

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

Provider	Fidelity House dba Waystone HHS	Provider Address	439 S. Union Street Ste. 401, Lawrence
Survey Team	Dolan, Cheryl; Browning, Chloe; Caccioppoli, Meagan; Gallant, Makayla;	Date(s) of Review	03-OCT-25 to 09-OCT-25

Follow-up Scope and results :						
Service Grouping	Licensure level and duration	# Critical Indicators std. met/ std. rated at follow-up	# Indicators std. met/ std. rated at follow-up	Sanction status prior to Follow-up	Combined Results post-Follow-up; for Deferred, License level	Sanction status post Follow-up
Residential and Individual Home Supports 12 Locations 20 Audits	2 Year License		12/12	<input checked="" type="checkbox"/> Eligible for new business (Two Year License) <input type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License	<input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met) <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)
Employment and Day Supports 2 Locations 12 Audits	2 Year License		5/6	<input checked="" type="checkbox"/> Eligible for new business (Two Year License) <input type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License	<input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met) <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)

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LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

Summary of Ratings

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

Indicator #	L43
Indicator	Health Care Record
Issue Identified	Approx. 38% of HCRs updated with APE or Dental w/in 30 days of significant event
Actions Planned/Occurred	Recent changes to the requirements for the timelines for updating HCRs were reviewed with management staff when they occurred. Policies and forms were created to support these new requirements. A monthly compliance report system is being created that will ensure oversight on L43 by Assistant Directors.
Status at follow-up	All eight health care records reviewed were updated and contained the required information.
Rating	Met

Indicator #	L87
Indicator	Support strategies
Issue Identified	4/11 (36%) of individuals had their support strategies submitted on time
Actions Planned/Occurred	An ISP document tracking system was implemented in 2023 that included timeframe tracking and synthesis with Outlook event notifications. This tracking system was assigned to an Assistant Director, but not fully implemented. A monthly compliance report system is being created that will ensure oversight on L87 by Assistant Directors.
Status at follow-up	There were no ISP's held for individuals at the five locations selected during this review period. The agency needs to ensure all ISP Support Strategies are submitted no later than 15 days prior to the ISP.
Rating	Not Rated

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

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

Indicator #	L63
Indicator	Med. treatment plan form
Area Need Improvement	Three of six medication treatment plans did not contain all of the required components, such as defining behaviors in observable terms, and developing teaching strategies to assist individuals prescribed pre-medical appointment relaxation medications to lessen the need for such medications. The agency needs to ensure all medication treatment plans have required components completed.
Status at follow-up	All five medication treatment plans reviewed contained all the required components.
#met /# rated at followup	5/5
Rating	Met

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For four individuals, ISP assessments were not submitted within the required timelines. The agency needs to ensure all ISP assessments are submitted at least 15 days prior to the ISP date.
Status at follow-up	There were no ISP's held for individuals at the five locations selected during this review period. The agency needs to ensure all ISP Assessments are submitted no later than 15 days prior to the ISP.
#met /# rated at followup	
Rating	Not Rated

Indicator #	L91
Indicator	Incident management
Area Need Improvement	Two of five locations did not meet the reporting timeline requirements for all reportable incident reports. The agency needs to ensure all reportable incidents are submitted and/or finalized within the designated timelines based on incident status.
Status at follow-up	At all nine locations staff were identifying incidents that met the criteria of reportable events, and Incident Reports were submitted and finalized within required timelines.
#met /# rated at followup	9/9

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

Rating	Met
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Indicator #	L94 (05/22)
Indicator	Assistive technology
Area Need Improvement	Three of nine individuals either were not assessed for assistive technology needs or did not have identified technology available for trial and use. The agency needs to ensure all individuals are assessed to identify areas of need and available supports, are provided identified supports for trial, and determine their level of interest to continue use of the support.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

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

Indicator #	L62
Indicator	Health protection review
Issue Identified	1 current Health-related Supports, but 1-year gap between reviews
Actions Planned/Occurred	The ES admin assistant will be tasked with tracking supportive and protective device forms, including expiration dates. Individuals will not be permitted to attend the program without current S&P forms in place.
Status at follow-up	
Rating	Not Rated

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

Indicator #	L88
Indicator	Strategies implemented
Issue Identified	Approx. 61% of individuals had monthly tracking to indicate strategies are being implemented.
Actions Planned/Occurred	Two-year objectives/ support strategies will be entered into Therap ISP goal module with start and end dates. This will provide direct care staff quick and easy access to reliably current objectives, which will allow for timely, consistent documentation of goal progress.
Status at follow-up	For eight out of nine individuals, ISP support strategies for which the provider had responsibility were being implemented. The agency needs to ensure that ISP objectives are implemented as described within the support strategy, and that data collection occurs.
Rating	Met

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

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	Required ISP assessments for five of nine individuals were not submitted within the required timelines. The agency needs to ensure all required ISP assessments are submitted 15 days prior to the ISP date.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	Required ISP support strategies for five of seven individuals were not submitted within the required timelines. The agency needs to ensure all required ISP support strategies are submitted 15 days prior to the ISP date.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

Indicator #	L94 (05/22)
Indicator	Assistive technology
Area Need Improvement	Four of eighteen individuals either were not assessed for assistive technology needs or did not have identified technology available for trial and use. The agency needs to ensure all individuals are assessed to identify areas of need and supports available, are provided identified supports for trial, and determine their level of interest to continue use of the support.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated