

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

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|-------------|--|-------------------|--|
| Provider | <u>LIFEWORKS INC</u> | Provider Address | <u>789 Clapboardtree Street , Westwood</u> |
| Survey Team | <u>MacPhail, Lisa; W. Weru , Joseph;</u> | Date(s) of Review | <u>15-JUL-19 to 18-JUL-19</u> |

| 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 9 Locations 14 Audits | Defer Licensure | 1/1 | 11/11 | <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

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| Indicator # | L8 |
| Indicator | Emergency Fact Sheets |
| Area Need Improvement | For three of ten individuals relevant information such as medical diagnoses, allergies and contact people was missing from emergency fact sheets. The agency needs to ensure that Emergency Fact sheets contain all relevant medical information including diagnoses, allergies and contact people |
| Status at follow-up | Seven of eight emergency fact sheets were current and accurate. For one individual however, the EFS did not have an individual photograph of him. |
| #met /# rated at followup | 7/8 |
| Rating | Met |

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| Indicator # | L43 |
| Indicator | Health Care Record |
| Area Need Improvement | For three individuals Health Care Records were missing relevant information such as medications, medication allergies, correct contact information, updated appointment information etc. The agency needs to ensure that HCRs contain all relevant information and that updates occur at least yearly at the time of the ISP. |
| Status at follow-up | The three healthcare records audited were current and accurate. |
| #met /# rated at followup | 3/3 |
| Rating | Met |

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| Indicator # | L46 |
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| Indicator | Med. Administration |
| Area Need Improvement | For two individuals in placement homes, medication administration orders or the prescribed medication were not in place at the home. The agency needs to ensure that all medications and physician orders are in place for individuals at all times |
| Status at follow-up | For three individuals for whom medication administration applied, medications were administered according to the written order of prescribing practitioners, and documentation occurred as required. |
| #met /# rated at followup | 3/3 |
| Rating | Met |

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| Indicator # | L63 |
| Indicator | Med. treatment plan form |
| Area Need Improvement | For six out of eight individuals, medication and treatment plans were not inclusive of all components. Some were missing the unique symptoms/behaviors specific to the individual criteria for discontinuance of the medication and procedures for minimizing risks. Additionally, for two individuals with medications prescribed for sleep disturbances, there was no data. The agency needs to ensure that medication and treatment plans contain all required information and that data for which behavior-modifying medications are prescribed are maintained. |
| Status at follow-up | for seven of eight individuals, medications treatment plans were developed with all required components in place. For one individual, the conditions being treated lacked clear definition of symptoms. |
| #met /# rated at followup | 7/8 |
| Rating | Met |

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| Indicator # | L64 |
| Indicator | Med. treatment plan rev. |
| Area Need Improvement | |

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| | <p>For three of six individuals, medication and treatment plans were not sent to the area office and/or referenced in the ISP team. When people are prescribed behavior modifying medications, the agency needs to ensure that the Medication and Treatment plans are sent to the ISP team.</p> |
| Status at follow-up | <p>For eight individuals who had medication treatment plans, the plans had been submitted to the ISP team.</p> |
| #met /# rated at followup | <p>8/8</p> |
| Rating | <p>Met</p> |

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| Indicator # | <p>L67</p> |
| Indicator | <p>Money mgmt. plan</p> |
| Area Need Improvement | <p>For four of eight individuals, there was no money management training plans in place. Additionally for some individuals, agency's practices as outlined in the Money Management consent did not match the practices occurring in the homes. The agency needs to ensure that money training plans are developed unless contraindicated for clinical reasons, and that people are supported to learn money management skills.</p> |
| Status at follow-up | <p>For eight individuals with whom the agency had joint responsibility for managing money, there were money management plans with training plans in place.</p> |
| #met /# rated at followup | <p>8/8</p> |
| Rating | <p>Met</p> |

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| Indicator # | <p>L80</p> |
| Indicator | <p>Symptoms of illness</p> |
| Area Need Improvement | <p>At seven locations, staff had not been adequately trained on Signs and Symptoms of illness; only MAP certified staff was trained. The agency needs to ensure that all staff is trained on the Signs and Symptoms of illness utilizing the DDS curriculum or a curriculum that is inclusive of all the information within the DDS curriculum.</p> |

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| Status at follow-up | At eight locations where audits occurred, staff had been trained to recognize the signs and symptoms of illness. |
| #met /# rated at followup | 8/8 |
| Rating | Met |

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| Indicator # | L86 |
| Indicator | Required assessments |
| Area Need Improvement | For two of six individuals required assessments were not submitted by the due date for the ISP meeting. The agency needs to ensure that required assessments are submitted at least 15 days prior to the ISP meeting. |
| Status at follow-up | For three individuals who had ISP meetings within 60 days of SEM, required assessments were submitted within the required timelines in preparation for the ISP. |
| #met /# rated at followup | 3/3 |
| Rating | Met |

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| Indicator # | L87 |
| Indicator | Support strategies |
| Area Need Improvement | For two of six individuals, Support strategies for the ISP were not submitted by the due date for the ISP meeting. The agency needs to ensure that support strategies are submitted at least 15 days prior to the ISP meeting. |
| Status at follow-up | For three individuals who had had ISP meetings within 60 days of SEM, support strategies were submitted within the required timelines in preparation for the ISP. |
| #met /# rated at followup | 3/3 |
| Rating | Met |

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| Indicator # | L88 |
| Indicator | Strategies implemented |
| Area Need Improvement | For three of eight people, goals agreed upon by the ISP team were not being implemented consistently; in both cases, data was not being maintained. The agency needs to ensure that agreed upon goals are implemented consistently and data is maintained to show the progress people are making towards meeting their goal. |
| Status at follow-up | For five individuals, the agency was implementing services and support strategies identified and agreed upon by the ISP team. |
| #met /# rated at followup | 5/5 |
| Rating | Met |

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| Indicator # | L91 |
| Indicator | Incident management |
| Area Need Improvement | At five of eight locations, incidents were not submitted within the required timelines. The agency needs to ensure that incidents are submitted within the required timelines. |
| Status at follow-up | Staff at one location reported three minor incidents within the last 60 days. The incidents were all reported within three days and reviewed/finalized within seven days as required (guardians were also notified). |
| #met /# rated at followup | 8/8 |
| Rating | Met |

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