



Three-Year Accreditation

**CARF**  
**Survey Report**  
**for**  
**Schuylkill**  
**Rehabilitation Center**

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## Organization

Schuylkill Rehabilitation Center (SRC)  
300 Schuylkill Medical Plaza  
Pottsville, PA 17901

## Organizational Leadership

Kristina A. Guers, OTR/L, M.B.A.,  
Director of Rehabilitation Services

Luis R. Visot, M.D., Medical Director

John E. Simodejka, M.B.A., President/CEO, SRC/SHS

Richard Gonzalez, Chairman, Board of Directors

## Survey Dates

October 28-29, 2013

## Survey Team

Susan Trihey, SPHR, Administrative Surveyor

Theresa A. Stevens, Program Surveyor

## Programs/Services Surveyed

Interdisciplinary Outpatient Medical Rehabilitation Programs (Adults)

Single Discipline Outpatient Medical Rehabilitation Programs (Adults)

Single Discipline Outpatient Medical Rehabilitation Programs (Children and Adolescents)

## Previous Survey

November 18-19, 2010

Three-Year Accreditation

**Three-Year Accreditation**

## Survey Outcome

**Three-Year Accreditation**

**Expiration: November 2016**

# SURVEY SUMMARY

## Schuylkill Rehabilitation Center (SRC) has strengths in many areas.

- SRC provides a variety of rehabilitation services in a state-of-the-art treatment facility designed for accessibility, functionality, and comfort.
- There are spacious treatment areas, private exam areas, a separate exercise room, an activities of daily living (ADL) area, an open concept gym, and an aquatic area. The clinic was specially designed to reflect the outdoors with great views, high ceilings, and acoustics given special consideration. It is bright, spacious, and exceptionally well equipped and sets the standard for effective use of space, with the singular focus on meeting patient needs.
- SRC enjoys a well-deserved reputation in the community for providing a comprehensive range of high quality outpatient therapy services to help patients maximize their potential.
- The entire SRC team is complimented for its compassion, dedication, and effectiveness in developing comprehensive individualized treatment programs for each patient. Patients cited that they felt both cared for and challenged while engaged in treatment.
- SRC has a great reputation with referral sources and patients and is heavily involved with community activities. SRC provides resources through its athletic trainers for the local schools, and has provided resources for the local Boy Scouts and Girl Scouts to earn a merit badge in the area of disability awareness.
- SRC demonstrates a strong commitment to community education as evidenced by the number of support groups and Community Health Awareness Talk (CHAT) talks available to patients and members of the community on a monthly basis.
- The executive leadership of SRC is the driving force behind the direction of the organization, promoting the value of the programs and services offered and guiding staff to be involved in all aspects of the organization. The executive leadership has a supportive board of directors that is very involved with the organization. The executive director, CEO, and medical director are accessible to staff and patients, promote the value of the CARF standards, and engage and encourage the staff to participate in various committees that consistently collect and analyze data and set goals for the organization.
- The expertise and long-term rehabilitation experience and leadership of the medical director contribute greatly to the success and stability of the rehabilitation program. He has a deep understanding of the outpatient program and is very accessible to staff and patients. He meets with each therapist individually on a weekly basis and is deeply involved in numerous committees and performance improvement activities.
- SRC benefits from the strong leadership of the director of rehabilitation/executive director. She has been a tireless voice for continuous quality improvement, and is well respected by senior leadership, peers, staff, patients, and referral sources.
- The Cultural Competency and Diversity plan is well researched and thorough, and has been incorporated into the comprehensive Accessibility Plan.

- The strategic planning of the organization is extensive; relevant to the needs of the organization; and, along with financial information, shared with staff and other stakeholders.
- There is a very active Safety Committee that directs that all emergency procedures are followed and tested regularly, incidents are investigated and documented, and internal and external inspections are completed.
- Performance evaluations and competencies are completed annually for all staff, and goals are clearly defined for the next year. The expectation that all staff members will serve on a committee ensures engagement and involvement of the staff with continuous quality improvement. Staff satisfaction is measured annually and is consistently rated high.
- SRC embraces the use of technology and added the use of the iPod touch® device as an innovative way to maintain constant and quick communication with staff and to avoid overhead paging.
- Persons served are actively involved in setting goals and establishing discharge plans. The achievement of goals is addressed through a unified, multidisciplinary team focus and a goal-oriented team treatment.
- The involvement of the psychologist in weekly team rounds as well as his availability to the team are a benefit to patients in the program.
- The SRC team members' knowledge of and commitment to CARF standards are evident throughout all levels and processes in the program. A culture of innovation, education, and continuous quality improvement appears to energize the staff as well as improve the quality of care enjoyed by patients.
- The organization has a sophisticated system for collecting data, organizing and analyzing data, and providing specific outcomes data to all stakeholders. The annual Information and Outcomes Management System at SRC incorporates all business and service delivery information and is shared at all levels of the organization.
- The team communicates continuously in a fluid and effective manner and works well together in the provision of high quality care. Its effective and cohesive work style is widely evident and frequently cited as a strength by patients and referral sources.
- The electronic medical record avoids duplication and promotes efficient movement through the continuum of services as Physical Therapy and Occupational Therapy share the initial assessment. The team has worked diligently and effectively to modify the templates to reflect its unique service needs.
- The SRC team is complimented for its comprehensive chart review processes. There are several committees that review records quarterly to compare performance related to a variety of targets, research trends, and determine actions needed for improvement. These plans are then translated into action at an individual therapist level as well as a discipline level.

