

**Sandusky County Board
Of
Mental Retardation and Developmental Disabilities**



QUALITY ASSURANCE REPORT

2005

MISSION STATEMENT

This mission of the Sandusky County Board of Mental Retardation and Developmental Disabilities is to ensure the availability of services and supports that assist individuals in living the life they choose; to promote their health and safety; and to assist and support the families of these individuals in achieving their goals.

The Quality Assurance Department provides protective services and quality assurance to individuals with Mental Retardation and Developmental Disabilities. The Department also directs the Sandusky County Board of Mental Retardation and Developmental Disabilities' continuing quality improvement activities and assures our compliance with all applicable rules, regulations, and statutes.

Services that fall under the Quality Assurance Department include Major Unusual Incident Investigations, Quality Assurance, and Provider Compliance Reviews. The goals of this Department are to ensure that individuals receive services and supports that have been identified in their Individual Plans, while at the same time ensuring services are delivered in a manner that supports the individual, their wishes, and ensures the health and welfare of the individuals served.

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Quality Assurance Statistical Data For 2005

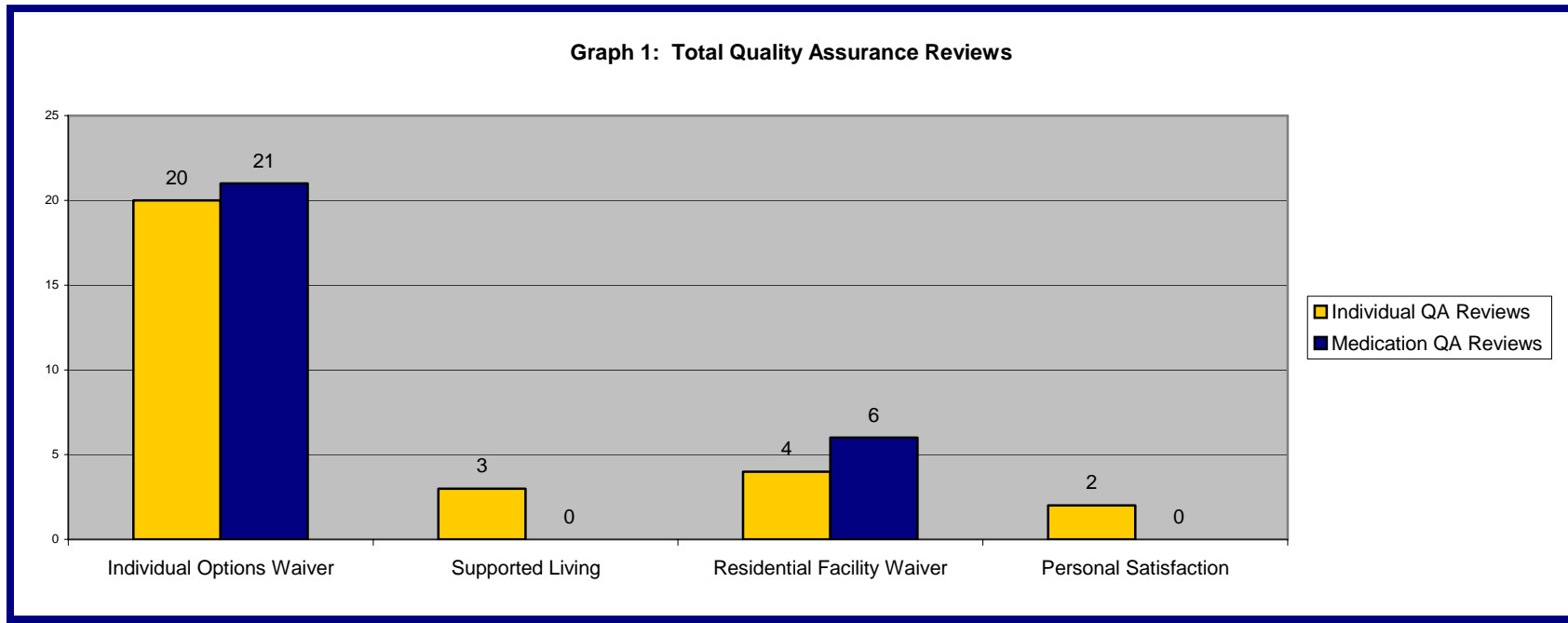
This report is based on results of performance measurement related to various reviews from January 1, 2005 to December 31, 2005, from the following sources:

Organizational Reviews	File Reviews	Service Site Reviews
Major Unusual Incident Review	Official File Review SSA Record Review	Residential Quality Assurance Review Satisfaction Services Review Medication/Health Related Activities Reviews Personal Finances Review Waiver/Supported Living/Residential Documentation Review Provider Compliance Review Early Intervention Review

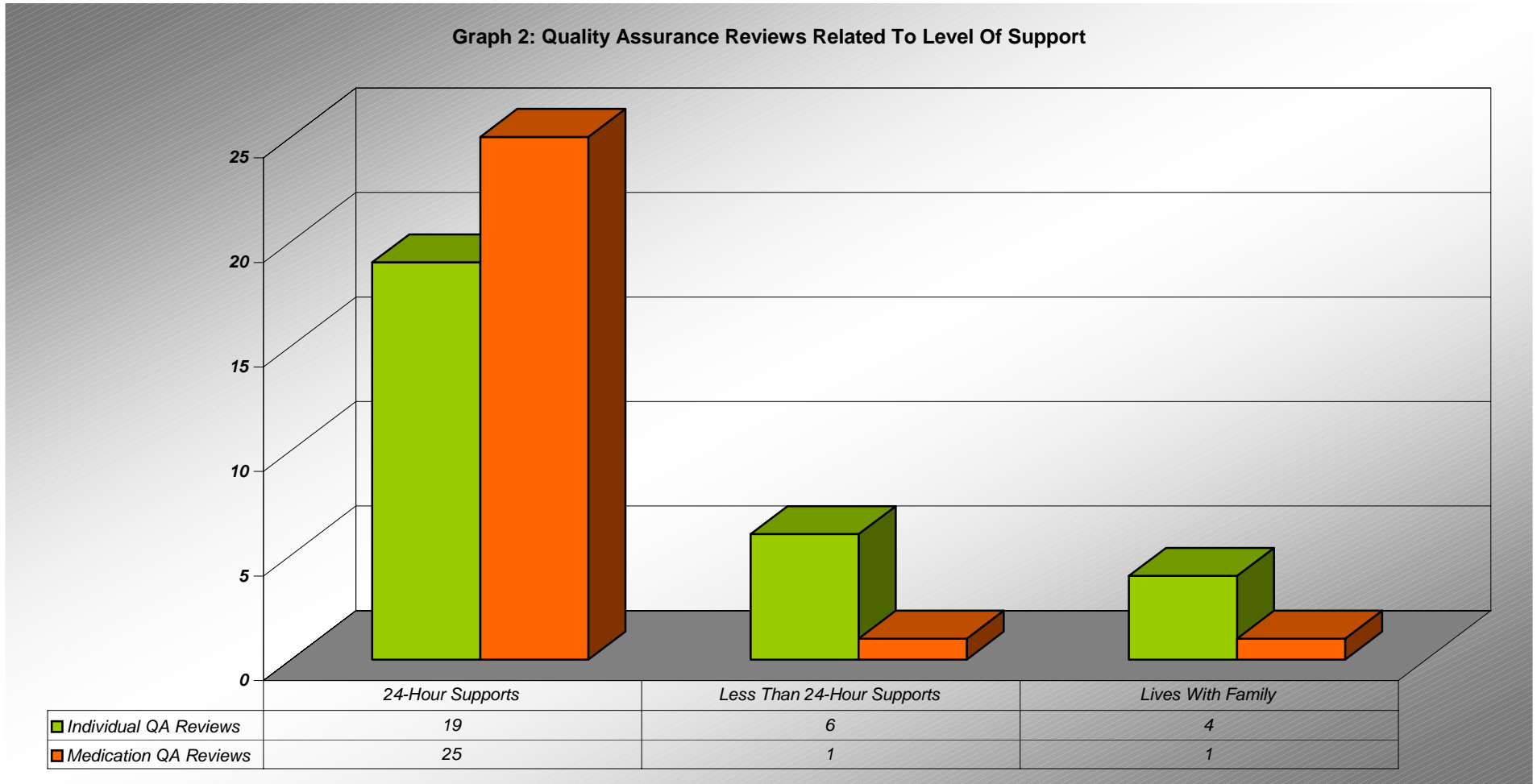
REVIEW	TYPE	FOCUS
Official File Review	> File Review	Reviews permanent files and service delivery forms to ensure service documentation meets Centers for Medicare/Medicaid Service standards and that services are delivered at the frequency/duration stated in the Individual Service Plan.
SSA Record Review	> File Review	Reviews adult services files, SSA case notes, service delivery forms, and Individual Service Plan for quality of service planning and delivery, and correct documentation.
Residential Quality Assurance Review	> Service Site Review > File/documentation review > Personal or phone interview	Observation of individual in their residential setting to evaluate service provision and individual service satisfaction.
Satisfaction Services Review	> Personal or phone interview	Interview with person served and/or parent/guardian about satisfaction with residential provider and county board services.
Medication/Health Related Activities Review	> File/documentation review > Service Site Review	Observation of medication administration and/or performance of health-related activities. Review of documentation for completeness and for appropriate actions taken based on parameters provided in ODMRDD Medication training course. Review of all prescribed medication errors from the past twelve months. Review of the system used by the employer or residential provider in monitoring and documenting medication administration and performance of health-related activities.
Personal Finances Review	> Documentation review	Review of residential provider's documentation and procedures for safeguarding Individual's personal finances.
Waiver/Supported Living/Residential Documentation Review	> Documentation review	Reviews permanent files and service delivery forms to ensure service documentation meets Centers for Medicare/Medicaid Service standards and that services are delivered at the frequency/duration stated in the Individual Service Plan.
Major Unusual Incident Review	> Document review > Provider site document review	Review of Major Unusual Incident Reports, timelines, procedures, and prevention plans for compliance.
Provider Compliance Review	> Review of Program Services, Administration, and Personnel Records	Review of certified Individual Options and Level One waiver providers. Review to assure compliance by certified providers with certification standards.
Early Intervention Review	> Documentation/File Review > Phone Interview	Reviews Early Intervention files, case notes, and Individualized Family Service Plan (IFSP) for quality of service planning and delivery, and correct documentation.

