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| **Provider:** |

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| COMPREHENSIVE MENTAL HEALTH |

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| **Provider Address:** |

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| 331R State Road , North Dartmouth |

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| **Name of PersonCompleting Form:** |

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| Amy Peterson |

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

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| 23-MAY-22 to 23-MAY-22 |

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| **Follow-up Scope and results :** |  |  |
| Service Grouping | Licensure level and duration |  # Indicators std. met/ std. rated  |
| Residential and Individual Home Supports | 2 Year License | 2/3 |
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| **Summary of Ratings** |

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| **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L56 |
| **Indicator** | Restrictive practices |
| **Area Need Improvement** | One individual stated they did not have access to a common area of the home which was implemented by staff without a written plan to fade or eliminate the need for the restriction. The agency needs to ensure that restrictive practices for one individual have a written rationale and the required reviews. |
| **Process Utilized to correct and review indicator** | Immediate counseling provided to individual by Program Manager to clarify that she is not restricted from kitchen area. Program Manager also reviewed safeguards in accordance with Safety Assessment in regards to staff supervision for identified activities requiring use of stove/appliances. Action Step: 03/17/2022 |
| **Status at follow-up** | Individual demonstrating understanding of kitchen access with staff supervision for identified tasks/use of appliances in accordance with Safety Assessment. Follow Up Review: 04/26/2022 |
| **Rating** | Met |
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| **Indicator #** | L78 |
| **Indicator** | Restrictive Int. Training |
| **Area Need Improvement** | Staff were not trained to implement the restricitve interventions. The agency needs to ensure staff are trained to safely and consistently implement restrictive interventions. |
| **Process Utilized to correct and review indicator** | Staff were not trained to implement the restrictive interventions. The agency needs to ensure staff are trained to safely and consistently implement restrictive interventions. |
| **Status at follow-up** | Immediate review of current Risk Guidelines and Individual Safety Assessment. Clarification made to all staff that kitchen access is not restricted.Action Step: 03/17/2022 |
| **Rating** | Met |
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| **Administrative Areas Needing Improvement on Standard not met - Identified by DDS** |  |
| **Indicator #** | L48 |
| **Indicator** | HRC |
| **Area Need Improvement** | The agency's lawyer had not attended the Human Rights Committee (HRC) meetings for the past two years and recently resigned from the committee. The agency has reached out to the community to secure an attorney, law student or paralegal to secure someone to fulfill this required position to meet the HRC membership requirements. |
| **Process Utilized to correct and review indicator** | Julia Devine, Program Manager, met with Attorney William Quaglia, (individual's attorney), to request membership. While he is retiring soon, he informed Julia that he would reach out to his colleagues. Action Step: 02/14/2022Julia D. contacted UMASS Law Clinic and spoke with law student, Crystal Desiree. She was interested in a possible field service/internship opportunity and stated she would contact us in near future. Action Step: 03/08/2022Follow up call made by Julia D to Crystal Desiree-voice message left to return call at her earliest convenience. Action Step: 04/05/2022CMHS will present issue to board members at next meeting to seek their assistance in securing legal representation on Human Rights Committee. Action Step: 06/2022 |
| **Status at follow-up** | CMHS will continue to actively search for legal representation on our Human Rights Committee. Follow Up Review: 04/26/2022 |
| **Rating** | Not Met |
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