

**Cornerstone AFC, Inc.**  
**Quality Management Plan 2025**

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***Purpose***

Cornerstone AFC, Inc. administration is committed to the quality, efficiency and effectiveness of the organization. Leadership of Cornerstone works at establishing goals, objectives and performance indicators that help identify areas which need improvement. The organizations leadership team uses input and insights from various stakeholders when addressing areas of needed improvement. Cornerstone's quality management plan establishes framework for quality and accountability to maintain safe and effective services for the individuals served. It is the responsibility of the administration to ensure that the quality management plan (QMP) assists the organization in meeting all Federal and State laws, contractual requirements and regulatory standards.

***Scope of the QMP***

The scope of the QMP applies to all programs and services within Cornerstone AFC, Inc. The objectives of the program are reflected in the organization's mission statement. A represented group of leadership personnel will participate in the quality improvement of the organization.

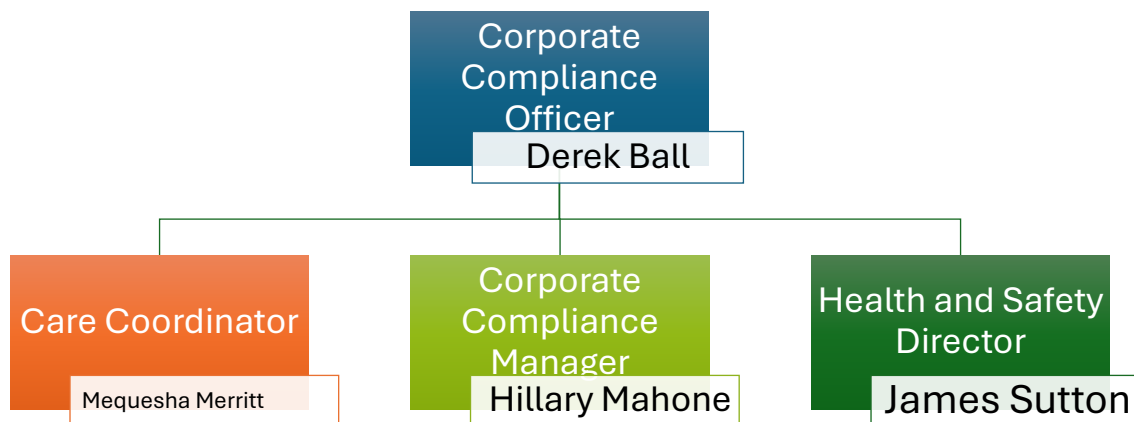
The QMP serves as an ongoing monitoring and evaluation tool that measures Cornerstones outcomes to influence operational decisions for the benefit of the individuals served. The intention is for it to address several functions, including but not limited to the following:

- Improve the quality of services delivered to the persons served.
- Improve efficiencies of managerial and operational processes.
- Reduce waste and cost associated with system failures.
- Promote a positive culture and improvement of service delivery.
- Ensure compliance with regulatory standards.
- Identify areas in which information and communications technology should or could be enhanced.
- Identify and measure the experience of services as related to all stakeholders.
- Identify and measure the need for additional resources to achieve positive results for the organization.

- To identify and measure service access of the organization.
- Ensure that the organization's service delivery is reliable and predictable.

### ***Program Structure***

The following organizational chart displays the structure of Cornerstone/Hernandez Home AFC, Inc. Quality Assurance team



The Quality Assurance team monitors, evaluates and improves the organizational effectiveness, efficiency and the residents' access to services. The team also ensures stakeholder satisfaction by focusing on a continuous monitoring of feedback.

### ***Roles and Responsibilities***

1. The CCO/CEO ensures that the organization's mission, vision and values are considered with the oversight of the Quality Assurance team. In addition, quality assurance measures are considered by the CCO/CEO with the construction of the strategic plan.
2. The CCO acts as the director for quality management and ensures the implementation of the Quality Management Plan. The CCO monitors the communication of the Quality Assurance Team and hosts quarterly committee meetings.
3. The Quality Administrative team includes the following team members:
  - a. CCO
  - b. CCM
  - c. HSM
  - d. Care Coordination Team
  - e. Medical Administrative team
4. Quality Assurance team members participate in a Site Review Schedule and Plan by sharing their expertise with the remainder of the administrative team. It is the responsibility of these team members to review opportunities for improvements in performance during weekly meetings with the administrative team. The administrative team will collect data that assists in the success of external site reviews.
5. Quality Assurance team members participate in a Quality Management Plan by sharing their expertise with the remainder of the administrative team.

