

Quality Enhancement Provider Review (QEPR) Final Assessment Report Bobbi Personal Care Home, Inc.

Address: 112 Jefferson Pkwy. Unit 714, Newnan, GA	Region: 6	Review Method: On-Site Quality Review
Review Date(s): 1/9/2024 - 1/12/2024	Individual Records Reviewed: 6	Staff Records Reviewed: 3
Services Reviewed: Community Residential Alternative		
Lead Assessor: Rodney Johnson		

The Quality Enhancement Provider Review (QEPR) is conducted by Qlarant as part of the Georgia Collaborative ASO, under contract with the Department of Behavioral Health and Developmental Disabilities (DBHDD). The Overall Score is based on indicators measuring the compliance and quality of your organization’s systems and practices, and adherence with the Provider Manual for Community Developmental Disability (DD) Providers. Results, shown in the following table, are derived from a sample of individual and employee records maintained by your organization.

Review Components		Percent Met	Score Weight ¹	Weighted Score
Provider Record Review	Safety	100%	0.20	20%
	Whole Health	100%	0.15	15%
	Person Centered Practices	98%	0.15	15%
	Community Life	60%	0.12	7%
	Rights	100%	0.12	12%
	Choice	81%	0.10	8%
Staff Qualifications & Training		77%	0.10	8%
Service Guidelines		93%	0.06	6%
Overall Score				90%

¹ Explanation: The Provider Record Review (PRR) is organized around six Focused Outcome Areas (FOA), as shown in the table. The Percent Met is the number of indicators scored met over the total number scored. The Weight is the proportion of the total score attributed to each review component (for example, the Weight for Safety is .20, or 20% of the Overall Score). To calculate the Weighted Score, multiply the Weight times the Percent Met. The sum of the Weighted Scores is equal to the Overall Provider Score. Note: Weighted scores shown for each area may not sum to the overall weighted score due to rounding.

QEPR Highlights

The QEPR Highlights section includes your organization's quality practices, Quality of Care Concerns (QCC), and immediate action items. These are listed if identified during the review, and are based on systems and practices documented in the records reviewed or issues identified during incidental observation if onsite during the QEPR.

Practices Demonstrating Quality Supports and Services

Provider Record Review

- Safety assessments included descriptive information pertaining to individuals' safety needs.
- Records contained tools which identified individuals' preferences and choices for living meaningful lives.
- The provider completed various tools including the "My Health Passport", "My Person Centered Plan", and "Making My Own Choices" to capture person-centered information about the individual.
- The provider's overall score increased by five points from the previous quality review in 2021. The score in the area of Staff Qualifications and Training, Choice, and Service Guidelines represented the most improvement. The provider continues to be receptive to suggestions for improving quality in their documentation and service delivery.

Administrative Review

- There were multiple assessments and protocols developed for individuals to support the provider's risk management procedures.
- Safety and environmental assessments were completed and evaluated to identify any risks, and if necessary, action steps were taken to address any issues.

Immediate Action Items

Provider Record Review

- Documentation contained duplicated notes.
- One community residential alternative (CRA) record contained duplicated progress notes for the month of October (10/4/2023, 10/10/2023, 10/11/2023, and 10/17/2023) and November (11/6/2023 and 11/7/2023). The notes included verbatim information regarding the individual's morning routine that discussed a blood pressure reading, education of medication, breakfast at home/day center, and bowel movement prior to departure for day center.
- The team suggested that the provider conduct routine documentation training with direct support professionals (DSP) to reduce the likelihood of duplicating progress notes. The team also recommended the provider develop a system or practice that included conducting random quality checks and oversight of documentation.

