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

Provider: LIFEWORKS INC

Provider Address: 789 Clapboardtree Street , Westwood

Name of Person Stefanie Hajjar Completing Form:

Date(s) of Review: 15-JUL-19 to 18-JUL-19

Follow-up Scope and results :			
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated	
Employment and Day Supports	2 Year License	5/5	

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Summary of Ratings

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

Indicator #	L55
Indicator	Informed consent
Area Need Improvement	For three individuals, informed consent obtained was not situation specific; the scope of use was too broad. The agency needs to ensure that photo consents are secured for clearly specified purposes.
Process Utilized to correct and review indicator	A review of the current photo release was conducted by the Directors. It was discovered that a new more specific release was needed.
Status at follow-up	Lifeworks adopted a new photo consent release form and gave the entire agency access to the document on Icentrix. No photos will be approved for use unless the release has the photo attached and the specific use is spelled out in the consent. Signatures must be obtained from individuals as well as guardians before the picture can be used and signed on an annual basis to renew the rights to use the picture. During the 60 days three individuals from LES Norwood used the photo consent release form for a press release regarding their company for which they work. These three forms met the requirement for informed consent for 3/3 individuals.
Rating	Met
Indicator #	L63
Indicator	Med. treatment plan form
Area Need Improvement	For one individual, the medication and treatment plan was not at the day service location for a behavior-modifying medication that was administered at the day service.

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Process Utilized to correct and review indicator	The agency needs to ensure that the medication and treatment plans for behavior-modifying medications administered at the day service are maintained.Register Nurse performed a quarterly review of the medication book to ensure all medications that required a treatment plan was in effect. One medication was targeted
Status at follow-up	The Behavior Medication Treatment Plan that was addressed during the audit was assessed by the agency Registered Nurse. The Registered Nurse contacted the agency with whom the individual resides and was forwarded the data sheets that the residential house follows. MAP staff now track the data that accompanies the targeted behavior the medication is prescribed for. Staff will send data back to the residential house when requested. All medication Treatment Plans are to be updated as needed and on a yearly basis. No new medication is accepted into the program without all necessary documentation. There is only one Behavior Modification Treatment Plan between LES Boston and Norwood, therefore, the indicator has been met.
Rating	Met
Indicator #	L80
Indicator	Symptoms of illness
Area Need Improvement	At two of three locations, staff had not been trained on Signs and Symptoms of illness, only MAP certified staff was trained. The agency needs to ensure that all staff are trained on the Signs and Symptoms of illness utilizing the DDS curriculum or a curriculum that is inclusive of all the information on the DDS curriculum.
Process Utilized to correct and review indicator	An audit was done of all full time and per diem staff.
Status at follow-up	95% of full time and per-diem staff have been trained on the DDS

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	approved curriculum of Signs and Symptoms of Illness. The curriculum was downloaded off the DDS website. All staff going through the hiring process will have this training during Orientation and will be trained by a Registered Nurse. The Registered Nurse will be able to give examples of our individuals and answer any specific questions new staff may have.
Rating	Met
Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For three of seven individuals, required assessments were not submitted by the due date for the scheduled ISP meetings. The agency needs to ensure that required assessments are submitted at least 15 days prior to the scheduled ISP meeting.
Process Utilized to correct and review indicator	The Director of Quality Assurance has implemented a compliance report which is issued every Monday and is extracted from the HCSIS ISP site. The report is disseminated to all program coordinators/managers to their staff for follow through. LES Norwood has implemented a specific writing block for case managers three weeks prior to the ISP to give dedicated time to ensure assessments and goals/objectives are in on time. This is posted on their electronic scheduling system.
Status at follow-up	From May 10th until this date, all required assessments for LES Norwood and Boston have been in at least 15 days prior to the scheduled ISP meeting. Meeting the Goal LES B 10/10-100% and LES N 23/23- 100%.
Rating	Met
Indicator #	L87

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Indicator	Support strategies
Area Need Improvement	For four of eight individuals Support Strategies were not submitted by the due date for the ISP meeting. The agency needs to ensure the required information is submitted at least 15 days prior to the scheduled ISP meeting.
Process Utilized to correct and review indicator	The Director of Quality Assurance has implemented a compliance report which is issued every Monday and is extracted from the HCSIS ISP site. The report is disseminated to all program coordinators/managers to their staff for follow through. LES Norwood has implemented a specific writing block for case managers three weeks prior to the ISP to give dedicated time to ensure assessments and goals/objectives are in on time. This is posted on their electronic scheduling system.
Status at follow-up	From May 10th until this date all required assessments for LES Norwood and Boston have been in at least 15 days prior to the scheduled ISP meeting. Meeting the Goal LES B 10/10-100% and LES N 23/23- 100%.
Rating	Met