LICENSURE AND CERTIFICATION

Provider	Riverside Community Care, Inc.	Provider Address	270 Bridge Street, #301 , Dedham
Survey Team	Rodriguez, Raquel; Edi-Osagie, Raymond; Napolitan, Tina; Boghoian, Mark; Cruz, Melanie; Bullard, David;	Date(s) of Review	10-OCT-23 to 13-OCT-23

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	Defer Licensure	1/1	15/18	☐ Eligible for new business (Two Year License)	2 Year License with Mid-Cycle Review	E Eligible for New Business (80% or more std. met no critical std. not met)
17 Locations 26 Audits				Ineligible for new business. (Deferred Status: Two year midcycle review License)		□ 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 #	L15
Indicator	Hot water
·	At five of fourteen locations, water temperature tested outside of the required range. The agency needs to ensure that water temperature is maintained between 110 and 120 degrees for faucets, and 110 and 112 for shower/tubs.
Status at follow-up	At eleven of fourteen locations, water temperature tested within allowable limits.
#met /# rated at followup	11/14
Rating	Not Met

Indicator #	L36
Indicator	Recommended tests
	Six of nineteen individuals were not supported to attend medical appointments recommended by a healthcare practitioner or have recommended tests conducted. The agency needs to ensure that staff support individuals to attend all recommended medical appointments and undergo all recommended medical tests.
Status at follow-up	For all eleven individuals, recommended tests and appointments with specialists were made and kept.
#met /# rated at followup	11/11
Rating	Met

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Indicator #	L38
Indicator	Physician's orders
·	For four of thirteen individuals, medical treatment protocols were either not in place, or were not being implemented properly. The agency needs to ensure that medical treatment protocols are implemented as required.
•	For all six individuals, Physician orders and medical and treatment protocols were properly implemented.
#met /# rated at followup	6/6
Rating	Met

Indicator #	L43
Indicator	Health Care Record
Area Need Improvement	For six of nineteen individuals, health care records were not current and accurate. The agency needs to ensure that health care records are maintained and updated as required.
Status at follow-up	For twelve of thirteen individuals, the health care record was maintained and updated as required.
#met /# rated at followup	12/13
Rating	Met

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	Three individuals who live at locations where restrictive practices were in place (and/or their guardians), were not formally informed of the restrictions. Furthermore, staff were not knowledgeable on how to mitigate the restrictions for those for whom the restriction was not intended. The agency needs to ensure that restrictive practices intended for one individual that affect all individuals served at a location are outlined and have provisions so as not to unduly restrict the rights of others.
Status at follow-up	At two locations, restrictive practices that affect all individuals in a location were well outlined, with provisions so as not to restrict the rights of people.
#met /# rated at followup	2/2
Rating	Met

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Indicator #	L57
Indicator	Written behavior plans
Area Need Improvement	For one of three individuals, a positive behavior support plan was not being implemented as agreed. The agency needs to ensure that behavior support plans for individuals they support are implemented as agreed.
Status at follow-up	For all four individuals with behavior management plans, the plans were properly outlined, received the required reviews, and were well implemented.
#met /# rated at followup	4/4
Rating	Met

Indicator #	L60
Indicator	Data maintenance
Area Need Improvement For two of three individuals, behavior plan data was not consistently collected. The ager ensure that data is consistently maintained for help in determining the efficacy of behavior interventions.	
Status at follow-up	For all four individuals, data necessary for determining the efficacy of behavioral interventions was consistently maintained.
#met /# rated at followup	4/4
Rating Met	

Indicator #	L61
Indicator	Health protection in ISP
·	For two of six individuals, supports and health-related equipment outlines were either not in place for all equipment being used, or did not include required components. The agency needs to ensure that supports and health related support outlines are developed to contain all equipment being used by individuals and include all the required components.
	For seven of eight individuals, supports and health-related equipment was well outlined, and the use was properly supported.
#met /# rated at followup	7/8

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Rating	Met	

Indicator #	L63
Indicator	Med. treatment plan form
Area Need Improvement	For five of twelve individuals, medication treatment plans did not include required components/current information. The agency needs to ensure that medication treatment plans when needed include all components and are current. Additionally, data must be collected and shared with prescribing physicians.
Status at follow-up	For five of thirteen individuals, medication treatment plans did not meet requirements; the plans were missing components, including unique symptoms of the conditions being treated, criteria for elimination or tapering of the medication and data collection. The agency needs to ensure that medication treatment plans are developed with all components in place.
#met /# rated at followup	8/13
Rating	Not Met

