

Agency: STEP
Evaluator: Susan Moreno

	QAOS or App
DESK REVIEW: Accreditation: Since independent accreditation is not longer a requirement, STEP has opted not to go through the process or cost.	
Significant Events from the Agency: The Night of Wishes fundraising event continues to have positive outcomes. This past year the former director at STEP, Sue Dow volunteered her event planning talents. The revamping of the administrative staff seems to be working well. STEP's Incident Management Coordinator has a good handle on the use of the Therap system for notification of all incidents that occur within STEP's services. The day program started at STEP is up and running with success. They have found they are getting more inquiries from Case Managers regarding this service.	
Agency Internal Communications Systems: The internal communication at STEP is generally through weekly meetings with the administrative staff. Any administrative staff supervising other staff, then meets weekly to go over information. STEP also utilizes email as a communication aid and a shared drive on the computer where all staff can access policies as well as current forms. Gary Garlock, Director, has an open door policy with his staff and has encouraged all staff to come to him if they have issues or ideas.	
Policies and Administrative (DDP) Directives: STEP's Policies and Procedures Manual is found to be in compliance with DDP Directives. However, during the review, there was a situation where STEP staff did not follow the agency policy regarding client funds. In this particular situation, a direct care staff made purchases for the individual on her personal debit card and was later reimbursed by the client on two occasions. The STEP policy indicates there will be a second person reconciling the accounts and these reimbursements without receipts were not questioned at that time. When asked to produce the receipts, none were present, again not in compliance with the agency policy. STEP was able to obtain copies of the receipts from the businesses where the purchases were originated. STEP needs to address with their employees the issue of not following the agency policy. The other individuals in the sample were also looked at but there didn't appear to be any other cases where this occurred.	

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Appendix
or QAOS

DESK REVIEW:

Fiscal (audits, cost plans, invoices):

DPHHS audit completed a desk review of STEP's internal audit for FY09. They found that the opinions on the financial statement were unqualified. The auditors found one significant deficiency in the report on internal controls in relation to the segregation of fiscal duties. The internal auditors noted that this is a common finding for small agencies with limited personnel. There were 4 recommendations that were not considered a significant deficiency relating to administration tracking of time for program allocation; conversion of the computer accounting system so that the second system can be discontinued; developing written contracts with foster families; and quarterly balancing of prepaid expense accounts and payroll tax general ledger accounts. The CFO reported that all of these recommendations have now been implemented. The audit did not find any material instances of noncompliance with DPHHS compliance. The desk review also noted the following:

STEP has had a defensive interval between 4.4 and 4.87 for the fiscal years 2006 to 2008.

Net assets increased \$163,627 during FY 2008.

STEP has been on corrective action with DPHHS for unallowable or unaccountable expenditures; an agreed upon repayment was made in the amount of \$155,472.

DPHHS auditors did return to STEP to review the progress towards the fiscal portion of the corrective action items in February/March of 2008. The finalized report from this visit was released in 11-09. The auditors saw significant progress in many of the items of the corrective action plan. They were concerned about the use of the miscellaneous account, the board's documentation of votes taken after executive sessions and timely access to financial information. The access issues involved the availability the general ledgers and the check register and timely access to the financial records for the foundation.

STEP has submitted some but not all of the end of year financial reports to the regional office by the September 30th due date- there was a delay in the state submitting a reconciliation report to the providers which occurred 10-22-09. The remaining reports need to be submitted as soon as possible.

Licensing:

The licensing agency was contacted regarding the two children's group homes run by STEP. The licensing worker reported no major issues with either home with no deficiencies noted. The licensure felt STEP has good records, handles issues in a timely manner and the homes seem to be in good condition.

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Quality Assurance Observation Sheets: (trends from past year)

Appendix
or QAOS

-The Children's Group Home had five Quality Assurance Observation Sheets (QAOS) written this year. Of the five, four were commendations. STEP took very positive measures to address the residents health and safety needs during a bad snow storm taking out the power to the home. STEP has utilized the apartment in the basement of one of the group homes when an individual contagious with flu symptoms as well as allowing out of town family members a place to stay while visiting their child. Group Home staff have done a great job outlining routines, needs and supports and medical issues in the Personal Support Plans. Kudos were given for great answers in the survey as it relates to behavior managements plans. One QAOS was written to address staff ratios for an individual with one to one funding and correction to this matter has been accepted.

