

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

Agency Name: Achievements Incorporated
 Evaluator(s): Kara Gehring
 Date Covered by Review: 4/09-4/10
 Document Distributed 5/24/10

Agency Overview
DESK REVIEW

QAOS #

| | |
|--|---|
| <p>Brief Agency Description: Achievements' staff provides assistance to 27 consumers who are either involved with day services, residential services or both. Also, 4 consumers purchase services via community supports. Achievements' main office is in Libby, as well as work sites, group homes and congregate supported living sites. The agency's fiscal, business operations and chief executive officer are located in Kalispell. Two work/day sites are available for consumers: the thrift store and Kootenai Clothing Creations, both offering various jobs/ activities. Two group homes and one congregate supported living complex offer 24 hour awake staffing and supports. Supported Living services are also provided to individuals residing in independent apartment living arrangements.</p> | |
| <p>Agency Strengths/Significant Events: Consumers express a high degree of satisfaction with services. Also, the staff survey completed by Achievements revealed a 94-100% job satisfaction. Additionally, the atmosphere of all group homes and congregate supported living sites visited offered a home like comfortable environment; all sites were in good repair and appeared clean and sanitary. Furthermore, staff was highly informed of consumer unique needs, in terms of medical, behavioral, preferences and idiosyncrasies.</p> <p>Over the period of review response to medical issues has been outstanding. Including the extra care, support and attention given to a consumer that recently passed away from cancer; the agency went above and beyond to assure her last days were comfortable and full of items and people she loved.</p> <p>Of notability is the agency's assistance in providing the means for two consumers to reach personal dreams. One consumer was able to see her country music idol perform for the 2nd time in Couer D'Alene. The other consumer who is incredibly physically involved was able to don the "Polar Bear" title when staff assisted him in December 2009 to take the plunge into the Kootenai River.</p> <p>Moreover, in January of this year staff job titles were changed from Hab Tech to Direct Support Professionals. Not only does this coincide with College of Direct Support language, it provides a more accurate description of the job requirements and it empowers employees by promoting the value of his/her job.</p> <p>The agency hired an operations supervisor in July 2009. Subsequently, achievements engaged in the major endeavor of moving their silk screening/ embroidery business to a larger more accommodating location. Also, the business itself changed names and expanded to include selling new clothing at cheaper prices. The grand opening of the store was held in November 2009.</p> | <p>Commend #7 & #8</p> |
| <p>Summary Findings: A common theme existed among consumers and staff during the review which was happiness and satisfaction. As commendations 7 and 8 express the sites looked fabulous and response to medical issues over the past year have been outstanding. A few trends were noted that</p> | <p>Commend #7& #8</p> |

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| <p>necessitated a plan of action. PSPs in general were one of the trends indicated; for example, completing annual PSPs and having adequate visions, actions, outcomes, quarterlies, implementation strategies and assessments. Further, tracking data and rights restrictions were other concerns identified. The provider has instituted a thorough plan of action which includes closely working with the QIS in regard to PSPs. QAOS #5 addresses issues with MARS, med storage and medication protocols; the nurses have already begun revamping MARS and protocols; the QIS will work with the nurses on certain protocols. QAOS #6 is in regard to monthly incident management trend analyses, which the QIS has already started receiving.</p> | <p>QAOS #1-#6</p> |
| <p>Policies and Administrative (DDP) Directives: Policies were in place in regard to both consumer and staff grievances with a signed receipt and acknowledgement form. Grievance procedures are to be reviewed with consumers upon entry into services and every six months following. Also, policies on staff supervision were available for review. Concern does exist in terms of following the incident management policy correctly and the PSP policy. However, the agency is revamping pertinent policies and procedures.</p> | <p>#1-#6</p> |
| <p>Agency Communication Systems: Therap is used as a main source of communication to convey incidents and general information in regard to consumers. The secure messaging system is also used as a way to share consumer information confidentially. The congregate residential sites also utilize written log books that all staff is required to read upon signing in for his/her shift. Additionally, cell phones and land lines are used. Staff schedules are developed to communicate meetings and/or trainings as are MEMOs. Critical resource manuals are available in each department. This houses information on when/how to report incidents and protocols for informing required parties of incidents.</p> | |

