

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

Provider: JEWISH FAMILY AND CHILDREN

Provider Address: 1430 Main Street , Waltham

Name of Person Completing Form: Meghan Miele

Date(s) of Review: 25-SEP-19 to 26-SEP-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	4/4
Employment and Day Supports	2 Year License	2/2

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Summary of Ratings

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

Indicator #	L59
Indicator	Behavior plan review
Area Need Improvement	One individual's plan to check his backpack and pockets to monitor and address the taking of others belongings, was not reviewed by the agency's Human Rights Committee. The agency needs to ensure when people are subject to restrictive practices, that it is submitted for HRC review.
Process Utilized to correct and review indicator	The individual's voluntary planned backpack and pocket checked was reviewed and approved at the time of his ISP. The plan was reviewed at the HRC meeting on September 12, 2019. At the meeting, the committee reviewed and approved, but all agreed that because he has choice to participate in the backpack and pocket check, to return anything in his pockets and/or bag that he does not own, it is not a "true" Restrictive Practice. However, based on licensing recommendations, the plan will be reviewed and approved at least yearly at HRC meetings, and as changes are made. The PBS team will also review the plan at the next meeting on 10/7/19
Status at follow-up	Since the voluntary procedure has been reviewed, there have been no other major changes. The Day Program Director work closely with the Compliance and PBS team to ensure that any intrusive and/or restrictive practices are reviewed, followed up on, staff are trained, and guardians/other individuals (such as others who may be affected in the program and individual themselves) are aware of and approve of the plan. There have been no additional intrusive and/or Restrictive Practices implemented in the day program in the last few months.

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Rating	Met
Indicator #	L91
Indicator	Incident management
Area Need Improvement	Submission of incidents and reviews/finalization did not always occur in accordance with HCSIS timelines. The agency needs to ensure that all incidents are reported, submitted and finalized as mandated by regulation.
Process Utilized to correct and review indicator	Both day and residential compliance teams have worked to re-train staff on incident reporting procedures, and timelines. Compliance tracks all incidents as they come in, and ensure that if they need to collect additional information from staff, that this is done in accordance with necessary HCSIS timelines. Supervisors are also ensuring that incidents are finalized in HCSIS by the mandated deadline. Additionally, both day and residential teams are ensuring that the appropriate parties, including DDS is notified within that timeframe.
Status at follow-up	Since re-training staff and consistently reminding of the importance of adhering to deadlines, and following up as needed, there have been no incidents that were submitted late/not in accordance with HCSIS timelines for day programs. Participant safety is always ensured first and foremost, and all incidents are reported in real time.
Rating	Met

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

Indicator #	L8
Indicator	Emergency Fact Sheets
Area Need Improvement	Two of nine Emergency Fact Sheets (EFS) were missing relevant information such as some diagnoses and/or the medication listed was not current. The agency needs to ensure that the information

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	on the EFS is current.
Process Utilized to correct and review indicator	The compliance re-trained and reminded managers that medication lists must be updated in real time, and always attached to the EFS. Re-training was also done to cross check HCR, EFS, and physicals, any other HCP forms for correct and up to date diagnoses information. The Director of Operations & Compliance also reviewed this with compliance team members, to ensure they were checking this during quarterly audits. Additionally, the EFS will be reviewed by compliance at the time of the ISP, and during file purges to ensure that all information is current and accurate.
Status at follow-up	Since implementing these additionally checks, there have been no EFS without current information or medication lists attached. If there were any inaccuracies observed during quarterly audits, or at ISP checks, compliance would ensure the changes happen in real time and updates get made across all pertinent documentation.
Rating	Met
Indicator #	L69
Indicator	Expenditure tracking
Area Need Improvement	For three of five individuals, the agency was not logging funds out on the Financial Transaction Ledger prior to the transaction, and/or logging in change returned after the transaction. The agency needs to ensure the practice of logging funds out and in.
Process Utilized to correct and review indicator	A new financial transaction ledger has been created so that staff are consistently logging funds in and out when they take money out to make a purchase/when they return money after making a purchase. Additionally, the compliance team and directors worked together to simplify the form so that staff are less likely to be confused by the categories, and therefore will make less mistakes. A new training has been created to go along with the new financial transaction ledger as well. Additionally, we have updated our financial audit

