

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

Agency Name: Family Outreach Inc.
Evaluator(s): Brad Johnson, Mike Petersen, Paul Kindt
Dates Covered by Review: FY 09

DESK REVIEW	* QAOS = Quality Assurance Observation Sheet	insert * QAOS #
Accreditation: Accreditation is no longer required by the state contract.		
Significant Events from the Agency: The agency has completed an agency plan that focused on staff researching the latest information on a number of disabilities – autism, communication strategies, brain development, genetics syndromes, and affects of toxins. Information has been memorialized and can be accessed through the Program Managers. The agency has converted to rates for all waiver funding – FE&S-I in FY08 and SL in FY09. This has required additional staff for billing and monitoring. Forms and processes have been changed to accommodate this but more in depth revisions are needed and will be the focus of the next agency plan. Family Outreach began some Supported Employment services on a limited basis. This may be expanded in the next several years as there appears to be a need.		
Agency Internal Communications Systems: Family Outreach has significantly computerized its communication systems and much of the communication internally is electronic and efficient.		
Policies and Administrative (DDP) Directives Family Outreach Inc. has compiled a very detailed and extensive corpotation policy manual. It is updated annually and as needed. It was found that Family Outreach was in compliance with DDP Administrative Directives. The DDP Incident Management Policy will need to be written into Family Outreach Policy and Procedures as per the DDP IM Policy. <i>"The Service Provider must develop an internal Incident Management System that includes policies and procedures reflecting the organization's capacity to receive, classify, and use incident data..."</i> pg. 2 of DDP IM policy. It cannot simply referenced in appendix but a comprehensive internal policy describing how staff are to comply with the DDP IM policy. As currently written in FO policy, procedures do not follow DDP policy. No QAOS was written as this was an oversight by DDP but it		

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<p>Fiscal (audits, cost plans, invoices):</p> <p>Desk Review of Audit Report - 7/22/2009, for Fiscal Year ending 6/30/2008. The results of the review were, 1) The opinions on the financial statements and compliance for major programs were unqualified, and 2) There were no significant deficiencies or material weaknesses in internal control identified in the report.</p>	
<p>Licensing (for Group Homes, Adult Foster sites and Assisted Living sites):</p> <p>Family Outreach assures that in cases where services are delivered to consumers residing in foster homes, that the home is licensed by the state.</p>	

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<p>Quality Assurance Observation Sheets: (trends from past year)</p> <p>There were no "trends" identified by QAOS written. OAOs were written for specific instances.</p>	
<p>Medication Errors: (trends from past year)</p> <p>If medication certified staff are required then that is noted as a job requirement. Family Outreach assists staff in obtaining medication certification and provides a higher reimbursement when that certification is obtained.</p> <p>Medication logs are maintained for all individuals receiving medications. The Incident Management system is used to report medication errors.</p> <p>There were no identifiable trends in medication errors.</p>	
<p>Incident Management: (Incident Management Committees - IMCs & trend reports, summary trends, steps to address trends, and investigation summaries)</p> <p>Training on the Incident Management Policy was provided by Region IV QISs for each office of Family Outreach this fiscal year. Moving to THERAP Incident Mgt. system next fiscal year.</p> <p>No trends by type noted in Incident Reporting.</p> <p>Some time lag issues due to 12 county coverage, hopefully will be addressed by moving to THERAP.</p>	

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

Staff Related:										insert QAOS #
Evidence Found of Orientation Training										
Use three to five staff ~ new hires										
staff initials	VP	CC	KW	CF	MW					
+ or X / - or no	X	X	X	X	X					
Note where evidence found:										
Training Log in Personnel File										
Evidence Found DDCPT or equivalent:										
For intensive staffing only - LOC for Waiver indicates Intensive determination										
staff initials	VP	CC	KW	CF	MW					
consumer initials										
+ or X / - or no	X	X	X	X	X					
Note where evidence found:										
College of Direct Support is used as alternative, , SM is in Community Supports.										
Evidence of Criminal Background Checks:										
Use three to five staff ~ new hires										
staff initials	VP	CC	KW	CF	MW					
yes/no	yes	yes	yes	yes	yes					
Note where evidence found:										
Personnel files, staff training records, agency employment application										
Evidence of Staff Survey:										
Interview at least one staff per site visited, no less than 5 staff										
staff initials	CA	NC	DG	AH	DT					
+ or X / - or no	X	X	X	X	X					
Note where evidence found:										

