

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**DDS FOLLOW-UP REPORT**

Provider LIVING INDEPENDENTLY FOREVER Provider Address 550 Lincoln Rd Ext , Hyannis  
 Survey Team Marchese, Michael; Napolitan, Tina; Date(s) of Review 15-JAN-20 to 16-JAN-20

<b>Follow-up Scope and results :</b>						
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 5 Locations 8 Audits	2 Year License		8/11	<input checked="" type="checkbox"/> Eligible for new business (Two Year License)  <input type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)		<input 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**

<b>Indicator #</b>	L18
<b>Indicator</b>	Above grade egress
<b>Area Need Improvement</b>	In one location, a secondary escape route was impeded by a piece of furniture. The agency needs to ensure that all egresses are free of any obstructions to allow a usable path.
<b>Status at follow-up</b>	At one location, furniture had been re-arranged in a second floor bedroom resulting in a clear and usable escape route leading to grade.
<b>#met /# rated at followup</b>	1/1
<b>Rating</b>	Met

<b>Indicator #</b>	L49
<b>Indicator</b>	Informed of human rights
<b>Area Need Improvement</b>	Six out of eight individuals were not informed of how to file a grievance. The agency needs to ensure that individuals are informed and trained regarding the agency's grievance procedure, or to whom they should talk to if they have a problem.
<b>Status at follow-up</b>	The agency has developed and implemented a new Consumer Grievance Policy. Seven individuals and/or their guardians had been informed of the new policy, and/or trained on how to file a grievance.
<b>#met /# rated at followup</b>	7/7
<b>Rating</b>	Met

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<b>Indicator #</b>	L56
<b>Indicator</b>	Restrictive practices
<b>Area Need Improvement</b>	A restrictive practice was in place for one individual. All required components such as a plan to fade, and process to mitigate the impact as to not unduly restrict the rights of others were not included. The agency needs to ensure that restrictive practices include all required components.
<b>Status at follow-up</b>	A restrictive practice was in place at one location. The plan contained all required components, including practices to mitigate the impact of the restriction on two other individuals.
<b>#met /# rated at followup</b>	3/3
<b>Rating</b>	Met

<b>Indicator #</b>	L58
<b>Indicator</b>	Behavior plan component
<b>Area Need Improvement</b>	The agency had behavioral strategies in place for one individual that did not contain all the required components. The agency needs to ensure that behavioral plans contain all the required components (targeted behaviors to decrease, desired positive replacement behaviors, rationale based on a functional analysis of targeted behaviors antecedents and criteria for eliminating or revising the plan).
<b>Status at follow-up</b>	One person was being supported with the use of a behavior support plan during the survey. Since the survey, the agency reevaluated the individual's needs and determined that a behavior plan was no longer necessary. There were no other individuals supported with a behavior plan.
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L60
<b>Indicator</b>	Data maintenance
<b>Area Need Improvement</b>	The agency was not collecting measurable data on behalf of one individual with behavioral strategies. The agency needs to ensure that data collected can be used to determine the efficacy of behavioral interventions.
<b>Status at follow-up</b>	One person was supported with the use of a behavior support plan during the survey. Since the survey, the agency evaluated the needed and determined that a behavior plan was no longer necessary. Thus the plan was evaluated for efficacy and faded as deemed unnecessary. There were no other individuals supported with a behavior plan.

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<b>#met /# rated at followup</b>	1/1
<b>Rating</b>	Met

<b>Indicator #</b>	L62
<b>Indicator</b>	Health protection review
<b>Area Need Improvement</b>	Authorizations by a qualified practitioner had not been obtained for one individual's supports and health protections. The agency needs to ensure that all supports and health related protections have been authorized by a qualified practitioner.
<b>Status at follow-up</b>	A health related support for one individual had not been reviewed by the agency's Human Rights Committee.
<b>#met /# rated at followup</b>	0/1
<b>Rating</b>	Not Met

