|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  | | --- | | **Provider:** | | |  | | --- | | CARDINAL CUSHING CENTERS | |  | |  | | --- | | **Provider Address:** | | |  | | --- | | 400 Washington St , Hanover | |  | |  |  |  |  |  |  |  | |  | |  | | --- | | **Name of Person Completing Form:** | | |  | | --- | | Ginger Sullivan | |  | |  | | --- | | **Date(s) of Review:** | | |  | | --- | | 15-SEP-21 to 29-SEP-21 | |  | |  |
|  |  |  |
| |  |  |  | | --- | --- | --- | | **Follow-up Scope and results :** |  |  | | Service Grouping | Licensure level and duration | # Indicators std. met/ std. rated | | Employment and Day Supports | 2 Year License | 1/3 | |  |  |  | | Residential and Individual Home Supports | Defer Licensure | 2/4 | |  |  |  | | |  |

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **Summary of Ratings** | |  |
|  |  |
| |  |  | | --- | --- | |  |  | | |  |  | | --- | --- | | **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** | Four out of seventeen individuals had not been assessed on knowledge, ability or safe use of equipment or machinery or assessments were not completed. The agency needs to ensure individuals are able to utilize equipment and machinery safely. | | **Process Utilized to correct and review indicator** | Page 3 of the HCSIS safety assessment had not been completed for 4 out of 17 individuals as most equipment is available in a residential environment. All pages of safety assessment will be reviewed and evaluated if possible for any equipment that individuals may encounter in an employment or volunteer CBDS environment. Any areas unable to be assessed due to access will be noted in the comments. | | **Status at follow-up** | South Shore Industries has begun the review of all Safety Assessments as individuals' ISPs come due. | | **Rating** | Not Met | | **Indicator #** | L55 | | **Indicator** | Informed consent | | **Area Need Improvement** | The agency had not obtained consent from the individual and /or guardian to post a picture on a media site prior to approval (e.g. picture posted in late June, guardian consent given in early July). The agency needs to ensure individual and/or guardian consent is given prior to posting pictures seen by the public. | | **Process Utilized to correct and review indicator** | Individual is his own guardian. Verbal consent was obtained at the time photo was taken, prior to posting on social media. In the future, if verbal consent is obtained prior to written consent, it will be documented on the consent form and signed by individual obtaining consent. Agency is reviewing process by which photo consents are obtained | | **Status at follow-up** | Corrected. | | **Rating** | Met | | **Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by Provider** | | | **Indicator #** | L86 | | **Indicator** | Required assessments | | **Issue Identified** | 8 out of 24 Individuals did not have assessments submitted on time. | | **Actions Planned/Occurred** | Case Managers have a calendar of anticipated ISPs scheduled for a year in advance. They will check HCSIS on a regular basis for alerts and target response time is a week. Employment Directors will follow up as part of routine supervision and assist with completion as needed. | | **Process Utilized to correct and review indicator** | Case Managers have a calendar of anticipated ISPs scheduled for a year in advance. They will check HCSIS on a regular basis for alerts and target response time is a week. Employment Directors will follow up as part of routine supervision and assist with completion as needed. | | **Status at follow-up** | Ongoing. Supervisors continue to monitor and provide support as needed to meet deadlines. | | **Rating** | Not Met | | **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS** | | | **Indicator #** | L61 | | **Indicator** | Health protection in ISP | | **Area Need Improvement** | One out of two individuals' support and health related protections were not included in the ISP. The agency needs to ensure support and health related protections are in the ISP and the continued need is outlined. | | **Process Utilized to correct and review indicator** | A physician's order and usage protocol regarding the support was authorized by the individual's primary care provider, and then reviewed with the shared living provider. A cleaning and maintenance checklist was generated and then reviewed as well by the shared living provider. This list also includes safety checks of the support equipment.  Documentation of usage has been added to the Medication Administration data collection and tracking, along with weekly, monthly, and as needed cleaning and maintenance. | | **Status at follow-up** | Resolved. | | **Rating** | Met | | **Indicator #** | L91 | | **Indicator** | Incident management | | **Area Need Improvement** | At two out of four locations issues were noted with the filing or submission timelines of incident reports. The agency needs to ensure incidents are reported and reviewed as mandated by regulation. | | **Process Utilized to correct and review indicator** | Admin review alerts on HCSIS daily | | **Status at follow-up** | Review of reports in HCSIS from 8/1-9/23; deadlines met | | **Rating** | Met | | **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by Provider** | | | **Indicator #** | L86 | | **Indicator** | Required assessments | | **Issue Identified** | Of the 6 individuals surveyed, 2 submitted ISPs into HCSIS by the deadline set forth | | **Actions Planned/Occurred** | Cardinal Cushing Centers continues to adjust our internal process to ensure the required assessments are submitted in a timely manner.  Managers have been provided a tracking tool, which allows them to schedule adequate time to complete the assessments in a more consistent timely manner. When needed, other supervisors will step in to assist. | | **Process Utilized to correct and review indicator** | Cardinal Cushing Centers continues to adjust our internal process to ensure the required assessments are submitted in a timely manner.  Managers have been provided a tracking tool, which allows them to schedule adequate time to complete the assessments in a more consistent timely manner. When needed, other supervisors will step in to assist. | | **Status at follow-up** | Range of dates 8/1- 9/23; Below 50% compliance | | **Rating** | Not Met | | **Indicator #** | L87 | | **Indicator** | Support strategies | | **Issue Identified** | Of the 6 individuals surveyed, support strategies for two out of six individuals were submitted within required timeframes. The agency needs to ensure that strategies are submitted to the DDS 15 days prior to the ISP. | | **Actions Planned/Occurred** | Cardinal Cushing Centers continues to adjust our internal process to ensure the required assessments are submitted in a timely manner.  Managers have been provided a tracking tool which allows them to schedule adequate time to complete the assessments in a more consistent timely manner. | | **Process Utilized to correct and review indicator** | Cardinal Cushing Centers continues to adjust our internal process to ensure the required assessments are submitted in a timely manner.  Managers have been provided a tracking tool which allows them to schedule adequate time to complete the assessments in a more consistent timely manner. | | **Status at follow-up** | Range of dates 8/1- 9/23; Below 50% compliance | | **Rating** | Not Met | |  | | |