    |    |    |    |    |    |                 |    |    |    |    |    |  |  |
| <p><b>Evidence of Criminal Background Checks:</b> Use three to five staff – new hires</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 25%;">Staff initials</td> <td style="width: 10%;">PF</td> <td style="width: 10%;">LH</td> <td style="width: 10%;">LM</td> <td style="width: 10%;">TM</td> <td style="width: 10%;">CS</td> </tr> <tr> <td>yes/no</td> <td style="text-align: center;">X</td> </tr> </table> <p><b>Note where evidence found:</b><br/>Verified in BSW Inc. personnel files</p>   |  |               | Staff initials | PF | LH | LM | TM | CS | yes/no             | X  | X  | X  | X  | X  |                 |    |    |    |    |    |  |  |
| Staff initials   | PF   | LH            | LM             | TM | CS |    |    |    |                    |    |    |    |    |    |                 |    |    |    |    |    |  |  |
| yes/no   | X  | X             | X              | X  | X  |    |    |    |                    |    |    |    |    |    |                 |    |    |    |    |    |  |  |
| <p><b>Evidence of Staff Survey:</b> Interview at least one staff per site visited, no less than 5 staff</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 25%;">Staff initials</td> <td style="width: 10%;">PF</td> <td style="width: 10%;">LH</td> <td style="width: 10%;">LM</td> <td style="width: 10%;">TM</td> <td style="width: 10%;">CS</td> </tr> <tr> <td>+ or X /- or no</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">-*</td> </tr> </table> <p><b>Note where evidence found:</b><br/>QIS Quality Assurance Review File<br/>*New hire. Terminated employment prior to participating in staff survey.</p>   |  |               | Staff initials | PF | LH | LM | TM | CS | + or X /- or no    | X  | X  | X  | X  | -* |                 |    |    |    |    |    |  |  |
| Staff initials   | PF   | LH            | LM             | TM | CS |    |    |    |                    |    |    |    |    |    |                 |    |    |    |    |    |  |  |
| + or X /- or no  | X  | X             | X              | X  | -* |    |    |    |                    |    |    |    |    |    |                 |    |    |    |    |    |  |  |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

| STAFF RELATED:   | KEY (mark "+" or "X" if present, "-" or "no" if not) |    |    |    |     | Insert QAOS # |
|--|--|----|----|----|-----|---------------|
| <b>Evidence Found of Staff Training:</b>   |  |    |    |    |     |               |
| Staff initials   | PF   | LH | LM | TM | CS  |               |
| First Aid/CPR  | X  | X  | X  | X  | 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   | _*   | _* | _* | _* | _*  |               |
| CDS* complete w/in 6 months of hire date?  | **   | ** | X  | ** | **  |               |
| Medication Cert  | X  | X  | X  | X  | *** |               |
| <b>Note where evidence found:</b>  |  |    |    |    |     |               |
| *CDS = College of Direct Supports  |  |    |    |    |     |               |
| <b>Comments:</b>   |  |    |    |    |     |               |
| *IP/PSP training not provided in the files reviewed. Key BSW Inc. staff have completed Personal Support Planning training provided by the Developmental Disabilities Program. BSW Inc. has also chosen to create/hire a position of Personal Support Planning Specialist to help develop/monitor Personal Support Plans of individuals served. In that capacity, the Personal Support Planning Specialist attends 100% of meetings and assures components are being met. |  |    |    |    |     |               |
| **Still within 6 months of being hired full time   |  |    |    |    |     |               |
| ***New hire. Has attempted certification   |  |    |    |    |     |               |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

| PSP/IP CHECKLIST:  |  |                  |                  |                 |         |                   |      |       |                | KEY (mark "+" or "X" if present, "-" or "no" if not) | Insert QAOS # |
|--|--|------------------|------------------|-----------------|---------|-------------------|------|-------|----------------|--|---------------|
| Note Site Reviewed   |  | Processing Butte | Processing Butte | Work/Day Dillon | Lemm    | Work/Day Anaconda | Rahn | Walsh | Work/Day Butte |  |               |
| Consumer Initials  |  | █                | █                | █               | █       | █                 | █    | █     | █              |  |               |
| <b>O<br/>N<br/>S<br/>I<br/>T<br/>E</b>   | Consumer/Family Survey                   | X                | X                | X               | X       | X                 | X    | X     | X              |  |               |
|  | PSP/IP Doc avail to all staff            | X                | X                | X               | X       | X                 | X    | X     | X              |  |               |
|  | IPP/Actions Implemented                  | X                | X                | X               | X       | X                 | X    | X     | X              |  |               |
|  | Data for IPP/Actions                     | X                | X                | X               | X       | X                 | X    | X     | X              |  |               |
|  | Data Internally Monitored                | X                | X                | X               | X       | X                 | X    | X     | X              |  |               |
|  | Self Medication Objective                | NA               | NA               | NA              | NA      | NA                | NA   | NA    | NA             |  |               |
|  | Consumer informed of grievance procedure | X                | X                | X               | X       | X                 | X    | X     | X              |  |               |
|  | SL consumer choice of SL staff           | NA               | NA               | NA              | NA      | NA                | NA   | NA    | NA             |  |               |
|  | Right Restrictions                       | NA               | NA               | NA              | NA      | NA                | NA   | NA    | NA             |  |               |
| <b>C<br/>M<br/>I<br/>N<br/>P<br/>U<br/>T</b>   | ** PSP/IP Checklist                      | X                | X                | X               | X       | X                 | X    | X     | X              |  |               |
|  | PSP/IP completed Annually?               | X                | X                | X               | Initial | X                 | X    | X     | X              |  |               |
|  | Individual Needs Addressed?              | X                | X                | X               | X       | X                 | X    | X     | X              |  |               |
|  | Assessment Based?                        | X                | X                | X               | X       | X                 | X    | X     | X              |  |               |
|  | Quarterly Reports?                       | X                | X                | X               | X       | X                 | X    | X     | X              |  |               |
|  | Incident Reports Addressed?              | NA               | NA               | NA              | NA      | NA                | NA   | NA    | NA             |  |               |
|  | Behavioral Supports Addressed?           | NA               | NA               | NA              | NA      | NA                | NA   | NA    | NA             |  |               |
|  | Functional Analysis Needed?              | NA               | NA               | NA              | NA      | NA                | NA   | NA    | NA             |  |               |
| Free from Aversive Procedures?   | X  | X                | X                | X               | X       | X                 | X    | X     |                |  |               |
| <b>Comments: (regarding service planning and delivery)</b>   |  |                  |                  |                 |         |                   |      |       |                | ** = Case Manager                                    |               |
| Evacuation drills completed a minimum of monthly across most service areas. Drills are compiled quarterly and reviewed internally by the Safety Committee. Review of these drills noted evidence that drills are not being run on each shift. In order to assure health and safety, it is imperative that evacuation drills be across all services and across all shifts. <b>QAOS 4-12-10b</b> |  |                  |                  |                 |         |                   |      |       |                |  |               |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-Septmber 2009

| PSP/IP CHECKLIST:  |  | KEY (mark "+" or "X" if present, "-" or "no" if not) |                |                    |                    |                    |  |  | Insert QAOS #     |
|--|--|--|----------------|--------------------|--------------------|--------------------|--|--|-------------------|
| Note Site Reviewed   |  | Work/Day Anaconda                                    | Work/Day Butte | Community Supports | Community Supports | Community Supports |  |  |                   |
| Consumer Initials  |  | █  | █              | █                  | █                  | █                  |  |  |                   |
| <b>O<br/>N<br/>S<br/>I<br/>T<br/>E</b>                     | Consumer/Family Survey                   | X  | X              | X                  | X                  | X                  |  |  |                   |
|  | PSP/IP Doc avail to all staff            | X  | X              | X                  | X                  | X                  |  |  |                   |
|  | IPP/Actions Implemented                  | X  | X              | X                  | X                  | X                  |  |  |                   |
|  | Data for IPP/Actions                     | X  | X              | X                  | X                  | X                  |  |  |                   |
|  | Data Internally Monitored                | X  | X              | X                  | X                  | X                  |  |  |                   |
|  | Self Medication Objective                | NA   | NA             | NA                 | NA                 | NA                 |  |  |                   |
|  | Consumer informed of grievance procedure | X  | X              | X                  | X                  | X                  |  |  |                   |
|  | SL consumer choice of SL staff           | X  | NA             | NA                 | NA                 | NA                 |  |  |                   |
|  | Right Restrictions                       | NA   | NA             | NA                 | NA                 | NA                 |  |  |                   |
| <b>C<br/>M<br/>I<br/>N<br/>P<br/>U<br/>T</b>               | ** PSP/IP Checklist                      | X  | X              | X                  | X                  | X                  |  |  |                   |
|  | PSP/IP 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                  |  |  |                   |
|  | Incident Reports Addressed?              | NA   | NA             | NA                 | NA                 | NA                 |  |  |                   |
|  | Behavioral Supports Addressed?           | X  | NA             | NA                 | NA                 | NA                 |  |  |                   |
|  | Functional Analysis Needed?              | NA   | NA             | NA                 | NA                 | NA                 |  |  |                   |
|  | Free from Aversive Procedures?           | X  | X              | X                  | X                  | X                  |  |  |                   |
| <b>Comments: (regarding service planning and delivery)</b> |  |  |                |                    |                    |                    |  |  | ** = Case Manager |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

For consumer's sampled, list the PSP actions and documentation supporting the delivery of those services.

List all protocols and determine whether staff were able to accurately describe the supports necessary for the individual.

|   |   |
|---|---|
| Consumer Initials: ■■■  | Hours per Individual Cost Plan 4.83 hours per week                            |
| <b>Actions per PSP</b>  | <b>Evidence support provided consistently</b>                                 |
| BSW transport to BSW Thrift Store 1 x weekly  | Transportation Logs   |
| Vacuum when needed at BSW Thrift Store  | Therap, Quarterly Reports   |
| Complete tasks, not to exceed lifting 20 lbs (BSW Thrift Store)   | Therap, Quarterly Reports   |
| Wipe tables off at BSW Thrift Store   | Therap, Quarterly Reports   |
| BSW transport to Processing Plant   | Transportation Logs   |
| Wash toys at Processing Plant   | Therap, Quarterly Reports   |
| Take breaks to rest back  | Quarterly Reports   |
| Steam clothes 1 x every 2 weeks   | Therap, Quarterly Reports   |
| Provide lunch for Ron during the work week  | Quarterly Reports   |
| Complete tasks, not to exceed lifting 20 lbs (BSW Processing Plant)   | Therap, Quarterly Reports   |
| Case Manager contact Folk Festival Coordinator to research volunteer positions  | Case Notes  |
| Case Manager will speak with/meet Folk Festival Coordinator to find volunteer position, location, days/times and a contact person | Case Notes  |
| Remember not to take food from people in the community after already eating a meal  | Client Responsible  |
| Sign and review living arrangement choice form  | Living Arrangement Form   |
| Case Manager will keep referral for Supported Living updated annually   | Case Notes, Referral, Waiting List  |
| <b>Protocols</b>  | <b>Evidence staff clearly understood and were able to implement protocol?</b> |
| NA  |   |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

For consumer's sampled, list the PSP actions and documentation supporting the delivery of those services.

List all protocols and determine whether staff were able to accurately describe the supports necessary for the individual.

|                                      |   |
|--------------------------------------|---|
| Consumer Initials: [REDACTED]        | Hours per Individual Cost Plan 4.83 hours per week                            |
| <b>Actions per PSP</b>               | <b>Evidence support provided consistently</b>                                 |
| Wage information weekly-Thrift Store | Client Responsible  |
| Thrift Store tasks                   | Therap, Quarterly Reports   |
| Transportation to/from Thrift Store  | Transportation Logs   |
| PM3 twice yearly                     | PM3   |
| Sort hard goods twice monthly        | Therap, Quarterly Reports   |
| Wage information weekly-Processing   | Client Responsible  |
| Track errors in textile area         | Client Responsible  |
| Eye appointment                      | Client Responsible  |
| Special Olympics participation       | Therap, Quarterly Reports   |
| Bowling during season                | Therap, Quarterly Reports   |
| Darts                                | Client Responsible  |
| Transportation                       | Transportation Logs   |
| ADL daily                            | Client Responsible  |
| Self administer medications          | Client Responsible  |
| Manage health needs                  | Client Responsible  |
| <b>Protocols</b>                     | <b>Evidence staff clearly understood and were able to implement protocol?</b> |
| NA                                   |   |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

For consumer's sampled, list the PSP actions and documentation supporting the delivery of those services.

List all protocols and determine whether staff were able to accurately describe the supports necessary for the individual.

|   |   |
|---|---|
| Consumer Initials: ■■■                                    | Hours per Individual Cost Plan 16.06 hours per week |
| <b>Actions per PSP</b>                                    | <b>Evidence support provided consistently</b>       |
| Dishes as needed  | Family/Client Responsible                           |
| Watch tv/play Sega games                                  | Family/Client Responsible                           |
| Care for family animals                                   | Family/Client Responsible                           |
| Keep room clean   | Family/Client Responsible                           |
| Hygiene daily   | Family/Client Responsible                           |
| Set table as needed                                       | Family/Client Responsible                           |
| Vacuum as needed  | Family/Client Responsible                           |
| Medical needs   | Family/Client Responsible                           |
| Social history updated by Case Manager                    | Case Notes, Referral, Waiting List                  |
| Current referral by Case Manager                          | Case Notes, Referral, Waiting List                  |
| Family advise Case Manager of changes in living situation | Case Notes  |
| Case Manger inform family of screening opportunities      | Case Notes  |
| Deliver papers as needed                                  | Therap, Quarterly Reports                           |
| Clean microwave as needed                                 | Therap, Quarterly Reports                           |
| Clean refrigerator as needed                              | Therap, Quarterly Reports                           |
| Group outings   | Therap, Quarterly Reports                           |
| Thrift Store work   | Therap, Quarterly Reports                           |
| Leisure/Recreation  | Therap, Quarterly Reports                           |
| Prepare lunch weekly                                      | Therap, Quarterly Reports                           |
| Laundry weekly  | Therap, Quarterly Reports                           |
| Pictures on internet                                      | Therap, Quarterly Reports                           |
| Transportation  | Transportation Logs                                 |
| Special Olympics  | Therap, Quarterly Reports                           |
| Work with friends   | Therap, Quarterly Reports                           |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

|   |   |
|---|---|
| Consumer Initials: [REDACTED] continued |   |
| <b>Actions per PSP</b>                  | <b>Evidence support provided consistently</b>                                 |
| Pick up application from school         | Family/Client Responsible, Case Notes   |
| Fill out application                    | Family/Client Responsible, Case Notes   |
| Bring application to school             | Family/Client Responsible, Case Notes   |
| Attempted summer job at school          | Family/Client Responsible, Case Notes   |
| <b>Protocols</b>                        | <b>Evidence staff clearly understood and were able to implement protocol?</b> |
| Behavior                                | Therap, IR, Staff interviews, On-site visits                                  |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

For consumer's sampled, list the PSP actions and documentation supporting the delivery of those services.

List all protocols and determine whether staff were able to accurately describe the supports necessary for the individual.

|   |  |
|---|--|
| Consumer Initials: ■■■  | Hours per Individual Cost Plan 100.21 hours per week |
| <b>Actions per PSP</b>  | <b>Evidence support provided consistently</b>        |
| Assist with medication daily and medical appointments PRN       | MARS, Therap   |
| Assist with ADL's   | Therap   |
| Nutritious meals/snacks/supplements daily                       | Menus  |
| Contact doctor regarding two shower chairs                      | Therap   |
| Social activities 2 times per month                             | Therap, Quarterly Reports                            |
| Leisure activities daily  | Therap, Quarterly Reports                            |
| One-on-one outings 1 time per month                             | Therap, Quarterly Reports                            |
| Coordinate with other group homes for integration opportunities | Therap   |
| Fire drills/safety checks monthly                               | Emergency evacuation drill logs                      |
| Transportation  | Transportation logs                                  |
| Leisure activity daily  | Therap, Quarterly Reports                            |
| Brush teeth after lunch or PRN                                  | Therap, Quarterly Reports                            |
| Weigh 1 time weekly   | Therap   |
| Napkin to table   | Therap, Quarterly Reports                            |
| OT/PT orders  | Therap   |
| OT/PT   | Therap   |
| Leg braces as per OT/PT   | Therap   |
| Explore task opportunities                                      | Therap   |
| Training on touch talker  | In-service log                                       |
| Touch talker use  | Therap   |
| Encourage independent choices                                   | Quarterly Reports                                    |
| Set up web cam in bedroom                                       | Quarterly Reports                                    |
| Talk to family members by request                               | Quarterly Reports                                    |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

|   |   |
|---|---|
| Consumer Initials: [REDACTED] continued |   |
| <b>Protocols</b>                        | <b>Evidence staff clearly understood and were able to implement protocol?</b> |
| Bathing                                 | Staff interviews, On-site visits  |
| Feeding                                 | Staff interviews, On-site visits  |
| Ativan PRN                              | MARS, Staff interviews, On-site visits  |
| Liquid Ibuprofen PRN                    | MARS, Staff interviews, On-site visits  |
| Emergencies                             | Incident Reports, Therap, Staff interviews, On-site visits                    |
| Elidel cream PRN                        | MARS, Staff interviews, On-site visits  |
| Toileting                               | Therap, Staff interviews, On-site visits                                      |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-Septmber 2009

For consumer's sampled, list the PSP actions and documentation supporting the delivery of those services.

