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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Mid-Cycle Scope and results :** | | | | | | | | | Service Grouping | Licensure level and duration | # Indicators std. met/ std. rated at Mid-Cycle | Sanction status prior to Mid-Cycle | | Combined Results post- Mid-Cycle; | Sanction status post Mid-Cycle | | | Residential and Individual Home Supports | 2 Year License with Mid-Cycle Review | 18/24 | x | Eligible for new business | 2 Year License with Mid-Cycle Review 81/87 (93.10% ) | x | Eligible for New Business (80% or more std. met; no critical std. not met) | | 15 Locations  20 Audits |  |  | o | Ineligible for new business. |  | o | Ineligible for New Business (<=80% std met and/or more critical std. not met) | |

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| |  | | --- | |  | | |  |  | | --- | --- | | **Organizational Areas Needing Improvement on Standards not met:** | | | **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 mid-cycle** | The agency's Human Rights Committee met 3 times since the follow-up review conducted in July 2020. Review of the meeting minutes demonstrated that members with the required expertise were in place. The agency reviewed complaints, restrictions, incident reports and human rights related issues. | | **#met /# rated at mid-cycle** | 1/1 | | **Rating** | MET | |  |  | | **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 mid-cycle** | During this review period, three restraint reports were submitted within the required timelines. | | **#met /# rated at mid-cycle** | 3/3 | | **Rating** | MET | |  |  | | **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 mid-cycle** | A review of four staff supporting individuals receiving ABI/MFP services had the required TB screenings. | | **#met /# rated at mid-cycle** | 4/4 | | **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 mid-cycle** | Thirteen out of the sixteen staff had the required training. The agency is encouraged to strengthen its system of tracking the completion of training and/or expiration dates and assess the effectiveness of its database system | | **#met /# rated at mid-cycle** | 13/16 | | **Rating** | MET | |  |  | | **Residential and Individual Home Supports Areas Needing Improvement on Standards not met:** | | | **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 mid-cycle** | Sixteen individuals were provided training on how to report potential abuse and neglect. The agency showed individuals a video it made and reviewed how to report suspected abuse to the Disabled Persons Protection Commission (DPPC). | | **#met /# rated at mid-cycle** | 16/16 | | **Rating** | MET | |  |  | | **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 mid-cycle** | Twelve out of fourteen safety plans contained all required components and received the necessary approvals. In one instance the plan had not been submitted in a timely manner and in another not all staff were trained in the implementation of the safety plan. The agency needs to ensure safety plans are complete and all staff are trained. | | **#met /# rated at mid-cycle** | 12/14 | | **Rating** | MET | |  |  | | **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 mid-cycle** | Eight out of ten locations had appliances that were operational and properly maintained. For two homes, gas grills were within 10 feet of the home. The agency needs to ensure that appliances are properly stored and safely maintained. | | **#met /# rated at mid-cycle** | 8/10 | | **Rating** | MET | |  |  | | **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 mid-cycle** | In four locations, staff were able to locate the appropriate key needed to unlock bedroom doors in the event of an emergency. | | **#met /# rated at mid-cycle** | 4/4 | | **Rating** | MET | |  |  | | **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 mid-cycle** | Twelve out of sixteen individuals had received preventative medical screenings such as hearing exams, or other recommended health screenings based on their age, history or medical conditions. For four individuals, preventative screening had not occurred. The agency needs to ensure individuals receive routine preventative screenings. | | **#met /# rated at mid-cycle** | 12/16 | | **Rating** | NOT MET | |  |  | | **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 mid-cycle** | The agency's grievance procedure identifies the Human Rights advocate as the person to contact to file a complaint. In one instance, an individual did not receive information that identified who was the Human Right's Advocate and how to contact them. The agency needs to ensure that individuals are informed of who to contact within the agency to file a grievance or express a concern about potential human rights violations. | | **#met /# rated at mid-cycle** | 15/16 | | **Rating** | MET | |  |  | | **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 mid-cycle** | Four individuals had restrictive practices in place with all the required components in place. The agency ensured these were reviewed as required and included provisions developed so as to not unduly restrict the rights of others. | | **#met /# rated at mid-cycle** | 4/4 | | **Rating** | MET | |  |  | | **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 mid-cycle** | For three individuals, a written protocol was in place to outline the need and proper use for a health-related device. For two individuals, this was not in place. The agency needs to ensure that for all supports and health related protections there is a health care provider order that outlines the need and safety checks are occurring as outlined. | | **#met /# rated at mid-cycle** | 3/5 | | **Rating** | NOT MET | |  |  | | **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 mid-cycle** | For four individuals, supports and health related protections that restrict their movement were reviewed by the Human Rights Committee | | **#met /# rated at mid-cycle** | 4/4 | | **Rating** | MET | |  |  | | **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 mid-cycle** | Thirteen medication treatment plans were reviewed which included all the required components such as listing all prescribed behavior modifying medications, collecting data for review by the treating clinician to assess the efficacy of the plan and a process to reduce or eliminate the need for the medication. | | **#met /# rated at mid-cycle** | 13/13 | | **Rating** | MET | |  |  | | **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 mid-cycle** | For twelve out of thirteen individuals, the money management plan included 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 agreement to financial plans by individuals and/or guardians. In one instance, an individual needed to be assessed how to manage cash and gift cards independently. The agency needs to ensure all individuals are assessed and that money management plans include how individuals can manage funds independently. | | **#met /# rated at mid-cycle** | 12/13 | | **Rating** | MET | |  |  | | **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 mid-cycle** | For ten out of twelve individuals, expenditures were properly documented, accurately tracked and receipts maintained in accordance with the agency's financial policies. In two instances, cash on hand did not reflect the amount written on the Financial Transaction Record and in another, the individual was over their allowable asset amount. The agency needs to continue to oversee and assist individuals with managing their funds. | | **#met /# rated at mid-cycle** | 10/12 | | **Rating** | MET | |  |  | | **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 mid-cycle** | In one location, staff had the requisite training to safely utilize restraint. | | **#met /# rated at mid-cycle** | 1/1 | | **Rating** | MET | |  |  | | **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 mid-cycle** | At fourteen locations, staff were trained in the agency curriculum to recognize, Signs and Symptoms of Illness and Just Not Right. | | **#met /# rated at mid-cycle** | 14/14 | | **Rating** | MET | |  |  | | **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 mid-cycle** | For four of six individuals, an adequate number of staff were trained and/or knowledgeable of individual's health related supports and protective equipment. For two individuals, additional staff need training to ensure adequate coverage each shift. The agency needs to ensure that all staff are trained and knowledgeable regarding all aspects of an individual's supports and health related protections. | | **#met /# rated at mid-cycle** | 4/6 | | **Rating** | NOT MET | |  |  | | **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 mid-cycle** | Required assessments for five individuals were submitted within the required timelines. For two individuals, timelines were not met. The agency needs to ensure that assessments are submitted to the DDS Area Office at least 15 days prior to the scheduled ISP meeting. | | **#met /# rated at mid-cycle** | 5/7 | | **Rating** | NOT MET | |  |  | | **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 mid-cycle** | Support strategies for five 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. | | **#met /# rated at mid-cycle** | 5/7 | | **Rating** | NOT MET | |  |  | | **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 mid-cycle** | For eight individuals, the agency was implementing and/or tracking progress towards ISP goals. This was not in place for seven individuals. The agency needs to ensure that services and supports identified are being implemented. | | **#met /# rated at mid-cycle** | 8/15 | | **Rating** | NOT MET | |  |  | | **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 mid-cycle** | The agency's complaint resolution policy and process was effectively implemented at the two ABI/MFP locations visited. | | **#met /# rated at mid-cycle** | 2/2 | | **Rating** | MET | |  |  | | **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 mid-cycle** | For thirteen locations, incident reports were submitted and/or finalized within required timelines. | | **#met /# rated at mid-cycle** | 13/13 | | **Rating** | MET | |  |  | | | |

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| |  | | --- | | ***For provider and area office use only. This page elaborates on all of the indicators reviewed at follow-up where the standard was not met.*** | |
