



# Head Injury Association Compliance and Quality Assurance Work Plan 2026

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## **I. EXECUTIVE SUMMARY**

Head Injury Association provides a full spectrum of services to adults with developmental disabilities and traumatic brain injuries, including residential programs, day habilitation, community habilitation training, and supported employment opportunities. The organization is committed to promoting the health, safety, and overall quality of life of every individual it serves, while maintaining strict adherence to all applicable federal and New York State regulations.

This Quality Assurance and Compliance Plan serves as the framework for Head Injury Association's ongoing efforts to ensure excellence in service delivery, regulatory compliance, and organizational accountability. The Quality Assurance component emphasizes a person-centered approach, focusing on continuous monitoring, evaluation, and enhancement of programs to safeguard the rights and well-being of service recipients and to optimize outcomes across all domains of care. By executing a Comprehensive Quality Assurance Plan, Head Injury Association systematically collects, analyzes, and acts upon data from internal and external surveys, satisfaction assessments, incident reports, compliance investigations, and performance metrics to drive Assurances and maintain the highest standards of service.

The Compliance Work Plan complements these efforts by identifying potential fiscal, operational, and regulatory risks, establishing monitoring and auditing protocols, and implementing corrective and preventive measures. Through proactive risk assessment and ongoing oversight, the plan ensures that Head Injury Association mitigates vulnerabilities, maintains ethical and legal standards in all business practices, and remains fully aligned with regulatory expectations. Together, the Quality Assurance and Compliance initiatives provide a cohesive framework that prioritizes the safety, dignity, and satisfaction of the individuals served, while supporting transparent governance, continuous Assurance, and sustained organizational excellence.

## **II. MISSION**

As a team we work together to fulfill Head Injury Association's mission, "To ensure that survivors of traumatic brain injuries maximize their potential for recovery and are provided the necessary tools to achieve the valued outcomes of Individualization, Independence, Integrations and Productivity." We strive, by political and educational means, to ensure that all individuals served by Head Injury Association receive the necessary medical, rehabilitation, vocational and recreational supports available and are able to live with dignity in a comfortable and accessible environment within their community. Our goal is that quality management measures yielded from internal reviews, training sessions, investigations and on-going QA/QI activities resulting in the Annual Report to the

Executive Director will be used as a reference point as to maintain Head Injury Association's standards of upholding dignity and care to all persons served.

### **III. SCOPE OF THE QUALITY ASSURANCE PLAN**

#### **Quality Assurance & Compliance Work Plan**

The Quality Assurance & Compliance work Plan is developed through the evaluation of Agency wide systems via an annual risk assessment, which identifies, evaluates and prioritizes potential areas of regulatory, operational, clinical and financial risk. The results of the risk assessment drive the development of the annual Quality Assurance & Compliance Work Plan. The Plan requires continuous monitoring of changes to service delivery systems and regulatory expectations, including updates issued by OPWDD, the Centers for Medicare and Medicaid Services (CMS), and other relevant oversight agencies. The plan also incorporates review of new interpretations of federal and state requirements to ensure timely implementation of necessary policy, procedural, and operational changes.

Together, the Risk assessment and Quality Assurance & Compliance Plan support Head Injury's commitment to providing high-quality services in a safe, supportive environment while ensuring compliance with OPWDD regulations and maintaining the trust of individuals served, their families, and regulatory authorities. The Quality Assurance & Compliance Work Plan overviews the multi-faceted ways the Agency accomplishes compliance via targeted operations and goals throughout the year in the Quality Assurance & Compliance Program.

#### **Quality Assurance & Compliance Program**

Head Injury Association's Quality Assurance & Compliance Program operates under the authority and oversight of the Compliance Committee, which is responsible for guiding, monitoring, and evaluating the organization's quality and compliance activities. The Committee meets on a quarterly basis to review performance data, compliance findings, incident trends, risk management activities, and Quality Assurance initiatives across all OPWDD-certified programs.

The Board of Trustees retains ultimate authority and governance responsibility for the Quality Assurance & Compliance Program. The Board reviews, provides input on, and formally approves the Quality Assurance & Compliance Plan on an annual basis, ensuring that the plan remains current, effective, and aligned with OPWDD requirements, organizational mission, and strategic goals.

