

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

**Provider:** Becket Family of Services dba  
LifeConnections

**Provider Address:** 107 Scott Drive , Leominster

**Name of Person** Tim Perdue  
**Completing Form:**

**Date(s) of Review:** 25-AUG-21 to 29-OCT-21

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	6/6

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

**Summary of Ratings**

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

<b>Indicator #</b>	L36
<b>Indicator</b>	Recommended tests
<b>Area Need Improvement</b>	For two individuals, some follow-up healthcare appointments did not occur. The agency needs to ensure that follow-up appointments are kept and referrals to specialists are made. This includes both initial appointments and ongoing follow up.
<b>Process Utilized to correct and review indicator</b>	Leadership Team (State Director, Director of Nursing and Assistant Director of Nursing) developed and implemented new Health Care Practitioner (HCP) Visit Form Procedure for appointment completion and medical follow up across all programs.
<b>Status at follow-up</b>	<p>Assistant Director of Nursing and State Director trained Regional Directors on the new process 10/13/21; Assistant Director of Nursing Trained Program Managers on 10/15/21. New process implementation date: 10/15/21. Program Managers trained their staff at scheduled staff meetings week of 10/18/21. Program Managers ordered supplies needed (ex. Wall pockets to file forms for Program Manager review) and organized HCP forms accordingly.</p> <p>All programs surveyed: 24 HCP visit forms completed, 100% of follow up appointments required were made.</p>
<b>Rating</b>	Met

<b>Indicator #</b>	L63
<b>Indicator</b>	Med. treatment plan form

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

<b>Area Need Improvement</b>	For five of six individuals with medication treatment plans, clinical indications for reducing or eliminating the medication were not addressed. When medications are administered to control or modify behaviors, the agency needs to ensure that the medication treatment plan describes the behaviors targeted for treatment in observable and measurable terms; procedures to minimize the risks of taking the medication(s) are defined; and measurable criteria for reducing or discontinuing the medications are included. Data on behaviors targeted for treatment needs to be collected and tracked so it may be shared with the prescriber to evaluate medication effectiveness.
<b>Process Utilized to correct and review indicator</b>	The Clinical Director updated the Medication Treatment Plans template based on the provided feedback. L63 Attachment 1 is the new template, highlighted on the template are the areas that were changed to address the missing information. In addition, there was an update to the Psychiatric Appointment Reporting Document to make sure the information is being provided to the prescribing physician based on the changes to the Medication Treatment Plan. L63 Attachment 2 is the updated Psychiatric Appointment Reporting Document, highlighted are the changes.
<b>Status at follow-up</b>	The new template for medication treatment plans was implemented on 10/1/2021.
<b>Rating</b>	Met

<b>Indicator #</b>	L87
<b>Indicator</b>	Support strategies
<b>Area Need Improvement</b>	For one of two individuals, provider support strategies were not submitted to DDS within required timelines. The agency needs to ensure that provider support strategies are submitted to DDS within 15 days prior to the ISP meeting.

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

<b>Process Utilized to correct and review indicator</b>	The Becket QI department has implemented a monthly audit system that reports the percentages of ISP Support Strategies submitted within the state timelines for each location. This report is distributed on the 15th of every month, and is received by the Executive Director, State Director, Regional Directors, as well as the site Managers. This system has been in place since April of 2021 and the agency has seen increased compliance in this area since implementation. Becket will continue to audit the provider support strategy timelines and report the data monthly. Any locations that are not meeting the timeline requirements Becket will provide additional training and supervision in this area.
<b>Status at follow-up</b>	During the period of review (8/24/21-10/1/21) there have been multiple ISP's which have totaled 10 completed Support Strategies, of which 7 were submitted within the timelines. This is a 70% success rate. Becket will continue to work to improve these percentages through the process listed above.
<b>Rating</b>	Met