Key Performance Indicators	
Effectiveness and Outcomes – Are individuals reaching desired outcomes in (a) employment; (b) integration; (c) family connections; and, (d) personal growth.	
Satisfaction and Responsiveness - Is the Individual satisfied with (a) their services; (b) providers; (c) living environment; and (d) choice making. Family satisfaction with services and providers is also measured.	
Standards Of Care – The measures would focus on the extent to which programs/providers meet rule and other critical requirements.	

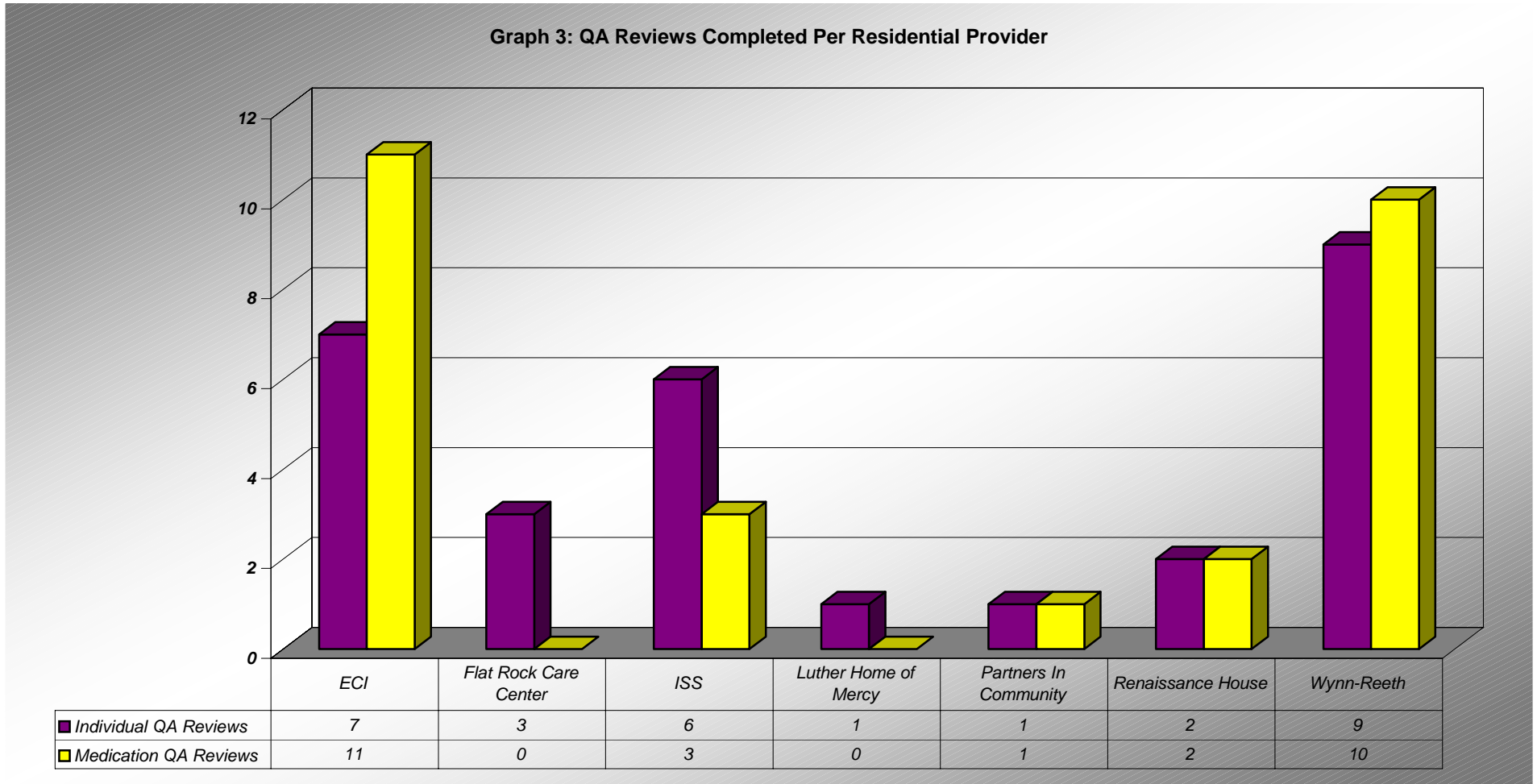
Graph 1: Indicates the *Total Of Quality Assurance Reviews* completed



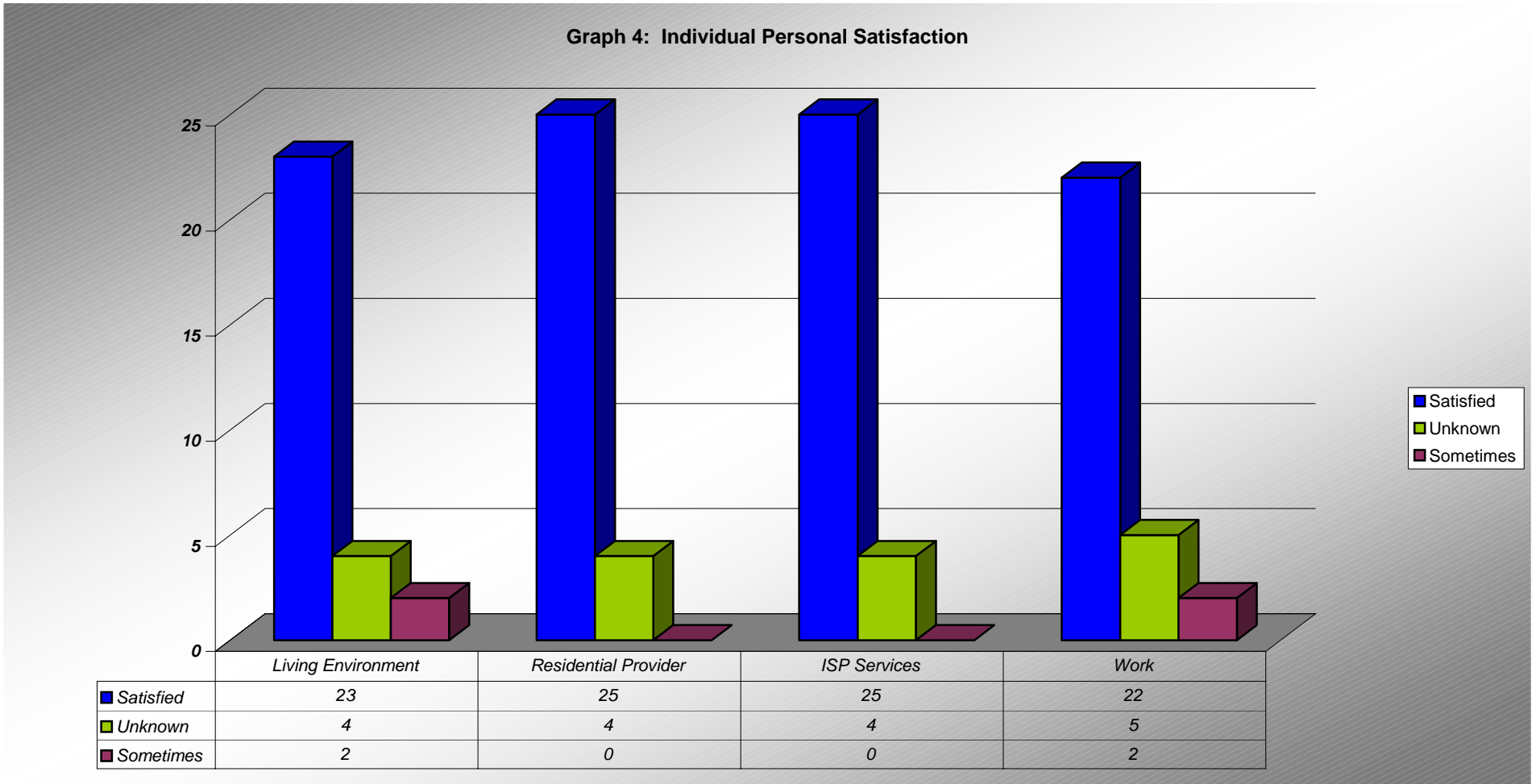
Graph 2: Indicates the *Level of Support* for the (29) Individual and (27) Medication Quality Assurance Reviews completed as follows:



