

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Provider: BETTER COMMUNITY LIVING
INC

Provider Address: 5 Ventura Drive , Dartmouth

Name of Person Johnna Bastion
Completing Form:

Date(s) of Review: 09-OCT-23 to 12-OCT-23

| Follow-up Scope and results : | | |
|--|------------------------------|-----------------------------------|
| Service Grouping | Licensure level and duration | # Indicators std. met/ std. rated |
| Residential and Individual Home Supports | | 5/5 |
| Employment and Day Supports | 2 Year License | 4/4 |

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

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| Indicator # | L49 |
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| Indicator | Informed of human rights |
| Area Need Improvement | Three individuals and/or guardians had not been informed how to file a human right grievance or whom they should talk to if they had a concern. The agency needs to ensure individuals, and guardians know how to file a grievance. |
| Process Utilized to correct and review indicator | BCL will ensure individuals and /or guardians will be informed how to file a Human Right grievance. The information will be reviewed on an as needed and on an annual basis. |
| Status at follow-up | A Grievance policy has been developed and implemented across all settings at BCL. All individuals have received the grievance information, and it has been reviewed. Guardians have received the information through mailing sent 10-4-2023. |
| Rating | Met |

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| Indicator # | L89 |
| Indicator | Complaint and resolution process |
| Area Need Improvement | At one of two ABI/MFP homes the agency's complaint and resolution process had not been effectively implemented, including the lack of complaint forms and a log for the documentation and tracking of complaints. The agency needs to ensure that all ABI/MFP homes/ locations have effectively implemented the agency's complaint/ resolution process, including all required components. |
| Process Utilized to correct and review indicator | BCL will ensure that the complaint and resolution will be effectively implemented within the ABI/MFP homes by developing the proper documentation with all required components and reviewed with all individuals and staff members. |
| Status at follow-up | The Complaint and Resolution Process has been implemented throughout the agency, including all required components. |

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| Rating | Met |
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| Indicator # | L91 |
| Indicator | Incident management |
| Area Need Improvement | At six of ten locations the agency did not meet required timelines for the creation and/or the finalization of incident reports. The agency needs to ensure that timelines for reporting and finalizing of incident reports are adhered to and met. |
| Process Utilized to correct and review indicator | BCL implemented notification process from all departments to the QE Director and Senior Program Director regarding creating and submission of incident reports. Training occurred on 9/7/2023. |
| Status at follow-up | BCL noted through the HCSIS report system for the time frame of the past 50 days this area has been met. |
| Rating | Met |

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

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| Indicator # | L49 |
| Indicator | Informed of human rights |
| Area Need Improvement | Five individuals and/or guardians had not been informed how to file a human right grievance or whom they should talk to if they had a concern. The agency needs to ensure individuals, and guardians know how to file a grievance. |
| Process Utilized to correct and review indicator | BCL will ensure individuals /or guardians will be informed how to file a Human Right Grievance. The information will be reviewed on an as needed basis and on an annual basis. |
| Status at follow-up | A grievance policy has been developed and implemented across all settings at BCL. All individuals have received the information, and it has been reviewed. Guardians have received the information through a mailing sent 10/4/2023. |
| Rating | Met |

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| Indicator # | L55 |
| Indicator | Informed consent |
| Area Need Improvement | For three individuals the obtained informed consent for photo use lacked the identity of the specific use and purposes for the release. The agency needs to ensure that informed consents for the release of photos includes all required information, including the identifies the specific use of photos and purposes for release. |
| Process Utilized to correct and review indicator | Review of consent form occurred, the need to include all pertinent information was reviewed with BCL programs. |
| Status at follow-up | BCL programs will utilize the permission for release of photographs /video images form. During the time frame of review new releases were not needed. |

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| Rating | Met |
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Administrative Areas Needing Improvement on Standard not met - Identified by DDS

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| Indicator # | L48 |
| Indicator | HRC |
| Area Need Improvement | The agency's Human Rights Committee did not meet expertise attendance requirements, due to the lack of legal expertise presence at three of eight meetings. The agency needs to ensure that the required expertise is present at all meetings when relevant review responsibilities are being conducted. |
| Process Utilized to correct and review indicator | The Human Rights Committee was informed at the meeting which occurred 9/21/2023 of the expectations of membership and attendance requirements. |
| Status at follow-up | All Committee members were present at the 9/21/2023 meeting. |
| Rating | Met |

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| Indicator # | L65 |
| Indicator | Restraint report submit |
| Area Need Improvement | One of two reviewed restraint reports did not meet the required 5-day timeline for review. The agency needs to ensure that restraint reports are submitted within the required timelines. |
| Process Utilized to correct and review indicator | A retraining occurred on 9/7 to review the process of submission of restraint reports within the required 5-day timeline. |
| Status at follow-up | Restraint report submitted on 9/29 was submitted within the required 5-day timeline. |
| Rating | Met |