-Supported Living had four QAOS needing correction. Throughout this service, annual assessments had not been conducted prior to plans being developed. Of the sample files reviewed, one individual's PSP did not indicate the need for data collection, where the three others did. Two had inconsistent data collection and the third had no data sheets to present. This lead to questioning the validity of the Quarterly Reports sent to case managers. A QAOS was written as one plan did not contain the medication protocol. Corrections to these QAOS issues lead to the development of a checklist tool for the Supported Living staff to utilize prior to and following a PSP. In addition, monthly monitoring by administrative staff was added.

-Administratively there were spelling two QAOS related to compliance with the College of Direct Support and orientation training on abuse reporting. The corrections were accepted as written.

-There were no QAOS for the Community Supports services.

Incident Management: (summary trends, steps to address trends, investigation summaries)

-Group Homes- 841 Parkhill, 67 Reportable and 21 Critical. Of the 21 critical reports, 5 were hospitalizations and 14 were Client to Client Abuse. -2101 11th Avenue North, 55 Reportable and 58 Critical. Of the 58 critical reports, there were 2 hospitalizations and 12 Client to Client Abuse. The high number of Critical incidents reflects a new resident with behavioral difficulties. A behavior management plan has been approved so the documentation of directing to her room for time out is no longer done through incident reporting. The number of incidents during the summer months continues to be higher than other months of the year. This is in part due to less structure during the summer break. Adding structure to summer days may be helpful in reducing incidents at the group homes.

-Supported Living-7 Reportable incidents.

-Community Supports-no incidents.

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DESK REVIEW:			Appendix or QAOS
Supported Work:			
# of persons served in Supported Work			
# of career plans on file			
# career plans reviewed at least one time during the PSP cycle			
notes or comments: There are no supported work plans with STEP.			
Community Supports: (what types of services were provided? Were they provided in a timely manner, were there gaps in services, any input from family or CM, billing issues?) There are 5 Community Supports plans with STEP. Four of those plans are mostly set for respite services. The other plan has a combination of transportation, adaptive equipment and educational categories. Services for respite are generally determined by the caregivers. Issues related to how much service is available is being shared with families. Services are being delivered as per the plans. There have been no complaints made to the Region 3 office regarding this service.			

