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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Provider | BEHAVIORAL ASSOCIATES OF MASS |  | Provider Address | 20 Townsend Road, Unit 6 , Attleboro | | Survey Team | Condon, Kayla; Nolan, Scott; |  | Date(s) of Review | 14-FEB-22 to 17-FEB-22 | |
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| |  | | --- | |  | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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 | | | Residential and Individual Home Supports | 2 Year License | 1/1 | 18/23 | x | Eligible for new business (Two Year License) | 2 Year License with Mid-Cycle Review | x | Eligible for New Business (80% or more std. met; no critical std. not met) | | 2 Locations  8 Audits |  |  |  | o | Ineligible for new business. (Deferred Status: Two year mid-cycle review License) |  | o | Ineligible for New Business (<=80% std met and/or more critical std. not met) | | Employment and Day Supports | 2 Year License |  | 6/7 | x | Eligible for new business (Two Year License) | 2 Year License | x | Eligible for New Business (80% or more std. met; no critical std. not met) | | 2 Locations  8 Audits |  |  |  | o | Ineligible for new business. (Deferred Status: Two year mid-cycle review License) |  | o | Ineligible for New Business (<=80% std met and/or more critical std. not met) | | |

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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. | | **Status at follow-up** | | The health care record (HCR) for five of the six individuals were not accurate and/or up to date. This included missing diagnoses, incorrect allergies, and inaccurate dates for immunizations and examinations. The agency needs to ensure that HCRs are updated as changes occur and reflect the most recent information. | | **Rating** | | Not 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. | | **Status at follow-up** | | The agency has increased the physical presence of management within the homes. At one location additional oversight regarding medication administration is needed. The agency needs to ensure that adequate oversight is available, issues are identified, and that corrective action is taken as needed. | | **#met /# rated at followup** | | 1/2 | | **Rating** | | Not 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. | | **Status at follow-up** | | For the two ISPs held during the review period the assessments were submitted late, but the agency was not provided with sufficient notice by DDS. Therefore, this indicator was rated Not Met, but not included in the scoring as there were circumstances beyond the agency's control. | | **#met /# rated at followup** | |  | | **Rating** | | Not Rated | |  | | | | **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. | | **Status at follow-up** | | For the two ISPs held during the review period the support strategies were submitted late, but the agency was not provided with sufficient notice by DDS. Therefore, this indicator was rated Not Met, but not included in the scoring as there were circumstances beyond the agency's control. | | **#met /# rated at followup** | |  | | **Rating** | | Not Rated | |  | | | | **Indicator #** | | L91 | | **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. | | **Status at follow-up** | | At both locations, there was at least one instance of an incident report not being finalized within the required 7 day timeline. The agency needs to ensure that all incident reports are submitted and finalized within the required timelines. | | **#met /# rated at followup** | | 0/2 | | **Rating** | | Not Met | |  | | | | **Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS** | | | | **Indicator #** | | L15 | | **Indicator** | | Hot water | | **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. | | **Status at follow-up** | |  | | **#met /# rated at followup** | |  | | **Rating** | | Not Rated | |  |  | | | **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. | | **Status at follow-up** | | Of the six ISPs held during the review period, four individual's support strategies were submitted on time. For two individuals the support strategies were submitted late, but the agency was not provided with sufficient notice by DDS. | | **#met /# rated at followup** | | 4/4 | | **Rating** | | Met | |  |  | | | **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. | | **Status at follow-up** | | Of the six ISPs held during the review period, five individual's assessments were submitted on time. For one individual the assessments were submitted late, but the agency was not provided with sufficient notice by DDS. | | **Rating** | | Met | |  |  | | | **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. | | **Status at follow-up** | |  | | **Rating** | | Not Rated | |  |  | | | | |