

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**DDS FOLLOW-UP REPORT**

Provider	P.R.I.D.E, INC	Provider Address	3 Maple Street , Taunton
Survey Team	Nolan, Scott; Gregory, Katherine;	Date(s) of Review	19-OCT-22 to 21-OCT-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
Employment and Day Supports  4 Locations 14 Audits	2 Year License with Mid-Cycle Review		9/13	<input type="checkbox"/> Eligible for new business (Two Year License)  <input checked="" type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License with Mid-Cycle Review	<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**

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

<b>Indicator #</b>	L8
<b>Indicator</b>	Emergency Fact Sheets
<b>Area Need Improvement</b>	For one individual, an emergency fact sheet was not developed. For the remaining two of the thirteen, the emergency facts sheets lacked information containing descriptive information necessary to use when finding an individual.
<b>Status at follow-up</b>	Three of fourteen individuals' Emergency Fact Sheets did not contain critical information such as diagnosis or medical conditions such as PTSD or hearing loss, or contained erroneous information such as a medication the person was not currently taking. The agency needs to work with each individual's team to obtain updated information and maintain accurate information on the Emergency Fact Sheets.
<b>#met /# rated at followup</b>	11/14
<b>Rating</b>	Not Met

<b>Indicator #</b>	L9 (07/21)
<b>Indicator</b>	Safe use of equipment
<b>Area Need Improvement</b>	Eight of the thirteen individuals were not assessed to determine if they could safely use equipment they would commonly interact with during their day services. The agency needs to ensure that individuals are assessed and able to use equipment and machinery safely.
<b>Status at follow-up</b>	Three of thirteen individuals had not been assessed for their ability to utilize equipment such as cleaners, the microwave, outlets and scissors. The agency is in the process of developing an assessment tool for the workplace and needs to ensure that all individuals are assessed for their ability to use equipment at their CBDS programs and their jobs.
<b>#met /# rated at followup</b>	10/13
<b>Rating</b>	Not Met

<b>Indicator #</b>	L21
<b>Indicator</b>	Safe electrical equipment

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<b>Area Need Improvement</b>	The CBDS location had multiple overloaded power strips. The agency needs to ensure that wall receptacles and power strips are not overloaded, thus there must be no more than one appliance cord plugged into an outlet.
<b>Status at follow-up</b>	At two locations there were no overloaded power strips, and no extension cords in use. Electrical equipment was well maintained.
<b>#met /# rated at followup</b>	2/2
<b>Rating</b>	Met

<b>Indicator #</b>	L25
<b>Indicator</b>	Dangerous substances
<b>Area Need Improvement</b>	The CBDS location had cleaning supplies and other non-edible, toxic items stored with food items. The agency needs to ensure that no dangerous substances are stored near food.
<b>Status at follow-up</b>	Potentially dangerous substances and food were stored in separate areas at both locations.
<b>#met /# rated at followup</b>	2/2
<b>Rating</b>	Met

<b>Indicator #</b>	L29
<b>Indicator</b>	Rubbish/combustibles
<b>Area Need Improvement</b>	The CBDS location had combustible materials within three feet of the heating system. The agency needs to ensure that no combustible materials are present near the heating system.
<b>Status at follow-up</b>	At one location there is a gas furnace. There were combustibles such as a cardboard box, pressboard shelving and a mop stored within three feet of the furnace. The agency needs to ensure that no combustible items are stored within 3 feet of the furnace.
<b>#met /# rated at followup</b>	1/2
<b>Rating</b>	Not Met

<b>Indicator #</b>	L44
<b>Indicator</b>	MAP registration

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<b>Area Need Improvement</b>	One of two locations was not registered with DPH. The agency needs to ensure that sites where medications are administered are registered with DPH.
<b>Status at follow-up</b>	The agency received a DPH MAP site certification on 10/20/22 and will begin the process of transferring medications to the newly registered site. There is a locked closet at this site where the medications will be kept. The agency currently has one MAP certified staff and additional staff have taken the class.
<b>#met /# rated at followup</b>	2/2
<b>Rating</b>	Met

<b>Indicator #</b>	L45
<b>Indicator</b>	Medication storage
<b>Area Need Improvement</b>	Medications at one of two locations are not stored properly in a locked container. The agency needs to ensure that medication are stored in an area that is locked with a key. (Corrected)
<b>Status at follow-up</b>	One of the sites had a current DPH registration and meds were stored and locked appropriately for both locations. The second location received DPH certification during the survey. For this program, the medications were transported daily from the first MAP certified site in labeled envelopes for each individual in a locked backpack. MAP certified staff packed, labelled, transported the medications, and held the key. The medications were kept in the locked backpack by MAP staff until they were administered. The agency will be purchasing storage for the designated closet at the second newly registered location, and the medications will soon be stored at this site.
<b>#met /# rated at followup</b>	2/2
<b>Rating</b>	Met

<b>Indicator #</b>	L54 (07/21)
<b>Indicator</b>	Privacy
<b>Area Need Improvement</b>	Seven of fourteen individuals were not afforded an area in which to engage in private discussions. The agency needs to ensure that individuals are afforded their right to privacy.
<b>Status at follow-up</b>	At one location a room was sectioned off with a privacy curtain and there was a white noise machine to block sound for private discussions. At the second location there were a number of conference rooms on both floors and smaller office areas as well that could be accessed by individuals. Individuals were aware that they could use these spaces if they needed to have private conversations.

