

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Provider: NORTH SUFFOLK COMMUNITY
SERVICES, INC. _____

Provider Address: 301 Broadway St , Chelsea

Name of Person Joyce Troisi
Completing Form: _____

Date(s) of Review: 26-AUG-24 to 27-AUG-24

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	5/6

DEPARTMENT OF DEVELOPMENTAL SERVICES
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PROVIDER FOLLOW-UP REPORT

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

Indicator #	L8
Indicator	Emergency Fact Sheets
Area Need Improvement	For two individuals, their Emergency Fact Sheets (EFS) were missing required components. The agency needs to ensure every individuals' EFS contains all required and accurate information.
Process Utilized to correct and review indicator	All Emergency Fact Sheets were looked at by RSC and checked off of all medical records, referrals. All have been updated and corrected to match all medical diagnosis in chart.
Status at follow-up	119 Emergency Fact Sheets were reviewed and were accurate and complete.
Rating	Met

Indicator #	L35
Indicator	Preventive screenings
Area Need Improvement	For two individuals, routine preventative screenings were not completed as recommended in the DDS Annual Healthcare Screening Tool. The agency needs to ensure routine preventative screenings for every individual is presented to their physician for discussion and either completed or have an explanation for why the physician did not conduct the screening.
Process Utilized to correct and review indicator	Created form and section of book, confidential file, soon to be in ehana of all medical tests that need to be completed per age with a form to track Healthcare screenings and keeping results in new ehana system so will always be in medical record.
Status at follow-up	Sample showed individuals were up to date or scheduled to receive required preventative screenings.

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LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Rating	Met
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Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	At one location, there was a restrictive practice in place for one person that affected the other residents of the home. There was one guardian that did not receive notice of the restriction, and there was no mitigation plan to remove the restriction when the intended individual was not at the home. The agency needs to ensure all individuals and/or their guardians are informed when a restrictive practice is implemented and how the restriction is mitigated when not needed.
Process Utilized to correct and review indicator	The restrictive practice, alarm was removed. All restrictions, reviewed by Director/ Assistant Director before going through Human Rights - All forms will be sent to guardians to be signed, as should be from the form we use.
Status at follow-up	5 plans reviewed at last Human Rights Meeting. In these plans if applicable, making sure other clients were signing and signed by guardian before Director and Clinical Sign off.
Rating	Met

Indicator #	L88
Indicator	Strategies implemented

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LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Area Need Improvement	For two individuals, the agency was not fully implementing the goal or collecting the required data to demonstrate implementation of the support strategies. The agency needs to ensure services and support strategies identified and agreed upon in the ISP are being fully implemented, and there is data collection for every measurement criteria in the objective.
Process Utilized to correct and review indicator	New ISP training put in place that reviews all this information and mandatory for all staff. Program Managers need to complete more supervision in this area and will be discussed on ongoing supervision.
Status at follow-up	Four ISPs were reviewed and tracking was looked at before being implementing for tracking.
Rating	Met

Indicator #	L91
Indicator	Incident management
Area Need Improvement	At four locations, there was at least one Incident Report that had not been submitted and/or finalized within the required timelines. The agency needs to ensure all Incident reports are submitted and finalized by the required timelines based on the classification of incident type.
Process Utilized to correct and review indicator	We reviewed incident reporting with each manager and will on an on-going basis.
Status at follow-up	Sample of locations reviewed showed no late IRs since implementation.
Rating	Met

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LICENSURE AND CERTIFICATION
PROVIDER FOLLOW-UP REPORT

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 medical representation at HRC meetings. The agency needs to ensure that its HRC is fully constituted with all members with requisite expertise.
Process Utilized to correct and review indicator	We are advertising in many places to get this filled.
Status at follow-up	Position remains vacant at this time.
Rating	Not Met