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Incident Management Requirements

Key (mark "+" or "X" if requirement is met or "no" if not)

| | | | |
|---|----|---|----|
| Incident Management Policy followed | no | The agency did not submit monthly trend reports over the period of review. Instead, quarterly reports were submitted. | #6 |
| Regular Incident Management Meetings | + | Weekly incident management meetings occur unless no incidents took place the week prior. | |
| Agency Completes Monthly Trend Report | no | | #6 |
| Agency Enters Data in Therap Regularly | + | Staff enter information daily into Therap. | |
| Agency Keeps Minutes of the IM Meetings | + | The agency keeps minutes and submits the minutes to all members of the committee on a weekly basis. | |
| Comments: Since the completion of the review the agency has submitted monthly trends. | | | |

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Staff Related

Key (mark "+" or "X" if completed or "-" or "no" if not)

QAOS #

| College of Direct Support | | | | | | | | | |
|--|----|-----------|-----|----|----|-----|--|--|--|
| Staff Initials | CW | SC | CC | TE | TJ | GW | | | |
| Tier One-completion within 6 months | + | See below | + | + | + | + | | | |
| Tier Two – completion within 12 months | + | n/a | n/a | + | + | n/a | | | |
| Note where evidence was found: orientation files | | | | | | | | | |
| Staff Initials | CW | SC | CC | TE | TJ | GW | | | |
| Evidence of Criminal Background Check | + | + | + | + | + | + | | | |
| Note where evidence was found: All evidence was located in orientation and personnel files. | | | | | | | | | |
| Performance Measures: Currently not applicable. | | | | | | | | | |
| <p>Comments: Staff member SC: documentation suggested completion of 12 units of Tier 1, 3 more are needed. Orientation is three stages, prior to working a shift, during the first 7 days of working and then after 30 days of working. Orientation is thorough and thought-out. Additional training in regard to PSPs and person centered thinking is scheduled to occur. Evidence of abuse training with Russ was located and a training held on Achievements' core values was held; both of which are important components to orientation and ongoing training.</p> | | | | | | | | | |

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Staff Related

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QAOS #

| Evidence Found of Staff Training | | | | | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|-----------|--|--|--|
| Staff Initials | CW | SC | CC | TE | TJ | GW | | | |
| CPR | + | + | + | + | + | + | | | |
| 1 st Aid | + | + | + | + | + | + | | | |
| Abuse Prevention | + | + | + | + | + | + | | | |
| Client Rights | + | + | + | + | + | + | | | |
| Incident Reporting | + | + | + | + | + | + | | | |
| Confidentiality | + | + | + | + | + | + | | | |
| PSP Training | + | + | + | + | + | + | | | |
| 911 Medical Memo Training | See below | | | |
| Medication Certification | + | + | + | + | + | + | | | |
| Note where evidence was found: Orientation files | | | | | | | | | |
| | Yes | No | | | | | | | |
| Licensure Requirements Met | + | | | | | | | | |
| Note where evidence was found: in group homes, and in RN and LPN files. | | | | | | | | | |
| Performance Measures: Currently not applicable. | | | | | | | | | |
| Comments: Each site has a critical resource manual that all staff is trained on, including calling 911. The director of the agency will incorporate the 911 MEMO into orientation. | | | | | | | | | |

