

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

**Provider:** MAY INSTITUTE (THE) \_\_\_\_\_

**Provider Address:** 41 Pacella Park Drive , Randolph \_\_\_\_\_

**Name of Person** Terese Brennan  
**Completing Form:** \_\_\_\_\_

**Date(s) of Review:** 12-JUN-23 to 20-JUL-23 \_\_\_\_\_

<b>Follow-up Scope and results :</b>		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	Defer Licensure	7/9

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

<b>Indicator #</b>	L59
<b>Indicator</b>	Behavior plan review
<b>Area Need Improvement</b>	Two interventions with restrictive practices were not reviewed by the agency's Human Rights Committee. The agency needs to ensure that all restrictive practices are reviewed by the Human Rights Committee.

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<b>Process Utilized to correct and review indicator</b>	Both restrictive practices are scheduled for review at the agency's Human Rights Committees. In addition, the organization will ensure bedroom sweeps related to pica safety are considered a restrictive practice and require HRC review.
<b>Status at follow-up</b>	One of the Human Rights Committees met on 7/11/23 and reviewed/approved an individual's restrictive practice. The other Human Rights Committee is scheduled to meet on 8/2/23. The remaining restrictive practice is on the agenda for review/approval, and it's anticipated this will be 'Met' on 8/2/23.
<b>Rating</b>	Not Met

<b>Indicator #</b>	L61
<b>Indicator</b>	Health protection in ISP
<b>Area Need Improvement</b>	For four out of thirteen individuals prescribed supportive devices, safety checks were not occurring, or there was no written plan for authorization, parameters, and frequency for use. The agency need to make sure that healthcare related supports and protective equipment are authorized with completion of components for use and are used appropriately.
<b>Process Utilized to correct and review indicator</b>	A supportive device safety check form was standardized and shared. A written plan for use with parameters for frequency and duration of use was located for the individuals that were identified to be missing such plan.
<b>Status at follow-up</b>	All four individuals now have safety checks implemented. In addition, a written plan for use with parameters for frequency and duration of use is in place for the individual that required it.
<b>Rating</b>	Met

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<b>Indicator #</b>	L63
<b>Indicator</b>	Med. treatment plan form
<b>Area Need Improvement</b>	Six of nineteen Medication Treatment Plans did not include all required components such as all behavioral medications or side effects. Four Medication Treatment Plans included plans for pre-sedation which did not contain strategies for supporting individuals to learn alternative coping methods to reduce anxiety during appointments.
<b>Process Utilized to correct and review indicator</b>	Medication Treatment Plans were reviewed and updated to include all required components. In addition, the organization will seek technical assistance from the team on Medication Treatment Plans. A Medication Treatment Plan Standard Operating Procedure is in place.
<b>Status at follow-up</b>	All six Medication Treatment Plans were revised to include all required components. Four of the Medication Treatment Plans which included a pre-sedate were revised to include strategies for supporting individuals to learn alternate coping methods.
<b>Rating</b>	Met

<b>Indicator #</b>	L69
<b>Indicator</b>	Expenditure tracking
<b>Area Need Improvement</b>	The agency was not monitoring all assets for 5 individuals for whom they were rep payee. The agency needs to ensure they account for all funds and total balances for individuals for whom they are rep payee and ensure their benefits are not effected by a balance that is over limit.
<b>Process Utilized to correct and review indicator</b>	Spend down plans to be developed for all individuals over assets. In addition, the organization is ensuring gift cards are being tracked for individuals in possession of such a card.

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<b>Status at follow-up</b>	Spend down plans in place for all four individuals that were over assets. The organization verified all identified individuals benefits have not been affected. Gift card balances are being monitored and tracked on the Financial Transaction Record.
<b>Rating</b>	Met

<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	Eleven out of twenty-two incident reports were not completed within timelines. The agency needs to ensure timely submission and finalization of incident reports.
<b>Process Utilized to correct and review indicator</b>	The organization will monitor and track incident reporting timelines. A review of timelines will be conducted at monthly meetings for compliance.
<b>Status at follow-up</b>	Initial incident reports submitted and finalized less than 80% of the time since SEM. The organization is working towards utilizing a data visualization system to monitor and review incident reports in progress, anticipating the ability to present data monthly allowing teams to follow up on reports not yet finalized.
<b>Rating</b>	Not Met

<b>Indicator #</b>	L94 (05/22)
<b>Indicator</b>	Assistive technology
<b>Area Need Improvement</b>	Eleven of twenty-two individuals were not making use of assistive technology. The agency needs to continue to review assistive technology assessments to determine areas of need and interest, and to support individuals to explore related devices or applications that could potentially enhance individuals' independence.

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<b>Process Utilized to correct and review indicator</b>	The organization hired a VP of Allied Health and Supportive Technology, who is currently providing assistance in this area. This person is reviewing assessments as well as each individuals plan to ensure appropriate support(s) are put in place to increase independence.
<b>Status at follow-up</b>	VP of Allied Health and Supportive Technology CCC-SLP, ATP reviewed all eleven individual cases for recommendations. AT Screening documents all completed. Referrals sought to DDS AT program through each individuals DDS Service Coordinator. Formal AAC evaluations recommended in some cases after review and will be scheduled.
<b>Rating</b>	Met

<b>Indicator #</b>	L99 (05/22)
<b>Indicator</b>	Medical monitoring devices
<b>Area Need Improvement</b>	For one of three individuals, staff were not trained on the use of their medical monitoring device. The agency needs to ensure that staff are trained and knowledgeable on the instructions for use, correct implementation, and guidelines for cleaning and maintenance of all individuals' medical monitoring devices.
<b>Process Utilized to correct and review indicator</b>	All staff have been trained in the use of the medical monitoring device. Continued monitoring will occur to ensure compliance.
<b>Status at follow-up</b>	All current staff at the program were trained on the use of the individuals CPAP machine.
<b>Rating</b>	Met

**Administrative Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L48
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<b>Indicator</b>	HRC
<b>Area Need Improvement</b>	Two of the agency's three Human Rights Committees (HRC) did not meet all required criteria, including mandated quarterly meetings, required attendance and requisite expertise present at the meetings during reviews. The agency needs to ensure that all three HRCs are meeting at least quarterly and required attendance and requisite expertise is present when conducting reviews.
<b>Process Utilized to correct and review indicator</b>	Review of committee meetings indicated that there were a few members that were frequently unable to attend meetings. Senior management reached out to said members to review the importance of the committee and discuss the continued involvement in the committee. Membership and meeting occurrence frequency will be monitored at monthly meetings.
<b>Status at follow-up</b>	One Committee had a meeting in June and July. The second Committee had a meeting in July. The third Committee has their next Q3 meeting scheduled 8/2/23. Requisite expertise present at meetings that were held during the review period.
<b>Rating</b>	Met

<b>Indicator #</b>	L76
<b>Indicator</b>	Track trainings
<b>Area Need Improvement</b>	Six of twenty staff had not completed one or more of the required trainings, including Incident Reporting, Universal Precautions, Restraint Management, Human Rights, and/or Mandated Reporting/DPPC. The agency must ensure that staff are trained in all mandatory training topics.
<b>Process Utilized to correct and review indicator</b>	A new performance management system will soon be implemented and utilized to track training compliance, which will be monitored on a quarterly basis.

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<b>Status at follow-up</b>	Five employees that were missing training from the sample of 20 have since completed the required trainings identified. One unable to be trained as they are no longer with the organization.
<b>Rating</b>	Met