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| **Provider:** |

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| NFI, Massachusetts, Inc |

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| **Provider Address:** |

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| 300 Rosewood Dr. Suite 101, Danvers |

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| **Name of PersonCompleting Form:** |

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| Donna Ray Watt |

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| **Date(s) of Review:** |

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| 06-JUL-21 to 04-SEP-21 |

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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 | Defer Licensure | 6/7 |
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| **Summary of Ratings** |

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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 meet the DDS regulatory requirements. 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. |
| **Process Utilized to correct and review indicator** | Julianne Burridge, RN join the NFI HR Committee on July 21, 2021. Quorum was met for HR meeting held on July 14, 2021. |
| **Status at follow-up** | New member will be present in the next scheduled meeting in October. |
| **Rating** | Met |
| **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L7 |
| **Indicator** | Fire Drills |
| **Area Need Improvement** | At one location, the safety plan identified the need to complete four fire drills annually, including two asleep drills. The agency did not complete the second asleep drill. The agency needs to ensure it completes the required number of fire drills as outlined in the safety plan. |
| **Process Utilized to correct and review indicator** | Fire drill was conducted at 12a on June 22, 2021. Completed in 1 minute 50 seconds. Indicator was reviewed in Division Director's meeting on July ..., 2021. |
| **Status at follow-up** | Completed |
| **Rating** | Met |
| **Indicator #** | L35 |
| **Indicator** | Preventive screenings |
| **Area Need Improvement** | Two individuals were noted to not have had all their recommended preventive screenings. The agency needs to ensure individuals receive routine and preventive screenings as outlined in the health recommendations and are supported to understand the benefits of routine screenings. |
| **Process Utilized to correct and review indicator** | Elizabeth Wanjiru, NFI RN is now the educator for preventative measure screenings for all clients. They will receive materials and be supported to understand the importance of routine screenings. |
| **Status at follow-up** | Completed |
| **Rating** | Met |
| **Indicator #** | L43 |
| **Indicator** | Health Care Record |
| **Area Need Improvement** | For four individuals, health care records had not been updated to reflect new vaccinations, current healthcare providers, and/or current medications. The agency needs to ensure health care records are updated at the ISP as well as within 30 days of a significant health care event. |
| **Process Utilized to correct and review indicator** | All 4 individual HCR's were updated to include missing vaccinations, currant HCP's and medications on June 21, 2021. Case Managers are responsible for updating HCR's every 30 days. |
| **Status at follow-up** | Completed |
| **Rating** | Met |
| **Indicator #** | L70 |
| **Indicator** | Charges for care calc. |
| **Area Need Improvement** | For three individuals, the calculation showing how the charges for care were determined was not evident. The agency needs to ensure that the calculations for the charges for care are present as required by regulation. |
| **Process Utilized to correct and review indicator** |  |
| **Status at follow-up** | The agency uses a Residential Hab Agreement with house rules as its charges for care notification. The form does not include how charges are calculated. For example, the form does not include what the person's monthly income is that is being used to calculate the 75% charge. |
| **Rating** | Not Met |
| **Indicator #** | L71 |
| **Indicator** | Charges for care appeal |
| **Area Need Improvement** | For three individuals, the appeal process for the charges for care was not outlined. The agency needs to ensure that the appeal process, including who the individual should contact to file an appeal, is clearly delineated in the charge for care. |
| **Process Utilized to correct and review indicator** | Revised residential rehab agreements include calculations that show charges for care and list Bill Frankestein, NFI Director of Finance as a contact to file an appeal. |
| **Status at follow-up** | Completed |
| **Rating** | Met |
| **Indicator #** | L91 |
| **Indicator** | Incident management |
| **Area Need Improvement** | At one location, incident reports were not generated and submitted within the required HCSIS time frames. The agency needs to ensure all incident reports are generated and submitted by the required HCSIS due dates. |
| **Process Utilized to correct and review indicator** | Incident reporting was discussed with all program managers on June 22, 2021. This topic was included on the monthly Division Director meeting agenda as a reminder to be timely with all reports. |
| **Status at follow-up** | Completed |
| **Rating** | Met |

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