

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 Susan Dudley-Oxx
Completing Form: _____

Date(s) of Review: 01-JUL-24 to 03-JUL-24

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	6/8
Employment and Day Supports	2 Year License	2/3

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Summary of Ratings

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

Indicator #	L7
Indicator	Fire Drills
Issue Identified	At one of the four locations reviewed by the agency, only three of the required four fire drills were conducted in 2023. the
Actions Planned/Occurred	Supervision with the House Manager to ensure that fire drills (awake and asleep) are conducted on a quarterly basis. Review with all House Managers and Assistant Residential Directors that fire drills (awake and asleep) are to be conducted on a quarterly basis.
Process Utilized to correct and review indicator	Supervision with the House Manager to ensure that fire drills (awake and asleep) are conducted on a quarterly basis. Review with all House Managers and Assistant Residential Directors that fire drills (awake and asleep) are to be conducted on a quarterly basis.
Status at follow-up	After review of the not met standard with the Director, fire drills were found in a different location on site and provided to QA. Standard was in compliance.
Rating	Met

Indicator #	L43
Indicator	Health Care Record
Issue Identified	Fourteen of the Health Care Records in the sample were not updated within 30 days of a new diagnosis, hospitalization, or vaccination.
Actions Planned/Occurred	The QA Department will conduct a training on the HCSIS Healthcare Record for applicable departments by May 31. House Managers are to notify the Assistant Residential Director (or the

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	Director in their absence), of a change (new diagnosis, new vaccination, or hospitalization information) within 24 hours of such change. The Assistant Residential Directors will be responsible for updating the HCR in HCSIS within 30 days. Review of this will be added to the QA Visit tool by May 31.
Process Utilized to correct and review indicator	QA conducted a training of the HCSIS Healthcare Record on 5/8/24 and 5/20/24 with both ABI and DDS Residential House Managers, Assistant Directors and Directors. The internal process is for House Managers to notify the Assistant Director (or the Director in their absence), of a change (new diagnosis, new vaccination, or hospitalization information) within 24 hours of such change. The Assistant Residential Directors will be responsible for updating the HCR in HCSIS within 30 days. The Director of QA will update the HCR in HCSIS for Unexpected Hospitalizations.
Status at follow-up	An audit of HCR for 11 individuals whose ISP were conducted in the month of May were reviewed for accuracy of current and up to date vaccinations, diagnosis, medications and any new hospitalizations.
Rating	Met

Indicator #	L60
Indicator	Data maintenance
Issue Identified	At one site, there was missing behavior data for one individual.
Actions Planned/Occurred	The importance of consistent documentation was reviewed with staff. House Manager will be responsible for completing audits twice weekly to ensure all documentation and data is complete. Staff members not completing required documentation will receive additional training on the importance of data collection and there will be additional follow-up as
Process Utilized to correct and review indicator	The importance of consistent documentation was reviewed with the staff. The House Manager is responsible for completing audits twice weekly to ensure all documentation and data is complete. Staff

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	members not completing required documentation will receive additional training on the importance of data collection and there will be additional follow-up as needed.
Status at follow-up	QA completed an audit for seven individuals with behavior data for the month of May and data collection complied.
Rating	Met

Indicator #	L69
Indicator	Expenditure tracking
Issue Identified	At one site, the cash on hand at the site for three individuals did not match the ledger sheets.
Actions Planned/Occurred	There was no House Manager at this site at the time of the review. The Finance Department reviewed ledgers/finances at the location and determined that some receipts were lost/missing. All accounts and ledgers were brought up to date and the discrepancies were rectified. When a home does not have a House Manager in place, the Assistant Director will be responsible for oversight of finances at the site and will reconcile accounts weekly
Process Utilized to correct and review indicator	At one site, the cash on hand at the site for three individuals did not match the ledger sheets. There was no House Manager at this site at the time of the review. The Finance Department reviewed ledgers/finances at the location and determined that some receipts were lost/missing. All accounts and ledgers were brought up to date and the discrepancies were rectified. When a home does not have a House Manager in place, the Assistant Director will be responsible for oversight of finances at the site and will reconcile accounts. The finance office reviewed ledgers/finance process with the Assistant Director responsible for location.

