

Guidelines for completion of Provider Self-assessment form – SMALL EXAMPLE

The guidelines below are to be used for providers that will be undergoing a targeted review and self assessment process. Please begin completing this form forty five days prior to the survey, and return the completed form to the survey team on the first date of the survey. The following describes how to complete the self-assessment form.

In addition, it is anticipated that providers will engage in various quality assurance activities on an ongoing basis, long before this survey. You may find this tool helpful to utilize for ongoing quality improvement efforts.

Please see Provider self assessment form attached. The following sections of the attached report:

Section 1 - Cover page:

- **Please describe your self-assessment process.** How have you determined that the indicators are being met for individuals? While the provider is not required to utilize an audit process to review the status, there needs to be some mechanism by which the agency evaluates its performance on an ongoing basis and at this point in time. Please describe your system/ strategy for assuring that the standards are met. These strategies should provide you with sufficient information to rate each of the indicators. To take one indicator as an example, the agency needs to determine whether water temperature continues to remain within appropriate limits. If water temperature is recorded as part of a monthly maintenance check, an assessment could be made through a review of water temperature numbers as indicated on the maintenance check lists. An assessment could also be made through a direct review “spot check” of water temperature at the homes. Please briefly summarize all mechanisms used to self-assess. For example, a sample of individual (confidential file) and location documentation (fire drills), and systems documentation (monthly maintenance records) was reviewed by the Director of Quality Assurance and summary data forwarded to the Executive Director. Another example, residential director conducts a visit to a sample of homes utilizing the tool and reports findings to the Executive Director. Lastly, some providers engage in several different quality assurance activities by topics, for instance having separate systems of oversight for human rights, maintenance, and health care promotion. If this describes your agency please outline each system. For example, note that the maintenance system involves the maintenance department traveling to each location and completing a 30 point monthly checklist of each location, and the health care system involves monthly visits by Nursing staff who review individual’s medications, health care needs, recommendations from clinicians, diet, screenings and specific treatment protocols.

Section 2 - Self-assessment Rating pages:

- The provider will be given a pre-populated form, listing all applicable indicators for the Service Grouping which is being self-assessed. The Prior DDS rating assigned at the previous cycle will also be noted.
- **Provider Self Assessment Rating** – For each indicator listed, the provider completes their rating in the right hand column. The provider should rate Met if the indicator is systemically in place, as substantial compliance is the standard for “met”. OQE utilizes an audit approach with 80% threshold considered substantial compliance. A rating of “not met” is appropriate if the self-assessment reveals that the indicator is not consistently in place across the agency’s services and/or if corrections have not been fully realized at this time. For example, while the agency developed tighter systems six months ago, the review of current information notes that overnight fire drills are not consistently occurring across locations. The provider should rate “not met” for any indicator where there is not substantial compliance yet, but there are ongoing and /or future plans to correct the items. For example, a rating of “not met” in the Human Rights Committee indicator would be appropriate if in the past year the Human Rights Committee has met three times and not had an attorney, and the provider has scheduled quarterly meetings for the future and recently recruited an attorney for the Human Rights Committee.

Section 3 - Supplemental information to be completed for each indicator that the provider rates as “Not Met”

- **Issues identified** – The provider should outline what specific issues were identified. Please complete for any rating of Not Met. For example, the provider may find that the indicator is not substantially met and has identified an issue. For example, mandated trainings were tracked and most staff were trained in first aid, CPR, MAP and fire safety, however, many new employees were delayed in obtaining first aid training, due to the absence of a trainer for a significant period of time.
- **Actions planned to address issues** – The provider needs to outline steps that are planned to correct the issue identified. The agency should also note the timeline for these actions, and when they anticipate this indicator being systemically met.
- **Comments, such as any changes or plans for systems improvements** – This section is optional, and can be completed in the event that the provider has additional comments that they would like to note. It can also be utilized to convey additional information on an indicator which was met. For example, there are plans for systemic enhancement in an area that the provider elects to share.

