DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

Mid-Cycle Review Final Report

Provider	GANDARA MENTAL HEALTH	Provider Address	147 Norman St, West Springfield
Survey Team	Adorno,Elsa; Jones,Ken;	Date(s) of Review	26-APR-21 to 28-APR-21

Mid-Cycle Scope and results :

Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated at Mid-Cycle	Sanction status prior to Mid-Cycle	Combined Results post-Mid-Cycle;	Sanction status post Mid-Cycle
Residential and Individual Home Supports 4 Locations 6 Audits	Defer Licensure	23/25	☒ Eligible for new business ☐ Ineligible for new business.	2 Year License with Mid-Cycle Review 82/85 (96.47%)	☒ Eligible for New Business (80% or more std. met; no critical std. not met) ☐ Ineligible for New Business (<=80% std met and/or more critical std. not met)

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Summary of Ratings

Organizational Areas Needing Improvement on Standards not met:

Indicator #	L48
Indicator	HRC
Area Need Improvement	Review of human rights committee (HRC) meeting minutes from the past two years showed that some members were consistently absent and that status of investigations and complaints were not reviewed by the committee. The agency needs to support its human rights committee members to consistently attend regularly scheduled meetings. In addition, the committee must fulfill its responsibility as a party to all complaints and investigations.
Status at mid-cycle	The review of the Gandara's human rights committee (HRC) begins where the previous DDS Follow Up Review ended 8/19/2020. Since that time, the HRC met four times, 9/30/2020, 11/18/2020, 1/27/2021, and 3/31/2021. The agency did make some progress that included the need to address identified issues that included work needed on the by-laws, improve the quality of the HRC minutes, and incorporate the tracking of investigations and complaints. The committee was also supported to meet the requirements for a quorum (50% of the membership/minimum of three) for the last three meetings. The committee, however, continues to be challenged with supporting the consistent attendance of credentialed members at scheduled HRC meetings. It was noted that two members who are nurses, representing medical background had not attended any of the four meetings reviewed as a HRC member.
#met /# rated at mid-cycle	0/1
Rating	NOT MET

Indicator #	L65
Indicator	Restraint report submit
Area Need Improvement	Thirteen physical restraints documented over the past thirteen months were not submitted to DDS within required timelines. The agency needs to ensure that all reports of physical restraint are submitted within three days of

	occurrence and reviewed by the restraint manager within five days of occurrence of the restraint.
Status at mid-cycle	The agency's current arrangement of oversight has enabled Gandara to meet restraint reporting timelines. While the director of residential services oversees this area, program managers, program supervisor, and the program director have added alerts to their Outlook calendars to check HCSIS alerts twice weekly (Tuesday and Friday) to ensure that restraint reporting timelines are met. The review of the Gandara's compliance with the timely filing of restraint reports begins where the previous DDS Deferred Status Follow Up Review ended, 8/19/2020. Since that time there were four instances of restraint that were filed in HCSIS. The agency met the restraint reporting timelines for three of the four instances of restraint during that identified period of review.
#met /# rated at mid-cycle	3/4
Rating	MET

Residential and Individual Home Supports Areas Needing Improvement on Standards not met:

Indicator #	L1
Indicator	Abuse/neglect training
Area Need Improvement	Three out of six individuals reviewed were not supported to receive annual training in how to file a complaint with DPPC. The agency must ensure that individuals are informed annually on how to file a complaint with DPPC.
Status at mid-cycle	The agency continued to utilize several steps to ensure individuals received annual training in how to file a complaint with DPPC. Through monthly program audits, the agency ensured that DPPC training material was present at each home. Annual DPPC training was provided in January 2021 to individuals at the same time of annual human rights training. A signature line was added to the DPPC/Human Rights training acknowledgement form for the individual's signature and date of training. Additionally, all individuals who received residential services reviewed DPPC information at weekly house meetings. For this Mid-Cycle Review, six individuals were assessed as part of this survey sample. All six individuals' records showed that they had received DPPC training.

