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| **Provider:** |

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| BETTER COMMUNITY LIVING INC |

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| **Provider Address:** |

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| 5 Ventura Drive , Dartmouth |

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| **Name of PersonCompleting Form:** |

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| Johnna Bastion |

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| **Date(s) of Review:** |

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| 28-JUL-21 to 03-AUG-21 |

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| **Follow-up Scope and results :** |  |  |
| Service Grouping | Licensure level and duration |  # Indicators std. met/ std. rated  |
| Employment and Day Supports | 2 Year License |  |
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| Residential and Individual Home Supports | Defer Licensure |  |
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| **Summary of Ratings** |

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| **Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L9 (07/21) |
| **Indicator** | Safe use of equipment |
| **Area Need Improvement** | Safety assessments for three individuals did not identify the equipment and/or machinery that could be safely utilized to enhance their employment. Additionally, a safety assessment for one individual did not identify the equipment and/or machinery that could be safely utilized during Community Based Day Supports activities. The agency needs to assess individuals' ability to utilize equipment at employment settings and the Community Based Day Support program. |
| **Process Utilized to correct and review indicator** | Safety assessments for the three individuals identified have been completed toreflect safe use of equipment /machinery during Employment and Community BasedDay Supports activities. Support staff have been trained on the completed safetyassessments. Additionally all individuals have been reevaluated in order to completethe remaining assessments, to safely use any equipment. |
| **Status at follow-up** | All Individuals within the program now have revised safety assessments , and thestaff training is complete with staff members. |
| **Rating** | Met |
| **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by Provider** |
| **Indicator #** | L27 |
| **Indicator** | Pools, hot tubs, etc. |
| **Issue Identified** | A Placement Services provider has not consistently stored the pool ladder far enough away from the pool. While the provider does remove the ladder, it should be further away from the pool to prevent someone from entering the pool in an unsafe manner. |
| **Actions Planned/Occurred** |  The agency has instructed the provider to move the ladder, when not in use, at least 5 feet away from the pool itself. This will be monitored at each home visit. |
| **Process Utilized to correct and review indicator** | During the warmer months the ladder is stored against the house at least 15 feetaway from the pool. During the colder months the ladder is stored in the shed. TheProgram Director and Program Manager ensure proper storage of the ladder ateach home visit. |
| **Status at follow-up** | Indicator corrected immediately |
| **Rating** | Met |
| **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L91 |
| **Indicator** | Incident management |
| **Area Need Improvement** | A total of 12 locations were reviewed, four of which had at least one incident that was either not submitted and/or finalized within the required timelines. The agency needs to ensure incidents that require reporting are submitted and finalized in HCSIS within the required timelines. |
| **Process Utilized to correct and review indicator** | Incident reporting procedures within the agency reviewed with BCL team |
| **Status at follow-up** | At this time The Quality Enhancement Director is included in the notification of allincidents. Once notified the QE Director then communicates with the Program Directors andProgram Managers to ensure the initial and final reports are submitted within the requiredtimelines. |
| **Rating** | Met |

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