

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: RESIDENTIAL HABILITATION CENTER POLICY 17.06.01
QUALITY MANAGEMENT SYSTEM CORRECTIVE ACTION

Authority: 42 C.F.R. 483.10(a)(1) *Governing Body*
42 C.F.R. 483.72 *Quality Assessment and Assurance*

Reference: DDA Quality Policy: December 20, 2016

BACKGROUND

Quality supports and services for residents are achieved through the following:

- Continual improvement;
- Preventive action; and
- Effective corrective action.

Continual improvement is a recurring activity that increases the ability to meet standards or expectations.

Preventive action is proactive and deals with a problem before it happens.

Corrective action is reactive and deals with a problem after it has been identified.

PURPOSE

The purpose of corrective action is to:

- Eliminate performance deviations that are noncompliant with regulations;
- Maximize positive outcomes for residents; and
- Prevent reoccurring compliance concerns.

This policy establishes guidelines for required corrective action in certified state-owned Intermediate Care Facilities (ICF) and Nursing Facilities (NF) that are part of a Residential

Habilitation Center (RHC). The policy identifies thresholds, timelines, steps to effective corrective action, and required reporting during the corrective action process.

SCOPE

This policy applies to all RHCs operated by the Developmental Disabilities Administration (DDA).

DEFINITIONS

Corrective Action Plan (CAP) means improvements to the RHC's processes focused on eliminating regulatory non-compliance or other undesirable situations. Good corrective action includes identifying the problem, doing root cause analysis, testing and implementing changes, and monitoring results.

Quality Management System (QMS) means the overall system that is used to manage planning for quality, quality assurance, quality control, and quality improvement activities.

Quality Policy means the concise DDA Quality Policy document that states DDA's commitment to comply with requirements and continually improve the effectiveness of its Quality Management System (QMS). The policy also emphasizes important values that are part of the quality management system, and the goals of the QMS.

RHC Executive Management Team means the managers who are responsible for a particular area of business in the RHC. This team is responsible for coordinating individuals and groups that are engaged in specialized tasks in order to accomplish organizational goals. Executive management includes: Superintendents, Assistant Superintendents, Program Area Team (PAT) Directors, and the Director of Nursing Services.

POLICY

A. General Corrective Action Plan (CAP) Policy

1. When formal corrections are required as a response to the annual inspection or a complaint investigation by the Residential Care Services (RCS) Division, the required plan is called a Plan of Correction (POC). The POC is not the same as DDA's Corrective Action Plan (CAP) process.
2. When a CAP is required by DDA leadership, the RHC must:
 - a. Use root cause analysis to determine the root cause of the identified non-compliance;
 - b. Evaluate the type of action needed to ensure that non-compliance does not reoccur, and then determine and implement the necessary action;
 - c. Maintain records of the corrective action that was taken;

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- d. Review the effectiveness of their planned corrective action as part of ongoing quality assurance and quality improvement;
 - e. Monitor and measure effectiveness of the action before, during, and after the corrective action;
 - f. Complete the RHC Corrective Action Plan Summary template; and
 - g. Present the corrective action process and results to DDA headquarters management for review.
3. RHC Executive Management Teams must evaluate, prioritize, and implement quality improvement opportunities in a timely manner.
 4. Each RHC must continually improve the effectiveness of its quality management system by:
 - a. Implementing the DDA quality policy;
 - b. Meeting quality objectives;
 - c. Auditing and monitoring results;
 - d. Analyzing data; and
 - e. Incorporating feedback from corrective and preventive actions.

B. Situations that Require Corrective Action Plans

1. For urgent compliance concerns that directly impact clients, the RHC must complete a three- (3) day CAP;
2. For serious, uncorrected compliance concerns that have been cited in multiple routine Quality Management Team (QMT) monitoring activities, the RHC must complete a thirty- (30) day CAP; and
3. For compliance concerns that are systemic or significant patterns of supports and services that are noncompliant as a result of QMT survey-readiness work, the RHC must complete a thirty- (30) day CAP. The timelines for this type of CAP may be shortened or lengthened by HQ leadership.

PROCEDURES**A. Procedure for Three-Day Corrective Action Plans**

1. The RHC must develop a corrective action plan that is responsive to the identified noncompliance.
2. The RHC must give daily status updates to DDA executive leadership.
3. The QMT member assigned to the RHC must conduct a ten- (10) day review to:
 - a. Determine if the CAP is producing desired outcomes; and
 - b. Verify remediation.
4. If remediation has not occurred within ten days, the QMT member must contact the QMT unit manager to discuss findings and next steps.

