

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

**Provider:** Incompass Human Services, Inc

**Provider Address:** 4 Omni Way , Chelmsford

**Name of Person** Kerry Pottle  
**Completing Form:** \_\_\_\_\_

**Date(s) of Review:** 08-AUG-19 to 07-OCT-19

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	1/3
Employment and Day Supports		0/2

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

<b>Indicator #</b>	L65
<b>Indicator</b>	Restraint report submit
<b>Area Need Improvement</b>	Of the 57 restraint reports created over the previous 13 months, 14 (25%) were not reported within three days of the restraint and/or were not reviewed and finalized by the agency restraint manager within the required five days of the restraint event. The agency needs to ensure restraint reports are created within three days of the restraint and reviewed by the restraint manager within five days in accordance with DDS regulatory requirements.
<b>Process Utilized to correct and review indicator</b>	Residential and Day teams have reviewed our process for submitting and finalizing Restraint reports. While review systems are different, a consistent challenge was the lack of a back up team member to finalize reports when someone was on vacation. Additionally, direct care staff required extra support to complete reports thoroughly and accurately. Residential and Day teams will collaborate with the clinical department to define what layer of review reports will go through and a system of back up reviewers. Current staff will be re-trained in required timelines for the completion of restraint reports with management holding staff accountable for late reports by December 2020. In addition, the merged entity will evaluate training curriculums in place to ensure staff are trained in how to accurately complete documentation as part of new hire orientation, on an ongoing basis and more in depth training for staff in positions that require more outside reporting responsibilities. This in-depth review and curriculum planning will be completed by March 2020.
<b>Status at follow-up</b>	In Progress
<b>Rating</b>	Not Met

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**Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	For one location, not all incident reports were neither submitted nor finalized within the required timeframe. The agency needs to ensure that incident reports are submitted and finalized within required timeframes.
<b>Process Utilized to correct and review indicator</b>	Residential and Day teams will collaborate with the clinical department to define what layer of review reports should go through and a system of back up reviewers. Current staff will be re-trained in required timelines for the completion of incident reports with management holding staff accountable for late reports by December 2020. In addition, the merged entity will evaluate training curriculums in place to ensure staff are trained in how to accurately complete documentation as part of new hire orientation, on an ongoing basis and more in depth training for staff in positions that require more outside reporting responsibilities. This in-depth review and curriculum planning will be completed by March 2020.
<b>Status at follow-up</b>	In Progress
<b>Rating</b>	Not Met

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

<b>Indicator #</b>	L86
<b>Indicator</b>	Required assessments

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<b>Area Need Improvement</b>	For eight individuals, required ISP assessments were not submitted to the DDS Area Office at least 15 days prior to the ISP meeting. The agency needs to ensure that ISP assessments are submitted within the required timeframe.
<b>Process Utilized to correct and review indicator</b>	<p>In regard to the Health and Dental and Health Care Record assessments only, Lifelinks nurse manager was completing all assessments for the agency which included 135 individuals. This workload was recently assessed and a plan to distribute this workload more equitably was created. 42 individuals, (31%) of the assessments will now be completed by the Independent Support team with oversight by the director of that department.</p> <p>In addition to this, the residential clinical manager has created the attached ISP preparation checklist which clearly and concisely lists all tasks related to ISP completion with internal and external due dates listed for all involved.</p> <p>The residential clinical manager will continue to coordinate all aspects of the ISP process. Her continued work in organization will assist the residential nurse manager to complete assessments in a timely manner.</p> <p>Recent maintenance to the HCSIS site has resulted in at least one late Health and Dental assessment. Documentation will be collected and saved for instances where assessments are late due to external issues outside of the agency's control.</p>
<b>Status at follow-up</b>	Completed
<b>Rating</b>	Met
<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management

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<b>Area Need Improvement</b>	For three locations, incident reports were neither submitted nor finalized within the required timeframe. The agency needs to ensure that all incident reports are submitted and finalized within required timeframes.
<b>Process Utilized to correct and review indicator</b>	Residential and Day teams will collaborate with the clinical department to define what layer of review reports should go through and a system of back up reviewers. Current staff will be re-trained in required timelines for the completion of incident reports with management holding staff accountable for late reports by December 2020. In addition, the merged entity will evaluate training curriculums in place to ensure staff are trained in how to accurately complete documentation as part of new hire orientation, on an ongoing basis and more in depth training for staff in positions that require more outside reporting responsibilities. This in-depth review and curriculum planning will be completed by March 2020. Additionally, it was identified that incident reports needing hospital follow up documentation presented challenges that are outside of the day program's scope of service. The day program does not consistently receive timely discharge documentation from the residential provider that can expedite the completion of incident reporting. In order to remain compliant with regulatory timelines, we will finalize the types of incident reports with an 'unknown' status for hospital visits if we have not received external provider documentation within the regulatory timeline.
<b>Status at follow-up</b>	In Progress
<b>Rating</b>	Not Met