DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

Provider	NEMASKET GROUP	Provider Address	109 Fairhaven Road , Mattapoisett
Survey Team	Marchese, Michael; Napolitan, Tina;	Date(s) of Review	19-JUL-22 to 22-JUL-22

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
Employment and Day Supports 3 Locations 13 Audits		1/1	4/9	☐ Eligible for new business (Two Year License) ☒ Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License with Mid-Cycle Review	☒ Eligible for New Business (80% or more std. met; no critical std. not met) ☐ Ineligible for New Business (<=80% std met and/or more critical std. not met)
Residential and Individual Home Supports 2 Locations 3 Audits	Defer Licensure	2/2	6/9	☐ Eligible for new business (Two Year License) ☒ Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License with Mid-Cycle Review	☒ Eligible for New Business (80% or more std. met; no critical std. not met) ☐ 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

Indicator #	L10
Indicator	Reduce risk interventions
Area Need Improvement	For one of three individual, effective risk management was not occurring as the individual was not supervised outside of the home by agency staff during daily medical appointments. The agency needs to develop strategies to meet the individual's medical needs, while also providing the level of supervision required in accordance with DDS Regional ABI/MFP Office policies.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

Indicator #	L36
Indicator	Recommended tests
Area Need Improvement	For 4 of 11 individuals surveyed, recommended tests or appointments with specialists were not completed. The agency needs to ensure that all recommended tests and appointments are conducted as ordered and occur within a reasonable time frame.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

Indicator #	L38
Indicator	Physician's orders
Area Need Improvement	The medical protocols for three individuals were either not being followed or were not accurately written with accompanying staff training. The agency needs to ensure that when medical diagnoses rise to the level of requiring a medical protocol, these protocols are individualized, written in accordance with the physician's orders, and that all support staff are trained in their implementation.

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Status at follow-up	One individual had protocols for dysphagia and epilepsy/seizure. Both protocols were complete, including accurate directions for implementing the protocol in the community and for the administration of a specialized diet.
#met /# rated at followup	1/1
Rating	Met

Indicator #	L46
Indicator	Med. Administration
Area Need Improvement	For three individuals, medications were not being administered in accordance with physician's orders. The agency's internal medication monitoring system did not detect these issues. The agency needs to ensure that medications are administered in accordance with doctor's orders, and that an effective system is in place to discover and respond to instances where this is not occurring.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

Indicator #	L53
Indicator	Visitation
Area Need Improvement	For seven individuals, there were parameters on visitation with family and friends. The agency needs to ensure that all individuals are afforded the opportunity to have free access to family and friends without restriction absent required reviews.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

Indicator #	L56
Indicator	Restrictive practices

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Area Need Improvement	For all individuals, restrictive practices were embodied in house rules without the requisite rationale or plan for mitigation or elimination. For one individual, there was also a restrictive protocol in place without a mitigation component. The agency needs to ensure that when restrictive practices are in place, all required elements are present, including having a written rationale, the appropriate reviews, and mitigation plans.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

Indicator #	L63
Indicator	Med. treatment plan form
Area Need Improvement	For four of nine individuals, medication treatment plans lacked at least one required component. For some individuals prescribed behavior modifying medications, medication treatment plans were not in place. For those individuals who had medication treatment plans in place, plans did not include all of the required components, including current data and the clinical course for use of the medication, such as criteria for terminating the medication based on the treatment data. The agency needs to ensure that there is a plan in place for all individuals prescribed behavior modifying medications, and these plans need to include all the required components.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

Indicator #	L84
Indicator	Health protect. Training
Area Need Improvement	For two individuals, staff had not been fully trained on the use of health-related protections in place for individuals. The agency needs to ensure that staff are trained on all components of health-related protections per regulation.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

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Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For 5 of 11 individuals surveyed, required assessments had not been completed and submitted to DDS by the required due date. The agency needs to ensure that required assessments are completed and submitted to DDS a minimum of 15 days prior to the ISP date.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	For 6 of 11 individuals surveyed, support strategies had not been completed and submitted to DDS by the required due date. The agency needs to ensure that support strategies are completed in preparation for the ISP and submitted to DDS a minimum of 15 days prior to the ISP date.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

Indicator #	L88
Indicator	Strategies implemented
Area Need Improvement	For 3 individuals, ISP objectives were either not being implemented, or data collection was not occurring. The agency needs to ensure that ISP objectives are implemented as described within support strategies and that data relating to ISP objectives is collected.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

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Indicator #	L89
Indicator	Complaint and resolution process
Area Need Improvement	At the one ABI/MFP location, several complaints have been made by an individual, however the complaint resolution process has not been followed by the agency, and the issues raised continue to be unresolved. The agency needs to ensure that the complaint resolution process is utilized in fully resolving complaints.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

Indicator #	L91
Indicator	Incident management
Area Need Improvement	At 4 locations, incident reports were not created or finalized within the required HCSIS time frames. The agency must ensure all incident reports are filed and finalized within the required timeframe.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

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

Indicator #	L48
Indicator	HRC
Area Need Improvement	The agency's Human Rights Committee (HRC) did not have a member with medical expertise and quorum was not occurring at two or more meetings during the period reviewed. The agency needs to ensure that its HRC is fully constituted with all members with requisite expertise and that the quorum requirement is met in accordance with regulatory requirements.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

Indicator #	L65
Indicator	Restraint report submit
Area Need Improvement	Four restraint reports sampled were not filed and approved within the required timeframes. The agency needs to ensure all restraint reports are created and submitted within 3 days of the incident and approved by the restraint manager within 5 days of the incident.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated