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| Provider | Crystal Springs, Inc. |  | Provider Address | 38 Narrows Rd POB 372 , Assonet |
| Survey Team |  Boyd, Michelle; Condon, Kayla; Mazzella, Barbara;  |  | Date(s) of Review | 11-AUG-21 to 16-AUG-21 |

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| **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 |
| Residential and Individual Home Supports | 2 Year License | 0/2 | 11/30 | x | Eligible for new business(Two Year License) | Recommendation to De-License | o | Eligible for New Business(80% or more std. met; no critical std. not met) |
| 4 Locations 11 Audits  |  |  |  | o | Ineligible for new business. (Deferred Status: Two year mid-cycle review License) |  | x | Ineligible for New Business(<=80% std met and/or more critical std. not met) |

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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 #** | L5 |
| **Indicator** | Safety Plan |
| **Area Need Improvement** | In three of the seven locations, there was not adequate coverage of at least one staff trained in the safety plan on each shift. The agency needs to ensure there is at least one person on all shifts who has been trained in the Safety Plan. |
| **Status at follow-up** |  All four locations had an approved safety plan. At three locations there were multiple shifts where there was no staff trained in the safety plan. The agency needs to ensure that all shifts have at least one staff who is knowledgeable regarding the safety plan present on all shifts.  |
| **#met /# rated at followup** |  1/4 |
| **Rating** |  Not Met |
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| **Indicator #** | L8 |
| **Indicator** | Emergency Fact Sheets |
| **Area Need Improvement** | Five out of seven emergency fact sheets did not contain all the required components such as accurate guardian contact information, diagnosis, or a current photo. The agency needs to ensure all emergency fact sheets contain all required components. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
|  |
| **Indicator #** | L36 |
| **Indicator** | Recommended tests |
| **Area Need Improvement** | For two individuals, recommended appointments with a specialist were not kept. The agency needs to ensure all recommended appointments with a specialist are made and kept. |
| **Status at follow-up** |  Five of the six individuals were not supported to follow through with recommendations from a healthcare provider. This included obtaining specialized equipment, completing recommended follow-up appointments, and seeking medical support when PRN medications are given. The agency needs to ensure that all recommended test and appointments are made and kept. |
| **#met /# rated at followup** |  1/6 |
| **Rating** |  Not Met |
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| **Indicator #** | L43 |
| **Indicator** | Health Care Record |
| **Area Need Improvement** | The health care records for 2 individuals did not include the most up to date information including surgery, allergy, and diagnosis. The agency needs to ensure health care records are current and accurate. |
| **Status at follow-up** |  Two individuals' health care records (HCRs) were accurate and up to date. Four individuals' HCR were lacking pertinent diagnoses, had incorrect diets listed, or did not list medical significant procedures. The agency needs to ensure that HCRs are up to date and contain all required components.  |
| **#met /# rated at followup** |  2/6 |
| **Rating** |  Not Met |
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| **Indicator #** | L47 |
| **Indicator** | Self medication |
| **Area Need Improvement** | For one individual, staff were securing medication that the individual should have stored. For another, the practices in place were not accurately reflected in her support plan. The agency needs to ensure self-medicating individuals are regularly assessed and support plans are revised to reflect strategies that effectively enable them to maintain their self-medicating skills. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
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| **Indicator #** | L49 |
| **Indicator** | Informed of human rights |
| **Area Need Improvement** | For three individuals, their guardians had not been informed on how to file a grievance or to whom they should talk to if they have a concern. The agency needs to ensure all guardians are informed on to file a grievance or know who they should talk to if they have a concern. |
| **Status at follow-up** |  Six individuals and their guardians had received information on human rights and how to file a grievance. The agency now utilizes a system to track when these documents are mailed to guardians.  |
| **#met /# rated at followup** |  6/6 |
| **Rating** |  Met |
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| **Indicator #** | L50 |
| **Indicator** | Respectful Comm. |
| **Area Need Improvement** | For three out of seven individuals, there were instances where labels were used when speaking about individuals such as seizure client or their functioning level. Language was not respectful of the people served. The agency needs to ensure staff describes individuals in a positive affirming way with a focus on their abilities. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
