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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Provider | Riverside Community Care, Inc. |  | Provider Address | 270 Bridge Street, #301 , Dedham | | Survey Team | Hampton, Cheryl; Edi-Osagie, Raymond; MacPhail, Lisa; Robidoux, Danielle; |  | Date(s) of Review | 09-AUG-21 to 11-AUG-21 | |
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| |  | | --- | |  | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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 | 2 Year License |  | 6/9 | x | Eligible for new business (Two Year License) | 2 Year License | x | Eligible for New Business (80% or more std. met; no critical std. not met) | | 12 Locations  18 Audits |  |  |  | o | Ineligible for new business. (Deferred Status: Two year mid-cycle review License) |  | o | Ineligible for New Business (<=80% std met and/or more critical std. not met) | | |

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The agency needs to have signed residency agreements, or other forms of written agreement in place for each of the individuals served in provider owned or operated settings, and then complete an attestation to this effect, with the roster of names attached. | | **Status at follow-up** | | Four of the twelve individuals did not have signed Residency Agreements in place. | | **#met /# rated at followup** | | 8/12 | | **Rating** | | Not Met | |  | | | | **Indicator #** | | L56 | | **Indicator** | | Restrictive practices | | **Area Need Improvement** | | At three locations where restrictive practices were utilized, the agency did not review the ongoing necessity for the restrictions, and/ or did not specify mitigating measures for those individuals not requiring the restrictions. The agency needs to ensure that restrictions are reviewed for ongoing necessity, and that provisions are put in place to not unduly restrict the rights of others. | | **Status at follow-up** | | One location had an environmental restriction in place. The written restriction contained all required components including mitigation for others who were affected by the restriction. | | **#met /# rated at followup** | | 1/1 | | **Rating** | | Met | |  | | | | **Indicator #** | | L63 | | **Indicator** | | Med. treatment plan form | | **Area Need Improvement** | | Six individual's medication treatment plans were either missing required components, or there was no plan developed. The agency needs to ensure that treatment plans are developed for all medication that require a plan, and all components present. | | **Status at follow-up** | | Seven of eight individual's medication treatment plans contained all required components including data collection. | | **#met /# rated at followup** | | 7/8 | | **Rating** | | Met | |  | | | | **Indicator #** | | L64 | | **Indicator** | | Med. treatment plan rev. | | **Area Need Improvement** | | Four individual's medication treatment plans did not receive the required reviews. The agency needs to ensure that medication treatment plans receive the required reviews. | | **Status at follow-up** | | Five of six medication treatment plans were reviewed by the required groups. | | **#met /# rated at followup** | | 5/6 | | **Rating** | | Met | |  | | | | **Indicator #** | | L67 | | **Indicator** | | Money mgmt. plan | | **Area Need Improvement** | | Money management plans for eleven individuals with whom the agency had shared/delegated money management responsibilities either did not contain training components, and/ or did not have signed agreements as required. The agency needs to ensure that money management plans contain training components and are agreed to by the individual's guardian or the individual (if presumed/adjudicated competent). | | **Status at follow-up** | | All eight individuals with whom the agency had shared or delegated money management responsibilities had written financial management plans in place. | | **#met /# rated at followup** | | 8/8 | | **Rating** | | Met | |  | | | | **Indicator #** | | L78 | | **Indicator** | | Restrictive Int. Training | | **Area Need Improvement** | | At two locations where restrictive practices were used the agency did not consistently train staff to implement the interventions. The agency needs to ensure that staff are trained to safely and consistently implement restrictive interventions. | | **Status at follow-up** | | At the one location where an environmental restriction was in place, staff were trained to safely and consistently implement the restrictions | | **#met /# rated at followup** | | 1/1 | | **Rating** | | Met | |  | | | | **Indicator #** | | L86 | | **Indicator** | | Required assessments | | **Area Need Improvement** | | Five individual's ISP assessments were not submitted within the required timelines.  The agency needs to ensure that required assessments are completed/submitted within the required timelines. | | **Status at follow-up** | | For one of the two individuals who had an ISP meeting within the review timeframe, required assessments were not completed and submitted within the required timeline. | | **#met /# rated at followup** | | 1/2 | | **Rating** | | Not Met | |  |  | | | **Indicator #** | | L87 | | **Indicator** | | Support strategies | | **Area Need Improvement** | | Five individual's ISP support strategies were not submitted within the required timelines.  The agency needs to ensure that support strategies are completed/submitted within the required timelines. | | **Status at follow-up** | | For one of the two individuals who had an ISP meeting within the review timeframe, support strategies were not completed and submitted within the required timeline. | | **#met /# rated at followup** | | 1/2 | | **Rating** | | Not Met | |  |  | | | **Indicator #** | | L89 | | **Indicator** | | Complaint and resolution process | | **Area Need Improvement** | | Two ABI sites did not have a complaint and resolution process and logs present. The agency needs to have complaint and resolution process and logs that is effectively implemented at all ABI sites. | | **Status at follow-up** | | The two locations had the complaint resolution process and logs in place, and individuals were trained on it. | | **#met /# rated at followup** | | 2/2 | | **Rating** | | Met | |  |  | | | **Administrative Areas Needing Improvement on Standard not met - Identified by DDS** |  | | | **Indicator #** | | L65 | | **Indicator** | | Restraint report submit | | **Area Need Improvement** | | Two restraint reports did not receive the restraint manager's review within the required timeline. The agency needs to ensure that it submits/completes restraint reports within the required timelines. | | **Status at follow-up** | | There were no restraints during the review period. | | **#met /# rated at followup** | |  | | **Rating** | | Not Rated | |  |  | | | | |