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| Plan of Care | Key (mark "+" or "X" if present or "-" or "no" if not) | | | | | | | | QAOS # |
|--|--|--------|--------|--------|---------------------|--------|--------|--------|--------|
| | Note Site Reviewed | | | | Add Sites as needed | | | | |
| | Work Services | | | | | | | | |
| Consumers Initials | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | |
| ON SITE | | | | | | | | | |
| Consumer/Family Survey | + | + | + | No | No | + | + | + | |
| 50/50 Rule | No | No | No | No | No | No | No | No | #2 |
| PSP Actions Implemented | No | No | No | No | No | No | No | No | #2 |
| Actions Support Outcomes | Yes/no | Yes/no | Yes/no | no | no | Yes/no | Yes/no | Yes/no | #2 |
| Data Internally Monitored | No | No | No | No | No | No | No | No | #3 |
| Pre-Voc Outcomes Written | Yes/no | No | No | No | No | No | No | No | #2 |
| Consumer Informed of Grievance Procedure | + | + | + | + | + | + | + | + | |
| SL consumer has choice of SL Staff | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | |
| Rights Restriction | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | |
| | | | | | | | | | |
| PSP Completed Annually | No | No | No | No | No | No | No | No | #1 |
| Individual Needs Addressed | Yes/no | Yes/no | Yes/no | no | no | Yes/no | Yes/no | Yes/no | #2, #3 |
| Assessment Based? | No | No | No | No * | No * | No | No | No | #2 |
| Quarterly Reports? | No | No | No | No | No | No | No | No | #2 |
| Incident Reports Addressed? | + | + | Yes/no | Yes/no | n/a | + | n/a | n/a | |
| Behavioral Supports Addressed? | + | n/a | no | n/a | n/a | Yes/no | n/a | n/a | #2 |
| Functional Analysis, if needed? | n/a | n/a | needed | n/a | n/a | n/a | n/a | n/a | |
| Performance Measures: Currently not applicable. | | | | | | | | | |
| Comments: All supportive documentation can be located on QAOS #1- #3, as well as, the provider's response and plan of action. A yes/no response indicate that some components were adequate and some were not. * Assessment provided: ■ dated 8/09 (PSP not until 3/30/10); ■ dated 6/15/09 work service assessment only and interviews with support staff (PSP completed 4/13/10). | | | | | | | | | |

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| | Note Site Reviewed | | | | Add Sites as needed | | | | |
|--|--------------------|--------------|---------|---------|---------------------|------------|--|--|------------|
| | FCGH | Community SL | SL Apts | SL Apts | SL Apts | MAGH | | | |
| Consumers Initials | ■ | ■ | ■ | ■ | ■ | ■ | | | |
| ON SITE | | | | | | | | | |
| Consumer/Family Survey | + | + | + | No | No | + | | | |
| 50/50 Rule | n/a | n/a | n/a | n/a | n/a | n/a | | | #2 |
| PSP Actions Implemented | Yes/no | No | No | No | No | Yes/no | | | #2 |
| Actions Support Outcomes | Yes/no | Yes/no | Yes/no | no | no | Yes/no | | | #2 |
| Data Internally Monitored | + | No | No | No | No | + | | | #3 |
| Pre-Voc Outcomes Written | n/a | n/a | n/a | n/a | n/a | n/a | | | #2 |
| Consumer Informed of Grievance Procedure | + | + | + | + | + | + | | | |
| SL consumer has choice of SL Staff | n/a | + * | + * | + * | + * | + * | | | |
| Rights Restriction | n/a | n/a | No | No | No | n/a | | | #4 |
| | | | | | | | | | |
| PSP Completed Annually | N/a | No | No | No | No | n/a | | | #1 |
| Individual Needs Addressed | Yes/no | Yes/no | Yes/no | no | no | Yes/no | | | #2, #3, #4 |
| Assessment Based? | No | No * | No | No * | No * | pt/st only | | | #2 |
| Quarterly Reports? | Yes/no | No | No | No | No | no | | | #2 |
| Incident Reports Addressed? | + | + | No | N/A | yes/ no | n/a | | | |
| Behavioral Supports Addressed? | n/a | Yes/no | No | yes/no | yes/no | n/a | | | #2, #4 |
| Functional Analysis, if needed? | n/a | needed | needs | n/a | n/a | n/a | | | |
| Performance Measures: Currently not applicable. | | | | | | | | | |
| Comments: All supportive documentation can be located on QAOS #1-#4, as well as, the provider's response and plan of action. A yes/no response indicate that some components were adequate and some were not. *Choice of supported living staff is afforded, but is not documented in a formal fashion. * Assessment provided, ■ completed 6/09 (PSP 2/9/10); ■ interviews with support staff completed (not dated); ■ dated 8/09 (PSP not until 3/30/10). | | | | | | | | | |

