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| |  |  |  | | --- | --- | --- | | **Follow-up Scope and results :** |  |  | | Service Grouping | Licensure level and duration | # Indicators std. met/ std. rated | | Residential and Individual Home Supports | Defer Licensure | 2/3 | |  |  |  | | Employment and Day Supports | 2 Year License | 1/1 | |  |  |  | | |  |

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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 #** | L87 | | **Indicator** | Support strategies | | **Area Need Improvement** | For four of fifteen individuals, Support Strategies for the ISP were not submitted at least 15 days prior to the ISP. The agency needs to ensure that Support Strategies are submitted to DDS at least 15 days before scheduled ISP meetings. | | **Process Utilized to correct and review indicator** | The process for submitting Support Strategies and timeline requirements were reviewed with all Support and Coordinating Directors.  All Directors have access to HCSIS Alerts page, and they are consistently checking them to ensure they are on top of the ISP timelines for each of their individuals.  Managers are also reminded during the All-Team Meetings each week to check on their individuals ISP section on HCSIS.  QA Department continues to send out weekly reminder emails to ensure timely submission of all assessments, support strategies and progress summaries. | | **Status at follow-up** | During this follow up period, Employment and Day Supports was able to successfully submit 13 out of the 13 Support Strategies on time and scored 100%. | | **Rating** | Met | | **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS** | | | **Indicator #** | L15 | | **Indicator** | Hot water | | **Area Need Improvement** | At two out of seven locations, water temperature measured outside of the required range of 110 to 120 degrees (112 shower). The agency needs to ensure that water temperatures at all locations is maintained to be within the required range. | | **Process Utilized to correct and review indicator** | All Directors were re-trained to check water temperatures at all faucets and showers, and the procedures if a faucet falls under or over the required range of 110-120 degrees (112 showers).  Directors contact the main office and the Agency's plumber to report any issues with the water and when the readings fall above or below the required range.  Apart from the frequent water temperature measurements from the Directors at each program, QA Department performs quarterly checks of all the faucets and showers at the programs as part of their review process. | | **Status at follow-up** | During this follow up period, water temperatures were rechecked on all seven programs, and all measured inside the range of 110 to 120 degrees (112 shower). | | **Rating** | Met | | **Indicator #** | L87 | | **Indicator** | Support strategies | | **Area Need Improvement** | For two of nine individuals, Support Strategies for the ISP were not submitted at least 15 days prior to the ISP. The agency needs to ensure that Support Strategies are submitted to DDS at least 15 days before the scheduled ISP meeting. | | **Process Utilized to correct and review indicator** | The process for submitting Support Strategies and timeline requirements were reviewed with all Support and Coordinating Directors.  All Directors have access to HCSIS Alerts page and they are consistently checking them to ensure they are on top of the ISP timelines for each of their individuals.  Managers are also reminded during the All Team Meetings each week to check on their individuals ISP section on HCSIS.  QA Department continues to send out weekly reminder emails to ensure timely submission of all assessments, support strategies and progress summaries. | | **Status at follow-up** | During this follow up period, Employment and Day Supports was able to successfully submit 13 out of the 13 Support Strategies on time and scored 100%. | | **Rating** | Met | | **Indicator #** | L91 | | **Indicator** | Incident management | | **Area Need Improvement** | At four of nine sites, incidents were reported and/or finalized outside of the required timelines. The agency must adhere to the HCSIS timelines for incident reporting and finalization. | | **Process Utilized to correct and review indicator** | Program Directors were re-trained in Beaverbrook STEP incident reporting policy and procedures which included the HCSIS incident reporting/submission timelines, incident categories and incident report writing and submission procedures.  Current procedures for tracking incident reports were also reviewed.  Agency continues to use the daily check ins from all programs, On-call reporting systems and Leadership Team meetings to review all incidents in order to ensure all necessary incidents are reported in HCSIS in a timely manner.  QA department continues to send daily "HCSIS incident alert" emails to HCSIS coordinators as an extra layer of oversight. | | **Status at follow-up** | While the agency meets the standard for initial submissions, incident report finalizations fell below the 80% threshold during the follow up period. QA, along with the HCSIS Coordinators have recently created a database that will alert managers to the dates that each part of the report must be completed. This database will automatically populate the actual dates for submission based on the date of occurrence and category of incident. This database will be reviewed daily by the HCSIS Coordinator and QA to ensure that all reports are submitted and finalized within the required timeframes. | | **Rating** | Not Met | |  | | |