

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Provider: ROAD TO RESPONSIBILITY

Provider Address: 1831 Ocean Street , Marshfield

Name of Person Kathleen Bracchi
Completing Form:

Date(s) of Review: 09-DEC-21 to 15-DEC-21

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Employment and Day Supports		3/6
Residential and Individual Home Supports	Defer Licensure	1/3

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

Indicator #	L61
Indicator	Health protection in ISP

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Area Need Improvement	For 5 out of 14 individuals, the details regarding the frequency of cleaning and safety checks were either not contained in the Health-Related Protection Order, or they were not being conducted. When Health Related Protections are needed, the criteria for use and cleaning needs to be detailed and implemented consistently.
Process Utilized to correct and review indicator	Four of the five individuals noted in this area were from the same program. The program manager immediately implemented a system of documenting safety and maintenance checks in the daily logs of each individual supported. These checks are now documented daily.
Status at follow-up	A review of daily logs showed that staff were consistently documenting supportive/protective devices safety checks. Cleaning is also done daily or weekly as required per the device.
Rating	Met

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	For 5 of 21 individuals, the support strategies were not submitted within the required timelines. The agency needs to ensure that support strategies are submitted at least 15 days prior to the ISP.
Process Utilized to correct and review indicator	To ensure everyone is preparing assessments and support strategies and submitting them in a timely fashion, our residential AVP now publishes a weekly report for all residential program directors that lists requested assessments and provider support strategies with due dates according to published requests on HCSIS. This process serves as an additional reminder for all residential managers and directors responsible for completing and submitting these items.

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Status at follow-up	In both March and April 2022, residential services achieved 62.5% success rate of objectives and support strategies submitted within the required time frame. This is a work in progress.
Rating	Not Met

Indicator #	L91
Indicator	Incident management
Area Need Improvement	7 out of 18 incidents were not reported and/ or finalized within necessary timelines. . The agency needs to ensure that all incidents are submitted and finalized within regulatory timelines.
Process Utilized to correct and review indicator	Weekly updates incident, restraint, HCR, and ISP deadlines are sent to all residential directors to let them know they have deadlines approaching.
Status at follow-up	Aging Incident Detail report from 03/01/2022 through 04/30/22 was cross referenced with Events by Site Provider report for same time frame and found 64 of 82 events were reported and/or finalized within regulatory guidelines. 64/82=78% (which is an improvement, though not quite yet in compliance.)
Rating	Not Met

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

Indicator #	L78
Indicator	Restrictive Int. Training
Area Need Improvement	For one of two individuals, staff had not received training on the implementation of restrictive practices. The agency needs to ensure that all staff are trained on the use of restrictive practices.

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Process Utilized to correct and review indicator	This oversight was immediately corrected at the time of the survey, and the new Program Director was trained on the checklist and procedures for restrictive practices.
Status at follow-up	100% in compliance
Rating	Met

Indicator #	L79
Indicator	Restraint training
Area Need Improvement	For one of three locations, staff were not trained in the practice of restraints. The agency needs to ensure that in all locations where the use of restraints are in practice that all staff are trained.
Process Utilized to correct and review indicator	Reviewed our safety care certification records agency wide. Due to the pandemic, many staff had lapsed current certification, and at the time of the survey, many staff were only partially certified. We reopened in person Safety Care classes in February once the COVID surge had passed, and have been steadily recertifying staff whose certifications had lapsed, as well as newly certifying all new employees in full two day Safety Care. We have planned out at least one Safety Care Class per week through the rest of this year, with more than 400 seats available each year in addition to our orientation Safety Care classes.
Status at follow-up	The staff in question was retrained in Safety Care in the next available class and is now current, all RTR training records were reexamined to identify those who had not recertified during the pandemic and they were scheduled for retraining.
Rating	Met

Indicator #	L84
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Indicator	Health protect. Training
Area Need Improvement	For one of three individuals, staff were not properly trained in the use of health-related protections. The agency needs to ensure that all staff that work with individuals are trained in the proper use and care of health-related protections.
Process Utilized to correct and review indicator	This area was corrected immediately during the survey, and has been reviewed since by Quality Department Monitor, with no further issues noted.
Status at follow-up	Still in compliance.
Rating	Met

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For 9 of 21 individuals, the ISP assessments were not submitted within the required timelines. The agency needs to ensure that ISP assessments are submitted at least 15 days prior to the ISP.
Process Utilized to correct and review indicator	Review of HCSIS ISP Summary report for period 4/1/2022 through 4/30/2022 showed that of assessments requested on time, 61% were submitted within the required timelines.
Status at follow-up	We have met with case managers to discuss, and attempted to streamline the process, putting calendars out with projected ISP dates. Still having difficulty with timeliness. Will recommend directors review monthly to improve process.
Rating	Not Met

Indicator #	L87
Indicator	Support strategies

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Area Need Improvement	For 7 of 19 individuals, the support strategies were not submitted within the required timelines. The agency needs to ensure that support strategies are submitted at least 15 days prior to the ISP.
Process Utilized to correct and review indicator	Review of HCSIS ISP summary report for period 4/1/2022 through 4/30/2022 showed that of support strategies/objectives requested on time, 58% were submitted within the required timelines.
Status at follow-up	We have met with case managers to discuss, and attempted to streamline the process, putting calendars out with projected ISP dates. Still having difficulty with timeliness. Will recommend directors review monthly to improve process.
Rating	Not Met

Indicator #	L91
Indicator	Incident management
Area Need Improvement	At two of six locations, the agency had not completed and/or finalized the report within the required timelines. The agency needs to ensure that all incidents reported are filed within the mandated timelines.
Process Utilized to correct and review indicator	HCSIS Aging Incident Detail report from 01/01/2022-6/15/2022 was run. One of three reported incidents from OPTS was finalized 3 days late. The other two incidents were submitted and finalized within the mandated timelines.
Status at follow-up	Developed back up plan for when AVP who finalizes incidents is unexpectedly unavailable. VP of Day Services will step in to finalize as necessary.
Rating	Not Met