List all protocols and determine whether staff were able to accurately describe the supports necessary for the individual.

|                               |   |
|-------------------------------|---|
| Consumer Initials: [REDACTED] | Hours per Individual Cost Plan Not specified                                  |
| <b>Actions per PSP</b>        | <b>Evidence support provided consistently</b>                                 |
| Cell phone for safety         | Therap, Quarterly Reports   |
| Transportation                | Therap, Quarterly Reports   |
| Supported employment          | Therap, Quarterly Reports   |
| Residential habilitation      | Therap, Quarterly Reports   |
| Day habilitation              | Therap, Quarterly Reports   |
| <b>Protocols</b>              | <b>Evidence staff clearly understood and were able to implement protocol?</b> |
| NA                            |   |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

For consumer's sampled, list the PSP actions and documentation supporting the delivery of those services.

List all protocols and determine whether staff were able to accurately describe the supports necessary for the individual.

|                           |   |
|---------------------------|---|
| Consumer Initials: ■■■■■  | Hours per Individual Cost Plan Not specified                                  |
| <b>Actions per PSP</b>    | <b>Evidence support provided consistently</b>                                 |
| Social/Leisure/Recreation | Therap, Quarterly Reports   |
| Respite                   | Therap, Quarterly Reports   |
| <b>Protocols</b>          | <b>Evidence staff clearly understood and were able to implement protocol?</b> |
| NA                        |   |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

For consumer's sampled, list the PSP actions and documentation supporting the delivery of those services.

List all protocols and determine whether staff were able to accurately describe the supports necessary for the individual.

|   |   |
|---|---|
| Consumer Initials: ■■■                            | Hours per Individual Cost Plan 47.18 hours per week |
| <b>Actions per PSP</b>                            | <b>Evidence support provided consistently</b>       |
| Recreation/Leisure activities                     | Therap, Quarterly Reports                           |
| Transportation and assistance with medical        | Therap, Family provides                             |
| BSW provide healthy meals                         | Menus   |
| Assist/monitor medications                        | MARS  |
| Monitor eating as per protocol                    | Therap  |
| Monitor health/safety and follow seizure protocol | Incident Reports, Therap                            |
| Choose jobs daily                                 | Therap, Quarterly Reports                           |
| Tool safety                                       | Therap, Quarterly Reports                           |
| 1 on 1 aide                                       | Therap  |
| Attend social outing/event with 1:1 support       | Therap, Quarterly Reports                           |
| Special Olympics events                           | Therap, Quarterly Reports                           |
| Participate in State Special Olympics             | Therap, Quarterly Reports                           |
| Transportation to/from events                     | Therap, Transportation log                          |
| Look in to gym membership                         | Therap, Quarterly Reports                           |
| Walk with 1:1 minimum once weekly                 | Therap, Quarterly Reports                           |
| New MONA  | Case notes, Referral, MONA site                     |
| Update referral                                   | Case notes, Referral, Waiting list                  |
| Housing options                                   | Case notes, Referral, Waiting list                  |

|                  |   |
|------------------|---|
| <b>Protocols</b> | <b>Evidence staff clearly understood and were able to implement protocol?</b> |
| Medication       | MARS, Staff interviews, On-site visits  |
| Eating           | Staff interviews, On-site visits  |
| Seizure          | Incident Reports, Staff interviews, On-site visits                            |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

For consumer's sampled, list the PSP actions and documentation supporting the delivery of those services.

List all protocols and determine whether staff were able to accurately describe the supports necessary for the individual.

|   |   |
|---|---|
| Consumer Initials: ■■■                    | Hours per Individual Cost Plan 37.81 hours per week |
| <b>Actions per PSP</b>                    | <b>Evidence support provided consistently</b>       |
| Medical appointment and medications       | Therap, MARS  |
| Nutritious meals/snacks daily             | Menus   |
| Transportation                            | Transportation Logs                                 |
| Monthly fire drills/safety checks         | Emergency evacuation drill logs                     |
| Laundry/room cleaning assist as necessary | Therap  |
| Leisure and outings minimum twice monthly | Therap, Quarterly Reports                           |
| Daily grooming checklist                  | Therap, Quarterly Reports                           |
| Cut front/back of sock and inspect work   | Therap, Quarterly Reports                           |
| Work at BSW Thrift Store once weekly      | Therap, Quarterly Reports                           |
| Pick out date of trip                     | PSP, Quarterly Reports                              |
| Communicate finances for trip             | Therap, Quarterly Reports                           |
| Pack for trip/transportation to airport   | Therap, Quarterly Reports                           |

|                  |   |
|------------------|---|
| <b>Protocols</b> | <b>Evidence staff clearly understood and were able to implement protocol?</b> |
| NA               |   |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

For consumer's sampled, list the PSP actions and documentation supporting the delivery of those services.

List all protocols and determine whether staff were able to accurately describe the supports necessary for the individual.

|   |   |
|---|---|
| Consumer Initials: ■■■  | Hours per Individual Cost Plan 59.02 hours per week |
| <b>Actions per PSP</b>  | <b>Evidence support provided consistently</b>       |
| Wash hard goods weekly  | Therap, Quarterly Reports                           |
| Shred paper weekly  | Therap, Quarterly Reports                           |
| Computer skills   | Therap, Quarterly Reports                           |
| Family work on washing dishes/cleaning up after self          | Family Responsible                                  |
| Case Manager check in to horseback for Special Olympics       | Case Notes  |
| Sign up for Special Olympics                                  | Completed application, Quarterly Reports            |
| Aktion Club with family                                       | Family Responsible                                  |
| Group Home Special Olympics physical                          | Therap, Quarterly Reports                           |
| Group Home dances/other BSW related activities                | Therap, Quarterly Reports                           |
| Group Home explore options for bike riding                    | Quarterly Reports                                   |
| Group Home shopping, haircut, etc.                            | Therap, Quarterly Reports                           |
| Group Home boundaries program                                 | Therap, Quarterly Reports                           |
| Group Home medication administration                          | MARS  |
| Group Home laundry skills                                     | Therap, Quarterly Reports                           |
| Family remind to wash hands before meals                      | Family Responsible                                  |
| Group Home bathe/personal hygiene needs                       | Therap, Quarterly Reports                           |
| Transportation  | Transportation Logs                                 |
| Group Home 3 meals daily and snacks                           | Menus   |
| Group Home medications/appointments                           | Therap, Quarterly Reports                           |
| Group Home monthly fire drills, etc.                          | Evacuation Drill Logs                               |
| Payee   | Budget Requests, Receipts                           |
| Guardian birth certificate                                    | Guardian Responsible                                |
| Group Home Social Security Card/Medicaid Card to Case Manager | Case Notes, Case File                               |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

|   |   |
|---|---|
| Consumer Initials: [REDACTED] continued |   |
| <b>Protocols</b>                        | <b>Evidence staff clearly understood and were able to implement protocol?</b> |
| Boundaries                              | Staff Interviews, On-site Visits  |
| Bathing                                 | Staff Interviews, On-site Visits  |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

For consumer's sampled, list the PSP actions and documentation supporting the delivery of those services.

List all protocols and determine whether staff were able to accurately describe the supports necessary for the individual.

|   |  |
|---|--|
| Consumer Initials: ■■■  | Hours per Individual Cost Plan 16.0 hours per week |
| <b>Actions per PSP</b>  | <b>Evidence support provided consistently</b>      |
| Bowling/aerobics weekly                                       | Therap, Quarterly Reports                          |
| Special Olympics competition/BSW activities/SPARCS activities | Therap, Quarterly Reports, Guardian Responsible    |
| Take out into community                                       | Quarterly Reports, Guardian Responsible            |
| Make bed/using dishwasher                                     | Guardian Responsible                               |
| Speech evaluation   | Guardian Responsible                               |
| Group Home waiting list                                       | Case Notes, Referral, Waiting List                 |
| Less isolated and demanding                                   | Quarterly Reports, Guardian                        |
| Use clothes hangers   | Guardian Responsible                               |
| MONA  | Case Notes, Referral, MONA site                    |
| Additional funding to attend BSW Monday-Friday                | Case Notes, ICP                                    |
| Communication/shredding/computer                              | Therap, Quarterly Reports                          |

|                  |   |
|------------------|---|
| <b>Protocols</b> | <b>Evidence staff clearly understood and were able to implement protocol?</b> |
| NA               |   |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

For consumer's sampled, list the PSP actions and documentation supporting the delivery of those services.

List all protocols and determine whether staff were able to accurately describe the supports necessary for the individual.

|   |  |
|---|--|
| Consumer Initials: ■■■                                    | Hours per Individual Cost Plan Not specified         |
| <b>Actions per PSP</b>                                    | <b>Evidence support provided consistently</b>        |
| Assist filling medication once weekly                     | Therap, Quarterly Reports                            |
| Take medications daily                                    | Client responsible                                   |
| Case Manager assist with medication management scheduling | Case notes   |
| Appointments (physical, vision, hearing, dental)          | Client responsible                                   |
| Making healthier food choices                             | Client responsible                                   |
| Attend anger management appointments                      | Client responsible                                   |
| Request money from payee for bike tire tube               | Budget, Receipt                                      |
| YMCA/transportation                                       | Therap, Transportation log, Quarterly Reports        |
| Winter Olympics   | Therap, Quarterly Reports                            |
| Grocery shopping once weekly                              | Therap, Quarterly Reports, Budget requests, Receipts |
| Cable wire in living room                                 | Client responsible                                   |
| Apartment checks relating to chores                       | Therap, Quarterly Reports                            |
| Request money from payee for DMV to renew ID              | Budget requests, Receipt, New ID card                |
| Price Fairmont hotel/dinner                               | Case notes, Therap, Budget request, Receipts         |
| Talk to payee regarding trip                              | Case notes, Therap                                   |
| TRAC phone  | Therap, Quarterly Report                             |
| Walk to remain in control                                 | Client responsible                                   |

|                  |   |
|------------------|---|
| <b>Protocols</b> | <b>Evidence staff clearly understood and were able to implement protocol?</b> |
| NA               | NA  |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

For consumer's sampled, list the PSP actions and documentation supporting the delivery of those services.

List all protocols and determine whether staff were able to accurately describe the supports necessary for the individual.

|   |   |
|---|---|
| Consumer Initials: ■■■                                | Hours per Individual Cost Plan 87.52 hours per week |
| <b>Actions per PSP</b>                                | <b>Evidence support provided consistently</b>       |
| Case Manager inquire about living on own based on ICP | Case notes, PSP                                     |
| Apply for Section 8 housing                           | Therap, Quarterly Reports                           |
| Daily chores  | Therap  |
| Medical appointments                                  | Therap  |
| Transportation  | Transportation log                                  |
| Medication administration                             | MARS  |
| Manage hygiene  | Therap  |
| Gamble twice weekly                                   | Therap  |
| Recreation/Leisure activities                         | Therap, Quarterly Reports                           |
| Cook minimum once weekly                              | Therap, Quarterly Reports                           |
| Behavior protocol                                     | Therap, Quarterly Reports                           |
| Payee   | Bank statements                                     |
| Clean store and work area                             | Therap  |
| Supply pick up/delivery                               | Therap  |
| Wood shop jobs  | Therap, Quarterly Reports                           |
| Tool safety   | Therap, Quarterly Reports                           |
| Thrift store activities                               | Therap, Quarterly Reports                           |
| Shovel walk during winter months                      | Therap  |
| Recreation/Leisure activities                         | Therap, Quarterly Reports                           |
| Healthy meals at center                               | Menus   |
| Transportation  | Transportation log                                  |
| Pick up papers on Wednesday and Friday                | Therap, Quarterly Reports                           |
| Deliver papers on route                               | Therap, Quarterly Reports                           |
| Special Olympics practice                             | Therap, Quarterly Reports                           |
| Special Olympics attendance                           | Therap, Quarterly Reports                           |
| Special Olympics State Games                          | Therap, Quarterly Reports                           |
| Transportation to/from games/practice                 | Transportation log                                  |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

|   |   |
|---|---|
| Consumer Initials: [REDACTED] continued |   |
| Budget for hotel                        | Budget request, Receipt   |
| Choose trip                             | Therap  |
| Save money for trip                     | Budget, Bank statements   |
| Staff accompany on trip                 | Therap, Quarterly Reports   |
| <b>Protocols</b>                        | <b>Evidence staff clearly understood and were able to implement protocol?</b> |
| Behavior                                | Incident Reports, Staff interviews, On-site visits                            |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

For consumer's sampled, list the PSP actions and documentation supporting the delivery of those services.

List all protocols and determine whether staff were able to accurately describe the supports necessary for the individual.

|  |   |
|--|---|
| Consumer Initials: ■■■                                       | Hours per Individual Cost Plan 15.47 hours per week                           |
| <b>Actions per PSP</b>                                       | <b>Evidence support provided consistently</b>                                 |
| Bathing/Hygiene  | Parents responsible   |
| Empty dishwasher/Clothes away                                | Parents responsible   |
| Dressing/Daily living skills                                 | Parents responsible   |
| Case Manager update referral                                 | Case notes, Referral, Waiting list  |
| Hanger tabs minimum twice weekly                             | Therap, Quarterly Reports   |
| Processing work activities/Thrift Store activities on Monday | Therap, Quarterly Reports   |
| Shred paper once weekly                                      | Therap, Quarterly Reports   |
| Computer/Craft activities twice weekly                       | Therap, Quarterly Reports   |
| Bowling  | Therap, Quarterly Reports   |
| Special Olympics participation                               | Therap, Quarterly Reports   |
| Social event participation                                   | Therap, Quarterly Reports   |
| Lunch in community once monthly                              | Therap, Quarterly Reports   |
| Family outings/Trips   | Parents responsible   |
| <b>Protocols</b>   | <b>Evidence staff clearly understood and were able to implement protocol?</b> |
| NA   |   |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

| RESIDENTIAL SITE CHECKLIST:   |   | KEY (mark "+" or "X" if present, "-" or "no" if not) |                 |                 |                        |  |  | Insert QAOS # |
|---|---|--|-----------------|-----------------|------------------------|--|--|---------------|
| Site Name:  |   | Lemm<br>4-21-09                                      | Rahn<br>9-16-09 | Walsh<br>4-2-09 | Commercial<br>10-19-09 |  |  |               |
| <b>H<br/>E<br/>A<br/>L<br/>T<br/>H<br/><br/>S<br/>A<br/>F<br/>E<br/>T<br/>Y</b>   | Bathing procedures posted                   | X  | X               | X               | X                      |  |  |               |
|   | Clean/Sanitary Environment                  | X  | X               | X               | X                      |  |  |               |
|   | Egress                                      | X  | X               | X               | X                      |  |  |               |
|   | Hot Water Temps                             | X  | X               | X               | **                     |  |  |               |
|   | Emergency Assistance                        | X  | X               | X               | X                      |  |  |               |
|   | Fire Extinguishers/Smoke Detectors          | X  | X               | X               | X                      |  |  |               |
|   | First Aid/CPR Supplies Accessible/Available | X  | X               | X               | X                      |  |  |               |
|   | PRN Medications                             | X  | X               | X               | X                      |  |  |               |
|   | Medication Procedures                       | X  | X               | X               | ***                    |  |  |               |
|   | Medication Locked Storage                   | X  | X               | X               | X                      |  |  |               |
|   | Medication Administration Records           | X  | X               | X               | X                      |  |  |               |
|   | Staff Ratios or ICP staffing                | X  | X               | X               | X                      |  |  |               |
|   | Awake Overnight Staff                       | X  | X               | X               | X                      |  |  |               |
|   | Adequate Supplies                           | X  | X               | X               | X                      |  |  |               |
| Storage of Supplies   | X   | X  | X               | X               |                        |  |  |               |
| Free from aversive procedures?  | X   | X  | X               | X               |                        |  |  |               |
| <b>D<br/>A<br/>I<br/>L<br/>Y</b>  | Weekly integrated activities                | X  | X               | X               | X                      |  |  |               |
|   | House or Site Rules                         | X  | *A              | X               | *B                     |  |  |               |
|   | Opportunity for choice, self determination  | X  | X               | X               | X                      |  |  |               |
|   | Meal Prep, Mealtime                         | X  | X               | X               | X                      |  |  |               |
|   | Engagement in Daily Life                    | X  | X               | X               | X                      |  |  |               |
|   | Participation in Daily Living Skills        | X  | X               | X               | X                      |  |  |               |
|   | Daily Leisure Opportunities                 | X  | X               | X               | X                      |  |  |               |
| Staff Trained in Individual Specifics   | X   | X  | X               | X               |                        |  |  |               |
| <b>Comments:</b> *House rules formulated by residents on A-February 2010, B-October 2009<br>**Temperature regulation not required in Supported Living setting, but still monitored<br>***Medication protocols developed December 2009 |   |  |                 |                 |                        |  |  |               |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