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Health and Safety

Key (mark "+" or "X" if present and requirement met or "-" or "no" if not)

QAOS#

| Note Site Reviewed | MAGH | Thrift | FCGH | Cong. SL | KCC | | | |
|---|--------|--------|--------|----------|--------|--|--|----------|
| Bathing Procedures Posted | + | n/a | + | No | n/a | | | |
| Clean/Sanitary Environment | + | + | + | + | + | | | Comm. #7 |
| Egress | + | + | + | + | + | | | |
| Hot Water Temps | + | + | + | + | + | | | |
| Emergency Assistance | + | + | + | + | + | | | |
| Fire Drill/Fire Extinguishers/Smoke Detectors | + | + | + | + | + | | | |
| 1 st Aid/CPR Supplies Accessible/Available | + | + | + | + | + | | | |
| PRN Medications | Yes/no | Yes/no | Yes/no | Yes/no | + | | | #5 |
| Medication Procedures | + | Yes/no | + | Yes/no | + | | | #5 |
| Medication Locked /Storage | + | + | Yes/no | + | + | | | #5 |
| Medication Administration Records | Yes/no | Yes/no | Yes/no | Yes/no | Yes/no | | | #5 |
| Staffing levels meet ICP expectations | + | + | + | + | + | | | |
| Awake Overnight Staff | + | n/a | + | + | n/a | | | |
| Adequate Supplies | + | + | + | + | + | | | |
| Storage of Supplies | + | + | + | + | + | | | |
| Free From Aversive Procedures | + | + | + | + | + | | | |

Performance Measures: Currently not applicable.

Comments:

Commendation #7 outlines the immaculate home like environments observed. QAOS #5 provides supportive documentation in regard to the yes/no responses above, as well as, the provider's response and plan of action. **** Please note that consumer information is confidential and should not be posted in areas that other individuals can see, [REDACTED] at FCGH and [REDACTED] at MAGH medical, dietary information and PSP information with each person's full name was posted in common areas of the homes.

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| Health and Safety | Key (mark "+" or "X" if present and requirement met or "-" or "no" if not) | | | | | | QAOS# |
|---|--|--------|--------|----------|-----|--|--------|
| Note Site Reviewed | MAGH | Thrift | FCGH | Cong. SL | KCC | | |
| Weekly integrated Activities | Yes/no* | + | Yes/no | Yes/no | + | | |
| House or Site Rules | + | + | + | + | + | | |
| Opportunities for Choice/Self Determination | Yes/no | Yes/no | Yes/no | no | + | | #2 |
| Meal Prep/Meals | + | Yes/no | + | no | n/a | | #4 |
| Engagement in Daily Life | + | + | + | no | + | | #4, #2 |
| Participation in Daily Living Skills | Yes/no | + | + | No | + | | #4, #2 |
| Daily Leisure Opportunities | + | + | + | Yes/no | + | | |
| Staff Trained in Individual Specifics | + | Yes/no | + | + | + | | |
| Performance Measures: Currently not applicable. | | | | | | | |
| Comments: * Yes/ no response under weekly integrated activities and opportunities for self determination is due to not having some type of activity calendar, or consumer meetings indicating input into activities. However, it is known that weekly integrated activities do occur; some sort of calendar would be beneficial to track and inform consumers of upcoming events. Also, consumer meetings allow a forum to discuss desired activities and opportunities for choice and self determination. QAOS #2 and #4 provide supporting documentation, provider response and plan of action. | | | | | | | |

