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| |  |  |  | | --- | --- | --- | | **Follow-up Scope and results :** |  |  | | Service Grouping | Licensure level and duration | # Indicators std. met/ std. rated | | Residential and Individual Home Supports | Defer Licensure | 3/3 | |  |  |  | | |  |

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| |  | | --- | | **Summary of Ratings** | |  |
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| |  |  | | --- | --- | |  |  | | |  |  | | --- | --- | | **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by Provider** | | | **Indicator #** | L43 | | **Indicator** | Health Care Record | | **Issue Identified** | 2/7 Individuals HCR's were missing necessary medical information. 1 record was missing  two medical diagnoses for the individual. 1 was missing medication allergy for individual in  placement services. | | **Actions Planned/Occurred** | Updates made to individual quarterly audit tool to prompt review by both House Manager  and Director of Residential Services. | | **Process Utilized to correct and review indicator** | In reviewing HCR updating protocol it was established that all updates moving forward would be completed in reference not just to previous HCR but also to current ISP and EFS. This information is now captured on a biweekly basis in the House Manager Accountability Tool. The tool is completed by the Director of Residential Services and House Manager. With this new system, EFS and HCR update prompts are reviewed twice a month ensuring accurate information available for the Service Coordinator for annual meeting. | | **Status at follow-up** | All HCR's were reviewed in agency and are updated, accurate and reviewed as needed | | **Rating** | Met | | **Indicator #** | L88 | | **Indicator** | Strategies implemented | | **Issue Identified** | 2/7 Individuals surveyed were missing consistent data tracking and correct adherence to the  strategy that was identified in the ISP. | | **Actions Planned/Occurred** | DRS to utilize ISP process tool with House Managers. ISP submission check-in's will occur  as part of the bi-weekly supervision with DRS. | | **Process Utilized to correct and review indicator** | In reviewing L88 it was determined greater emphasis was needed in determining clear goals/objectives for ISP's and for all data tracking to be easily comprehensible for staff, leaving no need for clarification. In particular, the shared living provider and DRS recently completed new year's ISP goals for FM (an individual who was a part of self-audit) and created detailed objectives with clear prompts for all supporting staff over the next year. Additionally, Strategies data tracking is now a bi-weekly follow up item during supervisory meeting between DRS and House Manager and captured in House Manager Accountability Tool | | **Status at follow-up** | The updated and accurate Medication Treatment Plan is in place for all individuals surveyed. ISP Strategy Data tracking was reviewed for all seven individuals surveyed and observed in compliance. | | **Rating** | Met | | **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS** | | | **Indicator #** | L63 | | **Indicator** | Med. treatment plan form | | **Area Need Improvement** | The medication treatment plans did not contain information about side effects, procedures to minimize risks, and clinical indications for terminating the drug. Medication treatment plans must contain all the required components. | | **Process Utilized to correct and review indicator** | L'Arche is now using the Medication Treatment Plan supplied by OQE for all individuals surveyed during audit and replacing all others as annual ISP's occur. The new tool has provided the opportunity to closely review all observable behaviors and tracking data, streamlining data tracking in particular for individuals with multiple psychotropic medications | | **Status at follow-up** | ISP Strategy Data tracking was reviewed for all seven individuals surveyed and observed in compliance. | | **Rating** | Met | |  | | |