

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**Mid-Cycle Review Final Report**

Provider          Riverside Community Care, Inc.

Provider Address    270 Bridge Street, #301, Dedham

Survey Team      Bullard,David; Cruz,Melanie; Obeng,Raymond;  
Griffith,Linda; MacPhail,Lisa;

Date(s) of Review    22-JUL-24 to 25-JUL-24

<b>Mid-Cycle Scope and results :</b>					
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated at Mid-Cycle	Sanction status prior to Mid-Cycle	Combined Results post-Mid-Cycle;	Sanction status post Mid-Cycle
Residential and Individual Home Supports  15 Locations 17 Audits	Defer Licensure	16/18	<input checked="" type="checkbox"/> Eligible for new business  <input type="checkbox"/> Ineligible for new business.	2 Year License with Mid-Cycle Review 89/91 (97.80% )	<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**

**Organizational Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	L48
<b>Indicator</b>	HRC
<b>Area Need Improvement</b>	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.
<b>Status at mid-cycle</b>	The Human Rights Committee did not have a physician or nurse in attendance for any of the past five meetings. The agency needs to ensure that the human rights committee meets all mandates, including membership composition.
<b>#met /# rated at mid-cycle</b>	0/1
<b>Rating</b>	NOT MET

<b>Indicator #</b>	L76
<b>Indicator</b>	Track trainings
<b>Area Need Improvement</b>	Seven of twenty staff members reviewed at the organizational level had expired First Aid and CPR training certificates.
<b>Status at mid-cycle</b>	The agency demonstrated an efficient system for tracking staff trainings that ensured that staff were trained on all DDS mandated topics within identified timelines.
<b>#met /# rated at mid-cycle</b>	20/20
<b>Rating</b>	MET

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**Residential and Individual Home Supports Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	L15
<b>Indicator</b>	Hot water
<b>Area Need Improvement</b>	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.
<b>Status at mid-cycle</b>	At twelve of fourteen locations, hot water temperatures tested within the required range.
<b>#met /# rated at mid-cycle</b>	12/14
<b>Rating</b>	MET

<b>Indicator #</b>	L36
<b>Indicator</b>	Recommended tests
<b>Area Need Improvement</b>	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.
<b>Status at mid-cycle</b>	Sixteen of seventeen individuals were supported to attend and undergo recommended evaluations by medical specialists.
<b>#met /# rated at mid-cycle</b>	16/17
<b>Rating</b>	MET

<b>Indicator #</b>	L38
<b>Indicator</b>	Physician's orders
<b>Area Need Improvement</b>	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.

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<b>Status at mid-cycle</b>	For ten individuals, physicians' orders and medical treatment protocols were in place and staff were implementing them properly.
<b>#met /# rated at mid-cycle</b>	10/10
<b>Rating</b>	MET

<b>Indicator #</b>	L43
<b>Indicator</b>	Health Care Record
<b>Area Need Improvement</b>	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.
<b>Status at mid-cycle</b>	For fifteen of seventeen individuals, health care records were current and accurate.
<b>#met /# rated at mid-cycle</b>	15/17
<b>Rating</b>	MET

<b>Indicator #</b>	L56
<b>Indicator</b>	Restrictive practices
<b>Area Need Improvement</b>	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.
<b>Status at mid-cycle</b>	For two individuals who had environmental restrictions in place, there were written rationales for the restrictive practices which included mitigation plans for those in the home for whom the restrictions were not intended.
<b>#met /# rated at mid-cycle</b>	2/2
<b>Rating</b>	MET

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<b>Indicator #</b>	L57
<b>Indicator</b>	Written behavior plans
<b>Area Need Improvement</b>	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.
<b>Status at mid-cycle</b>	For all three individuals with restrictions on rights and/or other negative components, a written positive behavioral support plan was developed by a qualified clinician and contained all required components.
<b>#met /# rated at mid-cycle</b>	3/3
<b>Rating</b>	MET

