

DEPARTMENT OF DEVELOPMENTAL SERVICES
LICENSURE AND CERTIFICATION
PROVIDER FOLLOW-UP REPORT

Provider: EDINBURG CENTER,INC (THE)

Provider Address: 205 Burlington Road , Bedford

Name of Person Jen Thompson
Completing Form: _____

Date(s) of Review: 08-APR-24 to 09-APR-24

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
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 #	L56
Indicator	Restrictive practices
Area Need Improvement	At one location where restrictive practices are in place, there is no mitigation plan to avoid unnecessary restrictions on the other individuals who live there for whom this restriction does not apply. The agency needs to ensure mitigation plans are developed whenever there are restrictive practices in place that affect others.

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Process Utilized to correct and review indicator	We have looked at all restriction plans and have ensured that there is a mitigation plan written into the restriction plan to avoid unnecessary restrictions for any individual whereby the restriction does not apply. Staff have also been trained on the updated mitigation plans.
Status at follow-up	Completed
Rating	Met

Indicator #	L63
Indicator	Med. treatment plan form
Area Need Improvement	Medication treatment plans did not contain all the required components. In addition, for three of ten plans, behavioral symptoms were not defined in observable terms, so data could not be tracked, and /or data was not being tracked consistently. The agency needs to ensure medication treatment plans contain all the required components including descriptions of the target behaviors being modified with treatment and individualized criteria for evaluating the effectiveness of the medication so the clinical course can be evaluated by the prescriber. In addition, the agency needs to ensure data is consistently tracked.

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Process Utilized to correct and review indicator	We have implemented a new Behavior Medication Treatment Plan form recommended by OQE. We have modified the form to meet our needs and it consists of all the required components (specifically descriptions of targeted behaviors and individualized criteria for evaluating the effectiveness of the medication so that the clinical course can be evaluated by the prescriber) In addition, there is a data collection tracking form that is included in the plan. The data will be reviewed monthly by the Group Home Director and Residential Director. This will allow us to consistently review data to identify adjusting interventions and initiating conversations with prescribers to achieve the full therapeutic effect.
Status at follow-up	All Behavior medication treatment plans have been implemented on the new form.
Rating	Met

Indicator #	L69
Indicator	Expenditure tracking
Area Need Improvement	For two individuals, there was no system for tracking expenditures on gift cards for individuals to whom the agency has delegated responsibilities. The agency needs to ensure all financial transactions are tracked, including purchases made using gift cards when the agency is responsible for assisting individuals with managing their funds.
Process Utilized to correct and review indicator	An expenditure tracking form was created to track gift cards for individuals where Edinburg is responsible for helping manage their funds. All funds management plans will reflect how the gift cards are tracked for each person.
Status at follow-up	New form implemented for individuals that use gift cards.
Rating	Met

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Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For two individuals, the required assessments had not been submitted within ISP timelines. The agency needs to ensure that ISP assessments are submitted at least 15 days in advance of the ISP meeting.
Process Utilized to correct and review indicator	A new system has been established to address the issue of assessments not being submitted within ISP timelines. The program assistant for DD-RES will access HCSIS weekly to generate a report highlighting upcoming ISP assessment deadlines, which is then shared during the weekly Group Home Director meeting. Additionally, a calendar invitation is sent out to all responsible managers 30 days prior to each ISP deadline to ensure timely preparation. The program assistant maintains an internal tracking system to monitor the completion of ISP assessments. Group Home Directors now discuss upcoming ISP assessments and completion status during their weekly supervisory meetings, ensuring proactive management of this critical aspect of our operations.
Status at follow-up	Ongoing when ISP's occur. We will review the new system by July 1st to ensure its effectiveness in assisting us to meet ISP assessment timelines.
Rating	Met

Indicator #	L87
Indicator	Support strategies

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Area Need Improvement	For two individuals, ISP Support Strategies had not been submitted within ISP timelines. The agency needs to ensure that ISP Support Strategies are submitted at least 15 days in advance of the ISP meeting.
Process Utilized to correct and review indicator	A new system has been established to address the issue of ISP Support Strategies not being submitted within ISP timelines. The program assistant for DD-RES will access HCSIS weekly to generate a report highlighting upcoming ISP Support Strategies deadlines, which is then shared during the weekly Group Home Director meeting. Additionally, a calendar invitation is sent out to all responsible managers 30 days prior to each ISP deadline to ensure timely preparation. The program assistant maintains an internal tracking system to monitor the completion of ISP Support Strategies. Group Home Directors now discuss upcoming ISP Support Strategies and completion status during their weekly supervisory meetings, ensuring proactive management of this critical aspect of our operations.
Status at follow-up	Ongoing when ISP's occur. We will review the new system by July 1st to ensure its effectiveness in assisting us to meet ISP Support Strategy timelines.
Rating	Met

Indicator #	L91
Indicator	Incident management
Area Need Improvement	At three locations, incidents were not reported and reviewed (submitted and/or finalized) as mandated by DDS regulation. The agency needs to ensure that timelines are followed for both minor and major incidents and that all reportable events are entered into HCSIS and finalized.

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Process Utilized to correct and review indicator	Continuous staff training on incident management, including identification of reportable incidents, will occur biannually. The Group Home Director and the on-call Residential Director will ensure that any significant events necessitating a major incident report are promptly logged into HCSIS within 24 hours. Additionally, they will review the Administrator on-call report to address any minor incident reports that are required to be entered into HCSIS. During work hours, incidents must be entered into HCSIS by the end of the shift by the Group Home Director or Residential Director. The Senior Directors will oversee follow-up and finalization of incidents to ensure they are entered in the required timeframe.
Status at follow-up	Ongoing when ISP's occur. We will review the new system by July 1st to ensure its effectiveness in assisting us to meet Incident reporting timelines.
Rating	Met