

INSTRUCTIONS FOR THE QIS

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

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

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

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

SPECIFICS for WORKSHEETS

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

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

Adult Services Outline p1 - 3

Staff Training 1 & 2

IP Checklist

PSP Review

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

Residential Sites

Transportation

Staff Survey Pages 1 - 3

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

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

Consumer survey 1

THIS SURVEY IS FOR CONSUMERS

USE this survey for consumers who can answer for themselves

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

Consumer Support Survey 2

THIS SURVEY IS FOR CAREGIVERS

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

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

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

Agency Name:	COR Enterprises
Evaluator(s):	SHANNON MERCHEN
Dates Covered by Review:	8-2008 TO 9-2009

DESK REVIEW	* QAOS = Quality Assurance Observation Sheet	insert * QAOS #
Accreditation: Accreditation is no longer required by the state contract, COR Enterprises has elected to not continue with this accreditation.		
Significant Events from the Agency: <ul style="list-style-type: none"> •COR moved the Supported Living portion of their agency to the main facility recently. They also had a change in the SL coordinator position and have made an assistant director position to assist with that program. The SL program has continued to grow and they have expanded by a few FTE's in addition to the assistant director position. •COR took over the "Life Academy" from Eagle Mount, this originally was ran out of a clients home, but now they are leasing space at a church and the changed the name to "COR's Quality Life Choices Academy", they were also fortunate to hire Rita Clippinger from Eagle Mount. •They have also expanded the community employment program by one FTE •COR also held their 4th Annual Gala; this event is a fund raiser as well as an opportunity to raise awareness; this year netted the most amount of money raised to date at this event. •Brett Hodson has moved positions she is now the Assistant Program Manager/IMC coordinator and assists with PSP's; Brett has taking the lead of the transition to Therap and had COR up and running prior to the Oct. 1, 2009 deadline •COR held a Garage Sale this summer and plans to start a client crisis fund with the proceeds •Donna Scott retired this past year and Linda VanBerg took over as Business Manager <p>•<u>New building update:</u> will not start building until 2011; COR did receive a large donation from an Estate of \$140,000 which will assist the building fund; the land is paid off; Proposal for construction phase design is in process.</p>		
Agency Internal Communications Systems: COR utilizes a large variety of communication tools. All staff have access to email and telephone contact, when on outings they can use cell phones and they also have walkie talkies to communicate between areas during the day if needed. COR continues with weekly program meetings and monthly coordination meetings that include all staff in all program areas. Staff also are encouraged to report concerns and compliments to their immediate supervisor. One way COR encourages positive staff recognition is employees can nominate their peers to receive \$25 at coordination meetings for excellence.		

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Policies and Administrative (DDP) Directives

COR's policy and procedure manuals were reviewed; they were found to be up to date with the most current DDP directives and policies.

All fire drills were reviewed and documentation shows fire drills were held at least quarterly in all programs/facilities. One individual refuses to leave the building during drills and they have clearly documented that on the fire drill reports.

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

Agency: COR Enterprises
 Evaluator(s): SHANNON MERCHEN
 Dates Covered by Review: 8-2008 TO 9-2009

DESK REVIEW	insert QAOS #
<p>Fiscal (audits, cost plans, invoices):</p> <p>DPHHS audit completed a desk review of COR's FY09 internal audit. They found that opinions in the audit were unqualified. No significant deficiencies were disclosed in the audit on compliance over financial reporting or requirements applicable to the major program. COR's defensive interval from fiscal year 2006 through fiscal year 2008 was increased from 6.69 to 7.53 months. Net assets increased by \$160,579 in FY2008 for a total of \$2,056,810. Fiscal reports are sent to the regional office in a timely manner.</p>	
<p>Licensing (for Group Homes, Adult Foster sites and Assisted Living sites):</p> <p>COR currently has three clients in Adult Foster Care, the foster care sites are licensed. Licenses are on file with the state of Montana, these were verified via the DPHHS web based list of current licensed facilities. COR provides services to two of these individuals using the Res Hab training category, this enables them to continue to provide outings and assist with medical appointments and issues as needed.</p>	

Agency:	COR
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Dates Covered by Review:	8-2008 TO 9-2009

