|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provider | Open Sky Community Services |  | Provider Address | 50 Douglas Rd , Whitinsville |
| Survey Team |  Edi-Osagie, Raymond; Boghoian, Mark; Hampton, Cheryl; Larrieux, Margareth; MacPhail, Lisa; Hayes, Leslie; Robidoux, Danielle;  |  | Date(s) of Review | 06-JAN-22 to 11-JAN-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 |
| Residential and Individual Home Supports | 2 Year License |  | 11/13 | x | Eligible for new business(Two Year License) | 2 Year License | x | Eligible for New Business(80% or more std. met; no critical std. not met) |
| 20 Locations 31 Audits  |  |  |  | o | Ineligible for new business. (Deferred Status: Two year mid-cycle review License) |  | o | 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 #** | L7 |
| **Indicator** | Fire Drills |
| **Area Need Improvement** | At two of nine locations fire drills were not conducted in accordance with the specifications identified in the DDS authorized emergency evacuation safety plan for the location. The agency needs to ensure that it conducts fire drills in accordance with the DDS authorized plan. |
| **Status at follow-up** |  At the nine locations, fire drills were conducted as required. |
| **#met /# rated at followup** |  9/9 |
| **Rating** |  Met |
|  |
| **Indicator #** | L8 |
| **Indicator** | Emergency Fact Sheets |
| **Area Need Improvement** | Five of twenty-three emergency fact sheets were missing required information. The agency needs to ensure that Emergency Fact Sheets contain all required information and are current. |
| **Status at follow-up** |  For seventeen of nineteen individuals, the information contained in emergency fact sheets was current and accurate. |
| **#met /# rated at followup** |  17/19 |
| **Rating** |  Met |
|  |
| **Indicator #** | L15 |
| **Indicator** | Hot water |
| **Area Need Improvement** | At four of eighteen locations water temperature measured outside of the required parameters. The agency needs to ensure that water temperatures measure within the required parameters. |
| **Status at follow-up** |  At four of fifteen locations, water temperature measured outside of the established parameters. The agency needs to ensure that water temperatures is maintained to be within the established range. |
| **#met /# rated at followup** |  11/15 |
| **Rating** |  Not Met |
|  |
| **Indicator #** | L23 |
| **Indicator** | Egress door locks |
| **Area Need Improvement** | At two of six locations where bedrooms had doors that lead to an egress from the home, locks were found on the bedroom doors. The agency needs to ensure that there are no locks on bedroom doors that provide access to an egress. |
| **Status at follow-up** |  At all locations where bedroom doors provided access to an egress to the outside, there were no locks on those doors. |
| **#met /# rated at followup** |  3/3 |
| **Rating** |  Met |
|  |
| **Indicator #** | L61 |
| **Indicator** | Health protection in ISP |
| **Area Need Improvement** | For four of seven individuals who use supports and health related protections, the continued need for the devices was not included in ISP assessments. The agency needs to ensure that the continued need for support and health related protections is outlined in ISP assessments. |
| **Status at follow-up** |  At six locations, supports and health related protections were included in ISP assessments and their continued need was documented. |
| **#met /# rated at followup** |  6/6 |
| **Rating** |  Met |
|  |
| **Indicator #** | L62 |
| **Indicator** | Health protection review |
| **Area Need Improvement** | One of three eligible supports and health related protections was not reviewed by the required groups. The agency needs to ensure that supports and health related protections are reviewed as required. |
| **Status at follow-up** |  At three locations, supports and health related protections were reviewed by the required groups. |
| **#met /# rated at followup** |  3/3 |
| **Rating** |  Met |
|  |
| **Indicator #** | L67 |
| **Indicator** | Money mgmt. plan |
| **Area Need Improvement** | For eight of nineteen individuals with whom the agency had shared and/or delegated money management responsibilities, there was no money management plan (accompanied by a training plan when required). The agency needs to ensure that it develops money management plans for individuals with whom it has shared and/or delegated money management responsibility. |
| **Status at follow-up** |  For nineteen of twenty individuals, the agency ensured that there was an accurate written money management plan that included a training plan (when required). |
| **#met /# rated at followup** |  19/20 |
| **Rating** |  Met |
|  |
| **Indicator #** | L85 |
| **Indicator** | Supervision  |
| **Area Need Improvement** | At five of twenty locations, the agency was not providing staff with consistent and ongoing supervision, oversight, and staff development to ensure that issues are identified and remedied in a timely fashion. The agency needs to ensure that it provides consistent staff development through ongoing supervision, oversight and identifies and remedies issues and needed supports. |
| **Status at follow-up** |  At nineteen locations, the agency demonstrated that it was providing staff supervision and staff development to employees. |
| **#met /# rated at followup** |  19/19 |
| **Rating** |  Met |
|  |
| **Indicator #** | L86 |
| **Indicator** | Required assessments |
| **Area Need Improvement** | Six of twenty individual's ISP assessments were not submitted in accordance with the established timeframe. The agency needs to ensure that ISP assessments are submitted within the established timeframe. |
| **Status at follow-up** |  All four individual's ISP assessments were completed and submitted within the required timelines. |
| **#met /# rated at followup** |  4/4 |
| **Rating** |  Met |
|  |
| **Indicator #** | L87 |
| **Indicator** | Support strategies |
| **Area Need Improvement** | Nine of nineteen individual's ISP support strategies were not submitted in accordance with the established timeframe. The agency needs to ensure that ISP support strategies are submitted within the established timeframe. |
| **Status at follow-up** |  All four individual's ISP provider support strategies were completed and submitted within the required timelines. |
| **#met /# rated at followup** |  4/4 |
| **Rating** |  Met |
|  |
| **Indicator #** | L88 |
| **Indicator** | Strategies implemented |
| **Area Need Improvement** | For five of twenty-three individuals, the agency was not implementing the provider support strategies as identified and agreed upon in their ISP. The agency needs to ensure that is implements the support strategies identified and agreed upon in people's ISP's. |
| **Status at follow-up** |  At seven locations, services and support strategies agreed upon in people's ISP's were being implemented, tracked and documented. |
| **#met /# rated at followup** |  7/7 |
| **Rating** |  Met |
|  |
| **Administrative Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L48 |
| **Indicator** | HRC |
| **Area Need Improvement** | A review of the agency's Human Rights Committee meeting minutes showed that the medical professional was absent for 75% of the meetings, and the clinical representative was absent for 50% of the meetings. Furthermore, there was no annual review of the agency's policies and procedures for human rights. The agency needs to ensure that the Human Rights Committee meets regulatory requirements for membership, attendance and review of its policies and procedures for human rights as required. |
| **Status at follow-up** |  The agency was in the process of recruiting a behavioral clinician and a medical representative for the committee, to ensure that it will conduct its business with the representation of required committee members. However, the formal addition of these two representatives had not occurred prior to the December 15, 2021, HRC meeting. The agency needs to ensure that the committee is fully constituted with the required members for future meetings. |
| **#met /# rated at followup** |  0/1 |
| **Rating** |  Not Met |
|  |
| **Indicator #** | L65 |
| **Indicator** | Restraint report submit |
| **Area Need Improvement** | 38 restraint reports were submitted late and/or received late manager's review, outside of the established timeframes. The agency needs to ensure that it submits restraint reports within the established timeframes. |
| **Status at follow-up** |  Two restraint reports were submitted and received the required reviews within the established timelines. |
| **#met /# rated at followup** |  1/1 |
| **Rating** |  Met |
|  |

 |

 |