B. Procedure for 30-Day Corrective Action Plans

1. The RHC has thirty (30) days to develop a CAP that meaningfully addresses the compliance concerns. The first status report to DDA headquarters is due ten (10) business days after the CAP has been developed. Ongoing status reports and metric data are due to DDA headquarters every ten (10) days until the RHC completes the CAP.
2. The QMT member assigned to the RHC will conduct a focused sixty- (60) day review to determine if the CAP is producing desired outcomes, and to verify the status of remediation.
3. If effective remediation has not occurred within sixty (60) days, the QMT member must contact the QMT unit manager to discuss findings and next steps.

C. Procedures Related to the Completion of a CAP

1. When the RHC believes that the CAP is complete, the RHC must complete the RHC Corrective Action Plan Summary template and forward the completed template to the QMT Unit Manager and the Special Assistant to the Deputy Assistant Secretary at DDA Headquarters.
2. Once the Special Assistant receives the completed template, he or she will put the RHC Superintendent's presentation on the agenda for the next in-person superintendent's meeting.

3. After the corrective action plan has been completed, the Superintendent will prepare a short presentation about the corrective action process that was implemented at his or her RHC, and present it to the superintendent's group.
4. The superintendent's presentation should outline:
 - a. The problem;
 - b. How the problem was diagnosed;
 - c. Basic steps to the action plan that addressed the identified problem;
 - d. Results of the corrective action process; and
 - e. Identify any areas where work is ongoing, or unmet policy needs must be addressed.

EXCEPTION

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary.

SUPERSESION

DDA Policy 17.03, *Residential Habilitation Center Quality Management System Corrective Action*
Issued April 15, 2017

Approved:



Deputy Assistant Secretary
Developmental Disabilities Administration

Date: April 15, 2017¹**Attachments:**

DDA Quality Management System Policy
RHC Corrective Action Plan Summary template

¹ This policy was reissued under a new number without substantive changes.

ATTACHMENT A



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Developmental Disabilities Administration
P.O. Box 45310, Olympia, WA 98504-5310

December 20, 2016

DDA Quality Management System Policy

The Developmental Disabilities Administration's mission and vision are values driven.

The Guiding Values are individual and family focused:

Inclusion
Status and Contribution
Relationship
Power and Choice
Health and Safety
Competence

Mission:

Transforming lives by providing support and fostering partnerships that empower people to live the lives they want.

Vision:

- **Supporting individuals** to live in, contribute to, and participate in their communities;
- **Continually improving** supports to families of both children and adults;
- **Individualizing supports** that will empower individuals with developmental disabilities to realize their greatest potential;
- **Building support plans based on the needs** and the strengths of the individual and the family; and
- **Engaging individuals, families,** local service providers, communities, governmental partners and other stakeholders to continually improve our system of supports.

Management's Commitment:

- DDA Management is committed to excellence;
- Management takes an active leadership role and prioritizes resources to ensure all DDA staff are equipped to support a culture of continuous improvement;
- DDA strives to meet and exceed federal and state requirements by embracing and promoting best practices; and

- DDA is committed to including individuals with disabilities, their families and other stakeholders in the implementation of our Quality Management System.

Primary goals:

The QMS has four primary goals:

- A statewide system to monitor, continuously improve, and ensure quality;
- Proactive problem solving;
- Using consistent methods to measure performance; and
- Meeting and exceeding state and federal requirements.

ATTACHMENT B

RHC CORRECTIVE ACTION PLAN SUMMARY

Name of Facility:

PAT(s):

Date of notification CAP required:

Date CAP completed:

Problem Statement:

List of names and roles of those individuals involved in the problem's diagnosis and root-cause analysis:

Why did the problem occur? Provide a short description about your diagnosis of the problem (i.e., include fishbone diagram, flow chart, summary of root cause analysis).

Describe the basic steps to the action plan that your team developed to address the identified problem.

How did your team know that the change you implemented was an improvement? What did you test? What did your before and after measurements show?

What are you doing to continue your monitoring of the problem? How do you know that the change that was implemented has been both effective and sustained?

Identify areas where your team's work is ongoing, or where there are unmet policy needs that need to be addressed.

What were the important lessons learned from doing this CAP?