

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**LICENSURE AND CERTIFICATION**  
**PROVIDER FOLLOW-UP REPORT**

**Provider:** Pathlight \_\_\_\_\_

**Provider Address:** 220 Brookdale Drive , Springfield \_\_\_\_\_

**Name of Person Completing Form:** Kate Filanowski \_\_\_\_\_

**Date(s) of Review:** 04-JAN-23 to 05-JAN-23 \_\_\_\_\_

<b>Follow-up Scope and results :</b>		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Employment and Day Supports	2 Year License	3/4

**Summary of Ratings**

**Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L80
<b>Indicator</b>	Symptoms of illness
<b>Area Need Improvement</b>	Employment support staff was not trained in signs and symptoms of illness. The agency needs to provide signs and symptoms of illness training to all staff.

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<b>Process Utilized to correct and review indicator</b>	<p>Pathlight has a training and a system for signs and symptoms of illness. The employment contractor we used was not included in our employee training process for completing and tracking trainings.</p> <p>The subcontractor has been added to Relias, our employee training platform, and completed the training on 9/21/22. We've also added him to our tracking and oversight process. Monthly reports are generated by the Relias system and sent to managers and the Director. Trends and compliance review will be added to manager's meeting on a quarterly basis in November, February, May, and August. Reviewed at Mgrs. meeting 11/9/22.</p> <p>Full discussion with Pathlight's training and quality department to establish training category for contracted and specialty instructors.</p>
<b>Status at follow-up</b>	All training courses have been completed by Employment staff and documented in Relias. Management structure has been integrated with CBDS to utilize existing infrastructure and include Employment contractor in training processes for ongoing trainings.
<b>Rating</b>	Met

<b>Indicator #</b>	L86
<b>Indicator</b>	Required assessments
<b>Area Need Improvement</b>	For four 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.

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<b>Process Utilized to correct and review indicator</b>	<p>Held managers meeting on 10/5/22 with CBDS and Employment managers to review expectations and align processes. Added employment tracking to the CBDS process and identified manager in charge of tracking and communicating with sub-contractor.</p> <p>Developed visual system to monitor deadlines and note weekly HCSIS check in shared managers location. Established weekly check of HCSIS by managers and monthly check by Director. Trends and compliance review will be added to managers meeting on a quarterly basis in November, February, May, and August. Reviewed at Mgrs. meeting 11/9/22.</p>
<b>Status at follow-up</b>	<p>New procedures and tracking forms, as well as HCSIS report, were reviewed at Manager's meeting on 11/9/22. Six assessments were due during the 60 day period. All met required timeframe.</p>
<b>Rating</b>	<p>Met</p>

<b>Indicator #</b>	<p>L87</p>
<b>Indicator</b>	<p>Support strategies</p>
<b>Area Need Improvement</b>	<p>For four individuals, provider support strategies were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that provider support strategies are submitted to DDS within 15 days prior to the ISP.</p>

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<b>Process Utilized to correct and review indicator</b>	<p>Held managers meeting on 10/5/22 with CBDS and Employment managers to review expectations and align processes. Added employment tracking to the CBDS process and identified manager in charge of tracking and communicating with sub-contractor.</p> <p>Developed visual system to monitor deadlines and note weekly HCSIS check in shared managers location. Established weekly check of HCSIS by managers and monthly check by Director. Trends and compliance review will be added to managers meeting on a quarterly basis in November, February, May, and August. Reviewed at Mgrs. meeting 11/9/22.</p>
<b>Status at follow-up</b>	<p>New procedures and tracking forms, as well as HCSIS report, were reviewed at Manager's meeting on 11/9/22. Seven support strategies were due during the 60 day period. Six of the seven met the timeline. One was one day late, and occurred within the early part of the 60 day time period. Another was identified as missing during the audit and was completed during the 60 day period.</p>
<b>Rating</b>	Met

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

<b>Indicator #</b>	L65
<b>Indicator</b>	Restraint report submit
<b>Area Need Improvement</b>	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.
<b>Process Utilized to correct and review indicator</b>	<p>The agency strengthened its oversight of HCSIS and adhering to the required timelines for reporting and review. The agency did a careful problem analysis to implement a solution that was systemic across Pathlight.</p> <p>The agency distributed its Incident Report and Restraint report submission for documentation timelines policy to all residential employees.</p> <p>All residential managers were retrained in this specific topic. Additionally, the agency conducts monthly managers meetings where compliance with HCSIS timelines is reviewed.</p>
<b>Status at follow-up</b>	As of when the new training and report mechanisms were implemented 11/1/22 Pathlight has shown a significant decrease in lack of conformance to restraint report documentation guidelines. The Pathlight Residential leadership team will review the HCIS timelines weekly, to meet the documentation guidelines.
<b>Rating</b>	Met