

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES



BRIAN SCHWEITZER
GOVERNOR

JOAN MILES
DIRECTOR

STATE OF MONTANA

www.dphhs.mt.gov

PO Box 4210
HELENA, MT 59604-4210

TO: Sherman Weimer, Executive Director
Jean Nolan, Board of Directors President
Eastern Montana Industries

FROM: Kathleen Kaiser
Quality Improvement Specialist

DATE: June 7, 2007

SUBJECT: Quality Assurance Review

The annual Quality Assurance Review was conducted starting April 12, 2007 and continuing through May 10, 2007. The results of this review are attached. The review went well and all staff were very helpful during the review process. I appreciate EMI's rapid and thorough response to any concerns noted during the review.

Attachments

Cc: Dain Christianson, DDP Regional Manager
Tim Plaska, Community Services Bureau Chief
Perry Jones, Waiver Coordinator
John Zeeck, Quality Assurance Specialist

FY 2007 ANNUAL QUALITY ASSURANCE REVIEW FOR EASTERN MONTANA INDUSTRIES

Conducted by; Kathleen Kaiser QIS DDP

Completed on June 14, 2007

Scope of Review:

The Developmental Disabilities Program (DDP)-funded services provided by Eastern Montana Industries were reviewed on an on-going basis during the year and as part of this Quality Assurance Review. An on-site quality assurance review of EMI was conducted April 12th through May 10th of 2007. The review was conducted by Kathleen Kaiser, Quality Improvement Specialist, Miles City; Sandy Carpenter, Quality Improvement Specialist, Glasgow; and Cindy Frederickson, Quality Improvement Specialist, Glasgow. Included in this report are; the results of on-site visits to all program sites, a review of Individual Planning paperwork and program data for a 10% sample of the consumers served, staff questionnaire surveys from all program locations, a review of criminal background checks and orientation training, and review of the EMI Policy and Procedures Manual.

General Areas

A. Administrative

Significant Events from the Agency

- EMI received expansion funds and was able to expand their Supported Living Program by adding 4 new consumers to their programs. These individuals were in great need of Supported Living services and are all doing very well.
- EMI has implemented a new schedule of MANDT, Abuse Prevention, and CPR/First Aid class to accommodate new and existing staff.
- Regular DDCPT training is being offered to staff on a monthly schedule.
- Orientation is regularly scheduled for new staff in Miles City and Glendive.
- The number of restraints has been decreased due to regular scheduled training in MANDT.
- The record keeping system for documentation of medications were redone to promote consistency throughout all areas
- After some significant recruitment efforts, all of the group homes have managers in place.
- Group Home maintenance has shown significant improvement, with new flooring in many of the homes.
- All programming has shown significant improvement in the Day Program and the Group Homes.
- The Miles City Workshop went through staff re-organization to provide more consumer supervision and to better meet the training needs of the consumers.
- Even with staff shortages, scheduled hours are being maintained in most areas, with the exception of Glendive.
- For Consumer comfort a century bathing unit was installed at Stephanie Group Home, and along with this came the purchase of a bath tub lift with the ability to weigh the wheel chair Consumers.
- EMI is in the process of trying to expand again and provide new services in Jordan

Montana.

Policies and Administrative (DDP) Directives

-EMI Policies and Procedures were reviewed and found to be in compliance with DDP requirements and directives.

-Criminal background checks were reviewed for a sample of six recently hired staff, and all six were found to have completed criminal background checks on file.

Licensing

-All five Miles City and the three Glendive Group Home have been licensed by the Quality Assurance Specialist within the last year.

Accreditation

-EMI currently holds a three year accreditation from CARF. The areas covered in the accreditation are:

Community Employment Services, Comprehensive Vocation Evaluation Services, Employee Development Services, and Organization Employment Services.

