

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

**Provider:** ELIOT COMMUNITY HUMAN  
SERVICES

**Provider Address:** 125 Hartwell Ave , Lexington

**Name of Person** Nerissa McCormick  
**Completing Form:**

**Date(s) of Review:** 09-OCT-23 to 12-OCT-23

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	Defer Licensure	8/8
Employment and Day Supports		2/2

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

Indicator #	L7
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**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Indicator</b>	Fire Drills
<b>Area Need Improvement</b>	At three locations, fire drill logs were not available. Electronic record data indicated that fire drills were not being conducted with the minimum number of staff noted in the safety plan. At one location, the agency had conducted only one asleep fire drill rather than the two required by regulation. The agency needs to ensure that fire drills are conducted not less than four per year (with two at night) with the minimum ratio of staff outlined in the safety plan, and that documentation of fire drills is complete.
<b>Process Utilized to correct and review indicator</b>	Eliot has reviewed required information. Programs will now track information needed on a form that will remain at the program. An update of EMR to include all necessary components will be considered in the future.
<b>Status at follow-up</b>	Eliot ran asleep fire drills for 14 programs in the month of September 2023. Information captured included the time to evacuate per person, level of assistance and staffing ratio, names and roles.
<b>Rating</b>	Met

<b>Indicator #</b>	L15
<b>Indicator</b>	Hot water
<b>Area Need Improvement</b>	At two locations the water temperatures were not within the required 110 and 120 degrees Fahrenheit range. The agency needs to ensure every site and source of hot water is delivered between 110 and 120 degrees.
<b>Process Utilized to correct and review indicator</b>	The hot water temperature was adjusted immediately and checked by maintenance periodically the following week. Eliot is also exploring hot water regulator installation at all group living facilities.

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Status at follow-up</b>	Water temperature have remained between 110-120 degrees when checked 14 programs.
<b>Rating</b>	Met

<b>Indicator #</b>	L56
<b>Indicator</b>	Restrictive practices
<b>Area Need Improvement</b>	The agency has a Residential Service Agreement in place which applies an overarching policy for all individuals that includes the prohibition of alcohol. The agency needs to ensure that when restrictive practices are in place, they should be documented in written plans which include individualized rationale for each person. For those individuals who do not require such environmental restrictions but who are affected by them being in place in a home for others for whom they are determined necessary, individuals and their Guardian should be informed, and mitigation plans must be in place.
<b>Process Utilized to correct and review indicator</b>	Eliot has reviewed the working its Residential Service Agreement and made changes to the document. A revised document has been disseminated.
<b>Status at follow-up</b>	A review of 3 programs showed that the updated Residential Service Agreement is in place.
<b>Rating</b>	Met

<b>Indicator #</b>	L63
<b>Indicator</b>	Med. treatment plan form

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Area Need Improvement</b>	Four individuals had Medication Treatment Plans (MTPs) which were missing one or more required component. The agency needs to ensure that MTP's contain all required components, including ensuring that an individualized criteria for the reduction or elimination of medication is discussed with prescribing physicians and documented within the MTP. The agency needs to ensure that data collection is occurring on each target behavior outlined in the MTP and needs to ensure the presence of an effective mechanism for that data being communicated to prescribing physicians on a regular basis.
<b>Process Utilized to correct and review indicator</b>	The program managers and division leadership will work together the month prior to the planned ISP to review this and all assessment documentation for accuracy. We will share tracking data with prescribing physicians at the time of appointments or more frequently based on the parameters set forth in the MTP. Any medication changes will be reviewed as they may require a MTP and tracking update.
<b>Status at follow-up</b>	We looked at 2 programs and revised 4 treatment plans to include criteria for reduction and revised tracking of three plans to include data points.
<b>Rating</b>	Met

<b>Indicator #</b>	L67
<b>Indicator</b>	Money mgmt. plan
<b>Area Need Improvement</b>	For one individual, the agency did not have a financial training plan in place. For an additional three individuals, training plans did not reflect current practices and contained financial objectives which were inactive. The agency needs to ensure that individuals are supported to actively participate and develop skills in the management of money, and financial training plans utilized as effective tools to promote involvement and independence.

