

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

Provider Life Needs Co-op Inc. Provider Address 205 North Plain Rd. , Great Barrington
 Survey Team McNamara, Melanie; Dudley-Oxx, Susan; Date(s) of Review 11-SEP-23 to 13-SEP-23

Follow-up Scope and results :						
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 4 Locations 5 Audits	Defer Licensure	1/1	7/8	<input type="checkbox"/> Eligible for new business (Two Year License) <input checked="" type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License with Mid-Cycle Review	<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

Indicator #	L12
Indicator	Smoke detectors
Area Need Improvement	At two homes, the interconnected smoke and CO detection system was not operating properly when tested. The agency needs to ensure that all smoke detectors and CO detectors are fully operational.
Status at follow-up	Smoke detectors and carbon monoxide detectors were located where required and worked properly when tested at each of the homes.
#met /# rated at followup	4/4
Rating	Met

Indicator #	L43
Indicator	Health Care Record
Area Need Improvement	For two individuals, the health care records did not contain all the required information or were not updated within the required timelines. The agency needs to ensure that health care records are maintained and updated as required.
Status at follow-up	Health care records were up to date and included recent updates if applicable for all individuals in the sample.
#met /# rated at followup	4/5
Rating	Met

Indicator #	L51
Indicator	Possessions
Area Need Improvement	Two individuals do not have access to some of their possessions. When restriction on access to personal possessions is necessary, the intervention must be outlined in a written plan includes individualized educational and/or training strategies that will reduce the need for the intervention over time as well as behavioral criteria for reducing or eliminating the restriction. In addition, the human rights committee must review these restrictive intervention plans.

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Status at follow-up	All restrictions of possessions are now documented and include a plan to fade the restriction; however, at follow up some had still not been reviewed by the human rights committee as the next scheduled meeting is 9/28/23.
#met /# rated at followup	2/5
Rating	Not Met

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	For one individual there was a restrictive practice in place based on the need to lock a linen closet and basement door where the laundry was located. When a restrictive practice is necessary for health and safety reasons, the agency must develop a written plan that outlines the rationale for the restriction. Criteria for fading and/or eliminating the individual's restriction must be included.
Status at follow-up	Restrictive practices are now documented and include a plan to fade the restriction and review by the human rights committee. One plan was reviewed at the time of follow up and found to be in compliance with this practice.
#met /# rated at followup	1/1
Rating	Met

Indicator #	L61
Indicator	Health protection in ISP
Area Need Improvement	For two individuals who required health-related supportive equipment, these supports lacked authorization from a qualified health care practitioner. The agency needs to ensure that when supportive equipment and devices are needed by an individual, these supports are authorized by a qualified practitioner. In addition, instructions outlining their proper use and application as well as for their care and maintenance must be developed to ensure consistency of practice.
Status at follow-up	Support and health related protections are reviewed to ensure there are no missing components and include any safety checks. The agency has added a check off sheet to ensure that each device has had all checks. Two such plans were reviewed at follow up and found to meet this standard.
#met /# rated at followup	2/2
Rating	Met

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Indicator #	L64
Indicator	Med. treatment plan rev.
Area Need Improvement	Three of four medication plans reviewed were not included in the ISP or included in the completed ISP packet or uploaded into HCSIS. In addition, two individuals were administered antipsychotic medication and no Rogers orders were in place, nor had the agency notified the DDS Area Office of the need for this legal protection. Medication treatment plans need to be included in the ISP in one of the approved methods. Additionally, the agency needs to notify the DDS Area Office when individuals who have guardians and are not legally competent are prescribed antipsychotic medication.
Status at follow-up	The agency has reviewed all medication treatment plans to ensure they are included in the ISP and worked with case managers to ensure they understand their part in ensuring inclusion. One medication treatment plan was reviewed at follow up and found to be incorporated into the ISP via HCSIS upload.
#met /# rated at followup	1/1
Rating	Met

Indicator #	L68
Indicator	Funds expenditure
Area Need Improvement	For four of the five individuals who required support to manage and spend their funds, adequate documentation was lacking in order to verify that the items purchased were of direct benefit to the individual. The agency needs to have a system of financial monitoring and protection to demonstrate that purchases made were for the individual's benefit.
Status at follow-up	The agency updated its policy and is ensuring follow up occurs when there is question regarding spending. All expenditures reviewed at follow up had receipts and were checked to ensure they were made to benefit only the individual.
#met /# rated at followup	5/5
Rating	Met

Indicator #	L69
Indicator	Expenditure tracking

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Area Need Improvement	For four of the five individuals who required support to manage and spend their funds, individual expenditures were not consistently tracked and documented. Purchases were made, and neither receipts nor invoices were available to verify how the money was spent. In addition, the agency was not following its own financial policies and procedures regarding documentation and tracking. The agency needs to ensure that individual expenditures are documented and tracked in accordance with DDS regulatory requirements as well as agency financial policies and procedures.
Status at follow-up	Receipts were on hand and listed on financial transaction forms as expenditures occurred and were balanced against online banking weekly to ensure no other transactions were occurring and that bill payments were added in to the balances in a timely fashion.
#met /# rated at followup	5/5
Rating	Met

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

Indicator #	L48
Indicator	HRC
Area Need Improvement	The agency's human right committee did not meet quorum requirements at all meetings and multiple members missed two or more meetings. In addition, there was no meeting held for the last quarter of 2022. The agency needs to ensure that HRC meetings occur at least quarterly and that members with required expertise maintain regular attendance. The human rights committee also needs to review restrictive practices.
Status at follow-up	The agency has reached out to each human rights committee member to confirm commitment to attending meetings and ensuring there is a quorum at each. At the time of follow up, a human rights committee meeting had not occurred. There is one scheduled for 9/28/23.
#met /# rated at followup	
Rating	Not Rated