

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

Provider GANDARA MENTAL HEALTH Provider Address 933 East Columbus Ave , Springfield
 Survey Team Hutchison, Melanie; Black, Carole; Date(s) of Review 13-OCT-23 to 18-OCT-23

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 5 Locations 8 Audits	2 Year License	1/1	8/12	<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 with Mid-Cycle Review	<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

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

Indicator #	L43
Indicator	Health Care Record
Area Need Improvement	For two Healthcare Records reviewed, there was pertinent medical information that had not been included or updated. The agency needs to ensure that Health Care Records are updated annually or when significant medical information changes throughout the year, including hospitalization, vaccinations, and new diagnoses.
Status at follow-up	The agency added an oversight mechanism whereby agency nursing staff will cross-check health care records with appointment paperwork and when needed, update health care records monthly. Health care records were added as an agenda item to the agency's weekly management meeting. The agency added a quarterly audit to validate the accuracy of health care records. For one individual, the health care record was missing a new diagnosis and a 2022 hospitalization, and for another, a new diagnosis received on 9/15/23 had not been added to her health care record. For a third individual, there was no documentation available to review to determine the accuracy of the health care record.
#met /# rated at followup	5/8
Rating	Not Met

Indicator #	L63
Indicator	Med. treatment plan form
Area Need Improvement	For seven individuals, medication treatment plans did not address one or more required components, including measurable target behaviors, measurable criteria for consulting with the prescriber about medication adjustment, or strategies to reduce use of sedative medication prior to medical appointments. The agency needs to ensure that medication treatment plans address all required components.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

Indicator #	L67
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Indicator	Money mgmt. plan
Area Need Improvement	For three individuals, funds management plans had not been developed as required or agreement to the plan had not been obtained from the individual or his/her guardian. The agency needs to ensure that the funds management plans address all required components, including plans for training individuals in handling and managing their personal funds. In addition, the agency must obtain annual signed agreement to the funds-management plan from the individual or the individual's guardian.
Status at follow-up	The agency updated the majority of financial training plans for individuals whose ISP teams recommended one to include individual specific goals and teaching strategies. For two individuals, the financial training plan did not include teaching strategies. For one individual, the funds management plan did not include information about his debit card, how it is safeguarded, or how he can access it.
#met /# rated at followup	4/6
Rating	Not Met

Indicator #	L91
Indicator	Incident management
Area Need Improvement	At six locations, incident reports were not submitted or reviewed within HCSIS within required timelines. The agency needs to ensure that incident reports are submitted to DDS and are reviewed within required timelines.
Status at follow-up	The agency retrained staff on the submission timelines for reportable incidents. The agency PQI team added a twice weekly review of HCSIS incident report submission data.
#met /# rated at followup	5/5
Rating	Met

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

Indicator #	L48
Indicator	HRC

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Area Need Improvement	Central Residential Services had three human rights committees that oversaw service locations within three geographical areas. Two of the committees did not meet quarterly and one committee lacked regular attendance of members with required expertise for the majority of the meetings. In addition, one of the committees was not fulfilling its responsibility for reviewing restraints, and all three committees were not reviewing the agency's system for training individuals in human rights, or agency policies that impact individuals' rights. The agency needs to ensure that its human rights committees meet quarterly, that each committee has the required membership, and that members are supported to attend the majority of scheduled meetings. The agency also needs to ensure that reports of physical restraint are reviewed by the human rights committee as well as the agency's human rights curriculum and agency policies that impact individuals' rights.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

Indicator #	L65
Indicator	Restraint report submit
Area Need Improvement	During the period reviewed, there were 11 restraints that were not reported or reviewed within the required timelines. The agency needs to ensure that all restraint reports are reported within 3 days of the occurrence and are reviewed by the agency restraint manager within 5 days of the event.
Status at follow-up	The agency retrained staff on the submission timelines for restraint reports. The agency PQI team added a twice weekly review of HCSIS restraint report submission data. One restraint incident report was submitted late in HCSIS.
#met /# rated at followup	3/4
Rating	Met

Indicator #	L66
Indicator	HRC restraint review
Area Need Improvement	Review of restraint reports generated over the past 13 months identified 23 restraints that had not been reviewed by the human rights committee within the timelines required for this review. The agency needs to ensure that all reports of physical restraint are reviewed by the agency human rights committee within 120 days of the event.
Status at follow-up	

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#met /# rated at followup	
Rating	Not Rated