

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

**Provider:** AMERICAN TRAINING \_\_\_\_\_

**Provider Address:** 6 Campanelli Drive , Andover \_\_\_\_\_

**Name of Person** Hiedi Keefer  
**Completing Form:** \_\_\_\_\_

**Date(s) of Review:** 24-APR-23 to 28-APR-23 \_\_\_\_\_

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

**Summary of Ratings**

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

<b>Indicator #</b>	L15
<b>Indicator</b>	Hot water
<b>Area Need Improvement</b>	At one site the hot water being delivered was not within the required 110 and 120 degrees Fahrenheit range. The agency needs to ensure every site and source of hot water is delivered between 110 and 120 degrees F.

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<b>Process Utilized to correct and review indicator</b>	ATI had mixing valve installed in Wakefield and we adjusted the valve in the Andover site to ensure compliance. Water temperatures are tested every month by Site Managers and a further check is done during every other month at Senior Management Review.
<b>Status at follow-up</b>	Wakefield: 3/21/23 117 Andover: 3/24/23 114
<b>Rating</b>	Met

<b>Indicator #</b>	L63
<b>Indicator</b>	Med. treatment plan form
<b>Area Need Improvement</b>	A medication treatment plan was not present for one individual receiving medication at day program. The agency needs to ensure that when required, Medication treatment plans are developed and have all the required components, including descriptions of the target behaviors being modified with treatment and clinical indications for decreasing/terminating the medication. Additionally, target behaviors need to be tracked to determine efficacy and continued need.
<b>Process Utilized to correct and review indicator</b>	This was oversight. The BMMTP have been added to the Site Review that is completed by Senior Management every other month to ensure compliance.
<b>Status at follow-up</b>	The Behavior Modifying Medication Treatment Plan is in place
<b>Rating</b>	Met

<b>Indicator #</b>	L86
<b>Indicator</b>	Required assessments

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<b>Area Need Improvement</b>	For eleven individuals, required assessments had not been submitted within ISP timelines. The agency needs to ensure that ISP assessments are submitted at least 15 days in advance of the ISP meeting.
<b>Process Utilized to correct and review indicator</b>	Initially ATI had a designated HCSIS Administrator Colleague whose duties included running a weekly anticipatory report of all ISP related paperwork and incident reporting dates. This report was reviewed at Managers Meeting to ensure Site Managers stayed on task with deadlines. ATI found that this still did not successfully reduce the amount of missed deadlines to an acceptable level so we have instituted a new control system. We will be using a live document TEAMS Calendar that will have a data entry point within 48 hours of the completion of an ISP. Alerts will be set up in the system to ensure submission within deadlines. The email alerts will go to Managers, Assistant Managers and Case Managers. Further the HCSIS Administrator will do a weekly review of the TEAMS Calendar and provide a report to the Day Services Director and Vice President. QM Director will do a quarterly review of the TEAMS Calendar as well and send out alerts for any missed deadlines. A report was run with the search criteria of ISP assessment deadlines between 2/23/23 (after the SEM) through 4/14/23. Document status searched was Deadline Not Met only. 13 out of the 29 deadlines were met successfully leaving 16 Not Met.
<b>Status at follow-up</b>	At the time of reporting we had implemented the first step of the above outlined system and are still experiencing some missed deadlines. We had a small percentage from Wakefield site but the majority of missed deadlines were in Andover. There were personnel changes which may have contributed to the missed dates. The new TEAMS Calendar System is now being implemented and we will do a monthly monitoring report to ensure efficacy. Not Met with a 45% rating at time of review
<b>Rating</b>	Not Met

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<b>Indicator #</b>	L87
<b>Indicator</b>	Support strategies
<b>Area Need Improvement</b>	For eleven individuals, support strategies had not been submitted within ISP timelines. The agency needs to ensure that ISP support strategies are submitted at least 15 days in advance of the ISP meeting.
<b>Process Utilized to correct and review indicator</b>	Initially ATI had a designated HCSIS Administrator Colleague whose duties included running a weekly anticipatory report of all ISP related paperwork and incident reporting dates. This report was reviewed at Managers Meeting to ensure Site Managers stayed on task with deadlines. ATI found that this still did not successfully reduce the amount of missed deadlines to an acceptable level so we have instituted a new control system. We will be using a live document TEAMS Calendar that will have a data entry point within 48 hours of the completion of an ISP. Alerts will be set up in the system to ensure submission within deadlines. The email alerts will go to Managers, Assistant Managers and Case Managers. Further the HCSIS Administrator will do a weekly review of the TEAMS Calendar and provide a report to the Day Services Director and Vice President. QM Director will do a quarterly review of the TEAMS Calendar as well and send out alerts for any missed deadlines. A report was run with the search criteria of ISP objectives deadlines between 2/23/23 (after the SEM) through 4/14/23. Document status searched was Deadline Not Met only. 13 out of the 29 deadlines were met successfully leaving 16 Not Met.

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<b>Status at follow-up</b>	At the time of reporting we had implemented the first step of the above outlined system and are still experiencing some missed deadlines. We had a small percentage from Wakefield site but the majority of missed deadlines were in Andover. There were personnel changes which may have contributed to the missed dates. The new TEAMS Calendar System is now being implemented and we will do a monthly monitoring report to ensure efficacy. Not Met with a 45% rating at time of review.
<b>Rating</b>	Not Met

<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	Incidents were not reported and reviewed (submitted and finalized) as mandated by DDS regulation. The agency needs to ensure that timelines are followed for both minor and major incidents and that all reportable events are entered into HCSIS and finalized.

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<b>Process Utilized to correct and review indicator</b>	Initially ATI had a designated HCSIS Administrator Colleague whose duties included running a weekly anticipatory report of all ISP related paperwork and incident reporting dates. This report was reviewed at Managers Meeting to ensure Site Managers stayed on task with deadlines. ATI found that this still did not successfully reduce the amount of missed deadlines to an acceptable level so we have instituted a new control system. We will be using a live document TEAMS Calendar that will have a data entry point within 48 hours of the completion of an ISP. Alerts will be set up in the system to ensure submission within deadlines. The email alerts will go to Managers, Assistant Managers and Case Managers. Further the HCSIS Administrator will do a weekly review of the TEAMS Calendar and provide a report to the Day Services Director and Vice President. QM Director will do a quarterly review of the TEAMS Calendar as well and send out alerts for any missed deadlines. A report was run with the search criteria of incident report deadlines between 2/23/23 (after the SEM) through 4/24/23. There was only 1 deadline missed and it was one day late. This was out of 12 incidents that occurred within the searched range.
<b>Status at follow-up</b>	At the time of review there was only one that had missed deadlines. It was missed by one day. This was one out of 12 incidents that occurred between 2/23/23 and 4/24/23. Met rating of 91%.
<b>Rating</b>	Met