

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**DDS FOLLOW-UP REPORT**

Provider	BEHAVIORAL ASSOCIATES OF MASS	Provider Address	20 Townsend Road, Unit 6 , Attleboro
Survey Team	Condon, Kayla; Nolan, Scott;	Date(s) of Review	27-FEB-24 to 04-MAR-24

**Follow-up Scope and results :**

Service Grouping	Licensure level and duration	# Critical Indicators std. met/ std. rated at follow-up	# Indicators std. met/ std. rated at follow-up	Sanction status prior to Follow-up	Combined Results post-Follow-up; for Deferred, License level	Sanction status post Follow-up
Employment and Day Supports  2 Locations 8 Audits	Defer Licensure	1/1	7/10	<input type="checkbox"/> Eligible for new business (Two Year License)  <input checked="" type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License with Mid-Cycle Review	<input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met)  <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)

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**Summary of Ratings**

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

<b>Indicator #</b>	L8
<b>Indicator</b>	Emergency Fact Sheets
<b>Area Need Improvement</b>	For six of seven individuals the Emergency Fact Sheet (EFS), did not include all required components such as medications, diagnoses and relevant capabilities/limitations. The agency needs to strengthen their system to ensure the EFSs is fully complete.
<b>Status at follow-up</b>	A review of eight Emergency Fact Sheets (EFS) included required components such as diagnoses, medications and contact information. The EFS's were current and accurate.
<b>#met /# rated at followup</b>	8/8
<b>Rating</b>	Met

<b>Indicator #</b>	L38
<b>Indicator</b>	Physician's orders
<b>Area Need Improvement</b>	Two of five individuals reviewed did not have health management protocols in place for significant medical conditions. The agency needs to ensure that those with significant medical conditions that may require staff interventions have protocols in place, that they are implemented as outlined, and staff are trained in these plans.
<b>Status at follow-up</b>	A review of six Health Care Management Plans included physician orders with treatment protocols which were agreed upon by the ISP team. Staff were trained in the plans.
<b>#met /# rated at followup</b>	6/6
<b>Rating</b>	Met

<b>Indicator #</b>	L67
<b>Indicator</b>	Money mgmt. plan
<b>Area Need Improvement</b>	For three of four individuals, the guardian had not consented to the money management plan as required. The agency needs to ensure that money management plans are consented/signed by the guardians.

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<b>Status at follow-up</b>	For three out of seven individuals the guardian had not signed the money management plan to indicate that it was reviewed and agreed upon. The agency needs to ensure that money management plans are consented to and signed by the legal guardian as required.
<b>#met /# rated at followup</b>	4/7
<b>Rating</b>	Not Met

<b>Indicator #</b>	L86
<b>Indicator</b>	Required assessments
<b>Area Need Improvement</b>	For four individuals the ISP assessments were not submitted within the required timeframe. The agency needs the ensure all ISP assessments are submitted within required timelines.
<b>Status at follow-up</b>	For one out of three the ISP assessments were not submitted within the required timeframe. The agency needs to ensure all ISP assessments are submitted within required timelines.
<b>#met /# rated at followup</b>	2/3
<b>Rating</b>	Not Met

<b>Indicator #</b>	L87
<b>Indicator</b>	Support strategies
<b>Area Need Improvement</b>	For four individuals the ISP support strategies were not submitted within the required timeframe. The agency needs the ensure all ISP support strategies are submitted within required timelines.
<b>Status at follow-up</b>	For one out of three individuals the ISP support strategies were not submitted within the required timeframes. The agency needs to ensure all support strategies are submitted within required timeframes.
<b>#met /# rated at followup</b>	2/3
<b>Rating</b>	Not Met

<b>Indicator #</b>	L88
<b>Indicator</b>	Strategies implemented
<b>Area Need Improvement</b>	ISP support strategies were not being implemented and tracked for five of seven individuals. The agency needs to ensure Services and support strategies identified and agreed upon in the ISP are being implemented.

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<b>Status at follow-up</b>	A review of ISP support strategies for eight individuals were being implemented and tracked during the review period.
<b>#met /# rated at followup</b>	8/8
<b>Rating</b>	Met

<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	Two significant incident were not reported. All incidents need to be reported in HCSIS within required timelines.
<b>Status at follow-up</b>	The agency conducted an analysis of its incident reporting process which resulted in a change to the staff finalization of reports in HCSIS. A review of an incident report filed during the review period was within required time limits.
<b>#met /# rated at followup</b>	1/1
<b>Rating</b>	Met

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

<b>Indicator #</b>	L48
<b>Indicator</b>	HRC
<b>Area Need Improvement</b>	One voting with specialized skills did not attend 4 of 8 meetings, and one member has a financial conflict, agency need to ensure that voting members attends meetings as required, and that members do not have a financial conflict.
<b>Status at follow-up</b>	The HRC had the required membership in attendance and held is quarterly meeting on February 1, 2024. A nurse and an individual advocate joined the committee. The HRC meeting minutes noted a review and discussion of incident/restraint reports, investigations, and by-laws.
<b>#met /# rated at followup</b>	1/1
<b>Rating</b>	Met

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<b>Indicator #</b>	L65
<b>Indicator</b>	Restraint report submit
<b>Area Need Improvement</b>	The agency needs to ensure restraint reports are submitted within required timelines. Seven of nine were submitted and/or finalized late.
<b>Status at follow-up</b>	A restraint report was submitted within the required timelines during the review period.
<b>#met /# rated at followup</b>	1/1
<b>Rating</b>	Met

<b>Indicator #</b>	L66
<b>Indicator</b>	HRC restraint review
<b>Area Need Improvement</b>	The agency needs to ensure all restraints are reviewed by the Human Rights Committee. Two of nine were not reviewed by the Human Rights Committee (HRC) within 120 days of occurring.
<b>Status at follow-up</b>	All restraints to date were reviewed by the agency's Human Rights Committee on February 1, 2024.
<b>#met /# rated at followup</b>	1/1
<b>Rating</b>	Met