Agency Internal Communication Systems

-EMI is a large corporation with satellite offices and programs in different communities. Department Heads meetings are held on a monthly basis with representatives from each of the program sites in attendance. It is felt that EMI does a good job of maintaining internal communications over a wide geographic area.

Fiscal

-The audit report was completed for the fiscal year ending June 30, 2006. The only outstanding issue is the accounting manual. EMI is in the process of working on it, but it is very time consuming and will be ongoing for a long time.

Appendix I

-There was no Appendix I tasks mutually negotiated between QIS's and EMI on which to report.

Specific Services Reviewed

A. Residential

For the QA review, one individual from each Group Home was randomly selected and a file review was completed, along with a home visit. There were two individuals randomly selected from the Miles City Supported Living Program and a file review was completed, along with a home visit.

Accomplishments

-After some significant recruitment efforts, all of the group homes have managers in place.

Programmatic Deficiencies

-No significant programmatic deficiencies were identified.

Corrections to Deficiencies

-No correction to deficiencies was required.

I. Health and Safety

Vehicles

- EMI has started a vehicle inspection program. A comprehensive checklist is used to inspect all vehicles on a monthly basis. This program also monitors when routine maintenance is needed. Staff receives orientation and training prior to driving an

agency vehicle.

Consumers

-There have been several consumers that were hospitalized on an emergency basis over the last year. All of the hospitalizations have been found to have occurred because of very observant staff with quick responses to any concern.

-All Consumer reviewed in this sample were interviewed, and all expressed satisfaction with the services they were receiving for EMI. The Consumers were able to tell us whom they would talk to if they had a problem or wanted something to be different.

Medication Safety

-The Miles City Group Homes have gone to computer generated Medication logs that are much cleaner, neater and very easy to read. They have also gone to using blister pack for all of their medications. (QAOS 13)

This was done to reduce the amount of medication errors, which will enhance the health of the consumers. **NICE WORK!!**

-There have been instances of missed or late medications; however a medical professional has been contacted in each instance. The missed medications have not resulted in any change in the consumer's health.

-All individuals reviewed have either reached their maximum capacity on self-administration or are on a program teaching a component of self-administration.

-During a review of medication logs in the Group Homes, all staff that has assisted with medication administration is currently certified.

-Medication storage and logbooks were checked at all sites and found to be in good shape, with the exception of the lock on the door at South Earling which was said to be on a repair list. It has since then been repaired.

-During the site review at Gordon Group Home it was noted that 3 consumers have a medication that is PRN (as needed). There were 3 staff present, 2 who were medication certified and I asked them to read the medication sheet for each of the 3 PRN medications and tell me when they thought that the medication should be given. They both read the medications log sheets and stated that they could not tell and would have to guess. Clear guide lines or descriptions of when a PRN should be used needs to be in the medication records book. (QAOS19)

Without clear guide lines or descriptions of when a PRN should be used, it could cause a PRN medication to be given inconsistently or inappropriately.

Provider response was: *"Change in manager and total staff turnover at this group home. Lack of supervision."* Action taken: *"All "as needed/PRN" medication logs have been updated to include criteria on when to use."*

Sites

-Of all the Site visits all areas were found to be clean and in good repair with the exception of Gordon Group Home and Box Elder, both of these could stand a good cleaning.

-Commendation to the Glendive Group Homes, they are very clean, neat and well

maintained.

ii. Service Planning and Delivery

Individual Planning (Assessment, Implementation, Monitoring)

-In reviewing the programming in the Miles City Group Homes, there is a significant improvement in all of the programs consistently being run, this improvement has occurred since the new Group Home Managers started.

-In reviewing the programming in the Glendive Group Homes, there are fewer programs per consumer, but the programs that are being run have more content and are based more on consumer need.