DESK REVIEW	insert QAOS #
<p>Quality Assurance Observation Sheets: (trends from past year)</p> <p>QAOS #1- regarding incident reporting in the Supported Living program, there was some timing issues that were not being met consistently, however since the QAOS the staff in that program have done a great job getting IR's to our office. The QIS met with all the staff and reviewed incidents and how to report them. The response and follow up to the QAOS was excellent and the issue has been resolved.</p>	#1
<p>Medication Errors: (trends from past year)</p> <p>COR had four (4) reportable Medication Errors in the past year. Two of these occurred because a residential provider neglected to send the medication in to the work/day facility. Medication Errors are not an issue for COR as they do a good job of keeping staff med certified, at the time of this review the QIS did not find anyone passing medications that were not med certified.</p>	
<p>Incident Management: (Incident Management Committees - IMCs & trend reports, summary trends, steps to address trends, and investigation summaries)</p> <p>The Incident Management Committee at COR continues to meet weekly, the date and time has changed within the last review year from Tuesday mornings to Wednesday afternoons. Starting this last year the committee has started reviewing incidents for trends on the third Wednesday of every month, in order to implement a more consistent review of trends and to address them in a more timely matter. The Incident Management Committee at COR continues to provide a lot of good input on incidents and has giving good feedback for follow up. COR has made progress this last year in the area of Incident Management, the meetings are more regular and attended by a wide variety of staff from the agency. COR has taken a proactive approach to THERAP and is online in advance of the October 1st deadline.</p> <p>COR had 6 critical incidents that involved APS, of these four of them involved other people in the community, one was a client reporting a sexual abuse by another client in a foster care setting and the other was two clients in woodshop reporting inappropriate sexual advances by another client.</p> <p>One of the APS reports involving another community member recommended that the foster parent involved take some parenting classes and get some other training for dealing with conflict. The QIS gave information on Love and Logic Parenting course through Tumbleweed.</p>	#2

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

Staff Related:

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

staff initials	RC	CD	JK	KK	TT-L
+ or X / - or no	X	X	X	X	X

Note where evidence found: staff training evidence was provided by Leigh Ann Olsen, in the form of a spreadsheet, and in personnel files. CDS training is also accessible on the CDS web system.

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

staff initials	RC	CD	JK	KK	TT-L
yes/no	X	X	X	X	X

Note where evidence found: personnel files, agency employment application

Evidence of Staff Survey:

staff initials	RC	CD	JK	KK	TT-L
+ or X / - or no	NO	NO	NO	NO	NO

Note where evidence found: COR does not currently do staff surveys; all personnel files surveyed met background check requirements.

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

Staff Related:							insert QAOS #
Evidence Found of Staff Training:							
staff initials	RC	CD	JK	KK	TT-L		
1st 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		
PSP Process	X	X	X	X	X		
CDS* complete w/in 6 months of hire date?	X	X	X	X	X		
Medication Cert	NA	not as of re	X	X	X		
Note where evidence found:							
staff training evidence was provided by Leigh Ann Olsen, in the form of a spreadsheet, and verified in							
* CDS = College of Direct Supports							# 5
Comments:							
RC, JK have evidence of Incident Management training but no trainer signature, may want to have trainers signature on there to prove that they were trained. COR continues to offer many training opportunities for their employees, generally staff feel they have all the tools necessary to do their jobs well, a QAOS was written as part of this review for some training issues that came up. CD was not required to have her medication cert. as of this review, RC does not give medications in her current position so she is not med certified.							

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KEY present, "-" or "no" if not)

IP Checklist:		Note Site Reviewed: Add sites as needed:								insert
Consumer Initials		WORK/D	WORK/I	WORK/W	WORK/W	WORK/L	WORK/W	WORK/DA	QAOS #	
O n s i t e	Consumer/Family Survey	X	X	X	X	X	X	X	X	
	PSP/IP Available 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	X	X	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	
	Rights Restrictions	NA	NA	NA	X	NA	NA	NA	NA	
** M H T U P Z	PSP Checklist	X	X	X	X	X	X	X	X	
PSP completed Annually?	X	X	X	X	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?	X	X	X	X	X	X	X	X		
Behavioral Supports Addressed?	X	X	X	X	X	X	X	X		
Functional Analysis Needed?	NA	NA	NA	NA	NA	NA	NA	NA		
Free from Aversive Procedures?	X	X	X	X	X	X	X	X		
Comments: (regarding service planning and delivery)									# 6	
<p>* 's grievance procedure form was not signed by a witness, however it was signed in a timely manner and is on file.</p> <p>DDP appreciates all that COR does in working with individuals in our Region. COR has taken on many projects to assist clients getting needs met. They are willing to send staff to other providers to ensure service delivery and have administered several grants to assist various people with acquiring needed items or services. COR is always willing to try to work things out for the best and they are an enjoyable agency to work with because of that willingness.</p> <p>** = Case manager</p>										

Agency: **COR Enterprises**
 Evaluator(s): **SHANNON MERCHEN** KEY if present, "-" or "no" if not
 Dates Covered by Review: **8-2008 TO 9-2009**

