

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

Provider: GROWTHWAYS INC _____

Provider Address: 41 North Pearl St. , Brockton _____

Name of Person Completing Form: Tamara Dearborn _____

Date(s) of Review: 22-DEC-24 to 23-DEC-24 _____

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	6/7

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

Indicator #	L8
Indicator	Emergency Fact Sheets
Area Need Improvement	For two of eight individuals, Emergency Fact Sheets did not include all relevant diagnoses. The agency needs to ensure that Emergency Fact Sheets for individuals include all of the necessary components.

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Process Utilized to correct and review indicator	These items were corrected during the review and noted in the report. Going forward, these components will be reviewed during annual quality assurance reviews and internal program MAP reviews.
Status at follow-up	Completed.
Rating	Met

Indicator #	L35
Indicator	Preventive screenings
Area Need Improvement	For three individuals, routine preventative screenings had not occurred, agency need to ensure that routine preventative screenings are occurring as required.
Process Utilized to correct and review indicator	The agency's electronic client record system (eHana) was audited for the three individuals. Follow-up was also conducted with the managers.
Status at follow-up	One person saw the Gastroenterologist on 10/16 and had a Colonoscopy on 11/18. One program is working on obtaining a waiver from DDS have his MassHealth reinstated. All paperwork requested has been sent in to get this going. The person does not feel comfortable with going to a different dentist and would have to pay out of pocket. The third person had a physical on 12/3 in which a tetanus shot, colonoscopy and bone density were ordered. The program was told by the pharmacy that they will contact them next week when the shot becomes available. The program is also awaiting a callback in order to schedule a colonoscopy and bone density.
Rating	Met

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Indicator #	L67
Indicator	Money mgmt. plan
Area Need Improvement	For two of eight people, the training plan did not include a plan to reduce the need for assistance and/or eliminate. The agency needs to ensure that all financial training plans include plans to reduce the need for assistance or eliminate this need.
Process Utilized to correct and review indicator	An in-service was completed with managers on this. Additional resources that Bay Cove programs use were shared. Updated documentation was reviewed. This included training plans in the form of goals using the DDS provider support strategies format.
Status at follow-up	Personalized training plans have been updated to include plans to reduce assistance.
Rating	Met

Indicator #	L70
Indicator	Charges for care calc.
Area Need Improvement	For two of eight people, the agency had not provided a 30-day notice in charges of calculations for earned income. The agency needs to ensure that a 30-day notice is provided when charges for care fluctuate.
Process Utilized to correct and review indicator	These are currently handled by Growthways administrative staff. We're working to transfer this process to Bay Cove's Housing department. In the interim, we contacted DDS OQE to find out what other agencies do in circumstances where income fluctuates from month to month.
Status at follow-up	The Growthways administrative staff have added a spot on their 50/65 form for the residents to acknowledge their amount each month and not charge them or enter into Accounts Receivable until after the 30 days has passed.

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Rating	Met
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Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For two of six individuals, ISP assessments were not submitted within timelines prior to their ISP meeting. The agency needs to ensure that ISP assessments are submitted at least 15 days prior to the individuals' scheduled ISP meetings.
Process Utilized to correct and review indicator	Submission responsibilities and timeline requirements were reviewed with all managers and coordinators. Coordinators have worked out a system to utilize HCSIS alerts and discuss upcoming ISP dates at 1:1 meetings throughout the year.
Status at follow-up	While there were not any ISPs that occurred from 10/10-12/20/24 for the 2 programs that hadn't previously met the requirement, 10 other ISPs occurred for individuals residing at other programs. In these instances, 8 out of 10 were submitted on-time. Also of note, 3 out of the 10 had assessments that were not released by DDS service coordinators by the date they were due to be released.
Rating	Met

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	For two of six individuals, support strategies were not submitted within timelines prior to their ISP meeting. The agency needs to ensure that ISP support strategies are submitted within the required timeframe.

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Process Utilized to correct and review indicator	Submission responsibilities and timeline requirements were reviewed with all managers and coordinators. Coordinators have worked out a system to utilize HCSIS alerts and discuss upcoming ISP dates at 1:1 meetings throughout the year.
Status at follow-up	While there were not any ISPs that occurred from 10/10-12/20/24 for the 2 programs that hadn't previously met the requirement, 10 other ISPs occurred for individuals residing at other programs. In these instances, 7 out of 10 were submitted on-time.
Rating	Not Met

Indicator #	L94 (05/22)
Indicator	Assistive technology
Area Need Improvement	For two individuals, assistive technology assessments had not been completed to identify assistive technology support needs to maximize independence. The agency needs to ensure that assistive technology support assessments are completed to assess individuals support needs and to have a plan to utilize assistive tech if identified.
Process Utilized to correct and review indicator	Review of assistive technology assessments completed and for follow-up based on the assessments.
Status at follow-up	Assessments for the 2 individuals noted above have been completed. Program staff continue to explore options for one person and will reach out to that person's service coordinator to see if they can assist with the AT referral process. The program of the other individual noted above is in the process of exploring utilizing an iPad with various communication tools.
Rating	Met