The Quality Assurance & Compliance Department is responsible for identifying, monitoring, and making recommendations to ensure compliance with existing and revised regulatory requirements, OPWDD administrative directives, policies, and guidance. This includes ongoing review of service delivery systems and operational practices to ensure alignment with OPWDD expectations, Medicaid program requirements, and applicable federal regulations.

The Senior Director of Corporate Compliance & Quality Assurance serves as Head Injury's designated Compliance Officer and oversees the organization's comprehensive compliance program. The program is designed to ensure adherence to federal and state regulations,

including the Office of Inspector General's work plan for Medicaid and Medicare, and to uphold the highest ethical and legal standards in all business relationships.

Under the direction of the Senior Director, the Quality Assurance Department conducts comprehensive ranges of regulatory-driven and performance-based activities. These include but are not limited to: incident management and investigations in accordance with OPWDD Part 624 regulations; internal audits and compliance reviews; ongoing compliance monitoring activities; risk identification and mitigation; performance Improvement initiatives; and oversight of privacy and confidentiality requirements. These activities are designed to promote continuous quality Improvement, protect the health and safety of individuals receiving services, and ensure organizational accountability.

Head Injury Association's Quality Assurance Department has primary responsibility for the coordination and oversight of Quality Assurance processes, Compliance, Performance Improvement, Risk Management, and Privacy across all OPWDD-certified programs and administrative functions. These processes are integrated to support data-driven decision-making, identify trends and systemic issues, and implement corrective and preventive actions as needed.

## **IV. Providing Direction and Support**

### **Governance**

The KINEXION governance contributes to the success of our mission to stand as an operational model of excellence and sustainability, equipping our network providers with the financial strength and resources to deliver lifetime care. The role of the Boards of Directors is to:

- Govern our affiliate providers by establishing broad goals and objectives.
- Select, appoint, support, and review the performance of the Executive Directors.
- Ensure the availability of adequate financial resources.
- Approve annual budgets and strategic planning.
- Account for the ethics, compliance, and performance of the affiliate providers.

### **Leadership Committee**

Chaired by Head Injury Association's Executive Director, members include Senior management from every Head Injury Association's department and may also include Kinexion Administrative Staff or Affiliate Executive Directors.

### **The Corporate Compliance Committee**

The Corporate Compliance Committee works in collaboration with the Compliance Officer to review and revise policies and procedures, investigate/document allegations and implement/review/revise the Head Injury Association Compliance and Quality Assurance Work Plan.

The Corporate Compliance Committee includes a diversified membership that includes a cross-section of each department. Members include, but are not limited to, senior level management, representatives from major services, representatives from Human Resources and representative from the Board of Directors. A Board of Director' member was selected by the

governing body of the Board of Directors to represent at the local level. It is intended that their involvement in the review of the Head Injury Association Compliance and Quality Assurance Work Plan would represent approval of the Board of Directors.

Meetings are held regularly (quarterly or more often if needed). Minutes are recorded and maintained. The minutes are shared with Head Injury Association's Executive Director for reporting purposes. An annual report is developed and shared with Head Injury Association's Executive Director for reporting to the Board of Directors.

## **V. Desired Agency Achievements**

As Head Injury Association expands its services, it becomes even more important that we continue to be proactive in our efforts to continue to provide the services that are best suited for those receiving services. Active monitoring and auditing internal data reflected in our performance in external review is relevant to the overall review environment in which we operate.

As additional scrutiny is being placed on State and Federal sponsored programs from all levels of government, more and more regulations are being implemented and those existing regulations are being interpreted more and more conservatively.

The following Agency Achievements have been developed to assist in reaching Head Injury Association's benchmarks.

- Establish and maintain an integrated, coordinated, and ongoing monitoring system that supports the development, implementation, and continuous evaluation of the Quality Assurance & Compliance Program.
- Ensure the appropriateness, adequacy, effectiveness, and quality of services and supports provided to individuals, with a focus on health, safety, rights, and person-centered outcomes.
- Promote the timely identification, analysis, and resolution of quality, compliance, and performance issues through proactive monitoring and corrective action.
- Ensure compliance with all applicable federal, state, and local laws and regulations, including OPWDD, Medicaid, licensing, and accreditation requirements.
- Identify, share, and implement best practices across programs and service settings to promote consistency, effectiveness, and continuous Assurance.
- Enhance the quality of life and quality of care for all individuals receiving services by supporting positive outcomes, choice, and community inclusion.
- Minimize organizational risk through the development, implementation, and ongoing review of effective systems, internal controls, and policies and procedures.
- Execute comprehensive staff training initiatives to guarantee compliance with OPWDD, Medicaid, and legal standards.
- Ensure compliance with HIPAA and other applicable privacy and confidentiality requirements, and to promote the protection of individual health information.

