

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: 30-JUL-20 to 30-JUL-20

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Employment and Day Supports		4/4
Residential and Individual Home Supports	2 Year License	7/8

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

Indicator #	L9
Indicator	Safe use of equipment

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Area Need Improvement	At one of three locations, there was no evidence that individuals had been thoroughly trained to utilize the industrial kitchen equipment safely. The agency needs to ensure that each individual is fully assessed and this assessment of safety skills and supports needs detailed in a written plan. Guidance, supervision, support, review of safety precautions, and training should then be provided to any individual assessed to need support to utilize equipment safely.
Process Utilized to correct and review indicator	<p>The individuals that have access to the industrial sink were assessed and trained in its use.</p> <p>Day programs are also creating a list of potentially hazardous equipment at each of the three sites. As day programs re-open, the individuals' access to potentially hazardous equipment will be determined and if applicable their skills will be assessed. Based on that assessment training and supports will be implemented as indicated.</p>
Status at follow-up	Individuals utilizing the industrial sink were trained in its use. A list of potentially hazardous equipment at each site is being prepared. .
Rating	Met
Indicator #	L18
Indicator	Above grade egress
Area Need Improvement	The agency has a roof top garden utilized by individuals to grow plants and vegetables during the spring and summer months. This level of the building does not have the required number of means of escape or egress to grade. The agency needs to ensure there is at least one means of egress and one means of escape to grade from each floor/level used by individuals.

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Process Utilized to correct and review indicator	The agency has begun to explore options for creating a second means of egress from the rooftop garden. In the interim, individuals will not access that area until a second means of egress is established.
Status at follow-up	Individuals have not and will not utilize the roof-top garden area until a second means of egress is established and approved.
Rating	Met
Indicator #	L55
Indicator	Informed consent
Area Need Improvement	For one individual, the photograph consent in place lacked specificity and included varying purposes for use. The agency needs to ensure that consent for use of photographs and other media information is secured only when the need arises, and is specific to each image, intended audience and distribution platform.
Process Utilized to correct and review indicator	No incident reports have been generated by the day program for the period of April 1 through June 30. As an agency we will review, and update if indicated, our policy on the reporting of incidents. Training on all levels will then occur.
Status at follow-up	There are no day program incidents to review. The agency will continue to monitor this situation as the day program gradually re-opens.
Rating	Met
Indicator #	L91
Indicator	Incident management
Area Need Improvement	At one of three locations surveyed, one incident report was not generated and submitted within the required HCSIS time frames. The agency needs to ensure all incident reports are generated and submitted by the required HCSIS due dates.

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Process Utilized to correct and review indicator	That one specific photograph consent has been eliminated. Nothing similar has been located at any program site. The agency will review the requirements around photographic consents and make a determination as to what if any type of form will be utilized going forward.
Status at follow-up	Forms in place at all three sites have been reviewed. Though they differ in content, all are far more specific than the one cited. Forms will be reviewed against the applicable regulations and a standard one agreed upon
Rating	Met

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

Indicator #	L35
Indicator	Preventive screenings
Area Need Improvement	Two individuals were noted to not have had all their recommended preventative screenings. The agency needs to ensure individuals receive routine and preventative screenings as outlined in the health recommendations and/or requested by their physicians.
Process Utilized to correct and review indicator	The agency has attempted to schedule eye exams for the two women in question. Due to Covid-19 restrictions on non-essential appointments, the doctors were not willing to see them at this point. We will continue to attempt to get the appointments scheduled as appointments become available. . In addition, a form will be developed and utilized at least twice a year to track what specialists an individual sees, when their last appointment was and when their next one should occur. The content of this form will be reviewed and updated in preparation for the person's annual physical and their ISP
Status at follow-up	The agency has attempted to schedule the appointments and will continue to do so until successful
Rating	Not Met

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Indicator #	L54
Indicator	Privacy
Area Need Improvement	In one location, information pertaining to individuals' personal needs was posted in public/common areas of the home. The agency needs to ensure that all individuals are afforded privacy with regard to their personal information.
Process Utilized to correct and review indicator	This need for privacy has been reiterated to Residential Directors. Going forward, this will be incorporated into a semi-annual review of each site that will be conducted by the Director of Residential Services or their designee.
Status at follow-up	At the house in question, all personal information was removed prior to the end of the survey
Rating	Met
Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	For two individuals, restrictive practices were in place without the requisite adequate notice to the individuals/guardians for whom the restrictions were not necessary. The agency needs to ensure that when restrictive practices are present; all required elements are present, including having a written rationale, the appropriate reviews, mitigation plans and a process in which to inform individuals/guardians of the presence of the restriction.