#met /# rated at mid-cycle	5/5
Rating	MET

Indicator #	L5
Indicator	Safety Plan
Area Need Improvement	For two locations, one safety plan did not address all of the required information regarding an individual's behavioral support needs that could prevent or limit the person's ability to evacuate independently in 2.5 minutes. Training for staff in safety plan implementation had not occurred at another location. The agency needs to ensure that the DDS approved safety plan addresses all required information, including individual's evacuation support needs. In addition, all support staff must be trained in how to implement the safety plan and evacuation strategies.
Status at mid-cycle	The agency utilized a tracking grid to monitor safety plan approval and expiration dates for each residential location. The status of safety plans was tracked monthly by the program director. During monthly home visits to placement service locations, the program director ensured all home providers and staff have been trained in the safety plan procedures. The presence of DDS approved safety plans and staff trainings were reviewed at four homes included in this Mid-Cycle Review sample. Findings showed that DDS approved safety plans were present at all locations and that all assigned staff and home providers per location were trained.
#met /# rated at mid-cycle	4/4
Rating	MET

Indicator #	L7
Indicator	Fire Drills
Area Need Improvement	For one residential location, only one of two required sleep time fire drills was conducted within the past twelve months. The agency needs to ensure that fire drills are conducted quarterly with at least two drills conducted annually within the hours that individuals are in bed and sleep.

Status at mid-cycle	The agency modified its "Fire Drill Checklist" that highlights the overnight hours for the two scheduled months of the year (April and October) when sleep-time fire drills are to be conducted. Staff received training in this area accordingly. Additionally, the program director reviews fire drill documentation during monthly audits of homes. One home was reviewed as part of this Mid-Cycle Review sample. Findings indicate that sleep-time fire drills were conducted as required, in accordance with the safety plan.
#met /# rated at mid-cycle	1/1
Rating	MET

Indicator #	L10
Indicator	Reduce risk interventions
Area Need Improvement	For two of three individuals reviewed for risk management, risk management strategies had not been implemented consistently and in accordance with interventions outlined in behavior management plans. The agency needs to ensure that where individuals exhibit behaviors that pose risk to themselves or others, risk management plans are implemented consistently and in accordance with strategies outlined in behavior modification plans. Additionally, staff must be trained and knowledgeable in implementation these strategies.
Status at mid-cycle	The took steps to ensure that all managers and staff were trained in individuals' behavior plans that contained risk-related interventions. Program managers were also required to take a competency test demonstrating the capacity to train and supervise staff in behavioral interventions. This practice was required at all locations where restrictive interventions supports were necessary. Regarding oversight, program managers submitted weekly data that identified whether behavior plan requirements were being fully implemented. During monthly audits, the program director also checked to ensure that all restrictive interventions and protocols were being implemented as required. The clinical director conducted quarterly observations at the homes as an additional measure to ensure behavioral interventions were implemented in accordance with the written plan. For this Mid-Cycle Review, three individuals' behavior plan were reviewed. Findings

	showed that all staff were trained in the plan and intervention strategies were implemented as written and approved.
#met /# rated at mid-cycle	2/2
Rating	MET

Indicator #	L11
Indicator	Required inspections
Area Need Improvement	Two out of three placement service locations did not have documentation of required inspections. In accordance with standards for placement services, the agency needs to ensure that full annual home inspections are conducted for homes of placement service providers.
Status at mid-cycle	The agency utilized its enhanced placement service annual inspection checklist to include multiple areas of the home's exterior and interior features that is reviewed to ensure that homes are in good repair and safe. Annual home inspections of placement service locations were conducted by the program director during the month of January. At the time of this Mid-Cycle Review, agency annual inspections and annual inspections of the homes' heating systems had been documented for each of the locations included in this survey sample.
#met /# rated at mid-cycle	4/4
Rating	MET

Indicator #	L12
Indicator	Smoke detectors
Area Need Improvement	For two of four homes, a carbon monoxide detector was not located in the basement of one home as required, and for the other home, all smoke and carbon monoxide detectors units were not interconnected. The agency needs to ensure that smoke detectors and carbon monoxide detectors are located where required and are fully operational.
Status at mid-cycle	The agency utilized overlapping monthly visits to 24-hour residential sites by the agency's facilities director and program director. Alarm systems were

	tested during these visits. The program director also checked smoke and CO detector units during monthly home visits with shared living providers. Four locations were reviewed as part of the Mid-Cycle Review sample (one 24-four-hour residential location and three placement service sites). Within placement services, smoke and CO alarms were found to be in full compliance with their required placement and were tested as operational. Smoke and CO detectors at the residential home was tested as operational and placement requirements were met.
#met /# rated at mid-cycle	4/4
Rating	MET

