

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**DDS FOLLOW-UP REPORT**

Provider	Kennedy Donovan Center Inc.	Provider Address	One Commercial Street , Foxboro
Survey Team	Marchese, Michael; Gregory, Katherine; Napolitan, Tina; Mazzella, Barbara; Nolan, Scott; Boyd, Michelle; McNamara, Melanie;	Date(s) of Review	12-MAR-19 to 15-MAR-19

<b>Follow-up Scope and results :</b>						
Service Grouping	Licensure level and duration	# Critical Indicators std. met/ std. rated at follow-up	# Indicators std. met/ std. rated at follow-up	Sanction status prior to Follow-up	Combined Results post-Follow-up; for Deferred, License level	Sanction status post Follow-up
Residential and Individual Home Supports 16 Locations 24 Audits	2 Year License		9/13	<input checked="" type="checkbox"/> Eligible for new business (Two Year License)  <input type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License	<input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met)  <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)

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**Summary of Ratings**

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

<b>Indicator #</b>	L23
<b>Indicator</b>	Egress door locks
<b>Area Need Improvement</b>	One home had bedrooms with doors leading to an egress. The bedroom doors had locks. The agency needs to ensure that there are no locks on bedroom doors that lead to an egress.
<b>Status at follow-up</b>	One home that was reviewed had bedrooms with a door leading to an egress. There were no locks on the bedroom doors that provided access to a door leading to an egress.
<b>#met /# rated at followup</b>	1/1
<b>Rating</b>	Met

<b>Indicator #</b>	L39
<b>Indicator</b>	Dietary requirements
<b>Area Need Improvement</b>	Four individuals were prescribed specialized diets. In two circumstances, individuals were not supported to follow the recommendations of their physicians. The agency needs to ensure that staff is knowledgeable concerning specialized diets and that supports are individualized to encourage individuals to adhere to physician's recommendations.
<b>Status at follow-up</b>	Eight individuals were prescribed specialized diets. Staff were supported to be knowledgeable of and implemented specialized diets. Evidence that specialized diets were being followed based on staff interviews and documentation review.
<b>#met /# rated at followup</b>	8/8
<b>Rating</b>	Met

<b>Indicator #</b>	L55
<b>Indicator</b>	Informed consent
<b>Area Need Improvement</b>	For the two individuals for whom consent to use their photo had been sought, the consent form did not contain all the required information. The agency need to ensure that informed consents for the release of photographs include the specific purpose for release, the parties to whom it would be

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	released, and the duration of its use
<b>Status at follow-up</b>	A review of the survey participants records and agency marketing material did not reveal an instance where consent was required from an individual and/or guardian for a photo/media release within the review period.
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L60
<b>Indicator</b>	Data maintenance
<b>Area Need Improvement</b>	Six individuals who participated in the survey were supported with behavioral interventions. For three individuals, data was not maintained regularly on target behaviors The agency needs to ensure data is consistently maintained and reviewed to determine the efficacy of behavioral interventions.
<b>Status at follow-up</b>	One individual who participated in the survey was supported with behavioral interventions. Data was being collected on target behaviors to determine the effectiveness of the intervention.
<b>#met /# rated at followup</b>	1/1
<b>Rating</b>	Met

<b>Indicator #</b>	L61
<b>Indicator</b>	Health protection in ISP
<b>Area Need Improvement</b>	Four out of eleven individuals requiring supports and health related protections did not have all the necessary safeguards in place such as a written authorization for use by a licensed practitioner or staff implementing safety checks. The agency needs to ensure when a person utilizes supports and health related there is written plan for implementation that contains all the required components.
<b>Status at follow-up</b>	One individual who participated in the survey was supported with health related protections. A review of the Support and Health protection for an AFO was not signed by a qualified Health Care Practitioner (HCP).
<b>#met /# rated at followup</b>	2/3
<b>Rating</b>	Not Met

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<b>Post 60 Day Area Office/HRC Follow-up (Performed 30 days later)</b> <b>Expected Area Office Follow Up Date:</b>	
<b>Forwarded to</b>	Human Rights
<b>AO/Provider Actions</b>	
<b>Provider Status Rating by AO/HRC (Met or Not Met)</b>	

