

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS WEB FOLLOW-UP REPORT

Provider Newton Wellesley Weston Committee for Community Living Provider Address 1301 Centre Street , Newton Centre
 Survey Team Hayes, Leslie; MacPhail, Lisa; Vautour, Danielle; Date(s) of Review 30-NOV-15 to 30-NOV-15

| Follow-up Scope and results : | | | | | | |
|---|------------------------------|---|--|--|--|--|
| Service Grouping | Licensure level and duration | # Critical Indicators std. met/ std. rated at follow-up | # Indicators std. met/ std. rated at follow-up | Sanction status prior to Follow-up | Combined Results post-Follow-up; for Deferred, License level | Sanction status post Follow-up |
| Residential and Individual Home Supports 3 Locations 9 Audits | 2 Year License | | 7/9 | <input checked="" type="checkbox"/> Eligible for new business (Two Year License) <input type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License) | 2 Year License | <input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met) <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met) |

DEPARTMENT OF DEVELOPMENTAL SERVICES
LICENSURE AND CERTIFICATION
DDS WEB FOLLOW-UP REPORT

Summary of Ratings

Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS

| | |
|-----------------------------------|--|
| Indicator # | L15 |
| Indicator | Hot water |
| Area Need Improvement | The water must test between 110 and 120 degrees at all times. |
| Status at follow-up | The original home was not owned or rented by the provider; therefore, another home's water temperature was taken. Hot water temperature was within the required range. |
| #met /# rated at follow-up | 1/1 |
| Rating | Met |

| | |
|-----------------------------------|---|
| Indicator # | L63 |
| Indicator | Med. treatment plan form |
| Area Need Improvement | Medication treatment plans must contain all required components. The provider must take accurate data on the individual specific behaviors that are meant to be controlled by the prescribed medication. |
| Status at follow-up | Three of three medication treatment plans reviewed were in place and contained the required components. Individual specific target behaviors to be controlled by the medication were clearly defined, and data was being taken on these target behaviors. |
| #met /# rated at follow-up | 3/3 |
| Rating | Met |

| | |
|-----------------------------------|---|
| Indicator # | L64 |
| Indicator | Med. treatment plan rev. |
| Area Need Improvement | The medication treatment plans must be included in the body of the ISP document, or the agency must be able to provide proof of submission of the document to the ISP team. |
| Status at follow-up | The medication treatment plans were reviewed by the required groups in three of the three plans reviewed. |
| #met /# rated at follow-up | 3/3 |

DEPARTMENT OF DEVELOPMENTAL SERVICES
LICENSURE AND CERTIFICATION
DDS WEB FOLLOW-UP REPORT

| | |
|---------------|-----|
| Rating | Met |
|---------------|-----|

| | |
|-----------------------------------|--|
| Indicator # | L69 |
| Indicator | Expenditure tracking |
| Area Need Improvement | When the agency holds and assists with the management of all or a portion of an individual's funds, the recording of cash in and out must be clear and transparent. When cash is removed, the amount must be recorded as should be the amount of the purchase and the amount of cash returned. |
| Status at follow-up | The agency was found to be correctly documenting and tracking individual's expenditures for all five individuals reviewed. |
| #met /# rated at follow-up | 5/5 |
| Rating | Met |

| | |
|-----------------------------------|---|
| Indicator # | L84 |
| Indicator | Health protect. Training |
| Area Need Improvement | All relevant staff must be formally trained on the use and maintenance of all health related protections. |
| Status at follow-up | The agency was found to have trained staff on the correct utilization of health related protections in two of the two individuals reviewed as evidenced by dated sign-off sheets. |
| #met /# rated at follow-up | 2/2 |
| Rating | Met |

| | |
|------------------------------|--|
| Indicator # | L86 |
| Indicator | Required assessments |
| Area Need Improvement | Assessments must be submitted to the Service Coordinator no later than 15 days before the ISP meeting. |
| Status at follow-up | Since the survey, two individuals served by the agency had ISP meetings. In one of the two reviewed it was found that the agency submitted two of the three required assessments one day after the due date. The agency must ensure it submits the information to HCSIS within the regulatory time frames. |

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS WEB FOLLOW-UP REPORT

| | |
|----------------------------|---------|
| #met /# rated at follow-up | 1/2 |
| Rating | Not Met |

| | |
|----------------------------|---|
| Indicator # | L87 |
| Indicator | Support strategies |
| Area Need Improvement | Support strategies must be submitted to the Service Coordinator no later than 15 days before the ISP meeting. |
| Status at follow-up | Since the survey, two individuals served by the agency had ISP meetings. In both instances it was found that the agency submitted support strategies within the required time frames. |
| #met /# rated at follow-up | 2/2 |
| Rating | Met |

| | |
|----------------------------|---|
| Indicator # | L88 |
| Indicator | Strategies implemented |
| Area Need Improvement | Progress notes and data taken on the individual's progress related to their objectives must reflect the support strategies identified and agreed upon in the ISP. Progress or lack thereof should be clearly defined, as should the provider's efforts to assist with the successful completion of the objective. |
| Status at follow-up | For three of the five audits conducted, it was found that progress notes did not adequately reflect the support strategies set forth by the provider. In some instances data was not being kept regarding the objective at all; and in another, data was not corresponding to the support strategies set forth. The agency must ensure that it clearly tracks data related to individual's objectives, and clearly states progress or lack thereof accurately in progress notes. Additionally, provider staff efforts to assist with the individual's success regarding the objective should be clearly stated. |
| #met /# rated at follow-up | 1/4 |
| Rating | Not Met |

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS WEB FOLLOW-UP REPORT

Administrative Areas Needing Improvement on Standard not met - Identified by DDS

| | |
|-----------------------------------|---|
| Indicator # | L48 |
| Indicator | HRC |
| Area Need Improvement | The Human Right Committee met on a quarterly basis over the past two years. Of the seven meetings reviewed during the survey, the individual attended four meetings and the family member was present for two meetings. The agency must ensure the necessary composition is consistently maintained; and when a member is absent, a plan must be in place to ensure the documents are reviewed. |
| Status at follow-up | Since the survey, the agency had one Human Rights Committee meeting. Full membership requirements were maintained at this meeting. Two new members joined the Human Rights Committee at this meeting. One new member is an individual served, and one a family member. |
| #met /# rated at follow-up | 1/1 |
| Rating | Met |

DEPARTMENT OF DEVELOPMENTAL SERVICES
LICENSURE AND CERTIFICATION
DDS WEB FOLLOW-UP REPORT