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Transportation

Key (mark "+" or "X" if present and requirement met or "-" or "no" if not)

QAOS #

| Name of Site Reviewed | Apts | FCGH | MAGH | MAGH | | | | |
|--|------|------|------|------|--|--|--|--|
| Driver Orientation Program | + | + | + | + | | | | |
| Wheelchair tie downs | n/a | + | + | n/a | | | | |
| Wheelchair Lift | n/a | + | + | n/a | | | | |
| Driver's Licenses | + | + | + | + | | | | |
| Emergency Supplies | + | + | + | + | | | | |
| Fire Extinguisher | + | + | + | no | | | | |
| Transportation Log | + | + | + | + | | | | |
| Scheduled Maintenance Program | + | + | + | + | | | | |
| Staff Doing Maintenance Checks | + | + | + | + | | | | |
| Montana Department of Transportation (MDT) Inspection On File (MDT vehicles only) | n/a | n/a | n/a | n/a | | | | |

Comments: Staff performs regular maintenance checks on all vehicles and complete or schedule needed maintenance. The documentation is nicely organized. The staff doing maintenance checks has a resume full of related experience. Each employee file reviewed contained copies of driver licenses as well as completed driver orientation program including a written and road test. Each vehicle checked aside from the Dodge Caravan at MAGH had a recently serviced fire extinguisher on board. Every vehicle contained an emergency kit. Achievements does not have an MDT funded vehicle in use.

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Staff Survey

Key (mark "+" or "X" if answered correctly or "-" or "no" if not)

QAOS #

| Staff Initials | CW | DS | GW | CC | TJ | | | |
|--|-----|-----|-----|-----|-----|--|--|--|
| ABUSE | | | | | | | | |
| Allegations Are Reported To? (APS) | + | + | + | + | + | | | |
| Do You Notify Supervisor First? (No) | + | no | + | + | + | | | |
| Steps To Take If Abuse is Discovered? | n/a | no | n/a | n/a | n/a | | | |
| Comments: | | | | | | | | |
| RIGHTS | | | | | | | | |
| Suspect Theft of Gloves, Steps To Take? | + | + | + | n/a | + | | | |
| PSP Requests Doctor's Appointment(s)? | + | + | n/a | + | + | | | |
| No Jacket, -25 Consumer Wants To Leave? | n/a | n/a | + | n/a | n/a | | | |
| Review Right's Restriction? | n/a | n/a | n/a | + | n/a | | | |
| Comments: | | | | | | | | |
| BEHAVIOR MANAGEMENT PLANS | | | | | | | | |
| Describe Consumer Behaviors | + | + | + | + | + | | | |
| Staff Response To Behaviors By Plan | n/a | + | n/a | + | + | | | |
| List Proactive of Environmental Strategies | + | n/a | + | n/a | n/a | | | |
| Comments: | | | | | | | | |
| ORIENTATION | | | | | | | | |
| Former Employee Wants Info | n/a | + | + | + | + | | | |
| What Is Consumer Information? | + | + | + | + | + | | | |
| Training To Meet Health and Safety Needs? | + | n/a | n/a | n/a | n/a | | | |
| Emergency Evacuation Procedures? | n/a | n/a | n/a | n/a | n/a | | | |
| Comments: All staff was able to answer questions in all sections of the interview represented on this page and staff was knowledgeable. | | | | | | | | |