Indicator #	L14
Indicator	Site in good repair
Area Need Improvement	For two homes, parts of the patio steps, doorway threshold and fire escape stairway were broken or rotted. The agency needs to ensure that structural features of patios, doorways and fire escapes are maintained in good repair.
Status at mid-cycle	The agency had overlapping oversight processes to ensure that residential homes are maintained in good repair. Monthly program audits include an environmental walk through of each home, which is intended to identify, and address needed home-related repairs. The facilities director also completes monthly home inspections using the agency's enhanced facility checklist to ensure that all needs for repair are promptly identified and addressed. For the Mid-Cycle Review, four locations were reviewed for this indicator. All stairways, exit ways, balusters, and decks were noted to be in good repair.
#met /# rated at mid-cycle	4/4
Rating	MET

Indicator #	L15
Indicator	Hot water

Area Need Improvement	For two of four locations, hot water temperature exceeded the required range. The agency needs to ensure that hot water temperature is maintained between 110 and 120 degrees F..
Status at mid-cycle	Through effective corrective actions the agency installed mixing valves for all residential locations to ensure water temperatures are maintained within the required temperature range. Water temperatures are checked as part of monthly program audits as well as during monthly visits to placement service locations. Water temperatures were checked during managers' weekly checks as well as monthly facility inspections. Four homes were reviewed as part of this Mid-Cycle Review. Hot water temperature was tested in bathroom faucets and tub/showers at each location and temperatures were within the required range of 110-120 degrees F.
#met /# rated at mid-cycle	4/4
Rating	MET

Indicator #	L36
Indicator	Recommended tests
Area Need Improvement	Three of six individuals were not supported to attend follow-up appointments or be seen by specialists as required by their primary care physicians. The agency needs to ensure that recommended specialty referrals are made and that all health-related appointments are kept.
Status at mid-cycle	All health care and specialty appointments were being tracked and monitored by the agency's nurse as well as management team members. Two years' worth of health care appointments for everyone was assessed to determine that all health care recommendations and appointments had occurred. Monthly program audits were conducted to identify that all health care recommendations and follow up appointments were occurring as scheduled. Three placement locations and three individuals in one residential home were reviewed for the Mid-Cycle Review on healthcare appointments and recommendations. Six of the individuals reviewed received adequate support and follow up on health care recommendations and specialty appointments.
#met /# rated at mid-cycle	6/6

Rating	MET

Indicator #	L39
Indicator	Dietary requirements
Area Need Improvement	Four out of six individuals received physician-ordered diets that were not being followed as ordered. The agency needs to ensure that recommended specialized diets are implemented and that staff are trained and knowledgeable in providing needed supports.
Status at mid-cycle	Health records were reviewed by the agency nurse to identify individuals who required special dietary requirements. The nurse provided competency-based training to agency staff so that staff and home providers could be trained on the specific diet ordered for everyone as applicable. Special diets were identified on weekly menus and maintained at the home. Monthly program audits, home visits, and nursing audits reviewed whether dietary recommendations were being followed. Four individuals' dietary requirements were reviewed as part of this Mid-Cycle Review process. All four individuals' diets were being followed as recommended and documentation of staff training was present.
#met /# rated at mid-cycle	4/4
Rating	MET

Indicator #	L46
Indicator	Med. Administration
Area Need Improvement	For two individuals, it was found that standards for medication administration were not consistently followed in accordance with the requirements for the respective residential service type. When individuals require support in taking medications, the agency needs to ensure that all medications are administered in accordance with MAP policies and procedures for individuals residing in DPH registered sites, and that DDS medication administration standards are maintained at placement service locations.

Status at mid-cycle	The agency nurse continued to conduct MAP audits at residential homes monthly. Every third month the nurse conducts a MAP audit using the MAP Tech Assist Tool, contains a comprehensive review of all medication-related requirements. For shared living providers, compliance with applicable medication administration standards is reviewed during monthly program audits and monthly home visits. Gandara also utilizes the expertise of a MAP consultant for guidance and recommendations for compliance with MAP requirements. A review of six individuals' medication supports was part of the Mid-Cycle Review process. Required documentation for medication administration was present and complied with MAP requirements and administration standards were met.
#met /# rated at mid-cycle	6/6
Rating	MET