IP Checklist:		Note Site Reviewed:									Add sites CS	insert QAOS #
		Foster/res	tra	SL	SL	SL	CS	CS	CS	CS		
Consumer Initials												
O B S E R V E	Consumer/Family Survey	X	X	X	X	X	X	X	X	X	NA	X
	PSP Available to all Staff	X	X	X	X	X	X	X	X	X	NA	X
	Actions Implemented	X	X	X	X	X	X	X	X	X	NA	X
	Data for PSP Actions	X	X	X	X	X	X	X	X	X	NA	X
	Data Internally Monitored	X	X	X	X	X	X	X	X	X	NA	X
	Self Medication Objective	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Consumer informed of grievance procedure	X	X	X	X	X	X	X	X	X	NA	X
	SL consumer choice of SL staff	NA	X	X	X	NA	NA	NA	NA	NA	NA	NA
	Rights Restrictions	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	CS											
** O B S E R V E	PSP Checklist	X	X	X	X	X	X	X	X	X	NA	X
	PSP completed Annually?	X	X	X	X	X	X	X	X	X	NA	X
	Individual Needs Addressed?	X	X	X	X	X	X	X	X	X	NA	X
	Assessment Based?	X	X	X	X	X	X	X	X	X	NA	X
	Quarterly Reports?	X	X	X	X	X	X	X	X	X	NA	X
	Incident Reports Addressed?	X	X	X	X	X	X	X	X	X	NA	X
	Behavioral Supports Addressed?	X	X	X	X	X	X	X	X	X	NA	X
	Functional Analysis Needed?	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Free from Aversive Procedures?	X	X	X	X	X	X	X	X	X	NA	X	
Comments: (regarding service planning and delivery)												
<p>did not have a current plan in place, he recently ported and QIS will verify with CM what is happening with this, as it is a complicated case, at a meeting in Sept. uncle decided he couldn't agree to a CS plan because of some issues at home that they may be moving. The QIS did look at his file and reviewed the previous PSP, however it is all marked NA because none of it pertains to COR.</p>												

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KEY "X" if present, "-" or "no" if not

Note Site Reviewed:

IP Checklist:						insert QAOS #
Consumer Initials						
O n s i t e	Consumer/Family Survey	X	X	X	X	#3
	PSP Available to all Staff	X	X	X	X	
	Actions Implemented	X	X	X	X	
	Data for Actions	X	X	X	X	
	Data Internally Monitored	X	X	X	X	
	Self Medication Objective	NA	NA	NA	NA	
	Consumer informed of grievance procedure	X	X	X	X	
	SL consumer choice of SL staff	NA	NA	NA	NA	
	Career plan in place	NO	X*	NO	NO	
	Rights Restrictions	NA	NA	NA	NA	
** C M I N I P T	PSP Checklist	X	X	X	X	
	PSP completed Annually?	X	X	X	X	
	Individual Needs Addressed?	X	X	X	X	
	Assessment Based?	X	X	X	X	
	Quarterly Reports?	X	X	X	X	
	Incident Reports Addressed?	X	X	X	X	
	Behavioral Supports Addressed?	X	X	X	X	
	Functional Analysis Needed?	NA	NA	NA	NA	
Free from Aversive Procedures?	X	X	X	X		
Comments: (regarding service planning and delivery)						
<p>None of the clients being served by CGC have current career plans in their files. They all have past career plans on file however there were no current ones on file. Upon speaking with Dan Williams, he stated he knows they updated these but he does not know what happened to them. He feels he is not getting enough training with the paperwork side of things at CGC, he reports he does not feel comfortable with the PSP process or other DD paperwork, some of which is related to a lot of changes within the DD system and things are constantly changing. * had an updated career plan in the case management file at the DD office.</p> <p>** = Case manager</p>						

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KEY

Residential Site Checklist:			insert QAOS #
Make note of site reviewed			
	Site Name	KM	GP
H e a l t h S a f e t y	Bathing procedures posted	NA	NA
	Clean/Sanitary Environment	X	X
	Egress	X	X
	Hot Water Temps	X	X
	Emergency Assistance	X	X
	Fire Extinguishers/smoke Detectors	X	X
	1st Aid/CPR Supplies Accessible/Available	X	X
	PRN Medications	NA	NA
	Medication Procedures	NA	NA
	Medication Locked Storage	NA	NA
	Medication Administration Records	NA	NA
	Staff Ratios or ICP staffing	X	X
	Awake Overnight Staff	NA	NA
	Adequate Supplies	X	X
Storage of Supplies	X	X	
Free from aversive procedures?	X	X	
D a i l y	Weekly integrated activities	X	X
	House or Site Rules	NA	NA
	Opportunities for choice, self determination	X	X
	Meal Prep, Mealtime	X	X
	Engagement in Daily Life	X	X
	Participation in Daily Living Skills	X	X
	Daily Leisure Opportunities	X	X
	Staff Trained in Individual Specifics	X	X
Comments:			
's apartment was chosen as a SL site to visit because he is new to SL and has increased his independence greatly. lives at Sage Towers by himself. He is very proud of his apartment and while I was visiting he heated up his dinner; he did a great job of running the microwave by himself. lives with his mom and COR provides res. hab services through CS. He is very happy living with mom and loves Hardin.			

