

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

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|-------------|---|-------------------|------------------------|
| Provider | CENTER OF HOPE FOUNDATION. | Provider Address | POB 66 , Southbridge |
| Survey Team | Baldwin, Stephanie; Jones, Ken; Chiaravallotti, Danielle; | Date(s) of Review | 18-NOV-24 to 19-NOV-24 |

| 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 |
| Residential and Individual Home Supports 3 Locations 7 Audits | 2 Year License | 1/1 | 8/10 | <input checked="" type="checkbox"/> Eligible for new business (Two Year License) <input type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License) | 2 Year License with Mid-Cycle Review | <input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met) <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met) |

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Summary of Ratings

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

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| Indicator # | L8 |
| Indicator | Emergency Fact Sheets |
| Area Need Improvement | For six of the fifteen individuals reviewed, the emergency fact sheets had not been updated or include all the required information. The agency needs to ensure emergency fact sheets are updated to include all diagnoses, medications, and information related to likely response to search efforts, capabilities and preferences. |
| Status at follow-up | Findings of the follow up review showed that information for individuals in the survey sample was accurate and complete. The agency took effective steps to systemically address this standard. Staff reviewed all individuals' emergency fact sheets from all residential services to assess if information was accurate and current. Information was updated accordingly. |
| #met /# rated at followup | 4/4 |
| Rating | Met |

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| Indicator # | L36 |
| Indicator | Recommended tests |
| Area Need Improvement | Four out of the fifteen individuals reviewed had recommended tests or follow-up appointments with specialists or primary care doctors that were either not scheduled or missed. The agency must ensure that all recommended tests, treatments (such as vaccinations), and appointments with medical professionals are scheduled and completed. |
| Status at follow-up | |
| #met /# rated at followup | |
| Rating | Not Rated |

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| Indicator # | L43 |
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| Indicator | Health Care Record |
| Area Need Improvement | For ten of the fifteen individuals in the review, health care records were not updated to include recent vaccines and medical appointments or were missing pertinent information such as medical diagnoses, current medications and vaccinations received. The agency needs to ensure health care records are maintained and updated as required. |
| Status at follow-up | |
| #met /# rated at followup | |
| Rating | Not Rated |

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| Indicator # | L85 |
| Indicator | Supervision |
| Area Need Improvement | At two homes, oversight systems were not fully effective in monitoring the healthcare oversight of the individuals. For example, ensuring that medical appointment recommendations were followed in relation to follow up appointments being scheduled and kept, timely clarification of health care protocols to ensure appropriate staff training occurs, and medications being available for administration as prescribed. The agency needs to ensure that staff are receiving the necessary oversight, support and training in this area. |
| Status at follow-up | |
| #met /# rated at followup | |
| Rating | Not Rated |

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| Indicator # | L88 |
| Indicator | Strategies implemented |
| Area Need Improvement | For four individuals, ISP support strategies were not consistently implemented as designed. The agency needs to ensure that identified goals are implemented and data collection occurring in an ongoing manner. |
| Status at follow-up | |
| #met /# rated at followup | |

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| Rating | Not Rated |
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| Indicator # | L89 |
| Indicator | Complaint and resolution process |
| Area Need Improvement | At one ABI/MFP residential location, the complaint resolution process had not been effectively implemented. The agency needs to ensure individuals are trained in the complaint resolution process, that it is utilized, and that concerns are documented and resolved. |
| Status at follow-up | |
| #met /# rated at followup | |
| Rating | Not Rated |

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| Indicator # | L91 |
| Indicator | Incident management |
| Area Need Improvement | At four of the locations reviewed incident reports were not reported or finalized within the required timelines. The agency needs to ensure all incidents are submitted within the required timelines. |
| Status at follow-up | Findings of the review showed that during the previous 60 days, there was one reportable incident for licensable services that was filed and reviewed within the required timelines. COH ensured that all case managers were retrained in and had access to HCSIS to submit incident reports within required timelines. The agency's clinical personnel were charged the responsibility of ensuring the timely submission and review of incident reports |
| #met /# rated at followup | 1/1 |
| Rating | Met |

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

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| Indicator # | L65 |
| Indicator | Restraint report submit |

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| Area Need Improvement | Review of the agency's restraint report found that two of the four reports were not submitted or reviewed within the required timelines. The agency needs to ensure restraint reports meet the timelines for submission, manager and human rights committee review. |
| Status at follow-up | |
| #met /# rated at followup | |
| Rating | Not Rated |