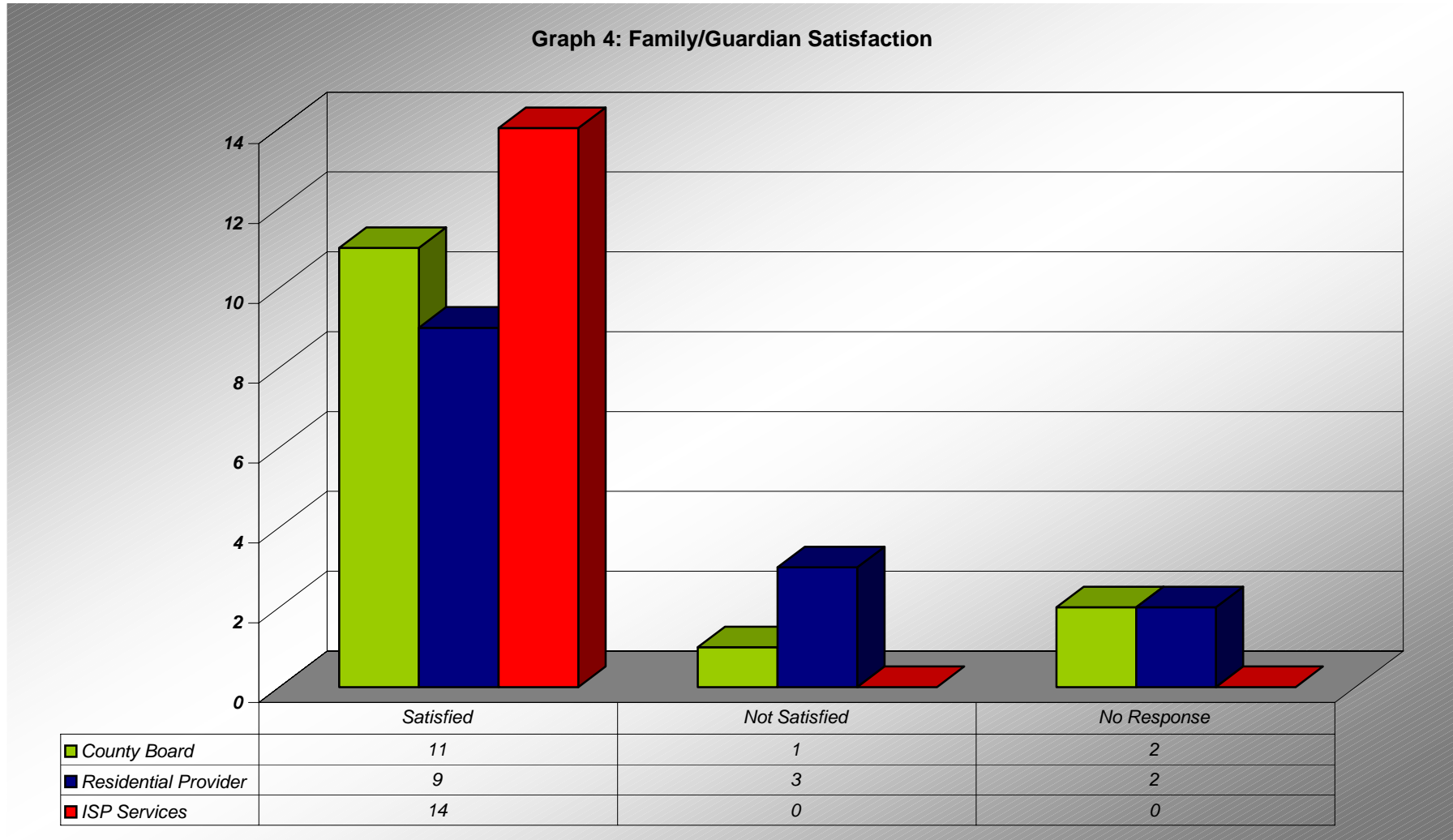
Graph 3: Indicates the *Total of Individual and Medication Quality Assurance Reviews* completed for seven Residential Providers.



Graph 4: Indicates *Individual Personal Satisfaction* related to Living Environment, Residential Provider, Individual Service Plan (ISP) Services, and Work.



Graph 5: Indicates *Family/Guardian Satisfaction* with the Sandusky County Board of MR/DD, ISP Services, and Residential Provider.



Graph 6: Indicates the *Results of the Individual Quality Assurance Reviews* identified a total of sixteen (16) citations as follows:

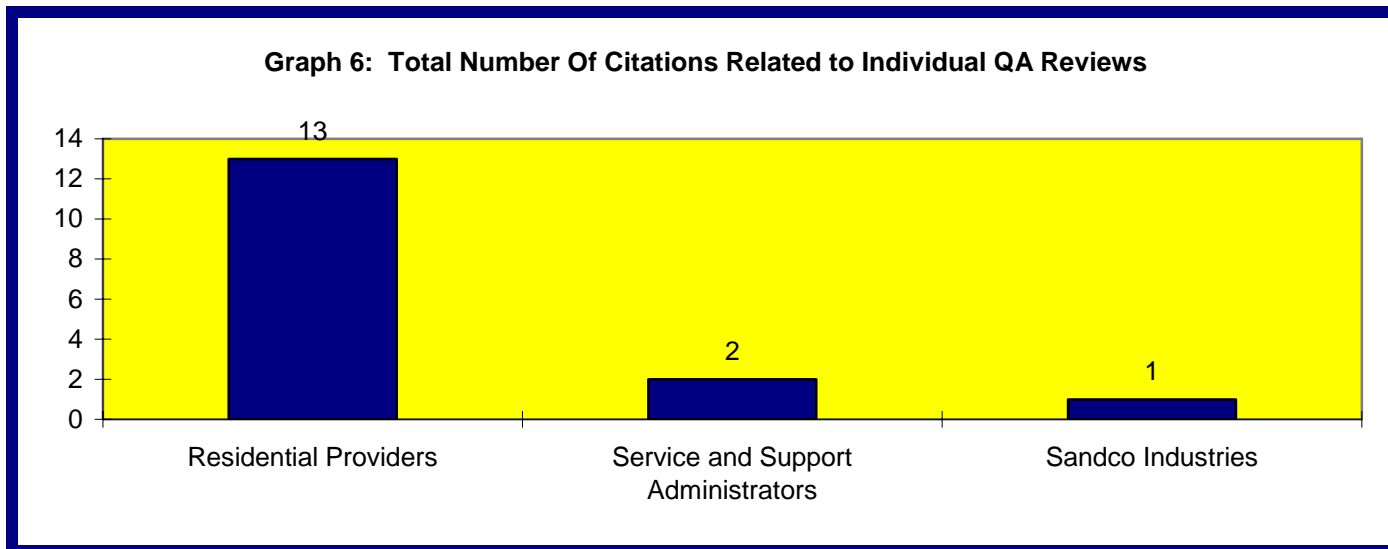
- * Residential Providers - 13
- * Service and Support Administrators (SSA) - 2
- * Sandco Industries - 1

SSA Citations:

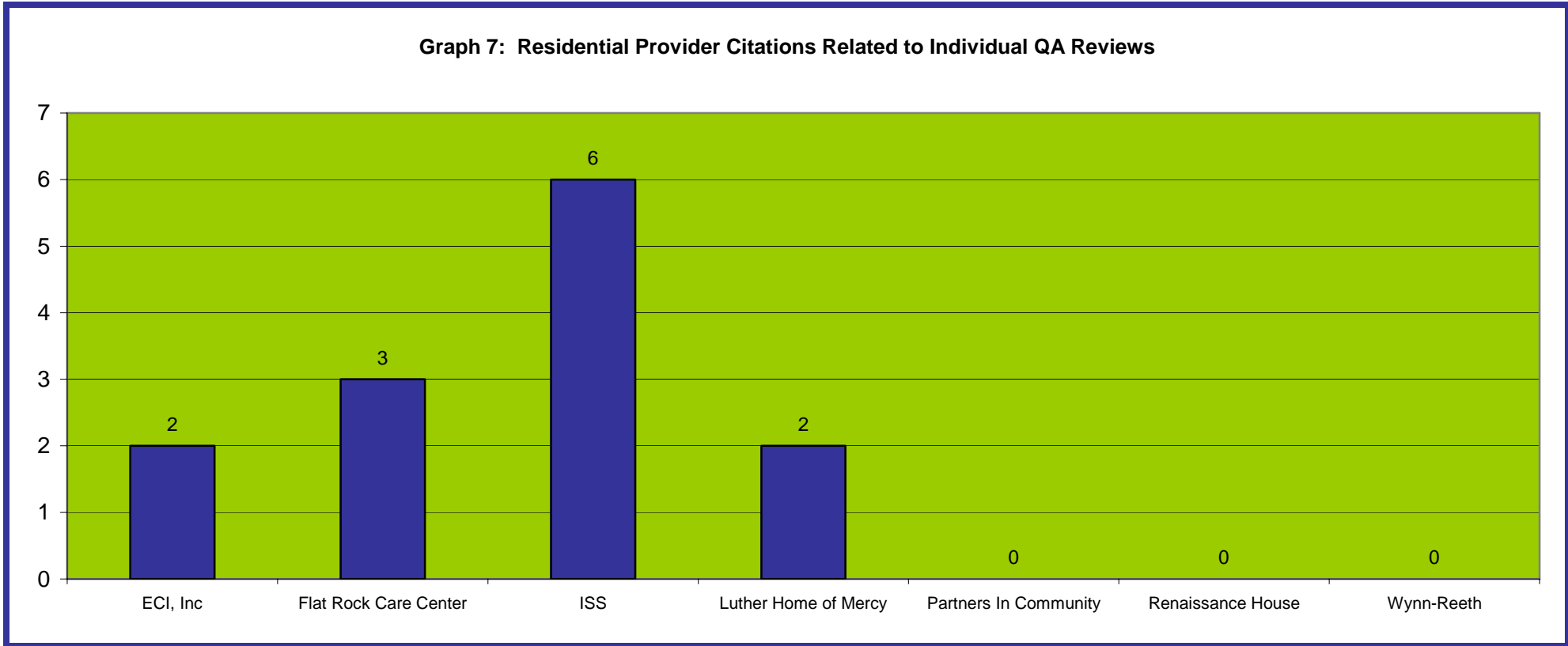
- * The Individual Service Plan did not contain the appropriate information related to services.
- * Verification of services did not occur within the first ten days of service.

Sandco Industries Citations:

- Skill development program was not being implemented as identified in the ISP.



Graph 7: Indicates the *Total Number of Citations Related to the Individual Quality Assurance Reviews Per Residential Provider*



Types of Provider Citations	ECI, Inc.	Flat Rock Care Center	ISS	Luther Home of Mercy	Partners In Community	Renaissance House	Wynn-Reeth	Total
Skills Development	1							1
Frequency/Duration	1	1	1	1				4
Medication Administration		1						1
Required Elements			2					2
Safety/Individual				1				1
Safety/Environment			2					2
Service Delivery		1	1					2
Total	2	3	6	2				13

Types of Recommendations Related to Individual Quality Assurance Reviews

Residential Providers

- * Services to be delivered at the frequency identified in the ISP.
 - * Homemaker/Personal Care documentation needs to contain all of the required elements according to the CMS Standards.
 - * Individual-Specific Training.
 - * Compliance with appropriate transcription of medication orders.
 - * Maintenance concerns in the home relating to health and safety.
 - * Updating Individual State ID's.
 - * Introducing new staff to Individual prior to coming to their home and having the Individual participate in the interview process.
 - * Skill development goals should be stated singular in nature, written in positive behavioral terms with specific identified outcome.
-

Service and Support Administrators

- * Assessment needs to match the Individual's actual needs.
 - * All assessments are cross referenced to ensure that the assessment findings are consistent and accurate.
 - * Monitoring of service delivery to include a system that incorporates on-going and consistent monitoring and review of service documentation.
 - * Official Files need to be in compliance with respect to required Waiver documentation.
 - * Verification of the implementation of services within ten days after services are scheduled to begin.
 - * Cover page of the ISP contains all of the appropriate information.
 - * Whenever requests for changes and/or review of services in the ISP are made, an ISP meeting should be held within ten days of the request.
 - * SSA's need to be the single point of accountability for coordinating Individual's services.
-

Sandco Industries (Day Habilitation Center)

- * Summaries of skill development programs needs to reflect information related to the goal.
 - * Review of current system of monitoring skill development programs to ensure that the documentation of programs is occurring appropriately and programs are revised when changes in needs and/or skill level occur.
 - * Skill development goals should be stated singular in nature, written in positive behavioral terms with specific identified outcome.
 - * Skill development documentation should be able to demonstrate growth, progression, regression, or maintain skill level.
-

Behavior Support Services

A systems Quality Assurance review was completed for the Behavior Support Services at the Sandusky County Board of MR/DD. This process included reviewing Behavior Support Plans for two Individuals.

Recommendations from findings included:

- Review the current forms utilized for behavior monitoring documentation for efficiency.
 - Re-evaluate the current training system for efficiency to ensure that staff who are responsible for providing direct services are trained prior to the implementation of a behavior support plan and as changes occur. It is recommended when revisions are made in a behavior support plan, that the entire plan should be reviewed with all Team members providing services to the individual at one particular meeting, not just in a sporadic fashion. This process would possibly generate questions that all Team members could discuss at the same time.
 - Behavior support plans that incorporate aversive methods be reviewed as determined by the Interdisciplinary Team, but at least every thirty days.
 - Members participating on the Behavior Support Committee are familiar with the provisions of the Ohio Department of Mental Retardation and Developmental Disabilities Behavior Support Rule to ensure compliance.
 - Review the current process for “dissenting opinions” to ensure that the process includes all Team members.
 - Although the Behavior Support Plans are written in a very thorough manner, the format is complex for most staff to quickly access which interventions should be implemented. It is recommended to consider revising the current format so that it is written in a more “user-friendly” style. A consideration may be to incorporate a “summary sheet” of interventions that allows for staff’s quick reference of key points.
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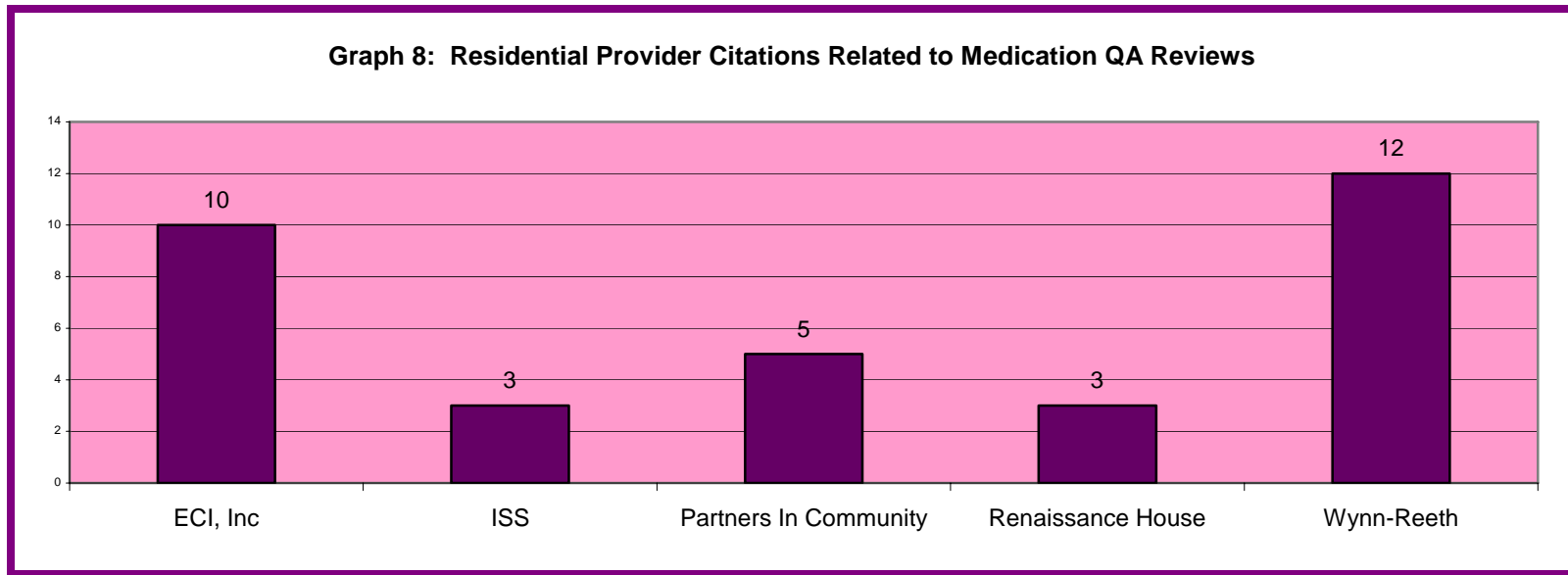
Individual Finance Review

A Quality Assurance review of finances was completed for four Individuals living at the same home receiving services from ISS during the third quarter. This review consisted of reviewing finance ledgers and expenditures and receipts for the time period of 2005 and 2004; Savings and Checking bank statements for the time period of April 2003 through August 2005; and balance sheets provided by the Residential Provider’s Finance Department.

