

PROVIDER REPORT FORMAT

**DDS
OQM/OQE**

**PROVIDER REPORT
FOR**

**Agency Name
Agency address
Address line 2, MA.**

**Date of report –
Specify if final or draft prior to SEM**

COVER PAGE

Provider:

Review Dates:

Survey Team:

Reviews Completed: This section would list all the different service types reviewed, and the number of locations visited and individual audits completed for each.

Licensure Level(s):

Res. _____ (**# std. met/ std. rated** _____ **duration** _____)

Day: _____ (**# std. met/ std. rated** _____ **Duration** _____)

Immediate Actions: Y/N; Day/Res; Topic

Certification:

Performed by: DDS/or CARF

Certification Results by Service Type

- **Organizational Indicators:** List # of standards met/ standards reviewed
- **E.g. 24 Hr. Res.:** List # of standards met/standards reviewed
- **E.g. Center Based Day:** List # of standards met/standards reviewed

Executive Summary

EXECUTIVE SUMMARY

The executive summary should not exceed one full page and should consist of the following:

- I. **Provider Demographics**
 - Number served
 - Type of services including specifics such as medical, clinical
 - How services are provided
 - Geographic area covered
- II. **A general description of the provider's organizational culture including its areas of expertise and strengths**
- III. **Promising Practices and areas for further focus:**
 - This section would be included only if there were specific practices noted which were either exemplary in nature and are worthy of replication by other agencies or if any broad areas that would benefit from further focus were identified.
 - Commendations that were noted within specific indicators should not be repeated here. Rather, if a series of commendations when woven together comprise a broad area of exemplary practice, the executive summary would be the place to note it.
 - Information included within this section is based on findings and data. It might address practices and patterns of quality in the following areas:

Licensure - Personal Safety

Reporting Abuse and Neglect

Safe Evacuation

Individual Safety

Environmental Safety

Communication

Health

Preventive and Episodic Care

Nutrition, Dietary Needs, Healthy Habits

Medication Administration

Human Rights

Protection of Essential Rights

Protection for Restrictive Interventions

Protection of Funds

Competent and Skilled Workforce

Goal Development and Implementation

Certification - Organizational Indicators

Supporting and Enhancing Relationships

Choice and Growth

Career Planning, Career Development and Employment Success

Meaningful and Satisfying Day Activities

These next pages provide more detailed findings for ratings that are overall patterns for the service groupings (as reflected on the master rating sheet). A separate page is completed for the following services, when applicable:

- 1) Licensure findings in organizational indicators that are reviewed for the organization and cut across all services
- 2) Licensure findings in residential and home supports
- 3) Licensure findings in day/employment supports
- 4) Certification findings for residential and home supports and day/employments reported by discrete service type

Only those standards that merited a commendation or an area needing improvement would be listed here. An area needing improvement would only be completed for an indicator where the standard for the overall residential or day/employment rating was not met. Do not comment on anything that is an expectation for meeting the standard.

Organizational:

Summary of Ratings:

- Standard Met: List # of standards met/ # of standards reviewed
- Standard Not Met: List # of standards not met/# of standards reviewed

Commendations on Standards Met:

Indicator #	Indicator	Commendations
		Only fill out where something was noted that was beyond the expectation for meeting the standard.

Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
		List the number of items noted/ number reviewed where issues were noted: The issues noted were the following:

Residential:

- Services Reviewed: List all the different service types that were reviewed. Could include:
 - 24 hour residential
 - Placement services
 - Respite (site based)
 - Individualized home supports

Summary of Ratings:

- Standard Met: List # of standards met/ # of standards reviewed

- **Standard Not Met:** List # of standards not met/# of standards reviewed
- **Critical Indicators standard met:** List # of standard met/ #standard reviewed

Rating Detail: List only those standards where there is a commendation or where the standard was not met.

Commendations on Standards Met

Indicator #	Indicator	Commendations
		Only fill out where something was noted that was beyond the expectation for meeting the standard.

