

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

Provider: CENTER FOR HUMAN DEVELOPMENT _____

Provider Address: 332 Birnie Ave , Springfield _____

Name of Person Completing Form: Tammy Nothe-Hebert _____

Date(s) of Review: 30-OCT-23 to 26-DEC-23 _____

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	5/6
Employment and Day Supports	2 Year License	0/0

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Summary of Ratings

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

Indicator #	L15
Indicator	Hot water
Area Need Improvement	In one residential service location and one placement location, the bathroom water temperature when tested exceeded 120 degrees. The agency needs to ensure water temperatures test between 110 and 120 degrees Fahrenheit.
Process Utilized to correct and review indicator	For 24-hour residential programs, mixing valves were installed on water heaters for better adjustment of water temperatures. All sites have been verified to be within the temperature thresholds since the licensing review. For Placement Services, the provider refused to allow CHD to pay for the installation of the mixing valve. The water temperature at this location is being checked regularly during case manager visits. The Shared Living Monthly Visit form has been updated to include checking the water temperature, so it is clearly documented.
Status at follow-up	Corrected
Rating	Met

Indicator #	L27
Indicator	Pools, hot tubs, etc.
Area Need Improvement	In one placement services location with a built-in pool onsite, the provider had not completed the required water safety training. The agency needs to ensure staff/homecare providers supervising individuals, are trained in water safety and CPR. Additionally, policies and procedures outlining supervision and use of the pool need to be in place and the homecare provider knowledgeable in

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	these.
Process Utilized to correct and review indicator	The provider immediately completed water safety training following the finding. Procedures have been adjusted to be clear on all required trainings for Shared Living providers. All provider trainings are tracked in CHD's training platform, Relias. CHD's Relias administrator sends out regular reports so the team can monitor training compliance for Shared Living Providers.
Status at follow-up	Corrected
Rating	Met

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	For one individual in residential services, environmental restrictions had been imposed to protect the health and safety of another individual in the home. There was no signed acknowledgement or plan to mitigate the impact of these restrictions on other individuals. Additionally, in a second residential service location, an environmental restriction was in place for all individuals in the home. This environmental restriction did not have a written plan in place, and the practice had not been reviewed by the agency's human rights committee. The agency needs to ensure environmental restrictive practices intended for one individual that affect all individuals serviced at a location, have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.
Process Utilized to correct and review indicator	Process Utilized to correct and review indicator The lock on the freezer has been removed at Maple Road. The Sharps protocol has been corrected at Granville Road. The team reviewed the process for restrictions and developed a new process. The new process includes the Clinical Director managing and tracking all restrictions as well as submitting to the Human Rights Committee. Previously,

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	restrictions were managed and submitted by multiple managers. The new process allows for a streamlined process with improved tracking.
Status at follow-up	Corrected
Rating	Met

Indicator #	L67
Indicator	Money mgmt. plan
Area Need Improvement	For two individuals in placement services locations, funds management plans did not address all required elements. When the agency assumes shared or delegated responsibility for managing an individual's funds, the agency needs to develop funds management plans that outline the roles and responsibilities of the agency in supporting individuals to manage and spend their personal funds to include how money is safeguarded within the home. These plans must be individualized and are subject to annual written agreement from the individual or his/her guardian.
Process Utilized to correct and review indicator	The Money Management plans have been corrected. The Money Management plan tool has been updated to include key elements including outlining the roles and responsibilities of the agency supporting individuals to safeguard and manage their personal funds. All money management plans are being put into this new format. All Money Management Plans are updated at the time of the individual's ISP.
Status at follow-up	Corrected
Rating	Met

Indicator #	L91
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Indicator	Incident management
Area Need Improvement	In one residential service location, one placement service location and one individual home supports location, incidents were not submitted or reviewed within required timelines. The agency needs to ensure that incident reports are submitted and reviewed within required timelines.
Process Utilized to correct and review indicator	Incident report timelines were reviewed with directors and managers to make sure appropriate adherence to timelines occurs. However, the team has not met the required timelines for incident reports over the past 60 days. Total late incident reports for major incidents is 50%. Total late incident reports for minor incidents is 18.18%, not including one incident for CBDS. The enhanced process to correct this includes all medical or health related incidents are being completed by the Director of Nursing; all clinical or behavioral incident reports are being completed by the Clinical Director; and all others are completed by the Program Director. This process is to streamline who is responsible for submitting reports on time so directors can ensure the required timelines are met.
Status at follow-up	Not Corrected
Rating	Not Met

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

Indicator #	L65
Indicator	Restraint report submit
Area Need Improvement	Of thirty-four restraint reports reviewed, twelve were not submitted within the required timelines. The agency needs to ensure restraint reports are written and submitted to DDS within the required timelines.
Process Utilized to correct and review indicator	Process Utilized to correct and review indicator The clinical director was appointed as the restraint manager. The restraint manager

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	works with the Human Rights Coordinator on restraint reporting. Timelines were also reviewed in accordance with the restraint reporting regulations. All restraints have been submitted on time in the past 60 days.
Status at follow-up	Corrected
Rating	Met