

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

Agency Name: Aware Inc. - Candlelight Group Home
Evaluator(s): Brad Johnson
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 Candlelight Group home has been open for 16 months and we have accomplished a great deal. One of our main goals when we opened was to provide a safe environment for the boys that will be consistent with their schools, natural homes and occupational therapies. This enables the boys to feel secure in their surroundings and become more receptive to learning and behavior modification programs. A large part of our programming involves the learning of life and social skills. All the boys have shown great improvement in these areas, for example, before moving into the group home one of the boys (13 years old) had never used a fork to eat. He is now independently eating with a fork and has greatly improved his diet and table manners. All our boys have improved in their toileting programs; though some are making more progress than others. One boy is 90% accurate in toileting; another is 60%; and the third is slowly improving at 20%. Other areas where we have improved are the boys' hygiene: showering and tooth brushing is 50-70% independent with all three boys. Teaching to boys to communicate through icons and pictures has been a main part of our programming. As a result of being able to communicate their needs and wants, their aggressive behaviors have decreased considerably. Our 'high functioning' client has been working very hard this year. Before moving into the Candlelight Group Home he was having a difficult time reading. Over the summer we worked especially hard on helping him learn to read and he is now able to read with little help from staff. Other programs we have implemented for him are a medication program which is helping him become more independent. We are also encouraging him to take more responsibility for his actions around the house, this includes doing his chores and hygiene programs without prompting, this will help him when he decides to transition out of the group home in the future. We have had some setbacks, mostly involving programming consistency between all parties, but we strive to improve this every day. We look forward to setting and achieving many new goals in the coming months.		
Agency Internal Communications Systems: Aware Inc. has an electronic communication system between staff and the main office as well as remote supervisors. There is a comprehensive case log system in place also.		
Policies and Administrative (DDP) Directives AWARE has implemented the various polices and Administrative Directives as they apply to this facility. Aware uses its own system for electronic Incident Reports and the appropriate people have access to this system. Refer to QA report by Jan McManamen for more global detail.		

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DESK REVIEW	insert QAOS #
<p>Fiscal (audits, cost plans, invoices):</p> <p>This facility came on line in August of 2008. No audits have yet been conducted for this facility. ICPs were built appropriately but with the changes in the system, not able to evaluate at this time. Refer to QA report by Jan McManamen for a more global review of Aware Inc.'s performance in this area.</p>	
<p>Licensing (for Group Homes, Adult Foster sites and Assisted Living sites):</p> <p>Candlelight Group Home is currently licensed with the State of Montana with no provisions.</p>	

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<p>Quality Assurance Observation Sheets: (trends from past year)</p> <p>No trends were noted in this review period.</p>	
<p>Medication Errors: (trends from past year)</p> <p>There were no trends noted in Medication Errors for the past year. Individual errors were dealt with quickly and procedures were changed as needed to help assure that the error wouldn't occur in the future.</p>	
<p>Incident Management: (Incident Management Committees - IMCs & trend reports, summary trends, steps to address trends, and investigation summaries)</p> <p>There are regular IM committee meetings weekly by conference call. There were no trends identified by the evaluator. There is good follow-up to incidents. There has been some difficulty with the current electronic incident report software program but those issues will be addressed with 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	J.L.	L.G.	R.S.	M.M.						
+ or X / - or no	X	X	X	X						
Note where evidence found:										
Personnel files at corporate main office										
Evidence Found DDCPT or equivalent:										
For intensive staffing only - LOC for Waiver indicates Intensive determination										
staff initials										
consumer initials										
+ or X / - or no										
Note where evidence found:										
Not Applicable										
Evidence of Criminal Background Checks:										
Use three to five staff ~ new hires										
staff initials	J.L.	L.G.	R.S.	M.M.						
yes/no	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										
+ or X / - or no										
Note where evidence found:										

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Staff Related:								insert QAOS #
Evidence Found of Staff Training:								
staff initials	J.L.	L.G.	R.S.	M.M.				
1st aid/CPR	X	X	X	X				
Abuse Prevention	X	X	X	X				
Client Rights	X	X	X	X				
Incident Reporting	X	X	X	X				
Confidentiality	X	X	X	X				
IP/PSP Process								
CDS* complete w/in 6 months of hire date?								
Medication Cert	X	X	X	X				
Note where evidence found:								
* CDS = College of Direct Supports								
Comments:								
PSP training is not part of orientation. Staff have completed "Behavior Intervention Strategies I & II". For the review period, staff were enrolled in CDS for Tier 1 but with turnover, none had reached the 6 months milestone in this time period.								

