

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

Mid-Cycle Review Final Report

Provider Cooperative Production Inc

Provider Address PO Box 506, North Dighton

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Date(s) of Review 04-NOV-22 to 08-NOV-22

Mid-Cycle Scope and results :					
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated at Mid-Cycle	Sanction status prior to Mid-Cycle	Combined Results post-Mid-Cycle;	Sanction status post Mid-Cycle
Residential and Individual Home Supports 9 Locations 11 Audits	Defer Licensure	8/13	<input checked="" type="checkbox"/> Eligible for new business <input type="checkbox"/> Ineligible for new business.	2 Year License with Mid-Cycle Review 81/86 (94.19%)	<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 Standards not met:

Indicator #	L5
Indicator	Safety Plan
Area Need Improvement	At three of the nine locations , there were several shifts where there was no staff present who was trained in the safety plan. The agency needs to ensure that staff receive training regarding the safety plan and that at least one staff on each shift if knowledge regarding the evacuation procedures.
Status at mid-cycle	At nine locations, there was an approved safety plan in the home. Staff were trained and knowledgeable of the evacuation procedures.
#met /# rated at mid-cycle	9/9
Rating	MET

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Indicator #	L8
Indicator	Emergency Fact Sheets
Area Need Improvement	Emergency fact sheets (EFSs) did not contain all of the required components for two of the nine individuals. This included missing medical diagnoses and pertinent information regarding the individual's abilities and relevant search information. The agency needs to ensure that all relevant information is present on the EFS.
Status at mid-cycle	Emergency fact sheets (EFSs) did contain all of the required components for the eleven individuals reviewed.
#met /# rated at mid-cycle	11/11
Rating	MET

Indicator #	L23
Indicator	Egress door locks
Area Need Improvement	Two locations had bedrooms that led to an egress. At one of those locations there was a lock on the bedroom door. The agency needs to ensure that there are no locks present on bedroom doors that lead to a means of egress.
Status at mid-cycle	One location had a bedroom that led to an egress and this bedroom appropriately had no lock.
#met /# rated at mid-cycle	1/1
Rating	MET

Indicator #	L36
Indicator	Recommended tests

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Area Need Improvement	Two of the nine individuals were not supported to follow through with follow-up appointments or testing per the health care providers recommendations. The agency needs to ensure that all recommended follow-up appointments and testing occurs.
Status at mid-cycle	Ten of eleven individuals were supported to follow through with follow-up appointments or testing per the health care providers recommendations.
#met /# rated at mid-cycle	10/11
Rating	MET

Indicator #	L43
Indicator	Health Care Record
Area Need Improvement	Two of nine individual's health care records lacked significant medical diagnoses. The agency needs to ensure that health care records are accurate and up to date.
Status at mid-cycle	Three of eleven individual's health care records lacked significant medical diagnoses and/or health care providers information. The agency needs to ensure that health care records are accurate and up to date.
#met /# rated at mid-cycle	8/11
Rating	NOT MET

Indicator #	L46
Indicator	Med. Administration

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Area Need Improvement	Two of the eight individuals reviewed did not have prescription medications administered as ordered. There were errors with transcriptions, MARs being written correctly, medications not being started when ordered, medications being held when they should not have been, and MORs not being filed. The agency needs to ensure that medications are administered as ordered and that the labels, MARs, and physicians orders all convey the same information.
Status at mid-cycle	Eleven medication administration reviews occurred for eleven individuals. The medications were administered as ordered.
#met /# rated at mid-cycle	11/11
Rating	MET

Indicator #	L69
Indicator	Expenditure tracking
Area Need Improvement	For two individuals, the agency had not maintained individual funds at a level as not to exceed the allowable limits to maintain health insurance and/or Social Security Benefits, nor had the agency explored alternative accounts such as ABLE accounts as recommended in one persons' ISP. The agency needs to ensure that individuals funds are tracked and allowable limits are not exceeded.
Status at mid-cycle	For one of eight individuals funds management review, the agency had not maintained funds at a level as to not exceed the allowable limits to maintain benefits not had alternative actions been taken.
#met /# rated at mid-cycle	7/8
Rating	MET

Indicator #	L77
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Indicator	Unique needs training
Area Need Improvement	In two homes, agency staff were not properly trained regarding the unique needs of the individuals. The agency needs to ensure that all shifts have appropriately trained staff.
Status at mid-cycle	For eleven individuals, the agency staff were trained and knowledgeable regarding the unique needs of the individual.
#met /# rated at mid-cycle	11/11
Rating	MET

Indicator #	L84
Indicator	Health protect. Training
Area Need Improvement	For four of eight individuals, staff were not properly trained in correct utilization of health-related protections and supports. The agency needs to ensure that all shifts have properly trained staff and ensure that all devices are utilized as recommended by the qualified practitioner.
Status at mid-cycle	Staff were properly trained in correct utilization of health-related protections and supports on behalf of eleven individuals reviewed.
#met /# rated at mid-cycle	11/11
Rating	MET

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	Four of eight individual's ISP assessments were not submitted within the required timelines. The agency needs to ensure that assessments are submitted within the required timelines.