## **VI. Quality Achievement Processes-Quality Assurance Internal Reviews**

### **Compliance & Quality Assurance Process**

The Head Injury Association Compliance and Quality Assurance process is based upon Federal and State Regulations. This process has been formulated to conduct scheduled reviews based

on regulatory requirements at the department level to ascertain the facility's level of regulatory compliance. Issues identified as requiring Assurance are brought to the Head Injury Association Leadership Committee and Compliance Committee, respectively, for process and system review, revision of current practices and policies to improve overall outcomes.

The intention of such a process is to compliment administrative activities at all program sites to maintain current Head Injury Association standards of care. In addition to this basic foundation set forth by Head Injury Association's Mission, data is collected from prior New York State Office of Persons with Developmental Disabilities (NYS OPWDD) fiscal, re-certification and annual reviews; emphasis being placed on citations common to particular reviewers and specific to Head Injury Association's protocols and procedures. The information is used as a tool to maintain the quality of Head Injury Association's services and to prepare for fiscal, re-certification or annual reviews conducted by external agencies.

### **Internal Survey/Internal Audits**

Head Injury Association conducts a structured Internal Survey and Audit process to evaluate compliance with OPWDD regulations, administrative directives, and program-specific requirements, and to support continuous quality Assurance across all service settings.

- An annual Internal Audit schedule is developed by the Quality Assurance & Compliance Department at the beginning of each calendar year.
- Internal Audits are conducted for each program and service site using standardized tools based on applicable OPWDD regulations, Medicaid requirements, and organizational policies. Audit reviews may include, but are not limited to, the following focus areas:
  - Health supports and medication administration
  - Personal funds management
  - Individual choice, autonomy, and satisfaction
  - Safeguards, services, and supports
  - Rights and protections
  - Billing standards
  - Site safety and environmental conditions
  - Fire safety and emergency preparedness
  - Specialized risk factors
  - Staffing levels, qualifications, and required training
  - Privacy, confidentiality, and HIPAA compliance
  - Service plans, goals, and documentation
- Comprehensive written audit reports are generated for each review and disseminated to the Vice President of Residential and Day Services, the respective Program Director, and/or their designee, for review and follow-up.
- Programs are responsible for developing and implementing corrective action plans to address identified findings and concerns. Programs must maintain documentation of corrective actions taken and supporting evidence of compliance for review and follow-up monitoring.
- As part of the internal audit process, the Quality Assurance Department evaluates site compliance with OPWDD person-centered planning principles and philosophies. Areas of review may include, but are not limited to, individual choice, accessibility, individuality, dignity, and opportunities for meaningful community integration.

- Internal audit findings are trended and incorporated into Head Injury’s Quality Assurance, Risk Management, and Compliance activities to support systemic Assurance and sustained regulatory compliance.

## **External Surveys/Audits**

Head Injury’s Quality Assurance Department coordinates and supports programs throughout the external survey and review process conducted by OPWDD and other regulatory or oversight agencies. The Department also,

- Provides guidance, technical assistance, and ongoing support to programs before, during, and after external surveys to ensure readiness, accurate documentation, and effective communication with surveyors.
- Collects, review, and analyzes findings, citations, and outcomes from external surveys, audits, and reviews to identify trends, systemic issues, and areas of risk across programs.
- Develops and provide organization-wide, data-informed recommendations for corrective and preventive actions to address survey findings and strengthen compliance, service quality, and operational consistency.
- Monitors the implementation and effectiveness of corrective action plans and incorporate survey results into Quality Assurance, Risk Management, and Compliance activities to support continuous Assurance and sustained regulatory compliance