## Goals

Cornerstone/Hernandez Home AFC, Inc. has goals which are established to maintain the continued quality of the organization. Goals for fiscal year 2025 are as follows:

1. Maintain consecutive perfect site review (audit) scores.
2. Maintain CARF accreditation.
3. Maintain thorough internal site reviews.
4. Maintain stakeholder satisfaction.
5. Increase the delivery/accessibility of policy and procedure to staff body.

## Quality Assurance

Purpose: Cornerstone/Hernandez Home AFC, Inc. prioritizes internal compliance. To maintain compliance, each department will complete an internal review of all homes quarterly. Reviews are

intended to maintain compliance with all governing bodies and contracts. Each department must complete an internal review tool for each home.

Internal review tools can be accessed and filled out on Google Docs. Reviews should be completed for each home in each department by the due date indicated. If a home scores below 80%, the Corporate Operations Officer must complete a corrective action plan. Corrective action plans must be followed at the next quarter review. Every quarter a report is generated regardless of the overall score of the homes to help identify patterns and needs.

	Quarter 1-Due Date	Quarter 2-Due Date	Quarter 3-Due Date	Quarter 4-Due Date	Quarter 1 2025-Due Date
Human Resource Department	February 15, 2025	May 15, 2025	August 15, 2025	November 15, 2025	February 15, 2025
Corporate Compliance Department	February 15, 2025	May 15, 2025	August 15, 2025	November 15, 2025	February 15, 2025
Care Coordination Department	February 15, 2025	May 15, 2025	August 15, 2025	November 15, 2025	February 15, 2025
Health and Safety Department	February 15, 2025	May 15, 2025	August 15, 2025	November 15, 2025	February 15, 2025
Medical Department				November 15, 2025	February 15, 2025

### ***External Auditing***

External audits are conducted by each of the organizations contracting agencies.

Cornerstone/Hernandez Home AFC, Inc. strives to obtain perfect auditing scores to avoid any findings for which a corrective action plan should need to be created. Occasionally, the organization falls short requiring a response to the audit through a corrective action plan.



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The organization is committed to timely responses to external regulatory agencies. Once the plan of correction has been submitted, it is the responsibility of the Corporate Operations Officer to ensure that the proposed actions are communicated within the organization.

Cornerstone/Hernandez Home AFC, Inc. will operate in adherence to federal, state and local regulations or laws pertaining to service provision and funding sources. The following actions will be completed once a regulatory agency requires a corrective action:

- The Corporate Operations Officer and Licensee of the location will review the recommendations and develop a corrective action plan in response to the issue.
- The Licensee of the home will develop a corrective action plan in response to the finding.
- The corrective action plan will include a) The individuals affected in the finding b) The corrective action that will create compliance with the violation/recommendation c) Target dates for completion d) How follow up monitoring will be completed and who will be responsible for the monitoring.

### ***External Investigations***

During investigations, the organization is committed to maintaining transparency as one of its guiding values. To ensure that the organization maintains transparency all suspected licensing or resident rights violations are reported promptly.

#### **1) Licensing-**

Licensing corrective action plans are submitted based on the best probable corrective action the licensee can utilize to reduce risk and future occurrence. All licensing rule violations are taken seriously and tracked quarterly. Patterns of recurrence are also analyzed annually as the fiscal year ends. Corrective action plans are kept in the electronic medical records under each community. Corrective action plans are available for review upon request of any governing body.

#### **2) Resident Rights**

Resident rights corrective action plans are also submitted based on the best probable corrective action that the administration can utilize to reduce future occurrence. All resident rights violations are also taken seriously and tracked quarterly. Patterns of recurrence are analyzed annually for the opportunity to discover patterns. All resident rights corrective action plans are kept in the electronic medical records.



### ***Sentinel Events***

Cornerstone/Hernandez Home AFC, Inc. continually acts upon adverse events or occurrences that take place within the organization. Critical incidents/sentinel events utilize a root cause analysis process. This root cause process takes place at the administrative level and is monitored by the Quality Assurance team. The Quality Assurance team analyzes sentinel events for trends and recommendations for increased performance. The Quality Assurance team creates reports bi-annually regarding all critical incidents and sentinel events.

### ***Internal Financial Auditing Review***

The acceptance for federal funding requires Cornerstone/Hernandez Home AFC, Inc. to be responsible residents by continual financial auditing of all incoming and outgoing monies. Our organization adheres to the Generally Accepted Accounting Principles. See Financial Policy for additional details.

