

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Provider: ADVOCATES INC

Provider Address: 1881 Worcester Road , Framingham

Name of Person Dannielle Vautour
Completing Form:

Date(s) of Review: 17-MAY-23 to 19-MAY-23

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	3/9
Employment and Day Supports		2/3

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

Indicator #	L15
Indicator	Hot water

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Area Need Improvement	At six of twenty-six locations, hot water temperature tested outside the required range of 110-120 degrees for the kitchen faucets and 110-112 for showers/baths. The agency needs to ensure water temperatures is maintained to be within the required range.
Process Utilized to correct and review indicator	Program staff have developed and began to utilize a Smartsheet for tracking of hot water temperatures, issuing a monthly reminder notification to all program sites. The Smartsheet will be monitored by Program Directors to ensure monthly tracking occurs and will follow up with Facilities should any locations need to be addressed.
Status at follow-up	During the follow up review, a total of 14 of 20 sites achieved a hot water temperature within the required range as written in DDS regulations. Six sites remained out of compliance.
Rating	Not Met

Indicator #	L55
Indicator	Informed consent
Area Need Improvement	For one of two individuals, consent for media release was not secured in accordance with current DDS requirements. The agency needs to support individuals to understand what they are consenting to and make choices from available options when securing consent for media.
Process Utilized to correct and review indicator	The Quality Management Department has met with the Marketing team to review the current internal Media Consent form to ensure compliance with all applicable DDS regulations. The Marketing team has been trained on all required areas of the consent form.

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Status at follow-up	During the follow up review, a total of 34 of 42 individual records received a Met Rating (81%). The indicator reviewed consisted of all components of L55. Specifically, a total of 5 randomly selected consents for media release were reviewed. 4 of the 5 of those media releases were secured in accordance with DDS requirements, yielding a Met Rating (80%).
Rating	Met

Indicator #	L61
Indicator	Health protection in ISP
Area Need Improvement	For four of nineteen individuals, supports and health-related outlines were either not in place, or did not include all devices being used by individuals. The agency needs to ensure that supports and health-related outlines are developed to include all devices being used by individuals.
Process Utilized to correct and review indicator	Advocates Program leadership will ensure all Health Protections are reviewed by the Program Director during quarterly quality assurance reviews. All Program Directors will be required to review the ISP prior to signing to ensure all required Health Protections are included.
Status at follow-up	During the follow up review, 23 of 33 individual records received a Met Rating. 10 records received a Not Met Rating for support and health-related protections as they were either not in place or did not include all devices being used by individuals.
Rating	Not Met

Indicator #	L67
Indicator	Money mgmt. plan

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Area Need Improvement	For seven of twenty-six individuals, money management plans were lacking components including a training plan, had inaccurate information, and/or had no agreement from guardians. The agency needs to ensure that money management plans are developed to include all components.
Process Utilized to correct and review indicator	Advocates Program Directors will ensure all Financial Plans are updated prior to the development of the ISP and reviewed during the Program Director's quality assurance record review. In addition, Program Directors will ensure the Financial Plan reflects the most updated information when completing the annual Client Service Fee Assessment.
Status at follow-up	During the follow up review, a total of 34 of 41 individual financial plans reviewed received a Met Rating (83%) and found in compliance with all components of the money management plan.
Rating	Met

Indicator #	L85
Indicator	Supervision
Area Need Improvement	At six of twenty-seven locations, issues were uncovered highlighted an absence of consistent staff and supervisory meetings, and oversight. The agency needs to provide consistent staff supervision, development and oversight to staff.
Process Utilized to correct and review indicator	Advocates Program Directors will utilize the Smartsheet developed for tracking of staff supervisions. Program Directors will review the Smartsheet during monthly supervisions of Program Managers to ensure these are being conducted in a timely and consistent manner.
Status at follow-up	During the follow up review, a total of 12 of 16 sites received a rating of Met for Supervision. Four sites were found to have inconsistent staff and/or supervisory meetings.

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Rating	Not Met
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Indicator #	L87
Indicator	Support strategies
Area Need Improvement	For five of twenty-four individuals, support strategies for goals were not submitted with the required timeframe for ISP meetings. The agency needs to ensure that support strategies are submitted within the required timeframes for ISP meeting.
Process Utilized to correct and review indicator	Advocates is in process of developing a notification system through Smartsheet to send out automatic alerts for each person. This will ensure all related timelines for ISP development for each individual is in accordance with DDS timeframes.
Status at follow-up	During the follow up review, a total of 26 of 37 individual records received a Met Rating. A total of 11 individual records showed support strategies for goals were not submitted within the required timeframe.
Rating	Not Met

Indicator #	L89
Indicator	Complaint and resolution process
Area Need Improvement	At one of three ABI locations, a complaint and resolution process (Grievance Procedure) and logs was not in place. A grievance procedure and logs that staff and individuals are trained on are required to be in place at all ABI homes.
Process Utilized to correct and review indicator	A Complaint binder is in place with applicable policy and Complaint Form at each applicable site. In addition, training has occurred for members on how to file a complaint at each applicable site.

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Status at follow-up	During the follow up review a total of three sites were assessed. Of those, all were rated as Met due to the presence of the complaint and resolution process at each site.
Rating	Met

Indicator #	L91
Indicator	Incident management
Area Need Improvement	At ten of twenty-six locations, incidents were not submitted and/or finalized within the required timelines in HCSIS. The agency needs to ensure that incidents are submitted and finalized with the required timelines in HCSIS.
Process Utilized to correct and review indicator	Advocates Program Directors and Managers will ensure HCSIS is reviewed weekly. This will be documented and reviewed in all supervisions to ensure compliance with the required DDS timelines.
Status at follow-up	During the follow up review a total of 19 sites were reviewed. Of those 19, a total of 9 were rated as Met.
Rating	Not Met

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Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L15
Indicator	Hot water
Area Need Improvement	At one day location, hot water temperature was below allowable limits of 110 degrees. The agency needs to maintain water temperature at the day site to be within allowable limits.
Process Utilized to correct and review indicator	Advocates Day Program Operations Director continues to monitor the ongoing hot water temperature throughout the building. When readings below or above the required temperatures are noted, this information is relayed to the Advocates Facilities department for correction.
Status at follow-up	During the follow up review, both temperature readings were within the allowable limits.
Rating	Met

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	For twelve individuals, restrictive practices of a locked refrigerator and cabinets did not have an outline with mitigations for others affected, and guardian notification. The agency needs to ensure that restrictive practices are well outlined and guardians of those affected are notified of the impact and mitigations.
Process Utilized to correct and review indicator	Advocates Program staff immediately corrected the above indicator at time of the OQE review regarding restrictive practices and mitigation statements.
Status at follow-up	During the follow up review, it was noted that all twelve individuals had an outlined mitigation statement present within their confidential file. In addition, all relevant guardians have been notified.

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

Indicator #	L48
Indicator	HRC
Area Need Improvement	The Agency's Human Rights Committee did not meet the mandate for required membership and meeting attendance. The agency needs to ensure that its Human Rights Committee is fully comprised of all requisite membership, and meeting attendance is consistent.
Process Utilized to correct and review indicator	Advocates began working to secure a Lawyer to join the Human Rights Committee to ensure the HRC is fully compromised of all requisite membership and meeting attendance is consistent.
Status at follow-up	During the follow up review, the Human Rights Committee did not meet. The next scheduled meeting is May 30, 2023 and the role of a lawyer will be filled then.
Rating	Not Met