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| Provider | BETA COMMUNITY PARTNERSHIPS |  | Provider Address | 146 Bank St POB 695 , Attleboro |
| Survey Team |  Marchese, Michael; Gregory, Katherine; Condon, Kayla;  |  | Date(s) of Review | 13-AUG-20 to 17-AUG-20 |

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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 with Mid-Cycle Review |  | 8/9 | o | 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) |
| 6 Locations 13 Audits  |  |  |  | x | 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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| **Summary of Ratings** |

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| **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L1 |
| **Indicator** | Abuse/neglect training |
| **Area Need Improvement** | Four individuals of nineteen were not aware of how to report potential abuse and neglect nor was there evidence that training had been provided to them regarding how to report potential abuse and neglect. The agency needs to ensure that all individuals are trained how to report potential abuse and neglect. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
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| **Indicator #** | L5 |
| **Indicator** | Safety Plan |
| **Area Need Improvement** | Six out of fifteen safety plans did not contain all requirement components including accurate evacuation strategies needed for all individuals residing in the home, and evidence of staff training needed for all individuals residing in the home. The agency needs to ensure that approved safety plans include all required components. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
|  |
| **Indicator #** | L22 |
| **Indicator** | Well-maintained appliances |
| **Area Need Improvement** | Five out of fourteen locations had appliances that were not operational and/or properly maintained. Issues identified included such items as excess dryer lint and kitchen appliances needing repair. The agency needs to ensure that all appliances and equipment are operational and properly maintained. |
| **Status at follow-up** |  At the three locations reviewed, appliances were in good repair and appeared to be functioning. When grills were present, these were placed at an appropriate distance from the home.  |
| **#met /# rated at followup** |  3/3 |
| **Rating** |  Met |
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| **Indicator #** | L24 |
| **Indicator** | Locked door access |
| **Area Need Improvement** | In two out of five locations, staff was not able to locate the appropriate key needed to unlock bedroom doors in the event of an emergency. The agency needs to ensure that staff are able to access individuals' bedrooms in the event of an emergency. |
| **Status at follow-up** |  At three locations staff were able to access the keys and unlock the doors. In one location the door knob height had been adjusted to make opening the door easier for an individual who has visual impairments.  |
| **#met /# rated at followup** |  3/3 |
| **Rating** |  Met |
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| **Indicator #** | L35 |
| **Indicator** | Preventive screenings |
| **Area Need Improvement** | Five out of sixteen individuals had not received preventative medical screenings such as eye exams, or other recommended health screenings based on their age, history or medical conditions. The agency needs to ensure individuals receive routine preventative screenings. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
|  |
| **Indicator #** | L49 |
| **Indicator** | Informed of human rights |
| **Area Need Improvement** | The agency's grievance procedure identifies the Human Rights advocate as the person to contact to file a complaint. The information did not specify who the Human Rights Advocate was or how to contact them. The agency needs to ensure that individuals and guardians are informed of who to contact within the agency to file a grievance or express a concern about potential human rights violations. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
|  |
| **Indicator #** | L56 |
| **Indicator** | Restrictive practices |
| **Area Need Improvement** | Restrictive practices were reviewed for six individuals. Four individuals had restrictive practices in place which did not include a written rationale or a process to fade the restriction, and/ or there was no plan to mitigate the restrictions so as to not unduly restrict the rights of others. The agency needs to ensure that restrictive practices have all required components, are reviewed as required, and include provisions so as to not unduly restrict the rights of others. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
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| **Indicator #** | L61 |
| **Indicator** | Health protection in ISP |
| **Area Need Improvement** | For three individuals, there was no health care provider order to outline the need and the proper use of their supports and health related protections. For one individual the proper safety checks were not occurring. The agency needs to ensure that that for all supports and health related protections there is a health care provider order that outlines the need and that all safety checks are occurring as outlined. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
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| **Indicator #** | L62 |
| **Indicator** | Health protection review |
| **Area Need Improvement** | For three of nine individuals, their supports and health related protections that restrict movement were not reviewed by the Human Rights Committee. The agency needs to ensure that the Human Rights Committee reviews all supports and health related protections. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
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| **Indicator #** | L63 |
| **Indicator** | Med. treatment plan form |
| **Area Need Improvement** | Six out of fifteen medication treatment plans reviewed did not contain such items as listing all behavior modifying medications a person is prescribed, collecting data for review by the treating clinician to assess the efficacy of the plan or a process to reduce or eliminate the need for the medication. The agency needs to ensure that all components are present within the written plan and that data is being shared with the treating physician. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
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| **Indicator #** | L67 |
| **Indicator** | Money mgmt. plan |
| **Area Need Improvement** | For seven out of sixteen individuals, the money management plan did not include the level and type of staff support needed, the amount of monies that can be independently managed by individuals, a training plan when appropriate to promote independence and/or agreement to financial plans by guardians. The agency needs to ensure that money management plans include all required components including agreement by the ISP team |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
