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| |  |  |  | | --- | --- | --- | | **Follow-up Scope and results :** |  |  | | Service Grouping | Licensure level and duration | # Indicators std. met/ std. rated | | Employment and Day Supports |  | 4/4 | |  |  |  | | |  |

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| |  | | --- | | **Summary of Ratings** | |  |
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| |  |  | | --- | --- | |  |  | | |  |  | | --- | --- | | **Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS** | | | **Indicator #** | L56 | | **Indicator** | Restrictive practices | | **Area Need Improvement** | The agency has alarm on a door which is used as a restrictive practice. For five individuals, the agency did not develop mitigating factors. The agency needs to ensure that mitigating factors are developed and shared with individuals/guardians and practiced so as not to unduly restrict the rights of participants. | | **Process Utilized to correct and review indicator** | Program manager, Elizabeth Roias created and completed a restrictive practice plan for B.B. to maintain his safety while in the building. Individuals, guardians, providers, and families were made aware of the door sensors. DDS was made aware of this and uploaded into HCSIS, along with being noted in his ISP that occurred recently. | | **Status at follow-up** | Met | | **Rating** | Met | |  | | | **Indicator #** | L78 | | **Indicator** | Restrictive Int. Training | | **Area Need Improvement** | Staff had not received training on the restrictive practice of the use of door alarms. The agency needs to ensure that all staff are trained in restrictive practices. | | **Process Utilized to correct and review indicator** | All day program staff have been trained on door sensor including, the individual this practice is implemented for, times door sensor is activated, mitigation factors, and where to find the door sensor log. Staff were required to sign and date the training log as well. | | **Status at follow-up** | Met | | **Rating** | Met | |  | | | **Indicator #** | L84 | | **Indicator** | Health protect. Training | | **Area Need Improvement** | For one individual, staff were not trained in the use of their health-related protective equipment. The agency needs to ensure that staff are trained in the proper use and cleaning of all health related supportive and protective equipment. | | **Process Utilized to correct and review indicator** | Program manager worked with Amber's house manager to obtain the required documents for her health-related protective equipment. All staff who work with Amber have been trained and understand their role pertaining to her wrist brace. | | **Status at follow-up** | Met | | **Rating** | Met | |  | | | **Indicator #** | L87 | | **Indicator** | Support strategies | | **Area Need Improvement** | For four of ten individuals, the ISP support strategies were not submitted within required timelines. The agency needs to ensure that ISP support strategies are submitted within required timelines. | | **Process Utilized to correct and review indicator** | Upcoming HCSIS due dates for ISP's are sent via email from Vanessa Jacques to management to ensure assessments, goals, and other required documents being request by DDS is submitted. | | **Status at follow-up** | Met | | **Rating** | Met | |  | | |  | | |