| RESIDENTIAL SITE CHECKLIST:  |   |      |      |      |      |      |       |       | KEY (mark "+" or "X" if present, "-" or "no" if not) | Insert QAOS # |
|--|---|------|------|------|------|------|-------|-------|--|---------------|
| Vehicle Identification:  |   | BSW3 | BSW4 | BSW6 | BSW7 | BSW8 | BSW15 | BSW21 |  |               |
| T<br>R<br>A<br>N<br>S<br>P<br>O<br>R<br>T<br>A<br>T<br>I<br>O<br>N   | Driver Orientation Program                  | X    | X    | X    | X    | X    | X     | X     |  |               |
|  | Wheelchair tie downs                        | NA   | NA   | NA   | NA   | X    | X     | NA    |  |               |
|  | Wheelchair Lift                             | NA   | NA   | NA   | NA   | X    | X     | NA    |  |               |
|  | Driver's Licenses                           | X    | X    | X    | X    | X    | X     | X     |  |               |
|  | Emergency Supplies                          | X    | X    | X    | X    | X    | X     | X     |  |               |
|  | Fire Extinguisher                           | X    | X    | X    | X    | X    | X     | X     |  |               |
|  | Transportation Log                          | X    | X    | X    | X    | X    | X     | X     |  |               |
|  | Scheduled Maintenance Program               | X    | X    | X    | X    | X    | X     | X     |  |               |
|  | Training-Staff Doing Maintenance Checks     | X    | X    | X    | X    | X    | X     | X     |  |               |
|  | Procedures for Timely Repairs               | X    | X    | X    | X    | X    | X     | X     |  |               |
|  | MDT* inspection on file (MDT vehicles only) | NA   | NA   | NA   | X    | X    | X     | X     |  |               |
| <b>Comments:</b>   |   |      |      |      |      |      |       |       |  |               |
| BSW Inc. conducts both daily/monthly safety checks of vehicles, which includes a maintenance checklist. Evidence present relating to training of staff using the Department of Transportation guidelines. Training includes proper use of tie down and wheelchair lifts. Health and safety is primary and all drivers are First Aid/CPR certified. Fire extinguishers checked/marked monthly and serviced yearly. Thoroughness is present in the cleaning/presentation of vehicles both internally/externally. |   |      |      |      |      |      |       |       |  |               |
| *MDT = Montana Department of Transportation  |   |      |      |      |      |      |       |       |  |               |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

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

| STAFF SURVEY:                          |   |    |    |    |    |    | KEY (mark "+" or "X" if present, "-" or "no" if not) | Insert QAOS # |
|--|---|----|----|----|----|----|--|---------------|
| Staff Initials:                        |   | PF | LH | LM | TM | AP |  |               |
| <b>A<br/>B<br/>U<br/>S<br/>E</b>       | Allegations are reported to? (APS)                            | -* | X  | X  | X  | X  |  |               |
|  | Do you notify Supervisor first? (NO)                          | -* | X  |    |    |    |  |               |
|  | Steps to take if abuse is discovered?                         | X  |    | X  | X  | X  |  |               |
|  | <b>Comments:</b><br>*Training verified. Trend not established |    |    |    |    |    |  |               |
| <b>R<br/>I<br/>G<br/>H<br/>T<br/>S</b> | Suspect theft of gloves, steps to take?                       | X  | X  | X  | X  | X  |  |               |
|  | IP/PSP request Doctors appt                                   | X  |    |    | X  | X  |  |               |
|  | No jacket, -25 consumer wants to leave                        |    | X  | X  |    |    |  |               |
|  | Review Rights Restriction                                     |    |    |    |    |    |  |               |
| <b>Comments:</b>                       |   |    |    |    |    |    |  |               |
| <b>*<br/>B<br/>M<br/>P</b>             | Describe consumer behaviors                                   | NA | NA | NA | NA | NA |  |               |
|  | Staff response to behaviors by plan                           | NA | NA | NA | NA | NA |  |               |
|  | List proactive or environmental strategies                    | NA | NA | NA | NA | NA |  |               |
|  | <b>Comments:</b><br>No behavior support plans/protocols       |    |    |    |    |    |  |               |
| * = Behavior Management Plans          |   |    |    |    |    |    |  |               |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

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

| STAFF SURVEY:   |   | KEY (mark "+" or "X" if present, "-" or "no" if not) |    |    |    |      | Insert QAOS # |
|---|---|--|----|----|----|------|---------------|
| Staff Initials:   |   | PF   | LH | LM | TM | AP   |               |
| <b>O<br/>R<br/>I<br/>E<br/>N<br/>T<br/>A<br/>T<br/>I<br/>O<br/>N</b>  | Former employee wants information         | X  | X  | X  |    |      |               |
|   | What is consumer information?             | X  | X  |    | X  | X    |               |
|   | Training to meet health and safety needs? |  |    |    | X  | X    |               |
|   | Emergency evacuation procedures?          |  |    | X  |    |      |               |
| <b>Comments:</b>  |   |  |    |    |    |      |               |
| <b>M<br/>E<br/>D<br/>I<br/>C<br/>A<br/>T<br/>I<br/>O<br/>N<br/>S</b>  | Describe procedure to assist with meds    | X  |    | X  | X  | NA** |               |
|   | If medication unavailable?                |  | X  | X  |    | NA** |               |
|   | If gave wrong medication?                 |  |    |    | X  | NA** |               |
|   | If moving to a new place/gets new med?    |  |    |    |    | NA** |               |
|   | Requirement to assist with medications?   | X  | X  |    |    | NA** |               |
|   | Describe PRN/OTC* is to be given?         |  |    |    |    | NA** |               |
|   | What constitutes a medication error?      |  |    |    |    | NA** |               |
| <b>Comments:</b><br>**-Not medication certified. Inappropriate to complete this section.<br>*OTC = Over-The-Counter |   |  |    |    |    |      |               |
| <b>B<br/>E<br/>H<br/>A<br/>V<br/>I<br/>O<br/>R</b>  | Destroying things?                        | X  | X  | X  | X  | X    |               |
|   | Consumer pinch staff, staff pinch back    | X  | X  | X  | X  | X    |               |
|   | Behavior support plan?                    |  |    |    |    |      |               |
|   | <b>Comments:</b>                          |  |    |    |    |      |               |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-Septmber 2009

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

| STAFF SURVEY:                    |  | KEY (mark "+" or "X" if present, "-" or "no" if not) |    |    |    |    | Insert QAOS # |
|----------------------------------|--|--|----|----|----|----|---------------|
| Staff Initials:                  |  | PF   | LH | LM | TM | AP |               |
| <b>*<br/>E<br/>R<br/>C</b>       | Steps to avoid power struggles                                 | X  | X  |    | X  | X  |               |
|                                  | How to respond to someone who is upset                         | X  |    | X  | X  |    |               |
|                                  | What to do if start to lose control?                           |  | X  | X  |    | X  |               |
|                                  | <b>Comments:</b><br><br>* = Emotionally Responsible Caregiving |  |    |    |    |    |               |
| <b>I<br/>P<br/>P<br/>S<br/>P</b> | IP/PSP based on?   | X  | X  | X  | X  |    |               |
|                                  | Training objective idea/change                                 | X  | X  | X  | X  | X  |               |
|                                  | Purpose of assessments?  |  |    |    |    |    |               |
|                                  | What a person would like to do?                                |  |    |    |    | X  |               |
| <b>Comments:</b>                 |  |  |    |    |    |    |               |
| <b>**<br/>I<br/>R</b>            | Fill out IR?   |  |    |    |    |    |               |
|                                  | Notification procedure when go to ER?                          |  | X  | X  | X  | X  |               |
|                                  | Document 2 consumers in incident?                              | X  |    |    | X  | X  |               |
|                                  | Who writes IR?   | X  | X  | X  |    |    |               |
|                                  | <b>Comments:</b><br><br>** = Incident Reporting and Management |  |    |    |    |    |               |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