|  |  |
| **Indicator #** | L69 |
| **Indicator** | Expenditure tracking |
| **Area Need Improvement** | Expenditures were reviewed for sixteen individuals. A review of expenditure documentation for eight individuals revealed one or more of the following: missing receipts for purchases, lack of tracking of gift card purchases and lack of monitoring account balances to ensure individuals financial assets do not exceed allowable limits which could impact benefits. The agency needs to ensure individuals' expenditures are documented, tracked accurately, and that receipts are maintained in accordance with agency's financial policies. Additionally, monitoring of individual's assets needs to occur to prevent potential loss of benefits. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
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| **Indicator #** | L79 |
| **Indicator** | Restraint training |
| **Area Need Improvement** | In five locations, staff needed to have the requisite training to safely utilize restraint. All staff had not been trained. The agency needs to ensure that when the administration of restraint is required all staff are trained. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
|  |  |
| **Indicator #** | L80 |
| **Indicator** | Symptoms of illness |
| **Area Need Improvement** | At eleven of fifteen locations, staff had not been trained in a curriculum that covers the DDS Health Observation Guidelines and Just Not Right. The agency needs to ensure staff are trained to recognize signs and symptoms of illness. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
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| **Indicator #** | L84 |
| **Indicator** | Health protect. Training |
| **Area Need Improvement** | For five of nine individuals, not all staff were trained/knowledgeable regarding the individual's supports and health related protections. The agency needs to ensure that all staff are trained and knowledgeable regarding all aspects of an individual's supports and health related protections. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
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| **Indicator #** | L86 |
| **Indicator** | Required assessments |
| **Area Need Improvement** | Required assessments for six individuals were not submitted within the required timelines. The agency needs to ensure that assessments are submitted to the DDS Area Office at least 15 days prior to the scheduled ISP meeting. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
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| **Indicator #** | L87 |
| **Indicator** | Support strategies |
| **Area Need Improvement** | Support strategies for four individuals were not submitted within the required timelines. The agency needs to ensure that support strategies are submitted to the DDS Area Office at least 15 days prior to the scheduled ISP meeting. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
|  |  |
| **Indicator #** | L88 |
| **Indicator** | Strategies implemented |
| **Area Need Improvement** | For four individuals, the agency was not tracking progress towards ISP goals. The agency needs to ensure that services and supports identified are being implemented. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
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| **Indicator #** | L89 |
| **Indicator** | Complaint and resolution process |
| **Area Need Improvement** | The agency's complaint resolution process had not been implemented at one location. The agency needs to ensure that the agency's complaint resolution policy and process is effectively implemented at all ABI/MFP service locations. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
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| **Indicator #** | L91 |
| **Indicator** | Incident management |
| **Area Need Improvement** | At six out of the fifteen locations, incident reports had not been submitted and/or finalized within required timelines. The agency needs to ensure that incidents are reported and reviewed as mandated by regulation. |
| **Status at follow-up** |  Of the six locations reviewed reviewed, there were incidents submitted for three. At all three locations there were no incidents submitted and staff demonstrated a knowledge of reporting requirements and timelines. At three locations the incidents were either submitted or finalized late. Incidents for two of those locations occurred following the "shut down" across the state and were not included in the scoring.  |
| **#met /# rated at followup** |  3/4 |
| **Rating** |  Met |
|  |  |
| **Administrative Areas Needing Improvement on Standard not met - Identified by DDS** |  |
| **Indicator #** | L48 |
| **Indicator** | HRC |
| **Area Need Improvement** | The agency's Human Rights Committee did not effectively meet all of its mandated responsibilities, as there was a lack of consistent attendance from the required membership, and the HRC did not conduct an annual review of agency policies and procedures potentially impacting the rights of individuals served. The agency needs to ensure that the Human Rights committee is effective in meeting its responsibilities. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
|  |  |
| **Indicator #** | L65 |
| **Indicator** | Restraint report submit |
| **Area Need Improvement** | For one restraint reported, the agency did not meet the timelines for submission. The agency needs to ensure that restraint reports are submitted within required timelines. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
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| **Indicator #** | L74 |
| **Indicator** | Screen employees |
| **Area Need Improvement** | The agency did not have a process to ensure that required TB screenings had been completed for seven staff working with individuals receiving ABI/MFP services. The agency needs to ensure that all staff required are screened for TB. |
| **Status at follow-up** |  Of the three staff reviewed, all meet the minimum requirements for their position.  |
| **#met /# rated at followup** |  3/3 |
| **Rating** |  Met |
|  |  |
| **Indicator #** | L76 |
| **Indicator** | Track trainings |
| **Area Need Improvement** | Five out of twenty staff selected did not have the required training. The agency needs to have an effective system to track and ensure staff complete all required training. |
| **Status at follow-up** |  Of the seven staff reviewed, six had all of the required trainings. One staff did not have First Aid. However, this staff was utilized during the state of emergency and met the minimum requirements per DDS's guidance.  |
| **#met /# rated at followup** |  7/7 |
| **Rating** |  Met |
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