Recommendations from findings included:

- Individuals be reimbursed for services/purchases since maintenance repairs is not their responsibility. (Septic tank cleaning, home maintenance repairs).
 - Reimbursing an Individual for purchases he made that were for the household and/or for the Residential Provider.
 - If money is stolen, the appropriate documentation and notification be completed to obtain reimbursement.
 - Individuals not having to pay back rent since they did not sign a formal Lease Agreement. The individuals should be responsible for: (a) Rental payments; (b) Damages to the premises caused by them; (c) Household cleaning supplies; (d) Groceries; and (e) Utilities accrued by them.
 - Review the current process of paying the phone bills to include a system that ensures that the Individuals are only paying for the long distance phone calls that they make. This reviewer noted this particular area of concern during a Quality Assurance Review in February 2005.
 - Re-evaluate with the Individuals the need for both a savings account and a checking account. It is this reviewer’s opinion that there is not a need for both accounts as the money is just being transferred back and forth between accounts, there is no significant saving, and it is a lot of paperwork.
 - Re-evaluate the current living situation with the Individuals (Guardians and family members as appropriate) with the focus of determining whether this particular living arrangement is in the best interest of the Individuals.
-

Graph 8: Indicates the *Total Number of Citations Related to the Medication Quality Assurance Reviews Per Residential Provider*



Types of Provider Citations	ECI, Inc.	ISS	Partners In Community	Renaissance House	Wynn-Reeth	Total
Medication Administration	1					1
Medication Documentation	1		1			1
Medication Errors					1	1
Individual Specific Training			1		1	2
Staff Certification		1	1	1	8	12
Physician's Orders	3	1	1	1	2	8
Specific Parameters	4	1		1		6
Medications	1					1
Delegated Nursing			1			1
Total	10	3	5	3	12	33

SSA Citations:

- * (3) The Individual Service Plan was lacking a medication service, or did not adequately state the individual's level of participation in medication administration.
- * (1) There was not an updated Self-Medication Assessment.

MEDICATION ERRORS

Over the period starting July 1, 2005 and ending December 25, 2005, there were a total of thirty-three (33) medication errors in various residential settings throughout Sandusky County. Here is how different agencies compare to one another:

D = Wrong dose administered **O** = Medication was not given **I** = Invalid order **M** = Wrong medication given
R = Medication given by wrong route **T** = Medication given at the wrong time **E** = Medication given was expired **A** = Medication on allergy list was given

The following agencies currently providing services in Sandusky County have no record of reported medication errors since July 1, 2005. These providers are identified as follows:

Flat Rock Care Center
Independent Choices
Sandco Industries (including satellite program(s))
School of Hope
STEPS

Wynn Reeth, Inc.	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Errors	2	4	7	2	9	0
Types of Errors	2/O	4/O	3/O, 4/D	1/D, 1/O	5/O, 2/D, 2/T	NA
Total of Provider-Specific Errors	13			11		
Total of All Errors	17			16		
Percentage of Total Errors	76% (3rd Quarter)			69% (4th Quarter)		

Partners In Community	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Errors	0	2	0	3	0	0
Types of Errors	1/O	1/M		1/D, 2/O	NA	NA
Total of Provider-Specific Errors	2			3		
Total of All Errors	17			16		
Percentage of Total Errors	12% (3rd Quarter)			19% (4th Quarter)		

ECI, Inc.	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Errors	1	0	0	0	0	0
Types of Errors	1/O	0	0	NA	NA	NA
Total of Provider-Specific Errors	1			0		
Total of All Errors	17			16		
Percentage of Total Errors	6% (3rd Quarter)			0% (4th Quarter)		

Innovative Support Services	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Errors	0	0	1	0	0	0
Types of Errors			1/A	NA	NA	NA
Total of Provider-Specific Errors	1			NA	NA	NA
Total of All Errors	17			16		
Percentage of Total Errors	6% (3rd Quarter)			0% (4th Quarter)		

Renaissance House	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Errors	0	0	0	0	0	2
Types of Errors	NA	NA	NA	NA	NA	1/O, 1/D
Total of Provider-Specific Errors	NA	NA	NA	2		
Total of All Errors	NA	NA	NA	16		
Percentage of Total Errors	0% (3rd Quarter)			13% (4th Quarter)		

HEALTH ASSESSMENT REVIEWS

A Health Assessment Review (HAR) is a review of the overall management of an individual's healthcare services, as provided by the contracted provider, and as monitored by the Service and Support Administrator. Health Assessment Reviews are completed on all Waiver and Supported Living service recipients, which totaled 106 individuals in 2005.

To complete the Health Assessment Review, the Ohio Department of Mental Retardation and Developmental Disabilities' "Every Health Person" standard serves as a framework for routine and preventative healthcare. In 2005, health-related needs were identified and presented to the SSA in the form of recommendations in need of additional follow-up. In general, needs identified can be summarized by the following:

1. To have routine care monitored more closely by the SSA for appropriate and timely health service delivery.
2. Screening labs and studies based on the individual's age, medication use, health history, and current medical conditions.
3. To ensure that physician recommendations are timely incorporated into the service plan of the individual.

PROVIDER COMPLIANCE REVIEWS

The Ohio Administrative Rule 5123:2-9-08 Compliance Reviews of Certified HCBS Waiver Providers went into effect July 8, 2004. The focus of the Provider Compliance reviews is to verify that certified waiver providers are maintaining the standards and qualifications of each waiver service for which the provider is certified. Quality Assurance Reports no longer have a Quality Improvement Plan (QIP) citation for residential providers. During a Quality Assurance Review, if there is a significant problem, a special Provider Compliance Review is initiated. All other issues of concern are listed as recommendations in the report in which the Service and Support Administrator is responsible to follow up.

There were two Provider Compliance Reviews completed during 2005. Findings during these reviews were as follows:

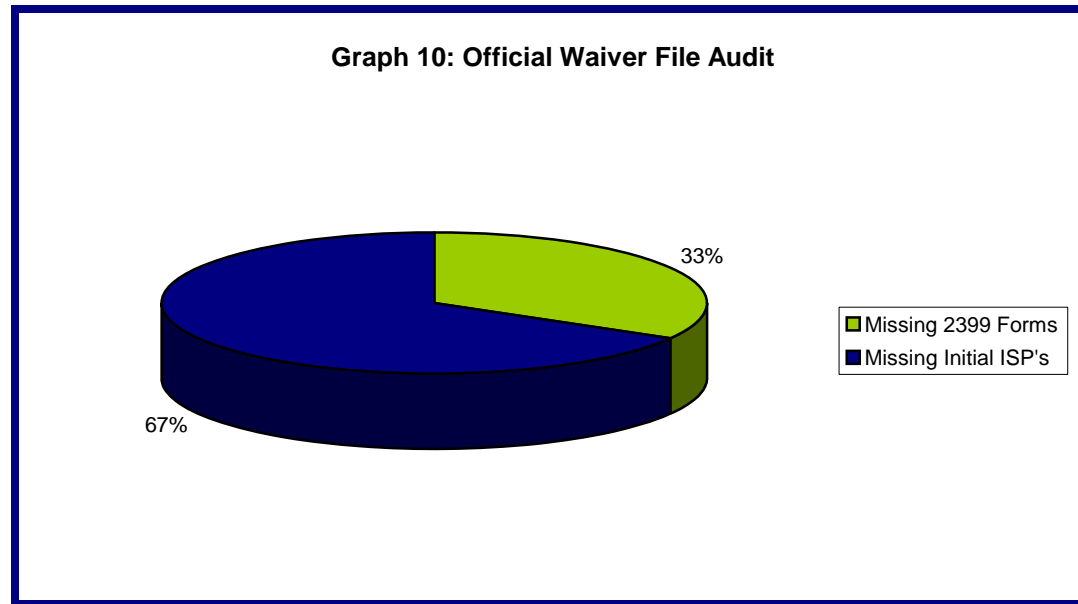
Supported Employment Review - Inclusive Solutions

- The Individual Provider did not receive formal training in community/supported employment or have one year experience providing supported employment services.

Homemaker/Personal Care and Transportation – ECI, Inc.

- Employee files reviewed did not have evidence that the employees signed a pre-employment statement indicating that the employee will notify the employer if they are formally charged with, convicted of, or plead guilty to any disqualifying offenses.
- Employee files reviewed did not have a process identifying a periodic review of employee's license.
- Employee file reviewed did not have a valid driver's license.