Provider Record Review by Focused Outcome Area

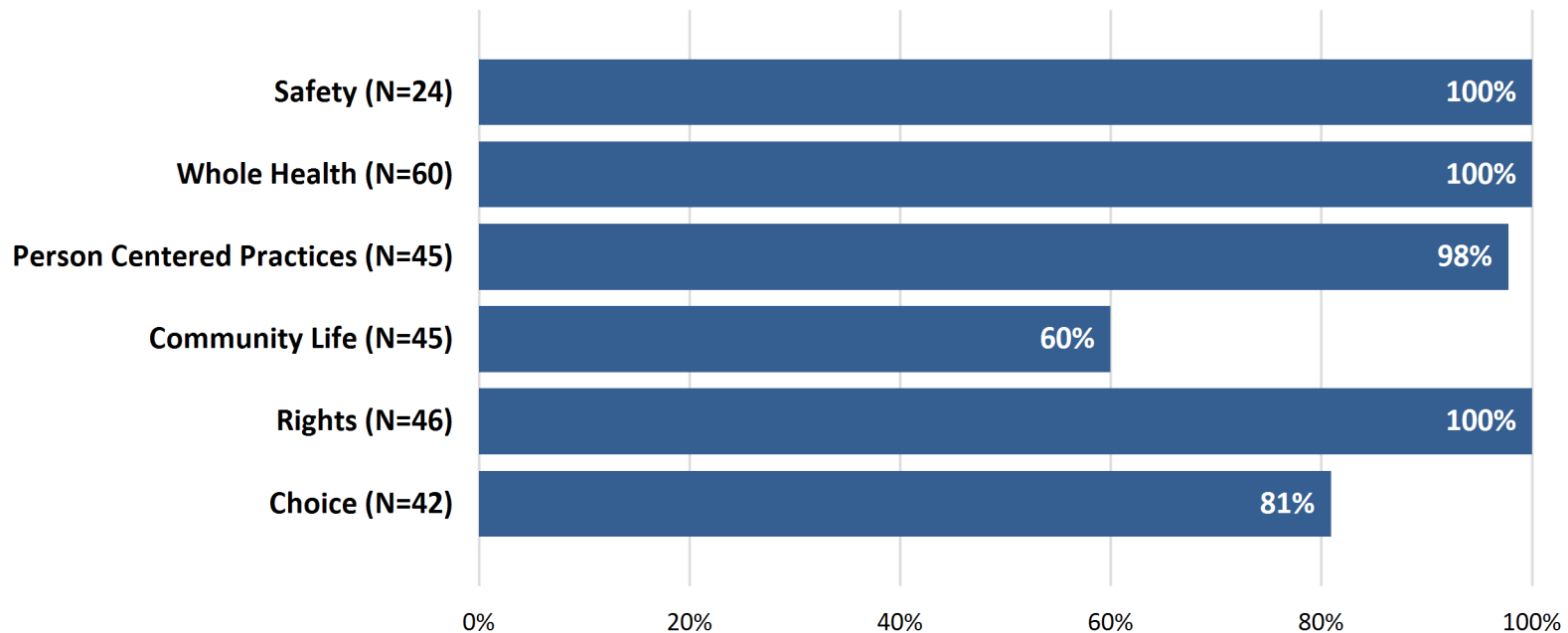
This QEPR section includes a bar graph displaying the overall average for each of the Provider Record Review (PRR) Focused Outcome Areas (FOA). Each FOA section includes the total number of indicators scored as met, not met, or not applicable (NA), and the average FOA score. If necessary, each FOA includes sections that address Key Findings and Requirements to be Addressed based on indicators that scored below 75 percent. Recommendations and Technical Assistance for Quality Improvement are also included if discussed during the review.

Provider Record Review Results by Focused Outcome Area

The following figure displays PRR results by FOA.

Note: "N" represents the total number of DD standards reviewed for each FOA.

Provider Record Review Percent Met by FOA



When all responses to a Focused Outcome Area question are "Not Applicable," no percentage is displayed.

Safety	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	24	0	18	100%

Key Findings

- All records included documented evidence of:
 - Actions needed to protect the individual, minimize risk, and to keep the individual safe
 - Risks and safety issues
 - An annual review of abuse, neglect, and exploitation

Whole Health	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	60	0	12	100%

Key Findings

- All records reviewed included the individual's:
 - Healthcare status and how health services and supports were coordinated based on needs
 - Resolved health issues and how the issues were periodically re-evaluated, as needed
 - Medication administration records with no errors identified
 - Current copy of physician orders and/or prescriptions
 - Allergies or indicated no known allergies (NKA)

Person Centered Practices	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	44	1	9	98%

Key Findings

- All records reviewed included documentation of the following:
 - The individual's hopes and dreams or personal life goal(s), preferences, and strengths
 - Services that were updated or revised at least annually or when warranted by changes to the individual's needs
 - Services that were delivered in accordance with the individualized service plan (ISP), including the type, scope, amount, duration, and frequency specified
 - The individual's goal(s) were reviewed, analyzed for trends, and summarized to determine progress

Requirements to Be Addressed (scored less than 75% met)

- Document how supports, services, or interventions change based upon review of individuals' progress or lack of progress on their goal(s) or objectives.

Recommendations and Technical Assistance for Quality Improvement

- The provider was supporting individuals that utilize alternative forms of communication and documentation was limited regarding the individual's responds to supports and services, The provider was encouraged to consider offering "An Individual's Communication Style and How to Support Them" training for staff members found at <https://www.georgiacollaborative.com/providers/archive/#webinars>.

Community Life	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	27	18	3	60%

Key Findings

- None of the records included documentation on how the individual was supported to develop or maintain social roles that reflected his/her interest.
- Five of six records did not include how the individual was supported to learn about, explore, and experience the community.
- Three of six records did not include how the individual was supported to have responsibilities in the community.

Requirements to Be Addressed (scored less than 75% met)

- Ensure documentation indicates individuals have opportunities to seek employment or work in competitive integrated settings.
- Ensure documentation shows how individuals have, or are supported to have responsibilities in the community as desired such as employment, volunteer activities, church and civic membership and participation, school attendance, or other age-appropriate activities.
- Ensure documentation includes how the provider supports the development or maintenance of social roles/natural supports reflective of individuals' interests.
- Ensure documentation indicates supports provided to individuals to learn about, explore, and experience the community.

Recommendations and Technical Assistance for Quality Improvement

- The team recommended the provider offer additional training to staff members on ways to capture more details within documentation when community activities are offered. Consider the following questions when completing progress notes after the individual engages in a community activity:
 - How was the individual included in their community?
 - What type of responsibilities does the individual have in the community or what "role" does he/she play in the activity?
 - Are they an employee?
 - Are they a member of a club?
 - If they volunteer, what kind of volunteer activities did the individual engage in?
- The provider was encouraged to include more details within documentation which reflects the maintenance and development of social roles.
 - Questions to consider when documenting this information are:
 - Does individuals maintain relationships with family, friends, and other people that are in their life and important to them?
 - How are staff supporting individuals to develop new relationships?
- The provider was encouraged to share with staff members the Georgia Collaborative ASO/Qlarant webinar trainings on Community Engagement and Documentation Part I & II.

Rights	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	46	0	26	100%

Key Findings

- All records included:
 - An annual review of the individual's rights and responsibilities
 - A consent for service
- Four applicable records included:
 - The Day-to-Day Living Expense agreement indicating that the individual received at least \$65 monthly in personal funds
 - An accounting of personal spending documented on the approved DBHDD form
 - A money management tool

Recommendations and Technical Assistance for Quality Improvement

- To support continual learning of rights and responsibilities, the team encouraged the provider to develop a monthly teaching curriculum for staff members to follow that addresses one right at a time and its associated responsibilities.

Choice	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	34	8	0	81%

Key Findings

- All records included documentation of:
 - Services and supports that were being rendered according to the individual's preference
 - How the individual was afforded choice
 - The individual's preferred living environment

Requirements to Be Addressed (scored less than 75% met)

- Document how individuals are exercising meaningful choices about the manner in which services are provided.
- Document how individuals are provided with information to make meaningful choices (education, exploration, and experiences).

Recommendations and Technical Assistance for Quality Improvement

- The provider was encouraged to utilize the concept of 'discovery' to determine how to support the individual through education, exploration, and experience (discovery of new things to learn or experience). How can he/she be educated, explore the possibilities, and then the experience (act of participation)? This can be captured within progress notes and/or during development disability professional (DDP) oversight.
- Home and community-based services funded by Medicaid waiver services require that all individuals have the opportunity to exercise informed choice. The records reviewed were limited with details of how individuals were provided these opportunities. The team encouraged the provider to offer additional training to staff members on the topic of informed choice, and how to document on informed choice as well. The team recommended the provider explore informed choice webinars on the GA Collaborative ASO website found at <https://www.georgiacollaborative.com/providers/archive/#webinars>.