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QAOS #

| Staff Initials | CW | DS | GW | CC | TJ | | | |
|---|-----|-----|-----|-----|-----|--|--|--|
| MEDICATIONS | | | | | | | | |
| Describe Procedures to Assist with Meds | n/a | n/a | n/a | n/a | n/a | | | |
| What if Med is Unavailable? | + | + | + | + | + | | | |
| What if Wrong Med is Given? | + | + | + | n/a | + | | | |
| If Moving to a New Place or Gets New Meds? | n/a | n/a | n/a | n/a | n/a | | | |
| Describe PRN and Over-the-counter is to be given? | n/a | n/a | n/a | n/a | n/a | | | |
| Requirement to Assist with Meds? | n/a | n/a | n/a | + | n/a | | | |
| What Constitutes a Med Error? | n/a | n/a | n/a | n/a | n/a | | | |
| Comments: | | | | | | | | |
| EMOTIONALLY RESPONSIBLE CAREGIVING | | | | | | | | |
| Steps to Avoid Power Struggles | + | + | + | + | + | | | |
| How to Respond to Someone Who Is Upset | n/a | n/a | n/a | n/a | n/a | | | |
| What If You Start to Lose Control? | + | + | + | + | + | | | |
| Comments: | | | | | | | | |
| INCIDENT REPORTING and MANAGEMENT | | | | | | | | |
| When Do You Fill Out an Incident Report? | + | no | n/a | n/a | n/a | | | |
| Notifications for Emergency Room Visits? | + | no | + | + | + | | | |
| Consumer to Consumer Incidents | n/a | no | + | + | + | | | |
| Who Writes the Incident Report? | n/a | no | n/a | n/a | n/a | | | |
| Comments: Only one staff was unable to adequately answer questions in the incident reporting and management section. This staff reported never having to document an incident therefore she did not know how, why or when to do so. All other staff was able to answer all sections of the survey on this page sufficiently. | | | | | | | | |

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Fiscal Accountability

Representative random sample of each service agency provides.
 Key (mark "+" or "X" if present or "-" or "no" if not)

QAOS #

| | | | | | | | | | |
|--|----|---------|---------|----|----|----|-----|----|---|
| Consumer Initials | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Sample Invoices Match Service Records | No | Yes/no* | Yes/no* | No | No | No | + | #3 | |
| Client Accounts Set Up According to Policy | + | + | + | + | + | + | n/a | | |
| ICP's Developed According to Guidelines | + | + | + | + | + | + | CS | | |
| Comments: QAOS sheet #3 provides documentation to support the above findings, the provider's response and plan of action. *Yes/no indicates some components were adequate while some did not provide appropriate documentation. | | | | | | | | | |
| Audit Summary & Findings: The A-133 audit as of June 30 2009 suggests that all financial statements present fairly and in all material respects the financial position of the Agency and the changes in its net assets and cash flows are in conformity with accounting principles generally accepted. | | | | | | | | | |
| Performance Measures: Currently not applicable. | | | | | | | | | |

Fiscal Accountability

Representative random sample of each service agency provides.
 Key (mark "+" or "X" if present or "-" or "no" if not)

QAOS #

| | | | | | | | | | |
|---|---------|---------|---------|---|---|---|---|----|---|
| Consumer Initials | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Sample Invoices Match Service Records | Yes/no* | Yes/no* | Yes/no* | | | | | #3 | |
| Client Accounts Set Up According to Policy | n/a | n/a | n/a | | | | | | |
| ICP's Developed According to Guidelines | CS | CS | CS | | | | | | |
| Comments: QAOS sheet #3 provides documentation to support the above findings, the provider's response and plan of action. *Yes/no indicates some components were adequate while some did not provide appropriate documentation. | | | | | | | | | |
| Audit Summary & Findings: The A-133 audit as of June 30 2009 suggests that all financial statements present fairly and in all material respects the financial position of the Agency and the changes in its net assets and cash flows are in conformity with accounting principles generally accepted. | | | | | | | | | |
| Performance Measures: Currently not applicable. | | | | | | | | | |

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Key ("A" for Acceptable and "U" for Unacceptable)

Consumer Questionnaire by QIS if individual can respond – All Questions Are Mandatory