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 Dates Covered by Review: 8-2008 TO 9-2009 KEY

Residential Site Checklist:				insert QAOS #
	Site Name	COR van # 8	COR van #10	
T r a n s p o r t a t i o n	Driver Orientation Program	X	X	
	Wheelchair tie downs	N	N	
	Wheelchair Lift	N	N	
	Driver's Licenses	X	X	
	Emergency Supplies	X	X	
	Fire Extinguisher	X	X	
	Transportation Log	X	X	
	Scheduled Maintenance Program	X	X	
	Training--Staff Doing Maintenance Checks	X	X	
	Procedures for Timely Repairs	X	X	
	MDT* inspection on file (MDT vehicles only)	X	X	
Comments: COR has expanded transportation recently and they continue to be accomodating to people that come to their facility. COR has an excellent transportation program, they particpate in the local TAC, and have been given money for vans in the last year. At the time of this review they were still awaiting the arrival of the most recent awarded vans. * MDT = Montana Department of Transportation				
As part of the review the QIS also reviewed the MDT Section 5310 Compliance and Good Practices Review that was just recently done by Tom Stuber of MDT. I was impressed by the level of satisfaction MDT has with COR's transportation services, I believe COR does a good job with maintenance and record keeping according to the report. COR has adopted the MDT pre-trip check list since this review was done.				#4

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

KEY (mark "+" or "X" if correct, "-" or "insert

Staff Survey:		Staff Initials	CD-DMS	DM-SL	CK-AC	RC-LC	DW-SE	QAOS #
A b u s e	Allegations are reported to? (APS)		Y	Y	Y	Y	Y	
	Do you notify Supervisor first? (NO)		Y	Y	Y	Y		
	Steps to take if abuse is discovered?						Y	
	Comments:							
R i g h t s	Suspect theft of gloves, steps to take?		Y					
	IP/PSP requests Doctors appt		Y	Y	Y	Y	Y	
	No jacket, -25 consumer wants to leave			Y	Y	Y		
	Review Right's Restriction						Y	
Comments:								
** b m p **	describe consumer behaviors		Y	NA	NA	NA	NA	
	staff response to behaviors by plan		Y					
	list proactive or environmental strategies		Y					
	Comments:							
H o m e h e l p h o m e h e l p h o m e h e l p	former employee wants info		Y	Y	Y	Y	Y	
	what is consumer information?		Y	Y	Y			
	training to meet health and safety needs?				Y	Y	Y*	
	emergency evacuation procedures?							
Comments:	<p><u>CD, has a lot of experience and is definitely an asset to the organization.</u> *One staff reported he does not feel that he is trained well especially in the area of paperwork and knowing what needs to be kept in files. It is recommended that COR provide specific training in these areas and assist the staff in knowing what is needed for files.</p>							
Comments:	<p>after completing Staff Survey's it is noted that two staff are feeling a lack of training, one QAOS was written to deal with staff training issues. This is addressed in QAOS #5</p>						#5	

** = Behavior Management Plans

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

KEY

(mark "+" or "X" if correct, "-" if not)

Staff Survey:	Staff Initials	CD-DMS	DM-SL	CK-AC	RC-LC	DW-SE	insert QAOS #
m e d i c a t i o n s	describe procedure to assist with meds	**	**		NA	NA	
	if med is unavailable?			Y			
	if gave wrong med?			Y			
	if moving to a new place or gets new med?						
	requirement to assist with meds?						
	describe PRN or OTC* is to be given						
	what constitutes a med error?						
Comments: **Staff CD and DM have not yet taken her medication test, therefore they do not pass meds. DW and RC do not give medication in their positions. * OTC = over-the-counter							
E R C	steps to avoid power struggles	Y	Y	Y	Y	Y	
	how to respond to someone who is upset			Y			
	what if you start to lose control?	Y	Y	Y	Y	Y	
	Comments: ** = Emotionally Responsible Caregiving						
I N C I D E N T R E P O R T I N G A N D M A N A G E M E N T	when do you fill out an incident report?	Y			N	Y	#5
	notifications for Emergency Room visit?			Y	N	Y	
	consumer to consumer incidents	Y	Y	Y	N		
	who writes the Incident Report?		Y		N		
	Comments: *RC did not meet the incident reporting section. RC works in the Life Choices area of COR and may need more training to ensure that she understands how and when to write IR's. * = Incident Reporting and Management						