Leisure/recreation

-In reviewing the recreation and leisure records for the month of March and the first half of April the staff of Brockway Group Home are to be commended for the variety of creative ideas that they are using with the consumers. For the entire month of April no leisure activity was repeated. (QAOS 11)

Having a variety of recreation and leisure activities will enhance the consumer's lives at Brockway Group Home. **NICE JOB!!**

-During the site visit to Box Elder and South Earling the Leisure records were reviewed for all the month of March and half of the month of April. They contain watching TV or watching TV with staff for all of the consumers at least weekly and in some cases more than once a week. It also shows on the records at Box Elder that nothing was recorded for March 24th and 25th. The records also lack variety and have "wrestled with Box Elder staff" as a leisure activity. This does not meet the leisure requirement. (QAOS 15) This can affect the quality of the service provided to the consumers.

Provider response was: "*South Earling group home has improved dramatically in ensuring leisure activities are recorded BEGH has also improved. A weekly watching of favorite TV shows with staff interaction was taken advantage of. Lack of supervision is primary cause.*" Action taken: "*TV will not be counted as leisure regardless of staff interaction. Rec and leisure in-service will be given in the near future. Both homes will turn in leisure sheets each 2 weeks to RSC. Supervision in both group homes has also increased.*"

-The Leisure records for Gordon Group Home have only 3 or 4 days per week with anything recorded for all of the consumers for the month of April. What is recorded also needs more variety. (QAOS 16) The effect can be that lack of regular leisure activities will affect the quality of life for the consumers.

Provider response was: "*Actually about 15 days for the month of April, but still below standards. GGH went through a manager change and a total staff turnover during this period. Lack of supervision.*" Action taken: "*GGH's new manager will turn in leisure sheets each 2 weeks to RSC. Rec and leisure in-service will be given in the near future to ensure adequate activities.*"

Client Rights

-EMI has historically been a strong champion of the rights of individuals served, and

this review has revealed nothing to the contrary.

Medical/health Care

-The bathroom at Stephanie Group Home has undergone an extensive remodeling job to accommodate a new whirl pool bath tub. A new lift has also been purchased that will weigh the consumers as they are being transferred from their wheel chair to the tub, so that medical conditions can be monitored through weight changes.

(QAOS 10)

Being able to relax and enjoy a whirl pool bath in the comfort of their home and being able to monitor the weight of consumers that use a wheel chair, this will assist with the consumers health care conditions.

Consumer Surveys

-A file review was completed for each of the consumers in the sample and no concerns were noted.

-All Consumers reviewed in this sample were interviewed, and all expressed satisfaction with the services they were receiving from EMI. The Consumers were able to tell us whom they would talk to if they had a problem or wanted something to be changed.

Agency's Consumer Satisfaction Surveys

-Commendations to EMI, their Satisfaction-Surveys, are across all areas, they have a policy, and surveys are done annually with reports generated, dispersed and posted. Trends are identified and areas of concern are noted.

Iii. Staffing

Screening/hiring

-The EMI policy manual has detailed instructions for screening and hiring new employees. Personnel records for six recently hired staff were reviewed and all were found to contain completed criminal background as well as APS checks.

Orientation/training

-To maintain consistency with orientation between the Miles City and Glendive facility Eastern Montana Industries is having the newly hired Glendive staff travel to Miles City for orientation. Also, orientation is scheduled on a monthly basis. This is a commitment of staff time that EMI has made to maintain the consistency of new staff orientation. (QAOS 9)

Well trained staff will increase the quality of the service provided to the consumer.

Ratios

-During spot checks of the Group Homes and Day Programs throughout the year, I have almost always found the required number of staff on duty, and when there were not enough staff it was generally for only short periods of time and administration staff have been on call and available for backup.

Staff Surveys

-A Staff survey was conducted with staff at all sites and with the exception of the Glendive staff, all staff did fairly well. For the Glendive staff please see (QAOS # 17) listed below.

