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| Provider | ARC OF GREATER PLYMOUTH (THE) |  | Provider Address | 52 Armstrong Drive , Plymouth |
| Survey Team | Savage, Jamie; Gregory, Katherine;  |  | Date(s) of Review | 17-FEB-22 to 21-FEB-22 |

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| **Follow-up Scope and results :** |
| Service Grouping | Licensure level and duration | # Critical Indicators std. met/ std. rated at follow-up  |  # Indicators std. met/ std. rated at follow-up | Sanction status prior to Follow-up | Combined Results post- Follow-up; for Deferred, License level | Sanction status post Follow-up |
| Residential and Individual Home Supports | 2 Year License |  | 7/12 | x | Eligible for new business(Two Year License) | 2 Year License | x | Eligible for New Business(80% or more std. met; no critical std. not met) |
| 5 Locations 7 Audits  |  |  |  | o | Ineligible for new business. (Deferred Status: Two year mid-cycle review License) |  | o | Ineligible for New Business(<=80% std met and/or more critical std. not met) |

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| **Summary of Ratings** |

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| **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by Provider** |
| **Indicator #** | L43 |
| **Indicator** | Health Care Record |
| **Issue Identified** | Health Care Records do not always have diagnoses listed that match BayCIS. |
| **Actions Planned/Occurred** | Findings show that these are updated in a timely manner. Where programs struggle is that the diagnoses between BayCIS, our current client record system, and the HCSIS HCR do not always match. Our internal eHana development team is working with eHana to get these to match up as close as possible. |
| **Status at follow-up** | Four Health Care Records reviewed were updated with current information such as diagnosis, recent vaccination statuses and hospitalizations. |
| **Rating** | Met |
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| **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L85 |
| **Indicator** | Supervision  |
| **Area Need Improvement** | At five of the fifteen locations, issues identified at different locations pointed to inconsistencies or absence of oversight, ongoing supervision, and staff development. The agency needs to ensure that oversight, supervision, and staff/home provider development activities are offered consistently. |
| **Status at follow-up** |  |
| **#met /# rated at followup** |  |
| **Rating** | Not Rated |
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| **Indicator #** | L86 |
| **Indicator** | Required assessments |
| **Area Need Improvement** | For five of eleven individuals, required assessments for the ISP were not submitted within the required timeframe. The agency needs to ensure that ISP assessments are developed and submitted to the DDS Area Office at least 15 days prior to scheduled ISP meeting. |
| **Status at follow-up** | Assessments for three of seven individuals were not submitted within the required timelines. |
| **#met /# rated at followup** | 4/7 |
| **Rating** | Not Met |
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| **Indicator #** | L87 |
| **Indicator** | Support strategies |
| **Area Need Improvement** | For four of eleven individuals, support strategies for the ISP were not developed and submitted within the required timeframes. The agency needs to ensure that support strategies for the ISP are submitted to the DDS Area Office at least 15 days prior to scheduled ISP meetings. |
| **Status at follow-up** | Support Strategies for three of six individuals were not submitted within the required timelines. |
| **#met /# rated at followup** | 3/6 |
| **Rating** | Not Met |
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| **Indicator #** | L91 |
| **Indicator** | Incident management |
| **Area Need Improvement** | At three out of thirteen locations, incidents were not entered and/or finalized in HCSIS within the required timelines. The agency needs to ensure that incidents are reported, reviewed and finalized within the required timelines as mandated by regulation. |
| **Status at follow-up** |  |
| **#met /# rated at followup** |  |
| **Rating** | Not Rated |
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