

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

Provider VALLEY EDUCATIONAL ASSOCIATES Provider Address P.O. Box 46 , Hatfield
 Survey Team Comeau, Andrea; Himes, Marisa; Date(s) of Review 18-JUN-24 to 20-JUN-24

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
Employment and Day Supports 4 Locations 11 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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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	In one of three locations reviewed, fire drills were not being conducted in accordance with the Emergency Evacuation Safety Plan. The agency needs to ensure individuals are able to evacuate in a timely manner within the staffing ratio approved by DDS.
Status at follow-up	The agency ensured all staff reviewed the Emergency Evacuation Safety Plan and were aware of required staff to individual ratio when conducting a fire drill. Fire drills were conducted in all three locations over the past sixty days and done so in accordance with the safety plan.
#met /# rated at followup	3/3
Rating	Met

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	At one location, there was a restriction on access to toilet paper that did not have a written rational and there was no mitigation plan in place for those impacted by the restriction. When a restriction is necessary to protect individuals' health or safety, the agency needs to ensure that there is a written rational, the restriction is reviewed by the human rights committee and that plans are in place to mitigate the impact of restrictions on those individuals who do not require them.
Status at follow-up	The agency reviewed the policy and procedure around the implementation of environmental restrictions impacting all individuals served. Review of all three CBDS locations indicated there were no environmental restrictions in place.
#met /# rated at followup	
Rating	Not Rated

Indicator #	L63
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Indicator	Med. treatment plan form
Area Need Improvement	For the one individual receiving medication requiring a medication treatment plan, there was no plan on-site. The agency needs to ensure that medication treatment plans are in place for medications prescribed to control individuals' behaviors. This includes identifying the behaviors for treatment in observable and measurable terms, specific procedures to minimize risks of taking the medication, clinical indications for adjusting the medication, and frequency of data collection.
Status at follow-up	For individuals requiring the administration of behavior modifying medications during day programming hours, the agency had ensured a behavior modifying treatment plan was in place. Additionally, all staff had reviewed the plans and were aware of behaviors being monitored as well as any medication side-effects. Plans were in place for all individuals within the sample.
#met /# rated at followup	3/3
Rating	Met

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For nine of thirteen individuals reviewed, ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that ISP assessments are submitted to DDS within 15 days prior to the ISP.
Status at follow-up	The agency had implemented a tracking system for ISPs and the submission of required assessments. Managers were notified thirty days in advance of the ISP to ensure paperwork was completed within the required timelines. Three individuals in the sample had ISPs within the past sixty days and all assessments were submitted within the required timelines.
#met /# rated at followup	3/3
Rating	Met

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	For eight of thirteen individuals reviewed, provider support strategies were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that provider support strategies are submitted to DDS within 15 days prior to the ISP.

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Status at follow-up	The agency had implemented a tracking system for ISPs and the submission of provider support strategies. Managers were notified thirty days in advance of the ISP to ensure paperwork was completed within the required timelines. Three individuals in the sample had ISPs within the past sixty days and all provider support strategies were submitted within the required timelines.
#met /# rated at followup	3/3
Rating	Met

Indicator #	L94 (05/22)
Indicator	Assistive technology
Area Need Improvement	For nine of fourteen individuals reviewed, 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.
Status at follow-up	The agency is in the process of completing the assistive technology assessment for all individuals receiving CBDS and Employment Supports. Assessments were completed for all individuals within the follow-up sample along with recommendations for assistive technology identified through the assessment process.
#met /# rated at followup	11/11
Rating	Met

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

Indicator #	L48
Indicator	HRC
Area Need Improvement	The agency's human rights committee lacked regular attendance in three roles for the majority of meetings, to include one with required expertise. Additionally, procedures for quorum were not followed when quorum was not present, and human rights training materials and processes, and agency policies/procedures with regards to human rights were not reviewed. VEA needs to support its human rights committee to meet attendance requirements and to fulfill its responsibilities in promoting and protecting the rights of individuals who receive services.
Status at follow-up	VEA's Human Rights Committee met on 4/16/24, following their full licensing survey. Review of committee minutes indicated feedback provided by OQE was being implemented, with review of all

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	required areas affecting human rights added to their regular agendas to ensure all areas were reviewed. VEA's recruitment of a medical professional had not been completed at the time of follow-up.
#met /# rated at followup	0/1
Rating	Not Met