

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

Provider: Fidelity House dba Waystone HHS

Provider Address: 439 S. Union Street Ste. 401,
Lawrence

Name of Person Josh Ryder
Completing Form: _____

Date(s) of Review: 18-SEP-23 to 22-SEP-23

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Employment and Day Supports	2 Year License	5/5

Summary of Ratings

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

Indicator #	L7
Indicator	Fire Drills
Area Need Improvement	At one location, fire drills were not run in accordance with the safety plan. The agency needs to ensure that fire drills are completed with the minimum number of staff identified in the safety plan and ensure the number of staff assisting in the drill is documented.

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Process Utilized to correct and review indicator	The fire drill form has been updated to include the staff assisting with the drill and their roles during the drills.
Status at follow-up	The program has already run a drill and the staff were identified by role and program.
Rating	Met

Indicator #	L88
Indicator	Strategies implemented
Area Need Improvement	For twelve individuals, support strategies were not being implemented as identified in the ISP. The agency needs to ensure that regular data is taken on measurable objectives, and that it is easily compiled to identify progress and/or if a modification is needed.
Process Utilized to correct and review indicator	For all individuals, all ISP support strategies/objectives will be tracked using individual data sheets to ensure that all of the individual's goals are tracked in an accurate/efficient manner. The data collected in these data sheets will be reviewed by the Case Managers monthly to ensure that all goals are being tracked properly and assessing the need for modifications.
Status at follow-up	The process has begun of creating individualized data sheets for all people in CBDS/Employment programs. The process will be completed by August 31, 2023.
Rating	Met

Indicator #	L91
Indicator	Incident management

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Area Need Improvement	At one location, incidents were not reported and reviewed as mandated by regulation. The agency needs to ensure that all reportable incidents are completed and finalized in HCSIS within the required timelines.
Process Utilized to correct and review indicator	Any incident involving a person served at the day program will be reviewed by the Director/VP of Day and a report will be completed in the EHR. The Director of QA will then input the report in to HCSIS. The Case Manager/Designated staff will contact via email the Residential Provider within 24 hours to gather information resulting from the incident. Once that information has been gathered, the QA Director will finalize the report in HCSIS within 7 days of the incident. Should the need for an extension arise, the QA Director will Request an Extension in HCSIS to ensure that timelines have been met.
Status at follow-up	Although there have been zero instances in which the program has had to enter an incident report into HCSIS, the team feels confident that the report would meet all required timelines for entering as well as finalizing the report.
Rating	Met

Indicator #	L94 (05/22)
Indicator	Assistive technology
Area Need Improvement	For three individuals, assistive technology assessments were not completed or did not provide recommendations. The agency needs to ensure that all individuals have the assistive technology needed to maximize independence.
Process Utilized to correct and review indicator	All the individuals have received current/updated assessments as well as accompanying training plans as applicable. They will be reviewed on a yearly basis and also as needed.

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Status at follow-up	All individuals have current Assistive technology Assessments and accompanying training plans.
Rating	Met

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

Indicator #	L65
Indicator	Restraint report submit
Area Need Improvement	Three of the six restraint reports filed were not reviewed by the agency's restraint manager within the required 5 day period. the agency needs to ensure all restraint reports are written, filed and reviewed within the required timelines.
Process Utilized to correct and review indicator	The person responsible for completing the restraint report will be required to complete the form in the new EHR. The Director of QA will be notified via email and will input into HCSIS within 24 hours. The Manager/Director will the review the restraint within 5 days to meet the timeline and the Human Rights Committee will review at the next meeting within 90 days.
Status at follow-up	Only 1 restraint has occurred since the initial survey and the report was finalized within 24 hours and the manager portion was also completed then. The Human Rights Committee reviewed at the September 13 meeting.
Rating	Met