

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

Provider: BASS RIVER DAY ACTIVITY

Provider Address: 437 Essex St , Beverly

Name of Person Gail Borish-Wayson
Completing Form:

Date(s) of Review: 01-JUN-23 to 03-JUN-23

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

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

Indicator #	L55
Indicator	Informed consent

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Issue Identified	Of the twelve individuals reviewed on this standard, eight did not have informed consent for medical treatment or management of finances available in their records.
Actions Planned/Occurred	Last spring the administrative office of Bass River was asked to email or post mail these consents. They did, but they were not asked to keep Residential Directors aware of their progress in receiving signed copies back. Going forward they will be asked to report on which consents are outstanding at one month, two month and three month intervals. After three months it will be up to the Residential Director to acquire any outstanding consents.
Process Utilized to correct and review indicator	Consents were sent out in the last week of May to 42 guardians. Around the same time consents were presented and explained to 6 individuals without guardians. The first status update on this has been issued to residential directors. By the end of July they will be responsible for seeing that the guardian has returned the consent
Status at follow-up	At this time 20 consents have been returned and 26 are outstanding
Rating	Not Met

Indicator #	L85
Indicator	Supervision

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Issue Identified	Covid has impacted supervision in many positive and negative ways. In general Residential Directors are spending more time in Residential Programs. Initially this happened to minimize them gathering in a central location and to provide additional direct care support. As the staffing crisis continues though, Directors continue to spend more hours than in the past providing direct care. In addition, we have multiple programs where some or all of the residents have not returned to attending a day program. In general Directors are more available to informally provide support, feedback and supervision to direct care staff. On the other hand, they have less time to devote to administrative functions, including setting aside private, or even group sessions to meet with staff away from the individuals in programs.
Actions Planned/Occurred	Over the coming year, Bass River will re-evaluate the expectations and the process for providing supervision to staff in a variety of roles and situations.
Process Utilized to correct and review indicator	In May a set of supervisory expectations was generated and shared among supervisors
Status at follow-up	Expectations were written, approved and distributed in May
Rating	Not Met

Indicator #	L86
Indicator	Required assessments
Issue Identified	Covid has had a dramatic impact on how residential Directors have to manage their time. As the pandemic has eased, Directors are in fact refocusing on some of the more fundamental requirements of program provision
Actions Planned/Occurred	Over the coming year, Bass River will refocus on the fundamentals of program provision with ISP management as a top priority.

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Process Utilized to correct and review indicator	A spread sheet has been created. This spread sheet identifies the dates of Most recent ISP, dates that progress summaries are due, as well as the projected date that assessments and support strategies are due. Using this document a list is generated each month identifying which individuals , over the coming two months, will have documents due. This process was initiated in May and has occurred again in June
Status at follow-up	There have been 2 ISPs for residential since May 1. Deadlines were met for 1 of the 2.
Rating	Not Met

Indicator #	L87
Indicator	Support strategies
Issue Identified	Covid has had a dramatic impact on how residential Directors have to manage their time. As the pandemic has eased, Directors are in fact refocusing on some of the more fundamental requirements of program provision.
Actions Planned/Occurred	Over the coming year, Bass River will refocus on the fundamentals of program provision with ISP management as a top priority.
Process Utilized to correct and review indicator	A spread sheet has been created. This spread sheet identifies the dates of Most recent ISP, dates that progress summaries are due, as well as the projected date that assessments and support strategies are due. Using this document a list is generated each month identifying which individuals , over the coming two months, will have documents due. This process was initiated in May and has occurred again in June
Status at follow-up	2 out of 3 progress summaries due since May were submitted on time

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

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	In two instances, restrictive practices for one individual that affect all individuals in the home did not have a mitigation plan in place. The agency needs to ensure that there is a plan to reduce or eliminate the practices, as well as to mitigate the restrictions so as not to unduly restrict the individuals for whom the practices are not in place. In addition, the restrictive practices must be reviewed by the agency's Human Rights Committee and be incorporated into the ISP.
Process Utilized to correct and review indicator	Restrictive practices are rare. The Director of Behavior Service, the Human Rights Liaison and the Director of Residential Services will all be more attentive to seeing that when a restrictive practice is submitted for approval the the statements of mitigation will be included as well
Status at follow-up	Statements of Mitigation have been prepared. They have been submitted to the Human Rights Committee for approval They have not all been incorporated int individuals' ISPs
Rating	Not Met

Indicator #	L88
Indicator	Strategies implemented

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Area Need Improvement	For two of seven individuals, the agency was unable to demonstrate services and support strategies were being implemented as outlined in the ISP. The agency needs to ensure that support strategies are implemented as agreed upon by the ISP team.
Process Utilized to correct and review indicator	Directors will be asked to email copies of progress summaries to the Director of Residential Services. A spreadsheet will be devised to track whether progress is being made or not and how to ensure that objectives are being addressed In progress
Status at follow-up	In progress
Rating	Not Met

Indicator #	L91
Indicator	Incident management
Area Need Improvement	At one of three locations, incident reports were not submitted and finalized as mandated by DDS regulation. The agency needs to ensure that incidents are reported and finalized in HCSIS according to requisite timelines.
Process Utilized to correct and review indicator	The agency has developed a new training curriculum for staff in regard to incidents. The agency has reviewed and updated its policies in regard to incident reporting. Incidents will be reviewed by the Director of Residential Services on a weekly basis.
Status at follow-up	Ongoing
Rating	Met

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

Indicator #	L91
Indicator	Incident management
Area Need Improvement	At one of three locations, incident reports were not submitted and finalized as mandated by DDS regulation. The agency needs to ensure that incidents are reported and finalized in HCSIS according to requisite timelines.
Process Utilized to correct and review indicator	The agency has developed a new training curriculum for staff in regard to incidents. The agency has reviewed and updated its policies in regard to incident reporting. Incidents will be reviewed by the Director of Day Services on a weekly basis.
Status at follow-up	Ongoing
Rating	Met

Indicator #	L94 (05/22)
Indicator	Assistive technology
Area Need Improvement	For four individuals the agency had not completed an Assistive Technology assessment to identify how the use of equipment or technology to maximize independence could be utilized. The agency needs to ensure a formal or informal Assistive Technology assessment has been completed for each individual and identified technologies and equipment are obtained and utilized.
Process Utilized to correct and review indicator	The records of individuals have been reviewed. A list of those lacking the assessment has been created and progress has been made in assessing those lacking the assessment.

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Status at follow-up	Ongoing
Rating	Not Met