PROVIDER SELF ASSESSMENT REPORT
Completed by Providers

Provider _____ Provider Address _____

President/ Executive Director completing the form _____ Date(s) of assessment: _____

President/ Executive Director Signature _____

Self Assessment Scope and results:

Service Grouping	# Indicators std. met/ reviewed
Residential/ Home Supports	78/80

Description of Self Assessment Process

Jones Organization is a small organization in which the Director of Residential services role is to supervise and enhance the quality of residential services being delivered at three residential homes. The Director of Residential Services visits and reviews data from each of the three locations and supervises the house managers monthly to review various areas, including community participation, maintenance, safety, health, communication with families and day services, and staff training. Findings and recommendations for each home are forwarded to the house manager, and summarized findings from all locations are forwarded directly to the agency's Executive Director.

To ensure that the provider continues to meet the licensing standards set by the Department of Developmental Services, Jones Organization has evaluated all locations/ individuals using all of the DDS Licensing Standards quarterly. This evaluation occurs in January, April, July, and October, with the last such evaluation conducted in the month prior to the DDS targeted licensing review. Reports of the findings are summarized and the provider as a whole is issued an overall rating of met in each indicator when all three homes are rated positively. Quarterly ratings for each home are forwarded to the house manager who ensures that corrections are made. The Director of Residential Services works with each house manager on a monthly basis to ensure that the issues are corrected by the next quarterly review. The summary and aggregate ratings are presented to the agency's Executive Director. Where the summary indicates that ratings are clustered around particular topics or involve more than one location, for example, there is a pattern


of various medication issues which cut across two of three locations, the Executive Director will establish systemic corrective actions. In this example, the Executive Director may require all staff to be retrained in MAP.

The ratings from the final set of evaluations are recorded on the Provider Self Assessment Form for the purposes of licensing.

In addition, the Executive Director sets programmatic service goals on an annual basis. These goals include such items as increased community participation for individuals, enhancements and upgrades to the homes, better communication with the families, and increased staff training. Input is sought on a regular basis, at least annually, from the individuals served, family members and guardians, DDS Area and Regional staff and other community constituents, to inform the agency's direction. The Director of Residential Services tracks success on goals during her monthly meetings with the house managers.

(Please rate all Indicators to be self-assessed here e.g. Licensure indicators and all certification indicators which were not met at the previous cycle)

Residential/ Individual Home Supports:

Indicator number	Indicator description	Prior DDS Rating	Provider self-assessment rating
L-1	<p>PERSONAL SAFETY</p> <p>Individuals and guardians are trained in how to report alleged abuse and neglect.</p>	Met	Not Met
L-2 	Allegations of abuse and neglect are reported as mandated by regulation.	Met	Met
L-3	Immediate action is taken to protect the health and safety of individuals when potential abuse and neglect is reported.	Met	Met

L-4	Action is taken when an individual is subject to abuse or neglect.	Met	Met
L-5	There is an approved safety plan in home and work locations.	Met	Met
L-6 ☞	All individuals are able to evacuate homes in 2.5 minutes with or without assistance and workplaces within a reasonable amount of time.	Met	Met
L-7	Fire drills are conducted as required.	Met	Met
L-8	Emergency fact sheets are current and accurate and available on site.	Not Met	Met
L-9	Individuals are able to utilize equipment and machinery safely.	Met	Met
L10	The provider implements interventions to reduce risk for individuals whose behaviors may pose a risk to themselves or others.	Met	Met
☞ L11	ENVIRONMENTAL SAFETY ☞ All required annual inspections have been conducted.	Met	Met
☞ L12	☞ Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.	Met	Met
☞ L13	☞ Location is clean and free of rodent and/or insect infestation.	Met	Met
L14	Handrails, balusters, stairs, and stairways are in good repair.	Met	Met
L15	Hot water temperature tests between 110 and 130 degrees	Met	Met
L16	The location is adapted and accessible to the needs of the individuals	Met	Met
L17	There are two means of egress from floor at grade level.	Met	Met