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FOR EACH STAFF:
 Ask one question per topic area
 if still incorrect move on to the next

KEY (mark "+" or "X" if correct answer, "-" or "r

Staff Survey:		CD-DMS	DM-SL	CK-AC	RC-LC	DW-SE
	Staff Initials					
C	consumer destroying things			Y	Y	Y
	staff pinches consumer back	Y	Y	Y	Y	
	how do you know a support plan is needed?	Y	Y			Y
	Comments:					
P	what is PSP based on?	**	Y	Y		Y
	you have an idea for an objective.....	Y	Y	Y	Y	
	why do assessments?					
	How do you find out what someone would like to do?				Y	Y
	Comments:	**staff CD does not yet attend PSP meetings, so these questions were not asked of her. She is a new hire and has only been with COR for one month at the time of the interview.				
	PSP = Personal Support Plan					
Comments:						

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KEY **Positive/correct, "-" or "no" if not**
"-" or "no" indicates need for follow up
and comments in lilac area below

Consumer Questionnaire by QIS.		ALL questions are MANDATORY					insert QAOS #
USE THIS FOLKS WHO CAN ANSWER QUESTIONS		Consumer initials					
Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)		X	X	X	X	X	
c o n s u m e r	Do you have nice staff at home/work?	X	X	X	X	X	
	Is anyone mean to you at home/work?	X	X	X	X	X	
	Do you like where you live/work?	X	X	X	X	X	
	Are you ever afraid of anyone?	X	X	X		X	
	Someone hits/hurts you, who can you tell?	X	X	X	X	X	
	Does anyone talk to you about this?	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 without knocking or getting permission?	NA	NA	NA	NA	NA	
	Do staff ever take things from you?	X	X	X	X	X	
	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	NO	
Who is your Case Manager?	HC	LW	JC	RR	KC		
Does s/he talk to you about waiver services?	X	X	X	X	X		
Does s/he help you get what you need?	X	X	X	X	X		
Comments:							
* , reported that sometimes consumer scares her; it is noted that right before the QIS interviewed , had a behavior and hit a staff person and was yelling, which upset , after the interview I escorted her back to the area and she was better as had calmed down some, staff also reassured , which seemed to please her.							

Agency: **COR Enterprises**
 Evaluator(s): **SHANNON MERCHEN** KEY (mark "+" or "X" if positive or
 Dates Covered by Review: **8-2008 TO 9-2009** "-" or "no" indicate

Consumer Questionnaire (used by QIS).		ALL questions are MANDATORY				insert
ASK CAREGIVERS IF THE CONSUMER IS UNABLE TO ANSWER QUESTIONS		Consumer initials				QAOS #
S u p p o r t	Who helps this person and how?	yes				
	Are there some staff/peers they like better?	yes				
	Staff/peers they don't like? Why?	pretty normal relationships				
	Current needs not being met?	yes				
	Health and Safety related?	yes				
	Who do you talk to about these concerns?	CM				
	Does the person have input to his/her life?	Yes				
	If you have concerns, who do you talk to?	COR/CM				
	are they resolved?	sometimes				
	What are this persons wishes/dreams?	in PSP				
	is the plan moving that direction?	yes				
	what would make things better?	no answer				
	does this person ever seem afraid?	no				
	are you afraid for them?	sometimes				
	Does this person know how or where to report abuse?	yes				
	who provided that training?	CM and COR				
	Who will the individual call or report to?	APS, or mom				
	who provided that info?	CM and COR				
	Does the person have transportation to all services and places s/he would like to go?	yes				
	who is the person's case manager?	MW				
Does CM help the person access services	No					
Does the CM explain waiver services?	No					
Does the person understand this info?	No					
Comments: I interviewed .s mom with . present. Due to some issues being reported by COR the QIS felt mom should be present and have a chance to express her concerns, and . doesn't always report accurately. Mom has expressed concerns about the new Case Manager that is assigned to Hardin through AWARE she says she is pushy and asks too many questions and seems to be judgemental. I explained to mom that the CM situation in Hardin has been a tough one and if she wants to complain she can call the supervisor. Mom stated she has the number but has not called yet; the QIS told mom that if she wasn't happy with the supervisors answer she can contact me and I will follow up on it.						