QAOS#

| Individual's Initials | ■ | ■ | ■ | ■ | | | |
|---|-----|-----|-----|-----|--|--|--|
| Do you have nice staff at home/work? | A | A | A/U | A | | | |
| Is anyone mean to you at home/work? | A | A | A/U | A | | | |
| Do you like where you live work? | A | A | A/U | A | | | |
| Are you afraid of anyone? | A | A | A | A | | | |
| If someone hits or hurts you, who can you tell? | A | A | A | A | | | |
| Does anyone talk to you about this? | A | A | A | A | | | |
| Can you get help when you need it? | A | A | A/U | A | | | |
| Can you get help from staff when you need it? | A | A | A | A | | | |
| Can you get help from your Case Manager when you need it? | A | A | A | A | | | |
| Can you get your own food or drink? | A | U | U | A | | | |
| Do people come into your room/house without knocking or getting permission? | n/a | U | U | n/a | | | |
| Does staff ever take things from you? | A | A | U | A | | | |
| Can you get rides to places you need to go? | A | A | A | A | | | |
| Can you get rides to places you want to go? | A | A | A | A | | | |
| Who is your Case Manager? | A | A | A | A | | | |
| Does he/she talk to you about waiver services? | A | A | A | A | | | |
| Does he/she help you get what you need? | A | A | A | A | | | |
| Consumer has/shows ID card? (if PSP documents this is not applicable mark NA) | A | n/a | U | A | | | |

Comments: ■: cannot get own food and drink in her apartment as refrigerator and pantry are locked, she also reported staff do not knock prior to entering her apartment; ■: reported not liking certain male staff (personality conflict), he also reports requesting assistance with his cable (staff are working on it, cable company issues) and obtaining a new ID card both of which had not occurred as of this review, he cannot get own food and drink in his apartment as refrigerator and pantry are locked, he also reported staff do not knock prior to entering his apartment and that staff take certain food items.

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

Agency Name: Achievements Incorporated
 Evaluator(s): Kara Gehring
 Date Covered by Review: 4/09-4/10
 Document Distributed 5/24/10

Key ("A" for Acceptable and "U" for Unacceptable)

Consumer Questionnaire by QIS for Caregivers if Individual cannot respond – All Questions Are Mandatory

QAOS #

| Consumer Initials | █ | █ | █ | █ | | | |
|---|---|---|---|---|--|--|--|
| Caregiver | | | | | | | |
| Who helps this person and how? | A | A | A | A | | | |
| Are there some staff/peers they like better? | A | A | A | A | | | |
| Are there some staff/peers they don't like? Why? | A | A | A | A | | | |
| Are there current needs not being met? | A | A | A | U | | | |
| Are there health and safety needs not being met? | A | A | A | U | | | |
| Who do you talk to about these concerns? | A | A | A | U | | | |
| Does the person have input to his/her life? | A | A | A | U | | | |
| If you have concerns, who do you talk to? | A | A | A | U | | | |
| Are concerns resolved? | A | A | A | U | | | |
| What are this person's wishes/dreams? | A | A | A | U | | | |
| Is their plan moving in that direction? | A | A | A | U | | | |
| What would make this better? | A | A | A | A | | | |
| Does this person ever seem afraid? | A | A | A | A | | | |
| Are you afraid for this person? | A | A | A | A | | | |
| Does this person know how or where to report abuse? | A | A | A | U | | | |
| Who provided that training? | A | A | A | U | | | |
| Who will the individual call or report abuse to? | A | A | A | U | | | |
| Who provided that information? | A | A | A | U | | | |
| Does the person have transportation to all services and places he/she would like to go? | A | A | A | A | | | |
| Who is the person's Case Manager? | A | A | A | A | | | |
| Does the Case Manager help the person access services? | A | A | A | A | | | |
| Does the Case Manager explain waiver services? | A | A | A | A | | | |
| Does the person understand this information? | A | A | A | A | | | |

Comments: █: respondent was Pam Rhodes, apparently the consumer does not talk or make eye contact, Pam does not express fear, but concern regarding communication with family as this proves to be difficult and he often does not make it to day services.