L18	All other floors above grade have one means of egress and one escape route on each floor leading to grade.	Met	Met
L19	Bedrooms for individuals requiring hands on physical assistance to evacuate or who have mobility impairments are on a floor at grade or with a horizontal exit.	Met	Met
L20	Exit doors are easily operable by hand from inside without the use of keys.	Met	Met
L21	Electrical equipment is safely maintained.	Met	Met
L22	All appliances are clean and properly maintained.	Not Met	Not Met
L23	There are no locks on bedroom doors that provide access to an egress.	Met	Met
L24	Locks on doors not providing egress can be opened by the individuals from the inside and staff carry a key to open in an emergency.	Met	Met
L25	Potentially dangerous substances are stored separately from food and are in containers that are accurately labeled.	Met	Met
L26	Walkways, driveways and ramps are in good repair and clear of ice and snow.	Met	Met
L27	If applicable, swimming pools are safe and secure according to policy.	Not Rated	Not Met
L28	Flammables are stored appropriately.	Met	Met
L29	No rubbish or other combustibles are accumulated within the location including near heating equipment and exits.	Met	Met
L30	The exterior of the home, including every porch, balcony, deck or roof used as a porch or deck has a wall or protective railing, is in good repair.	Met	Met
L31	COMMUNICATION Staff understand and can communicate with individuals in their primary language and method of communication.	Met	Met
L32	Individuals receive support to understand verbal and written communication.	Met	Met

L33	HEALTH Individuals receive an annual physical exam.	Met	Met
L34	Individuals receive an annual dental exam.	Met	Met
L35	Individuals receive routine preventive screenings.	Met	Met
L36	Recommended tests and appointments with specialists are made and kept.	Met	Met
L37	Individuals receive prompt treatment for episodic health care conditions.	Met	Met
☒ L38	☒ Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	Met	Met
L39	Special dietary requirements are followed.	Met	Met
L40	There is an adequate supply of nutritional foods available at all times.	Met	Met
L41	Individuals are supported to follow a healthy diet.	Not Met	Met
L42	Individuals are supported to engage in physical activity.	Met	Met
L43	The health care record is maintained and updated as required.	Met	Met
L44	The location where MAP certified staff is administering medication is registered by DPH.	Met	Met
L45	Medications are stored in a locked container or area in which nothing except such medications are stored.	Met	Met
☒ L46	☒ All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.	Met	Met
L47	Individuals are supported to become self medicating when appropriate.	Met	Met

L48	HUMAN RIGHTS The agency has an effective Human Rights Committee.	Met	Met
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	Met	Met
L50	Written and oral communication about and with individuals is respectful.	Met	Met
L51	Individuals can access and keep their own possessions.	Met	Met
L52	Individuals can make and receive phone calls.	Met	Met
L53	Individuals can visit with family and friends.	Met	Met
L54	Individuals have privacy when taking care of personal needs and discussing personal matters.	Met	Met
L55	Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.	Met	Met
L56	Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.	Met	Met
L57	All behavior plans are in a written plan.	Met	Met
L58	All behavior plans contain the required components.	Met	Met
L59	Behavior plans have received all the required reviews.	Met	Met
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	Met	Met
L61	Supports and health related protections and supports are included in ISP assessments; and the continued need is outlined.	Met	Met

