

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

Provider	<u>MULTICULTURAL COMMUNITY SERVICES</u>	Provider Address	<u>1000 Wilbraham Road , Springfield</u>
Survey Team	<u>Adorno, Elsa; Black, Carole; Chiaravallotti, Danielle; Jones, Ken; McNamara, Melanie;</u>	Date(s) of Review	<u>02-OCT-24 to 08-OCT-24</u>

Follow-up Scope and results :						
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 14 Locations 22 Audits	Defer Licensure	2/2	8/9	<input type="checkbox"/> Eligible for new business (Two Year License) <input checked="" type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License with Mid-Cycle Review	<input checked="" 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)

Summary of Ratings

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

Indicator #	L12
Indicator	Smoke detectors
Area Need Improvement	Five locations did not have correctly placed or operational smoke and or CO detection systems. For two residential sites, one home did not have any CO detectors in the home and the other did not have a CO detector within 10 feet of the bedroom. For placement services, three homes did not have operable smoke and or CO detectors on all levels of the home. The agency needs to ensure that smoke and carbon monoxide detectors are properly located and are fully operational.

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Status at follow-up	Smoke and carbon monoxide detectors for ten out of twelve homes were operational and located were required.
#met /# rated at followup	10/12
Rating	Met

Indicator #	L13
Indicator	Clean location
Area Need Improvement	Four homes required actions needed to be taken to address environmental safety and sanitation issues within the home. At three residential locations, significant disrepair and the potential presence of mold in bathroom areas had not been addressed. One placement location, the agency had not supported the home care provider around identifying or addressing repairs needed around the bathtub area. The agency needs to ensure the development and implementation of an effective mechanism for environmental safety review at all service locations in order to identify areas of necessary home maintenance and repair. Once issues are identified, the agency needs to ensure that home repairs are planned for and made in a timely manner.
Status at follow-up	Twelve out twelve homes reviewed at follow up were found to be clean and upheld regulatory conditions for sanitary living conditions.
#met /# rated at followup	12/12
Rating	Met

Indicator #	L27
Indicator	Pools, hot tubs, etc.
Area Need Improvement	Two placement locations had swimming pools that did not have adequate safeguards in place to minimize unauthorized access to the pools. The agency needs to ensure that adequate safeguards are in place for above ground and in ground pools that is consistent with the DDS Water Safety Policy.
Status at follow-up	There were no locations with swimming pools, hot tubs or nearby bodies of water present during follow-up.
#met /# rated at followup	
Rating	Not Rated

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Indicator #	L43
Indicator	Health Care Record
Area Need Improvement	Health Care Records (HCR's) for three individuals did not contain their most recent medical diagnosis, allergy information, or updated personal information. The agency needs to ensure that health care records contain accurate and current information, including that HCR's are updated within one month when significant changes occur, for example, change in recent medical diagnosis, immunizations, hospitalization, and or change of personal information.
Status at follow-up	Health Care Records for twelve out twelve individuals were maintained and updated as required.
#met /# rated at followup	12/12
Rating	Met

Indicator #	L47
Indicator	Self medication
Area Need Improvement	One individual who was being supported to self-administer medications, did not have a self-medication assessment in place. The agency needs to ensure that for individuals who are self-medicating, a clear assessment has been completed, documenting their skills in this area.
Status at follow-up	During this follow up review, one individual was self-medicating. For this person, the agency had an assessment documenting the skills relating to this task, appropriately stored medication. and assessed the individual regularly to determine whether any changes needed to occur.
#met /# rated at followup	1/1
Rating	Met

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	For two individuals, environmental restrictions in place without a written rationale or a plan to fade the restrictions. The agency needs to ensure that when restrictive practices are in place, they outlined in a written plan, which identifies the rationale, and outlines the practices as the least restrictive alternative. The agency needs to ensure that a plan and criteria for elimination or fading is included with the rationale as part of the document. For other individuals in the home impacted by restrictions, the agency needs to ensure that provisions are developed so as to not unduly restrict them.

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	The agency needs to ensure that all plans detailing restrictive practices are reviewed at least annually by the Human Rights Committee.
Status at follow-up	For one individual, environmental restrictions which were in place had an accompanying written rationale, which included a plan to fade the restrictions and mitigate impact on others.
#met /# rated at followup	1/1
Rating	Met

Indicator #	L57
Indicator	Written behavior plans
Area Need Improvement	One individual within Placement Services had restrictions in place regarding internet access and phone usage which had not been incorporated into a written behavior plan. The agency needs to ensure that if restrictive practices are in place, a written behavior plan has been developed and reviewed.
Status at follow-up	Behavior plans were not reviewed during this follow-up.
#met /# rated at followup	
Rating	Not Rated

Indicator #	L60
Indicator	Data maintenance
Area Need Improvement	One individual had a behavior plan in place where data on current target behaviors was being tracked inconsistently. The agency needs to ensure that data collection is ongoing and accurate in order to chart the efficacy of intervention and support strategies.
Status at follow-up	Data was consistently maintained and for four out of five individuals.
#met /# rated at followup	4/4
Rating	Met

Indicator #	L63
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Indicator	Med. treatment plan form
Area Need Improvement	Five individuals had Medication Treatment Plans (MTPs) that did not include all required components. The agency needs to ensure that all MTP's include a description of target behaviors for which medication is prescribed in individualized, observable and measurable terms. The agency also needs to ensure that procedures to minimize the risks of taking the medication(s) are defined; and measurable criteria for discontinuing or fading the medications are included. Data on behaviors targeted for treatment needs to be collected consistently so it may be shared with the prescriber to evaluate medication effectiveness.
Status at follow-up	Medication treatment plans for eight out of ten individuals had all the required components.
#met /# rated at followup	8/10
Rating	Met

Indicator #	L64
Indicator	Med. treatment plan rev.
Area Need Improvement	Three individuals' Medication Treatment Plans (MTPs') had not yet been submitted for review to the ISP team. The agency needs to ensure that all MTP's are submitted for ISP team review. Additionally, when individuals' are prescribed anti-psychotic medication and under legal Guardianship, the agency must take appropriate steps to communicate with the ISP team to ensure the initiation for a Rogers monitor appointment to be made.
Status at follow-up	Six individuals' Medication Treatment Plans (MTPs') have been submitted for review to the ISP team.
#met /# rated at followup	6/6
Rating	Met

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

Indicator #	L48
Indicator	HRC
Area Need Improvement	The agency Human Rights Committee (HRC) meeting minutes reflected the absence of a required member (medical professional) at several meetings. The HRC did not meet quarterly and was not reviewing the status of investigations and actions required pertaining to placement services. The agency needs to ensure that HRC required membership is maintained at meetings, that the HRC

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	meet quarterly meeting requirements, and that the HRC is able fulfill its responsibility in reviewing all agency complaints and investigations.
Status at follow-up	The agency Human Rights Committee (HRC) meeting minutes reflected the absence of a required member (medical professional) at the recent meeting held in August 2024.
#met /# rated at followup	0/1
Rating	Not Met

Indicator #	L66
Indicator	HRC restraint review
Area Need Improvement	Two restraint reports had not been reviewed by the agency Human Rights Committee. The agency needs to ensure that all restraints are reviewed by the human rights committee within the required timeframes (either at the next meeting or within 120 days of the restraint).
Status at follow-up	During the follow up period review there were no reportable restraints. The agency needs to ensure that all restraints are reviewed by the Human Rights Committee within the required timeframes (either at the next meeting or within 120 days of the restraint).
#met /# rated at followup	
Rating	Not Rated