For Field based and Office based staff background checks, driver's license and insurance information is gathered as a routine part of

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Staff Related:								insert QAOS #
Evidence Found of Staff Training:								
staff initials	VP	CC	CF	MW	TW			
1st aid/CPR	no	no	no	no	no			
Abuse Prevention	X	X	X	X	enrolled			
Client Rights	X	X	X	X	enrolled			
Incident Reporting	X	X	X	X	X			
Confidentiality	X	X	X	X	enrolled			
IP/PSP Process	X	X	X	X	X			
CDS* complete w/in 6 months of hire date?	X	X	X	X	enrolled			
Medication Cert	no	X	X	X	no			
Note where evidence found:								
Personnel file and individual training record. MANDT Trained (VP, CC, CF, MW, TW). 1st Aid/CPR offered to all staff, individual PSP team decides if such training needed for DSP, Med Certification on an as needed basis. * CDS = College of Direct Supports								
Comments:								
Local Employment Coordinators in each office monitor completion of the required training by Field based staff on a monthly basis. Reminders are sent out as appropriate and several Field based staff have already completed all requirements for Tier 2. Specific information is available at any time from the Local Employment Coordinator or the Direct Support Staff Program Manager. Provider uses CDS to train abuse prevention, client rights and confidentiality. Incident Reporting is in orientation.								

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IP Checklist:		Note Site Reviewed:				Add sites as needed:				insert QAOS #
		SL	SL	SL	CSP	CSP	CSP	CSP		
Consumer Initials										
O n s i t e	Consumer/Family Survey	X	X	X	X	X	X	X		
	PSP/IP Available to all Staff	X	X	X	X	X	X	X		
	IPP/Actions Implemented	X	X	X	X	X	X	X		
	Data for IPP/Actions	X	X	X	X	X	X	X		
	Data Internally Monitored	X	X	X	X	X	X	X		
	Self Medication Objective	X	NA	NA	NA	NA	NA	NA		
	Consumer informed of grievance procedure	X	X	X	X	X	X	X		
	SL consumer choice of SL staff	X	NA	NA	NA	NA	NA	NA		
	Rights Restrictions	NA	NA	NA	NA	NA	NA	NA		
**	PSP/IP Checklist	X	X	X	X	X	X	X		
M I N I S T R I B U T I O N	PSP/IP completed Annually?	X	X	X	X	X	X	X		
	Individual Needs Addressed?	X	X	X	X	X	X	X		
	Assessment Based?	X	X	X	X	X	X	X		
	Quarterly Reports?	X	X	X	X	X	X	X		
	Incident Reports Addressed?	X	X	X	X	X	X	X		
	Behavioral Supports Addressed?	X	X	NA	NA	NA	NA	NA		
	Functional Analysis Needed?	NA	NA	NA	NA	NA	NA	NA		
	Free from Aversive Procedures?	X	X	X	X	X	X	X		
Comments: (regarding service planning and delivery)										
There have been issues with quarterly reports but with electronic PSP documents, that appears to have largely been addressed.										
** = Case manager										

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COPY THIS WORKSHEET AS NECESSARY
 USE ONE SHEET PER PSP REVIEWED

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.

ICP = Individual Cost Plan

Consumers	Hours per ICP:								
Actions per PSP		Evidence support provided consistently?							
Laundry Per implementation strategy		Data collection and quarterly reports							
Clean/Maintain bathroom per implementation strategy		Data collection and quarterly reports							
Meal planning/shopping/cooking per implementation strategy		Data collection and quarterly reports							
Supervision/support/monitoring		Quarterly reports, schedules and time sheets							
Daily Living Activities		Quarterly reports							
Community Access/transportation		Quarterly reports							
Healthy low salt, diabetic diet daily		Food Log and quarterly reports							
30 minutes of exercise 5 times weekly		Quarterly reports							
Medical appointments/follow-up		Quarterly reports							
Self-administration of meds		Quarterly reports							
Behavior Management per implementation strategy		Quarterly reports							
Community Recreation 6 times monthly		Quarterly reports							
In Home leisure 8 times monthly		Quarterly reports							
Protocols:		Evidence staff clearly understood and were able to implement protocol?							
Medication Protocol (effective 4-17-08)		MARs and daily log							
Comments:									
Data collection did not consistently contain staff initials and not all steps were marked as being completed or not. It should be noted that when FO staff reviewed this internally, they implemented changes for the upcoming PSP prior to being reviewed by this evaluator.									