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Staff Related:							Appendix or QAOS
Evidence Found of Orientation Training (mark 'yes' if present, 'no' if not present)							
staff initials	TD	HS	JN	JL	KM		
yes/no	yes	yes	yes	yes	yes		
Note where evidence found:	Personnel files were pulled and info shared on orientation.						
Evidence Found DDCPT or equivalent:							
staff initials							
yes/no							
Note where evidence found:	DDCPT is not mandatory, STEP uses the College of Direct Support.						
Evidence of Criminal Background Checks:							
staff initials	TD	HS	JN	JL	KM		
yes/no	yes	yes	yes	yes	yes		
Note where evidence found:	Personnel files were pulled and background checks shared.						
Evidence of Staff Survey:							
staff initials							
yes/no							
Note where evidence found:	STEP did do some staff surveys but the respondents names were						
Comments: (regarding staff hiring, screening, training, supervision)							
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Staff Related: <input type="checkbox"/> Dates represent when training was completed and due--red highlighted events are past due or expired.							Appendix or QAOS
Evidence Found of Staff Training: (mark 'yes' if present, 'no' if not present)							
staff initials	TD	HS	JN	JL	KM		
1st aid	yes	yes	yes	yes	yes		
CPR	yes	yes	yes	yes	yes		
Abuse Prevention	yes	yes	yes	yes	yes		
Client Rights	yes	yes	yes	yes	yes		
Incident Reporting	yes	yes	yes	yes	yes		
Confidentiality	yes	yes	yes	yes	yes		
IP/PSP Process	NA	NA	NA	NA	NA		
Medication Cert	yes	yes	yes	NA	yes		
Note where evidence found:							
<p>Most information was pulled from the staff personnel file and shared for the review. Parts of the training requirements are covered in the College of Direct Support. All staff that assist with monitoring medications were med certified and had their cards on file. The Human Resource staff reported they couldn't access the PSP training on the College of Direct Support but agreed to contact Bill Heineke in Helena. The lead staff are responsible for getting information to the casemanager regarding the PSP. All areas of staff training listed are in compliance.</p>							
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IP Checklist: check if evidenced		Supported Living									Appendix or QAOS	
Consumer Initials		NA	NH	FM	JS							
O n s i t e	Consumer/Family Survey	-	-	-	-							#7
	PSP/IP Doc Avail to all Staff	+	+	+	+							
	Health Care Checklist in PSP	XX	XX	XX	XX							
	IPP/Actions Implemented	NA	-	-	-							
	Data for IPP/Actions	NA	-	-	-							
	Data Internally Monitored	+	+	+	+							
	Self Medication Objective	NA-none	+	-	NA							
	Consumer informed of grievance procedure	+	+	+	+							
	SL consumer choice of SL staff	NA	+	+	+							
Rights Restrictions	NA	NA	NA	NA								
C M I N I P T	PSP/IP Checklist											#6 #8
	PSP/IP Annually?	+	+	+	+							
	Individual Needs Addressed?	+	+	+	+							
	Assessment Based?	-	-	-	-							
	Quarterly Reports?	+	+	+	+							
	Incident Reports Addressed?	+	+	+	+							
	Behavioral Supports Addressed?	NA	NA	NA	NA							
	Functional Analysis Needed?	NA	NA	NA	NA							
Free from Aversive Procedures?	+	+	+	+								
Comments: (regarding service planning and delivery)												
<p>XX=The provider staff complete these and submit to the case managers. They failed to keep a copy so contact has been made to get copies. STEP has also implemented a checklist to alleviate this problem.</p> <p>QAOS (#7) was written regarding the data being sporadic or absent. The correction to this problem will be more frequent review of data by administrative staff. QAOS (#8) addresses the concern the quarterly reporting could be falsified. The monitoring of the data by administrative staff monthly should alleviate those concerns. QAOS (#6) was written regarding the lack of assessments being completed annually. The completing of assessments has been added to a checklist of activities to be completed prior to all annual PSP meetings and reviewed with supervisory staff.</p> <p>All staff have access to the PSP which drives the services. STEP participated in all the planning meetings. Supported Living recipients needs are being met. The protocol is now in place for the one individual where it was missing.</p>												

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IP Checklist: check if evidenced		Community Supports----							Appendix or QAOS
Consumer Initials									#11
O n s i t e	Consumer/Family Survey	+	+	+	+	+	+	-	
	PSP/IP Doc Avail to all Staff	+	+	+	+	+	+	+	
	Health Care Checklist in PSP	+	+	+	+	XX	XX	XX	
	IPP/Actions Implemented	+	+	+	+	NA	NA	NA	
	Data for IPP/Actions	+	+	NA	NA	NA	NA	NA	
	Data Internally Monitored	+	+	+	+	+	+	+	
	Self Medication Objective	+	NA	NA	NA	NA	NA	NA	
	Consumer informed of grievance procedure	+	+	+	+	+	+	-	
	SL consumer choice of SL staff	NA	NA	NA	NA	NA	NA	NA	
Rights Restrictions	NA	NA	NA	NA	NA	NA	NA		
C M I N I P T	PSP/IP Checklist	+	+	+	+	+	+	+	
	PSP/IP Annually?	+	+	+	+	+	+	+	
	Individual Needs Addressed?	+	+	+	+	+	+	+	
	Assessment Based?	+	+	+	+	+	+	+	
	Quarterly Reports?	+	+	+	+	+	+	+	
	Incident Reports Addressed?	+	+	NA	NA	NA	NA	NA	
	Behavioral Supports Addressed?	+	+	NA	NA	NA	NA	NA	
	Functional Analysis Needed?	**	**	NA	NA	NA	NA	NA	
Free from Aversive Procedures?	+	+	+	+	+	+	+		
Comments: (regarding service planning and delivery)									
<p>**= both group home residents in the sample have protocols to deal with individual behavior needs 2101 11th Avenue North has data books for the morning and evening shifts. They both contain the PSP for staff reference. XX= The provider completes these, but didn't keep a copy. Case Managers have been contacted to get copies sent back to STEP. I have suggested to the SL supervisor that they create a checklist to ensure they agree to the PSP as well as a guide to be sure all aspects of the PSP are finalized and ready to implement. This would eliminate a minus in areas listed such as the person/family was given the grievance procedure.</p> <p>The Community Supports files have a great deal of old as well as repetitive information. I would suggest you consider purging the files to eliminate confusion.</p>									

Residential Site Checklist: check if evidenced					Appendix or QAOS
Site Name		2101	841		
H e a l t h S a f e t y	Bathing procedures posted	+	+		
	Clean/Sanitary Environment	+	+		
	Egress	+	+		
	Hot Water Temps	+	+		
	Emergency Assistance	+	+		
	Fire Extinguishers/smoke Detectors	+	+		
	1st Aid/CPR Supplies Accessible/Available	+	+		
	PRN Medications	+	+		
	Medication Procedures	+	+		
	Medication Locked Storage	+	+		
	Medication Administration Records	+	+		
	Staff Ratios or ICP staffing	+	+		
	Awake Overnight Staff	+	+		
	Adequate Supplies	+	+		
	Storage of Supplies	+	+		
Free from aversive procedures?	+	+			
D a i l y	Weekly integrated activities	+	+		
	House or Site Rules	NA	NA		
	Opp for choice, self determination	+	+		
	Meal Prep, Mealtime	+	+		
	Engagement in Daily Life	+	+		
	Participation in Daily Living Skills	+	+		
	Daily Leisure Opportunities	+	+		
	Staff Trained in Individual Specifics	+	+		
Comments:					
<p>Both group home sites met all criteria in the above areas. Bathing protocols are written clearly and are available for all staff. The homes are clean and sanitary. Smoke detectors and fire extinguishers are located in the homes appropriately. Medications are stored correctly and medication administration records are kept. All PRN medications have protocols for appropriate use. Only medication certified staff participate in the medication assistance and documentation. Staff ratios have been good. The residents have activities and leisure opportunities of their liking. All staff have been trained on client specifics.</p>					

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Residential Site Checklist: check if evidenced								Appendix or QAOS
Site Name		841	2101					
T r a n s p o r t a t i o n	Driver Orientation Program	+	+					
	Wheelchair tie downs	+	+					
	Wheelchair Lift	+	+					
	Driver's Licenses	+	+					
	Emergency Supplies	+	+					
	Fire Extinguisher	-	-					
	Transportation Log	+	+					
	Scheduled Maintenance Program	+	+					
	Training--Staff Doing Maintenance Checks	+	+					
	Procedures for Timely Repairs	+	+					
	MDT inspection on file (MDT vehicles only)	NA	NA					
	Comments:							
<p>Comments:</p> <p>An individual at one of the group homes has a great protocol for getting transportation to increase his independence in the community safely. The van is equipt with four point tiedowns for wheelchairs and STEP requires the individual also wear theri wheelchair seat belt. The lift has a safety belt on it so the lift will not run unless the belt is hooked up which prevents the possiblity of a chair falling off the lift. Staff are trained on how to secure passengers. Both homes have a belt cutter in their vehicles. STEP utilizes an individual and a staff that check all basic repairs. Neither site had a fire extinguisher in the vehicles. When asked about this, staff tell me the vehicles don't have them for safety reasons, becuse some of the individuals could use it to harm others or damage the vehicle. Since then, STEP has had the extinguishers mounted under a seat so they cannot be accessed inappropriately.</p>								

