

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

Provider: AMEGO

Provider Address: 33 Perry Avenue , Attleboro

Name of Person Marc Fernandes
Completing Form:

Date(s) of Review: 22-FEB-25 to 24-FEB-25

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	2/5
Employment and Day Supports	2 Year License	2/3

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

Indicator #	L56
Indicator	Restrictive practices

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Issue Identified	Residential service program audits revealed that only 67% of programs had all required components in place for restrictive practices implemented. Most often, a plan to fade the restrictive practice was incomplete or not present.
Actions Planned/Occurred	The agency will review existing templates for documenting restrictive practices to identify opportunities to streamline and simplify the process, ensuring that all required components can be easily captured. Once the new template has been created, the QA Department will monitor compliance by verifying through its ongoing program audits. Results will be reviewed with program leadership each month until 90% or more of programs demonstrate compliance for four consecutive months.
Process Utilized to correct and review indicator	The agency is continuing to revise the Positive Behavior Support Plan template and the ISP Checklist to enhance prompting to include all required information regarding restrictive practices. The QA Department will continue to review compliance with this indicator in its audits and report findings monthly to the Quality Committee until 90% compliance is reached for four consecutive months.
Status at follow-up	Templates continue to be under revision and are awaiting approval by the Forms Committee. This indicator continues to be in progress.
Rating	Not Met

Indicator #	L86
Indicator	Required assessments
Issue Identified	Review of ISP assessment submission timelines found that only 64.2% of assessments were submitted on time in Residential Services.

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Actions Planned/Occurred	Staff responsible for ISP assessment submissions will receive additional training on how to use HCSIS to identify ISP assessment due dates. The QA Department will also develop a notification system to alert staff of upcoming due dates, ensuring they are informed in advance of upcoming due dates. The QA Department will monitor compliance by verifying that 90% or more of individuals with an ISP in a given month have their assessments submitted on time. Results will be reviewed with program leadership each month until compliance is maintained for four consecutive months.
Process Utilized to correct and review indicator	The agency developed a business intelligence dashboard to monitor ISP assessment timeline compliance. Data is being reviewed monthly by the Quality Committee. A weekly report is also sent to senior leadership that lists all individuals with upcoming ISPs and the status of their ISP assessments to ensure submission deadlines are met.
Status at follow-up	Review of data to date on ISP assessment submission shows overall improvement in meeting required ISP Assessment submission timelines though the agency has not yet met its goal of 4 consecutive months of 90% compliance or greater. This indicator will continued to be monitored by the agency's Quality Committee.
Rating	Not Met

Indicator #	L87
Indicator	Support strategies
Issue Identified	Review of ISP support strategy submission timelines found that only 78% of individuals receiving Residential services and 63% of individuals receiving CBDS services had their ISP support strategies submitted on time.

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Actions Planned/Occurred	Staff responsible for ISP support strategy submissions will receive additional training on how to use HCSIS to identify ISP support strategy due dates. The QA Department will also develop a notification system to alert staff of upcoming due dates, ensuring they are informed in advance of upcoming due dates. The QA Department will monitor compliance by verifying that 90% or more of individuals with an ISP in a given month have their support strategies submitted on time. Results will be reviewed with program leadership each month until compliance is maintained for four consecutive months.
Process Utilized to correct and review indicator	The agency has implemented a business intelligence dashboard to monitor ISP Support Strategy submission timeline compliance. Compliance data is being reviewed monthly by the Quality Committee. A weekly report is also sent to senior leadership of individuals with upcoming ISPs and the status of their ISP support strategies to ensure submission deadlines are met.
Status at follow-up	Review of data to date on ISP support strategy submission shows an overall improvement in meeting required timelines since the time of the assessment and is trending towards being compliant, however the agency has not yet met its goal of four consecutive months of 90% or greater compliance.
Rating	Not Met

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

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

Indicator #	L91
Indicator	Incident management
Area Need Improvement	At 7 homes, incident reports were submitted and / or finalized in HCSIS outside the required timelines. The agency needs to ensure that all incidents are submitted and finalized within required timelines.
Process Utilized to correct and review indicator	The agency implemented a dashboard to monitor incident submission and finalization timeline compliance. This data is reviewed by the Quality Committee on a monthly basis. Training will continue to be provided to staff responsible for submitting incidents in HCSIS on the required timelines for doing so. The QA Department will also take on responsibility for finalizing all incidents to ensure finalizing timelines are met.
Status at follow-up	Review of incident submission and finalization timelines since the time of the survey has shown a substantial improvement in incidents being submitted and finalized on time. The indicator will continue to be reviewed by the agency's Quality Committee to ensure sustained compliance.
Rating	Met

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

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

Indicator #	L27
Indicator	Pools, hot tubs, etc.
Area Need Improvement	At the agency's CBDS location individuals were accompanied by staff to the YMCA regularly. Staff had not been trained in Water Safety. The agency needs to ensure that all staff accompanying individuals on activities that involve proximity to water are trained in Water Safety.
Process Utilized to correct and review indicator	All CBDS staff were trained in water safety immediately following this finding. A Water Safety Training was added to the First Aid/CPR training course to ensure all new staff are trained on hire and existing staff receive retraining biennially.
Status at follow-up	All staff of the CBDS program have received Water Safety Training.
Rating	Met

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

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

Indicator #	L87
Indicator	Support strategies
Issue Identified	Review of ISP support strategy submission timelines found that only 78% of individuals receiving Residential services and 63% of individuals receiving CBDS services had their ISP support strategies submitted on time.
Actions Planned/Occurred	Staff responsible for ISP support strategy submissions will receive additional training on how to use HCSIS to identify ISP support strategy due dates. The QA Department will also develop a notification system to alert staff of upcoming due dates, ensuring they are informed in advance of upcoming due dates. The QA Department will monitor compliance by verifying that 90% or more of individuals with an ISP in a given month have their support strategies submitted on time. Results will be reviewed with program leadership each month until compliance is maintained for four consecutive months.
Process Utilized to correct and review indicator	The agency has implemented a business intelligence dashboard to monitor ISP Support Strategy submission timeline compliance. Compliance data is being reviewed monthly by the Quality Committee. A weekly report is also sent to senior leadership of individuals with upcoming ISPs and the status of their ISP support strategies to ensure submission deadlines are met.
Status at follow-up	Review of data to date on ISP support strategy submission shows an overall improvement in meeting required timelines since the time of the assessment and is trending towards being compliant, however the agency has not yet met its goal of four consecutive months of 90% or greater compliance.
Rating	Not Met

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

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

Indicator #	L65
Indicator	Restraint report submit
Issue Identified	Review of Restraint Reports in HCSIS found that only 54% were submitted and reviewed within required timeframes.
Actions Planned/Occurred	The agency will review existing responsibilities for Restraint Report submission and review to ensure they roles are clear and designed to meet required timelines. Training will be conducted to all responsible for submission and review to ensure awareness of required timelines. The QA Department will monitor compliance by verifying that 90% or more of Restraint Reports have been submitted and reviewed within required timeframes. Results will be reviewed with program leadership each month until compliance is maintained for four consecutive months.
Process Utilized to correct and review indicator	The agency implemented a business intelligence dashboard to monitor restraint report submission and finalization timeline compliance. This data is reviewed by the Quality Committee on a monthly basis. Training was provided on timelines for submission and review of restraint reports.
Status at follow-up	A review of recent restraint report submission and finalization timeline compliance has shown 100% of reports were reviewed and finalized on time.
Rating	Met