

## INSTRUCTIONS FOR QUALITY IMPROVEMENT SPECIALISTS

The Developmental Disabilities Program Annual Quality Assurance Review for adult and Children's Group Home Services incorporates the performance measures required by CMS in the following data sheets. This format is to be used by all Quality Improvement Specialists in the annual review process.

There is no attached narrative, so in the comments sections it is imperative that bulleted information be included. On each particular data worksheet, be sure to include narrative/bullets which explain deficiencies or commendations.

Use appropriate scoring key listed at the top of each page ~ be consistent with the CODE you use.  
for example - if using "+" for yes, use "+" on all sheets -or- if using "X" for yes, use "X" on all sheets...

## WORKSHEETS & PAGE NUMBERS

Please indicate in COLUMN M if there is a corresponding QAOS for narrative information included in each section.

Refer to Appendix G in the Quality Assurance Process for more specifics on what to include.

Site Overview pg 1

Level of Care Pg 2

Administrative Oversight pg 3

Qualified Provider pg 4&5

Add extra sheets as necessary, review the PSP, Actions, Protocols, Staff support provided, etc.

Plan of Care pg 6 & 7

Health & Safety pg 8-11

Fiscal Accountability pg 11& 12

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Consumer Surveys pg 13 & 14

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Refer to Appendix I in the Quality Assurance Process for specific questionnaire

Consumer Survey pg 11  
THIS SURVEY IS FOR CONSUMERS

USE this survey for consumers who can answer for themselves

Refer to Appendix J in the Quality Assurance Process for specific questionnaire

Consumer Caregiver Survey pg 12  
THIS SURVEY IS FOR CAREGIVERS

USE this survey to talk with caregivers when the consumer cannot answer for him/herself

Refer to Appendix J in the Quality Assurance Process for specific questionnaire

Developmental Disabilities Assisted Living  
Annual Quality Assurance Review

**Site Name:** Friendship House  
**Evaluator(s):** Kara Gehring  
**Dates Covered by Review:** Initial, QP status 7/09

**Site Overview**

**DESK REVIEW**

insert \*  
QAOS #

**Brief Site Description:**

Friendship House is a licensed assisted living facility located in the heart of downtown Kalispell. The Home is an old Victorian house modified to meet the needs of handicapped individuals.

**Significant Events from the Site:**

Qualified Provider status was gained by Friendship House in July 2009. Additionally, the director has facilitated multiple improvements to the building. All improvements made were completed through volunteer efforts and fundraising. This past year Wal-Mart donated \$10,000 and a group of employees that painted the fire escape. Town Pump donated \$500. Each week organic produce is provided by Mountain Valley Foods. Also, a pig, lamb and 1/2 of a cow were given. The Eagle Scouts and the Boy Scouts took the time to lay a floor and build a garden. The director spends much time and effort in coordinating and facilitating fundraising and donations. Prior to the director's arrival Friendship House was struggling financial; however, finances are now evened out and if the facility was operating at full capacity ends could overlap versus just meet.

**Site Internal Communications Systems:**

All staff meetings are held quarterly, when needed meetings occur during shift change to discuss pertinent consumer/ facility information. Additionally, staff are required to read the daily log book and recent incident reports prior to starting shift.

**Policies and Administrative (DDP) Directives**

The new resident admission packet was reviewed and included policies on the grievance procedure, and both State and Federal consumer rights.

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

<b>Waiver Requirements met</b>	X									
<b>Licensure Requirements met</b>	X									

insert  
QAOS #

Note where evidence found:  
 Friendship House maintains a current contract with the DDP, all waivers are current for DN.

**Performance Measures**  
 The ALF licensure report was reviewed, current licensure indicates met requirements.

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

Assurance 2 Plan of Care										insert QAOS #	
Consumer Initials											
<b>O n s i t e</b>	Consumer/Family Survey	X									
	Waiver 5 choice document	X									
	PSP checklist	X									
	PSP completed Annually?	X									
	Individual Needs Addressed?	X									
	Incident Reports Addressed?	n/a									
	Free from Aversive Procedures?	X									
<b>** C M H I Z P H</b>	<b>CASE MANAGEMENT INPUT:</b>										
	Case manager reports excellent care and services provided by Friendship House.										
<b>Performance Measures</b>  For the purpose of assisted living services PSP was adequate.											

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Assurance 5 Fiscal Accountability		KEY	(mark "+" or "X" if correct answer, "-" or "no" if not)						insert QAOS #
FISCAL	Sampled invoices match service records	X/-							
	Client accounts set up according to policy	X							
	Individual cost plans within MONA limits	X							
	Comments: The director will now implement a daily attendance log versus a log for time not spent at Friendship House. All other fiscal components to the review were accurate as the director has been working closely with the regional manager to assure accuracy.								
<b>Performance Measures</b>									
Invoicing is maintained in client care book, a separate area is used for documentation of personal spending money including receipts and ICP is within the MONA limits.									

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Site: **Friendship House**  
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 Dates Covered by Review: **Initial, QP status 7/09**  
 Assurance 4 Health & Safety

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.		ALL questions are MANDATORY							insert QAOS #
USE WITH INDIVIDUALS WHO CAN RESPOND		Consumer initials							
Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA)									
<b>c o n s u m e r</b>	Do you have nice staff at home/work?								
	Is anyone mean to you at home/work?								
	Do you like where you live/work?								
	Are you ever afraid of anyone?								
	Someone hits/hurts you, who can you tell?								
	Does anyone talk to you about this?								
	Can you get help when you need it?								
	from staff?								
	from Case Manager?								
	Can you get your own food/drink?								
	Do people come into your house/room without knocking or getting permission?								
	Do staff ever take things from you?								
	Can you get rides to places you need to go?								
	Rides to the places you want to go?								
Who is your Case Manager?									
Does s/he talk to you about waiver services?									
Does s/he help you get what you need?									
<b>Comments:</b>									

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 and comments in the lilac area below

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

insert QAOS #

Comments:  
 indicates at times that he is bothered by co-workers.

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<b>Agency:</b> Friendship House								<b>Appendix or QAOS</b>
<b>Evaluators:</b> Kara Gehring								
<b>Dates Covered by Review:</b> Initial, QP status 7/09								
<b>Staff Survey: check if 'met', 0 if 'unmet'</b>								
<b>Staff Initials</b>		T	S					
<b>ABUSE</b>	Allegations are reported to? (APS)	X	X					
	Do you notify Supervisor first? (NO)	X	X					
	Steps to take if abuse is discovered?	X	X					
	Comments: Both staff members were able to name APS workers, and both were able to express that it is not necessary to inform the director, however, this step would occur.							
<b>RIGHTS</b>	IP/PSP requests Doctors appt	X	X					
	No jacket, -25 consumer wants to leave	X	X					
	Comments: Both staff answered the questions with ease.							
<b>ORIENTATION</b>	training to meet health and safety needs?	X	X					
	emergency evacuation procedures?	X	X					
	Comments: Both staff answered the questions with ease.							
<b>MEDICATIONS</b>	Describe the procedure to assist with meds	X	X					
	What do you do if you gave the wrong med?	X	X					
	Comments: Both staff answered the questions with ease.							
<b>INCIDENT REPORTS</b>	When do you fill out an IR?	X	X					
	Comments: Both staff answered the questions with ease.							
<b>PSP</b>	What is a PSP based on/ why does it exist?	X	X					
	Comments: Both staff answered the questions with ease.							