### ***Quality Assurance Data Collection***

Data is collected from internal site reviews, internal financial auditing reviews, sentinel events, and corrective action plans quarterly. During administrative meetings, the organizations key players will analyze the reports generated by the Corporate Operations Officer. The reports will identify patterns and concerns of all internal monitoring systems and devise plans of correction.

### ***Input***

1. Data reliability and validity is an essential piece of a Quality Management Program, Cornerstone/Hernandez Home AFC, Inc. ensures that data which is collected is valid and reliable through a sampling of consumer records. The Quality Administrative team will verify that data which is submitted for a consumer is reliable/valid through one of several ways:
  - a. Comparison of analysis against external analysis of contracting agencies or other regulatory entities.
  - b. Monitoring of unexpected or unexplained shifts in performance based upon data used.
  - c. At least annual monitoring and evaluating data collection methods for accuracy and reliability.
2. A strategic plan is devised annually by the administrative team with various input from external and internal stakeholders. The development of a strategic plan will address the organization's short and long-term goals through an extensive environmental scan.

3. Stakeholder Input. Stakeholders have opportunities to give feedback to the team at any time and through the following means:
  - a. Direct contact with an available administrative member. Contact information is available on the organization's website and in the home.
  - b. Through contacts with the care coordination team.
  - c. Formal complaint processes.
  - d. Surveys.

Cornerstone/Hernandez Home AFC, Inc. regularly analyzes and utilizes the input of stakeholders to improve services. Stakeholders include residents, personnel, contractors, and community members.

### ***Risk Management***

Cornerstone/Hernandez Home AFC, Inc. discusses Risk Management amongst the Quality Administrative team weekly during the administrative team meeting. The purpose is to identify potential risk regardless of severity. The Quality Administrative team will continuously identify and analyze risk across all functions and departments within the organization. Risk analysis will be done at minimum annually and when necessary. During the analysis, the Quality Administrative team will adopt practices which will mitigate or reduce risk exposure.

### ***Health and Safety***

To ensure that the organization is in compliance with all health and safety rules/regulations the organizations health and safety/environmental quality is reviewed by the administrative team weekly. Concerns regarding health and safety gathered through weekly contacts of the homes will be discussed by the Quality Administrative team. The team will review the organizations Health and Safety Procedures annually and as needed to ensure accuracy.

### ***Quality Record Review***

The accurate, timely and detailed records of residents is an essential piece of the organizations success. Our organization requires superb clinical records and is committed to maintaining a high level of compliance through a monthly record review. The Quality Assurance Committee will generate a quarterly report to summarize the outcome of performance within the internal site review report on a quarterly basis.

### ***Stakeholder Surveys***



Cornerstone/Hernandez Home uses Quality Assurance surveys to create positive, meaningful change within our corporation. Surveys will provide a way for all stakeholders to be able to give their input to corporate administration and express their personal preferences on organizational operations.

It is a Cornerstone/Hernandez Home AFC, Inc. policy that all residents, and other stakeholders give their input on three components. Those two components focus on our organization's services, and business practices. They are interjected into a survey that is completed by all stakeholders. Additionally, Cornerstone/Hernandez Home AFC, Inc. stakeholders, including Cornerstone/ Hernandez Home AFC, Inc. Administrative team, staff members, new hire classes, case workers, guardians, and parents of residents.

Cornerstone/Hernandez Home AFC, Inc. will complete either an in-person, by mail or over the phone contact with all stakeholders to ensure completion of surveys on a regular basis. This contact will be done at minimum once a year with case managers, guardians, and parents of residents. It will be done at minimum twice a year with the administrative team, staff members and monthly with residents. Also, at each new hire training class a survey will be offered to new hires to complete in regard to their training class.

The input will be continually analyzed. The survey will allow the stakeholder to have input related to the organization's operations. Once a survey is completed a member of the quality assurance team will look over the finished survey and complete the corrective action plan; which is a page focused on a corrective action plan to address any concerns. If there are complaints or concerns that cannot be resolved easily, a formal compliant process will be followed. If there is any need for change this will be noted on the corrective action plan and communicated at the following administrative meeting. A collection of data will be analyzed for trends. If necessary corporate team will develop short and long-term planning goals to complete corrective action plans within our meetings as well as within our strategic plan.



### **Organizational Meetings**

There are four meetings that are held within Cornerstone/Hernandez Home where meeting minutes take place, and therefore will provide documentation on communication of needed changes. These meetings include biweekly corporate team, administrative team, staff, and consumer meetings.