<b>Indicator #</b>	L60
<b>Indicator</b>	Data maintenance
<b>Area Need Improvement</b>	For two of three individuals, behavior plan data was not consistently collected. The agency needs to ensure that data is consistently maintained for help in determining the efficacy of behavioral interventions.
<b>Status at mid-cycle</b>	For all three individuals with positive behavioral support plans, data was consistently collected and reviewed to ensure the plans efficacy.
<b>#met /# rated at mid-cycle</b>	3/3
<b>Rating</b>	MET

<b>Indicator #</b>	L61
<b>Indicator</b>	Health protection in ISP
<b>Area Need Improvement</b>	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.

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<b>Status at mid-cycle</b>	Supports and health related plans for all thirteen individuals were authorized for all equipment being used and included purpose, specificity of use, safety checks, and cleaning schedules.
<b>#met /# rated at mid-cycle</b>	13/13
<b>Rating</b>	MET

<b>Indicator #</b>	L63
<b>Indicator</b>	Med. treatment plan form
<b>Area Need Improvement</b>	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.
<b>Status at mid-cycle</b>	For fourteen individuals, medication treatment plans were current, included all components, and data was being tracked to share with prescribing physicians.
<b>#met /# rated at mid-cycle</b>	14/14
<b>Rating</b>	MET

<b>Indicator #</b>	L78
<b>Indicator</b>	Restrictive Int. Training
<b>Area Need Improvement</b>	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.
<b>Status at mid-cycle</b>	At two locations, staff were trained to safely and consistently implement restrictive interventions.
<b>#met /# rated at mid-cycle</b>	2/2
<b>Rating</b>	MET

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<b>Indicator #</b>	L85
<b>Indicator</b>	Supervision
<b>Area Need Improvement</b>	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.
<b>Status at mid-cycle</b>	At fourteen locations, ongoing supervision, oversight, and staff development was occurring in line with agency policy.
<b>#met /# rated at mid-cycle</b>	14/14
<b>Rating</b>	MET

<b>Indicator #</b>	L86
<b>Indicator</b>	Required assessments
<b>Area Need Improvement</b>	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.
<b>Status at mid-cycle</b>	For nine of ten individuals, required assessments for the ISP were developed and submitted within the required timeframe in preparation for their ISP meetings.
<b>#met /# rated at mid-cycle</b>	9/10
<b>Rating</b>	MET

<b>Indicator #</b>	L87
<b>Indicator</b>	Support strategies
<b>Area Need Improvement</b>	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.

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<b>Status at mid-cycle</b>	For eight of ten individuals, support strategies for the ISP were developed and submitted within the required timeframes in preparation for their ISP meetings.
<b>#met /# rated at mid-cycle</b>	8/10
<b>Rating</b>	MET

<b>Indicator #</b>	L88
<b>Indicator</b>	Strategies implemented
<b>Area Need Improvement</b>	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.
<b>Status at mid-cycle</b>	For fifteen of seventeen individuals, the agency implemented and documented agreed upon strategies and actions to support individuals to accomplish their ISP objectives.
<b>#met /# rated at mid-cycle</b>	15/17
<b>Rating</b>	MET

<b>Indicator #</b>	L89
<b>Indicator</b>	Complaint and resolution process
<b>Area Need Improvement</b>	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.
<b>Status at mid-cycle</b>	At six ABI-MFP locations, the complaint and resolution process and log were in place and individuals and staff were trained on them.
<b>#met /# rated at mid-cycle</b>	6/6
<b>Rating</b>	MET

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<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	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.
<b>Status at mid-cycle</b>	At eight of fourteen locations, incidents were not submitted and finalized in HCSIS within the required timelines. The agency needs to ensure that incidents are submitted and finalized in HCSIS within the required timelines.
<b>#met /# rated at mid-cycle</b>	8/14
<b>Rating</b>	NOT MET