

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

Provider	Pathlight	Provider Address	220 Brookdale Drive , Springfield
Survey Team	Jones, Ken; Dudley-Oxx, Susan; Lunden, Eric; McNamara, Melanie; Cole, Brenda; Robidoux, Danielle;	Date(s) of Review	04-JAN-23 to 05-JAN-23

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 16 Locations 21 Audits	2 Year License		9/12	<input checked="" type="checkbox"/> Eligible for new business (Two Year License) <input type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License	<input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met) <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)

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Summary of Ratings

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

Indicator #	L43
Indicator	Health Care Record
Area Need Improvement	Five individuals' health care records did not contain current, up-to-date health care/medical information such as hospitalizations, immunizations, and current health care providers. The agency needs to ensure that health care records receive updated health/medical information in a timely manner.
Status at follow-up	<p>Pathlight strengthened its oversight for healthcare records (HCR) across its residential and placements services. Procedural practices for maintaining current HCRs were improved across all the agency's residential service models. For the agency's residential services, HCRs are reviewed at least monthly to identify and update required medical information.</p> <p>For 15 of 16 HCRs reviewed, information was present and up to date.</p>
#met /# rated at followup	14/15
Rating	Met

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	Environmental restrictions such as locked access to household supplies were necessary for individuals at four residential locations. For one person, the need for restriction was not included in the ISP, and at three locations, strategies to mitigate the impact of the restriction on housemates were not developed. Where restrictions within a home environment are necessary for one or more individuals, strategies must be developed to mitigate the impact of the restriction on those who do not require it. Additionally, all restrictive interventions must be reviewed by the human rights committee and incorporated into the individual's ISP.

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Status at follow-up	<p>The agency's clinical team was noted to be responsible for ensuring restrictive practices comply with the current documentation and review requirements. A checklist was developed that included information regarding rational for use, mitigation for those impacted, and human rights committee review. At the time of this review, the implementation of corrective actions by the agency had only reached around 50% of homes that required these supports.</p> <p>For two of the homes reviewed, restrictive practices that were in place did not have all the required documentation and required reviews.</p>
#met /# rated at followup	0/2
Rating	Not Met

Indicator #	L60
Indicator	Data maintenance
Area Need Improvement	For one of three individuals supported by a behavior plan, data collection on the earning and delivery of reinforcers was not occurring in a consistent and reliable manner. The agency needs to ensure that data related to behavior plans is consistently tracked and utilized to assess the efficacy of intervention strategies.
Status at follow-up	<p>Pathlight strengthened several aspects regarding documentation and collection of behavioral data. Emphasis was placed on program managers responsibilities to ensure daily data collection was occurring and that monthly data entry was updated by administrative staff for clinical review. Frequent management level review of data summaries was also occurring. The agency also placed an emphasis on scheduled monthly meetings between DSP III and clinician to discuss effectiveness of supports provided.</p> <p>Three of three individuals' supports reviewed for data collection addressed all of the identified target behaviors that need to be tracked.</p>
#met /# rated at followup	3/3
Rating	Met

Indicator #	L61
Indicator	Health protection in ISP

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Area Need Improvement	For four individuals who required the use of health-related supports and protective equipment, there was no information regarding the frequency and duration of use, and procedures for safety checks and maintenance. The agency needs to ensure that when an individual requires the use of a health-related supports and protective equipment, it needs to be authorized by a healthcare professional and must identify the need for the device, the indications for use, the frequency and duration of use, and procedures for safety checks and maintenance.
Status at follow-up	<p>Pathlight strengthened its oversight for the use of health-related supports and protective equipment across its residential and placement services. Where individuals required the use of these supports, assigned team members applied specific criteria to ensure that information was properly documented and authorized. Where orders were identified, additional steps were taken to ensure that information for the proper use and maintenance of the device/equipment was included. Individuals' record information was subject to periodic review for accuracy, including annually during the individual's ISP review process.</p> <p>For eleven individuals reviewed who require supports, all the required documentation and reviews were present and current.</p>
#met /# rated at followup	11/11
Rating	Met

Indicator #	L63
Indicator	Med. treatment plan form
Area Need Improvement	Four medication treatments plans that included a medication to calm and relax an individual prior to medical or dental treatment did not incorporate strategies to reduce or eliminate the need for the medication over time. The agency needs to ensure that written strategies are developed that support individuals to reduce or eliminate the need for sedative medication prior to medical or dental treatment.
Status at follow-up	<p>The agency's clinical department and identified residential managers took steps to strengthen its oversight and understanding of required components for medication treatment plans when medication is prescribed to control or modify behavior. Steps were taken to ensure that strategies to reduce the use of medications were included in all medication treatment plans.</p> <p>For four individuals who received behavior modifying medications, three of the individuals' medication treatment plans contained all the required components.</p>
#met /# rated at followup	3/4

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Rating	Met
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Indicator #	L64
Indicator	Med. treatment plan rev.
Area Need Improvement	Six medications treatment plans were incorporated into individuals' ISPs. When medications are administered to control or modify behavior, the agency needs to ensure the plan has been submitted to the ISP team for review.
Status at follow-up	<p>Pathlight took several steps to ensure that medication treatment plans received required reviews in a timely manner. The agency developed an ISP calendar tracking system that identified benchmarks for managers to follow. Managers also utilized a manager's monthly checklist that guided staff that was consistent with ISP timelines. Additional steps were taken to ensure that this topic was included as an agenda item in the agency's scheduled managers' meetings. The agency's placement service team's utility of a signature page for treatment plans ensured that all required parties have been included in the review process.</p> <p>Eleven out of eleven individuals' records were reviewed and determined to meet the requirements for review of medication treatment plans.</p>
#met /# rated at followup	11/11
Rating	Met

Indicator #	L67
Indicator	Money mgmt. plan
Area Need Improvement	For nine individuals, funds management plans did not outline information such as how the individual will be supported to access their funds, and procedures for safeguarding and securing their funds. The agency needs to ensure that funds management plans accurately describe the nature of assistance that the agency will provide, including amounts of money the person can manage independently as well as procedures for security and individual access to spending money.