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Status at follow-up	An internal audit was conducted on 5/31/24 of the financial records and rechecked on 6/10/24. All financial transaction ledgers as well as cash on hand are accurate.
Rating	Met

Indicator #	L77
Indicator	Unique needs training
Issue Identified	For eleven individuals, not all staff had signed off on the Individual Profile in the site manual.
Actions Planned/Occurred	At the applicable sites, the House Managers were given a week from the review date to have all staff review and sign the documentation in the site manual. All missing reviews/signatures are current (aside from staff who are currently on leave). House Managers will be doing weekly audits to ensure that all staff at the site have reviewed all documents in the site manual and have signed off acknowledging they have read and understand its contents. Verification of staff signatures will be added to the QA Visit tool by May 31.
Process Utilized to correct and review indicator	At the applicable sites, the House Managers were given a week from the review date to have all staff review and sign the documentation in the site manual. All missing reviews/signatures are current (aside from staff who are currently on leave). House Managers will be doing weekly audits to ensure that all staff at the site have reviewed all documents in the site manual and have signed off acknowledging they have read and understand its contents. Verification of staff signatures will be added to the QA Visit tool by May 31. House Managers complete weekly audits to ensure that all staff at the site have reviewed all documents in the site manual and have signed off acknowledging they have read and understand its contents. Verification of staff signatures has been added to the QA Visit tool.

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Status at follow-up	An audit on five individual's individual profiles in the site manuals was reviewed and compared to a current two-week staff schedule.
Rating	Met

Indicator #	L78
Indicator	Restrictive Int. Training
Issue Identified	For four individuals, not all staff had signed off on their Restrictive Intervention Plan.
Actions Planned/Occurred	At the applicable sites, the House Managers were given a week from the review date to have all staff review and sign the documentation in the site manual. All missing reviews/signatures are current (aside from staff who are currently on leave). House Managers will be doing weekly audits to ensure that all staff at the site have reviewed all documents in the site manual and have signed off acknowledging they have read and understand its contents. Verification of staff signatures will be added to the QA Visit tool by May 31.
Process Utilized to correct and review indicator	At the applicable sites, the House Managers were given a week from the review date to have all staff review and sign the documentation in the site manual. All missing reviews/signatures are current (aside from staff who are currently on leave). House Managers will be doing weekly audits to ensure that all staff at the site have reviewed all documents in the site manual and have signed off acknowledging they have read and understand its contents. Verification of staff signatures will be added to the QA Visit tool by May 31. House Managers complete weekly audits to ensure that all staff at the site have reviewed all documents in the site manual and have signed off acknowledging they have read and understand its contents. Verification of staff signatures has been added to the QA Visit tool.

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Status at follow-up	An audit on the four individual's Restrictive Intervention Plans in the site manuals was reviewed and compared to a current two-week staff schedule.
Rating	Met

Indicator #	L84
Indicator	Health protect. Training
Issue Identified	For four individuals, not all staff had signed off on their Supports and Health Related Protection Plans.
Actions Planned/Occurred	For four individuals, not all staff had signed off on their Supports and Health Related Protection Plans. At the applicable sites, the House Managers were given a week from the review date to have all staff review and sign the documentation in the site manual. All missing reviews/signatures are current (aside from staff who are currently on leave). House Managers will be doing weekly audits to ensure that all staff at the site have reviewed all documents in the site manual and have signed off acknowledging they have read and understand its contents. Verification of staff signatures will be added to the QA Visit tool by May 31.
Process Utilized to correct and review indicator	For four individuals, not all staff had signed off on their Supports and Health Related Protection Plans. At the applicable sites, the House Managers were given a week from the review date to have all staff review and sign the documentation in the site manual. All missing reviews/signatures are current (aside from staff who are currently on leave). House Managers will be doing weekly audits to ensure that all staff at the site have reviewed all documents in the site manual and have signed off acknowledging they have read and understand its contents. Verification of staff signatures will be added to the QA Visit tool by May 31. House Managers to complete weekly audits to

