

Quality Assurance Review Procedure

Purpose and Focus

The purpose of this internal quality assurance procedure is to simulate the review process conducted by the Ohio Department of Licensure, improve overall service delivery to individuals.

The focus will be based on observations, interviews and surveys of individuals, employees and guardians.

Reviews will include the service area HPC, ADS/VH, Transportation, UI-MUIs, Human Resources, and individual/guardians.

Reviews tools will include Individual ISP service review, HPC services review, environmental review, ADS review, Transportation services review, Employee Development review, Unusual & Major Unusual incidents review, and financial review.

Samples will be taken from each area and a review will be conducted to ensure that services are being delivered as defined by the Ohio Department of Developmental Disabilities. Additionally, random sample surveys will be taken based on satisfaction of all areas provided at Triad Residential Solutions.

The Community Liaison & Quality Assurance Coordinator will oversee the implementation, monitoring, and follow up of this process. Reports will be generated upon the completion of each review.

There will be management oversight of all reviews and follow up as necessary in their respective areas in written format.

Each area will consist of a documentation form to be completed at the time of the review. The manager of the area as well as all other managers within the organization to be copied on the review.

The UI-MUI Reviews will be completed on a monthly, semi-annual, and annual basis. A report will be generated to meet requirements of both County Board and Ohio Department of Developmental Disabilities. Each report will include review for any trends/patterns and any follow up necessary. See UI/MUI protocol.

Reports will be made available to County Board and Ohio Department of Developmental Disabilities as requested.

Quality Assurance Review Form Date: _____

HPC Service Provider: _____

Individual Name: _____

ISP	Yes	No	N/A	Comments
Staffing levels being met				
Current ISP present in the home				
Current ISP training log in home/signatures				
Past years ISP training log at office				
Documentation methods current with ISP				
Desired Outcomes being implemented				
Other				
MEDICAL	Yes	No	N/A	
Medical book present in home				
Current MAR in home				
Two signatures/dates for each medication				
MAR current/staff signatures/initials				
All medications listed on MAR present				
All controlled medication secured				
Documentation for controlled medications				
PRN medications in home/individualized				
Outdated medication in home/bring to office				
Adaptive equipment in good repair (glasses, walker, wheelchair, shower chair, etc.)				
Other				
FINANCIAL	Yes	No	N/A	
All monies secured in home				
Funds balance sheet current with receipts				
EBT sheet current with receipts				

Allowance sheet present for individual				
Other				
INDIVIDUAL	Yes	No	N/A	
Bedroom furniture in good repair				
Has personal items/in good repair				
Closets organized				
Adequate Clothing				
Electrical outlets not over plugged				
Has current State ID				
Other				
DRILLS	Yes	No	N/A	
Individual participated in quarterly fire drills				
Individual participated in quarterly severe weather drills				
Other				
HPC Services	Yes	No	N/A	
Individual involved in meaning activity				
Individual provided with choices & options				
Independence allowed				
Staff rotating attention toward individual				
Staff aware of individual's services, dietary, behavior needs.				
Staff aware of supervision levels				
Privacy maintained				
Other				

Quality Assurance Review Form **Date:** _____

ADS Service Provider: _____

Individual Name: _____

ISP	Yes	No	N/A	Comments
Current ISP present at site				
Current ISP training log at site/signatures				
Past years ISP training log at ADS				
Documentation methods current with ISP				
Desired Outcomes being implemented				
Other				
Adult Day Service	Yes	No	N/A	
Ratios being met				
Individual involved in meaning activity				
Individual provided with choices & options				
Independence allowed				
Schedule being followed				
Staff rotating attention toward individual				
Employment was offered as identified in ISP				
Staff aware of individual's services, dietary, behavior needs.				
Staff aware of supervision levels				
Privacy maintained				
Other				
Adult Day Service Financial	Yes	No	N/A	
All monies secured at ADS				
Funds balance sheet current with receipts				
Other				

Quality Assurance Review Form **Date:** _____

Transportation Service Provider: _____

Individual Name: _____

ISP	Yes	No	N/A	Comments
Current ISP present at site				
Current ISP training log at site/signatures				
Past years ISP training log at ADS				
Documentation methods current with ISP				
Desired Outcomes being implemented				
Other				
Transportation Services	Yes	No	N/A	
Individual enters/exits vehicle safely				
Staff aware of individual's services, dietary, behavior needs.				
Staff aware of supervision levels				
Other				

Quality Assurance Review Form Date: _____

Environmental

Site Name: _____

Environmental	Yes	No	N/A	Comments
Clean and odor free				
Rooms dust free				
Furniture in good repair				
Lamps/decorations in good condition				
Curtain/blinds working and in good repair				
Bathroom sink, toilet, tub clean, exhaust fans free of lint				
Toilet paper available				
Kitchen appliances clean and working (stove top/oven, refrigerator, dishwasher, toaster, microwave, dish strainer etc.				
Flooring clean and in good condition				
Walls (no holes, clean and paint not chipping)				
Electronics working				
Walkways, doorways, halls free of obstacles/ egress allowed				
Smoke detectors working				
CO2 detectors working (gas furnaces)				
Emergency exit plan posted				
Water temperature taken (110-115)				
Fire extinguisher present/not expired				
Free of bugs/rodents				
Outlets not over used/surge protectors				
All chemicals secured as appropriate				
3-5 days of food (homes only)				
Food within expiration date				
Scald proof shower head in place				

No piling near hot water tank				
First aid kit with adequate supplies				
Dryer vent clear of lint				
Furnace filter clean				
Policy book present				
Other				

Quality Assurance Review Form **Date:** _____

Human Resources

Employee Name: _____

Hire Date: _____

Pre-employment	Yes	No	N/A	Comments
Application completed (file)				
References (file)				
Driver's license (file)				
Car Insurance (initial file)				
Driver's Abstract (initial file)				
High School/GED (initial file)				
Initial 6 checks completed prior to hire date (initial file)				
BCI completed prior to hire date (initial file)				
FBI completed prior to hire, if not living in Ohio 5 years pre-employment (initial file)				
Employment	Yes	No	N/A	Comments
Orientation completed (MUI, Rights, Waiver, Registry, Self-Determination)				
CPR/First Aid				
Medication Pass Certified				
Onsite training completed				
Employment-ongoing	Yes	No	N/A	Comments
Car insurance current				
Driver's Abstract-annually				
Training-(MUI, Rights, Waiver, Registry, Self-Determination-annually				
Medication Pass Re-certification-annually				
CPR/First Aid-every two years				
6 checks every five years				
BCI/FBI every five years				
Other				

Individual/Guardian Satisfaction Survey

Date:	
Individual's Name:	
Person completing questionnaire:	
Who was interviewed?	

Service Delivery
How do you feel about services being offered from Provider? (home, community, day services)
How do you feel about communication between Provider and yourself/guardian?
What are some positive service areas Provider gives to you/loved one?
What are some service areas Provider could make improvement?
Is there anything else you wish to share?