<b>Indicator #</b>	L63
<b>Indicator</b>	Med. treatment plan form
<b>Area Need Improvement</b>	Three medication treatment plans reviewed did not contain all required components, including measurable target behaviors, baseline data prior to intervention and clinical criteria/indications for the re-evaluation of medication treatment. The agency needs to ensure that all medication treatment plans contain all required components.
<b>Status at follow-up</b>	Two of six medication treatment plans, either did not included all behavior modifying medications, or did not contain all required components, including strategies to support the individual to decrease the need for the medication.
<b>#met /# rated at followup</b>	4/6
<b>Rating</b>	Not Met

<b>Indicator #</b>	L64
<b>Indicator</b>	Med. treatment plan rev.
<b>Area Need Improvement</b>	One of three medication treatment plans had not been reviewed by the ISP team. The agency needs to ensure that all medication treatment plans have been reviewed by individuals' ISP teams.

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<b>Status at follow-up</b>	Three medication treatment plans had been reviewed by the individuals' ISP teams.
<b>#met /# rated at followup</b>	3/3
<b>Rating</b>	Met

<b>Indicator #</b>	L67
<b>Indicator</b>	Money mgmt. plan
<b>Area Need Improvement</b>	Two individuals did not have a written money management support plan in place. For three others, their plans, either did not accurately describe the money management supports being provided, or lacked a training plan to eliminate or reduce the need for staff assistance. The agency needs to ensure that all a written plan is in place when the agency has shared or delegated money management responsibility.
<b>Status at follow-up</b>	Six individuals had written money management plans in place that accurately described the agency's shared and/or delegated responsibilities, including teaching plans where recommended in their ISPs.
<b>#met /# rated at followup</b>	6/6
<b>Rating</b>	Met

<b>Indicator #</b>	L69
<b>Indicator</b>	Expenditure tracking
<b>Area Need Improvement</b>	For three individuals where the provider/staff hold their money, there was no process in place for documenting and tracking cash being held and all expenditures. The agency needs to ensure that when staff hold individual's money and provide support in the use of funds, a process for documenting and tracking all expenditures needs to be in place.
<b>Status at follow-up</b>	Expenditures for one individual were being documented and tracked in an accurate and timely manner.
<b>#met /# rated at followup</b>	1/1
<b>Rating</b>	Met

<b>Indicator #</b>	L85
<b>Indicator</b>	Supervision

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<b>Area Need Improvement</b>	At two of six locations, there was a lack of adequate program oversight, such as documentation of quality assurance reviews and regular supervision to identify areas that care providers need additional support. The agency needs to ensure that all providers/staff are supported through ongoing oversight and supervision.
<b>Status at follow-up</b>	At two placement locations, while there have been some changes of the documentation of program site visits, they have not been fully implemented, and there is still a need for the development of oversight systems to monitor and ensure that program policies and procedures are being implemented, and that important information related to individuals' care and supports is documented and reported for appropriate follow-up.
<b>#met /# rated at followup</b>	0/2
<b>Rating</b>	Not Met

<b>Indicator #</b>	L86
<b>Indicator</b>	Required assessments
<b>Area Need Improvement</b>	Assessments were not submitted within required time frames for two individuals. The agency needs to ensure that assessments are submitted to the DDS Area Office at least 15 days prior to the scheduled ISP meeting.
<b>Status at follow-up</b>	No individuals receiving the sampled service types had an ISP scheduled during the 60 day review period; therefore no evaluation of submission timelines was completed.
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L87
<b>Indicator</b>	Support strategies
<b>Area Need Improvement</b>	Support strategies were not submitted within required time frames for two individuals. The agency needs to ensure that support strategies are submitted to the DDS Area Office at least 15 days prior to the scheduled ISP meeting.
<b>Status at follow-up</b>	No individuals receiving the sampled service types had an ISP scheduled during the 60 day review period; therefore no evaluation of submission timelines was completed.
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

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<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	At three out of six locations at which reportable incidents had occurred, there were instances in which incident reports had not been submitted and/or finalized within required timelines. The agency needs to ensure that reportable incidents are reported within required timelines.
<b>Status at follow-up</b>	There were no reportable incidents for review. However, at all five locations, staff and/or providers were found to be knowledgeable of when and how to report incidents as mandated by regulation.
<b>#met /# rated at followup</b>	5/5
<b>Rating</b>	Met