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IP Checklist:		Note Site Reviewed:				Add sites as needed:				insert QAOS #
		CGH	CGH	CGH	CGH					
Consumer Initials										
O n s i t e	Consumer/Family Survey	X	X	X	X					
	PSP/IP Available to all Staff	X	X	X	X					
	IPP/Actions Implemented	X	X	X	X					
	Data for IPP/Actions	X	X	X	X					
	Data Internally Monitored	X	X	X	X					
	Self Medication Objective	*	*	*	*					
	Consumer informed of grievance procedure	X	X	X	X					
	SL consumer choice of SL staff	NA	NA	NA	NA					
	Rights Restrictions	*	*	*	*					
**	PSP/IP Checklist	X	X	X	X					
M I N I S T R I C T I O N S	PSP/IP completed Annually?	X	X	X	X					
	Individual Needs Addressed?	X	X	X	X					
	Assessment Based?	X	X	X	X					
	Quarterly Reports?	X	X	X	X					
	Incident Reports Addressed?	X	X	X	X					
	Behavioral Supports Addressed?	X	X	X	X					
	Functional Analysis Needed?	@	@	@	@					
	Free from Aversive Procedures?	#	#	#	#					
Comments: (regarding service planning and delivery)										
<p>* - All are under age and have legal guardians. # - Three of the four individuals have aversive procedures. This compliance issue is presently being addressed at the state level since the state paid for the training consultants that utilize some aversive procedures.</p> <p>@ - Due to the behavior programming received, all have had a functional analysis.</p>										
** = Case manager										

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Make note of site reviewed

Residential Site Checklist:		Site Name	CGH						insert QAOS #
H e a l t h S a f e t y	Bathing procedures posted		X						
	Clean/Sanitary Environment		X						
	Egress		X						
	Hot Water Temps		X						
	Emergency Assistance		X						
	Fire Extinguishers/smoke Detectors		X						
	1st Aid/CPR Supplies Accessible/Available		X						
	PRN Medications		X						
	Medication Procedures		X						
	Medication Locked Storage		X						
	Medication Administration Records		X						
	Staff Ratios or ICP staffing		X						
	Awake Overnight Staff		X						
	Adequate Supplies		X						
Storage of Supplies		X							
Free from aversive procedures?		X							
D a i l y	Weekly integrated activities		X						
	House or Site Rules		X						
	Opportunities for choice, self determination		X						
	Meal Prep, Mealtime		X						
	Engagement in Daily Life		X						
	Participation in Daily Living Skills		X						
	Daily Leisure Opportunities		X						
	Staff Trained in Individual Specifics		X						
Comments:									
<p>This is a residence that has been converted into a children's group so it has presented some challenges that are not present in a home that was built as a group home. Aware staff have worked hard to make this facility work for the difficult population served as well as maintain a residential, home atmosphere.</p>									

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Residential Site Checklist:								insert QAOS #
Site Name		Candlelight						
T r a n s p o r t a t i o n	Driver Orientation Program	X						
	Wheelchair tie downs	NA						
	Wheelchair Lift	NA						
	Driver's Licenses	X						
	Emergency Supplies	X						
	Fire Extinguisher	X						
	Transportation Log	X						
	Scheduled Maintenance Program	X						
	Training--Staff Doing Maintenance Checks	X						
	Procedures for Timely Repairs	X						
	MDT* inspection on file (MDT vehicles only)	NA						
Comments:								
* MDT = Montana Department of Transportation								
Comments:								
Aware has a good driver training program.								