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FOR EACH STAFF:

Ask one question per topic area, if incorrect as a second if still incorrect move on the next topic area.

KEY

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

insert
QAOS #

Staff Survey:		Staff Initials	WZ	CA	RF	DG	AH	KP	DT	insert QAOS #
A b u s e	Allegations are reported to? (APS)	X	X	X	X	X	X	0*	X	
	Do you notify Supervisor first? (NO)	X	X	X	X				X	
	Steps to take if abuse is discovered?						X	0*		
	Comments: *Staff not aware of mandatory reporting to APS until discussed by evaluator.									
R i g h t s	Suspect theft of gloves, steps to take?	X	X		X	X	X	X	X	
	IP/PSP requests Doctors appt		X	X	X	X	X	X		
	No jacket, -25 consumer wants to leave	X		X				0	X	
	Review Right's Restriction									
Comments:										
b m p **	describe consumer behaviors	NA	*	**	*	**	*	*	*	
	staff response to behaviors by plan		*	**	*	**	*	*	*	
	list proactive or environmental strategies		*	**	*	**	*	*	*	
	Comments: * Staff unsure ir a BSP / Protocol in place. Because of this questions could not be asked. ** Staff knew parts of plan but not enough to answer questions, need training in this area.									
H o m e h e a l t h c a r e	former employee wants info	X	X	X	X			X		
	what is consumer information?	X	X		X	X	X			
	training to meet health and safety needs?			X		X				
	emergency evacuation procedures?									
Comments:										
Comments: None of the staff surveyed failed the QA survey.										
** = Behavior Management Plans										

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KEY

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

insert
QAOS #

Staff Survey:		Staff Initials	BY								
A b u s e	Allegations are reported to? (APS)		0*								
	Do you notify Supervisor first? (NO)		X								
	Steps to take if abuse is discovered?		X								
	Comments: * Staff not aware of mandatory reporting to APS until discussed by evaluator.										
R i g h t s	Suspect theft of gloves, steps to take?		X								
	IP/PSP requests Doctors appt		X								
	No jacket, -25 consumer wants to leave		0								
	Review Right's Restriction										
Comments:											
** b m p **	describe consumer behaviors		**								
	staff response to behaviors by plan		**								
	list proactive or environmental strategies		**								
	Comments: ** Staff knew parts of behavior plan, but not enough to answer questions. It is recommended that staff be provided training on behavioral support plans / protocols.										
H o m e h e l p h o m e	former employee wants info		X								
	what is consumer information?										
	training to meet health and safety needs?		X								
	emergency evacuation procedures?										
Comments:											
Comments:											

** = Behavior Management Plans

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 if still incorrect move on the next topic area.
 (mark "+" or "X" if correct, "-" or "no" if not)

KEY

Staff Survey:		KEY							insert QAOS #
	Staff Initials	WZ	CA	RF	DG	AH	KP	DT	
m e d i c a t i o n s	describe procedure to assist with meds								
	if med is unavailable?	X		X		X			
	if gave wrong med?	X	X			X			
	if moving to a new place or gets new med?							X	
	requirement to assist with meds?				X*		Z*	X	
	describe PRN or OTC* is to be given		X						
	what constitutes a med error?			X					
Comments: * Staff is not currently med certified and it was inappropriate to ask other questions in this section. It should be noted that non-med certified staff reported that they are not working with medication assistance in any capacity. * OTC = over-the-counter									
E R C	steps to avoid power struggles	X		X		X	X		
	how to respond to someone who is upset	X	X		X	X		X	
	what if you start to lose control?		X	X	X		X	X	
	Comments: ** = Emotionally Responsible Caregiving								
I N C I D E N T R E P O R T I N G	when do you fill out an incident report?	X	X	X		X			
	notifications for Emergency Room visit?				X		X	X	
	consumer to consumer incidents	X	X		X		0		
	who writes the Incident Report?			X		X	X	X	
	Comments: Staff struggled with Incident Reporting. It is recommended that DSP staff be provided additional training on Incident Reporting. * = Incident Reporting and Management								