Iv. Incident Management

-Eastern Montana Industries has fully implemented the Incident Management

Committee. They are having weekly meetings to review and discuss all of the Incident Reports from the previous week. There are weekly meeting minutes, monthly reports and quarterly trend reports that are all forwarded to the QIS. Trends are identified and changes have been made because of the committee recommendations. (QAOS 8)

This definitely has an impact on the quality of life for the consumers.

Incident Reporting

-Through persistence and continued monitoring the staff is writing a much more thorough and easier to understand Incident Report. The number of Incident Reports written has also increased because Staff is better trained on when to write an Incident Report. The Glendive part of the program could still use some training on the timelines for turning in Incident Reports.

B. Work/day/community Employment

For the QA review, the consumer sample included the individuals picked in the above residential section for all 8 Group homes and 2 consumers who only attend the workshop in Miles City. These individuals were randomly selected and a file review as well as a site visit was conducted.

Accomplishments

-The Miles City Workshop went through staff re-organization to provide more consumer supervision and to better meet the training needs of the consumers. Staff was reassigned to different areas and consumers programs and training were assigned to different staff to provide better services for all of the consumers.

-The Work Shop continues to provide a wide variety of work and activities for the consumers and this is sure to enhance the quality of life for the consumers.

Programmatic Deficiencies

-No significant programmatic deficiencies were identified.

Corrections to Deficiencies

-No corrections to deficiencies were required.

I. Health and Safety

Vehicles

- EMI has started a vehicle inspection program. A comprehensive checklist is used to inspect all vehicles on a monthly basis. This program also monitors when routine maintenance is needed. Staff receives orientation and training prior to driving an agency vehicle.

Consumers

-All Consumers reviewed in this sample were interviewed, and all expressed satisfaction with the services they were receiving from EMI. The Consumers were able to tell us whom they would talk to if they had a problem or wanted something to be changed.

Medication Safety

-Medication storage and logbooks were checked at all sites and found to be in good order.

-On 3-3-07 while I was shopping at Woods N Goods, staff member of Woods N Goods called out to a client from Gordon Group Home, come here it is time to take your medication". She opened what appeared to be a plastic bag and held out some pills and told the client from Gordon Group Home to take them, she then told the client from Gordon Group Home to drink and then asked if she swallowed the pills, which the client from Gordon Group Home said yes. A certification of a staff person assisting in the administration of medication is required and the Woods N Goods Staff has never taken the test and is not currently certified. The Woods N Goods Staff did not sign off any medication sign off sheets while I was present, and from what I could see the medications were not labeled and she would not know what she was helping the Gordon Group Home client take. The effect of the lack of trained and certified staff assisting with administration of medication could cause health issues for the client. (QAOS #7)

Provider response was: *"Staff member was under the assumption that since the group home sent the pills for the Gordon Group Home Client, she could just remind her to take them."* Action Taken: *"Susan Nielson notified staff at Woods N Goods that they cannot assist with the administration of medications. Group Home Staff also notified that if D. goes to Woods N Goods, they must take her medication to her at noon. Staff at Woods N Goods are also going to start studying for the Medication exam."*

Sites

-The water temperature was tested at the Glendive Workshop in the bathrooms and the kitchen, and it was 150 degrees at all 3 sinks. This was QAOS sheet # 29 from last years review, and in the response mixing valves were to be installed within 3 months or by 2-18-06. They were not installed.

This could cause harm to a consumer. (QAOS 18)

Provider response: *"Landlord has refused to put a mixing valve on. He was contacted again on 5/24/07 and again stated he would not do it."* Action to be taken: *"EMI has agreed to pay for the mixing valve to be installed within the next two weeks by Glendive Plumbing."*

Ii. Service Planning and Delivery

Individual Planning

-There has been a very positive difference in the documentation of the training programs at the Miles City Work Shop since the restructure of the Staff assignments has occurred.

Client Rights

-EMI has historically been a strong champion of the rights of individuals served, and this review has revealed nothing to the contrary.

Medical/health Care

-There were no medical or health care issues found at the workshop sites.

