

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

**Provider:** RFK Community Alliance \_\_\_\_\_

**Provider Address:** 971 Main St , Lancaster \_\_\_\_\_

**Name of Person** Linda Alger  
**Completing Form:** \_\_\_\_\_

**Date(s) of Review:** 19-APR-23 to 20-APR-23 \_\_\_\_\_

<b>Follow-up Scope and results :</b>		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	6/6

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

<b>Indicator #</b>	L8
<b>Indicator</b>	Emergency Fact Sheets

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<b>Area Need Improvement</b>	For two individuals, the emergency fact sheets were not accurate and missing pertinent information such as medical or mental health diagnoses, current medications, and information documenting the relevant capabilities, limitations and preferences. The agency needs to ensure emergency fact sheets are complete, current, accurate and include all the required information.
<b>Process Utilized to correct and review indicator</b>	Program Nurse has completed additional pages attached to the Emergency Fact Sheets that include all pertinent medical, mental health diagnosis, medications, allergies and other information related to each individuals' capabilities, limitations and preferences.
<b>Status at follow-up</b>	
<b>Rating</b>	Met

<b>Indicator #</b>	L69
<b>Indicator</b>	Expenditure tracking
<b>Area Need Improvement</b>	For one individual who required funds management supports, findings indicated the agency was not monitoring or tracking the individual's funds and the individual was borrowing money each month to cover daily expenses. The agency needs to ensure all that staff-assisted transactions are tracked and monitored to prevent borrowing of funds from the agency.
<b>Process Utilized to correct and review indicator</b>	Since the credit card expenditures have been balanced the individual in question has begun to reimburse the agency approximately \$140 per month. He also has not incurred additional charges.
<b>Status at follow-up</b>	
<b>Rating</b>	Met

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<b>Indicator #</b>	L86
<b>Indicator</b>	Required assessments
<b>Area Need Improvement</b>	ISP assessments for one of four individuals were not submitted within the required timeline. The agency needs to ensure all assessments are submitted fifteen days prior to ISP meeting date.
<b>Process Utilized to correct and review indicator</b>	Residential Coordinator is monitoring this weekly. On a monthly basis the Administrative Assistant is sending out updated notices to ISP participants so that assessments are submitted within the time frame expected
<b>Status at follow-up</b>	
<b>Rating</b>	Met

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

<b>Indicator #</b>	L48
<b>Indicator</b>	HRC
<b>Area Need Improvement</b>	For three of the past four quarterly human rights committee meetings, the clinician was absent. In addition, the agency's Adult Services Vocational Employee Guidelines includes a policy that prohibits individual from bringing cell phones and other electronic devices to work. The agency needs to support its human rights committee to have required expertise present at meetings and ensure that mandated areas are addressed such an annual review of agency policies and procedures which impact individuals' human rights.

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<b>Process Utilized to correct and review indicator</b>	The Human Rights Coordinator will touch base with committee members to ensure that the committee maintains the required expertise. The Vocational Handbook will be brought to the Human Rights Committee for review at their next meeting scheduled for April 2023. RFK will no longer prohibit individuals from bringing cell phones and other electronic devices to day program.
<b>Status at follow-up</b>	
<b>Rating</b>	Met

<b>Indicator #</b>	L65
<b>Indicator</b>	Restraint report submit
<b>Area Need Improvement</b>	A review of physical restraints found that the agency's one restraint report did not meet the required timelines. The agency needs to ensure that reports of physical restraint are created within three days and reviewed by the restraint manager within five days of the event.
<b>Process Utilized to correct and review indicator</b>	Agency will adhere to the require guidelines regarding restraints.
<b>Status at follow-up</b>	
<b>Rating</b>	Met

<b>Indicator #</b>	L76
<b>Indicator</b>	Track trainings
<b>Area Need Improvement</b>	All five staff sampled for review of training were missing one or more required trainings. The agency needs to ensure that staff meet all training and certification requirements.

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<b>Process Utilized to correct and review indicator</b>	Director of Program Operations sent all Adult Services staff the mandatory training list with attached links for access requiring completion by April 14, 2023.
<b>Status at follow-up</b>	
<b>Rating</b>	Met