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Process Utilized to correct and review indicator	<p>Notice of restrictions and mitigations have been prepared and sent out to the involved guardians.</p> <p>Bass River has had an increase in the utilization of unique supports that might impact on others in the program site. Behavioral Services will work closely with Day and Residential Services to see that all necessary elements are present when such supports are utilized.</p> <p>As a backup a form is being developed to be utilized by Human Rights Officers and Program Managers to track the implementation of concerns that must be reported to the Human Rights Committee (behavioral meds, SPDs, restrictive practices)</p>
Status at follow-up	Notices of restrictions and mitigations have been sent out to the involved guardians
Rating	Met
Indicator #	L62
Indicator	Health protection review
Area Need Improvement	For six individuals, there was no evidence that supportive protective devices that were restrictive had been reviewed by the agency Human Rights Committee (HRC). The agency needs to ensure that all supportive protective devices are submitted for inclusion in each individual's ISP and if restrictive, are reviewed by the agency HRC.
Process Utilized to correct and review indicator	<p>The Supportive and Protective Devices that these folks utilize were reviewed by the HRC, however the documentation was not specific enough to substantiate this.</p> <p>The documentation of these reviews will be addressed going forward. In addition, a form is being developed to assist Human Rights Officers, Program Managers and other Specialists to see that all necessary parties are informed re unique supports that individuals utilize</p>

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Status at follow-up	Supports for the six individuals will be addressed at the next Human Rights Meeting
Rating	Met
Indicator #	L64
Indicator	Med. treatment plan rev.
Area Need Improvement	Two individuals had behavior modifying medication treatment plans which were not submitted for review in the individual's ISP. The agency needs to ensure that treatment plans are submitted for review by the ISP team.
Process Utilized to correct and review indicator	<p>Bass River has had a plan in place to see that Medication Treatment Plans are submitted in a timely manner. QUEST identified two that had not been submitted in a timely manner. One was an isolated issue. The second had been submitted but after the ISP a medication had been added. Bass River was not aware that a formal ISP modification was indicated. Such modifications will be requested going forward.</p> <p>All ISP that occurred between April 1 and June 30 were reviewed.. There were eleven ISPs. In nine cases a Medication Treatment Plan was indicated and all nine ISPs contained that plan. In one case a medication had been added after the ISP and that medication was not addressed in the Medication Treatment Plan. A revised Treatment Plan is being written and will be submitted for an ISP modification once it is completed</p>
Status at follow-up	91% of reviewed ISPs met the standard
Rating	Met
Indicator #	L68
Indicator	Funds expenditure

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Area Need Improvement	Four of seven individuals' funds reviewed had issues identified with funds being used for items which did not directly benefit the individuals. The agency needs to ensure that individual's funds are used only for items which directly benefit each individual and do not fall under the purview of health insurance or agency related maintenance.
Process Utilized to correct and review indicator	<p>Two individuals were noted for having paid to have their rooms painted. They have been reimbursed</p> <p>Two individuals were noted to have paid for personal items that insurance will typically pay for . Their reimbursement has been issued.</p> <p>Bass River reviewed the expenses of all individuals that utilize Depends like garments. There were 14 individuals. Five had no out of pocket expenses for these items. The expenses of four individuals were determined to be justifiable in that they were for items beyond what insurance would pay for..</p> <p>There were four individuals that we were not able to document the justification for the expenses . Their reimbursement has been issued.</p> <p>Going forward, Bass River will maintain better documentation for the thought process of purchasing personal items in addition to, or in place of the items that insurance will pay for and will obtain the consent of the individual, or their guardian if indicated, prior to making such purchases</p>
Status at follow-up	Checks have been issued to reimburse the four individuals for whom the necessity of the expense could not be adequately documented
Rating	Met
Indicator #	L88
Indicator	Strategies implemented

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Area Need Improvement	For three individuals, documentation systems to capture ISP objective data were not effective in indicating whether each person was working towards their ISP objective as specified in the ISP Provider Support Strategy. The agency needs to ensure that strategies for objective obtainment are implemented as detailed in Support Strategies and that data collection systems allow for measurable data to be collected to indicate whether progress is being made.
Process Utilized to correct and review indicator	The data collection for these three individuals has been reviewed and revised Going forward, the Director of Residential Services and the Director of Behavioral Services will work with Program Managers to increase their skills in this area
Status at follow-up	Data collection for these three individuals has been revised
Rating	Met
Indicator #	L91
Indicator	Incident management
Area Need Improvement	At two of three locations surveyed, incident reports were not generated and submitted within the required HCSIS time frames. The agency needs to ensure all incident reports are generated and submitted by the required HCSIS due dates.
Process Utilized to correct and review indicator	All incidents crated between 3/1 and 7/24 were reviewed in relationship to meeting timelines.
Status at follow-up	Between 3/1 and 7/24, eight incidents were filed.. Two were qualified as being "finalized late". Both were hospitalizations that could not be finalized within the expected timeframes as the individuals were still in the hospital . In both cases the incident was finalized within 24hurs of the conclusion of the hospitalization.
Rating	Met