

DEPARTMENT OF DEVELOPMENTAL SERVICES
LICENSURE AND CERTIFICATION
PROVIDER FOLLOW-UP REPORT

Provider: Bridgewell Inc.

Provider Address: 10 Dearborn Rd , Peabody

Name of Person Susan Warning
Completing Form: _____

Date(s) of Review: 09-JAN-24 to 12-JAN-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	3/9

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

Indicator #	L5
Indicator	Safety Plan
Area Need Improvement	The Safety Plans in four homes had either not been updated to reflect the changing needs of individuals, or not all staff had been trained in the Safety Plans. The agency needs to ensure that Safety Plans are updated as the needs of individuals change, and that all staff are trained in the implementation of Safety Plans.

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Process Utilized to correct and review indicator	The 2 Safety Plans cited as not reflecting the changing needs of the people in the home, have been updated. All Directors have been re-trained on the need to update Safety Plans as needs change and to ensure that all staff are trained on the current Safety Plan. Annual training of the Safety Plans is designated in the month of October. All new staff working at a program, review the Safety Plan as part of their orientation to the program. Each staff person signs, acknowledging that they have read and understand the contents of their orientation.
Status at follow-up	18 locations were sampled including our Respite program. All locations had current Safety Plans reflecting the needs of the people in the home. 10 locations had proof of all staff being trained on the Safety Plan = 55.56% compliance.
Rating	Not Met

Indicator #	L8
Indicator	Emergency Fact Sheets
Area Need Improvement	For six individuals, Emergency Fact Sheets did not contain required and/or current information, including all relevant medical information, such as diagnoses, and demographic information such as height and weight. The agency needs to ensure that all Emergency Fact Sheets contains current and complete information.
Process Utilized to correct and review indicator	All Managers and Directors have been trained how to enter the data in our electronic health record so that it prints out on the Emergency Fact Sheets (EFS). Training was also provided on the need to ensure all components of the EFS are updated anytime something changes.

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Status at follow-up	35 records were sampled including our Respite program. 33 records contained the required and current information, including all relevant medical information, such as diagnoses, and demographic information such as height and weight = 94.29% compliance.
Rating	Met

Indicator #	L61
Indicator	Health protection in ISP
Area Need Improvement	At three locations, health related supports and protections had not been authorized by a provider and/or did not have all the necessary components for use. The agency must ensure health related supports and protections are authorized and contain all the components of the criteria for use.
Process Utilized to correct and review indicator	All Directors have been trained on the health related supports and protections which require authorization and all the components of the criteria for use which must be documented. Lists of items, and templates for documentation, as well as, standard cleaning and maintenance protocols have been provided to the Directors and are available on our agency intranet for ongoing reference and training.
Status at follow-up	36 records were sampled including our Respite program; of those, 17 did not have a health related supports and protections applicable to them. Of the 19 records that did have a health related supports and protections, 18 had all required components listed above = 94.74% compliance.
Rating	Met

Indicator #	L63
Indicator	Med. treatment plan form

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Area Need Improvement	For eight of thirteen individuals, Medication Treatment Plans (MTPs) did not contain all the required components. The agency needs to ensure that MTPs are in place for all relevant medications, that data tracking is occurring and aligns with identified target behaviors(s), and that plans include individualized measurable criteria which indicate when a conversation may be triggered with a prescribing physician regarding each person's progress and the potential to decrease or eliminate medication where appropriate.
Process Utilized to correct and review indicator	All Directors have been trained on the required components of a MTP, including the newly defined criteria which would indicate when a conversation may be triggered with a prescribing physician regarding the person's progress and the potential to decrease or eliminate the medication, if appropriate, as well as, ensuring that data collection is occurring for each identified target behavior. Sample MTPs and sample wording for the decrease or eliminate component have been provided and are available on our agency intranet for ongoing reference and training.
Status at follow-up	<p>34 records were sampled including our Respite program; of those 7 did not have a MTP applicable to them. Of the 27 records that did have a MTP, 21 had data collection occurring for each identified target behavior = 77.78% and 12 had measurable criteria which indicate when a conversation may be triggered with a prescribing physician regarding each person's progress and the potential to decrease or eliminate medication where appropriate = 44.44%.</p> <p>Since the MTPs are done in coordination with the person's ISP, the Managers have been directed to update the MTPs to ensure any missing components are added when preparing for the next scheduled ISP.</p>
Rating	Not Met