<b>Indicator #</b>	L63
<b>Indicator</b>	Med. treatment plan form
<b>Area Need Improvement</b>	Six out of nineteen Medication Treatment Plans (MTP's) were reviewed as part of the survey, written plans did not include one or more of the following components: all behavior modifying medications were not included in the plans and/or data was not being collected to be provided to the prescribing practitioner to evaluate the clinical efficacy of the MTP. The agency needs to ensure Medication Treatment Plans include all of the behavior modifying medication(s) an individual is prescribed and is being implemented as written.
<b>Status at follow-up</b>	Fourteen out of seventeen Medication Treatment Plans (MTP's) were reviewed which were in written format with required components. It is recommended the agency strengthen its process for collecting data to share with the prescribing practitioner to evaluate the effectiveness of the plan.
<b>#met /# rated at followup</b>	14/17
<b>Rating</b>	Met

<b>Indicator #</b>	L64
<b>Indicator</b>	Med. treatment plan rev.
<b>Area Need Improvement</b>	Four out of sixteen Medication treatment Plans (MTP's) were not reviewed by the required groups.
<b>Status at follow-up</b>	Two out of four Medication Treatment Plans (MTP's) were not reviewed by the required groups.
<b>#met /# rated at followup</b>	2/4
<b>Rating</b>	Not Met
<b>Post 60 Day Area Office/HRC Follow-up (Performed 30 days later)</b> <b>Expected Area Office Follow Up Date:</b>	

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<b>Forwarded to</b>	Human Rights
<b>AO/Provider Actions</b>	
<b>Provider Status Rating by AO/HRC (Met or Not Met)</b>	

<b>Indicator #</b>	L67
<b>Indicator</b>	Money mgmt. plan
<b>Area Need Improvement</b>	For ten out of twenty-five individuals the money management plan developed to outline the support needed to manage funds did not include one or more of the following components: level and type of staff support needed, how much money the person could manage independently, and/or all of the accounts/assets the person will manage or receive assistance to manage; and a training plan when appropriate. The agency needs to ensure that written money management plans clearly outline the individual's level of independence, type of support to be provided and a training plan to promote the individual's growth and learning to the fullest extent possible.
<b>Status at follow-up</b>	For twelve out of fifteen individuals for whom the agency had shared and delegated money management responsibilities, the plans outlined the individual's level of independence, type of support provided, and assistance provided by the agency. It is recommended the agency strengthen individual training in the areas of how much money can be independently managed.
<b>#met /# rated at followup</b>	12/15
<b>Rating</b>	Met

<b>Indicator #</b>	L69
<b>Indicator</b>	Expenditure tracking
<b>Area Need Improvement</b>	For ten out of twenty-three individuals for whom that agency had shared or delegated management money management responsibilities, there were issues identified related to the documenting of expenditures. The agency needs to ensure individual expenditures and documented, tracked and monitored
<b>Status at follow-up</b>	For seventeen out of eighteen individuals for whom the agency had shared or delegated money management responsibilities, individual expenditures were accurately documented and tracked.
<b>#met /# rated at followup</b>	17/18

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<b>Rating</b>	Met
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<b>Indicator #</b>	L85
<b>Indicator</b>	Supervision
<b>Area Need Improvement</b>	At six out of twenty-two locations, a review of practices in place, related to areas such as medication administration and financial management, were not in accordance with agency policies/procedures and/or DDS expectations. Discussion with agency staff and home providers demonstrated a lack of knowledge of standards, and/or when these should apply, and how to monitor compliance.. The agency needs to ensure the supervision, oversight and monitoring provided is adequate to ensure the consistent implementation of systems across all residential services.
<b>Status at follow-up</b>	The agency strengthened its supervision and oversight across the regional hubs (Milford, New Bedford, Cape/Islands). Staff interviews revealed increased training for residential/case managers in monitoring of Medication Treatment Plans (MTP's) , finances, safety procedures and monthly shared placement reviews.
<b>#met /# rated at followup</b>	15/15
<b>Rating</b>	Met