Service Guidelines Percent Met: 93%

Total Records Reviewed: 6

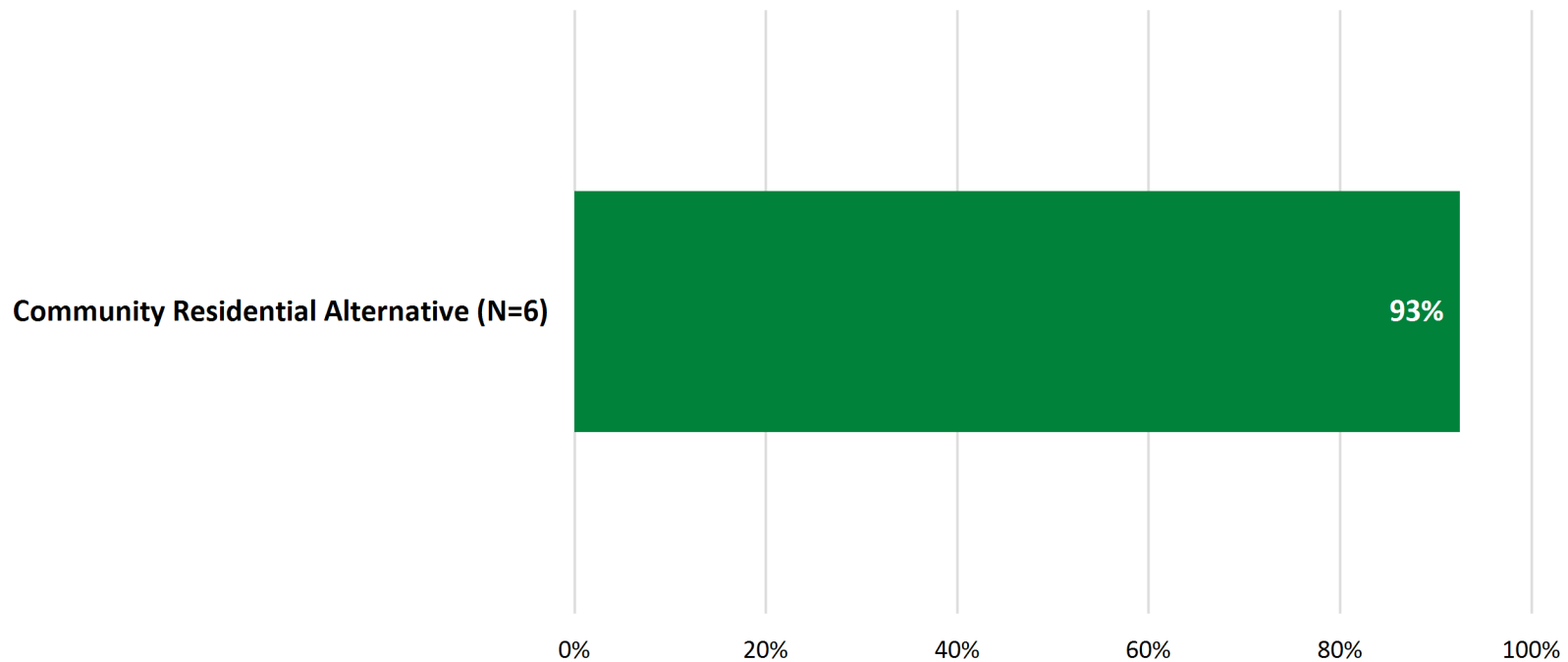
The Service Guidelines (SG) results graphic shows the total number of records scored and the percent met by service. Key Findings and Requirements to Be Addressed are based on any indicators that scored below 75 percent. Any technical assistance and recommendations for improvement discussed during the review are also included.

Service Guidelines Results by Service

The following figure displays Service Guidelines results by service.

Note: "N" represents the total number of records reviewed.

Service Guidelines Results Percent Met by Service



Key Findings

Community Residential Alternative (CRA):

- All records contained documentation of:
 - The date, location, beginning/ending time of service, and staff signature/title
 - The individual's response to interventions or activities
 - DDP oversight of services and supports
 - Residential services that were provided in an approved setting
 - A healthcare plan with all the essential elements
 - The current health status and needs of the individual that included a physical and Abnormal Involuntary Movements Scale (AIMS) screening

Requirements to Be Addressed (scored less than 75% met)

Community Residential Alternative

- Ensure progress notes or Learning Logs include descriptions of individuals' progress towards their current goals.
- Ensure documentation includes evidence individuals receive preventative healthcare, if applicable, based upon their gender, age, and need (if individuals refuse treatment, this is documented): Dental

Recommendations and Technical Assistance for Quality Improvement

- The team recommended the provider complete weekly progress note checks to determine if all notes were completed for each day CRA services were rendered. For any notes that are entered into the electronic system as late, ensure documentation reflects the note was documented as a "late entry" according to documentation requirements.
- DDP reviews should include a review of individual service plan (ISP) goal progress occurring with the individual. Include his/her response, any "next steps" needed, and any changes in the individual's life since the last review. The provider was encouraged to review the "DDP Expectations and Documentation" webinar on the Georgia Collaborative ASO website: <https://www.georgiacollaborative.com/providers/archive/#webinars>
- It was suggested to document any missed preventative healthcare appointments to include the date, reason why the healthcare appointment was missed, and efforts towards rescheduling missed appointments.

