

DEPARTMENT OF DEVELOPMENTAL SERVICES
LICENSURE AND CERTIFICATION
PROVIDER FOLLOW-UP REPORT

Provider: ALMADAN INC

Provider Address: P. O. Box 518 , Amherst

Name of Person Shannon Guenette, Executive
Completing Form: Director

Date(s) of Review: 01-NOV-21 to 03-NOV-21

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	4/6

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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	In two locations, the bathroom water temperature was registering below the required temperature range. Almadan needs to ensure water temperatures are maintained between 110 and 120 degrees.
Process Utilized to correct and review indicator	At one location, the plumber has added additional valves to assist with regulating the temperature more easily at different sections of the home. At the other home, the hot water heater was adjusted to ensure temps are maintained between 110 and 120 degrees.
Status at follow-up	Both sites' water temperatures have been corrected.
Rating	Met

Indicator #	L61
Indicator	Health protection in ISP
Area Need Improvement	For one individual, use of health-related supports and protective equipment was not authorized and there were no written instructions for its use, cleaning or care. When individuals require health-related equipment and devices, the use of these devices must be authorized by a licensed medical professional. This authorization must include instructions for applying and using the device, as well as instructions for the care and cleaning of the device, including frequency of safety checks.
Process Utilized to correct and review indicator	Almadan consulted with a physical therapist to ensure the device was authorized and continued to be appropriate for its purpose. A supportive and protective device form was completed and signed.

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Status at follow-up	The device has been properly authorized, and documentation supports this.
Rating	Met

Indicator #	L68
Indicator	Funds expenditure
Area Need Improvement	For five individuals where the agency was appointed as representative payee, an agency staff person had her name on the debit card. The representative payee is prohibited from holding ownership or survivorship interest in individuals' bank accounts, including debit cards issued to the individual. The agency needs to ensure that debit cards associated with individuals' bank accounts are not issued in the name of agency personnel.
Process Utilized to correct and review indicator	This continues to be a challenge for Almadan. The bank will not issue a debit card to anyone other than a party who has signing rights on the bank account. The agency staff whose name is on the debit cards doesn't have ownership or survivorship of the account. As explained by our bank representative these cards are used similarly to how checks are written by a signatory. Currently reviewing with OQE for other suggestions.
Status at follow-up	No change but Almadan's staff do not have ownership of survivorship of the bank account attached to the debit card.
Rating	Not Met

Indicator #	L84
Indicator	Health protect. Training
Area Need Improvement	For one individual who used health-related equipment, staff were not trained in the proper use, care, and cleaning of the device. The agency needs to ensure that staff are trained and knowledgeable in

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	the use and application of health-related equipment and devices authorized for individuals. This training must include the proper care and cleaning of the device as well as the frequency of conducting safety checks.
Process Utilized to correct and review indicator	This training was provided following the approval for the device by the physical therapist. The documented training was completed on 9/14/2021.
Status at follow-up	Training was completed
Rating	Met

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	For two individuals, provider support strategies were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that provider support strategies are submitted to DDS within 15 days prior to the ISP.
Process Utilized to correct and review indicator	The HCSIS Provider report was pulled to look at the submission dates for ISP Support Strategies from 9/1/2021 to 11/12/2021. The Almadan Director of Quality Assurance is pulling HCSIS reports monthly to remind Program Managers and Directors of upcoming ISP dates to help ensure agency compliance with submission deadlines. In addition to this communication, it is also being added as an agenda item to the Program Managers' monthly meetings.
Status at follow-up	The HCSIS Provider report was pulled to look at the submission dates for ISP Support Strategies from 9/1/2021 to 11/12/2021. According to this report, one ISP was not opened with enough time to complete. Two ISP support strategies were not submitted to DDS within 15 days. Almadan is continuing to work to improve this. Four ISP's support strategies were submitted within the required timeline.
Rating	Not 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 quarterly. In addition, the committee was not fulfilling its responsibility of reviewing policies and procedures annually as they pertain to protecting the rights of individuals. Almadan needs to support its human rights committee to meet quarterly and to fulfill its responsibilities to review agency policies and procedures.
Process Utilized to correct and review indicator	Almadan has created a schedule ahead of time to ensure meetings are maintained on schedule. Almadan held an HRC meeting on 9/7/21 and 11/9/21. Policy and Procedures were reviewed on 11/9/21.
Status at follow-up	Meetings are being held quarterly and policies and procedures have been reviewed.
Rating	Met