

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

Provider: BERKSHIRE FAMILY AND IND
RESOURCES _____

Provider Address: 771 South Church St , North Adams

Name of Person Erin Shea
Completing Form: _____

Date(s) of Review: 01-MAR-22 to 03-MAR-22

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

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Summary of Ratings

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

Indicator #	L15
Indicator	Hot water
Area Need Improvement	Hot water temperature at two placement service locations exceeded 110 degrees F. when tested. The agency needs to ensure that hot water temperature at bathroom sinks, bathtubs, and showers is maintained within 110 and 120 degrees F. It is recommended that the hot water temperature at bathtubs and showers measure between 110 and 112 degrees F.
Process Utilized to correct and review indicator	<p>All Directors, Program Supervisors and Case Managers 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 F (112 showers).</p> <p>Directors contact the main office and the Agency's maintenance department addresses any issues with the water and when the readings fall above or below the required range for BFAIR locations. In Placement Services, caregivers are responsible for contacting their plumber to address any issues with the water when the reading is above or below the required range.</p> <p>Apart from the frequent water temperature measurements, the maintenance department conducts at each program and the QA Department performs checks of all faucets and showers at the programs as part of their QA audit review process.</p>
Status at follow-up	During the follow up period, additional home visits were completed, and all 7 shared living placement water temperatures were checked 4 times and all were within the range between 110-120 degrees F (112 shower).

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	During the review period, all 13 Residential sites and Day Services water temperatures were checked. These were completed within the 1st and 2nd week of February. The maintenance department took five temperature readings per location and all water temperature readings were within the 110-120 degrees F (112 showers).
Rating	Met

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	<p>Six individuals were impacted by environmental restrictions to protect health or safety that were not implemented as intended or were not part of a written plan to reduce the restriction over time. In many instances, written plans did not incorporate strategies to mitigate the impact of restrictions on individuals who did not require them.</p> <p>The agency needs to ensure that when environmental restrictions are necessary to protect the health or safety of individuals, the intervention is part of a written plan incorporated into the ISP that includes criteria for reducing or eliminating the restriction over time. Along with guardian notification, individualized strategies need to be developed to mitigate the impact of these restrictions on individuals who do not require them.</p>
Process Utilized to correct and review indicator	<p>An audit of all restrictive intervention plans will be completed quarterly by the QA department and at regularly scheduled QA visits to assure plans are implemented and followed within the criteria outlined. Restrictions will be reviewed and updated as applicable to ensure criteria for reducing or eliminating the restriction is in place and will continue to be reviewed bi-annually and annually.</p> <p>To ensure necessary environmental restrictions are part of a written</p>

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	plan incorporated into the ISP, the QA department will upload the restrictive intervention plan to HCSIS in addition to mailing a copy to the appropriate service coordinator.
Status at follow-up	<p>An audit was conducted of all restrictive intervention plans in place and assured plans were implemented and followed. 2 Restrictive Intervention plans were also reviewed and updated to ensure criteria for reducing or eliminating the restriction is in place and will continue to be reviewed bi-annually and annually. In this process 2 Restrictive Interventions were discontinued.</p> <p>A letter of notification was distributed to 8 individuals' who were impacted by a restrictive intervention plan within their residence. A letter of impact was developed incorporating a mitigation of the restriction and sent to the individual/guardian. Acknowledgement signatures were obtained regarding the impact and mitigation efforts for the restriction and a copy was filed in the individual's electronic record.</p>
Rating	Met

Indicator #	L61
Indicator	Health protection in ISP
Area Need Improvement	Supports and health-related protective equipment used by four individuals did not have the required authorization. The agency needs to ensure that all supports and health-related protective equipment are authorized by a healthcare professional.
Process Utilized to correct and review indicator	A review of the L61 standard was reviewed with Directors, Program Supervisors and Case/House Manager at program specific meeting with QA department. When an individual requires support and health-related protective equipment, the order will be sent to QA department for review, development, and distribution of the plan.

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Status at follow-up	An audit was conducted of all 33 support and health related protective equipment orders in place. Of these 33 plans, 4 additional support and health-related protective devices were identified (shower chairs) which required authorization by a health care professional. Authorizations were obtained.
Rating	Met

Indicator #	L85
Indicator	Supervision
Area Need Improvement	At two residential locations, mechanisms for supervision and oversight were not effective in addressing healthcare screenings for individuals, authorization of supportive devices and equipment, or staff training in individuals' unique needs and supports. The agency needs to ensure that its methods of supervision and oversight are effective in ensuring that individuals' healthcare needs are met, and that staff are properly trained and knowledgeable of individuals' unique support requirements.
Process Utilized to correct and review indicator	To ensure that preventative healthcare screenings are up to date, staff training in individual unique needs and diagnosis have occurred. QA audits and follow up will be completed on a quarterly basis per site. The residential RN will review the key medical needs/diagnosis of individuals and have assembled materials regarding signs and symptoms/warnings signs which staff should be looking for. RN target date to complete training of above materials during staff house meetings for all sites will be end of March 2022.
Status at follow-up	During the review period both residential location trainings were completed and documented and filed in the site manual. Residential RN reviewed key medical needs/diagnosis of individuals, signs, and symptoms/warnings signs which staff should

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	be looking for. RN reviewed at staff meeting for the two locations identified and will be training all sites by the end of March 2022.
Rating	Met

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For five individuals, ISP assessments were not submitted to DDS within fifteen days prior to the ISP meeting. The agency needs to ensure that required ISP assessments are submitted to DDS within the required timeline.
Process Utilized to correct and review indicator	<p>The process for submitting Support Strategies and timeline requirements were reviewed with all Directors, Program Supervisors and Case Manager during monthly Management Meeting.</p> <p>All Directors, Program Supervisors and Case Manager have access to the HCSIS Alerts page, and they are consistently checking them to ensure they are submitting assessments and support strategies to meet ISP timelines for individuals on their case load.</p> <p>The QA Department provides all applicable managers an email invite for the due date of support strategies and assessments in addition to weekly reminder emails to ensure timely submission of all assessments, support strategies and progress summaries.</p>
Status at follow-up	During this follow up period, DDS & ABI Residential, Employment and Day Services were able to successfully submit 9 out of the 9 required assessments on time and scored 100%.
Rating	Met

Indicator #	L87
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Indicator	Support strategies
Area Need Improvement	For five individuals, provider support strategies were not submitted to DDS within fifteen days prior to the ISP meeting. The agency needs to ensure that provider support strategies are submitted to DDS within the required timeline.
Process Utilized to correct and review indicator	<p>The process for submitting Support Strategies and timeline requirements were reviewed with all Directors, Program Supervisors and Case Manager during monthly Management Meeting.</p> <p>All Directors, Program Supervisors and Case Manager have access to the HCSIS Alerts page, and they are consistently checking them to ensure they are submitting assessments and support strategies to meet ISP timelines for individuals on their case load.</p> <p>The QA Department provide all applicable managers an email invite for the due date of support strategies and assessments in addition to weekly reminder emails to ensure timely submission of all assessments, support strategies and progress summaries.</p>
Status at follow-up	During this follow up period DDS & ABI Residential, Employment and Day Services were able to successfully submit 9 out of the 9 Support Strategies on time and scored 100%.
Rating	Met