Indicator #	L84
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DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Indicator	Health protect. Training
Area Need Improvement	At four locations, staff had not received training on the health related supports and protections. The agency must ensure that staff are trained and knowledgeable on the safe and effective implementation of health related supports and protections.
Process Utilized to correct and review indicator	All Directors have been re-trained on the need to ensure that all staff have been trained on the safe and effective implementation of each person's health related supports and protections. Bridgewell has an annual training calendar which allows programs to designate a specific month in order to ensure staff receive this training annually. All new staff working at a program, review each person's health related supports and protections as part of their orientation to the program. Each staff person signs, acknowledging that they have read and understand the contents of their orientation.
Status at follow-up	36 records were sampled including our Respite program; of those, 17 did not have a health related supports and protections applicable to them. Of the 19 records that did have a health related supports and protections, 12 had proof of all staff being trained on the implementation of the support and protection = 63.16%
Rating	Not Met

Indicator #	L91
Indicator	Incident management
Area Need Improvement	At twelve locations, incidents were not reported and reviewed (submitted and finalized) as mandated by DDS regulation. The agency needs to ensure that timelines are followed for both minor and major incidents and that all reportable events are entered into HCSIS and finalized.

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Process Utilized to correct and review indicator	All Managers and Directors have been re-trained on the importance of submitting incident reports within the required timelines. All newly hired Managers also receive this training with written instructions including the required timeframes.
Status at follow-up	18 locations were sampled including our Respite program. 12 locations did not have any incident reports that were not reported and reviewed (submitted and finalized) as mandated by DDS regulation = 66.67%
Rating	Not Met

Indicator #	L94 (05/22)
Indicator	Assistive technology
Area Need Improvement	Seven individuals had not yet been assessed in the area of Assistive Technology (AT), to determine if they would benefit from the addition of AT to increase their level of independence. The agency needs to ensure all individuals are assessed in the area of Assistive Technology. The agency also needs to ensure that when an assessment identifies areas of need, each individual is then supported to obtain and use Assistive Technology as identified within the assessment in a timely manner.
Process Utilized to correct and review indicator	All Directors have been trained on the need to complete the Assistive Technology Assessment. Since this assessment is done in coordination with the person's ISP, all Managers have been directed to complete the assessment in preparation for the ISP. As areas of need are identified, Managers are working with the ISP Team to ensure the person obtains and uses the assistive device in a timely manner.

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Status at follow-up	33 records were sampled. 29 records had a completed Assistive Technology Assessment and staff are working with the ISP Team to support the person to obtain and use Assistive Technology as identified = 87.88%
Rating	Met

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

Indicator #	L48
Indicator	HRC
Area Need Improvement	Three of three Human Rights Committees (HRCs) did not have the required membership. Three HRC's are missing a medical professional, and one is also missing a legal professional. The agency needs to ensure that all HRCs meet the membership requirements.
Process Utilized to correct and review indicator	We currently reference open positions and volunteering for our Human Rights Committees on our agency website, in our annual Know Your Rights mailing to guardians, in our Human Rights Officer Newsletter and on our Family Engagement flyers. Opportunities for volunteering on our Human Rights Committees have been posted on volunteer recruitment sites and social media platforms. We utilize our internal nursing and clinical staff to recruit potential medical professional, and psychologist or master's level practitioners. Notification of committee members needed is sent out to all programs. Our Human Rights Coordinator is constantly reaching out to contacts, other agencies for possible sharing of resources and asking the members of our committees to reach out to their contacts, as well.
Status at follow-up	Ongoing.
Rating	Not Met

DEPARTMENT OF DEVELOPMENTAL SERVICES
LICENSURE AND CERTIFICATION
PROVIDER FOLLOW-UP REPORT

Indicator #	L65
Indicator	Restraint report submit
Area Need Improvement	Thirty one restraint reports were not submitted within required timelines either at the initial input and/or finalization level within HCSIS. The agency needs to ensure that restraint reports are submitted within required timelines.
Process Utilized to correct and review indicator	All Managers and Directors have been re-trained on the importance of submitting restraint reports within the required timelines. All newly hired Managers also receive this training with written instructions including the required timeframes.
Status at follow-up	During the months of November and December, a total of 4 restraint reports were submitted. 3 of these reports were not submitted within required timelines = 25.00%
Rating	Not Met