Graph 10: Indicates the results of an *Audit Completed of 90 Official Waiver Files* for 2399 Forms and Initial Individual Service Plans (ISP). The 2399 Form is a referral for enrollment in the Home and Community Based Services waiver program.



A follow-up review was conducted on December 29, 2005. Out of the ninety Official Waiver Files reviewed, the following results were noted:

- All 2399 Forms were noted to be in the files with the exception of four files
- All initial ISP's were noted to be in the files with the exception of fifteen files

**Major Unusual Incidents
2005**

The following data includes the number of Major Unusual Incident investigations completed throughout the year of 2005. The information includes all categories of incidents. Information regarding cases that were substantiated and unsubstantiated is included in this report.

Type Of Investigation	January	February	March	April	May	June	July	August	September	October	November	December	Total
<i>Abuse (Physical)</i>	1	2	1	2		4		2	3	3			18
<i>Abuse (Sexual)</i>		1											1
<i>Abuse (Verbal)</i>				1				2	2				5
<i>Neglect</i>		1		2	2			1	1	1			8
<i>Misappropriation</i>		3			1	1	1			1	1	1	9
<i>Attempted Suicide</i>										1			1
<i>Death</i>							1	1	1	1	1		5
<i>Hospital Admission</i>		6	3	1	4	4		2	3	3	1	2	29
<i>Injury</i>	3		2	2				2	1			1	11
<i>Law Enforcement</i>	1	1	2		4			2	1	1	1	1	14
<i>Medical Emergency</i>													0
<i>Missing Person</i>		1	1										2
<i>Relocation</i>	1	1							1			1	4
<i>Rights Violation</i>													0
<i>Unapproved Behavior Support</i>	3	2		2		2		2				2	13
<i>Series of Similar Incidents</i>													0
<i>Failure to Report</i>													0
Total	9	18	9	10	11	11	2	14	13	11	4	8	120

* Note: These incidents occurred at all settings including: Workshop, Residential, Community, School, and other settings.

**Major Unusual Incidents
2004**

The following data includes the number of Major Unusual Incidents investigations completed throughout the year of 2004. The information includes all categories of incidents. This information is included to show comparison in number of investigations in 2005.

Type Of Investigation	January	February	March	April	May	June	July	August	September	October	November	December	Total
<i>Abuse (Physical)</i>			1			2		3	3				9
<i>Abuse (Sexual)</i>						1	2		1	1			5
<i>Abuse (Verbal)</i>							1		2			1	4
<i>Neglect</i>	2			1	1		3				1	1	9
<i>Misappropriation</i>			1		2	1	1	1			1	2	9
<i>Attempted Suicide</i>													0
<i>Death</i>		1							3				4
<i>Hospital Admission</i>	1	1	2		2			2		4	1	4	17
<i>Injury</i>		1		2	2		2	1				1	9
<i>Law Enforcement</i>	1	1		1	1				3				7
<i>Medical Emergency</i>				2						1			3
<i>Missing Person</i>			2										2
<i>Relocation</i>	2									1			3
<i>Rights Violation</i>													0
<i>Unapproved Behavior Support</i>	1		1				1	1		1	3		8
<i>Series of Similar Incidents</i>													0
<i>Failure to Report</i>													
Total	7	4	7	6	8	4	10	8	12	8	6	9	89

* Note: These incidents occurred at all settings including: Workshop, residential, community, school, and other settings.

Comparison of Major Unusual Incident Investigations Conducted Between 2004 and 2005

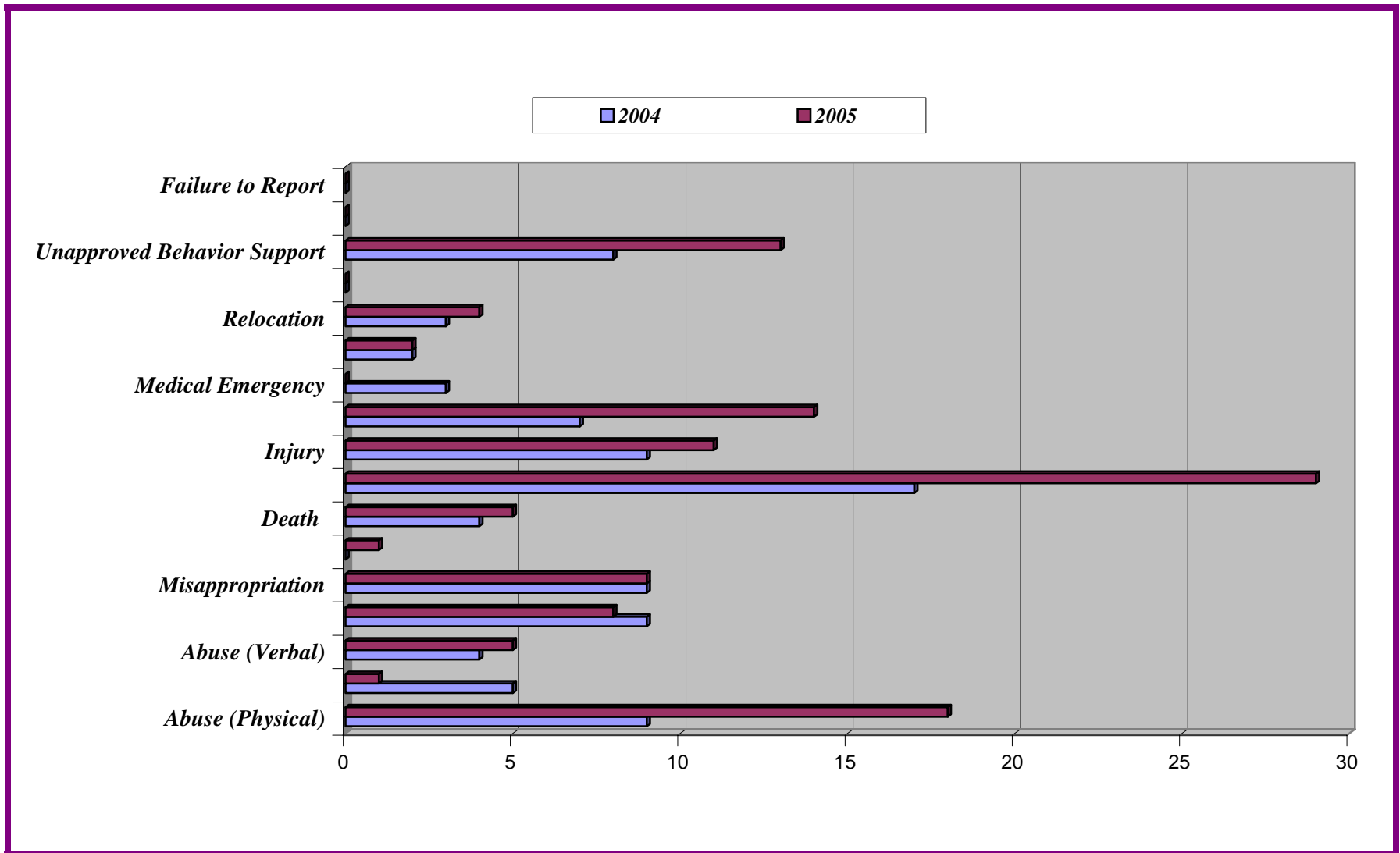
Overall there was an increase of 31 Major Unusual Incident investigations completed for 2005. As shown above, the most significant increase is in Unapproved Behavior Support, Law Enforcement, Hospital Admissions, and Physical Abuse. The increase in Unapproved Behavior Supports could be a result of increased awareness and training. Staff are required to report when there is crisis intervention. These are not negative incidents and are often used to improve the services provided to the Individual.

In regards to the increase in Law Enforcement, there was a pattern found with one Individual that accounted for four of those incidents. Several other of these incidents involved Children Services and children that were receiving little services through the County Board.

In 2005, the hospital admissions were a result of twenty-one incidents related to medical/health reasons. The remaining seven were results of psychiatric evaluations. An increase in hospital admissions is random based on issues such as the spread of infection. Psychiatric evaluations are also random and determined by the needs of the Individual at that time.

Finally, there was an increase in reports of Physical Abuse. However, compared to 2004, which had three substantiated investigations of abuse, the year 2005 had five substantiated cases of physical abuse. This shows that there was not necessarily an increase in physical abuse for 2005. Some investigations resulted in fabrication by an Individual or hearsay, which was found to be false. An investigation is initiated when abuse is alleged, regardless if it is alleged by staff, family or the Individual.

Graph 11: Indicates the *Comparison of Major Unusual Incidents Investigations Conducted Between 2004 and 2005*



* Note: These incidents occurred at all settings including: Workshop, residential, community, school, and other settings.