Staff Qualifications and Training Percent Met: 77%	Total Records Reviewed: 3
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Staff Qualifications & Training (Q&T) results display the number of indicators scored met, not met or not applicable (NA) and the percent met by staff title. Key Findings and Requirements to Be Addressed are based on any indicators that scored below 75 percent. Any technical assistance and recommendations for improvement discussed during the review are also included.

Staff Title	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
Developmental Disability Professional (DDP)	18	6	42	75%
Direct Support Professional (DSP)	36	10	86	78%

Key Findings

- All three personnel records included:
 - A signed job description
 - A satisfactory criminal background check
 - A current driver's license and motor vehicle record (MVR) (as applicable)
 - Tuberculosis testing (as applicable)

Requirements to Be Addressed (scored less than 75% met)

- Ensure staff, direct support volunteers, and direct support consultants receive competency-based annual trainings.
- Ensure a minimum of 16 hours of training is completed annually from the date of hire.
- Ensure staff receive annual training on the utilization of communication skills, behavioral support, and crisis intervention techniques to de-escalate challenging and unsafe behaviors and/or nationally benchmarked techniques for safe utilization of emergency interventions of last resort.
- Ensure staff receive annual training on fire safety.
- Ensure staff receive annual training on emergency and disaster plans and procedures.

Recommendations and Technical Assistance for Quality Improvement

- The team suggested the provider consistently use Relias to send notifications for upcoming annual required training for all staff. A Relias crosswalk was emailed to the provider.
- To stay in compliance with DBHDD training standards, consider reviewing each personnel record a month before the date-of-hire anniversary to complete any outstanding trainings. This practice can also be applied to new employees at the 45th day of employment to ensure they have met all orientation training requirements.

Administrative Review Results (not included in Overall Score for the QEPR)

The Administrative Review indicator level results are shown in the following table. Indicators scored as “no” includes the reason(s) for the score and are also listed in the Requirements to Be Addressed section. Any recommendations and technical assistance for quality improvement discussed during the review are also included.

Administrative Review	Total Indicators Scored Met	Total Indicators Scored Not Met	Total Indicators Scored NA	Score
	6	0	1	100%
Indicator				Results
The provider locations have a current Medicaid license.				Yes
There is a well-defined quality improvement plan for assessing and improving organizational quality.				Yes
Areas of risk to individuals served and to the organization are identified and monitored based on services, supports, treatment, or care offered.				Yes
There is documented evidence of active oversight of the contracted provider/professional's capacity and compliance to provide quality care.				N/A
Developmental Disability Professional (DDP) services are rendered by a qualified DDP employed by or under contract with the provider.				Yes
The organization has a policy, by job classification, that describes the competency-based training procedures for orientation and annual trainings; additional trainings for professional level staff; and additional training/recertification (if applicable) required for all other staff.				Yes
Emergency preparedness process is evident in documentation.				Yes

Recommendations and Technical Assistance for Quality Improvement

Informal Observation:

- During the QEPR, the assessor toured one of the homes. Individual rooms were personalized according to their preferences, and there were no safety concerns identified. All medications were locked and the fire extinguisher and evacuation plans were posted. The bathroom contained safety bars for safe transition in/out of the shower, and there was adequate room for adaptive equipment needs. There were various activity schedules posted along the hallway and in the kitchen area.

Thank you again for the time and effort the team put into making this a successful and productive Quality Enhancement Provider Review. We would appreciate any feedback you may have on the review process. To access an online survey, please go to <https://www.surveymonkey.com/s/PGJFNHJ>. If you have any questions regarding these results, please contact the Georgia Collaborative ASO at 1-866-755-3506.

Quality Technical Assistance Consultation (QTAC) Criteria

Scores from your QEPR determine whether a QTAC needs to occur, based on the following guidelines:

1. The provider will be required to participate in a QEPR Follow-Up QTAC review within 90 days of the Exit Conference:
 - If the Overall score is 84% or below
 - Scores for both Whole Health and Safety FOAs are 79% or below
2. The provider will be required to participate in a QCC QTAC review within thirty days from QEPR Exit Conference, regardless of the QEPR Overall score if there is an identified Quality of Care Concern or Immediate Action Item

The provider may also request training or technical assistance through the QTAC process during the next twelve-month period.

Providers have the opportunity to appeal review findings for up to ten (10) business days following notification that their written Final Assessment has been saved to the Collaborative's website. For appeals procedures and submission requirements, access the Georgia Collaborative's website to review the appeals process in the Quality Management section of the Provider Handbook and for a current version of the Review Appeal Form at this link:

<https://www.georgiacollaborative.com/providers/intellectual-developmental-disabilities-providers/>