|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provider | Community Autism Resources |  | Provider Address | 33 James Reynolds Rd C, Swansea |
| Survey Team |  Condon, Kayla;  |  | Date(s) of Review | 20-SEP-19 to 20-SEP-19 |

 |
|  |
|

|  |
| --- |
|  |
|

|  |
| --- |
| **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 |
| Employment and Day Supports | 2 Year License |  | 0/2 | x | Eligible for new business(Two Year License) | 2 Year License | x | Eligible for New Business(80% or more std. met; no critical std. not met) |
| 1 Locations 6 Audits  |  |  |  | o | Ineligible for new business. (Deferred Status: Two year mid-cycle review License) |  | o | Ineligible for New Business(<=80% std met and/or more critical std. not met) |

 |

 |

|  |  |
| --- | --- |
|  |  |
|

|  |
| --- |
| **Summary of Ratings** |

 |  |
|  |  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L78 |
| **Indicator** | Restrictive Int. Training |
| **Area Need Improvement** | For one of two individuals, staff had not received training on the implementation of restrictive practices. The agency needs to ensure that all staff are trained on the use of restrictive practices. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
|  |
| **Indicator #** | L79 |
| **Indicator** | Restraint training |
| **Area Need Improvement** | For one of three locations, staff were not trained in the practice of restraints. The agency needs to ensure that in all locations where the use of restraints are in practice that all staff are trained. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
|  |
| **Indicator #** | L84 |
| **Indicator** | Health protect. Training |
| **Area Need Improvement** | For one of three individuals, staff were not properly trained in the use of health-related protections. The agency needs to ensure that all staff that work with individuals are trained in the proper use and care of health-related protections. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
|  |
| **Indicator #** | L86 |
| **Indicator** | Required assessments |
| **Area Need Improvement** | For 9 of 21 individuals, the ISP assessments were not submitted within the required timelines. The agency needs to ensure that ISP assessments are submitted at least 15 days prior to the ISP. |
| **Status at follow-up** |  There were no ISP meeting scheduled during the 60 day follow-up period. The agency has implemented a tracking system to ensue that timelines are met for all required assessments. |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
|  |
| **Indicator #** | L87 |
| **Indicator** | Support strategies |
| **Area Need Improvement** | For 7 of 19 individuals, the support strategies were not submitted within the required timelines. The agency needs to ensure that support strategies are submitted at least 15 days prior to the ISP. |
| **Status at follow-up** |  There were no ISP meeting scheduled during the 60 day follow-up period. The agency has implemented a tracking system to ensure that timelines are met for all required assessments. |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
|  |
| **Indicator #** | L91 |
| **Indicator** | Incident management |
| **Area Need Improvement** | At two of six locations, the agency had not completed and/or finalized the report within the required timelines. The agency needs to ensure that all incidents reported are filed within the mandated timelines. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
|  |

 |

 |