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Staff Survey: check if 'met', blank if 'unmet'								Appendix or QAOS
Staff Initials		BS	LC	AB	JL	JN		
A b u s e	Allegations are reported to? (APS)	+	+	+	-	+		
	Do you notify Supervisor first? (NO)	+	+	+	-	+		
	Steps to take if abuse is discovered?	+	+	+	-	+		
	Comments: Discussed with JL and the individual allowing a client to buy things such as meals and the need for there to documentation of teaching reciprocation. STEP had a QAOS (#13) where the accepted response was to review with on a more routine basis.							
H e a l t h	Suspect theft of gloves, steps to take?	+	+	+	+	+		
	IP/PSP requests Doctors appt	+	+	+	+	+		
	No jacket, -25 consumer wants to leave	+	+	+	+	+		
	Review Rts Restriction	NA	NA	+	NA	+		
Comments: Staff gave appropriate answers in this area. They utilized knowledge of the folks they serve in answering.								#13
b e h a v i o r	describe consumer behaviors	+	+	+	NA	NA		
	staff response to behaviors by plan	+	+	+	NA	NA		
	list proactive or environmental strategies	+	+	+	NA	NA		
	Comments: Staff responses to the use of a Level II Behavior Management Plan were very compassionate and positive. They both recognized the need for a consistent procedure for dealing with the behavioral issues as well as showing							
O r i e n t a t i o n	former employee wants info	+	+	+	+	+		
	what is consumer information?	+	+	+	+	+		
	training to meet health and safety needs?	+	+	+	+	+		
	emergency evacuation procedures?	+	+	+	+	+		
	Comments: Good answers, all staff had a good sense of the orientation questions.							

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Staff Survey: check if 'met', blank if 'unmet' with notation of incorrect answer								Appendix or QAOS
Staff Initials		BS	LC	AB	JL	JN		
m e d i c a t i o n s	describe procedure to assist with meds	+	+	+	+	+		
	if med is unavailable?	+	+	+	+	+		
	if gave wrong med?	+	+	+	+	+		
	if moving to a new place or gets new med?	+	+	+	+	+		
	requirement to assist with meds?	+	+	+	+	+		
	describe PRN or OTC is to be given	+	+	+	+	+		
	what constitutes a med error?	+	+	+	+	+		
Comments: Staff JL on ly works with one person who is medication independent. JL does check weekly to be sure meds are taken and ordered.								
E R C	steps to avoid power struggles	+	+	+	+	+		
	how to respond to someone who is upset	+	+	+	+	+		
	what is you start to lose control?	+	+	+	+	+		
	Comments:							
I N C I D E N T M A N A G E M E N T	when do you fill out an incident report?	+	+	+	+	+		
	notifications for ER?	+	+	+	-	+		
	consumer to consumer incidents	+	+	+	+	+		
	who writes the IR?	+	+	+	+	+		
Comments: One of the GH managers was surveyed. She has a good grasp on the Incident Management Policy (definitions. Both managers are very conscientious about reporting critical incidents to the Regional Office. In Supported Living, one part time staff may need some extra training but the other SL staff had more knowledge of reporting.								

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		Appendix										
<p>College of Direct Support: (instructions) All staff providing direct care greater than 20 hours per week are required to complete CDS within 180 days of hire. Tier 1 is required for all staff working more than 30 hours per week. Components of Tier 1 are required for PT employees 20-30 hours per week. Compare the direct care employee list from your provider to the enrollment lists from your administrator site to ensure all appropriate staff have been included. 100% compliance is required by contract.</p>												
<table border="1"><tr><td>number of full time employees employed longer than 180 days</td><td>14</td></tr><tr><td>number of full time employees completed within 180 days</td><td>11</td></tr><tr><td>% compliance (# completed/ # staff X 100)</td><td>78%</td></tr><tr><td colspan="2">If less than 100% compliance, document why:</td></tr><tr><td colspan="2">The reasons given for less than 100% compliance were related to not having backup for shifts. STEP recognized the need to be more adamant with compliance in this area. They are going to have a staff assist the Human Resources director to monitor the College of Direct Support as well as other staff related requirements.</td></tr></table>		number of full time employees employed longer than 180 days	14	number of full time employees completed within 180 days	11	% compliance (# completed/ # staff X 100)	78%	If less than 100% compliance, document why:		The reasons given for less than 100% compliance were related to not having backup for shifts. STEP recognized the need to be more adamant with compliance in this area. They are going to have a staff assist the Human Resources director to monitor the College of Direct Support as well as other staff related requirements.		QAOS #9
number of full time employees employed longer than 180 days	14											
number of full time employees completed within 180 days	11											
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If less than 100% compliance, document why:												
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