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

| STAFF SURVEY:                          |   |    |    |    |    |    | KEY (mark "+" or "X" if present, "-" or "no" if not) | Insert QAOS # |
|--|---|----|----|----|----|----|--|---------------|
| Staff Initials:                        |   | BB | JC | SC | BC | JD |  |               |
| <b>A<br/>B<br/>U<br/>S<br/>E</b>       | Allegations are reported to? (APS)                      |    | X  | X  | X  | -  |  |               |
|  | Do you notify Supervisor first? (NO)                    | X  | X  | X  | X  | X  |  |               |
|  | Steps to take if abuse is discovered?                   | X  |    |    |    | X  |  |               |
|  | <b>Comments:</b>  |    |    |    |    |    |  |               |
| <b>R<br/>I<br/>G<br/>H<br/>T<br/>S</b> | Suspect theft of gloves, steps to take?                 | X  | X  | X  | X  | X  |  |               |
|  | IP/PSP request Doctors appt                             | X  |    |    | X  |    |  |               |
|  | No jacket, -25 consumer wants to leave                  |    | X  | X  |    | X  |  |               |
|  | Review Rights Restriction                               |    |    |    |    |    |  |               |
| <b>Comments:</b>                       |   |    |    |    |    |    |  |               |
| <b>*<br/>B<br/>M<br/>P</b>             | Describe consumer behaviors                             | NA | NA | NA | X  |    |  |               |
|  | Staff response to behaviors by plan                     | NA | NA | NA |    | X  |  |               |
|  | List proactive or environmental strategies              | NA | NA | NA | X  | X  |  |               |
|  | <b>Comments:</b><br>No behavior support plans/protocols |    |    |    |    |    |  |               |
| * = Behavior Management Plans          |   |    |    |    |    |    |  |               |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

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

| STAFF SURVEY:  |   | KEY (mark "+" or "X" if present, "-" or "no" if not) |    |    |    |    | Insert QAOS # |
|--|---|--|----|----|----|----|---------------|
| Staff Initials:  |   | BB   | JC | SC | BC | JD |               |
| <b>O<br/>R<br/>I<br/>E<br/>N<br/>T<br/>A<br/>T<br/>I<br/>O<br/>N</b> | Former employee wants information         | X  | X  | X  |    | X  |               |
|  | What is consumer information?             |  | X  | X  | X  |    |               |
|  | Training to meet health and safety needs? | X  |    |    |    | X  |               |
|  | Emergency evacuation procedures?          |  |    |    | X  |    |               |
| <b>Comments:</b>   |   |  |    |    |    |    |               |
| <b>M<br/>E<br/>D<br/>I<br/>C<br/>A<br/>T<br/>I<br/>O<br/>N<br/>S</b> | Describe procedure to assist with meds    |  |    |    |    |    |               |
|  | If medication unavailable?                |  | X  | X  |    | X  |               |
|  | If gave wrong medication?                 | X  | X  |    |    | X  |               |
|  | If moving to a new place/gets new med?    |  |    |    |    |    |               |
|  | Requirement to assist with medications?   | X  |    |    | X  |    |               |
|  | Describe PRN/OTC* is to be given?         |  |    | X  | X  |    |               |
|  | What constitutes a medication error?      |  |    |    |    |    |               |
| <b>Comments:</b>   |   |  |    |    |    |    |               |
| *OTC = Over-The-Counter  |   |  |    |    |    |    |               |
| <b>B<br/>E<br/>H<br/>A<br/>V<br/>I<br/>O<br/>R</b>                   | Destroying things?                        | X  | X  | X  | X  |    |               |
|  | Consumer pinch staff, staff pinch back    | X  | X  | X  | X  | X  |               |
|  | Behavior support plan?                    |  |    |    |    | X  |               |
|  | <b>Comments:</b>                          |  |    |    |    |    |               |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-Septmber 2009

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

| STAFF SURVEY:                    |  | KEY (mark "+" or "X" if present, "-" or "no" if not) |    |    |    |    | Insert QAOS # |
|----------------------------------|--|--|----|----|----|----|---------------|
| Staff Initials:                  |  | BB   | JC | SC | BC | JD |               |
| <b>E<br/>R<br/>C</b>             | * Steps to avoid power struggles                               | X  | X  |    | X  | X  |               |
|                                  | How to respond to someone who is upset                         |  |    | X  |    | X  |               |
|                                  | What to do if start to lose control?                           | X  | X  | X  | X  |    |               |
|                                  | <b>Comments:</b><br><br>* = Emotionally Responsible Caregiving |  |    |    |    |    |               |
| <b>I<br/>P<br/>P<br/>S<br/>P</b> | IP/PSP based on?   | X  | X  | X  | X  | X  |               |
|                                  | Training objective idea/change                                 | X  | X  |    | X  | X  |               |
|                                  | Purpose of assessments?  |  |    | X  |    |    |               |
|                                  | What a person would like to do?                                |  |    |    |    |    |               |
| <b>Comments:</b>                 |  |  |    |    |    |    |               |
| <b>I<br/>R</b>                   | ** Fill out IR?  |  |    |    | X  |    |               |
|                                  | Notification procedure when go to ER?                          | X  | X  | X  | X  | X  |               |
|                                  | Document 2 consumers in incident?                              | X  |    |    |    | X  |               |
|                                  | Who writes IR?   |  | X  | X  |    |    |               |
|                                  | <b>Comments:</b><br><br>** = Incident Reporting and Management |  |    |    |    |    |               |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

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

| STAFF SURVEY:                          |   |    |    |    |    |    | KEY (mark "+" or "X" if present, "-" or "no" if not) | Insert QAOS # |
|--|---|----|----|----|----|----|--|---------------|
| Staff Initials:                        |   | EL | HL | DL | SP | KR |  |               |
| <b>A<br/>B<br/>U<br/>S<br/>E</b>       | Allegations are reported to? (APS)                      | X  |    | X  | X  | X  |  |               |
|  | Do you notify Supervisor first? (NO)                    | X  | X  |    |    | X  |  |               |
|  | Steps to take if abuse is discovered?                   |    | X  | X  | X  |    |  |               |
|  | <b>Comments:</b>  |    |    |    |    |    |  |               |
| <b>R<br/>I<br/>G<br/>H<br/>T<br/>S</b> | Suspect theft of gloves, steps to take?                 |    | X  | X  | X  |    |  |               |
|  | IP/PSP request Doctors appt                             | X  | X  |    |    | X  |  |               |
|  | No jacket, -25 consumer wants to leave                  | X  |    | X  | X  | X  |  |               |
|  | Review Rights Restriction                               |    |    |    |    |    |  |               |
| <b>Comments:</b>                       |   |    |    |    |    |    |  |               |
| <b>*<br/>B<br/>M<br/>P</b>             | Describe consumer behaviors                             | NA | NA | NA | NA | NA |  |               |
|  | Staff response to behaviors by plan                     | NA | NA | NA | NA | NA |  |               |
|  | List proactive or environmental strategies              | NA | NA | NA | NA | NA |  |               |
|  | <b>Comments:</b><br>No behavior support plans/protocols |    |    |    |    |    |  |               |
| * = Behavior Management Plans          |   |    |    |    |    |    |  |               |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

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

| STAFF SURVEY:  |   | KEY (mark "+" or "X" if present, "-" or "no" if not) |    |    |    |    | Insert QAOS # |
|--|---|--|----|----|----|----|---------------|
| Staff Initials:  |   | EL   | HL | DL | SP | KR |               |
| <b>O<br/>R<br/>I<br/>E<br/>N<br/>T<br/>A<br/>T<br/>I<br/>O<br/>N</b> | Former employee wants information         |  |    |    | X  | X  |               |
|  | What is consumer information?             | X  | X  | X  |    |    |               |
|  | Training to meet health and safety needs? | X  | X  | X  |    |    |               |
|  | Emergency evacuation procedures?          |  |    |    | X  | X  |               |
|  | <b>Comments:</b>                          |  |    |    |    |    |               |
| <b>M<br/>E<br/>D<br/>I<br/>C<br/>A<br/>T<br/>I<br/>O<br/>N<br/>S</b> | Describe procedure to assist with meds    |  |    |    | X  |    |               |
|  | If medication unavailable?                |  |    | X  |    | X  |               |
|  | If gave wrong medication?                 | X  | X  | X  |    |    |               |
|  | If moving to a new place/gets new med?    |  |    |    |    |    |               |
|  | Requirement to assist with medications?   |  | X  |    |    | X  |               |
|  | Describe PRN/OTC* is to be given?         |  |    |    |    |    |               |
|  | What constitutes a medication error?      | X  |    |    | X  |    |               |
| <b>Comments:</b>   |   |  |    |    |    |    |               |
| *OTC = Over-The-Counter  |   |  |    |    |    |    |               |
| <b>B<br/>E<br/>H<br/>A<br/>V<br/>I<br/>O<br/>R</b>                   | Destroying things?                        |  | X  |    |    | X  |               |
|  | Consumer pinch staff, staff pinch back    | X  | X  | X  | X  | X  |               |
|  | Behavior support plan?                    | X  |    | X  | X  |    |               |
|  | <b>Comments:</b>                          |  |    |    |    |    |               |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

