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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Provider | Bridgewell Inc. |  | Provider Address | 10 Dearborn Rd , Peabody | | Survey Team | Caccioppoli, Meagan; Carey, Anne; Conley-Sevier, Jennifer; Dolan, Cheryl; Hazelton, John; Rodriguez, Raquel; |  | Date(s) of Review | 05-JAN-22 to 11-JAN-22 | |
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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 | | | Employment and Day Supports | 2 Year License |  | 7/8 | x | 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) | | 4 Locations  16 Audits |  |  |  | o | 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) | | Residential and Individual Home Supports | 2 Year License |  | 9/11 | x | 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) | | 14 Locations  28 Audits |  |  |  | o | 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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Program Directors will continue to work with medical providers to schedule all necessary appointments. The Quality Department created a new tracking sheet that will be used to document attempts to schedule appointments. Program Directors will submit those tracking sheets to their Sr Program Directors for review. | | **Status at follow-up** |  | | **Rating** | Not Rated | |  | | | **Indicator #** | L36 | | **Indicator** | Recommended tests | | **Issue Identified** | Some individuals did not have recommended tests/screenings completed. | | **Actions Planned/Occurred** | Due to the COVID-19 pandemic, many medical providers cancelled or were not able to see the individuals. Program Directors will continue to work with medical providers to schedule all necessary appointments. The Quality Department created a new tracking sheet that will be used to document attempts to schedule appointments. Program Directors will submit those tracking sheets to their Sr Program Directors for review. | | **Status at follow-up** |  | | **Rating** | Not Rated | |  | | | **Indicator #** | L60 | | **Indicator** | Data maintenance | | **Issue Identified** | At some programs, behavior related Progress Notes and data tracking were not consistently completed. | | **Actions Planned/Occurred** | Assistant Clinical Directors will determine locations with inconsistent data tracking and Progress Notes and will complete retraining as needed. This topic be reviewed as part of future Sustainability meetings. In addition, Vinfen's Developmental Service Division is moving to an Electronic Health Record (EHR) in 2022 which will allow for much closer monitoring by supervisors and administrative staff. | | **Status at follow-up** |  | | **Rating** | Not Rated | |  | | | **Indicator #** | L79 | | **Indicator** | Restraint training | | **Issue Identified** | Staff not consistently trained within expected timelines for correct administration of restraints. | | **Actions Planned/Occurred** | Vinfen is looking to hire a cadre of staff who will solely train on Safety Care. Trainings also began being held regionally to allow for easier travel for staff attending courses. Directors of Service, Senior Program Directors, and Program Directors are reviewing divisional reports to determine staff who need training and/or are approaching their certification expiration date. Senior leadership and the Training Center will meet periodically to review training/certification data and review the efficacy of various initiatives to improve training adherence. | | **Status at follow-up** |  | | **Rating** | Not Rated | |  | | | **Indicator #** | L87 | | **Indicator** | Support strategies | | **Issue Identified** | Objectives not consistently submitted to HCSIS within required timelines. | | **Actions Planned/Occurred** | Actions occurred/ planned to address issues The Quality Department runs monthly reports for the field and has created various tools that automate reminders for HCSIS objectives. Senior Program Directors have been asked to run weekly reports in HCSIS to determine if they have any persons served with objectives due. The Quality Department will continue to train managers at DOS and SPD cluster meetings. | | **Status at follow-up** |  | | **Rating** | Not Rated | |  | | | **Indicator #** | L88 | | **Indicator** | Strategies implemented | | **Issue Identified** | At some sites, Progress Notes not consistently completed. | | **Actions Planned/Occurred** | Vinfen is moving to an Electronic Health Record which should allow for closer monitoring of documentation. In addition, various initiatives have been implemented to improve recruitment numbers as having regular trained staff has been difficult during the staffing crisis. Program Directors who have had historically more success in this area have been asked for feedback and suggestions on what systems have been most helpful for them. The Sustainability Workgroup will continue to address this area. | | **Status at follow-up** |  | | **Rating** | Not Rated | |  | | | **Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by Provider** | | | **Indicator #** | L79 | | **Indicator** | Restraint training | | **Issue Identified** | Staff not consistently trained within expected timelines for correct administration of restraints | | **Actions Planned/Occurred** | Vinfen is looking to hire a cadre of staff who will solely train on Safety Care. Trainings also began being held regionally to allow for easier travel for staff attending courses. Directors of Service, Senior Program Directors, and Program Directors are reviewing divisional reports to determine staff who need training and/or are approaching their certification expiration date. Senior leadership and the Training Center will meet periodically to review training/certification data and review the efficacy of various initiatives to improve training adherence. | | **Status at follow-up** |  | | **Rating** | Not Rated | |  | | | **Administrative Areas Needing Improvement on Standard not met - Identified by Provider** | | | **Indicator #** | L76 | | **Indicator** | Track trainings | | **Issue Identified** | Trainings tracked but staff have not been consistently trained for various certifications. | | **Actions Planned/Occurred** | The staffing crisis, Training Center turnover, and the COVID-19 pandemic have led to a backlog of staff who need to be trained. Vinfen has hired new Training Center staff and implemented an electronic training system where possible (Relias). Directors of Service and Senior Program Directors have been given regular reports on attendance. Senior leadership and the Training Center will meet periodically to review training/certification data and review the efficacy of various initiatives to improve training adherence. | | **Status at follow-up** |  | | **Rating** | Not Rated | |  | | | | |