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| **Provider:** |

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| Open Sky Community Services |

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| **Provider Address:** |

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| 50 Douglas Rd , Whitinsville |

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| **Name of PersonCompleting Form:** |

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| Lisa Hella |

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

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| 06-JAN-22 to 11-JAN-22 |

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| **Follow-up Scope and results :** |  |  |
| Service Grouping | Licensure level and duration |  # Indicators std. met/ std. rated  |
| Employment and Day Supports | 2 Year License | 4/5 |
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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** | 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. |
| **Process Utilized to correct and review indicator** | The agency continued with ongoing recruiting of clinical representation and a medical professional. |
| **Status at follow-up** | Policies and Procedures were reviewed at the December meeting. The agency recruited a Registered Nurse and a Clinician to join the committee, however they will not officially be members until February meeting. |
| **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. |
| **Process Utilized to correct and review indicator** | Additional, follow up during supervisions on status of restraint reporting was implemented. |
| **Status at follow-up** | 2 restraint reports were filed within the established timelines and the managers reviews occurred within the established timelines. |
| **Rating** | Met |
| **Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L9 (07/21) |
| **Indicator** | Safe use of equipment |
| **Area Need Improvement** | Four of sixteen individuals did not have assessments relative to their ability to utilize equipment and machinery in a safe manner. The agency needs to ensure that it evaluates everyone's ability to use equipment and machinery in a safe manner. |
| **Process Utilized to correct and review indicator** | All files were reviewed; If it was found that an individual's file did not have part 3 of the ISP Safety Assessment, the assessment was completed. |
| **Status at follow-up** | All individuals have had part 3 of the ISP safety assessment completed. |
| **Rating** | Met |
| **Indicator #** | L80 |
| **Indicator** | Symptoms of illness |
| **Area Need Improvement** | Support staff did not receive the requisite training relative to the recognition of signs and symptoms of illness. The agency needs to ensure that all staff receive the required training relative to recognizing the signs and symptoms of illness. |
| **Process Utilized to correct and review indicator** | The "just not right" portion of the curriculum was added and all staff were trained. All staff have been trained in full curriculum. |
| **Status at follow-up** | All staff were trained on the curriculum (8 staff and 3 coordinators). |
| **Rating** | Met |
| **Indicator #** | L88 |
| **Indicator** | Strategies implemented |
| **Area Need Improvement** | For seven of fifteen individuals, the agency was not implementing the support strategies identified and agreed upon in their ISP. The agency needs to ensure that it implements the support strategies as identified and agreed upon in people's ISP's. |
| **Process Utilized to correct and review indicator** | Retrained both coordinator and staff on how to properly document the implementation of the individuals support strategies. |
| **Status at follow-up** | Program leadership have reviewed 22 files and 15 of the 22 files reviewed have demonstrated the implementation of the support strategies identified and agreed upon in the ISP. |
| **Rating** | Met |

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