Emotional Responsible Care Giving

-A large sign has been posted in the main hallway at the Workshop that is called "Shop Rules". On this poster are 26 rules to live by, such as # 6. No pushing, teasing, running or horseplay. # 13. Treat others the way you want to be treated. # 10 No

property destruction. This list was developed by consumers and staff and they are all expected to follow the rules equally. (QAOS 12)

This list can routinely be reviewed to obtain consumer and staff compliance with the shop rules and create a better work environment for all. **NICE WORK!!**

Consumer Surveys

-A file review was completed for each of the consumers in the sample and no concerns were noted.

-All Consumers reviewed in this sample were interviewed, and all expressed satisfaction with the services they were receiving from EMI. The Consumers were able to tell us whom they would talk to if they had a problem or wanted something to be changed.

Agency's Consumer Satisfaction Surveys

-Commendations to EMI, their Satisfaction-Surveys, are across all areas, they have a policy, and surveys are done annually with reports generated, dispersed and posted. Trends are identified and areas of concern are noted.

iii. Staffing

Screening/hiring

-The EMI policy manual has detailed instructions for screening and hiring new employees. Personnel records for six recently hired staff were reviewed and all were found to contain completed criminal background as well as APS checks.

Orientation/training

-During Staff surveys it was discovered that staff had difficulty with the questions in several areas. The areas were client rights, abuse/neglect reporting and behavior supports. When I asked the staff if they had received any training in these areas they stated "yes I am sure I had training on that many years ago". I then requested from the Glendive Program Supervisor a copy of the staff training and meetings notes. I was shown the meeting notes from staff meetings held in January and February of 2007. The notes were very informative and covered a number of great staff issues such as cleaning, cooking and scheduling but there is no training noted. I then asked the Glendive Program Supervisor to add training to her monthly meetings or to set up separate training meetings.

Staff not receiving ongoing training can affect the quality of service provided to the consumer. (QAOS 17)

Provider response was: "*Training not documented in meeting notes.*" Action to be taken: "*Training will be included in monthly staff meetings and documented as such.*"

Ratios

-During spot checks of the Group Homes and Day Programs throughout the year, I have almost always found the required number of staff on duty, and when there were not enough staff it was generally for only short periods of time and administration staff have been on call and available for backup.

Staff Surveys

-A Staff survey was conducted on Staff at all sites and with the exception of the Glendive staff, all staff did fairly well. For the Glendive staff please see (QAOS #

17) listed above.

Iv. Incident Management

-Eastern Montana Industries has fully implemented the Incident Management Committee. They are having weekly meetings to review and discuss all of the Incident Reports from the previous week. There are weekly meeting minutes, monthly reports and quarterly trend reports that are all forwarded to the QIS. Trends are identified and changes have been made because of the committee recommendations. (QAOS 8)

This definitely has an impact on the quality of life for the consumers.

Incident Reporting

-Through persistence and continued monitoring the staff is writing a much more thorough and easier to understand Incident Report. The number of Incident Reports written has also increased because Staff is better trained on when to write an Incident Report. The Glendive part of the program could still use some training on the timelines for turning in Incident Reports.

C. Community Supports

A minimum of five individuals were reviewed for the QA review of Community Supports. The individuals were randomly selected and included 4 from Miles City and 1 from Glendive. A file review was done and when possible a site review was done.

Accomplishments

-EMI is to be commended for their efforts to provide a wide variety of Community Supports over a wide geographic area in Eastern Montana.

Programmatic Deficiencies

-No significant programmatic deficiencies were identified.

Corrections to Deficiencies

-No corrections to deficiencies were required.

I. Health and Safety

-There were no health and safety concerns for the individuals receiving community supports. Each of the individuals receives most of their residential support from family and the families primarily ensure the health and safety needs of the individual are being met.

Vehicles

- EMI has started a vehicle inspection program. A comprehensive checklist is used to inspect all vehicles on a monthly basis. This program also monitors when routine maintenance is needed. Staff receives orientation and training prior to driving an agency vehicle.

