QUALITY IMPROVEMENT PLAN TEMPLATE – ELECTRONIC VERSION

Recommendation/Area of Non-Compliance	Action Steps	Responsible Party	Due Date	Date Completed
1 of 6 staff did not have current 1st Aid certification. Training documentation was unsigned, the title of the trainer was missing, or it stated that staff trained themselves. (Wyoming Medicaid rules Chapter 45 Section 26)	#1: The staff identified through the survey is no longer with our agency.	Admin. Coordinator	3/20/08	3/20/08
	#2: The Administrative Coordinator compiled a list of CPR/1st Aid expiration dates for all employees.	Admin. Coordinator		3/28/2008
	#3: The Administrative Coordinator will ensure, on a consistent basis that all employees have their current certifications.	Admin. Coordinator		On-going
	#4: Administrative Coordinator will ensure that all training documentation is completed approriately and consistently.	Admin. Coordinator		On-going
	#5: Administrative Specialist will conduct an additional check prior to paperwork entering employee files.	Admin. Specialist	On-going	On-going
Drills completed in the residential setting were not completed on each shift. (Emergency Drills CARF 1.E.)	#1: Residential Coordinator will train all Residential Managers about proper completion of drills.	Residential Coordinator	4/22/08	
	#2: Residential Managers will train all Residential Service Providers about proper completion of drills.	Residental Managers	4/25/08	
	#3: Director will meet with Residential Coordinator periodically to ensure the successful completion of all drills.	Director	On-going	On-going
The agency did not have a formal policy on how often inspections would be completed. The main day hab site only had documentation of	#1: The Director in colaberation with the Adminstrative Management team will create/revise the policy regarding inspections done on all sites for I-Reach 2 Inc.	Director	4/25/2008	
	#2: This policy will be submitted to our Board of Directors for approval.	Director	5/2008	

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one self-inspection. (Internal Inspections CARF 1.E.)	#3: We will hold a general staff meeting to inform the staff of the new policy, where they will receive and sign off on the training.	Coordinators	6/2008	
There was no documentation of an external inspection completeted on the day hab site. (External Inspections CARF 1.E.)	#1: Our office is still waiting to receive copies of our Occupancy Certification and the Fire Marshal's report from the City of Casper.	Director	4/25/2008	
Need to address staff training on incident reporting and documentation. (Progress made on prior DDD Survey recommendations.)	#1: All staff has been trained on incident reporting and documentation requirements.	Coordinators	3/2008	On-going
	#2: Managers will review said training with their staff to ensure their understanding.	Managers	4/2008	On-going
	#3: Employee files will reflect same.	Admin. Specialist	4/2008	On-going

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Recommendation/Area of Non-Compliance	Action Steps	Responsible Party	Due Date	Date Completed
4 out of 8 staff had functional knowledge of the Division's Notification of Incident Reporting Process (Wyoming Medicaid rules Chapter 45 Section 30)	#1: All staff will be re-trained on the Division's Notification of Incident Reporting Process.	Coordinators		4/25/08
	#2: Managers will review this training to ensure that each staff fully understands this process and their roll.	Coordinators	5/30/08	
	#3: Management will regularily review this process with their staff.			On-going
	#4: Employee files will reflect proper training and employee accountability.	Admin. Specialist	5/30/08	
The agency did not have a policy that meets the current standards, in addition, the agency does not have a process in place to review restraint usage. (Chapter 45, Section 28)	#1: The Director in colaberation with the Adminstrative Management Team will create the policy regarding restraing usage and their review.	Director and Admin. Team	4/30/08	
	#2: This policy will be submitted to our Board of Directors for approval.	Director	5/2008	
	#3: We will hold a general staff meeting to inform the staff of the new policy, where they will receive and sign off on the training.	Coordinators	8/2008	
	#4: Management will regularily review restraint usage consistent with the process as outlined in the new policy.	All Managers		On-going
Goals not being run per Individual Plan of Care. Incident Report to be filed. Over the counter medicines given that were not on the Participants approved medications.	#1: Ensure all staff are trained on individual plans of care.	Coordinators		4/2008
	#2: Managers will ensure that goals are being run per the frequency of the Plan of Care.	All Managers		On-going
	#3: Original Incident Report (#INCD227177) was submitted to the state per the Division's requirements. See report dated 3/24/08 submitted to the Division.	Director		3/24/08

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Participant 2 has experienced increased and continuation of behavioral incidents-no positive behavioral support plan. (Chapter 41, 42 and 43, Section 8)	#4: Participants team met and their approved medication list was revised. Staff was retrained on the usage of approved over the counter medications.	Director		4-7-2008
	#5: Team held a meeting on 4-7-2008. Director has had numerous communications with case manager requesting this positive behavioral support plan. Agency is still waiting on said plan from case manager.	Director	4-7-2008	Waiting 4/2008
All sites require carbon monoxide detectors. 4 of 6 locations had expired first aid supplies. Sharps container was broken and was being reused. (CARF 1.E.10 & Chapter 45 Section 23)	#1: All service locations equipped with carbon monoxide detectors.	Res. Team Leader		3-20-2008
	#2: Expired first aid supplies properly disposed of.	All Managers		3-26-2008
	#3: New first aid supplies were purchased and management has ensured that kits are up to date and complete.	All Managers		3-26-2008
	#4: The sharps containers have been properly disposed of and been replaced by new containers.	Admin. Specialist		4-9-2008
	#5: Once sharps containers have been used the Administrative Specialist will ensure it is disposed of properly and replaced with a new one.	Admin. Specialist		On-going
One employment site staff indicated that job training was only job specific. (Wyoming Medicaid Rules Chapter 45 Section 26)	#1: Coordinators will continue to ensure that all staff has the proper training per the rules.	Coordinators	4/25/2008	On-going