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	ensure that all staff at the site have reviewed all documents in the site manual and have signed off acknowledging they have read and understand its contents. Verification of staff signatures has been added to the QA Visit tool.
Status at follow-up	An audit of four individuals Supportive Health Related Protection Plans in the site manuals was reviewed and compared to a current two-week staff schedule. It was found not all staff had signed off on the Supportive and Health Related Protection Plans at the applicable sites.
Rating	Not Met

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

Indicator #	L5
Indicator	Safety Plan
Issue Identified	The Safety Plan at the Redemption Site (1000 Massachusetts Avenue) dated February 1,2023 had not been reviewed/signed by DDS.
Actions Planned/Occurred	The Safety Plan was sent to DDS for review and signature. It was received back and filed in the site manual. A tracking form for monitoring documentation expiration dates will be created and monitored by the Senior Director of CBDS and Employment Services.
Process Utilized to correct and review indicator	A tracking form for monitoring documentation expiration dates will be created and monitored by the Senior Director of CBDS and Employment Services.
Status at follow-up	The Safety Plan was sent to DDS for review and signature. It was received back and filed in the site manual. A tracking form for monitoring documentation expiration dates will be created and

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	monitored by the Senior Director of CBDS and Employment Services.
Rating	Met

Indicator #	L8
Indicator	Emergency Fact Sheets
Issue Identified	Four of the Emergency Fact Sheets in the sample (two from Employment and two from CBDS) did not contain complete diagnosis and medication information.
Actions Planned/Occurred	The programs were advised to make the necessary updates to the Emergency Fact Sheets. Programs were reminded to update the EFS whenever they are notified of changes or receive updated documentation, with the EFS being reviewed at minimum one time per year, at the time of the ISP.
Process Utilized to correct and review indicator	The programs were advised to make the necessary updates to the Emergency Fact Sheets. Programs were reminded to update the EFS whenever they are notified of changes or receive updated documentation, with the EFS being reviewed at minimum one time per year, at the time of the ISP.
Status at follow-up	QA completed an audit of the four individuals' Emergency Fact Sheet (two Employment and two CBDS). All contained complete diagnosis and medications which were compared to the individuals' Annual Physicals and Health Care Records.
Rating	Met

Administrative Areas Needing Improvement on Standard not met - Identified by Provider

Indicator #	L76
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Indicator	Track trainings
Issue Identified	A review of the 10% sample of employee training records found that three staff did not have Positive Behavior Support (PBS) Training.
Actions Planned/Occurred	<p>Two of the three staff members are signed up to take the PBS training; one person is on a leave, and it will be assigned upon their return. Training status is reviewed with all staff during their 90 Orientation Evaluation and during their Quarterly and Annual Evaluations.</p> <p>House Managers will complete bi-monthly audits in Relias of staff training to ensure all staff receive and maintain required trainings. Assistant Residential Directors will review current status of staff training during weekly supervision with House Managers. The Human Resources Department will conduct a retraining with House Managers/Supervisors on running reports in Relias by May 31.</p>
Process Utilized to correct and review indicator	<p>Two of the three staff members are signed up to take the PBS training; one person is on a leave, and it will be assigned upon their return. Training status is reviewed with all staff during their 90 Orientation Evaluation and during their Quarterly and Annual Evaluations. House Managers will complete bi-monthly audits in Relias of staff training to ensure all staff receive and maintain required trainings. Assistant Residential Directors will review current status of staff training during weekly supervision with House Managers. The Human Resources Department will conduct a retraining with House Managers/Supervisors on running reports in Relias by May 31.</p>
Status at follow-up	Training was scheduled for completion on June 18, 2024. This training was cancelled and the two staff members are signed up to take the PBS training on July 2, 2024. The third staff remains on leave.

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Rating	Not Met
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