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Status at follow-up	<p>The agency strengthened its understanding of all required components of a funds management plan for individuals who required assistance in the expenditure and management of funds. Across residential service models, all funds management plans were reviewed to determine if required components were present. Where necessary, funds management plans were modified to include specified information and plans were forwarded to individuals and or guardians for agreement. All plans were uploaded into HCSIS and the individual's record.</p> <p>For thirteen of fourteen individuals records reviewed showed that funds management plans contained all required components.</p>
#met /# rated at followup	13/14
Rating	Met

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For seven individuals, required ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that required ISP assessments are submitted to DDS within 15 days prior to the ISP.
Status at follow-up	<p>Pathlight improved its oversight capacity for timely submission of required assessments for scheduled ISP meetings. The agency modified its ISP checklist to include a flow chart of the ISP process and ensured that staff had an enhanced understanding of the process and actions that were considered agency responsibilities. Information was also shared with administrative staff that included timelines for upcoming ISP meetings and corresponding updates. Program directors were also noted to be the gatekeepers for this process to ensure information was present and ready to finalize. Placement services included random audits for this information as part of its quality review process.</p> <p>ISPs were scheduled for two individuals within the previous two-month follow-up period. Findings showed only one of two submission of ISP assessments met the required timeline.</p>
#met /# rated at followup	1/2
Rating	Not Met

Indicator #	L91
Indicator	Incident management

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Area Need Improvement	Incident Reports were not reported or finalized within required timelines for eight locations in the survey sample. The agency needs to ensure incident reports are created in the HCSIS system and finalized within the required timeframes.
Status at follow-up	<p>Pathlight strengthened its oversight of incident reporting requirements. The agency developed a flow chart that identified and highlighted the timelines in which incidents are required to be reported, documented, and reviewed. It was noted that the assistant VP and VP of residential services will be responsible for overseeing reporting requirements.</p> <p>Timeline requirements for submission and review of incident reports were reviewed for previous two months of this follow up review. Findings showed that 15 of 15 incidents that were filed met the submission and review timelines.</p>
#met /# rated at followup	15/15
Rating	Met

Indicator #	L94 (05/22)
Indicator	Assistive technology
Area Need Improvement	For seven individuals, survey findings indicated that the benefits of assistive technology had not been considered in supporting to them to increase their independence. The agency needs to ensure that individuals are assessed to identify if any assistive technology or modifications might benefit the individual in maximizing their independence.
Status at follow-up	<p>Across residential service models, the agency emphasized need for individuals to be assessed to determine the benefits of assistive technology. The agency now considered this to be an assessment to be routinely submitted to DDS as part of the ISP process.</p> <p>For seventeen individuals records that were reviewed, all seventeen individuals were assessed for the benefits of assistive technology and steps taken to achieve greater independence.</p>
#met /# rated at followup	17/17
Rating	Met

Indicator #	L99 (05/22)
Indicator	Medical monitoring devices

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Area Need Improvement	For one individual who required the use of a CPAP machine, staff did not have instructions for cleaning and maintenance of the device. The agency needs to ensure that staff have instructions to assist the individual with regular cleaning and maintenance of the device.
Status at follow-up	<p>Similar to the requirements for use of health-related supports and protective equipment, Pathlight strengthened its oversight for the use of medical monitoring devices across its residential and placements services. Where individuals required the use of these supports, assigned team members applied specific criteria to ensure that information was properly documented and authorized. Where supports were authorized, additional steps were taken to ensure that information for the proper use and maintenance of the device/equipment was included. Individuals' record information was subject to periodic review for accuracy, including annually during the individual's ISP review process.</p> <p>For seven the individuals reviewed who required these supports, all required documentation and reviews were present and current.</p>
#met /# rated at followup	7/7
Rating	Met

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Administrative Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L65
Indicator	Restraint report submit
Area Need Improvement	Restraint Reports were not reported or finalized within required timelines for twenty-three of twenty-nine reports reviewed. The agency needs to ensure that restraint reports are created in the HCSIS system and finalized within the required timeframes.
Status at follow-up	<p>Pathlight strengthened its oversight of the occurrence of restraints and the need for timely reporting and review of incidents, consistent with DDS reporting requirements. The agency developed a flow chart that identified and highlighted the timelines in which restraints needs to be documented, submission timelines, and timeline sequences for managers' review. It was noted that the assistant VP and VP of residential services will be responsible for restraint reports final review.</p> <p>Timeline requirements for submission of restraint reports were reviewed for physical restraints that occurred within the previous two months of this follow up review. Findings showed that 39 of 49 instances of physical restraints met the filing and review timelines.</p>
#met /# rated at followup	39/49
Rating	Not Met