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| **Provider:** |

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| Community Connections, Inc. |

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| **Provider Address:** |

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| 261 Whites Path , South Yarmouth |

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| **Name of PersonCompleting Form:** |

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| Kevin Jones |

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

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| 25-JUL-19 to 25-JUL-19 |

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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 | 2/2 |
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| Residential and Individual Home Supports | 2 Year License | 2/3 |
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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 #** | L55 |
| **Indicator** | Informed consent |
| **Area Need Improvement** | In one instance, the agency obtained consent for the disclosure of the individual's image and personal identifying information, did not contain the necessary information. The agency needs to ensure that when informed consent is obtained from individuals and guardian, all required information is included.  |
| **Process Utilized to correct and review indicator** | The form used was an old version. The access to the old version of the form has been removed. The Program Manager reviewed the CCI Policy and form with Programs. Going forward, when a form is filled out for client identification, both the form and the picture will be scanned in to iCentrix, our EMR system. |
| **Status at follow-up** | Completed |
| **Rating** | Met |
| **Indicator #** | L67 |
| **Indicator** | Money mgmt. plan |
| **Area Need Improvement** | In one instance, an individual's written plan did not correctly describe the actual supports being provided by the agency. The agency needs to ensure, that when providing shared or delegated money management responsibilities, the written plan accurately reflects the supports being provided. |
| **Process Utilized to correct and review indicator** |  |
| **Status at follow-up** | The Money Management Plan was updated with a new version of the tracking form that indicates who recorded the transaction. Going forward, CCI will only record income, as they do not make any purchases with or for RD. The tracking form and money will be reconciled semi-annually. |
| **Rating** | Met |
| **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L43 |
| **Indicator** | Health Care Record |
| **Area Need Improvement** | In one instance, the health care record had not been maintained and updated as required. The agency needs to insure that individuals' electronic health care records are updated annually.  |
| **Process Utilized to correct and review indicator** | The Health Record in HCSIS for our Individual Home Support clients is updated annually as part of the ISP meeting preparation. Also, it has been added to our current Case Record Review process for this service. |
| **Status at follow-up** | Complete |
| **Rating** | Met |
| **Indicator #** | L47 |
| **Indicator** | Self medication |
| **Area Need Improvement** | In one instance, an individual self-administering his medications did not have an assessment of his skills in this area. The agency needs to ensure that individuals self-medicating have an assessment documenting their skills in this area, and a process for ensuring that individuals maintain their self-medicating abilities.  |
| **Process Utilized to correct and review indicator** | The Health Record in HCSIS for our Individual Home Support clients is updated annually as part of the ISP meeting preparation. Also, it has been added to our current Case Record Review process for this service. |
| **Status at follow-up** | Complete |
| **Rating** | Met |
| **Indicator #** | L91 |
| **Indicator** | Incident management |
| **Area Need Improvement** | For one location where reportable incidents occurred, two of five incident reports had not been submitted and finalized within required timelines. The agency needs to ensure that all reportable incidents are submitted and finalized within required timelines.  |
| **Process Utilized to correct and review indicator** | Staff will be re-trained in Incident Reporting and timelines at the end of July. |
| **Status at follow-up** | A review of incidents report from 5/1/19 to 7/1/19 showed that 6 out of 20 incidents reported did not meet submission and/or finalization timelines. |
| **Rating** | Not Met |

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