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| **Provider:** |

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| ARC OF GREATER PLYMOUTH (THE) |

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| **Provider Address:** |

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| 52 Armstrong Drive , Plymouth |

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| **Name of PersonCompleting Form:** |

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| **Date(s) of Review:** |

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| 17-FEB-22 to 21-FEB-22 |

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| **Follow-up Scope and results :** |  |  |
| Service Grouping | Licensure level and duration |  # Indicators std. met/ std. rated  |
| Employment and Day Supports | 2 Year License | 5/5 |
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| **Summary of Ratings** |

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| **Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L8 |
| **Indicator** | Emergency Fact Sheets |
| **Area Need Improvement** | Two emergency fact sheets did not contain all of the individual's pertinent diagnoses. The agency needs to ensure all emergency fact sheets are current and accurate. |
| **Process Utilized to correct and review indicator** | At the time of the OQE visit, two Emergency Fact Sheets needed to be updated and cross-referenced with information provided from residential services. To meet this indicator, Emergency Fact Sheets will be reviewed with the full team during ISP meetings to ensure the EFS is current and inclusive of all necessary information. Director of Day Services will ensure any needed changes are made sooner when needed. Starting 2/14/2022, Dir. of QA or Director of Day Services will do a monthly audit to verify all EFS information is up to date. This process was implemented on December 1, 2021 and evaluated on January 26, 2022. |
| **Status at follow-up** | On January 26, 2022 a review of all Emergency Fact Sheets for current participants showed that all are up to date. |
| **Rating** | Met |
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| **Indicator #** | L15 |
| **Indicator** | Hot water |
| **Area Need Improvement** | The water temperature tested at 86 and 89 degrees. The agency needs to ensure water temperatures test between 110 and 120 degrees. |
| **Process Utilized to correct and review indicator** | To meet this indicator, water temperature checks will be completed and logged in the Water Temperature Log minimally on a monthly basis to ensure the required temperatures are achieved. This process will be overseen by the Director of Day Services. If there is a need to adjust the temperature of the water, the Facilities Manager will be contacted to immediately adjust the water temperature. This process was implemented on December 1, 2021. Director of Day Services emailed property plumber on 12/10/2021 to verify the temp is set to standards. Temperature has been set to 110 per plumber. |
| **Status at follow-up** | On January 26,2022, a water temperature check was completed and water temperature were at 100-110. |
| **Rating** | Met |
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| **Indicator #** | L29 |
| **Indicator** | Rubbish/combustibles |
| **Area Need Improvement** | Combustible boards were located near the heating equipment. The agency needs to ensure no combustible material is located near the heating equipment. Corrected |
| **Process Utilized to correct and review indicator** | At the time of the OQE visit, combustible material was located near the heating equipment. This was corrected, as noted in the final report. The process implemented to ensure this indicator is met includes a monthly environmental audit completed by staff and submitted to the Director of Day Services, ensuring "no rubbish or other combustibles are accumulated within the location including near heating equipment and exits." This process was implemented on December 1, 2021. |
| **Status at follow-up** | On January 26, 2022 an environmental audit was completed and observations include: No rubbish or combustibles accumulated in the building. This is including near any heating equipment and exits. |
| **Rating** | Met |
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| **Indicator #** | L86 |
| **Indicator** | Required assessments |
| **Area Need Improvement** | For 3 out of 7 individuals, required assessments were not submitted with in the required timeline. The agency needs to develop a system to ensure required assessments are submitted with in the required timelines. |
| **Process Utilized to correct and review indicator** | At the time of the OQE visit, required assessments were not submitted within required timeframes. The process that was developed to ensure assessments are submitted within required timeframes includes weekly checks in HCSIS by the Director of Day Services. Additionally, Dir. of QA will audit HCSIS assessments for participants starting on 2/14/2022. This process was implemented on December 1, 2021. |
| **Status at follow-up** | On January 26, 2022 an audit was performed and observed that all required HCSIS assessments are up to date. |
| **Rating** | Met |
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| **Indicator #** | L87 |
| **Indicator** | Support strategies |
| **Area Need Improvement** | For 3 out of 8 individuals, support strategies were not submitted with in the required timeline. The agency needs to develop a system to ensure support strategies are submitted with in the required timelines. |
| **Process Utilized to correct and review indicator** | For 3 out of 7 individuals, required assessments were not submitted with in the required timeline. The agency needs to develop a system to ensure required assessments are submitted with in the required timelines. At the time of the OQE visit, required assessments were not submitted within required timeframes. The process that was developed to ensure assessments are submitted within require timeframes includes weekly checks of HCSIS by the Director of Day Services. Additionally, Dir. of QA will audit HCSIS assessments for participants starting on 2/14/2022.This process was implemented on December 1, 2021. |
| **Status at follow-up** | On January 26, 2022 an audit was performed and it was observed that all required HCSIS assessments are up to date. |
| **Rating** | Met |
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