## **2026 Targeted Performance Assurance Goals:**

### *Improve Employee Retention*

1.
  - Goal: Increase average tenure of new hires.
  - Strategies: Conduct samples of survey interviews with new hires; analyze separation trends; implement targeted retention strategies based on feedback.
  - Measurement: Review the Percentage of employees that remain employed more than 6 months after date of hire for 2026.
2. *Improve Accountability of PNA and personal spending*
  - Goal: Reduce occurrences of personal allowance mismanagement
  - Strategies: Continue Personal Needs Allowance trainings for new management staff within the first 90 days of hire before transferring funds into their custody; Implement the voucher system throughout all programs; Implement additional agreement standards for the handling of PNA, review all measures including training/tracking/oversight to ensure compliance across programs. Conduct continued support trainings to assist in the proper accounting of expenditures. Institute guidelines for increased oversight and management. Conduct Personal Allowance audits
  - Measurement: Decrease the number of Personal allowance infractions per quarter
3. *Decrease Driving Infractions in Agency Vehicles*
  - Goal: Reduce driving infractions significantly in comparison to 2025.
  - Strategies: Enhance fleet with vehicles equipped with backup cameras and dashboard alert systems; monitor driving incident data. Review the driving training curriculum presented to new hires

- Measurement: Decline in the Number of reported infractions per quarter via periodic reviews.

4. *Increase Internal Review Processes*

- Goal: Increase the number of Internal Reviews conducted across programs.
- Strategies: Establish a comprehensive audit plan overviewing all areas the Quality Assurance Department will cover for 2026. Conduct comprehensive internal surveys to Identify and correct site-based and systemic issues; monitor trends and implement corrective action plans.
- Measurement: Increase in programmatic compliance via a decline in site-specific issues, identification of trends early leading to deficiency-free regulatory surveys.

5. *Improve Timely Compliance with OPWDD Incident Reporting*

- Goal: Achieve 90% or higher compliance with regulatory timeframes for closure of abuse/neglect allegations and significant incidents in IRMA.
- Strategies: Hold weekly monitoring meetings; track investigations using spreadsheets and running reports in IRMA; ensure corrective actions are implemented promptly.
- Measurement: Percentage of allegations of abuse/neglect and significant incidents closed within required timeframes. Performance target=90% plus.

6. *Increase the Compliance Program's Effectiveness*

- Goal: Complete a Program Effectiveness Review to assess the functioning of the Compliance program.
- Strategies: Evaluate sections of the Compliance program quarterly to determine operational functioning. Identify areas of vulnerability, non-compliance via monitoring periodic audits of training activities, testing record samples. Conduct surveys of compliance areas to determine adherence/compliance. Revise detailed standards of conduct that all employees and agents are required to follow via the Compliance Handbook. Review a sample of employee compliance test answers, conduct random surveys of staff's knowledge of the program via utilizing compliance test questions.
- Measurement: Improved responses to compliance areas and staff awareness. Increase in employees that understand and apply legal and ethical standards in their daily work whereby promoting compliance with OMIG Part 521 regulations, promoting ethical conduct and maintaining regulatory readiness.

7. *Enhance Compliance Helpline Reporting*

- Goal: Review Agency Compliance posting for accessibility, and applicability with current reporting mechanisms.
- Strategies: review the use of IT enabled supports for a QR code leading to a designated reporting area. Conduct testing of the hotline to ensure its is operational., review compliance hotline postings at sites, establish a hotline tracking log.
- Measurement: Improved accessibility and awareness of compliance program

## **VII. Monitoring Activities**

The following activities will be subject to ongoing compliance monitoring or periodic audits conducted in accordance with OMIG Part 521 regulations. Audits will include a defined scope

encompassing review of policies, processes, documentation, oversight mechanisms, and corrective actions as appropriate to assess effectiveness and regulatory compliance.

## **Exclusion Screenings**

The Kinexion network has established robust internal controls to ensure ongoing compliance with OMIG Part 521 regulations. Valenz, an independent vendor, conducts monthly exclusion screenings to verify that all Head Injury employees, physicians, vendors, and board members are not listed on the OIG or OMIG exclusion databases. The Compliance Officer receives the results directly each month and reviews them for any potential issues. Human Resources receives the exclusion results for all staff to ensure proper personnel oversight, while Support Services communicates monthly updates to the Compliance Officer regarding any new vendors requiring screening. Should an excluded individual or entity be identified, management is immediately notified to prevent any inappropriate billing or participation in federal or state programs. These layered controls ensure segregation of duties, timely identification of risks, and proper documentation of compliance activities.