**In the following area SRC demonstrates exemplary conformance to the standards.**

- SRC is commended for its generous support of continuing education for the therapeutic staff. Not only do individuals receive three paid days per year to use for continuing education, but there is a very generous annual budget per therapist for classes. Additional resources are brought into the facility to provide specialized training as needed. This is exemplary in an organization of this size that is not affiliated with a major university or medical school. Staff members report

that, even if the education budget for the year has been exhausted, the organization will support specialized training when there is an identified need. This investment from the organization toward staying abreast of current practices supports the provision of optimal services for patients and staff engagement in the organization. This has contributed to the high employee satisfaction and longevity of the treating staff.

**SRC received no recommendations from this accreditation survey. Consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.**

On balance, SRC demonstrates substantial conformance to the CARF standards. The strong executive leadership guides the utilization of the standards in all aspects of the organization. Experienced clinicians collaborate on patient care and are diligent in keeping up to date with state-of-the-art equipment and training. The organization benefits from strong leadership and interdisciplinary team members who have the passion and commitment to carry out the goals of the program. Patients and their families are complimentary of the service and care received, and it is evident that the organization demonstrates the ability to continue to provide excellent services to the local community. The community and referral sources have nothing but praise for the patient outcomes, wonderful communication, and care they feel their patients receive at SRC. SRC is truly a gem in this more rural community.

Schuykill Rehabilitation Center has earned a Three-Year Accreditation. As a fact-based decision-making organization, SRC is recognized for its efforts to provide comprehensive rehabilitation services and is encouraged to continue to set the bar high regarding the CARF standards. The leadership and rehabilitation staff members are congratulated for their accomplishments and their commitment and passion to providing patients the best care and service.

## **SECTION 1. ASPIRE TO EXCELLENCE®**

### **A. Leadership**

#### **Principle Statement**

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

## **Key Areas Addressed**

- Leadership structure
  - Leadership guidance
  - Commitment to diversity
  - Corporate responsibility
  - Corporate compliance
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## **Recommendations**

There are no recommendations in this area.

## **Exemplary Conformance**

### **A.8.**

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## **C. Strategic Planning**

### **Principle Statement**

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

### **Key Areas Addressed**

- Strategic planning considers stakeholder expectations and environmental impacts
- Written strategic plan sets goals
- Plan is implemented, shared, and kept relevant

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## **Recommendations**

There are no recommendations in this area.

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## **D. Input from Persons Served and Other Stakeholders**

### **Principle Statement**

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

### **Key Areas Addressed**

- Ongoing collection of information from a variety of sources
  - Analysis and integration into business practices
  - Leadership response to information collected
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## **Recommendations**

There are no recommendations in this area.

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## **E. Legal Requirements**

### **Principle Statement**

CARF-accredited organizations comply with all legal and regulatory requirements.

### **Key Areas Addressed**

- Compliance with all legal/regulatory requirements
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## **Recommendations**

There are no recommendations in this area.

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## **F. Financial Planning and Management**

### **Principle Statement**

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

### **Key Areas Addressed**

- Budget(s) prepared, shared, and reflective of strategic planning
  - Financial results reported/compared to budgeted performance
  - Organization review
  - Fiscal policies and procedures
  - Review of service billing records and fee structure
  - Financial review/audit
  - Safeguarding funds of persons served
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### **Recommendations**

There are no recommendations in this area.

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## **G. Risk Management**

### **Principle Statement**

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

### **Key Areas Addressed**

- Identification of loss exposures
- Development of risk management plan
- Adequate insurance coverage

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## Recommendations

There are no recommendations in this area.