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

| STAFF SURVEY:                    |  |    |    |    |    | KEY (mark "+" or "X" if present, "-" or "no" if not) | Insert QAOS # |
|----------------------------------|--|----|----|----|----|--|---------------|
| Staff Initials:                  | EL   | HL | DL | SP | KR |  |               |
| <b>*<br/>E<br/>R<br/>C</b>       | Steps to avoid power struggles                                 |    | X  | X  | X  | X  |               |
|                                  | How to respond to someone who is upset                         | X  |    |    | X  | X  |               |
|                                  | What to do if start to lose control?                           | X  | X  | X  |    |  |               |
|                                  | <b>Comments:</b><br><br>* = Emotionally Responsible Caregiving |    |    |    |    |  |               |
| <b>I<br/>P<br/>P<br/>S<br/>P</b> | IP/PSP based on?   | X  |    | X  | X  | X  |               |
|                                  | Training objective idea/change                                 |    | X  | X  |    |  |               |
|                                  | Purpose of assessments?  | X  | X  |    |    |  |               |
|                                  | What a person would like to do?                                |    |    |    | X  | X  |               |
| <b>Comments:</b>                 |  |    |    |    |    |  |               |
| <b>**<br/>I<br/>R</b>            | Fill out IR?   |    | X  | X  |    |  |               |
|                                  | Notification procedure when go to ER?                          | X  |    | X  | X  | X  |               |
|                                  | Document 2 consumers in incident?                              | X  |    |    | X  | X  |               |
|                                  | Who writes IR?   |    | X  |    |    |  |               |
|                                  | <b>Comments:</b><br><br>** = Incident Reporting and Management |    |    |    |    |  |               |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

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

| STAFF SURVEY:                          |   |                 |    |  |  |  | KEY (mark "+" or "X" if present, "-" or "no" if not) | Insert QAOS # |
|--|---|-----------------|----|--|--|--|--|---------------|
|  |   | Staff Initials: | CR |  |  |  |  |               |
| <b>A<br/>B<br/>U<br/>S<br/>E</b>       | Allegations are reported to? (APS)                      |                 | X  |  |  |  |  |               |
|  | Do you notify Supervisor first? (NO)                    |                 |    |  |  |  |  |               |
|  | Steps to take if abuse is discovered?                   |                 | X  |  |  |  |  |               |
|  | <b>Comments:</b>  |                 |    |  |  |  |  |               |
| <b>R<br/>I<br/>G<br/>H<br/>T<br/>S</b> | Suspect theft of gloves, steps to take?                 |                 | X  |  |  |  |  |               |
|  | IP/PSP request Doctors appt                             |                 |    |  |  |  |  |               |
|  | No jacket, -25 consumer wants to leave                  |                 | X  |  |  |  |  |               |
|  | Review Rights Restriction                               |                 |    |  |  |  |  |               |
| <b>Comments:</b>                       |   |                 |    |  |  |  |  |               |
| <b>*<br/>B<br/>M<br/>P</b>             | Describe consumer behaviors                             |                 | NA |  |  |  |  |               |
|  | Staff response to behaviors by plan                     |                 | NA |  |  |  |  |               |
|  | List proactive or environmental strategies              |                 | NA |  |  |  |  |               |
|  | <b>Comments:</b><br>No behavior support plans/protocols |                 |    |  |  |  |  |               |
| * = Behavior Management Plans          |   |                 |    |  |  |  |  |               |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

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

| STAFF SURVEY:                                       |   | KEY (mark "+" or "X" if present, "-" or "no" if not) |  |  |  |  | Insert QAOS # |
|---|---|--|--|--|--|--|---------------|
| Staff Initials:                                     |   | CR   |  |  |  |  |               |
| O<br>R<br>I<br>E<br>N<br>T<br>A<br>T<br>I<br>O<br>N | Former employee wants information         | X  |  |  |  |  |               |
|   | What is consumer information?             | X  |  |  |  |  |               |
|   | Training to meet health and safety needs? |  |  |  |  |  |               |
|   | Emergency evacuation procedures?          |  |  |  |  |  |               |
|   | <b>Comments:</b>                          |  |  |  |  |  |               |
| M<br>E<br>D<br>I<br>C<br>A<br>T<br>I<br>O<br>N<br>S | Describe procedure to assist with meds    | X  |  |  |  |  |               |
|   | If medication unavailable?                |  |  |  |  |  |               |
|   | If gave wrong medication?                 |  |  |  |  |  |               |
|   | If moving to a new place/gets new med?    |  |  |  |  |  |               |
|   | Requirement to assist with medications?   |  |  |  |  |  |               |
|   | Describe PRN/OTC* is to be given?         |  |  |  |  |  |               |
|   | What constitutes a medication error?      | X  |  |  |  |  |               |
| <b>Comments:</b>                                    |   |  |  |  |  |  |               |
| *OTC = Over-The-Counter                             |   |  |  |  |  |  |               |
| B<br>E<br>H<br>A<br>V<br>I<br>O<br>R                | Destroying things?                        | X  |  |  |  |  |               |
|   | Consumer pinch staff, staff pinch back    |  |  |  |  |  |               |
|   | Behavior support plan?                    | X  |  |  |  |  |               |
|   | <b>Comments:</b>                          |  |  |  |  |  |               |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

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

| STAFF SURVEY:                    |  |    |  |  |  | KEY (mark "+" or "X" if present, "-" or "no" if not) | Insert QAOS # |
|----------------------------------|--|----|--|--|--|--|---------------|
| Staff Initials:                  |  | CR |  |  |  |  |               |
| <b>E<br/>R<br/>C</b>             | * Steps to avoid power struggles                               |    |  |  |  |  |               |
|                                  | How to respond to someone who is upset                         | X  |  |  |  |  |               |
|                                  | What to do if start to lose control?                           | X  |  |  |  |  |               |
|                                  | <b>Comments:</b><br><br>* = Emotionally Responsible Caregiving |    |  |  |  |  |               |
| <b>I<br/>P<br/>P<br/>S<br/>P</b> | IP/PSP based on?   | X  |  |  |  |  |               |
|                                  | Training objective idea/change                                 |    |  |  |  |  |               |
|                                  | Purpose of assessments?  | X  |  |  |  |  |               |
|                                  | What a person would like to do?                                |    |  |  |  |  |               |
| <b>Comments:</b>                 |  |    |  |  |  |  |               |
| <b>I<br/>R</b>                   | ** Fill out IR?  |    |  |  |  |  |               |
|                                  | Notification procedure when go to ER?                          | X  |  |  |  |  |               |
|                                  | Document 2 consumers in incident?                              | X  |  |  |  |  |               |
|                                  | Who writes IR?   |    |  |  |  |  |               |
|                                  | <b>Comments:</b><br><br>** = Incident Reporting and Management |    |  |  |  |  |               |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

| CONSUMER QUESTIONNAIRE BY QIS:  |   |  |  |   | Use with individuals who can answer questions |    | Insert<br>QAOS # |    |    |  |
|---|---|--|--|---|---|----|------------------|----|----|--|
| KEY (mark "+" or "X" if present, "-" or "no" if not) "-" or "no" indicates need for follow up |   |  |  |   |   |    |                  |    |    |  |
| ALL questions are MANDATORY   |   |  |  |   | Consumer Initials:                            |    |                  |    |    |  |
| Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)                |   |  |  |   | X   | X  | NA               | X  | NA |  |
| C<br>O<br>N<br>S<br>U<br>M<br>E<br>R  | Do you have nice staff at home/work?                                    |  |  |   | X   | X  | X                | X  | X  |  |
|   | Is anyone mean to you at home/work?                                     |  |  |   | -*  | -* | -*               | -* | -* |  |
|   | Do you like where you live/work?  |  |  |   | X   | X  | X                | X  | X  |  |
|   | Are you ever afraid of anyone?  |  |  |   | -*  | -* | -*               | -* | -* |  |
|   | <b>Someone hits/hurts you, who can you tell?</b>                        |  |  |   | X   | X  | X                | X  | X  |  |
|   | <b>Does anyone talk to you about this?</b>                              |  |  |   | X   | X  | X                | X  | X  |  |
|   | Can you get help when you need it?                                      |  |  |   | X   | X  | X                | X  | X  |  |
|   | from staff?   |  |  |   | X   | X  | X                | X  | X  |  |
|   | from Case Manager?  |  |  |   | X   | X  | X                | X  | X  |  |
|   | Can you get your own food/drink?  |  |  |   | X   | X  | X                | X  | X  |  |
|   | Do people come into your house/room w/o knocking or getting permission? |  |  |   | -*  | -* | -*               | -* | -* |  |
|   | Do staff ever take things from you?                                     |  |  |   | -*  | -* | -*               | -* | -* |  |
|   | Can you get rides to places you need to go?                             |  |  |   | X   | X  | X                | X  | X  |  |
|   | Rides to the places you want to go?                                     |  |  |   | X   | X  | X                | X  | X  |  |
|   | <b>Who is your Case Manager?</b>  |  |  |   | X   | X  | X                | X  | X  |  |
|   | <b>Does s/he talk to you about waiver services?</b>                     |  |  |   | X   | X  | X                | X  | X  |  |
| <b>Does s/he help you get what you need?</b>  |   |  |  | X | X   | X  | X                | X  |    |  |
| <b>Comments:</b><br>* Not a negative response. No need for follow up.                         |   |  |  |   |   |    |                  |    |    |  |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

