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1/7/08

Rod Temple  
Achievements Inc., Board Chairman  
101 Mineral Ave  
Libby, MT 59923

Pam Rhodes, Administrator  
Achievements Inc.  
101 Mineral Ave  
Libby, MT 59923

Dear Rod and Pam:

Attached is the Final Report for Achievements, Inc. Quality Assurance Review. The period reviewed encompasses April 2005 through October 2007. At this time, all Quality Assurance Observation Sheets specific to this review have been submitted and approved. I have attached these completed forms.

The Quality Assurance Review for this period is completed. I thank you for the opportunity to work with such a well run organization and look forward to continued work.

Respectfully,

Kara Gehring, QMRP  
Developmental Disabilities Program

cc: Paula Tripp, DDP Regional Manager, Region V  
Perry Jones, Waiver Specialist (report only)  
John Zeeck, DDP Quality Assurance Specialist (report only)  
Tim Plaska, DDP Community Service Bureau Chief (report only)  
Vickie Poynter, CEO Achievements Inc.

## **SCOPE OF REVIEW**

This is a summary of a Quality Assurance visit with Achievements conducted by Paula Tripp and Kara Gehring, between Oct.17 – 18<sup>th</sup>, 2007 in Libby. The review covered the time period between April 2005 and October 17<sup>th</sup> 2007. Consumer's who receive supported living services, group home, day/ facility based services, and community support services were included in the sample reviewed. The aforementioned services are the main scope of services Achievements provides, thus the sample is all encompassing. When reviewing the overall picture of services provided by achievements, joyful staff and satisfied consumers are indicative of a well run agency. While conducting the more precise component of the review, seven quality assurance observation sheets (QAOS) were drafted. Three of the forms were in regard to noted deficiencies, 4 were written for observed commendations. Achievements submitted plans of correction within the required time frames, this report will outline in greater detail all QAOS forms drafted, along with plan of correction submitted by Achievements.

## **ADMINISTRATIVE**

Achievements' main office is in Libby, as well as work sites, group homes and congregate supported living sites. The agency's fiscal and business operations and chief executive officer are located in Kalispell. The management team, including the administrator is located in Libby, as well as, the Board of Directors.

During the period of review, agency contact and communication was more than adequate. Achievements' staff was always available when questions and or concerns emerged during the period of review and continue to operate in the same fashion. The management team continues to conduct an effective and efficient incident management system. All incidents, aside from sensitive situations involving staff, are reviewed in the weekly committee, along with appropriate subsequent action (see commendation QAOS #6).

Achievements' staff provides assistance to 26 consumers in day services, 24 consumers in residential and 4 consumers through community supports. All group homes hold current licensure and were in the process of re-licensure within two weeks of this review.

Staff medication errors were a noted trend through-out the year, as a result, QAOS #1 was drafted requesting that the medication system and subsequent protocols be reviewed and revamped, as well as, over the counter PRN protocols.

Upon review of the A-133 audit it was noted that Achievements received an unqualified report/review, meaning financial records were in check and there were no errors noted.

Three staff files were reviewed. We did not find the need to review more because the three reviewed contained all pertinent information such as criminal background checks, more than adequate staff involved training that changes based on clientele and thorough policies and procedures for staff to follow (commendation QAOS #5).

In regard to policies and procedures the provider shared the corporation's internal grievance procedure; however, a signed receipt and acknowledgement form was not present. Such a form is a vital component to this particular policy; it provides documentation that this required policy has been explained to staff and consumers. A concrete way for consumers and family members to be informed that choice of supported living staff is an option does not exist; however, it was indicated through IP paperwork that an individual was able to choose staff.

There were no specific additions to the Contract through the Appendix I.

## **Specific Services Reviewed**

### **GROUP HOME**

Achievements serves 24 consumers in residential services this includes both supported living clients as well as consumers receiving group home services. This section of the report will focus on group home services, 3 consumers in the sample receive this service.

#### **A. HEALTH AND SAFETY**

All group homes offered a home like atmosphere and comfortable environment. All sites have evacuation procedures posted and each site was clean, sanitary and in good repair (commendation QAOS #7). Each group home is licensed to serve more than 4 individuals; however, due to the intensity of the group home consumers, the corporation has chosen to provide homes for four individuals in each group residence. Hence, each group home has extra space allowing several areas for consumers to recreate or relax. In this reviewer's opinion the extra space aides in the preservation of placement for challenging individuals.