Ongoing monitoring is conducted through a combination of automated and manual oversight to ensure effectiveness and regulatory compliance. The Compliance Officer incorporates the monthly exclusion screening results into the quarterly Compliance Report, which is reviewed by senior management and the Board to identify trends, assess risk, and confirm resolution of any issues. Follow-up procedures are in place to ensure that any excluded providers are removed from billing processes, and corrective actions are documented. Support Services' monthly updates of new vendors, combined with HR's verification of staff records, provide continuous monitoring of all individuals and entities participating in agency operations. This systematic approach ensures that the Kinexion network maintains vigilance over excluded parties, demonstrates due diligence, and preserves program integrity in accordance with OPWDD and OMIG requirements.

## **Incident Reporting**

Head Injury Association encourages and supports a culture of transparency. Maintaining Reportable Incident Reports and related documentation is the responsibility of the Head Injury Association's Quality Assurance Department. The primary function of the incident review process is to enable necessary representatives to become aware of problems, to take corrective measures and to minimize the potential for recurrence of the same or similar events or situations. All strategies developed to prevent incidents from reoccurring will be reviewed to ensure all commitments and monitoring plan guidelines are being met. Incident reports from the previous survey cycle will be reviewed to ensure that Head Injury Association is compliant with all regulations. Should an issue be identified while reviewing the Incident Review Process, this will be reviewed by the Quality Assurance Department in addition to the Incident Review Committee. Under development are key training/in-service topics related to immediate protections as well as specific areas of incident management to be provided by the Quality Assurance department and Training Coordinator.

## **Safety and Security**

Head Injury Association remains committed to ensuring the safety and security of all individuals under their care. Ongoing review of safety systems are conducted to ensure they are enabled and active. Buzz-in systems are installed at all Day program and Corporate offices, camera enabled systems are located on the exterior of respective residential sites to ensure overall security. Updates and enhancements are conducted throughout the year.

Review of the effectiveness of Head Injury Association's emergency preparedness for natural and other disasters are an additional layer of safety and security which are reviewed annually and/or on an as needed basis Review of the newly established Site- Specific emergency preparedness and Infection control plans of all sites. The incorporation of a Safety committee to monitor and address oversight of site security and protections is under development and will address deficient areas in care and operations.

## **Safe Patient Handling**

The Head Injury Association's Safe Patient Handling Committee proactively prevents injuries by analyzing data and delivering targeted staff communications, including training modules and informative flyers. Under the oversight of the Chief Health Administrator, the committee develops and routinely reviews systemic policies to ensure comprehensive client protection.

To maintain high standards of care, multidisciplinary teams meet weekly to review the needs of individuals with critical or behavioral health concerns.

## **Limited Fiscal Billing Review**

Limited Fiscal Reviews are completed in coordination with the program success reviews at all HCBS Waiver program sites. This process is retrospective in nature and designed to review all documentation to ensure that program documentation meets NYS OPWDD fiscal review standards. The Head Injury Association's *Limited Fiscal Billing Review Protocol* will also be used to ensure that there is clear documentation of services rendered to justify completed billing.

## **Prospective Billing Reviews**

A review of services billed for is conducted weekly to identify areas requiring review before submission Evaluation of billing and coding accuracy are reviewed at minimum, to ensure billing standards have been met. Precision Care billing was instituted in August of 2025 with staggered rollouts to each program for sustainable outcomes. Departmental transitions from Medisked have successfully occurred within the OPWDD programs, and will now be monitored as retrospective billing.

## **Staff Training**

Head Injury Association ensures that all employees receive support in order to promote an organizational culture that encourages ethical conduct and commitment to compliance with the law. Focus is to ensure the services received by the persons supported meet current Head Injury Association's professional commitments in addition to meeting all quality and fiscal requirements. Staff training providing compliance guidance is provided during mandated initial orientation regularly by supervisors responsible for each program. Periodic training is offered by the Quality Assurance Department in response to compliance issues as they arise.