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## H. Health and Safety

### Principle Statement

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

### Key Areas Addressed

- Inspections
  - Emergency procedures
  - Access to emergency first aid
  - Competency of personnel in safety procedures
  - Reporting/reviewing critical incidents
  - Infection control
- 

## Recommendations

There are no recommendations in this area.

### Consultation

- It is suggested that the organization consider posting signs to indicate the location of the fire extinguishers, first aid kits, automated external defibrillators, and eyewash stations. The locations could also be added to the evacuation maps. Although the staff members are well aware of the locations, patients and visitors could also benefit from knowing these locations in an emergency.
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## I. Human Resources

### Principle Statement

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

## **Key Areas Addressed**

- Adequate staffing
  - Verification of background/credentials
  - Recruitment/retention efforts
  - Personnel skills/characteristics
  - Annual review of job descriptions/performance
  - Policies regarding students/volunteers, if applicable
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## **Recommendations**

There are no recommendations in this area.

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## **J. Technology**

### **Principle Statement**

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

### **Key Areas Addressed**

- Written technology and system plan
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### **Recommendations**

There are no recommendations in this area.

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## **K. Rights of Persons Served**

### **Principle Statement**

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

## **Key Areas Addressed**

- Communication of rights
  - Policies that promote rights
  - Complaint, grievance, and appeals policy
  - Annual review of complaints
- 

## **Recommendations**

There are no recommendations in this area.

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## **L. Accessibility**

### **Principle Statement**

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

### **Key Areas Addressed**

- Written accessibility plan(s)
  - Status report regarding removal of identified barriers
  - Requests for reasonable accommodations
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### **Recommendations**

There are no recommendations in this area.

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## **M. Performance Measurement and Management**

### **Principle Statement**

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and information is used to manage and improve service delivery.

### **Key Areas Addressed**

- Information collection, use, and management
- Setting and measuring performance indicators

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## **Recommendations**

There are no recommendations in this area.

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## **N. Performance Improvement**

### **Principle Statement**

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

### **Key Areas Addressed**

- Proactive performance improvement
  - Performance information shared with all stakeholders
- 

## **Recommendations**

There are no recommendations in this area.

### **Consultation**

- The annual outcomes handout provided to persons served is thorough. Because it is in narrative form, it is suggested that consideration be given to utilizing graphic representations of the data, making it a little more attractive and marketable for the organization.
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## **SECTION 2. THE REHABILITATION AND SERVICE PROCESS FOR THE PERSONS SERVED**

### **A. Program/Service Structure for All Medical Rehabilitation Programs**

#### **Key Areas Addressed**

- Scope of the program and services
  - Admission and transition/exit criteria
  - Team communication
  - Learning environment for personnel
  - Analysis of denials, interrupted services, and ineligibility
- 

#### **Recommendations**

There are no recommendations in this area.

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### **B. The Rehabilitation and Service Process for the Persons Served**

#### **Key Areas Addressed**

- Scope of the program services
- Appropriate placement in and movement through the continuum of services
- Admission and ongoing assessments
- Information provided to persons served for decision making
- Team composition
- Team responsibilities and communication
- Medical director/physician providing medical input qualifications and responsibilities
- Discharge/transition planning and recommendations
- Family/support system involvement
- Education and training of persons served and families/support systems

- Sharing of outcomes information with the persons served
  - Physical plant
  - Records of the persons served
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### **Recommendations**

There are no recommendations in this area.

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## **E. The Rehabilitation and Service Process for Children and Adolescents Served**

### **Single Discipline Outpatient Medical Rehabilitation Programs**

#### **Key Areas Addressed**

- Provision of services to any children/adolescents
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### **Recommendations**

There are no recommendations in this area.

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## **SECTION 3. PROGRAM STANDARDS**

### **B. Outpatient Medical Rehabilitation Program**

#### **Outpatient Medical Rehabilitation Program - Single Discipline (Adults)**

#### **Outpatient Medical Rehabilitation Program - Single Discipline (Children and Adolescents)**

#### **Outpatient Medical Rehabilitation Program - Interdisciplinary (Adults)**

#### **Key Areas Addressed**

- Program-specific information-gathering requirements
- Personnel requirements
- Provision of services to any persons with spinal cord dysfunction or persons with limb loss
- Team composition

***Note:** Recommendations, consultation, and exemplary conformance in this section of the report do not include those specific to specialty programs included in the survey. If specialty program accreditation was sought, the relevant specialty program section of the report includes recommendations, consultation, and areas of exemplary conformance for all portions of Section 3 of the standards manual that were applied to the specialty program.*

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## **Recommendations**

There are no recommendations in this area.

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