L62	Supports and health related protections are reviewed by the required groups.	Met	Met
L63	Medication treatment plans are in written format with required components.	Met	Met
L64	Medication treatment plans are reviewed by the required groups.	Met	Met
L65	Restraint reports are submitted within required timelines.	Met	Met
L66	All restraints are reviewed by the Human Rights Committee.	Met	Met
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	Met	Met
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.	Met	Met
L69	Individual expenditures are documented and tracked.	Met	Met
L70	Charges for care are calculated appropriately.	Met	Met
L71	Individuals are notified of their appeal rights for their charges for care.	Met	Met
L74	COMPETENT WORKFORCE The agency screens prospective employees per requirements.	Met	Met
L75	The agency assures that staff have the necessary qualifications and certifications to do the job.	Met	Met
L76	The agency has and utilizes a system to track required trainings.	Met	Met
L77	The agency assures that staff are familiar with and trained to support the unique needs of individuals.	Met	Met
L78	Staff are trained to safely and consistently implement restrictive interventions.	Met	Met

L79	Staff are trained in safe and correct administration of restraint.	Met	Met
L80	Support staff are trained to recognize signs and symptoms of illness.	Met	Met
L81	Support staff know what to do in a medical emergency.	Met	Met
☒ L82	☒ Medications are administered by licensed professional staff or by MAP certified staff (or by PCAs) for individuals unable to administer their own medications.	Met	Met
L83	Support staff are trained in human rights.	Met	Met
L84	Staff are trained in the correct utilization of health related protections per regulation.	Met	Met
L85	The agency provides on-going supervision and staff development.	Met	Met
L86	GOAL DEVELOPMENT AND IMPLEMENTATION Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Met	Met
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Met	Met
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Met	Met

(Please complete the section below for any indicator in which a Provider self-assessment rating of NOT MET was given)

Residential/ Individual Home Support indicators:

Indicator and DDS Rating	L-1	Individuals and guardians are trained in how to report alleged abuse and neglect.	Met	
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Provider rating	Not Met
Issue Identified	At one home, individuals were not trained in DPPC or how to report abuse and mistreatment since this information was erroneously omitted from the annual human rights overview training which occurred on January, 2011. While the DPPC information was posted in all locations, many individuals were not able to read the directions, and were not knowledgeable in how to report potential abuse and mistreatment. Guardians had all received notification.
Actions occurred/ planned to address issues	The training curriculum has since been revised to include DPPC reporting information, and a copy forwarded to all homes. The house managers have been retrained in teaching individuals this component, and in adapting teaching methods to each person's unique learning and communication style and needs. All individuals will be trained in the new curriculum by January 2012.
Comments	

Indicator and DDS Rating	L22	All appliances are clean and properly maintained.	Not Met	
Provider rating	Not Met			
Issue Identified	Two homes had appliances that were not clean or properly maintained. In one home the stove did not appear to have been cleaned for several months, and at another home, the refrigerator and dishwasher were unclean and showing signs of age and wear (e.g. gaskets disintegrating; rust on corners).			
Actions occurred/ planned to address issues	It is the expectation that appliances would be cleaned on an ongoing basis. This expectation has been formalized, and as of November 1 st , has been added to the weekly tasks for which the overnight staff person is responsible. The house manager will check compliance with this monthly, beginning December. The dishwasher will be replaced on March 13.			

Comments				
Indicator and DDS Rating	L27	If applicable, swimming pools are safe and secure according to policy.	Not Rated	
Provider rating	Not Met			
Issue Identified	One of the three homes has a pool. Safety assessments noting individual's skills and needs around water were complete. The pool was in good repair and locked when not in use. The provider has a very general policy around pool safety. However, only one staff person was trained in water safety, several other staff did not know how to swim, and it was unclear what the home's expectations / protocols for pool use were. For instance, who would provide supervision around the pool, and would be responsible for the maintenance of water cleanliness.			
Actions occurred/ planned to address issues	The provider will refine their pool policy by January, 2013. The pool will not be in use until June 15, 2013. In the interim, the house will outline the proposed protocol for use, supervision, and maintenance. The Director of Residential will check to make sure that this protocol is complete and provides sufficient safeguards. All staff proposed to supervise individuals in and around the pool area, must know how to swim will be trained in basic water safety by April, 2013.			
Comments				