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| **Provider:** |

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| MAB COMMUNITY SERVICES |

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| **Provider Address:** |

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| 200 Ivy St , Brookline |

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| **Name of PersonCompleting Form:** |

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| Anastasia Kanistras |

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| **Date(s) of Review:** |

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| 14-SEP-21 to 15-SEP-21 |

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| **Follow-up Scope and results :** |  |  |
| Service Grouping | Licensure level and duration |  # Indicators std. met/ std. rated  |
| Employment and Day Supports | 2 Year License | 2/5 |
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| Residential and Individual Home Supports | Defer Licensure | 3/7 |
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| **Summary of Ratings** |

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| **Administrative Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L65 |
| **Indicator** | Restraint report submit |
| **Area Need Improvement** | The agency had one restraint which was not reported within the required timeline. The agency needs to ensure that it submits/completes restraint reports within the required timelines. |
| **Process Utilized to correct and review indicator** | Agency has not engaged in any restraints within this reporting period. |
| **Status at follow-up** | Re-training for communication systems and incident reporting conducted with all program management teams. |
| **Rating** | Met |
| **Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by Provider** |
| **Indicator #** | L86 |
| **Indicator** | Required assessments |
| **Issue Identified** | Across locations audited in Residential, IS, and Mabworks, ISP assessments were submitted outside established time frames. |
| **Actions Planned/Occurred** |  The ISP timeline tracker fell out of use during the pandemic. It has been re-instated, and will updated as a shared calendar that will release trigger reminders to the appropriate parties. |
| **Process Utilized to correct and review indicator** | Monthly reports are shared with all program managers documenting upcoming deadlines with reminders leading up to submission deadlines. |
| **Status at follow-up** | In recent internal audits we have seen that on time documentation submissions are trending upwards. |
| **Rating** | Not Met |
| **Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L87 |
| **Indicator** | Support strategies |
| **Area Need Improvement** | Six individual's ISP support strategies were not submitted within the required timelines. The agency needs to ensure that support strategies are completed/submitted within the required timelines. |
| **Process Utilized to correct and review indicator** | Monthly reports are shared with all program managers documenting upcoming deadlines with reminders leading up to submission deadlines. |
| **Status at follow-up** | In recent internal audits we have seen that on time documentation submissions are trending upwards. |
| **Rating** | Not Met |
| **Indicator #** | L88 |
| **Indicator** | Strategies implemented |
| **Area Need Improvement** | For three of six individuals, ISP objectives were not being implemented as written in the provider support strategies. The agency must adhere to ISP support strategies and effectively monitor progress or lack thereof toward meeting goals. Alternatively, if goals or strategies need to change, the agency needs to seek to modify them. |
| **Process Utilized to correct and review indicator** | Program teams reviewed all participant goals and objectives and made modifications where needed. |
| **Status at follow-up** | With Covid-19 restrictions being lifted the agency has been able to implement all plans and objectives that were previously put on hold. |
| **Rating** | Met |
| **Indicator #** | L91 |
| **Indicator** | Incident management |
| **Area Need Improvement** | At one of two sites, incidents were reported and/or finalized outside of the required timelines. The agency must adhere to the HCSIS timelines for incident reporting and finalization. |
| **Process Utilized to correct and review indicator** | All program managers were re-trained on HCSIS incident documentation and timelines. Weekly the Director of QM reviewed internal notes and cross references them with HCSIS documentation to ensure all reports have been completed. |
| **Status at follow-up** | In recent internal audits only a small handful of incident reports do not meet HCSIS timelines and those managers are receiving re-trainings. |
| **Rating** | Not Met |
| **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by Provider** |
| **Indicator #** | L35 |
| **Indicator** | Preventive screenings |
| **Issue Identified** | xxx |
| **Actions Planned/Occurred** |  xxx |
| **Process Utilized to correct and review indicator** | Residential managers were re-trained and supported in scheduling appointments that were missed due to the Covid-19 pandemic. Oversight from the Program Support Directors and program nurses was implemented to ensure follow up is completed. |
| **Status at follow-up** | All missed or pushed appointments due to the pandemic have now been completed. |
| **Rating** | Met |
| **Indicator #** | L79 |
| **Indicator** | Restraint training |
| **Issue Identified** | Less than 100% of Direct Support staff have current CPI training. |
| **Actions Planned/Occurred** |  Bi Weekly CPI trainings have been held since March of 2021 to get 100% of our staff trained or re-certified. The goal is to add an additional CPI trainer to have a total of three trainers by 6/18/21. Three CPI certification trainings will be offered per month going forward and it will be required during new employee on-boarding. |
| **Process Utilized to correct and review indicator** | Additional trainers have completed their CPI train the trainer programs. The agency now holds 2-3 full CPI trainings a month. |
| **Status at follow-up** | All new hires are put through CPI training with new staff orientation. Current staff are scheduled for trainings based on expiration date. |
| **Rating** | Not Met |
| **Indicator #** | L86 |
| **Indicator** | Required assessments |
| **Issue Identified** | Across locations audited in Residential, IS, and Mabworks, ISP assessments were submitted outside established time frames. |
| **Actions Planned/Occurred** |  The ISP timeline tracker fell out of use during the pandemic. It has been re-instated, and will updated as a shared calendar that will release trigger reminders to the appropriate parties. |
| **Process Utilized to correct and review indicator** | Monthly reports are shared with all program managers documenting upcoming deadlines with reminders leading up to submission deadlines. |
| **Status at follow-up** | In recent internal audits we have seen that on time documentation submissions are trending upwards. |
| **Rating** | Not Met |
| **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L87 |
| **Indicator** | Support strategies |
| **Area Need Improvement** | Six of the eight individual's ISP support strategies were not submitted within the required timelines. The agency needs to ensure that support strategies are completed/submitted within the required timelines. |
| **Process Utilized to correct and review indicator** | Monthly reports are shared with all program managers documenting upcoming deadlines with reminders leading up to submission deadlines. |
| **Status at follow-up** | In recent internal audits we have seen that on time documentation submissions are trending upwards. |
| **Rating** | Not Met |
| **Indicator #** | L88 |
| **Indicator** | Strategies implemented |
| **Area Need Improvement** | For five of twelve individuals, ISP objectives were not being implemented as written in the provider support strategies. The agency must adhere to ISP support strategies and effectively monitor progress or lack thereof toward meeting goals. Alternatively, if goals or strategies need to change, the agency needs to seek to modify them. |
| **Process Utilized to correct and review indicator** | Program teams reviewed all participant goals and objectives and made modifications where needed. |
| **Status at follow-up** | With Covid-19 restrictions being lifted the agency has been able to implement all plans and objectives that were previously put on hold. |
| **Rating** | Met |
| **Indicator #** | L91 |
| **Indicator** | Incident management |
| **Area Need Improvement** | At six of eight sites, incidents were reported and/or finalized outside of the required timelines. The agency must adhere to the HCSIS timelines for incident reporting and finalization. |
| **Process Utilized to correct and review indicator** | All program managers were re-trained on HCSIS incident documentation and timelines. Weekly the Director of QM reviewed internal notes and cross references them with HCSIS documentation to ensure all reports have been completed. |
| **Status at follow-up** | In recent internal audits only a small handful of incident reports do not meet HCSIS timelines and those managers are receiving re-trainings. |
| **Rating** | Not Met |

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