Provider and Major Unusual Incidents (2005)

The following data is correlated for each provider and how many of each Major Unusual Incidents were investigated involving the Individuals they serve. This does not mean that every investigation occurred at the residential setting. Some of these incidents/investigations occurred in the community, workshop or other settings. This represents the number of investigations that were conducted correlated with who provides residential services for the Individual.

Types of Investigation	ECI Inc	Elmwood Centers	Flat Rock Care Center	ISS	Partners In Community	Renaissance House	Vinewood	Wynn-Reeth
<i>Abuse (Physical)</i>		2		1			2	5
<i>Abuse (Sexual)</i>								
<i>Abuse (Verbal)</i>	1		1		1			2
<i>Neglect</i>		1	1					5
<i>Misappropriation</i>		2		1				2
<i>Attempted Suicide</i>								1
<i>Death</i>	1	1				1		
<i>Hospital Admission</i>	3	4	2		3	1		6
<i>Injury</i>		2		1				6
<i>Law Enforcement</i>					4			3
<i>Medical Emergency</i>								
<i>Missing Persons</i>			1					1
<i>Relocation</i>				2				2
<i>Rights Violation</i>								
<i>Unapproved Behavior Support</i>			1	2			2	6
<i>Series of Similar Incident</i>								
<i>Failure to Report</i>								
Total Number of MUI's	5	12	6	7	8	2	4	39
Total Number of Residents Served	26	9	3	12	6	7	8	58
Rate of incidents in %	19%	133%	200%	58%	133%	29%	50%	67%

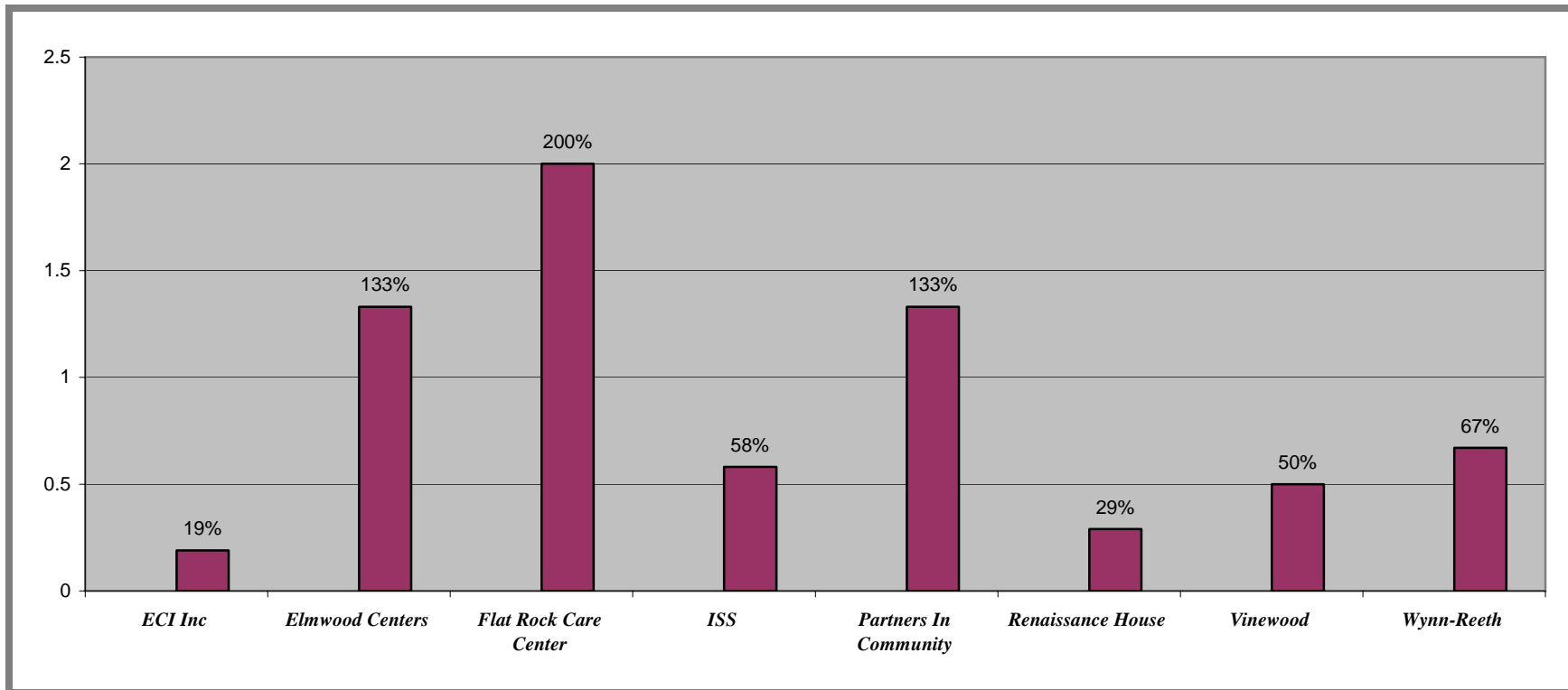
Please note: The following Providers were not included as a result of having no incidents:

- * Luther Home of Mercy (Serving 4 Individuals)
- * Steps (Serving 2 Individuals)

Graph 12: Indicates the *Rate of Major Unusual Incident's Per Residential Provider (2005)*

This information shows the rate in relevance to the number of Individuals each Provider serves. Flat Rock has the largest percentage as a result of having 6 incidents and serving 3 Individuals. This is a large amount of incidents for a small number of Individuals.

Elmwood Centers also had a high rate of incidents. However, it is important to note that Elmwood Centers serves a larger population of Individuals that are elderly. This population results in more incidents involving hospital admissions, injuries and death. Partners in Community had a high rate of incidents, however this is partly because of a pattern of the same incidents occurring. An Individual served by Partners in Community had repeated involvement with law enforcement, resulting in an incident each time. Each time this Individual was charged or incarcerated, a separate investigation was conducted. This accounted for three of the incidents, which in turn resulted in a higher number of incidents for Partners in Community. This particular pattern is being addressed by the Individual's team to reduce the frequency of involvement with law enforcement.



Protocol Cases (2005)

Protocol Cases include, Abuse (physical, sexual and verbal), Neglect and Misappropriation. These cases are either substantiated or unsubstantiated. Protocol Cases require notification to law enforcement for every investigation. There were a total **forty-one** protocol cases. These include:

- Eighteen allegations of physical abuse
- One allegation of sexual abuse
- Five allegations of verbal abuse
- Eight allegations of neglect
- Nine allegations of misappropriation

Of the nine allegations of misappropriation:

- Six allegations occurred at the residence where the Residential Provider is involved.
- One occurred at the Family Home which is residence for that Individual.
- One occurred at a residence in which the Individual owned.
- One occurred at a place of community employment.
- Four involved residential staff as the perpetrator, one family member, one girlfriend of the Individual, and three perpetrators were unknown.

Of the eight allegations of neglect:

- Three were allegations of lacking care.
- Three of lacking treatment and two of lacking services.
- Four incidents occurred at the residence where the Provider is involved, one at the Family Home, which is residence for that Individual, one at the School of Hope, one at the Sandco Workshop and one involved an allegation when an Individual was incarcerated the Sandusky County Jail.
- Six staff (one workshop staff, one school staff and four provider staff) were involved as the perpetrators, one family member was the perpetrator and one involved the investigation involving staff at the County Jail.

Of the five verbal abuse allegations:

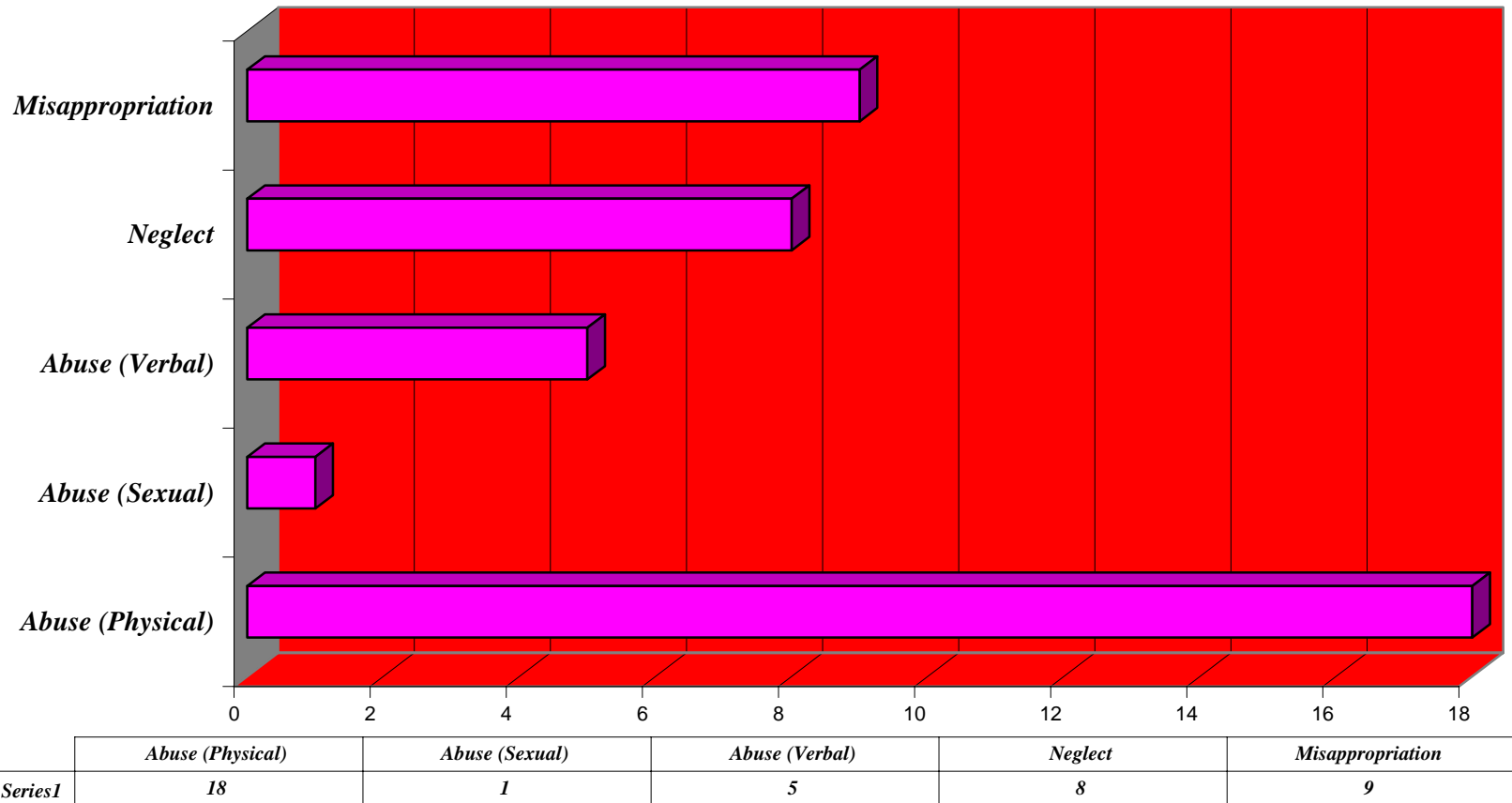
- Three occurred at the residence where the Provider is involved.
- One occurred at the Family Home, which is residence for that Individual.
- One occurred on County Board transportation.

Of the eighteen physical abuse allegations:

- Five occurred at the residence where a Provider is involved.
- Six occurred at the Family home, which is the residence for that Individual.
- Four occurred on County Board transportation, and three occurred at the Sandco Workshop.
- Four involved a peer as the perpetrator, nine as the staff who provided services (residential or workshop) and five perpetrators were family members.

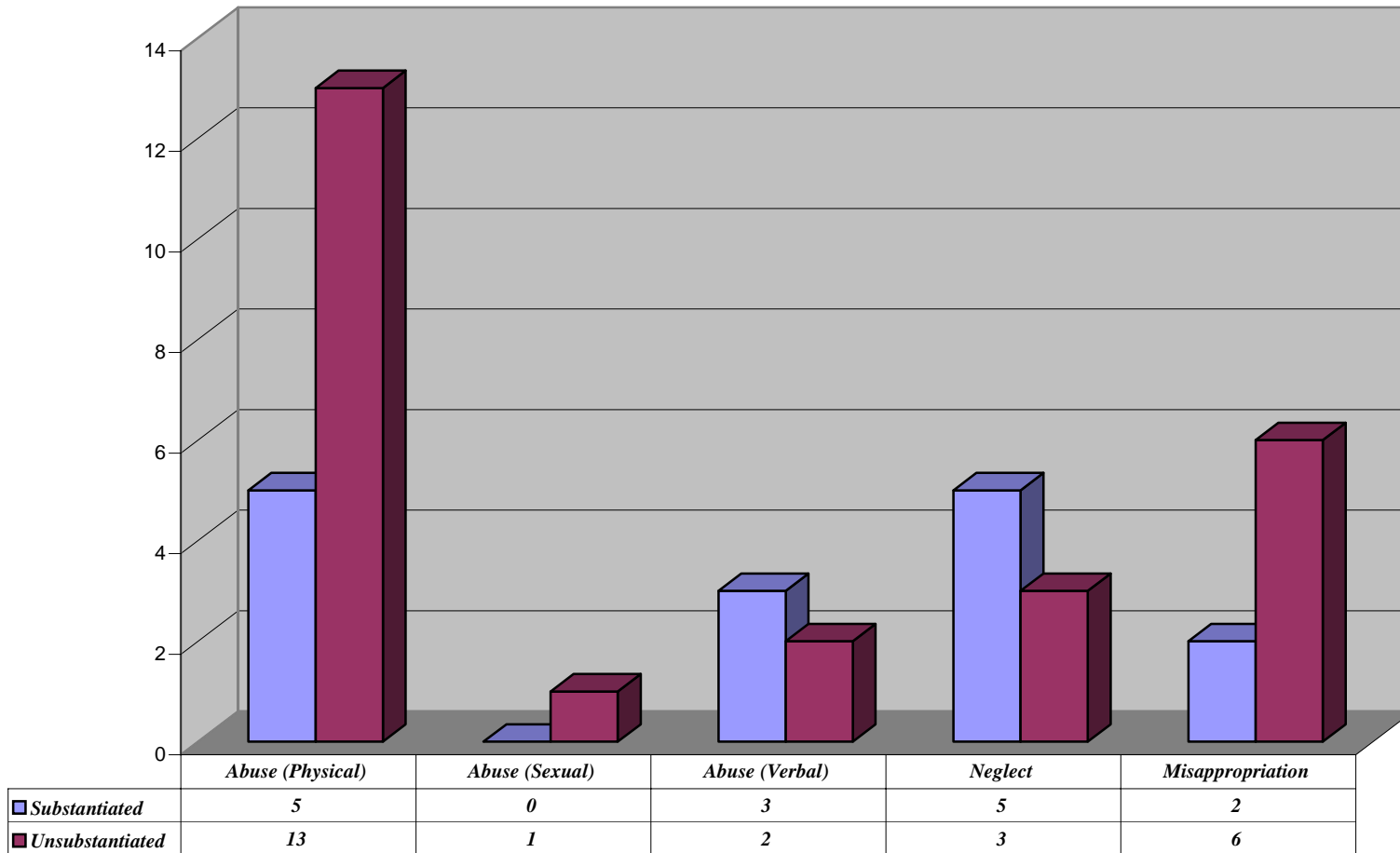
The sexual abuse allegation occurred at family home and involved a peer. This allegation was unsubstantiated.

Graph 13: Indicates the *Number of Protocol Cases* (abuse, neglect and misappropriation) that were investigated.



Graph 14: Indicates the *Number Of Investigations That Were Either Substantiated/Unsubstantiated Protocol Cases*

Fifty percent of all abuse allegations were substantiated in 2005 and 60% of neglect allegations were substantiated. Allegations of misappropriates were substantiated in 75% of investigations. The perpetrator in the majority of the investigations involved staff (five investigations). All investigations with staff as the perpetrator were substantiated.



Summary Of Positive Outcomes And Accomplishments For 2005

- ❖ Individuals served, families, guardians are satisfied with the Sandusky County Board services and Residential Providers.
- ❖ Residential Providers continue to be supportive with the developing of the Quality Assurance Department at the County Board level.
- ❖ Technical assistance from quality assurance department has resulted in an increase in education on delivering quality services.
- ❖ A total of eight trainings were provided to Residential Providers in the areas of seizure disorder, limiting medication errors, and medication administration.
- ❖ Fourteen hours of continuing education was provided to the SSA's on the topics of medication administration and health care monitoring.
- ❖ A total of eight trainings with Residential Providers and SCBMR/DD staff in the area of Major Unusual Incidents.
- ❖ The SSA Department of SCBMRDD and Residential Providers have shown great improvement regarding compliance to medication administration assessment mandates.
- ❖ Service environments are safe and free of hazards.
- ❖ Two Being Safe Classes were completed over 2005. Both classes consisted of five women that receive services with the SCBMRDD. This class teaches the women how to protect themselves in their home and community. The classes are 9 weeks in length with one class per week. This is a successful program and will continue with future classes. There is currently a curriculum in progress for men.
- ❖ Residential Provider agencies report, investigate, track and monitor Major Unusual Incidents and Unusual Incident Reports appropriately.
- ❖ Sandusky County Board and Residential Provider agencies protect the rights of persons served.
- ❖ A committee was developed including staff from the Residential Providers whose responsibility includes quality assurance tasks and the SCBMR/DD Quality Assurance staff. This committee meets routinely to discuss quality assurance concerns and share ideas to further enhance service delivery.