A sample of staff files was reviewed and evidence existed suggesting that Achievements checks for correct and current driver's license of individuals who will be driving and transporting consumers. A scheduled maintenance program is now in place along with procedures for repairs and completing those repairs in a timely manner. A driver road test and written test is completed with all staff prior to allowing any staff to drive.

While visiting with consumers a joyful positive attitude was observed. Further, consumer satisfaction surveys completed indicated a high level of satisfaction with services provided all consumers were knowledgeable regarding who to ask for assistance if needed and all felt as though they had some type of input into their lives (QAOS, #4, commendation).

All group homes visited had fire extinguishers in appropriate places that recently had been serviced, as well as, evacuation procedures posted.

Upon reviewing fire drill documentation concerns were identified. Flower creek group home fire drill documentation did not indicate nocturnal drill completion. At Montana Avenue Group Home 4 out of the 8 drills conducted lasted longer than 4 minutes (best practice indicates 2.5 min. evacuation time for safety), implying a need for education regarding timely evacuation and a need to address safety concerns in individual plans as well as with the safety committee (see QAOS #2).

Fire drills are conducted on a random basis, during a 24hour time period at different times in order to simulate an actual fire and the steps to take for safety, for example evacuate. Consumer education and training about how following evacuation procedures could some day save one's life in the case of an actual fire should occur (see QAOS #2).

Achievements' response as to why this occurred, as well as, subsequent action regarding fire drills has been accepted. Evidently performing nocturnal fire drills at Flower Creek group home has been an on-going concern. The staff at this facility is required to use a mechanical lift for three of the individuals living in the group home due to their inability to ambulate. Further, Achievements' policy dictates that staff does not manually transfer or lift non-ambulatory individuals. Management feels as though it seems unreasonable to have non-ambulatory persons participate in a drill in which the lift would not be utilized (in the case of an actual fire the lift would not be used); therefore, Achievements is seeking advice from the fire marshal as to appropriate protocols to have in place in order to address the lack of nocturnal drills at Flower Creek and timeliness issues at Montana Avenue group home (QAOS #2).

While reviewing the medication system in group homes visited, a health and safety concern was identified in regard to over the counter as needed medication. A blanket form with an extensive list of over the counter PRN medication with a MD sign off is used. The physician does have an opportunity to check off that a particular medication cannot be used, however, there are not defined parameters listed for staff to follow. Differences in age, current prescribed medication and medical status can all contribute to an individual's ability to tolerate a certain quantity of a drug within a 24 hour period of time (QAOS #1).

The effect of the aforementioned information includes various concerns. Staff error is likely without appropriate parameters and tracking. Consumers may have different responses to both over the counter as needed medication as well as prescribed in terms of milligrams given, how often the medication is given, and how much in a 24 hour period of time can be tolerated. Elderly individuals respond differently than younger individuals do to certain medications. Without defined parameters the possibility of overdosing an individual is imminent (QAOS #1).

Achievements identified this occurred because the current over the counter policy is dated and in need of improvement. The provider has adopted a new over the counter list of medications with defining parameters. Further, the provider has asked consumer MDs to review the list and make necessary changes based on the consumer's unique

needs. The approved list will be reviewed by the MD at each consumer's annual physical (QAOS #1).

A couple of other concerns were also noted while reviewing medication logs and procedures. Although the average quarterly medication error rate is low (15) the types of errors are consistent, indicating a need to revamp the medication administration system with new protocols. It appears a second signature on MARS is a new requirement for medication administration. The second signature signifies that a second staff member has checked the administration of medications by the individual administering. Although this is a good idea, it does not appear to be functional as many administration records had blanks in the area for the second signature. Additionally, staff indicated that LPNs complete needed vitals and blood sugar readings, the MARS showed the procedure was done as the reading was recorded, however, the LPN completing the procedures did not initial the documentation entry (QAOS, #1).

Training in terms of medication procedures and practices would be beneficial for staff as delineated by the above information, as well as, looking at how to improve the current system to lower the occurrence of the same type of error. LPN initials are an important part of the MAR because if a reading is in question the individual who completed the procedure needs to be available for consultation (QAOS, #1).

The provider has suggested that medication training will be conducted as part of quarterly staff trainings. Also, the provider will assure all LPN procedures and medication administration is initialed appropriately. This response has been accepted (QAOS, #1).

Refrigerator and freezer thermometers existed in some places, not in others and worked in some and not in others. I suggest working thermometers in all refrigerators and freezers that are routinely checked.

Each group home site had an emergency back up system (on-call pager/ cell phone system). Medications were kept in a locked area, staff ratios were appropriate and supplies were adequate. Dangerous cleaning chemicals were locked.