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Process Utilized to correct and review indicator</b>	As part of the ISP development, the team will review the financial training plans, ensure that all portions of the ISP are indicated in the plan and share the plan as well as updated ISP will staff to help increase their knowledge, understanding and ability to assist residents.
<b>Status at follow-up</b>	We looked at 5 programs. Through this process we noted that all financial plans were in place and staff needed training to familiarize themselves with the financial plans at one program.
<b>Rating</b>	Met

<b>Indicator #</b>	L69
<b>Indicator</b>	Expenditure tracking
<b>Area Need Improvement</b>	One individual had money in the form of a gift card that was not being documented and tracked. Another individual had excessive funds in the agency held Representative Payee account. The agency needs to ensure that when staff are responsible for holding an individual's money and providing support in the use of funds, all an individual's money, (which may include food stamps, gift cards and pay checks) is accurately documented and tracked. When the agency has shared or delegated responsibility of funds, the agency needs to ensure that individual's funds are maintained at a level so as not to exceed the allowable limits to maintain health insurance and/or Social Security.
<b>Process Utilized to correct and review indicator</b>	Division Regional Directors will review financial training plans with program managers as part of the ISP planning and review on an ongoing basis as part of program internal auditing and oversight.
<b>Status at follow-up</b>	2 records were reviewed and 2 plans were developed to increase status to "met."
<b>Rating</b>	Met

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Indicator #</b>	L86
<b>Indicator</b>	Required assessments
<b>Area Need Improvement</b>	For two individuals, 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.
<b>Process Utilized to correct and review indicator</b>	Division Leadership team will review upcoming ISPs on a monthly basis as the agency has executed internal alert systems/tracking. The Regional Director will then assume the responsibility for the oversight and for ensuring that all portions of ISP are submitted on time.
<b>Status at follow-up</b>	A review of 7 upcoming ISP showed that 5 were completed on time and 2 were submitted late.
<b>Rating</b>	Met

<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	At three locations, incidents were not reported and reviewed (submitted and 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.
<b>Process Utilized to correct and review indicator</b>	Regional Directors for each area are now responsible for the submission and oversight of incident reporting.
<b>Status at follow-up</b>	A review of three programs showed that 100% of incidents were submitted on time.

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**LICENSURE AND CERTIFICATION**

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<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>	L7
<b>Indicator</b>	Fire Drills
<b>Area Need Improvement</b>	At this location the agency Safety Plan noted that four drills would be completed annually and only three had occurred in 2022. Fire drills were not being conducted with the minimum staffing ratio as outlined in the Safety Plan. The agency needs to ensure that fire drills are conducted not less than the number specified in the approved Safety Plan, with the minimum ratio of staff outlined in the safety plan, and that documentation of fire drills is complete.
<b>Process Utilized to correct and review indicator</b>	Employment and Day Services now receive an agency wide reminder during the months that fire drills are conducted. A QM review of any fire drills not submitted in that month is available via monthly report and is reviewed by the leadership team.
<b>Status at follow-up</b>	A review of 2023 data showed that the program has completed fire drills as scheduled.
<b>Rating</b>	Met

<b>Indicator #</b>	L88
<b>Indicator</b>	Strategies implemented

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Area Need Improvement</b>	For nine individuals, data collection was not occurring towards ISP objectives as outlined in written support strategies. The agency needs to ensure that ISP goals and objectives are being implemented as designed, and worked upon regularly in a manner that supports individuals towards the achievement of their goals. The agency needs to ensure that progress towards each objective is documented so that data can be reviewed and progress towards goal achievement accurately analyzed and communicated to the ISP team.
<b>Process Utilized to correct and review indicator</b>	A review of the current data collection showed that there was a lack of tacking on the note form. This was reviewed with documenting staff and will be overseen by the Program Manager as part of her internal auditing.
<b>Status at follow-up</b>	A review of 6 records showed data collection on quantitative measures was achieved.
<b>Rating</b>	Met