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| **Provider:** |

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| COASTAL CONNECTIONS, Inc |

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| **Provider Address:** |

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| 35 Water Street , Amesbury |

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| **Name of PersonCompleting Form:** |

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| Debra Plumer |

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| **Date(s) of Review:** |

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| 28-JUN-21 to 27-AUG-21 |

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| **Follow-up Scope and results :** |  |  |
| Service Grouping | Licensure level and duration |  # Indicators std. met/ std. rated  |
| Employment and Day Supports | 2 Year License | 2/4 |
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| **Summary of Ratings** |

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| **Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L7 |
| **Indicator** | Fire Drills |
| **Area Need Improvement** | The fire drill documentation did not indicate which individuals participated in the drill nor the type of support they required to evacuate. The team was unable to determine if the drills had been run in accordance to the safety plan. The agency needs to ensure fire drills are conducted as indicated in regulation and documented appropriately. |
| **Process Utilized to correct and review indicator** | All fire drills are documented. A column indicating level of support was added to the form. Completed 7/1/2021 |
| **Status at follow-up** | The agency has implemented a form change that requires the identification of participating individuals and their need of assistance or support to evacuate. |
| **Rating** | Met |
| **Indicator #** | L61 |
| **Indicator** | Health protection in ISP |
| **Area Need Improvement** | One of two health related supports and protections reviewed was not included in the individual's ISP. The agency needs to ensure all health-related supports and protective equipment are included in ISP assessments and the continued need is outlined. |
| **Process Utilized to correct and review indicator** | The agency's Executive Director is reviewing each individual's ISP for proper inclusion of the person's ongoing need and use of supports & health related protections. |
| **Status at follow-up** | One ISP was flagged for lack of proper inclusion of documentation of the ongoing need and use of supportive and health related protections. |
| **Rating** | Met |
| **Indicator #** | L63 |
| **Indicator** | Med. treatment plan form |
| **Area Need Improvement** | The medication treatment plans did not contain all the required components such as, detailing the specific symptoms the medication is intending to control / modify in measurable behavioral terms, and the clinical indications for suspension/termination of the medication. The agency needs to ensure medication treatment plans contain all the required components. |
| **Process Utilized to correct and review indicator** | The order for Vistaril started over the pandemic for anxiety at home. There has been no target behavior just subjective reports of anxiety. The medication treatment plan has been discontinued. The medication will not be given at day program. |
| **Status at follow-up** | The agency's corrective action plan eliminated the medication treatment for one individual, however did not address the need to ensure medication treatment plans are in written format with all required components currently or in the future. |
| **Rating** | Not Met |
| **Indicator #** | L87 |
| **Indicator** | Support strategies |
| **Area Need Improvement** | Support Strategies for three individuals had not been submitted within 15 days of the ISP. The agency needs to ensure support strategies/objectives are completed and submitted within ISP timelines. |
| **Process Utilized to correct and review indicator** | The agency plans to monitor alerts more closely and adhere to timelines. |
| **Status at follow-up** | The agency hasn't developed any additional measures or tools to ensure ISP objectives are submitted by the required due dates. The agency did not offer any statistics to support the current plan has been or will will be effective. |
| **Rating** | Not Met |

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