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(Corrected) | |  | | | | | | L22 | Placement Services | 48 CAPTAIN ALDENS LANE |  | The gas grill was located within 10 feet of the home to the rear of the garage which is attached to the home by a breezeway. | |  | | | | | | L35 | Residential Services | 131 Hokum Rock Road Side B | AG | No evidence a hearing test has been completed as requested by PCP in the documentation of AG's last physical on 11/15/20. | |  | | | | | | L35 | Residential Services | 25 Bristol Avenue | MM | It could not be determined when MM had received his last hearing or testicular exam. | |  | | | | | | L35 | Placement Services | 108 CHOPTEAGUE LANE | RL | The agency has not explored the need for baseline testing per the DDS Adult Screening Recommendations for a C-Spine X-ray, a sleep study, and an echocardiogram due to RL's diagnosis of Down Syndrome. | |  | | | | | | L35 | Individual Home Supports | 225 Station Avenue Apt. #3 | PR | There is no documentation of labs results conducted on 1/15/21. Annual lipids and cholesterol are required. | |  | | | | | | L49 | Placement Services | 108 CHOPTEAGUE LANE | RL | The agency's grievance procedure states to contact the human rights officer with a complaint. RL could not identify who the human rights officer was and that information was not noted in the paperwork he received. | |  | | | | | | L61 | Residential Services | 181 Main Street | JN | The supports and health related protections were determined necessary by a physician on 1/12/21. An adjustment to the ISP has not been completed. | |  | | | | | | L61 | Placement Services | 108 CHOPTEAGUE LANE | RL | The healthcare provider's order for RL's boot due to a metatarsal fracture does not outline the cleaning and care of device or the frequency of safety checks. | |  | | | | | | L61 | Individual Home Supports | 265 Communication Way | BM | The physician's order for BM's use of her orthopedic shoes did not include a rationale for their use or conditions for their discontinuance. There is also no written protocol in place, describing parameters for when they are to be used, or documentation of safety checks. | |  | | | | | | L67 | Residential Services | 25 Bristol Avenue | MM | The money management plan does not address if MM can manage cash or gift cards independently. He does occasionally receive gift cards that he holds himself. | |  | | | | | | L69 | Placement Services | 108 CHOPTEAGUE LANE | RL | There was no cash on hand in the home, but the cash on hand log shows there should be $19.05 | |  | | | | | | L69 | Individual Home Supports | 225 Station Avenue Apt. #3 | PR | $2700. over limit excluding stimulus. Agency needs to transfer $2700. to the ABLE account that was opened for PR 2/9/21 | |  | | | | | | L84 | Residential Services | 181 Main Street | JN | There was one staff that is not trained in the health related protections and this staff worked alone on multiple occasions. | |  | | | | | | L84 | Individual Home Supports | 265 Communication Way | BM | There was no evidence that staff were trained on the proper use and care of the individual's orthopedic shoes. | |  | | | | | | L86 | Residential Services | 181 Main Street | MS | ISP assessments requested on time and due 11/8/20 were submitted late on 11/23/20. | |  | | | | | | L86 | Placement Services | 25 CRAFT ROAD | CL | The agency was not provided with sufficient notice from DDS of at least 15 days prior to the scheduled ISP meetings. | |  | | | | | | L86 | Placement Services | 48 CAPTAIN ALDENS LANE | JA | Assessments due 8/30/20 were submitted 9/1 and 9/2/20. | |  | | | | | | L87 | Residential Services | 181 Main Street | MS | ISP support strategies due 11/8/20 were submitted late on 11/23/20. | |  | | | | | | L87 | Placement Services | 25 CRAFT ROAD | CL | The agency was not provided with sufficient notice from DDS of at least 15 days prior to the scheduled ISP meetings. | |  | | | | | | L87 | Placement Services | 48 CAPTAIN ALDENS LANE | JA | Support Strategies due 8/30/20 were submitted 9/2/20. | |  | | | | | | L88 | Residential Services | 181 Main Street | KK | Staff are not tracking data to monitor KK's progress towards the achievement of his identified ISP goals. | |  | | | | | | L88 | Residential Services | 181 Main Street | MS | Staff are not tracking data regarding the progress MS made towards achieving his ISP goals. | |  | | | | | | L88 | Residential Services | 62 Brush Hill Road | CS | Catherine moved into her new home December 1st from an AFC provider due to the need for more supports. Her ISP goal was to identify a meal of her choice and help with the prepping and cooking of that meal 3x a week for 52 weeks by June 2022. At this point in time, she identified one meal per week and is no longer involved in prepping or cooking three times a week. The agency may want to modify this goal in collaboration with the area office. | |  | | | | | | L88 | Residential Services | 62 Brush Hill Road | JC | JC's goals have not been addressed during the pandemic, other strategies to address these goals have not been attempted. | |  | | | | | | L88 | Placement Services | 31 BEAMAN WAY | RM | RM's meal ordering goal has not been addressed during the pandemic, other strategies to address this goal has not been attempted. | |  | | | | | | L88 | Placement Services | 48 CAPTAIN ALDENS LANE | JA | Janina is currently not working on her vacation goal due to COVID and not having returned to work at this time. There is no evidence of communication with the Service Coordinator that work is not being done on this goal. | |  | | | | | | L88 | Individual Home Supports | 265 Communication Way | BM | Review of monthly progress notes and other documentation for 1/21, 12/20 and 11/20 identified only one or two instances where staff engaged BM in activities/teaching exercises related to the two goals identified in her 8/27/20 ISP. | |