## **B. SERVICE PLANNING AND DELIVERY**

As noted above, consumer survey's indicated a high level of satisfaction with services provided by Achievements. Upon interview, consumers were cheerful, knew who to ask for help when needed and could identify certain staff as individual's to ask for assistance. All staff deserves commendation for consumer satisfaction (QAOS #4, commendation).

A noted trend existed in terms of IPs having functional and meaningful objectives. One consumer ( ) has a long range goal of traveling to Butte; however, a matching objective does not exist. Additionally, she has a goal of increasing her work skills and attendance, but the identified matching objective expresses that she will say the name

of letters shown to her at a level 1 prompt over 10 counts, this doesn't appear to match her goal. Further, the only preferential goal listed is a trip to Butte (no tying objective), there does not appear to be goals or objectives listed based on the preference and desires of this consumer and I question the functionality of current objectives in place (QAOS, #3).

Consumer [redacted] could greatly benefit from some variety in her plan, including some stimulation activities. Aromatherapy, massage with scented oils, foot rubs, hair treatments are all good examples of stimulation activities that could benefit [redacted]. Further, her long range goal to maintain social and leisure opportunities does not have a subsequent objective (QAOS, #3).

[redacted] expressed to his IP team that he would like an IPOD; however, a goal does not exist to address this desire. Further, I question the functionality of such goals as continue work training (QAOS, #3).

Considering the above information is in regard to a sample of consumers, some concern exists regarding other consumers in services having person-centered goals and objectives. The quality of life of an individual is compromised when objectives and goals do not tend to be meaningful to the individual or functional. Although these concerns exist, IP's, did address the medical, behavioral and training needs of individuals (QAOS #3)

The provider indicated that although efforts are made by the IP team to view IP's holistically and write meaningful objectives, at times, less than adequate long range goals and objectives are written. Further expressed is that every effort should be made to not only involve the individual in developing goals and objectives, but to also incorporate a variety of staff knowledge who work with the individual in order to provide input regarding consumer's wishes and desires. These ideas can be better formulated through the pre-IP process. It may also be helpful to develop a cheat sheet of sorts, to be utilized during the pre-IP and IP process, in which a number of areas to be addressed is developed, and then checked off after being discussed or documented as part of the IP. A brainstorming session including an interdisciplinary group of individuals will occur in which this cheat sheet is developed. Also, this group will address a better process to ensure all the important areas are covered during the IP meeting and meaningful, functional goals and objectives are written (QAOS, #3).

All sites offered terrific recreational and leisure opportunities with community involvement. Further, many activities offered are consumer driven.

Achievements is very thorough in regard to medical and healthcare issues. Not only does the organization typically respond in a more than timely manner, prevention tactics are also used. Medical and healthcare issues are discussed in both incident management committee meetings, during staffings and if necessary during special IPs.

Although a couple of consumer surveys were not complete with the IP packet, consumer surveys completed by myself indicated a high level of satisfaction. Consumers identified

favorite staff and no consumer identified a staff that was not favorable. An internal grievance procedure is in place, however, is in need of a receipt and acknowledgement form.

### **C. STAFFING**

Three staff files were reviewed. Criminal background checks were present for all files reviewed. Also, training given was comprehensive, diverse, in accordance with consumer unique needs and staff that worked with intensive individuals were enrolled in DDCPT or equivalent training. Training documentation was thorough and organized (commendation QAOS, #5).

Upon review of staff survey completed by the provider, a trend in response implied a high level of staff satisfaction. Staff identified that better communication, understanding the needs of consumers, quantity and timeliness of staff, varied activities for consumers and better support for new staff are all areas in need of improvement.

The staff survey conducted by the QIS indicated staff were trained and informed. Each person interviewed answered each section with answers that met requirements, including the standards for reporting abuse and neglect.

Throughout the period of review no concerns in regard to staffing ratios exist.

### **D. INCIDENT MANAGEMENT**

Achievements incident management committee meets weekly and reviews all incidents, including internal that have occurred over the past week in all areas of service provided. The committee discusses the level of incident, if it is reportable or critical and assigns investigation if critical. The committee is well organized and the coordinator is well versed in the State Incident Management Policy. Meetings have proven to be successful prevention and identification tactics regarding areas of consumer need. Reporting to the appropriate authority in regard to type of incident, such as APS, has greatly improved. There are no overt issues in regard to timeliness of critical incident investigation or notification. Achievements is consistent and timely in terms of notification of incidents, as well as, investigating when necessary. Further, if an extension is needed, the provider requests within the specified time frame. The provider also utilizes Therap, on-line reporting program. This has proven to be successful in terms of consistent documentation of occurrences (positive and negative). Weekly meetings are also utilized as a venue to discuss current client happenings and possible need for a special IP meeting (QAOS, #6, commendation).