Consumers

-All Consumers reviewed in this sample were interviewed, and all expressed satisfaction with the services they were receiving from EMI. The Consumers were able to tell us whom they would talk to if they had a problem or wanted something to be changed.

Medication Safety

-None of the Community Supports agreements include a provision for assisting with medication administration.

Sites

-The Miles City Work Shop site and the Glendive supported work site were visited and found to be clean and safe.

Ii. Service Planning and Delivery

Individual Planning

-A Consumer receiving Community Supports in Glendive had 2 programs from his I. P. dated 11-7-06.

Of the 2 programs, the first program (objective #1) was to respond appropriately when customers ask him for assistance at his job, this program was to be run one time per week. This program had not been started as of 4-26-07.

From the I.P. dated 1-19-07 the consumer has 2 programs.

The first program (objective #2) is to prepare a meal, including shopping, cooking and clean up. This cooking program could be run and take up to 5 hours per week, with a start date of 2-2-07. This has been done 4 times from 2-2-07 thru 4-26-07 and the only documentation that has occurred was by looking at staff time sheets. This program needs to be run weekly and a more formal kind of documentation needs to occur.

The second program (objective #3) is, He will participate in one-to-one activities which include social outings for up to 5 hours per week. When I asked the staff person listed on the I.P. form as the person responsible, she stated that this program had not been started.

The effect is, the consumer is not receiving the services as specified in the plan. (QAOS 20)

Provider response was: *“On objective #1, staff was having a difficult time finding someone that the consumer did not know to go and ask for assistance. Since the consumer knows about this objective, he has become very suspicious of anyone that asks him a question. Staff responsible also thought that the group home staff were going to ask him questions when they were shopping, but this did not occur. On the #2 objective (cooking), the consumer and staff had scheduling conflicts many times and also the consumer was ill. The cooking instructor also took another job that conflicted with his ability to cook with the consumer. On objective #3 (one on one), the staff member who was going to do this did not submit his application to EMI until 5/14/07. It had been sent to him the day of consumer’s IP, but he was hesitant in sending it back because he did not want to go through orientation and CPR training. On all objectives, staff did not know that documentation beyond time sheets was needed for Community Supports consumers.”*

Action taken: *“On #1, staff has been having group home and day program staff ask consumer questions when they are shopping. Consumer has questioned them as to where they work and if he is being tested. This objective may have to be reviewed to weigh the benefits if the consumer is suspicious of everyone that asks him for assistance. Objective #2, staff is scheduled to start cooking with consumer again on 5/30/07. Glendive Services Coord. will provide necessary documentation with*

program logs. Objective #3, EMI is currently waiting on background checks. When everything is completed GSC will make the necessary contacts to insure documentation is being completed."

A consumer receiving community supports in the workshop in Miles City is not receiving program training on a consistent basis.

He is on 3 different programs that are to be run one time per week.

Program 1: was run 2x's in January, 0x's in February and 3x's in March.

Program 2: was run 3x's in January, 1x' in February and 4x's in March.

Program 3: was run 3x's in January, 0x's in February, and 4x's in March.

There are 13 weeks in the first 3 months, so there should be a total of 36 times the programs were run and they were run and they were run a total of 20 times. (QAOS 21) The effect is that for this consumer EMI is not providing the service as specified in the plan and this will affect the quality of service provided.

Provider response was: *"Staff member responsible was absent a great deal and no one else was assigned to complete these objectives."* Action taken: *"Staff member now has a backup plan to make sure programs are being run even in her absence. As noted on training sheet improvement was evident in March."*

Leisure/recreation

-The above mention program for a consumer to participate in a one-to-one activity which could include social outings for up to 5 hours per week. This program had not been implemented as of the April 26th site visit. See response to (QAOS # 20)

Client Rights

-No issues concerning client rights were identified for the individuals served in the Community Supports Program.