Indicator #	L60
Indicator	Data maintenance
Area Need Improvement	For two out of four individuals, data collection for behavior plan interventions was not occurring in a consistent and reliable manner. The agency needs to ensure that data related to behavior plans is consistently tracked and utilized to assess the efficacy of intervention strategies.
Status at mid-cycle	The agency continued to utilize its enhanced behavioral data sheets to indicate whether reinforcement procedures were implemented as a component of behavior plan strategies. Review of staff training showed that all staff were retrained in the data collection process. Program managers ensure that data on target behaviors are properly documented and collected weekly for clinical review and analysis. The clinical director visits residential settings weekly to observe interactions with individuals and implementation of behavioral support strategies. Monthly program audits conducted by the program director also ensure that the data collection process is occurring accordingly. One individual's behavioral data was reviewed as part of this Mid-Cycle Review process. Findings of the review indicate that all staff were trained, and data collection was occurring consistent with the individual's behavior plan.
#met /# rated at mid-cycle	2/2

Rating	MET

Indicator #	L61
Indicator	Health protection in ISP
Area Need Improvement	For one individual who required the use of a C-PAP machine, there was no authorization or documentation in place for the device to be used. The agency needs to ensure that when an individual requires the use of a support and health-related protection, it needs to be authorized by a healthcare practitioner. Additionally, written authorization of supports and health-related protections must identify the need for the device, the indications for use, the frequency and duration of use, and procedures for safety checks and maintenance.
Status at mid-cycle	Individuals' records were reviewed to assess whether supports or health-related protections were authorized as needed. The need and use of supports and health-related protections and equipment was monitored and tracked by the agency nurse who ensured that all required authorizations and documentation requirements were present. For one individual, orders were identified and coincided with the proper use of CPAP equipment. All required documentation, training, and support for the use of the CPAP equipment was present.
#met /# rated at mid-cycle	1/1
Rating	MET

Indicator #	L62
Indicator	Health protection review
Area Need Improvement	For one individual who required the use of a C-PAP machine as a health-related support, the need for the equipment was not incorporated into the individual's ISP. The agency needs to ensure that all supports and health-related protections authorized for individuals have been incorporated into individuals' ISPs.
Status at mid-cycle	This indicator was not rated for the Mid-Cycle Review.

#met /# rated at mid-cycle	
Rating	NOT RATED

Indicator #	L67
Indicator	Money mgmt. plan
Area Need Improvement	For five of six individuals, the funds management plans did not accurately describe how individuals' funds were managed or represent the level of support provided by the agency. Additionally, for three of these individuals, there was no personal spending money available at the home for each person's personal use. The agency needs to ensure that funds management plans accurately describe the nature of assistance the agency is providing in the management and expenditure of individuals' funds, including amounts of money the person can manage independently as well as necessary arrangements for security and access to spending money.
Status at mid-cycle	Gandara's fiscal department continues to maintain responsibility for ensuring that funds management plans are developed to reflect the areas of support provided to individuals in the management and expenditure of the person's funds. As the agency serves as representative payee for many individuals, funds management plans contain information regarding charges for care, recurring income, wages, and bill paying arrangements. The management team (program director and program supervisor) provide input to the development of the plan to ensure information is accurate and reflect details that includes the individual's funds management support needs, areas of independence, and training component, if required. Where necessary, plans are tracked when they require review and agreement by the individual's guardian. Six individuals' funds management plans were reviewed as part of the Mid-Cycle Review process. Findings of the review showed that five out of six plans accurately reflected all the requirements for funds management plans.
#met /# rated at mid-cycle	5/6
Rating	MET

Indicator #	L68
Indicator	Funds expenditure
Area Need Improvement	For two of five individuals, there were no records of transactions available for review. It was found, however, that one individual had purchased dinner for staff. The agency needs to develop a method of ensuring that all expenditures made by individuals directly benefit the person and do not represent program-related expenses.
Status at mid-cycle	The agency's fiscal staff with program management staff input for accuracy assist in the development of individuals' funds management plans. The fiscal team members conduct monthly audits of individuals' financial accounts and reviews transactions and receipts for program-related expenses. Funds and financial transaction records are also reviewed by the program director during monthly residential audits and by the placement service supervisor when conducting monthly home visits. The expenditure of funds was reviewed for six individuals as part of the Mid-Cycle Review process. Findings of the review showed that individuals' personal funds were properly directly to benefit individuals.
#met /# rated at mid-cycle	6/6
Rating	MET

