

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 Completing Form: Kerry Pottle

Date(s) of Review: 05-NOV-24 to 08-NOV-24

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Employment and Day Supports	Defer Licensure	4/6

Summary of Ratings

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

Indicator #	L8
Indicator	Emergency Fact Sheets
Area Need Improvement	For 7 of 17 individuals, Emergency Fact Sheets were not fully completed or accurate. The agency needs to ensure that each EFS contains all the required components, including diagnoses and identifying information. The EFS should be updated as needed when any information changes.

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Process Utilized to correct and review indicator	Monthly an excel spreadsheet with all emergency fact sheet required components, including diagnoses and identifying information will be pulled from our AWARDS system and sent out to Directors, and managers. If there are any missing/not filled in components it will be highlighted so directors and managers can see what is still missing on the persons EFS.
Status at follow-up	Managers added and edited emergency fact sheets based off of what was missing on the excel spread sheet from AWARDS. Directors then went in and double checked to ensure that all information was correct. Finally Quality Assurance pulled all individuals EFS information from AWARDS into an excel spread sheet to ensure nothing was still missing.
Rating	Met

Indicator #	L63
Indicator	Med. treatment plan form
Area Need Improvement	One individual receives behavior-modifying medications at the CBDS location, but no Medication Treatment Plan (MTP) was developed. The agency needs to ensure that they develop MTPs as required when they are responsible for administering such medications; plans must define behaviors in observable terms, monitor for side/adverse effects, and the agency must have a mechanism to share data with those who bring the individual to their prescriber.
Process Utilized to correct and review indicator	Incompass obtained the Medication Treatment Plan that the individuals residence has in place and modified it to fit CBDS day program setting. It has been sent to PCP for signature. Data is still collected on behaviors, and any side/adverse effects. At the end of each month CBDS manager will scan/email over the data collection from that month.

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Status at follow-up	Have signed MTP from doctor for Day program, and have been collecting Data and sharing it with residential at the end of the month.
Rating	Met

Indicator #	L91
Indicator	Incident management
Area Need Improvement	At one location, incident reports were not submitted and/or finalized within the required timelines. The agency needs to ensure that incident reports are submitted and finalized within the regulatory time frames of one business day for major incidents and three business days for minor and are finalized within seven calendar days of the incident.
Process Utilized to correct and review indicator	Weekly audit of incident reports by Quality department ensuring timelines are being followed as required.
Status at follow-up	Audit reports show timelines being met consistently.
Rating	Met

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

Indicator #	L48
Indicator	HRC

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Area Need Improvement	The agency's Human Rights Committee did not meet the required membership as it did not have a member with medical expertise or a member with clinical expertise. The Human Rights Committee did not meet quarterly in 2023. The agency needs to ensure that the committee meets membership requirements and meets the frequency described in the Human Rights Committee Bylaws and at least quarterly per DDS Regulations.
Process Utilized to correct and review indicator	HRC met 3 times in 2023 but missed one meeting due to a lack of a quorum. The organization continues to search for new HRC members in order to meet regulatory requirements.
Status at follow-up	Still searching for members.
Rating	Not Met

Indicator #	L65
Indicator	Restraint report submit
Area Need Improvement	Six restraint reports were not submitted within three business days of the event.
Process Utilized to correct and review indicator	Weekly restraint report audit completed in order to ensure timelines are met per regulatory requirements.
Status at follow-up	We pulled a restraint timeline report from HCSIS and it showed from 9/24/24 - 10/29/24 there were 3 restraints and 2 were finalized in the required 5 days. One was out of compliance for timeline for finalization, so we acknowledge we did not meet the standard
Rating	Not Met

Indicator #	L66
Indicator	HRC restraint review

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Area Need Improvement	Six restraint reports were not reviewed by the HRC. The agency needs to ensure that all restraint reports are reviewed by the HRC within 120 days of their occurrence.
Process Utilized to correct and review indicator	6 restraint reports have now been reviewed and approved by HRC. Going forward, quarterly audits will be completed in order to ensure all reports are reviewed by HRC.
Status at follow-up	All 6 restraint reports due for review at the September HRC meeting were reviewed within the 120 day timeline
Rating	Met