Written policies and procedures are available to staff upon hire and on an ongoing basis throughout the year. New updates, tied to identified vulnerabilities and/or changes in regulations and policy are published as all policies and procedures are regularly and systematically reviewed/updated. There are policies and procedures in place to support staff training.

The Training Coordinator, Program Managers track OPWDD mandatory training for each of their staff to keep people safe. These mandatory trainings include CPR, First Aid, SCIP, Choking Prevention, Abuse Prevention and Reporting, AMAP, etc., which can potentially lead to serious health concerns. The tracking system will be reviewed by QA during internal reviews to ensure compliance.

Continuum of practices identified in Corrective Action Plans (CAP's) will be addressed via tracking systems and reviewed by the Quality Assurance Department during internal reviews to ensure compliance.

Code of Conduct training occurs during new employee orientation, and bears the required tenets of the NYS Justice Center. All mandated reporters are required to complete the training and attest to their responsibility to uphold the tenets within. Evaluation of documentation for staff initially upon hire and annually is conducted to ensure documentation is compliant with NYS Justice Center and OPWDD requirements.

## **Administrative Oversight of Policies & Procedures**

The Oversight and monitoring of Agency Policies has been charged to senior administration. Policy reviews are now assigned to the Agency's Policy Review Committee which was formed in late 2023. The Policy Review Committee is responsible for the review and approval of all policies. The committee reviews policies by the specific discipline, finalized Policies are maintained in the Executive Offices. Policies are evaluated for appropriateness compliance/effectiveness. Additionally, the Compliance Officer will ensure that all related policies are provided and/or available to all 'Key Persons', Vendors and Contractors.

## **VIII. Satisfaction Surveys**

Head Injury Association evaluates the agency's efforts toward its mission is by implementing an annual Services Satisfaction Survey process with those we serve. Head Injury Association's Satisfaction Surveys' are provided to those we support with the goal of insuring that everyone is given an opportunity to provide feedback about the quality of care received annually.

Satisfaction Surveys are distributed to individuals that use the full range of Head Injury Association's programs and services. The Survey provides the opportunity for the expression of levels of satisfaction with the specific Head Injury Association' service received, the staff that provide those services and the view of the overall quality of Head Injury Association' programs and services.

Survey responses continue to provide validation that the programs and services continue to be considered the highest quality; providing access to activities and opportunities that are specifically designed to meet the needs of each person based upon their individual needs.

HIA Risk Assessment 2026 and Work Plan Checklist

High risk areas identified.

<p>DSP staff turnover/recruitment</p>	<p><i>Defer to Human resources, to be tracked and reviewed with Compliance committee quarterly. HR will focus on tracking recruitment efforts to determine activities that achieve desired results. Baseline data to be reviewed and strategies identified to improve performance.</i></p> <p><i>New Hire Orientation is offered every other week, to facilitate and expedite onboarding.</i></p> <p><i>As part of HIA'S plan to retain staff, HR will review additional enhancements, including but not limited to:</i></p> <ul style="list-style-type: none"> <li><i>Survey check-ins</i></li> <li><i>Follow-up with new staff</i></li> </ul> <p><i>Exit interviews are conducted to gain information on what can help in the future.</i></p>
<p>Theft of personal needs allowance/accountability of PNA and personal spending.</p>	<p><i>Department of Quality Assurance track and ensure that a 25% review is conducted through the Program Review Process. It remains the responsibility of the Residential Directors to review the PA monthly. QA has instituted quarterly reviews and training on PA of each assigned site. New Management staff are trained by QA on PNA in the first 90 day of employment before funds are turned over. The QA Department has instituted measures to enhance expenditure tracking and disbursements.</i></p>

Moderate risk areas identified.

<p>Self-Advocacy</p>	<p><i>The Self-Advocacy Committee was formed in early 2024. Meetings have been designated to occur monthly, with meeting minutes maintained by the moderators. Individual involvement in hiring practices and on IRC are still being explored</i></p>
<p>Effectiveness of Preventative Maintenance Program</p>	<p><i>Audits of systems are ongoing throughout the program reflected in Environmental Review. Maintenance completes semi-annual slip/trip and fall assessments at all sites. Significant Capital Improvement Projects have been completed and are underway in the residential programs.</i></p>
<p>Fire/Life Safety</p>	<p><i>Fire safety oversight provided by program administration. QA conducts reviews of the fire drills to note an additional layer of oversight. QA conducts Pre-environmental reviews before external audits by OFPC. OFPC survey results largely deficiency free. QA has begun to complete varied environmental site reviews to ensure safety issues are identified/reported and resolved.</i></p>
<p>Staff Training</p>	<p><i>There are policies and procedures in place to support staff training. The training Coordinator, Program Managers will track OPWDD mandatory training for each of their staff to keep people safe. These mandatory trainings include, CPR, First Aid, SCIP Choking prevention, Abuse Prevention and Reporting, AMAP, etc. Assessment of each training's effectiveness have led to the incorporation of revamped training measures. The KINEXION Training Center is developing a learning management system targeting specific mandatory trainings.</i></p>

Emergency preparedness plan for natural and other disasters

*The Emergency Preparedness plan required additional measures to meet new requirements instituted by OPWDD. Implementation of Site-specific plans for emergencies and Infection Control measures will be overseen by the Vice Presidential of Residential services, Senior Director of Corporate Compliance & QA and the Chief Health Administrator with continued monitoring followed by HIA's Safety committee.*

Active Shooter/Lockdown procedures

*KINEXION Safety and Security Committee will focus on Active Shooter/lockdown procedures as well as building and IT security. The Executive Director will provide updates to the QA/compliance committee and/or senior administration via Managers meetings. HIA's active shooter/lockdown procedures replicated from FEMA /Homeland security guidelines. Projected trainings and vulnerability assessments are pending the involvement of Suffolk County Police Dept-Homeland Security Division.*

Low risk areas identified.

<p>Administrative Oversight to ensure adherence to policies &amp; procedures.</p>	<p><i>Oversight and monitoring charged to senior administration. Policy reviews are now assigned to the Agency’s Policy Review Committee which was formed in late 2023 and be responsible for review and approval of all policies. The committee’s responsibility is the review of policies by the specific discipline. Finalized Policies are maintained in the Executive Office. A centralized database for staff access has yet to be determined. In addition, the Compliance Officer will ensure that all related policies are provided and/or available to all ‘Key Persons’, Vendors and Contractors.</i></p>
<p>Safe Patient Handling</p>	<p><i>The Safe Patient Handling Committee will continue to address topics of focus through review of data and publishing informative flyers, training and other forms of communication with staff in hopes of preventing future occurrences. Policies will be developed to ensure that all areas of client care and protections are addressed systemically.</i></p> <p><i>Ongoing oversight of the program of the safe handling committee is provided by the Chief Health Administrator.</i></p>
<p>HIPAA Compliance</p>	<p><i>The Compliance Officer is responsible for oversight, monitoring, and investigations. The Compliance Officer will ensure that HIPAA incidents are reviewed quarterly at the Compliance Committee meeting and is responsible to report breaches to the Office of Civil Rights.</i></p>
<p>Unauthorized Use of Agency Vehicles</p>	<p><i>Deferred to KINEXION Safety and Security Committee</i></p>

<p>Use of petty cash/p-cards</p>	<p><i>Vice President of Residential and representative of QA/Compliance to establish internal audit process for oversight of petty cash and use of p-cards.</i></p>
<p>Survey preparation.</p>	<p><i>QA conducts program audits as per annual schedule. Results reported at internal audit review meetings. Programs responsible for conducting an internal review of services.</i></p>
<p>The role of the mandated reporter, interrupting and reporting suspected abuse</p>	<p><i>All staff are trained upon hire and annually on incident management and reporting. HIA encourages and supports a culture of transparency.</i></p>
<p>Reporting of vehicle accidents and needed repairs.</p>	<p><i>Defer to HIA &amp; KINEXION Transportation Department is responsible for looking at vehicle accidents, fault, and cost to agency.</i></p>
<p>Maintaining compliance with state and federal regulatory revisions</p>	<p><i>Ongoing assistance and guidance from QA</i></p>

Liability from injuries caused by staff negligence.

*Litigation rate remains low. Ongoing monitoring by senior administration. Defer to Executive Director, plan in development*

Meeting fiduciary responsibility as rep payee for all money entitlements and monitoring of special needs trust.

*KINEXION Assistant Director of Consumer Entitlements oversee benefits and personal needs allowance.*