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|  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  | | --- | | **Provider:** | | |  | | --- | | EDINBURG CENTER,INC (THE) | |  | |  | | --- | | **Provider Address:** | | |  | | --- | | 205 Burlington Road , Bedford | |  | |  |  |  |  |  |  |  | |  | |  | | --- | | **Name of Person Completing Form:** | | |  | | --- | | Lynn Bishop | |  | |  | | --- | | **Date(s) of Review:** | | |  | | --- | | 01-MAR-22 to 01-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 |  | |  |  |  | | |  |

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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 #** | L86 | | **Indicator** | Required assessments | | **Area Need Improvement** | For four individuals, assessments had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that mandatory assessments are submitted to the DDS Area Office at least 15 days prior to ISP meetings. | | **Process Utilized to correct and review indicator** | ISP assessments and due date discussions are to be regular part of weekly supervisions between Residential Directors and Group Home Directors | | **Status at follow-up** | 10/11 met | | **Rating** | Met | |  | | | **Indicator #** | L87 | | **Indicator** | Support strategies | | **Area Need Improvement** | For four individuals, support strategies had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that support strategies are submitted to the DDS Area Office at least 15 days prior to ISP meetings. | | **Process Utilized to correct and review indicator** | ISP assessments and due date discussions are to be regular part of weekly supervisions between Residential Directors and Group Home Directors | | **Status at follow-up** | 10/11 met | | **Rating** | Met | |  | | | **Indicator #** | L91 | | **Indicator** | Incident management | | **Area Need Improvement** | At four locations, incident reports were not created and finalized within the required HCSIS time frames. The agency needs to ensure that incident reports are submitted and finalized within required timeframes. | | **Process Utilized to correct and review indicator** | Residential Directors are to set time aside daily to review Incident Reports. Senior Directors will also have to set time aside daily to review Incident Reports. In re-organization planned for July 1. IR management will be under the Management of one of our two Vice Presidents who sill be responsible for all QI | | **Status at follow-up** | 9/24 were still late | | **Rating** | Not Met | |  | | |  | | |