

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

Provider SOUTH SHORE SUPPORT SERVICES, INC. Provider Address 317 Libbey Industrial Pkwy. B300 , Weymouth
 Survey Team Boyd, Michelle; Ford, Gina; Date(s) of Review 13-JAN-25 to 16-JAN-25

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 9 Locations 20 Audits	Defer Licensure	2/2	5/6	<input type="checkbox"/> Eligible for new business (Two Year License) <input checked="" type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License with Mid-Cycle Review	<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

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

Indicator #	L35
Indicator	Preventive screenings
Issue Identified	The recommended list of preventative screenings has not been closely tracked for follow up. While individuals have received screenings when recommended by their doctors, there are additional age-related recommended screenings that are not always completed. Refusals also need to be better documented with sign-off from guardians.
Actions Planned/Occurred	We plan to implement a new tracking tool for preventative screenings that will be maintained by the house nurses. This will track dates for all the recommended screenings to allow for better oversight on the current status and upcoming due dates. Additionally, we plan to keep documentation on refusals (signed by guardians).
Status at follow-up	Individuals received their routine preventive screenings.
Rating	Met

Indicator #	L43
Indicator	Health Care Record
Issue Identified	Diagnoses were missing. Medication changes were not reflected in the HCR. Weights and accurate evaluation dates needed to be corrected.
Actions Planned/Occurred	Health care records are maintained in HCSIS by the QA team. We implemented a healthcare encounter checklist form which instructs managers/staff to contact QA with any new diagnoses. The QA team will also start to leverage the list of medication changes submitted by managers as part of our internal MAR transcription process. QA can leverage the medical appointment tracking list for evaluation dates.
Status at follow-up	Health care records are maintained and updated as required.
Rating	Met

Indicator #	L64
Indicator	Med. treatment plan rev.
Issue Identified	Signature needed on Consent page

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Actions Planned/Occurred	Coordinated Treatment plans are signed at the annual ISP by Guardian PBS and QA will check that signatures were acquired at ISP. PBS team will review plans annually and update with any medical changes. Updated CTP will be sent out to be reviewed and signed following any changes.
Status at follow-up	Individuals reviewed were not in need of medication treatment plans.
Rating	Not Rated

Indicator #	L88
Indicator	Strategies implemented
Issue Identified	There was no documentation to back up that goals were being worked on.
Actions Planned/Occurred	New shift notes were created and given to the Manager at this location for immediate use.
Status at follow-up	Individual's progress on ISP objectives are being tracked.
Rating	Met

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

Indicator #	L38
Indicator	Physician's orders
Area Need Improvement	For two individuals with medical protocols, staff had not been trained on the required health care protocols, and two of the protocols were missing a key instruction from the prescribing doctor. The agency needs to ensure that protocols are reviewed to ensure that they include all instructions as prescribed by the treating physician, and that all staff are trained and knowledgeable about these protocols.
Status at follow-up	Individual's physician ordered treatment protocols are being followed.
#met /# rated at followup	8/8
Rating	Met

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Indicator #	L67
Indicator	Money mgmt. plan
Area Need Improvement	The agency had not obtained agreement for five of six money management plans in place. One individual did not have a plan in place, and one plan did not accurately reflect how money is secured and bills are paid. The agency needs to ensure that whenever there is a shared and delegated responsibility for money that plans are implemented, accurately reflect their practices, and are approved by guardians.
Status at follow-up	Six out of ten individuals did not have agreement to their money management plans. The agency needs to ensure money management plans have received the required agreements from all parties.
#met /# rated at followup	4/10
Rating	Not Met

Indicator #	L82
Indicator	Medication admin.
Area Need Improvement	At one of three locations, a staff was administering oxygen without the proper trainings per MAP requirements. The agency needs to ensure that all staff performing ancillary processes under MAP receive the required trainings.
Status at follow-up	Individuals reviewed were not need in of medications administered by staff.
#met /# rated at followup	2/2
Rating	Met