Indicator #	L69
Indicator	Expenditure tracking
Area Need Improvement	For two of five individuals, the agency did not maintain financial transaction records for tracking the expenditure of each person's funds or full accounting of personal spending disbursed for by the representative payee for individuals' spending. The agency needs to ensure that when it has shared management responsibility for individuals' funds, a record must be kept of each transaction, including the date, amount received or disbursed, a description of the expenditure, identification of involved parties, and receipts must be maintained for expenditures exceeding $25. This includes funds disbursed for personal spending by the representative payee.
Status at mid-cycle	To ensure individuals' personal funds expenditures are fully accounted for and documented accordingly, staff from the agency's fiscal department is

	responsible for conducting full monthly audits at residential homes. Funds and financial transaction records are also reviewed by the program director during monthly residential audits and by the placement service supervisor when conducting monthly home visits. Staff and home providers received training and instruction regarding the documentation requirement needed when assisting individuals with funds management. Gandara also increased the number of "signers" from two to four management team members so that if needed, individuals could have access to rep payee funds for personal use if cash on hand had been depleted. For the Mid-Cycle Review, financial transaction documentation was audited for six individuals. The survey findings showed that all money held in safe keeping in the home for individuals, including checks were properly tracked and documented.
#met /# rated at mid-cycle	6/6
Rating	MET

Indicator #	L71
Indicator	Charges for care appeal
Area Need Improvement	For four individuals, the individual and/or guardian did not receive notification of rights to appeal charges for care. The agency needs to ensure that individuals and guardians are informed of their rights to appeal charges for care.
Status at mid-cycle	The agency's fiscal department maintained the responsibility for ensuring that information regarding the right to appeal charges for care is mailed to the individual, guardian, and representative payee. The agency added more descriptive contact information in the appeals section of the Charges for Care (CFC) letter should an individual, guardian, or representative payee wish to initiate the appeals process. Copies of the CFC letter (including the appeals section) are mailed monthly by the fiscal department to the individual, guardian, or representative payee monthly. Six individuals' records were reviewed as part of the Mid-Cycle Review process. Findings of the review showed that all six individuals' records contained information on appeal rights for charges for care.
#met /# rated at mid-cycle	6/6

Rating	MET

Indicator #	L78
Indicator	Restrictive Int. Training
Area Need Improvement	For one of two individuals who had behavior plans in place, supporters were not effectively trained in the correct implementation behavior plan interventions. The agency needs to ensure that all staff are effectively trained in the correct implementation of behavior plan interventions and strategies, including provision of reinforcement.
Status at mid-cycle	The director of residential services and clinical director were identified as responsible for ensuring that behavioral intervention strategies were being implemented in accordance with the written plan. The agency modified the program clinical review form (quarterly clinical audit) and the PBSP implementation and integrity checklist to include the topic of restrictive interventions. Through monthly and quarterly audits, the clinical director ensured that all staff were trained using a competency-based format that was maintained onsite. Program managers received additional clinical training to be able to provide training to staff when required. The program manager also provides weekly updates to the program director on the status of training for staff. Restrictive intervention training continued to be reviewed during monthly program audits conducted by the program director. Staff training for the implementation of behavior plan interventions was reviewed as it related to one individual's behavioral support needs. Findings of the Mid-Cycle Review process showed that all staff were trained in the implementation of the behavior plan.
#met /# rated at mid-cycle	2/2
Rating	MET

Indicator #	L85
Indicator	Supervision
Area Need Improvement	For two of the four locations, agency supervision and oversight was not adequate to ensure that individuals' healthcare, funds management,

	medication administration, and behavioral supports were provided as needed, and that smoke and carbon monoxide systems are fully operational. This also included lapses in monthly home visits to a placement service location. The agency needs to strengthen its oversight and supervision of the services and supports it provides to individuals receiving residential and placement services. This must include attention to all MAP and DDS requirements for administering medications; oversight of referrals and follow-up appointments ordered by physicians; effective oversight of behavior plan implementation and associated data collection; and strengthen supervision of funds management supports. Lastly, the agency must ensure that its representatives are conducting home visits with home providers and individuals receiving placement services on a monthly basis as well as ensure that supports are provided in accordance with each individual's needs.
Status at mid-cycle	Gandara continued to develop its oversight capacities to ensure the provision of quality services. To that end, the agency implemented multiple auditing processes that covered several domains for residential services and shared living settings as applicable and enhanced several auditing tools. Staff training was provided in several instances to improve staff knowledge of individuals' unique support needs in multiple areas, including clinical supports. These included monthly and quarterly audits by the clinical director covering observations of staff interactions with individuals, data collection, and enhanced staff training support using competency-based training format that was maintained onsite. Monthly MAP audits were conducted at residential homes by the agency nurse with quarterly MAP audits conducted using the MAP Tech Assist Tool. Compliance with applicable medication administration standards for shared living arrangements were reviewed by the placement supervisor during monthly home visits. All other health care support needs, recommendations, specialty appointments and follow up were being monitored by the agency nurse and assigned agency team member. Full monthly financial audits were conducted at residential homes by the agency's fiscal department while personal spending money for individuals in placement settings was reconciled monthly by the placement supervisor. The agency continued to conduct program audits of each location by the program director and monthly visits to placement service location by the program supervisor covering topics that included health and wellness, standards for personal safety, environmental requirements, and the status of