<b>Indicator #</b>	L86
<b>Indicator</b>	Required assessments
<b>Area Need Improvement</b>	Assessments for six individuals were not submitted within the 15 day time frame. The agency needs to ensure that assessments are submitted to the DDS Area Office at least 15 days prior to the scheduled ISP
<b>Status at follow-up</b>	Assessment for two out of four individuals were not submitted within the 15 day time frame.
<b>#met /# rated at followup</b>	2/4
<b>Rating</b>	Not Met
<b>Post 60 Day Area Office/HRC Follow-up (Performed 30 days later)</b> <b>Expected Area Office Follow Up Date:</b>	
<b>Forwarded to</b>	Area Director

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<b>AO/Provider Actions</b>	
<b>Provider Status Rating by AO/HRC (Met or Not Met)</b>	

<b>Indicator #</b>	L87
<b>Indicator</b>	Support strategies
<b>Area Need Improvement</b>	Support Strategies for six individuals were not submitted within the 15 day time frame. The agency needs to ensure that Support Strategies are submitted to the DDS Area Office at least 15 days prior to the scheduled ISP meeting.
<b>Status at follow-up</b>	Support strategies for three out of four individuals support were submitted within the 15 day time frame.
<b>#met /# rated at followup</b>	3/4
<b>Rating</b>	Met

<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	At one location visited there was an incident that was not reported. For seven out of sixteen locations visited at which reportable incidents had occurred, there were instances in which incident reports had not been submitted and/or finalized within required timelines. The agency needs to staff and home care providers are knowledgeable of the criteria for reportable incidents and that these are reported within required timelines.
<b>Status at follow-up</b>	A review of fifteen locations revealed staff were knowledgeable of reportable incidents. Incidents are reported and reviewed as mandated by regulation at locations where required in HCSIS.
<b>#met /# rated at followup</b>	15/15
<b>Rating</b>	Met

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

<b>Indicator #</b>	L48
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<b>Indicator</b>	HRC
<b>Area Need Improvement</b>	Although the agency has a Human Rights Committee that meets regularly, there are areas that need to be strengthened in order to improve its effectiveness, such as the review of agency policies and procedures and achieving the requisite membership composition.
<b>Status at follow-up</b>	The agency held Human Rights Committee meetings in December and March 2019. These meeting included a review of investigations, protective and supportive devices, and agency policies and procedures (e.g., Grievance Policy, Funds Management). The agency recently recruited a Social Worker and an individual receiving supports to meet composition requirements, however these two members have not yet attended an HRC meeting. The membership for the new members will to be voted on when they attend the June 2019 meeting. The Human Rights Committee needs to meet composition requirements.
<b>#met /# rated at followup</b>	0/1
<b>Rating</b>	Not Met
<b>Post 60 Day Area Office/HRC Follow-up (Performed 30 days later)</b> <b>Expected Area Office Follow Up Date:</b>	
<b>Forwarded to</b>	Human Rights
<b>AO/Provider Actions</b>	
<b>Provider Status Rating by AO/HRC (Met or Not Met)</b>	



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**Follow-up Detail Report**

*For provider and area office use only. This page elaborates on all of the indicators reviewed at follow-up where the standard was not met.*

**Licensure Organizational :**

<b>Indicator</b>	<b>Source</b>	<b>Issue</b>
L48	Staff	The agency held Human Rights Committee meetings in December and March 2019. These meeting included a review of investigations, protective and supportive devices, and agency policies and procedures (e.g., Grievance Policy, Funds Management). The agency recently recruited a Social Worker and an individual receiving supports to meet composition requirements, however these two members have not yet attended an HRC meeting.

**Residential and Individual Home Supports**

<b>Indicator</b>	<b>Service Type</b>	<b>Location</b>	<b>Individual</b>	<b>Issue</b>
L61	Residential Services	17 Vicki Lane	MF	Support and Health protection for AFO was not signed by a qualified Health Care Practitioner (HCP).
L64	Individual Home Supports	28 CURTIS AVE	RF	The medication treatment plan was not included in the ISP.
L64	Individual Home Supports	28 Curtis Avenue	JP	The medication treatment plan was not reviewed by the required groups.
L86	Residential Services	17 Vicki Lane	DB	ISP was held on 3/1/19. Assessments were due 2/14/19 and submitted on 2/28/19. Notifications were one 12/24/18 (on time).
L86	Placement Services	35 Limerick Way	SV	The individual's Health and Dental Assessment was submitted on 1/2/19, nine days prior to his 1/11/19 ISP meeting date.