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| **Indicator #** | L51 |
| **Indicator** | Possessions |
| **Area Need Improvement** | Two individuals were unable to access and keep their possessions based on exhibiting target behaviors. There was no defined parameters or rationale for why these items were removed within their behavior support plans. The agency needs to ensure there is a rationale and parameters in place for all limitations on individuals' access to their possessions. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
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| **Indicator #** | L54 |
| **Indicator** | Privacy |
| **Area Need Improvement** | Four individuals had few opportunities /spaces for them to discuss private matters. The agency needs to ensure that all people are afforded a safe and private space to discuss personal matters. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
|  |
| **Indicator #** | L61 |
| **Indicator** | Health protection in ISP |
| **Area Need Improvement** | There was no guidance for cleaning and care of supports and health related equipment for one individual. The agency needs to ensure that all equipment is checked to ensure safety while using. |
| **Status at follow-up** |  Safety checks and routine cleaning on support and health related protection devices did not occur. The agency needs to ensure safety checks and cleaning of support and health related devices occur. The agency also needs to ensure only necessary support and health related devices are utilized and used as prescribed.  |
| **#met /# rated at followup** |  1/6 |
| **Rating** |  Not Met |
|  |
| **Indicator #** | L70 |
| **Indicator** | Charges for care calc. |
| **Area Need Improvement** | The charges for care calculations for three individuals lacked documentation verifying their monthly unearned benefit amount, and one individual's calculation did not take into account frequent changes in his earned income. The agency needs to obtain verification of benefits to determine the charges for care accurately. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
|  |
| **Indicator #** | L71 |
| **Indicator** | Charges for care appeal |
| **Area Need Improvement** | Information regarding the right to appeal charges for care was not sent to the guardians of three individuals, for whom the agency was representative payee. The agency needs to ensure that guardians are informed of the charges for care amount and the right to appeal so they can advocate on behalf of individuals if needed. |
| **Status at follow-up** |  The agency has updated the charges for care letter to include contact information in the event somebody wishes to disputes the charges. This updated letter has not been sent out to the fee-payees at this time.  |
| **#met /# rated at followup** |  0/6 |
| **Rating** |  Not Met |
|  |
| **Indicator #** | L90 |
| **Indicator** | Personal space/ bedroom privacy |
| **Area Need Improvement** | Three individuals were not offered privacy in the personal space (bedrooms). For two individuals who share their bedroom with another person, privacy screens were not available. For another individual, there was no rationale as to why he was not offered privacy or alone time in his room absent of video monitoring. The agency needs to ensure that all people are offered opportunities to have privacy in their own personal space. |
| **Status at follow-up** |  Privacy was afforded for four of the individuals reviewed. Locks were present on all bedroom doors. For two individuals that share a bedroom with another individual, privacy screens were present in the bedroom but some staff were not aware of their purpose and were not utilizing them to ensure privacy during personal care.  |
| **#met /# rated at followup** |  4/6 |
| **Rating** |  Not Met |
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| **Administrative Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L48 |
| **Indicator** | HRC |
| **Area Need Improvement** | The Human Rights Committee (HRC) did not have attendance regular attendance of an attorney. Policies, procedures, and training materials related to human rights were not reviewed by the Committee. Several items that were within HRC's purview to review had not been reviewed. The agency needs to ensure that members with required expertise attend meetings. |
| **Status at follow-up** |  The agency obtained a committee member with medical/nursing expertise; however, they were not formally voted in for the meeting held within the follow up period. The agency is currently seeking a member with legal expertise. |
| **#met /# rated at followup** |  0/1 |
| **Rating** |  Not Met |
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| **Indicator #** | L66 |
| **Indicator** | HRC restraint review |
| **Area Need Improvement** | There were 60 restraints that were not reviewed by the HRC within the 120-day time limit. The agency needs to provide the HRC all restraints reports so these are reviewed within 120 days of the event. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
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