	personal funds. Environmental standards were assured through overlapping quarterly and monthly review processes by the agency's facilities department, program director, and placement supervisor. In addition, annual home inspections were occurring in a timely manner. Through the Mid-Cycle Review process, the team found that applicable standards including individuals' personal safety, behavioral and health-care support needs, financial supports, and environmental safety standards were being addressed by the agency and were met for this review.
#met /# rated at mid-cycle	4/4
Rating	MET

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For two individuals, ISP assessments were not submitted to DDS within required timelines. The agency needs to ensure that the submission of required ISP assessments occurs within 15 days of the ISP meeting date.
Status at mid-cycle	The agency developed an ISP tracking document to improve its capacity to submit required assessments within the required timelines. Tracking of ISPs is reviewed monthly and HCSIS alerts are now checked twice weekly by the program director and program supervisor. The division director also review compliance with ISP tracking system with the program director during monthly supervision. Six individuals' ISP information was reviewed in HCSIS during this Mid-Cycle Review process. Findings showed that ISP assessments were submitted at least 15 days prior to the ISP meeting, as required.
#met /# rated at mid-cycle	6/6
Rating	MET

Indicator #	L87
Indicator	Support strategies

Area Need Improvement	For two individuals, provider support strategies were not submitted to DDS within required timelines. The agency needs to ensure that the submission of provider support strategies occurs within 15 days of the ISP meeting date.
Status at mid-cycle	The agency developed an ISP tracking document to improve its capacity to submit required support strategies within the required timelines. Tracking of ISPs is reviewed monthly and HCSIS alerts are now checked twice weekly by the program director and program supervisor. The division director also review compliance with ISP tracking system with the program director during monthly supervision. Six individuals' ISP information was reviewed in HCSIS during this Mid-Cycle Review process. Findings showed that ISP support strategies were submitted at least 15 days prior to the ISP meeting, as required.
#met /# rated at mid-cycle	6/6
Rating	MET

Indicator #	L88
Indicator	Strategies implemented
Area Need Improvement	For four individuals, no system was impended to collect data and information related to ISP goal implementation and individual progress. The agency needs to ensure that ISP goals are implemented as designed and that documentation is maintained on the individual's current progress towards accomplishing the goal.
Status at mid-cycle	The agency had taken steps to provide training and instruction to staff and home providers regarding the implementation and tracking of ISP goals. ISP goal implementation had been reviewed by the program director during monthly residential audits and by the placement service program supervisor when conducting monthly home visits. The survey team reviewed documentation of progress towards accomplishing ISP goals for six individuals. It was found that documentation of ISP goal implementation and/or progress was not adequate for five out of six individuals included in the review. In at least one instance, the agency had not considered a request to modify the goal because of no activity on the goal due to the pandemic restrictions and exposure to COVID-19. This included lack of

	measurable data as well as lack of evidence that goals were being fully implemented in accordance with provider support strategies.
#met /# rated at mid-cycle	1/6
Rating	NOT MET

Indicator #	L91
Indicator	Incident management
Area Need Improvement	For one location, an incident report was not reviewed by the agency within seven days of occurrence of the event. The agency needs to ensure that incident reports are filed and reviewed within required timelines.
Status at mid-cycle	A review of the last thirteen months (3/24/2020-4/23/2021) in HCSIS for adherence to incident reporting timeline requirements showed that there were seven incident events filed. One incident was filed late. A second incident also did not meet the filing timeline.
#met /# rated at mid-cycle	4/4
Rating	MET