Additionally, the organization has committees which help facilitate communications with the administrative team regarding more specific areas of the business. Committees may change as the needs of the organization change. Committees may include, but are not limited to: Health and Safety, Human Resource, Budget, Project Management, Care Coordination and Quality Assurance. The function of these committees is to ensure that the organization addresses the specific needs of each of these areas.

### **Performance Measures**

Report	Intended Audience	Quarterly	Bi-Annually	Annually	As Needed
Consumer Satisfaction	Administrative Body  Residents  General Public	X		X	
Accessibility	Administrative Body			X	
Strategic Plan Goals/Objectives	Administrative Body		X		X
Internal Review	Administrative Body	X		X	
Critical Incident/Sentinel Event	Administrative Body	X		X	
Risk Management	Administrative Body			X	X

Performance Indicators	Objective	Application	Timeframe	Collection Source	Responsible Personnel	Measure	Performance Target
Each Person - Centered Plan and Behavior Treatment Plan is Signed when received by Resident or Designated Representative.	Effectiveness	Residents	Quarterly	Quarterly Site Reviews	Care Coordinating Team	>95% of Person-Centered Plans and Behavior Treatment Plans are signed within (30) days of admission or upon expiration.	>95%
Occupancy rates will increase by 2% for contract renewal in the new contracting fiscal year.	Efficiency	Contracting Agency  Staff  Residents	Annually	Contract Renewals for all contracts that are new in contracting fiscal year 2025.	Chief Executive Officer	2% increase in contract rates for contracting fiscal year 2025 in at least 50% of contracts to help facilitate annual cost of living increases.	2% increase in occupancy rates for 50% of renewed contracts.

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Timeliness in Completing Admissions	Service Access	Potential Persons Served  Contracting Agency	Quarterly	Admission Tracking on Excel	Care Coordination	Placement should occur two weeks after referral packet submission and acceptance	>80% of approved referrals are placed within two weeks after referral packet submission.
Continue to improve satisfaction survey	Satisfaction	Persons Served	Monthly	Surveys	Care Coordination	The goal is 100% satisfaction among persons served.	100% Satisfaction

## Service Delivery Community Housing Performance Indicators 2025

Performance Indicator	Objective	Application	Timeframe	Collection Source	Responsible Personnel	Measure	Performance Target
Receive CARF Accreditation for Community Housing	Effectiveness	All Stakeholders	February 2025	NA	All Employees	Accreditation Achieved	Accreditation by February, 2025
Increase Agencies Served	Service Access	administration	May 2025	NA	Administration	Increase two new contracting agencies from May 1, 2025- May 1, 2025.	Two new contracting agencies are utilized for contracts within the allotted timeframe.
Improve Staff Performance and Feedback	Satisfaction	Staff Body	Bi-Annual	Increase number of staff participating in surveys and evaluations.	Human Resource Department	>80% Increase in number of staff participating.	100% Participation.
Cross Training for Succession Planning	Efficiency	Administration	Annually	Cross Training in all department to ensure succession planning is adequate.	Administration	Cross training completed by January 1, 2025.	100% cross trained throughout administration.
All Complaints satisfactorily resolved.	Satisfaction	All Stakeholders	Quarterly	Complaints and Resolutions tracked in an excel spreadsheet.	Corporate Compliance	% Increase in resolution to complaints	100% resolution of complaints.

## Business Objective Performance Indicators 2025

### Performance Improvement Information

It is essential that information related to performance improvement is shared with stakeholders. A fundamental component of the Quality Assurance cycle is the distribution of such information such that stakeholders have access to this information and that they have the opportunity to provide feedback. The following guidelines will be followed in order to ensure that performance information is shared on a regular basis and in formats that are useful to all parties.

Stakeholder	Method	Ensuring Usefulness	Timeliness	Feedback Invitation
All Stakeholders	1-Annual Performance Report will provide yearly performance improvement activities.	Performance indicators are monitored closely and measured appropriately.	Annually	Performance report will be accessible on our website.
All Stakeholders	1-The organizations website will contain information related to performance improvement activities including but not limited to: CARF survey report and updates for any performance measures.	Information is presented in a direct, user-friendly manner.	Annually, as needed.	Information will be accessible on our website.
All Stakeholders	The organizations Newsletter will have Quality Assurance Section in each edition in which progress in each area is communicated.	Information is presented in an easy to read format that is user friendly.	Quarterly	Information will be accessible on our communication board located in each home and in the administrative office as well as on the website.

### Review of Policies and Procedures

All Cornerstone/Hernandez Home AFC, Inc. are reviewed at least annually and as needed for accuracy and functionality.