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#met /# rated at followup	7/7
Rating	Met

Indicator #	L55
Indicator	Informed consent
Area Need Improvement	For three of six individuals who had photographic images published, proper consent was not obtained. The agency needs to ensure that consents are obtained from competent individuals and guardians.
Status at follow-up	Eleven individuals had photos released for public viewing, and all eleven had current, comprehensive signed consents documenting their preferences or their guardians'.
#met /# rated at followup	11/11
Rating	Met

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	One individual requires that scissors be locked for safety reasons. There is no written rationale for this practice. The agency needs to ensure that there is a written rationale for all restrictive practices.
Status at follow-up	There were no restrictive practices at either location for any individual.
#met /# rated at followup	
Rating	Not Rated

Indicator #	L67
Indicator	Money mgmt. plan
Area Need Improvement	One individual has funds managed and secured by the agency. There was no money management plan in place. The agency needs to ensure that there is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.
Status at follow-up	The agency had no shared or delegated responsibility for managing individuals money and was not holding funds for any of the individuals.
#met /# rated at followup	

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<b>Rating</b>	Not Rated
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<b>Indicator #</b>	L68
<b>Indicator</b>	Funds expenditure
<b>Area Need Improvement</b>	For one individual there was no system in place to determine if funds were being used to directly benefit them. The agency needs to ensure that individual's funds are made only for purposes that directly benefit the individual.
<b>Status at follow-up</b>	The agency had no shared or delegated responsibility for managing individuals money and was not holding funds for any of the individuals.
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L69
<b>Indicator</b>	Expenditure tracking
<b>Area Need Improvement</b>	There was no method to track expenditures for one individual. The agency needs to ensure that individual expenditures are documented and tracked.
<b>Status at follow-up</b>	The agency had no shared or delegated responsibility for managing individuals money and was not holding funds for any of the individuals.
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L78
<b>Indicator</b>	Restrictive Int. Training
<b>Area Need Improvement</b>	Staff have not received training regarding the restrictive practice of locking scissors for one individual. The agency needs to ensure that staff are trained to safely and consistently implement restrictive interventions.
<b>Status at follow-up</b>	There were no restrictive interventions at either location.
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

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<b>Indicator #</b>	L85
<b>Indicator</b>	Supervision
<b>Area Need Improvement</b>	At one of two locations, there was an overall lack of oversight in several areas. An increase in oversight of medical, environmental, financial management, behavioral and restrictive practices are needed to ensure all needs are met. There needs to be a continuous quality management system to ensure that issues are identified and corrected in a timely manner.
<b>Status at follow-up</b>	The agency had provided regular supervision with management and staff, staff meetings are occurring, and re-training regarding restrictive practices, medication storage, and electrical safety has occurred.
<b>#met /# rated at followup</b>	2/2
<b>Rating</b>	Met

<b>Indicator #</b>	L87
<b>Indicator</b>	Support strategies
<b>Area Need Improvement</b>	For six individuals, support strategies were either missing or submitted outside of the required timelines. Required support strategies need to be completed within required timelines in preparation for the ISP.
<b>Status at follow-up</b>	For all eight individuals with ISP's due, Support Strategies were submitted within the required timelines.
<b>#met /# rated at followup</b>	8/8
<b>Rating</b>	Met

<b>Indicator #</b>	L88
<b>Indicator</b>	Strategies implemented
<b>Area Need Improvement</b>	For seven of fourteen individuals, the agency had not collected data towards the achievement of support strategies. Three individuals did not have support strategies. The agency needs to ensure that accomplishments and progress towards meeting ISP support strategies is tracked and measured.
<b>Status at follow-up</b>	For thirteen of fourteen individuals services and Support Strategies were being addressed with documented progress in place.

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<b>#met /# rated at followup</b>	13/14
<b>Rating</b>	Met

<b>Indicator #</b>	L94 (05/22)
<b>Indicator</b>	Assistive technology
<b>Area Need Improvement</b>	Eleven individuals were not supported to use assistive technology to increase their independence when there is an identified need. The agency needs to ensure that individuals have assistive technology to maximize independence.
<b>Status at follow-up</b>	Nine of 13 individuals had not been assessed to determine if they could benefit from the use of assistive technology and were not making use of any assistive technology. The agency has begun having assessments completed and has a list of those determined to have priority who are to receive technology and training first. The agency needs to continue its assessment process and ensure that all individuals are assessed for their need for assistive technology, and that when identified needs exist, they are addressed with the implementation of high or low technology which increases those individuals' independence.
<b>#met /# rated at followup</b>	4/13
<b>Rating</b>	Not Met