Medical/health Care

-Medical and health care needs were found to be met for the individuals served.

Emotionally Responsible Care Giving

-A consumer that receives community supports, had a life long goal of getting a drivers license, and through many hours of staff work he now has his drivers license. (QAOS 14)

The achievement of a life long goal, contributes to the quality of life. **THANKS FOR ALL YOUR GOOD WORK!!**

Agency's Consumer Satisfaction Surveys

-A file review was completed for each of the consumers in the sample and no concerns were noted.

-All Consumers reviewed in this sample were interviewed, and all expressed satisfaction with the services they were receiving from EMI. The Consumers were able to tell us whom they would talk to if they had a problem or wanted something to be changed.

iii. Staffing

Screening/hiring

-The EMI policy manual has detailed instructions for screening and hiring new employees. Personnel records for six recently hired staff were reviewed and all were found to contain completed criminal background as well as APS checks.

Orientation/training

-During Staff surveys it was discovered that staff had difficulty with the questions in several areas. The areas were client rights, abuse/neglect reporting and behavior supports. When I asked the staff if they had received any training in these areas they stated "yes I am sure I had training on that many years ago". I then requested from the Glendive Program Supervisor a copy of the staff training and meetings notes. I was shown the meeting notes from staff meetings held in January and February of 2007. The notes were very informative and covered a number of great staff issues such as cleaning, cooking and scheduling but there is no training noted. I then asked the Glendive Program Supervisor to add training to her monthly meetings or to set up separate training meetings.

Staff not receiving ongoing training can affect the quality of service provided to the consumer. (QAOS 17)

Provider response was: "*Training not documented in meeting notes.*" Action to be taken: "*Training will be included in monthly staff meetings and documented as such.*"

Ratios

-During spot checks of the Group Homes and Day Programs throughout the year, I have almost always found the required number of staff on duty, and when there were not enough staff it was generally for only short periods of time and administration staff have been on call and available for backup.

Staff Surveys

-A Staff survey was conducted on Staff at all sites and with the exception of the Glendive staff, all staff did fairly well. For the Glendive staff please see (QAOS # 17) listed above.

Iv. Incident Management

-EMI has fully implemented the new Incident Management System and is having weekly meetings.

Incident Reporting

-Through persistence and continued monitoring the staff is writing a much more thorough and easier to understand Incident Report. The number of Incident Reports written has also increased because Staff is better trained on when to write an Incident Report. The Glendive part of the program could still use some training on the timelines that Incident Reports need to be turned in.

D. Transportation

Accomplishments

-In past years EMI has applied for and received a grant from DOT to replace wheelchair accessible vans.

-During the past year EMI replaced two of their regular cars that were used for out of town trips and Supported Living. The cars that were replaced are now parked at the shop for group home use to transport a consumer to a doctor's appointment or for smaller group home outings.

-EMI is continuing their vehicle inspection program. A comprehensive checklist is used to inspect all vehicles on a monthly basis. This program also monitors when routine maintenance is needed. Staff receives orientation training prior to driving agency vehicles.

Programmatic Deficiencies

-No significant programmatic Deficiencies were identified.

Corrections to Deficiencies

-No corrections to deficiencies were required.

Conclusion

- I want to thank all EMI staff for all of the cooperation that I received during this review process. Above all else is it the EMI staff commitment that makes the organization function and provide the quality of service that expands daily.
- EMI has responded to each QAOS sheet with a plan of action. In several instances when a concern was brought to their attention, EMI had implemented a plan to correct the concern before I was able to write the QAOS sheet.
- EMI is to be commended for the quick response to the deficiencies noted in the QA review. All findings are considered closed as a result of the response from EMI.

Findings Closed

All findings identified through Quality Assurance Observation Sheets are closed.

Findings Open/plan of Correction

No findings remain open, and no plans of correction are required.