## **SUPPORTED LIVING (congregate and individual)**

Out of the ten individuals included in the sample one consumer receives supported living services. This individual lives in a congregate supported living environment called Green Springs apartment complex which is owned and operated by Achievements.

### **A. HEALTH AND SAFETY**

Consumers interviewed with supported living services reported a high level of satisfaction, that they were able to gain rides to needed places and knew who to contact for needs. Water temperatures at congregate sites were 120 degrees and sites were clean and sanitary. Further, congregate sites offered a home-like environment with consumer – centered apartments (QAOS, #4, commendation). Additionally, the same issue in regard to PRN medication documentation, med errors, etc. exists in congregate supported living sites as the group home (QAOS # 1).

Individual apartments either had a fire extinguisher in the apartment, or accessible in the hallway. Working smoke detectors were also noted and an evacuation route was posted.

In reviewing fire drill documentation regarding Green Springs apartment complex a couple of concerns exist. Documentation in August indicated two individuals refused to get out of bed and evacuate. Additionally, in June another consumer needed prompting in order to evacuate, staff also suggested that he may need a program to address fire drill evacuation. Documentation of refusal to exit, as well as staff identifying a programming need for a consumer during fire drills suggests that consumers could benefit from training and education in terms of the importance of evacuating when asked. Further this suggests that safety concerns in terms of exiting be addressed in the individual's IP, and brought to the attention of the safety committee (QAOS, #2).

The provider responded by assuring special IPs will occur for the above mentioned individuals and that overall training will occur with consumers at the apartment complex (QAOS, #2). This response was accepted.

Each apartment visited had adequate supplies with appropriate storage.

### **B. SERVICE PLANNING AND DELIVERY**

As previously mentioned, consumers expressed a high degree of satisfaction in regard to services provided. Further, Achievements responds appropriately and adequately to the health and safety needs of the consumers. If a health and safety need is identified typically a special IP is held to discuss a course of action.

A noted trend existed in terms of IPs having functional and meaningful objectives. Also identified was an individual plan (LI) that had goals without objectives tied to those goals. Additionally, in this same individual's chart documentation suggests that a plan

for medication would be made by 11/06, however no such plan existed. Further, this individual identified wanting to take a trip, but there is not an objective to work toward reaching her long range goal. Also, this individual's plan contained a long range goal of joining a club – it seems that this would be more appropriate as an objective for a long range goal of health, indicating a need for broader long range goals (QAOS, #3).

Considering the above information is in regard to a sample of consumers, some concern exists regarding other consumers in services having person-centered goals with matching objectives. The quality of life of an individual is compromised when objectives and goals do not tend to be meaningful to the individual or functional (QAOS #3).

The provider indicated that although efforts are made by the IP team to view IP's holistically and write meaningful objectives, at times, less than adequate long range goals and objectives are written. Further expressed is that every effort should be made to not only involve the individual in developing goals and objectives, but to also incorporate a variety of staff knowledge who work with the individual in order to provide input regarding consumer's wishes and desires. Achievements will develop a cheat sheet of sorts, to be utilized during the pre-IP and IP process and then checked off after being discussed or documented as part of the IP. A brainstorming session including an interdisciplinary group of individuals will occur in which this cheat sheet is developed. Also, this group will address an improved Pre-IP/IP procedure to ensure all pertinent information is discussed during the IP meeting and meaningful, functional goals and objectives are written (QAOS, #3).

Leisure and recreational opportunities for consumers living in supported living congregate sites include terrific community involvement just as those offered for group homes.

#### **C. STAFFING**

Please see section on staffing under group home.

#### **D. INCIDENT MANAGEMENT**

Please see section on incident management under group home.

#### **E. VEHICLES**

Achievements maintains a fleet of cars and vans for supported living staff and consumers. As noted earlier, all vehicles are subject to regular maintenance checks and servicing.

## **WORK/DAY/ FACILITY BASED EMPLOYMENT**

Achievements provide assistance to approximately 26 individuals in day services. Two out of three consumers involved with the residential sample have day services. Also included in the sample is an individual with day and transportation only. Achievements offer an array of day service options ranging from working on Amazon.com to a thrift store, a silk screening store, and a newly adopted vending business. Based on level of skill and functioning consumers are placed in the appropriate setting and are given jobs to complete. While visiting each site, consumers were engaged, working and happy.

### **A. HEALTH AND SAFETY**

The health and safety needs for consumers in day services only are primarily monitored by family members, aside from the hours the individual is with the provider. During these hours health and safety of the consumers is the responsibility of the provider. One health and safety concern is worth mentioning; however does not warrant a QAOS.

The hot water temperature at Montana Exposure was 140 degrees, well above scalding temperature. Although this is not a bathing area, consumers still use the bathroom and have to wash screens out with the water. Additionally, customers may also use the bathroom. This writer understands that the water temperature may need to be a certain temperature for silk screening; I wonder if it is possible to have safer temperatures in the areas accessible to consumers and customers.

Medications at day services were stored in locked areas and were administered by med certified staff only.

All work sites visited had recently serviced fire extinguishers located in appropriate places. Further, smoke detectors were in working order and evacuation routes were posted.

All day service sites were clean and sanitary with adequate supplies.

### **B. SERVICE PLANNING AND DELIVERY**

Individual Plans, assessments, implementation and monitoring were reviewed for 3 individuals. Needed improvement in functionality and meaningful goals and objectives as mentioned under group home and supported living apply here as well (QAOS, # 3).

Leisure and recreation calendars are posted at all work sites so consumers may be apprised of upcoming events and may choose to join.

Achievements assure all staff that pass medications in day services are medication certified. And, although, family for the most part monitors medical needs, day service staff is usually quick at responding to emergencies.

During the review and through-out the year emotionally-responsive care giving has been recognized, as positive interactions between consumers and staff are a norm when walking into any work situation environment. Additionally, consumer surveys indicated a high level of satisfaction with work services.

### **C. STAFFING**

Please see section on staffing under group home.

### **D. INCIDENT MANAGEMENT**

Please see section on incident management under group home.

### **E. VEHICLES**

Please see section on vehicles under supported Living.

## **COMMUNITY SUPPORTS**

Achievements serve four consumers through community supports dollars. All four consumers were included in the sample. All receive title 19 funding. Three individuals purchase day/facility based services and one purchases sheltered employment.

### **A. HEALTH AND SAFETY**

All consumer surveys indicate satisfaction with community support services provided. One consumer had been in the hospital with Pneumonia; hence a consumer survey could not be completed with this individual. Additionally, another consumer only works Fridays with community supports dollars; therefore, this individual could not be interviewed either. The four consumers reviewed seem to have needs met through utilization of community support dollars.

No health and safety issues exist in terms of medication administration. Individuals in the sample either self-administered medication or medications were managed by relatives.

### **B. SERVICE PLANNING AND DELIVERY**

The same concern identified in service areas above apply to community supports funded consumers as well. With some consumers goals, wishes and desires are not addressed. One consumer has identified wanting to continue looking for work, although a long range goal exists, objectives do not correlate. Another individual has an objective to practice typing skills 1 time weekly, however, duration is not specified in terms of graduation and moving on to another learning task. Consumer has indicating that he enjoys working in the sorting room, however, this is not offered as a work objective (QAOS, #3).

### **C. VEHICLES**

Achievements maintain a fleet of cars and vans for staff and consumers. As noted earlier, all vehicles are subject to regular maintenance checks and servicing.

### **D. STAFFING**

Please see section on staffing under group home.

### **E. INCIDENT MANAGEMENT**

Please see section on incident management under group home.

## **TRANSPORTATION**

A sample of staff files was reviewed and evidence existed suggesting that Achievements checks for correct and current driver's license of individuals who will be driving and transporting consumers. A scheduled maintenance program is now in place along with procedures for repairs and completing those repairs in a timely manner. A drivers road test and written test is completed with all staff prior to allowing that staff to drive.

## **CASE MANAGEMENT**

Achievements does not provide Case Management services in Region V.

## **CONCLUSION**

One of the greatest determiners of a well operated organization is the satisfaction and happiness of both consumers and staff. All staff at all sites exhibited a positive joyful attitude, staff interviewed expressed satisfaction with employment and management staff was extremely helpful. Additionally, consumers were cheerful and engaged through-out the visit. Paula and I would like to thank you for the opportunity to review your organization.

Submitted by:

Kara Gehring, QMRP, Quality Improvement Specialist, DDP Program (Kalispell)

Cc: Paula Tripp, Regional Manager DDP – Missoula  
John Zeeck, Quality Assurance Specialist DDP – Helena  
Tim Plaska, Community Service Bureau Chief DDP – Helena  
Perry Jones, Medicaid Waiver Specialist DDP – Helena  
Vickie Poynter, CEO, Achievements Inc.