

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

**Provider:** DELTA PROJECTS

**Provider Address:** 118 Allied Drive , Dedham

**Name of Person** Jean Reynolds  
**Completing Form:**

**Date(s) of Review:** 23-JAN-25 to 24-JAN-25

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Employment and Day Supports		4/4
Residential and Individual Home Supports	2 Year License	6/6

**Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS**

Indicator #	L15
Indicator	Hot water

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<b>Area Need Improvement</b>	At three of fourteen homes, hot water temperature tests were found to be outside of the required range of 110-120 degrees. The agency must ensure that the water temperature at all sites test within the required range.
<b>Process Utilized to correct and review indicator</b>	Internal facility audits continue to monitor water temps. in all homes with immediate adjustments made as necessary. Temp. checks conducted from Nov.- Dec. indicated all were in range.
<b>Status at follow-up</b>	Temp. checks conducted form Nov.- January were all within range. Temp. regulators have been installed in homes where temps. were consistently out of range, and that practice will continue.
<b>Rating</b>	Met

<b>Indicator #</b>	L43
<b>Indicator</b>	Health Care Record
<b>Area Need Improvement</b>	The healthcare records for six of fifteen individuals were either missing diagnoses or included some outdated information. The agency must ensure that individuals' healthcare records are maintained and updated as required.
<b>Process Utilized to correct and review indicator</b>	Internal Nursing Audits will continue to review healthcare records for completion and accuracy. Res. Manager re-training will be conducted as needed.
<b>Status at follow-up</b>	The six healthcare records noted have been corrected as follows: CD/ Decota: 10/29/24 JJ/ Mountain: 10/29/24 TS/Greendale: 11/1/24 DB/ Centre: 11/1/24 WB/Central: 10/31/24 PC/ ABI Fales 12/12/24
<b>Rating</b>	Met

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<b>Indicator #</b>	L67
<b>Indicator</b>	Money mgmt. plan
<b>Area Need Improvement</b>	For four of nine individuals, their financial management plans did not reflect information regarding their budget, abilities, or bank information. The agency must ensure that all written financial management plans for individuals contain all the required information.
<b>Process Utilized to correct and review indicator</b>	Our financial management plan was reviewed, and it was determined revision was necessary to include the individuals monthly personal needs allowance. It was also evident that two Res. Managers would benefit from re-training on completing the plans.
<b>Status at follow-up</b>	Plan has been revised and Res. Managers re-trained. Corrections have been made to above referenced four plans.
<b>Rating</b>	Met

<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	At seven of the fourteen sites, incidents were submitted and/or finalized incidents outside the required timelines. The agency must ensure that incident reports are submitted within the required timelines in HCSIS.

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<b>Process Utilized to correct and review indicator</b>	Agency Dir. of Residential Admin. reviews incident submissions daily and conducts F/U with responsible parties. Further review of the seven sites referenced indicated the incidents that were not submitted within timeframes occurred during off hours when on call were responsible for entering. It had been practice that the on call would enter and site Dir. of Res. Services would finalize, resulting in delays. Process has been adjusted to the on call entering and finalizing, resulting in an improvement of timeline submission.
<b>Status at follow-up</b>	80% of incidents were submitted within timeframe between 10/18/24 and 1/10/25.
<b>Rating</b>	Met

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**Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L63
<b>Indicator</b>	Med. treatment plan form
<b>Area Need Improvement</b>	For four of five individuals whose medication treatment plans were being implemented at the CBDS program, the agency had not consistently collected enough data to be shared with their prescribing practitioners. The agency must ensure that data is taken to be shared with their prescribing practitioners to evaluate the effectiveness of their medications.
<b>Process Utilized to correct and review indicator</b>	Dir. of CBDS has implemented a data collection system for individuals with Medication Treatment Plans effective 11/1/24. All staff have been trained.
<b>Status at follow-up</b>	Data for individuals with Medication Treatment Plans is in place. Data is shared monthly with Delta Clinicians to share with Prescribers.
<b>Rating</b>	Met

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<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	At the CBDS program site, incidents were submitted and/or finalized incidents outside the required timelines. The agency must ensure that incident reports are submitted within the required timelines in HCSIS.
<b>Process Utilized to correct and review indicator</b>	Review of CBDS incident reporting from 11/1/24-1/10/25.
<b>Status at follow-up</b>	Submissions were completed within required timeframe 100% of the time.
<b>Rating</b>	Met

**Administrative Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L65
<b>Indicator</b>	Restraint report submit
<b>Area Need Improvement</b>	Twenty-eight of one hundred and fifteen restraint reports were submitted outside the required timelines. The agency must submit and finalize restraint reports within the required timelines.
<b>Process Utilized to correct and review indicator</b>	Dir. of Admin Support reviews submissions daily. Process adjusted to allow for on call to enter and finalize rather than waiting for site DRS to finalize has resulted in improved timelines. Reviewed Restraint report submissions from 10/18/24-1 /10/25.
<b>Status at follow-up</b>	Restraint submissions from 10/18/24- 1/10/25 met timeframes 100% of the time.
<b>Rating</b>	Met

<b>Indicator #</b>	L76
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<b>Indicator</b>	Track trainings
<b>Area Need Improvement</b>	Sixteen of twenty staff sampled for review did not complete required training relative to incident reporting. The agency must ensure that staff receive all required trainings per regulation to ensure compliance and staff training and development.
<b>Process Utilized to correct and review indicator</b>	Incident Reporting training is conducted with all staff during their orientation, however it was discovered that documentation of the training had not been consistent. We now have a process in place going forward for that documentation to be completed at orientation. For current employees lacking the training documentation, our HR Dept. is conducting reviews and conducting re-training as needed.
<b>Status at follow-up</b>	Process revised and documentation of training is on-going.
<b>Rating</b>	Met