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 if still incorrect move on the next topic area.
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KEY

Staff Survey:		KEY							insert QAOS #
	Staff Initials	BY							
m e d i c a t i o n s	describe procedure to assist with meds								
	if med is unavailable?	X							
	if gave wrong med?								
	if moving to a new place or gets new med?								
	requirement to assist with meds?	X							
	describe PRN or OTC* is to be given								
	what constitutes a med error?								
Comments:									
* OTC = over-the-counter									
E R C	steps to avoid power struggles	X							
	how to respond to someone who is upset	X							
	what if you start to lose control?								
	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?								
	notifications for Emergency Room visit?	X							
	consumer to consumer incidents								
	who writes the Incident Report?	X							
Comments:									
See coments on page 2 (1) of this section.									
* = Incident Reporting and Management									

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 Ask one question per topic area, if incorrect as a second
 if still incorrect move on the next topic area.

Staff Survey:		KEY (mark "+" or "X" if correct answer, "-" or "no" if not)							insert QAOS #
	Staff Initials	WZ	CA	RF	DG	AH	KP	DT	
B O O K	consumer destroying things	X	X	X	X	X	X	X	
	staff pinches consumer back	X	X		X	X	X	X	
	how do you know a support plan is needed?			X					
	Comments:								
* I P / P S P	what is IP/PSP based on?	NA	X	X	X	X			
	you have an idea for an objective.....		X	X	X		X	X	
	why do assessments?			0		X	X		
	How do you find out what someone would like to do?							X	
	Comments:								
* P	* = IP = Individual Plan PSP = Personal Support Plan								
Comments:									

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 Ask one question per topic area, if incorrect as a second if still incorrect move on the next topic area.

Staff Survey:		KEY (mark "+" or "X" if correct answer, "-" or "no" if not)							insert QAOS #
	Staff Initials	BY							
B O H O M E	consumer destroying things	X							
	staff pinches consumer back	X							
	how do you know a support plan is needed?								
	Comments:								
* I P / P S P	what is IP/PSP based on?								
	you have an idea for an objective.....	X							
	why do assessments?								
	How do you find out what someone would like to do?	X							
Comments:									
* = IP = Individual Plan PSP = Personal Support Plan									
Comments:									

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KEY (mark "+" or "X" if positive/correct, "-" or "no" if not
 "-" or "no" indicates need for follow up
 and comments in lilac area below

Consumer Questionnaire by QIS.								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)		NA	X	NA	X	X	X	
c o n s u m e r	Do you have nice staff at home/work?	X	X	X	X	X	X	
	Is anyone mean to you at home/work?	X	X	X	X	X	X	
	Do you like where you live/work?	X	X	NO*	X	X	X	
	Are you ever afraid of anyone?	X	X	X	NO**	X	X	
	Someone hits/hurts you, who can you tell?	X	X	X	X	X	X	
	Does anyone talk to you about this?	X	X	X	X	X	X	
	Can you get help when you need it?	X	X	X	X	X	X	
	from staff?	X	X	X	X	X	X	
	from Case Manager?	X	X	X	X	X	X	
	Can you get your own food/drink?	X	X	X	X	X	X	
	Do people come into your house/room without knocking or getting permission?	X	X	X	X	X	X	
	Do staff ever take things from you?	X	X	X	X	X	X	
	Can you get rides to places you need to go?	X	X	X	X	X	X	
Rides to the places you want to go?	X	X	X	X	X	X		
Who is your Case Manager?	X	X	X	X	X	X		
Does s/he talk to you about waiver services?	X	X	X	X	X	X		
Does s/he help you get what you need?	X	X	X	X	X	X		
Comments:								
*Working on improving credit so can move to a different living situation of choice and ideally would like to purchase a home. Planning team is supporting this desire. ** Person that was causing difficulty has since moved out of building, special lock was installed because of this. *** "Services are great!"								