

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

**Provider:** ROAD TO RESPONSIBILITY \_\_\_\_\_

**Provider Address:** 1831 Ocean Street , Marshfield \_\_\_\_\_

**Name of Person Completing Form:** Kathy Bracci \_\_\_\_\_

**Date(s) of Review:** 25-MAR-24 to 29-MAR-24 \_\_\_\_\_

<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	3/6

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

<b>Indicator #</b>	L60
<b>Indicator</b>	Data maintenance
<b>Issue Identified</b>	Only 75% compliance regarding consistent data tracking and reporting.
<b>Actions Planned/Occurred</b>	Retraining for all programs regarding ISP goal/objective tracking; require immediate implementation of ISP goals/objectives rather than waiting for completed ISP to return to program.

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<b>Process Utilized to correct and review indicator</b>	Retraining of program managers and staff regarding the importance of keeping data tracking up to date. Checks at the programs who were having issues showed a marked improvement, with 2 of the 3 programs which were non compliant now up to date
<b>Status at follow-up</b>	Much improved, 11/12 programs tracking and reporting data in accordance with policy.
<b>Rating</b>	Met

<b>Indicator #</b>	L86
<b>Indicator</b>	Required assessments
<b>Issue Identified</b>	Four of 10 programs submitted assessments after the deadline.
<b>Actions Planned/Occurred</b>	Will continue with weekly reminders posted by residential AVPs for upcoming ISPs.
<b>Process Utilized to correct and review indicator</b>	14 managers and directors attended DDS sponsored ISP training on March 4, 2024.
<b>Status at follow-up</b>	12 individuals with ISP dates between 1/25/24 and 3/20/24 were reviewed in HCSIS. 9/12 were submitted on or before the due date, with a 75% on time rate. 14 managers and directors attended DDS sponsored ISP training on March 4, 2024. AVPs reviewed the importance of meeting these ISP timelines with all directors in February at monthly director/coordinator meeting. Much improved, but not there yet!
<b>Rating</b>	Not Met

<b>Indicator #</b>	L88
<b>Indicator</b>	Strategies implemented

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<b>Issue Identified</b>	Seven of 11 individuals (64%) had consistent data to show that support strategies were implemented and progress on goals was being made. 4 programs either had inconsistent reporting on objectives, or we were unable to determine from progress notes if implementation was ongoing.
<b>Actions Planned/Occurred</b>	Developing an ISP refresher training for all residential managers, directors and DSPs that will cover data collection and analysis, implementation of support strategies, and timely submission of assessments and support strategies.
<b>Process Utilized to correct and review indicator</b>	14 managers and directors attended DDS sponsored ISP training on March 4, 2024.
<b>Status at follow-up</b>	Much improved. Upon review of the 11 individuals, 100% are now clearly and consistently reporting on objecting, using the support strategies.
<b>Rating</b>	Met

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

<b>Indicator #</b>	L87
<b>Indicator</b>	Support strategies
<b>Area Need Improvement</b>	The timelines for the submission of ISP support strategies were not met for five of sixteen individuals. The agency needs to meet the required timelines for submission of support strategies.
<b>Process Utilized to correct and review indicator</b>	12 individuals with ISP dates between 1/25/24 and 3/20/24 reviewed in HCSIS. 9/12 were submitted on or before the due date, with a 75% on time rate. 14 managers and directors attended DDS sponsored ISP training on March 4, 2024.
<b>Status at follow-up</b>	Improvement noted, will continue to monitor
<b>Rating</b>	Not Met

<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	Incident reports at eight of fifteen homes had not all been submitted and/or finalized within the required timelines. The agency needs to ensure that all incident reports are reported and reviewed as mandated by regulation.
<b>Process Utilized to correct and review indicator</b>	Aging incident summary report 1/4/24 through 3/15/24. 12 residential programs randomly selected. 9 of 12 programs submitted and finalized incidents within the required timelines.
<b>Status at follow-up</b>	75% compliance is an improvement, but not yet met.
<b>Rating</b>	Not Met

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

<b>Indicator #</b>	L65
<b>Indicator</b>	Restraint report submit
<b>Issue Identified</b>	Based on 13-month review, 152 of 200 (76%) restraint reports were submitted and finalized within required timeframe.
<b>Actions Planned/Occurred</b>	Will assign an additional restraint manager to check HCSIS alerts regularly for restraints that need restraint manager review. The majority of late restraints were due to restraint manager reviewing/finalizing issues. Most are submitted within the proper timeframe, but we need an additional back up person to cover for absences.
<b>Process Utilized to correct and review indicator</b>	Checked 1/24/24 through 3/15/24 via restraint timeline report in HCSIS. Of 27 restraints reported, one was late with restraint manager review.
<b>Status at follow-up</b>	96% of the sample since our survey have had all components completed on time.
<b>Rating</b>	Met