Indicator #	L78
Indicator	Restrictive Int. Training
	At one of three locations, staff were not trained on a restrictive practice in place. The agency needs to ensure that staff are trained to safely and consistently implement restrictive interventions.
Status at follow-up	At two locations, staff were trained to safely and consistently implement restrictive interventions.
#met /# rated at followup	2/2
Rating	Met

Indicator #	L85
Indicator	Supervision
·	At four of eighteen locations, supervision, oversight, and staff development was not occurring consistently. The agency needs to ensure that it provides consistent oversight, supervision, and staff development to ensure effective supports.
Status at follow-up	At all eleven sites, the agency was providing ongoing supervision, oversight and staff development.

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#met /# rated at followup	11/11
Rating	Met

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For five of fifteen individuals, required assessments for the ISP were not developed and submitted within the required timeframe. The agency needs to ensure that ISP assessments are developed and submitted to the DDS Area Office at least 15 days prior to scheduled ISP meeting.
Status at follow-up	For the two individuals, required assessments were not developed and submitted within the required timeframe in preparation for the ISP meeting. The agency needs to ensure that required assessments are developed and submitted within the required timeframe in preparation for the ISP meeting.
#met /# rated at followup	2/2
Rating	Met

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	For five of fifteen individuals, support strategies for the ISP were not developed and submitted within the required timeframes. The agency needs to ensure that support strategies for the ISP are submitted to the DDS Area Office at least 15 days prior to scheduled ISP meetings.
Status at follow-up	For the two individuals, support strategies were not developed and submitted within the required timeframe in preparation for the ISP meeting. The agency needs to ensure that support strategies for goal accomplishment are developed and submitted within the required timeframe in preparation for the ISP meeting.
#met /# rated at followup	2/2
Rating	Met

Indicator #	L88
Indicator	Strategies implemented
	For five out of nineteen individuals, agreed upon ISP goals were not being implemented and documented. The agency needs to support individuals to work on their agreed upon ISP goals.

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•	For fourteen of seventeen individuals, goals that were agreed upon in the ISP were properly implemented and tracked.
#met /# rated at followup	14/17
Rating	Met

Indicator #	L89
Indicator	Complaint and resolution process
Area Need Improvement	At two ABI-MFP locations, complaint and resolution process and log were not present. The agency needs to ensure that a complaint resolution process and log is in place at all ABI-MFP locations.
	At all three ABI sites, a complaint and resolution process with log was in place, and individuals and staff were knowledgeable of the process.
#met /# rated at followup	3/3
Rating	Met

Indicator #	L91
Indicator	Incident management
·	At four of the seventeen locations, incidents were not reported and finalized in HCSIS within the required timelines. The agency needs to ensure that incidents are reported and finalized in HCSIS within the required timelines.
Status at follow-up	At seven of eight sites, incidents were reported and reviewed within required timelines as mandated.
#met /# rated at followup	7/8
Rating	Met

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DDS FOLLOW-UP REPORT

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

Indicator #	L48
Indicator	HRC
Area Need Improvement	The Human Rights Committee (HRC) was missing a medical representative member for the two-year period. The committee was also missing a legal representative/attorney for 50 percent of meetings held in the last year. Additionally, the agency held monthly meetings that were summarized in quarterly minutes which did not reflect the deliberations from each meeting. The agency needs to maintain separate minutes for each HRC meeting held.
Status at follow-up	The agency's human Rights Committee did not meet the mandates for composition and member attendance. The agency needs to support its human rights committee to meet all regulatory mandates including membership and consistent attendance.
#met /# rated at followup	0/1
Rating	Not Met

Indicator #	L76
Indicator	Track trainings
Area Need Improvement	Seven of twenty staff members reviewed at the organizational level had expired First Aid and CPR training certificates.
Status at follow-up	The agency had an effective staff training tracking system, and staff was trained on all DDS mandated training topics.
#met /# rated at followup	19/20
Rating	Met