

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Provider: LIFEWORKS INC

Provider Address: 789 Clapboardtree Street ,
Westwood

Name of Person Stephanie Hajjar
Completing Form:

Date(s) of Review: 01-AUG-22 to 02-AUG-22

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Employment and Day Supports	2 Year License	2/2
Residential and Individual Home Supports	2 Year License	7/8

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

Indicator #	L15
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Indicator	Hot water
Area Need Improvement	At two of nine locations, water temperature measured outside of the established parameters. The agency needs to ensure that water temperature measures between 110-120 degrees at all locations.
Process Utilized to correct and review indicator	All Managers reviewed water temperatures for sinks and showers and reported if any temperature were out of range for maintenance to adjust.
Status at follow-up	Monthly water temperature reports conclude that all houses are in compliance.
Rating	Met

Indicator #	L35
Indicator	Preventive screenings
Area Need Improvement	The agency did not support four of nine individuals to have routine preventative screenings. The agency needs to ensure that all individuals receive routine and preventative screenings per DDS guide for preventative screening.
Process Utilized to correct and review indicator	A monthly checklist was updated to include review of doctor visit summaries to ensure all routine preventative screenings are scheduled and attended.
Status at follow-up	One individual had scheduled bloodwork to monitor seizure medication other appointments were scheduled during this time.
Rating	Met

Indicator #	L54 (07/21)
Indicator	Privacy

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Area Need Improvement	At two of nine locations, individuals were not afforded privacy when taking care of personal matters. The agency needs to ensure that mechanisms are in place at all its locations to afford individuals privacy.
Process Utilized to correct and review indicator	Door locks have been added to Lifeworks internal inspections for ongoing compliance. Internal inspections took place at all houses in the month of June.
Status at follow-up	All locations were in compliance
Rating	Met

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	At two of four locations where there were restrictive practices, the agency did not provide a written rational to the other affected individuals and their Guardians. The agency needs to ensure that restrictive practices that affect others are communicated in writing to the other affected individuals and their Guardians.
Process Utilized to correct and review indicator	Reviewed at Director meeting, Directors checked to ensure all letters were distributed as required.
Status at follow-up	All locations that have restrictive practices were in compliance.
Rating	Met

Indicator #	L69
Indicator	Expenditure tracking

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Area Need Improvement	For three of eight individuals, financial expenditures were not documented and tracked in accordance with expectations set forth in individual money management assessments/plans. The agency needs to ensure that when it has a shared and/or delegated money management responsibility, it documents and tracks expenditures in accordance with individual's money management plan/assessments.
Process Utilized to correct and review indicator	Financial audits completed by the Business Office. Training provided when needed to staff.
Status at follow-up	Documentation and tracking of expenditures are in accordance with money management plan/assessments.
Rating	Met

Indicator #	L78
Indicator	Restrictive Int. Training
Area Need Improvement	At two of four locations, staff were not trained to implement restrictive interventions safely and consistently. The agency needs to ensure that all staff are trained to implement restrictive interventions safely and consistently
Process Utilized to correct and review indicator	Staff were trained or retrained to correctly implement restrictive interventions at every site that they are in place.
Status at follow-up	Training for restrictive interventions have been completed.
Rating	Met

Indicator #	L87
Indicator	Support strategies

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Area Need Improvement	For two of seven individuals, the agency did not complete and submit the provider support strategies for the ISP within the established timeframe. The agency needs to ensure that it completes and submits provider support strategies for the ISP within the established timeframe
Process Utilized to correct and review indicator	Weekly compliance reports are sent out to Managers and Directors for ISP dates to ensure submission is in the established timeframe.
Status at follow-up	Weekly compliance reports are sent out to Managers and Directors for ISP dates to ensure submission is in the established timeframe.
Rating	Met

Indicator #	L91
Indicator	Incident management
Area Need Improvement	At two of nine locations, incidents were not reported and finalized within the established timeliness. The agency needs to ensure that all incidents are reported and reviewed within the established timelines.
Process Utilized to correct and review indicator	A spreadsheet was developed that interfaces with the HCSIS system to pull Incident Reports timelines for all programs. The QA Director informs supervisors weekly of timeframes and follows up as needed.
Status at follow-up	Over the last 60 days, there were a total of 33 Incident Reports, of which 23 met the deadline criterion for incidents submitted on time (70%).
Rating	Not Met

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Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by Provider

Indicator #	L61
Indicator	Health protection in ISP
Issue Identified	1/2 A supportive and protective device was not documented in the ISP. 1/2 files did not contain the supportive and protective document with the proper signatures.
Actions Planned/Occurred	Re-training staff on what needs to be reviewed each ISP meeting. Re-training of staff on supportive protected paperwork with correct signatures of doctors and Registered Nurse.
Process Utilized to correct and review indicator	Staff retraining has been completed with delegation of training responsibilities to specific team members for supports and health-related protections. An Internal review of all ISP's submitted within the last 60 days included all documents/signatures required
Status at follow-up	Staff retraining has been completed with delegation of training responsibilities to specific team members. An Internal review of all ISP's submitted within the last 60 days included all documents/signatures required.
Rating	Met

Indicator #	L88
Indicator	Strategies implemented
Issue Identified	13/21 progress notes were missing how strategies were being implemented
Actions Planned/Occurred	Staff will be re-trained in completing progress notes for specific implementation strategies
Process Utilized to correct and review indicator	Staff retraining has been completed with delegation of training responsibilities to specific team members. All ISP's submitted contained all necessary components in the progress notes.

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Status at follow-up	All trainings for implementation and reporting on progress notes for the ISP goals have been completed.
Rating	Met