

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

Provider: BAY COVE HUMAN SERVICES

Provider Address: 66 Canal St , Boston

Name of Person Tamara Dearborn
Completing Form: _____

Date(s) of Review: 07-JUL-22 to 08-JUL-22

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	4/5
Employment and Day Supports	2 Year License	3/4

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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.
Process Utilized to correct and review indicator	A review of this indicator took place at our manager's meeting on May 5, 2022. Quality Assurance Reviews were conducted on 5 locations during this time period. This included review of this indicator. 1:1 discussion of the process also took place during these reviews.
Status at follow-up	ISPs occurred for 4 individuals at these locations during this reporting period. The review indicated that documentation for all 4 individuals matched between BayCIS & HCSIS.
Rating	Met

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.

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Process Utilized to correct and review indicator	Process Utilized to correct and review indicator A review of this indicator took place at our manager's meeting on May 5, 2022. Templates were adjusted and reviewed with managers. Quality Assurance Reviews were conducted on 5 locations during this time period. This included review of this indicator. 1:1 discussion of the process also took place during these reviews.
Status at follow-up	Documentation was present at all sites. While we have set templates for supervision and staff meeting minutes, we are looking at ways to ensure that these are always used.
Rating	Met

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.
Process Utilized to correct and review indicator	A review of how to submit ISP documentation and the required timelines along with an explanation of the DDS ISP annual review pilot was presented to all managers at our manager's meeting on May 5, 2022. Prior to the DDS Licensing Review, we generated a list centrally of all upcoming ISPs approximately 1 month before the ISP date and sent these out to all managers. After our Licensing Review, we started generating these lists approximately 1.5 months out. Quality Assurance Reviews were conducted on 5 locations during this time period. This included review of this indicator.

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Status at follow-up	Status at follow-up ISPs occurred for 4 individuals at these locations during this reporting period. Documentation for all 4 individuals was submitted on-time within HCSIS.
Rating	Met

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.
Process Utilized to correct and review indicator	<p>A review of how to submit ISP documentation and the required timelines along with an explanation of the DDS ISP annual review pilot was presented to all managers at our manager's meeting on May 5, 2022.</p> <p>Prior to the DDS Licensing Review, we generated a list centrally of all upcoming ISPs approximately 1 month before the ISP date and sent these out to all managers. After our Licensing Review, we started generating these lists approximately 1.5 months out.</p> <p>Quality Assurance Reviews were conducted on 5 locations during this time period. This included review of this indicator.</p>
Status at follow-up	Status at follow-up ISPs occurred for 4 individuals at these locations during this reporting period. Documentation for all 4 individuals was submitted on-time within HCSIS.
Rating	Met

Indicator #	L91
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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.
Process Utilized to correct and review indicator	Process Utilized to correct and review indicator A review of how to submit Incident Reporting documentation and the required timelines along with an explanation of how to submit an extension for pertinent incidents was presented to all managers at our manager's meeting on May 5, 2022. Prior to the DDS Licensing Review, we generated a list open incidents in HCSIS weekly and sent these out to all managers. This is a practice we continue to do. Incident Report submission data was pulled from HCSIS for all residential and HIS individuals.
Status at follow-up	39 out of 52 incidents (75%) were submitted and finalized within HCSIS on-time. *During this time period, we had a lot of movement within the management structure. We have worked to fill vacancies. We are working 1:1 to provide additional training with newer managers and any manager and their supervisor that did not submit an incident report on-time during this reporting period.
Rating	Not Met

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

Indicator #	L15
Indicator	Hot water

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Area Need Improvement	Hot water temperature at the Day service location measured outside the required temperature range. The agency needs to ensure that water temperature is maintained to be within the required range at all its locations.
Process Utilized to correct and review indicator	Temperatures were taken at weekly intervals and our Property Department adjusted any temperatures if they were over the required temperature.
Status at follow-up	We've tested this repeatedly and the final temperature
Rating	Met

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	For four of nine individuals, support strategies for the ISP were not submitted within required timeframes. The agency needs to ensure that support strategies are submitted to the DDS Area Office at least 15 days prior to scheduled ISP meetings.
Process Utilized to correct and review indicator	We modified a system that was previously in place by shortening the duration of time between email reminders. We moved from monthly to weekly emails to managers with upcoming ISP information. We are also utilizing Google Calendar to provide reminders to managers a few weeks before, then 4 days before & then the day due to improve the timeliness of ISP material submissions. This system was put in place for the June ISP's. The SPD and Service Director have been working 1:1 with new managers to improve submission timeliness. Submission information for one program was pulled from HCSIS for the reporting period.
Status at follow-up	ISPs occurred for 8 individuals at this location during this reporting period. Documentation for 6 of the 8 individuals (79%) was submitted on-time within HCSIS.

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Rating	Not Met
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Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by Provider

Indicator #	L86
Indicator	Required assessments
Issue Identified	Not all Assessments have not been submitted into HCSIS within the required timeline.
Actions Planned/Occurred	While some programs (managers) have good systems in place to submit these on time, others struggle in this area. We have identified the programs where these are chronically submitted past the deadline and are starting to provide more intensive training and oversight.
Process Utilized to correct and review indicator	We modified a system that was previously in place by shortening the duration of time between email reminders. We moved from monthly to weekly emails to managers with upcoming ISP information. We are also utilizing Google Calendar to provide reminders to managers a few weeks before, then 4 days before & then the day due to improve the timeliness of ISP material submissions. This system was put in place for the June ISP's. The SPD and Service Director have been working 1:1 with new managers to improve submission timeliness. Submission information for one program was pulled from HCSIS for the reporting period.
Status at follow-up	ISPs occurred for 8 individuals at this location during this reporting period. Documentation for all 8 individuals was submitted on-time within HCSIS.
Rating	Met

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Indicator #	L88
Indicator	Strategies implemented
Issue Identified	While programs are actively working with individuals on their goals, they are not always properly documenting progress.
Actions Planned/Occurred	Much like with L85, once we have our electronic program record, we will have access to be able to track the frequency and quality of progress notes for individuals. We will continue to provide training to managers and staff on the importance of tracking these instances along with how to create simple tracking tools for staff to use.
Process Utilized to correct and review indicator	We modified a system that was previously in place by shortening the duration of time between email reminders. We moved from monthly to weekly emails to managers with upcoming summary information. We are also utilizing Google Calendar to provide reminders to managers a few weeks before, then 4 days before & then the day due to improve the timeliness of summary material submissions. This system was put in place for the June summaries due. The SPD and Service Director have been working 1:1 with new managers to improve submission timeliness. Submission information for one program was pulled from HCSIS for the reporting period.
Status at follow-up	12 out of 13 (92%) 6-month summaries were submitted on-time in HCSIS.
Rating	Met