<b>Indicator #</b>	L88
<b>Indicator</b>	Strategies implemented
<b>Area Need Improvement</b>	For three individuals, data and information related to ISP goal implementation and progress was not present. The agency needs to ensure that ISP goals are implemented as designed and that documentation is maintained on the individual's current progress towards accomplishing the goal.
<b>Process Utilized to correct and review indicator</b>	Becket has implemented a quarterly Regional Director audit, which reviews multiple measurements in each location. One of the measurements included in the audit is the review of ISP goals, training and implementation of support strategies, and the tracking of data consistent with the individual's ISP goals. Attached to this response is a blank copy of the Regional Director audit, titled L88 attachment 1. Highlighted at the end of the audit is the section upon

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

	where the Regional Director would fill in the ISP goals for each individual and report on the completion of appropriate data tracking. This audit is completed quarterly and is submitted to the State Director upon completion. Any individual/site that is not meeting the requirements reviewed in the audit receives follow up training, supervision, and an action plan to improve and achieve the required expectation. This action plan is followed up on by the Regional Director and if expectations are not met continued supervision will follow and disciplinary action if needed.
<b>Status at follow-up</b>	Becket QI department selected a sample of 15 individuals who combined had a total of 29 current ISP goals. The Becket Quality Improvement department conducted a review of these 29 goals to ensure the site Manager has completed matching data collection forms to the design of each ISP goal. All data tracking documents match the design of the goal, and the data is being tracked properly for 100% of the sample. For two individuals the goals were being tracked properly however the QI department did suggest the creation of an additional weekly total sheet so it would be easier to compile the data for the semi-annual progress summaries. Becket also reviewed the September and October data being completed for the individual at the Attleboro location which had received an unmet during OQE survey. This data is now being completed correctly and consistent with the wording of the goal.
<b>Rating</b>	Met

<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	At four locations, incident reports were not submitted to DDS within required timelines. The agency needs to ensure that all incident reports are submitted and reviewed within the timelines required.
<b>Process Utilized to correct and review indicator</b>	The Becket QI department has implemented a monthly audit system that reports the percentages of incident reports submitted within the

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

	state timelines for each location. This report is distributed by the 15th of every month, and is received by the Executive Director, State Director, Regional Directors, as well as the site Managers. This system has been in place since April of 2021. Becket will continue to audit the incident report timelines and if any locations are not meeting the requirements Becket will provide additional training and supervision in this area.
<b>Status at follow-up</b>	During the period covered in this review (9/1/21 - 10/11/21) Becket had a total of 23 incident reports, of which 52% were submitted within the timelines. Becket has not yet reached the goal percentage but will continue to work to improve on this goal, through data reporting, training, and supervision. The State Director and the assigned Regional Director for any sites that did not meet the required timelines has conducted a retraining with that site Manager on incident reporting timelines.
<b>Rating</b>	Met

**Administrative Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L65
<b>Indicator</b>	Restraint report submit
<b>Area Need Improvement</b>	Fifty-six out of hundred and eight-eight physical restraint reports were not submitted to DDS within required timelines. The agency needs to ensure that all reports of physical restraint are submitted within three days of occurrence and reviewed by the restraint manager within five days of occurrence of the restraint.
<b>Process Utilized to correct and review indicator</b>	The Becket QI department has implemented a monthly audit system that reports the percentages of restraint reports submitted within the state timelines for each location. This report is distributed on the 15th of every month, and is received by the Executive Director, State Director, Regional Directors, as well as the site Managers. This system has been in place since April of 2021 and the agency

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

	has seen increased compliance in this area since implementation. Becket will continue to audit the restraint timelines and if any locations are not meeting the requirements Becket will provide additional training and supervision in this area.
<b>Status at follow-up</b>	During the period of review (8/24/21-10/21/21) there have been 15 restraints, of which 11 were submitted within the timelines. This is a 73% success rate. Becket will continue to work to improve these percentages through the process listed above.
<b>Rating</b>	Met