

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

Provider: Kennedy Donovan Center Inc. _____

Provider Address: One Commercial Street , Foxboro _____

Name of Person Completing Form: Tammy Wunschel _____

Date(s) of Review: 26-APR-24 to 26-APR-24 _____

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

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

Indicator #	L15
Indicator	Hot water
Area Need Improvement	At two locations hot water temperatures exceeded the upper limit of 120 degrees, and at one location the water temperature was below 100 degrees Fahrenheit. The agency needs to ensure that water temperatures are maintained between 110 and 120 degrees Fahrenheit.

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Process Utilized to correct and review indicator	<p>Case managers will continue to test water temps at monthly home visits. If water temps fall above or below the required regulatory range, the CM will immediately assist the Caregiver to adjust the temperature. CM will return within 24 hrs. to retest the temps to ensure they are in the regulatory range. New process Beginning in April water temps that require adjustment will be reported on an excel data sheet and reviewed quarterly to determine trends. After 2 quarters of data have been submitted the QA Team in collaboration with the SL Team will discuss results and determine if any Caregivers homes may require a regulator be installed to ensure consistent regulatory compliance.</p>
Status at follow-up	<p>The process is working thus far in terms of the new process for collecting and documenting temps. CMs are also following through with adjustments as needed, however there is insufficient data at this time to determine consistent regulatory compliance across all caregiver homes for a period of time.</p> <p>Location KITCHEN SINK BATHROOM SINK TUB/SHOWER Comments 1 118.4 117.1 112.5 2 116.8 114.6 111.5 3 113.2 117.2 118.6 4 114.5 119.9 118.2</p>
Rating	Met

Indicator #	L35
Indicator	Preventive screenings

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Area Need Improvement	Three individuals had not received age or condition-related screenings nor did discussions occur with their HCP. One individual had not received several vaccinations, and the potential need was not discussed with their HCP. The agency needs to ensure that all recommended screenings and vaccinations are reviewed in consultation with the HCP and have been received as recommended.
Process Utilized to correct and review indicator	Caregiver for two SL individuals discussed preventative screenings at physicals on 4/3/24. The HCP is following up on scheduling as needed. The Guardian for the IS individual discussed with HCP need for missing vaccinations. He will receive them at his next physical in August. New Process: One time per month the AD runs a report of upcoming physicals and gives info to Team Lead. The Team Lead reviews physicals and sends reminders to CMs regarding who is due for preventative screenings. Preventative screening /Physical reminders will be sent to Caregivers by the CMs Case notes/HV note documentation will be required for all screening discussions with Caregivers and HCPs The DDS updated screening form in iCentrix will be utilized to document required screening and electronic reporting will allow easier compliance tracking.
Status at follow-up	Plans are in place with HCPs to ensure individuals are receiving required screenings. New process is being followed and a random 20% sample of individuals indicated compliance with regulatory standard.
Rating	Met

Indicator #	L47
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Indicator	Self medication
Area Need Improvement	One individual had no support plan for timely review of their self-administration skills or to pro-actively address support needs as they arose. The individual had their medications stored in a manner that allowed access by others. The agency needs to ensure that individuals who are self-administering their medications have support plans in place and secure their medications in a way that prevents access by others they may reside with.
Process Utilized to correct and review indicator	All medications for the individual noted have been moved with no access to others in the home, and an updated review of the individual's ability to self-medicate has been conducted. New process: CM will check at each monthly visit to ensure maintained compliance with regulatory standard for all individuals. CMs will begin utilizing a form in the iCentrix EHR, called Quarterly Review of People Self Administering Medications. Reports will be run quarterly to ensure individuals that are self-medicating have a quarterly review.
Status at follow-up	All individuals who are self-medicating had an updated review of skills and meds are stored away from an area where other individuals could access them.
Rating	Met

Indicator #	L64
Indicator	Med. treatment plan rev.
Area Need Improvement	Two Medication Treatment Plans were not included in the individuals' ISP and had not received the required reviews. The agency needs to ensure that all Medication Treatment Plans receive the required reviews.

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Process Utilized to correct and review indicator	The Healthcare supervisor will ensure all internal reviews are conducted and the med treatment plan will be uploaded in HCSIS (if available or requested) in preparation for the ISP. CM's will send med treatment plans to DDS SCs as they are completed and upload the email as an attachment to the med treatment form in iCentrix.
Status at follow-up	A 20% sample of individuals with med treatment plans indicated compliance with the regulatory standards.
Rating	Met

Indicator #	L91
Indicator	Incident management
Area Need Improvement	Three incident reports were incomplete or not submitted within the required timelines. The agency needs to ensure that incidents are reported and reviewed as mandated by regulation.
Process Utilized to correct and review indicator	Reports for the three individuals' noted were completed prior to the end of the survey. New process The SL AD will run weekly process management reports in HCSIS to ensure timely review and finalization of reports.
Status at follow-up	Most recent process management report indicated that all reports had been submitted within regulatory compliance.
Rating	Met

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

Indicator #	L76
Indicator	Track trainings
Area Need Improvement	Three of nine staff had not completed all the mandated trainings. The agency needs to ensure that all staff complete DDS mandated trainings.
Process Utilized to correct and review indicator	The three staff identified were up to date as of the beginning of the Survey Visit, however they had taken some trainings after the date that the initial training survey sample was received. After further review of the RELIAS system to assess why staff had not taken the trainings prior to the sample, it was determined that they were newer staff and they had not been assigned to the automated training plan that generates notifications to staff members with required trainings and deadlines.
Status at follow-up	Updated training reports were run from the RELIAS tracking system. All staff have taken the required trainings.
Rating	Met