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| |  |  |  | | --- | --- | --- | | **Follow-up Scope and results :** |  |  | | Service Grouping | Licensure level and duration | # Indicators std. met/ std. rated | | Residential and Individual Home Supports | 2 Year License | 4/4 | |  |  |  | | |  |

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| |  | | --- | | **Summary of Ratings** | |  |
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| |  |  | | --- | --- | |  |  | | |  |  | | --- | --- | | **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS** | | | **Indicator #** | L15 | | **Indicator** | Hot water | | **Area Need Improvement** | For one location, water temperature did not fall within required range. The agency needs to ensure that all faucets are operational so that water temperature tests within required range. | | **Process Utilized to correct and review indicator** | For one location, water temperature did not fall within required range. The agency needs to ensure that all faucets are operational so that water temperature tests within required range. | | **Status at follow-up** | When notified on 1/25 of broken tub / shower fixture, Nexus staff immediately contacted plumber. It should be noted that this home was under a COVID quarantine until 1/24, the day before the QE team arrived, and that one of the individuals residing in the home has frequently played with and disassembled elements of the upstairs tub / shower. Plumber arrived same day to provide an estimate on work to be completed. New tub / shower kit was installed on 1/27 with a web-ex / Microsoft teams QE call taking place on 1/28. The tub spigot and shower head both were found to meet the temperature criteria at the time of the of the web - ex / Teams call with both reflecting a top temperature between 110 and 111 degrees Fahrenheit. | | **Rating** | Met | |  | | | **Indicator #** | L63 | | **Indicator** | Med. treatment plan form | | **Area Need Improvement** | Three individuals prescribed behavior modifying medications did not have plans in place to reduce or eliminate the need for the medications, or data was not being collected or shared with prescribers. The agency needs to ensure that treatment plans include plans to reduce or eliminate the need for the medication, and that data collection occurs for behaviors treated by medications; this data also needs to be reported to prescribers so that it may inform future treatment. | | **Process Utilized to correct and review indicator** | Three individuals prescribed behavior modifying medications did not have plans in place to reduce or eliminate the need for the medications, or data was not being collected or shared with prescribers. The agency needs to ensure that treatment plans include plans to reduce or eliminate the need for the medication, and that data collection occurs for behaviors treated by medications; this data also needs to be reported to prescribers so that it may inform future treatment. | | **Status at follow-up** | Nexus has updated it's Med Treatment Plan form to include reflection of monthly data and to make more explicitly reference to, and emphasize, plans to reduce or eliminate the need for the medication. In addition, Nexus has added a monthly Behavioral Data tracking form that will be taken to each appointment with the prescriber of behavior modifying medications (a psychiatrist in most cases) for review and sign off. An in service was held for Program Directors on the new forms and procedure related to Behavior Modifying Medications on 3/9/22. | | **Rating** | Met | |  | | | **Indicator #** | L67 | | **Indicator** | Money mgmt. plan | | **Area Need Improvement** | For two of six individuals, where the agency has shared or delegated responsibility in the management of their funds, money management plans were missing training plans for developing skills and assisting the individual to become more independent with money management. Additionally, the plans did not include sufficient information on the agency's role in assisting the individual with managing their funds . When the agency has shared or delegated money management responsibility, money management support plans should include all required components. The plans should clearly identify the agency's level of oversight as well as identify how each person is supported to actively develop skills with regards to money management. | | **Process Utilized to correct and review indicator** | For two of six individuals, where the agency has shared or delegated responsibility in the management of their funds, money management plans were missing training plans for developing skills and assisting the individual to become more independent with money management. Additionally, the plans did not include sufficient information on the agency's role in assisting the individual with managing their funds . When the agency has shared or delegated money management responsibility, money management support plans should include all required components. The plans should clearly identify the agency's level of oversight as well as identify how each person is supported to actively develop skills with regards to money management. | | **Status at follow-up** | Nexus has updated it's Shared Management of Funds and Financial Training Plan forms. Both forms are now in the format of an assessment / worksheet rather than a narrative. The Shared Management of Funds form makes more explicit reference to the roles and responsibilities that the individual and / or their guardian have requested Nexus to assume in assisting them with the management of their funds. The Financial Training Plan guides staff through the process of completing an assessment of the person's financial skills, and then through process of creating a goal and objective for the person based on their level of ability regarding managing funds / purchases / budgets, etc. An in service was held for Program Directors on the new forms and procedures related to Shared Management of Funds and Financial Training Plans on 3/9/22. | | **Rating** | Met | |  | | | **Indicator #** | L91 | | **Indicator** | Incident management | | **Area Need Improvement** | For two locations, incident reports were either not finalized or submitted to the area office within the required timelines; the agency needs to ensure incident reports are submitted and finalized within required timelines. | | **Process Utilized to correct and review indicator** | For two locations, incident reports were either not finalized or submitted to the area office within the required timelines; the agency needs to ensure incident reports are submitted and finalized within required timelines. | | **Status at follow-up** | Nexus routinely employs several measures to ensure the timely submission of incidents. Nexus Administrators run Aging Incident Detail and Restraint Status reports in HCSIS a minimum of twice weekly to check on the status of submitted incidents. Annual incident reporting training is provided to all Nexus staff. Program Directors notify Administrators within 24 hours of any incidents that occur and are reminded to fill out incident reports. Administrators also attend all weekly staff meetings. In the rare circumstance that an incident is relayed at a staff meeting that had not been previously communicated or filed, Administrators ensure that the incident is filed right away. The 2 incidents selected by QE are not reflective of the overall rate of compliance with HCSIS reporting timeframes maintained by Nexus as an agency or the 2 residential programs that were surveyed in particular. | | **Rating** | Met | |  | | |  | | |