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| **Provider:** |

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| FRIENDSHIP HOME INC |

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| **Provider Address:** |

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| 458 Main St. , Norwell |

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| **Name of PersonCompleting Form:** |

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| Victoria Gill |

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| **Date(s) of Review:** |

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| 28-JUL-19 to 29-JUL-19 |

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| **Follow-up Scope and results :** |  |  |
| Service Grouping | Licensure level and duration |  # Indicators std. met/ std. rated  |
| Employment and Day Supports | 2 Year License | 2/2 |
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| Residential and Individual Home Supports | 2 Year License with Mid-Cycle Review | 2/2 |
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| **Summary of Ratings** |

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| **Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L87 |
| **Indicator** | Support strategies |
| **Area Need Improvement** | Support strategies were reviewed for four individuals. In three instances, the agency did not submit required support strategies within 15 days of the ISP. The agency needs to ensure that support strategies are submitted within required time frames.  |
| **Process Utilized to correct and review indicator** | ISP timelines were not met consistently due to several factors including HCIS user permissions, Case Management transition interrupting workflow, and failure to submit within established timelines. Systems to ensure timely completion have been established and moving forward case managers will utilize a tracking spreadsheet, HCSIS Management reports, as well as a shared calendar to identify and complete all ISP required documents on a time in a timely basis. Additionally, quality assurance practices will be implemented and will include monthly review with case managers and their supervisor of all documents coming due, as well as review of completed documents in order to ensure appropriate, thorough completion and adherence to established timelines. |
| **Status at follow-up** | Nine people receiving Employment/Day supports had an ISP since the conclusion of the survey. All assessments were submitted in the required timelines |
| **Rating** | Met |
| **Indicator #** | L91 |
| **Indicator** | Incident management |
| **Area Need Improvement** | Within CBDS incidents were reported as required, however seventeen incidents were not finalized within required timelines. The agency needs to ensure that incidents are finalized within required timelines.  |
| **Process Utilized to correct and review indicator** | HCSIS Management report revealed unmet reporting/finalizing timelines. Within HCSIS, the only Friendship Home program options are Respite "A" and "B" which indicates HCSIS alerts for CBDS likely defaulted to the Respite Program Director, which may have delayed processes. DP&Q contacted HCSIS to troubleshoot and resolve, and requested CBDS/ES program models are added to the FH HCSIS profile as program location options; the program location options have since been added and will be used accordingly when filing HCSIS reports. Going forward, HCSIS submission timelines will be closely monitored on a weekly/bi-weekly basis by the Program Director(s) and the Director of Programs & Quality. |
| **Status at follow-up** | HCSIS submission timelines are being closely monitored on a weekly/bi-weekly basis by the Program Director(s) and/or the Director of Programs & Quality. There have been 2 HCSIS Incident Reports submitted since the conclusion of the survey; both were completed, submitted and finalized within the required timelines. |
| **Rating** | Met |
| **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L39 |
| **Indicator** | Dietary requirements |
| **Area Need Improvement** | Special dietary requirements were reviewed for two individuals. In both instances there was a lack of information for staff to support individuals to follow dietary guidelines during meal preparation and/or when dining out. The agency needs to ensure that staff are knowledgeable about special dietary restrictions that are in place for individuals and provide support to ensure that strategies are present to implement requirements as designed.  |
| **Process Utilized to correct and review indicator** | Respite staff have received education and training related to dietary requirements for all guests with specialized dietary requirements. A training manual has been created specifically for the purpose of staff education and training within the areas of specialized medical protocols, specialized dietary requirements, supportive protective devices, behavior support, and any other additional unique supports. Training in these areas will occur upon hire, as needed according to changes, as well as annually to refresh all staff. |
| **Status at follow-up** | Respite staff have received education and training related to dietary requirements for all guests with specialized dietary requirements. Staff training occurred between 5/18/19 and 6/9/19, all staff will receive annual refresher trainings as well as training on any/all updates to dietary requirements. |
| **Rating** | Met |
| **Indicator #** | L91 |
| **Indicator** | Incident management |
| **Area Need Improvement** | Incidents were reported as required, however the finalization of two incidents did not meet reporting timelines. The agency needs to ensure that incident reports are finalized within required timelines.  |
| **Process Utilized to correct and review indicator** | HCSIS Management report revealed unmet reporting/finalizing timelines. Within HCSIS, the only Friendship Home program options are Respite "A" and "B" which indicates HCSIS alerts for CBDS likely defaulted to the Respite Program Director, which may have delayed processes. DP&Q contacted HCSIS to troubleshoot and resolve, and requested CBDS/ES program models are added to the FH HCSIS profile as program location options; the program location options have since been added and will be used accordingly when filing HCSIS reports. Going forward, HCSIS submission timelines will be closely monitored on a weekly/bi-weekly basis by the Program Director(s) and the Director of Programs & Quality. |
| **Status at follow-up** | HCSIS submission timelines are being closely monitored on a weekly/bi-weekly basis by the Program Director(s) and/or the Director of Programs & Quality. There have been 2 HCSIS Incident Reports submitted since the conclusion of the survey; both were completed, submitted and finalized within the required timelines. |
| **Rating** | Met |

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