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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)

Staff Survey:		Staff Initials	L.M-F.	R.S.	M.M.	L.G.	J.L.			insert QAOS #
A b u s e	Allegations are reported to? (APS)		X	X	X	X	X			
	Do you notify Supervisor first? (NO)		X	X	X		X			
	Steps to take if abuse is discovered?					X				
	Comments:									
R i g h t s	Suspect theft of gloves, steps to take?		X	X		X				
	IP/PSP requests Doctors appt			X	X		X			
	No jacket, -25 consumer wants to leave		X		X		X			
	Review Right's Restriction					X				
Comments:										
** b m p **	describe consumer behaviors		X	X	X	X	X			
	staff response to behaviors by plan		X	X						
	list proactive or environmental strategies				X	X	X			
	Comments:									
H o m e h e l p H o m e	former employee wants info		X	X	X	X	X			
	what is consumer information?			X			X			
	training to meet health and safety needs?		X			X				
	emergency evacuation procedures?				X					
Comments:										
Comments:										

** = Behavior Management Plans

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 Ask one question per topic area, if incorrect as a second
 if still incorrect move on the next topic area.
 (mark "+" or "X" if correct, "-" or "no" if not)

KEY

Staff Survey:									insert QAOS #
	Staff Initials	L.M-F.	R.S.	M.M.	L.G.	J.L			
m e d i c a t i o n s	describe procedure to assist with meds			X	X				
	if med is unavailable?		X			X			
	if gave wrong med?					X			
	if moving to a new place or gets new med?								
	requirement to assist with meds?		X		X				
	describe PRN or OTC* is to be given			X					
	what constitutes a med error?								
Comments:									
* Not Med Certified yet.									
* OTC = over-the-counter									
E R C	steps to avoid power struggles		X	X	X				
	how to respond to someone who is upset	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 A N D M A N A G E M E N T	when do you fill out an incident report?	X	X	X	X	X			
	notifications for Emergency Room visit?								
	consumer to consumer incidents	X		X					
	who writes the Incident Report?		X		X	X			
Comments:									
*	* = Incident Reporting and Management								

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 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	L.?.	R.S.	M.M.	L.G.	J.L.		
B O D Y	consumer destroying things	X	X	X	X	X		
	staff pinches consumer back	X	X	X	X	X		
	how do you know a support plan is needed?							
	Comments:							
* I P / P S P	what is IP/PSP based on?	*	X	**	X	**		
	you have an idea for an objective.....							
	why do assessments?		X		X			
	How do you find out what someone would like to do?							
Comments: * Very new, not working with PSPs yet. ** Not part of job responsibility								
* = IP = Individual Plan PSP = Personal Support Plan								
Comments:								

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

Consumer Questionnaire (used by QIS).		ALL questions are MANDATORY					
ASK CAREGIVERS IF THE CONSUMER IS UNABLE TO ANSWER QUESTIONS							
	Consumer initials						
S u p p o r t	Who helps this person and how?	X	X				
	Are there some staff/peers they like better?	X	X				
	Staff/peers they don't like? Why?	NA	NO				
	Current needs not being met?	X	NO				
	Health and Safety related?	X	NO				
	Who do you talk to about these concerns?	X	NO				
	Does the person have input to his/her life?	X	NO				
	If you have concerns, who do you talk to?	X	X				
	are they resolved?	X	NO				
	What are this persons wishes/dreams?	X	X				
	is the plan moving that direction?	X	X				
	what would make things better?	X	X				
	does this person ever seem afraid?	X	NO				
	are you afraid for them?	X	NO				
	Does this person know how or where to report abuse?	X	NO				
	who provided that training?	X	NA				
	Who will the individual call or report to?	X	NA				
	who provided that info?	X	NA				
	Does the person have transportation to all services and places s/he would like to go?	X	X				
	who is the person's case manager?	X	X				
Does CM help the person access services	X	X					
Does the CM explain waiver services?	X	X					
Does the person understand this info?	X	NO					

insert
QAOS #

Comments:
 Due to exemplary circumstances with parents / guardians, this exercise was conducted by mail with self-addressed stamped envelopes enclosed. Only two surveys were returned. One guardian was very satisfied with services and the other has had on-going issues that this evaluator is familiar with and the team continues to work with the guardian on these issues.