Areas Needing Improvement on Standards not met/Follow-up to occur

Indicator #	Indicator	Area Needing Improvement
		List the number of locations or individuals noted/ number reviewed where issues were noted: The issues noted were the following: (Do not list specific initials or addresses here, just list the specific issues)

Day and Employment Supports:

Services Reviewed: List all the different service types that were reviewed. Could include:

Employment Services
Center Based Work Services
Community Based Day Services

Summary of Ratings:

- **Standard Met:** List # of standards met/# of standards reviewed
- **Standard Not Met:** List # of standard not met/# of standards reviewed
- **Critical Indicators standard met:** List # of standard met/ #standard reviewed

Rating Detail

Commendations on Standards Met

Indicator #	Indicator	Commendations

Areas Needing Improvement on Standards not met/Follow-up to occur

Indicator #	Indicator	Area Needing Improvement
		<p>List the number of locations or individuals noted/ number reviewed where issues were noted: The issues noted were the following: (Do not list specific initials or addresses here, just list the specific issues)</p>

CERTIFICATION FINDINGS

- **Services Reviewed:** List all the different service types reviewed. Could include any of the following:

- 24 hour residential
- Placement services
- Respite (site based)
- Individualized home supports
- Competitive Integrated Employment Services
- Supported Employment
- Center Based Work Services
- Community Based Day Services

(note: each service type would have a page which looks like this:

Summary of Ratings: Standard Met: Listed for each discrete service type as noted above

Standard Not Met: Listed for each discrete service type as noted above

Service Type _____ Summary of rating: _____

Commendations on Standards Met-

Indicator #	Indicator	Commendations

Areas needing improvement on Standards Not Met-

Indicator #	Indicator	Area Needing Improvement

Survey Detail Report

Back-up documentation (for provider and operations use only)

This page elaborates on all of the indicators where the standard was not met. List all indicators where there was at least one standard not met in sequential order.

Licensure:
Organizational

Indicator	Source	Issue
*The indicator number and name is listed here.	The specific areas or address(es) where the issue was identified are noted here	The specific issue(s) identified are noted here.

* Indicators subject to follow-up within 60 days

Residential

Indicator	Service Type	Location	Individual	Issue
*The indicator number and name is listed here.		The specific address(es) where the issue was identified are noted here	The initials of the specific individuals where the issues was identified are noted here	The specific issue(s) identified are noted here.

* Indicators subject to follow-up within 60 days

Employment/ Day

Indicator	Service Type	Location	Individual	Issue
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*The indicator number and name is listed here.		The specific address(es) where the issue was identified are noted here	The initials of the specific individuals where the issues was identified are noted here	The specific issue(s) identified are noted here.
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*** Indicators subject to follow-up within 60 days**

Certification: Organizational

Indicator	Source	Issue
The indicator number and name is listed here.	The specific areas or address(es) where the issue was identified are noted here	The specific issue(s) identified are noted here.

Certification by service

Inote: Please inc. the detail on the Certification indicators here too by service**

Indicator	Location	Individual	Issue
*The indicator number and name is listed here.	The specific address(es) where the issue was identified are noted here	The initials of the specific individuals where the issues was identified are noted here	The specific issue(s) identified are noted here.

These pages are reserved for the Master Rating Sheets for:

Residential and Home Supports

Day/Employment Services

Certification

(Attached to the Provider report and for Area and Regional office use)

ADDENDUM:

This section of the provider report is devoted to noting issues that are not under the control of provider, but should be noted in the interest of supporting positive outcomes for individuals served by the provider. Following are some examples of what should and should not be included in this section:

General Rule of Thumb:

- If the provider has made substantial efforts to deal with a particular situation, but it requires either the Area Office or some other outside entity, such as a physician or guardian to rectify, then it should be noted here.

Issues that should be noted:

- 1) While the provider had noted the need for a guardian for EG, no guardian had been assigned at the time of the survey.
- 2) Despite substantial effort on the part of the provider to assist LM to make safe decisions with respect to his relationships, and to advocate with the Area Office risk management team, he continued to become involved with individuals who took advantage of him. Serious consideration should be given to the development of a more effective risk management plan.
- 3) While living independently with 8 hours of support per week, AB was not taking his insulin regularly. The provider has advocated with the Area Office for more support to manage his diabetes and assure that he is regularly taking his insulin.
- 4) RD's physician did not fully explain the pros and cons of proposed treatment for RD's high blood pressure.
- 5) GH is very dissatisfied with her living situation and wants to move. The provider is working closely with the Area Office to develop a new living situation, while also trying to ameliorate the differences she has with her roommate.

Issues that should NOT be noted:

General rule of thumb:

If something is a requirement of the provider's contract or ISP goals for individuals served, then it is not appropriate to reference lack of funds as a rationale for something that is outside of their control

(Attached to the Provider report and for Area and Regional office use)

GUARDIAN and FAMILY MEMBER FEEDBACK ADDENDUM:

This section of the provider report is devoted to noting issues, comments and /or commendations that were not within the scope of the indicators or the purview of the survey, but should be noted in the interest of supporting positive outcomes for individuals served by the provider.