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Status at mid-cycle	Three of eight individual's ISP assessments were not submitted within the required timelines. The agency needs to ensure that assessments are submitted within the required timelines.
#met /# rated at mid-cycle	5/8
Rating	NOT MET

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	Four of seven individual's ISP support strategies were not prepared within the required timelines. The agency needs to ensure that support strategies are submitted within the required timelines.
Status at mid-cycle	Four of eight individual's ISP support strategies were not prepared within the required timelines. The agency needs to ensure that support strategies are submitted within the required timelines.
#met /# rated at mid-cycle	4/8
Rating	NOT MET

Indicator #	L88
Indicator	Strategies implemented
Area Need Improvement	Two of nine individual's ISP assessments were not submitted within the required timelines. The agency needs to ensure that assessments are submitted within the required timelines.
Status at mid-cycle	Three of eleven individual's ISP assessments were not submitted within the required timelines. The agency needs to ensure that assessments are submitted within the required timelines.
#met /# rated at mid-cycle	8/11

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Rating	NOT MET
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Indicator #	L91
Indicator	Incident management
Area Need Improvement	Timelines for the submission of incident reports were not met for three of nine locations. The agency needs to ensure that incident reports are submitted within the require timelines.
Status at mid-cycle	Timelines for the submission of incident reports were not met for four of nine locations. The agency needs to ensure that incident reports are submitted within the require timelines.
#met /# rated at mid-cycle	5/9
Rating	NOT MET

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Mid-Cycle Detail Report

For provider and area office use only. This page elaborates on all of the indicators reviewed at follow-up where the standard was not met.

Residential and Individual Home Supports

Indicator	Service Type	Location	Individual	Issue
L36	Residential Services	452 Marion Avenue Dighton MA 02715	PF	PCP ordered pneumonia vaccine and this has not occurred. Neurologist recommended 1 year follow up on 3/10/2020. This has not occurred but is scheduled for 11/17/22
L43	Residential Services	452 Marion Avenue Dighton MA 02715	PF	The health care record does not list PH's cardiologist.
L43	ABI-MFP Residential Services	35 Rosebrook Place Apt. 1202 Wareham MA 02571	CW	Medication list on HCR did not include Remeron. CORRECTED
L43	ABI-MFP Residential Services	35 Rosebrook Place Apt. 1202 Wareham MA 02571	MS	HCR dated 10/28/22 includes diagnoses of both hyperthyroidism and hypothyroidism, and Potassium Chloride and Benefiber are missing from the medication list. Dentist, cardiologist, urologist, and nephrologist were not listed on HCR as specialists. List of specialty doctors has been CORRECTED.
L69	Residential Services	452 Marion Avenue Dighton MA 02715	PF	send email
L86	Residential Services	3 Ralph Road Raynham MA 02767	LG	ISP assessments that were due 8/25/22 were not requested until 8/25/22, thus the agency was not given proper notice to comply with required timelines.

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L86	Residential Services	8 Hill Street Norton MA 02766	AC	Health and dental assessment was due on 3/17/22, but was not submitted until 3/18/22.
L86	ABI-MFP Residential Services	210 Wareham Road Apt. 4101 Plymouth MA 02360	RP	ISP assessments due 6/29/22 were submitted 7/11/22.
L86	ABI-MFP Residential Services	35 Rosebrook Place APT. 1302 Wareham MA 02571	CM	Assessments were requested late by DDS (11/1/21 vs 10/19/21). Assessments were not submitted until 12/2/21 (ISP meeting was held on 11/18/21).
L87	Residential Services	1295 Somerset Avenue #A Dighton MA 02715	JL	Support strategies that were due on 4/6/22 were not submitted until 4/25/22.
L87	Residential Services	3 Ralph Road Raynham MA 02767	LG	ISP support strategies that were due 8/25/22 were not requested until 8/25/22, thus the agency was not given proper notice to comply with required timelines.
L87	Residential Services	8 Hill Street Norton MA 02766	AC	Support strategy was due on 3/17/22, but was not submitted until 3/18/22.
L87	ABI-MFP Residential Services	210 Wareham Road Apt. 4101 Plymouth MA 02360	RP	ISP support strategies due 6/29/22 were submitted 7/11/22
L87	ABI-MFP Residential Services	35 Rosebrook Place APT. 1302 Wareham MA 02571	CM	Support strategies were requested late by DDS (11/1/21 vs 10/19/21). Support strategies were not submitted until 12/2/21 (ISP meeting was held on 11/18/21).
L88	Residential Services	8 Hill Street Norton MA 02766	AC	Support strategy related to assistive technology exploration has not been implemented, and data is not yet being tracked.
L88	ABI-MFP Residential Services	760 Mill St. Marion MA 02738	AA	Staff have not supported her to learn to cook as part of her ISP since 4/2022.

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L88	ABI-MFP Residential Services	760 Mill St. Marion MA 02738	KO	Staff state KO refuses opportunities to complete her weekly group activity with house mate per her ISP goal. However, staff are not documenting refusals.
L91	Residential Services	1295 Somerset Avenue #A Dighton MA 02715		ER visit on 4/17/22 for JL had not been entered into HCSIS. IR #1209270 from 11/25/21 was not submitted until 12/1/21.
L91	Residential Services	452 Marion Avenue Dighton MA 02715		Incident# 1237096 which occurred on 12/16/2021 was not finalized within the required timelines.
L91	Residential Services	8 Hill Street Norton MA 02766		IR's #1518534. was submitted and/or finalized beyond timelines.
L91	ABI-MFP Residential Services	35 Rosebrook Place APT. 1302 Wareham MA 02571		IR # 1163050 and IR # 1492857 were not submitted and/or finalized within timelines.