

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

Provider: EVERGREEN CENTER _____

Provider Address: 345 Fortune Blvd , Milford _____

Name of Person Margaret McBride
Completing Form: _____

Date(s) of Review: 09-AUG-24 to 20-SEP-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	7/7

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Summary of Ratings

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

Indicator #	L22
Indicator	Well-maintained appliances
Area Need Improvement	In one location, the grease filters located in the rangehood above the stove were dirty. The agency needs to ensure all appliances and equipment are operational and properly maintained.
Process Utilized to correct and review indicator	Inspection of grease filters added to monthly maintenance inspection on 8/30/24
Status at follow-up	Florence grease filters were replaced by maintenance and are now checked once a month during maintenance inspection
Rating	Met

Indicator #	L43
Indicator	Health Care Record
Area Need Improvement	For three individuals, Health Care Records were not updated when significant medical information changed, including hospitalizations, vaccinations, and new diagnoses. The agency needs to ensure that Health Care Records are updated within 30 days when significant medical information changes throughout the year.
Process Utilized to correct and review indicator	Added to health matrix- community nursing monthly reports
Status at follow-up	Health Care Records are updated within 30 days when significant medical information changes throughout the year.
Rating	Met

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Indicator #	L91
Indicator	Incident management
Area Need Improvement	At one location, there were incident reports that were not submitted or reviewed within required timelines. The agency needs to ensure that incident reports are submitted and reviewed within required timelines.
Process Utilized to correct and review indicator	Training was completed with managers on notification processes (8/7/24). The Quality Assurance department now runs a weekly Incident Management Report to ensure compliance and appropriate follow-up.
Status at follow-up	A review of an incident report filed during the review period was within required time limits.
Rating	Met

Indicator #	L93 (05/22)
Indicator	Emergency back-up plans
Area Need Improvement	For the six individuals reviewed, emergency backup plans were not in place. The agency needs to ensure a clear emergency backup plan is in place to assist individuals to plan for emergencies and/or disasters.
Process Utilized to correct and review indicator	Individualized emergency back up plans were created for all residents we support.
Status at follow-up	Completed for all individuals supported.
Rating	Met

Indicator #	L94 (05/22)
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Indicator	Assistive technology
Area Need Improvement	For two individuals, support needs and the potential benefits of assistive technology had not been assessed. The agency needs to ensure that all individuals are assessed to identify assistive technology to maximize independence and provide these supports when a need is identified.
Process Utilized to correct and review indicator	AT assessments were completed for all residents and results/recommendations were discussed with the therapy department.
Status at follow-up	AT assessments were completed for all residents. Supplemental/additional AT assessments were requested through service coordinators. In addition, the Director of Adult Residential Supports and Senior Positive Behavioral Supports Clinician met with the Evergreen therapy department to discuss assessments and get recommendations. The therapy department will provide ongoing consultation moving forward.
Rating	Met

Indicator #	L99 (05/22)
Indicator	Medical monitoring devices
Area Need Improvement	For one individual, required documentation was not in place and staff had not been trained on the proper use, care and maintenance of the medical monitoring device. The agency needs to ensure that the use of any medical monitoring device is documented, and that such documentation includes, rationale for use, authorization from a medical professional, instructions for use, correct implementation, and guidelines for cleaning and maintenance. The agency also needs to ensure that support staff are fully trained and knowledgeable of the medical monitoring device: it's presence, operation and any ongoing action steps necessary to ensure accurate implementation.

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Process Utilized to correct and review indicator	VP Shunt protocol and Baclofen Pump protocol created by Director of Health Care Services (RN). Review of the need for protocols will occur during monthly community nursing reviews.
Status at follow-up	Both protocols were reviewed, completed, and signed by prescribing physicians. Staff were trained on protocols.
Rating	Met

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

Indicator #	L48
Indicator	HRC
Area Need Improvement	The Evergreen Center Human Rights Committee is a single committee that provides oversight of service locations within three DDS regions. The committee was lacking one fulltime member, therefore, did not meet the requirements for full membership. Additionally, human rights training materials and processes were not reviewed. The agency needs to support its human rights committee to meet the requirements for full membership and fulfill its responsibilities in promoting and protecting the rights of individuals who receive services.
Process Utilized to correct and review indicator	The Evergreen Center has appointed a new fulltime member (parent). She attended our September 18th meeting. Human rights materials/trainings will be reviewed annually by the HRC.
Status at follow-up	Human rights trainings and materials were reviewed and discussed during our September 18th HRC meeting. The new fulltime member (parent) attended the September 18th meeting.
Rating	Met