| CONSUMER QUESTIONNAIRE BY QIS:  |   |                    |    |    | Use with individuals who can answer questions | Insert QAOS # |  |
|---|---|--------------------|----|----|---|---------------|--|
| KEY (mark "+" or "X" if present, "-" or "no" if not) "-" or "no" indicates need for follow up |   |                    |    |    |   |               |  |
| ALL questions are MANDATORY   |   | Consumer Initials: |    |    |   |               |  |
| Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)                |   | NA                 | X  | NA | X   | X             |  |
| C<br>O<br>N<br>S<br>U<br>M<br>E<br>R  | Do you have nice staff at home/work?                                    | X                  | X  | X  | X   | X             |  |
|   | Is anyone mean to you at home/work?                                     | _*                 | _* | _* | _*  | _*            |  |
|   | Do you like where you live/work?  | X                  | X  | X  | X   | X             |  |
|   | Are you ever afraid of anyone?  | _*                 | _* | _* | X**   | _*            |  |
|   | <b>Someone hits/hurts you, who can you tell?</b>                        | X                  | X  | X  | X   | X             |  |
|   | <b>Does anyone talk to you about this?</b>                              | X                  | X  | X  | X   | X             |  |
|   | Can you get help when you need it?                                      | X                  | X  | X  | X   | X             |  |
|   | from staff?   | X                  | X  | X  | X   | X             |  |
|   | from Case Manager?  | X                  | X  | X  | X   | X             |  |
|   | Can you get your own food/drink?  | X                  | X  | X  | X   | X             |  |
|   | Do people come into your house/room w/o knocking or getting permission? | _*                 | _* | _* | _*  | _*            |  |
|   | Do staff ever take things from you?                                     | _*                 | _* | _* | _*  | _*            |  |
|   | Can you get rides to places you need to go?                             | X                  | X  | X  | X   | X             |  |
|   | Rides to the places you want to go?                                     | X                  | X  | X  | X   | X             |  |
|   | <b>Who is your Case Manager?</b>  | X                  | X  | X  | X   | X             |  |
| <b>Does s/he talk to you about waiver services?</b>   | X   | X                  | X  | X  | X   |               |  |
| <b>Does s/he help you get what you need?</b>  | X   | X                  | X  | X  | X   |               |  |
| <b>Comments:</b>  |   |                    |    |    |   |               |  |
| * Not a negative response. No need for follow up.   |   |                    |    |    |   |               |  |
| **Consumer/spouse working on anger management   |   |                    |    |    |   |               |  |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

| CONSUMER QUESTIONNAIRE BY QIS:  |   | Use with individuals who can answer questions |   |  |  |  | Insert<br>QAOS # |
|---|---|---|---|--|--|--|------------------|
| KEY (mark "+" or "X" if present, "-" or "no" if not) "-" or "no" indicates need for follow up |   |   |   |  |  |  |                  |
| ALL questions are MANDATORY   |   | Consumer Initials:                            | ■ |  |  |  |                  |
| Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)                |   | X   |   |  |  |  |                  |
| <b>C<br/>O<br/>N<br/>S<br/>U<br/>M<br/>E<br/>R</b>  | Do you have nice staff at home/work?                                    | X   |   |  |  |  |                  |
|   | Is anyone mean to you at home/work?                                     | -*  |   |  |  |  |                  |
|   | Do you like where you live/work?  | X   |   |  |  |  |                  |
|   | Are you ever afraid of anyone?  | -*  |   |  |  |  |                  |
|   | <b>Someone hits/hurts you, who can you tell?</b>                        | X   |   |  |  |  |                  |
|   | <b>Does anyone talk to you about this?</b>                              | X   |   |  |  |  |                  |
|   | Can you get help when you need it?                                      | X   |   |  |  |  |                  |
|   | from staff?   | X   |   |  |  |  |                  |
|   | from Case Manager?  | X   |   |  |  |  |                  |
|   | Can you get your own food/drink?  | X   |   |  |  |  |                  |
|   | Do people come into your house/room w/o knocking or getting permission? | -*  |   |  |  |  |                  |
|   | Do staff ever take things from you?                                     | -*  |   |  |  |  |                  |
|   | Can you get rides to places you need to go?                             | X   |   |  |  |  |                  |
|   | Rides to the places you want to go?                                     | X   |   |  |  |  |                  |
|   | <b>Who is your Case Manager?</b>  | X   |   |  |  |  |                  |
| <b>Does s/he talk to you about waiver services?</b>   | X   |   |   |  |  |  |                  |
| <b>Does s/he help you get what you need?</b>  | X   |   |   |  |  |  |                  |
| <b>Comments:</b><br>* Not a negative response. No need for follow up.                         |   |   |   |  |  |  |                  |

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

Agency: BSW Inc.

Evaluator(s): Mike Petersen-Quality Improvement Specialist

Dates Covered by Review: July 2008-September 2009

| CONSUMER QUESTIONNAIRE BY QIS:  |   | Ask Caregivers if the consumer is unable to answer questions |    |  |  |  |  | Insert |
|---|---|--|----|--|--|--|--|--------|
| KEY (mark "+" or "X" if present, "-" or "no" if not) "-" or "no" indicates need for follow up |   |  |    |  |  |  |  | QAOS # |
| ALL questions are MANDATORY   |   | Consumer Initials:   |    |  |  |  |  |        |
| S<br>U<br>P<br>P<br>O<br>R<br>T   | Who helps this person and how?                      | X  | X  |  |  |  |  |        |
|   | Are there some staff /peers they like better?       | X  | -* |  |  |  |  |        |
|   | Staff/peers they don't like? Why?                   | -*   | -* |  |  |  |  |        |
|   | Current needs not being met?                        | -*   | -* |  |  |  |  |        |
|   | Health and Safety related?                          | -*   | -* |  |  |  |  |        |
|   | Who do you talk to about these concerns?            | X  | X  |  |  |  |  |        |
|   | Does the person have input to his/her life?         | X  | X  |  |  |  |  |        |
|   | If you have concerns, who do you talk to?           | X  | X  |  |  |  |  |        |
|   | are they resolved?                                  | X  | X  |  |  |  |  |        |
|   | What are this persons wishes/dreams?                | X  | X  |  |  |  |  |        |
|   | is the plan moving that direction?                  | X  | X  |  |  |  |  |        |
|   | What would make things better?                      | X  | X  |  |  |  |  |        |
|   | Does this person ever seem afraid?                  | -*   | -* |  |  |  |  |        |
|   | are you afraid for them?                            | -*   | -* |  |  |  |  |        |
|   | Does this person know how or where to report abuse? | X  | X  |  |  |  |  |        |
|   | Who provided that training?                         | X  | X  |  |  |  |  |        |
|   | Who will the individual call or report to?          | X  | X  |  |  |  |  |        |
|   | who provided that info?                             | X  | X  |  |  |  |  |        |
| Does the person have transportation to all services/places s/he would like to go?             | X   | X  |    |  |  |  |  |        |
| Who is the person's Case Manager?   | X   | X  |    |  |  |  |  |        |
| Does CM help the person access services?  | X   | X  |    |  |  |  |  |        |
| Does the CM explain waiver services?  | X   | X  |    |  |  |  |  |        |
| Does the person understand this info?   | X   | X  |    |  |  |  |  |        |
| <b>Comments:</b>  |   |  |    |  |  |  |  |        |
| * Not a negative response. No need for follow up.   |   |  |    |  |  |  |  |        |