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	process to have more consistent supervisor oversight to ensure that funds are being used and tracked appropriately. Both supervisors and compliance now have more regular oversight of funds.
Status at follow-up	Although there is a training curve to the new process, by implementing consistent retraining as needed, and with the oversight of supervisors and compliance, the new system will prove to be easier than the previously used ones, and will ensure that less errors occur, and that funds are being logged in and out appropriately and consistently. The form being used clearly identifies the need for taking money out, putting it back in, listing the total, etc. There have been no monthly errors on financials at this time. If errors do begin to occur with the new system, staff will be retrained directly and in real time.
Rating	Met
Indicator #	L70
Indicator	Charges for care calc.
Area Need Improvement	For two people for whom the agency was not the representative payee Charges for Care did not specifically outline exact charges based on entitlements. There was a surcharge when there was no entitlement letter on file from the representative payee. The agency needs to ensure that Charges for Care are calculated accurately and based on the regulatory formula.
Process Utilized to correct and review indicator	With recommendations for the Survey team, Director of Operations & Compliance worked with our agency financial and administrative team, as well as Residential Directors to re-do our process and procedures for Charges for Care. We have updated our letter to ensure that guardians and residents know they have the right to appeal/dispute their charges. We also created a Charges for Care packet to send home to families stating the importance of the SSA letters being sent to us, the DDS regulations, and information on the 'My Social Security' site so that they can easily access the letters

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	<p>online. We will send this packet out through the mail, and follow up with an email. If we don't get letters back after this initial mailing, we will reach out again with a deadline, and will include DDS service coordinators so they can assist us with getting the letters. The final reminder will be sent certified mail, and Residential Managers will also be involved in the process. Most importantly, we clarified that if we do not get the SSA letters back, we will use the last SSA letter we have on file. We will not be doing an automatic increase. Managers are also being re-trained regarding the process, and reminding them to send any updated SSA letters or wage information that the house has on hand. Once we get the updated information, we will correct and update our Charges for Care document.</p>
Status at follow-up	<p>This process has been approved by our administrative teams, and our administrative coordinator who sends out for the SSA letters and calculates Charges for Care was retrained on the new process, and given new letter templates to use to send to families. With this new system in place, we will outline exact charges, and will not be doing a surcharge. Additional oversight and review during quarterly audits will ensure that Charges for Care are being calculated accurately and in real time.</p>
Rating	<p>Met</p>
Indicator #	<p>L91</p>
Indicator	<p>Incident management</p>
Area Need Improvement	<p>At two of five locations incidents submission, reviews and finalization did not occur within HCSIS incident timelines. The agency needs to ensure that all incidents are reported, submitted and finalized as mandated by regulation.</p>
Process Utilized to correct and review indicator	<p>Both day and residential compliance teams have worked to re-train staff on incident reporting procedures, and timelines. Compliance tracks all incidents as they come in, and ensure that if they need to</p>

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	<p>collect additional information from staff, that this is done in accordance with necessary HCSIS timelines. Supervisors are also ensuring that incidents are finalized in HCSIS by the mandated deadline. Additionally, both day and residential teams are ensuring that the appropriate parties, including DDS is notified within that timeframe. Additionally, residential programs clarified their On-Call procedures, and which staff are responsible for writing the incident reports.</p>
Status at follow-up	<p>Since re-training staff and consistently reminding of the importance of adhering to deadlines, and following up as needed, there has only been one minor incident(no major) that required an extended amount of follow up, and was therefore submitted late/not in accordance with HCSIS timelines for residential programs, even though it was submitted to the agency on time. The incident was put into HCSIS, but was not "finalized"- and the staff member entering this was re-trained by Operations & Compliance Director to make sure the finalization happens. Since that one incident which occurred in 8/17/19, there have been no instances of late submissions. Resident safety is always ensured at the time of the incident, and incidents are always reported through our On-Call system in real time.</p>
Rating	<p>Met</p>