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| Provider | The Guild for Human Services |  | Provider Address | 521 Virginia Rd., Concord |
| Survey Team |  Hazelton,John; Conley-Sevier,Jennifer;  |  | Date(s) of Review | 07-DEC-20 to 09-DEC-20 |

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| **Mid-Cycle Scope and results :**  |
| 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 | Defer Licensure | 9/12 | x | Eligible for new business | 2 Year License with Mid-Cycle Review84/87 (96.55% ) | x | Eligible for New Business(80% or more std. met; no critical std. not met) |
| 3 Locations 7 Audits  |  |  | o | Ineligible for new business.  |  | o | Ineligible for New Business(<=80% std met and/or more critical std. not met) |

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| **Summary of Ratings** |

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| **Organizational Areas Needing Improvement on Standards not met:** |
| **Indicator #** | L2 |
| **Indicator** | Abuse/neglect reporting |
| **Area Need Improvement** | At one location, a reportable condition of neglect was present, but not reported to the DPPC. The agency needs to ensure that all events meeting these criteria are reported to DPPC. |
| **Status at mid-cycle** |  Three locations were included in the mid-cycle review. Through log note and incident report review, as well as interview with staff, there were no instances noted that should have been reported to DPPC but were not. The agency policies around DPPC reporting do not call for support staff to receive permission from a supervisor prior to making a DPPC report. |
| **#met /# rated at mid-cycle** |  3/3 |
| **Rating** | MET |
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| **Indicator #** | L65 |
| **Indicator** | Restraint report submit |
| **Area Need Improvement** | Over the past year, 11 of 28 restraints were not submitted or finalized within the required timelines. The agency needs to ensure that restraint reports are submitted and finalized within the required timelines. |
| **Status at mid-cycle** |  Since the follow-up review, sixteen restraints reports have been generated; five reports (31%) were not finalized by the restraint manager within five calendar days of their occurrence. The agency needs to ensure restraint review and finalization occurs within the required timelines. |
| **#met /# rated at mid-cycle** |  11/16 |
| **Rating** | NOT MET |
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| **Indicator #** | L66 |
| **Indicator** | HRC restraint review |
| **Area Need Improvement** | Over the past year, 7 of 24 restraints were not reviewed by the agency's Human Rights Committee within the required timelines. The agency needs to ensure that restraints receive review by the agency HRC within the required timelines. |
| **Status at mid-cycle** |  All sixteen restraint reports generated during this review period received Human Rights Committee review within 120 days of the occurrence of the restraints. |
| **#met /# rated at mid-cycle** |  14/14 |
| **Rating** | MET |
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| **Residential and Individual Home Supports Areas Needing Improvement on Standards not met:** |
| **Indicator #** | L7 |
| **Indicator** | Fire Drills |
| **Area Need Improvement** | For one location asleep fire drills were not conducted in accordance with DDS standards. The agency needs to ensure that all fire drills are held at a minimum of once per quarter, inclusive of two overnight drills per year, and with staffing patterns that match the safety plan.  |
| **Status at mid-cycle** |  For all locations, fire drills were conducted at frequencies, staffing patterns, and overnight timeframes consistent with those outlined with the homes' Safety Plans. |
| **#met /# rated at mid-cycle** |  3/3 |
| **Rating** | MET |
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| **Indicator #** | L14 |
| **Indicator** | Site in good repair |
| **Area Need Improvement** | At one location, handrails were found to be in need of repair. The agency needs to ensure that all handrails, balusters, stairs, and stairways are in good repair. |
| **Status at mid-cycle** |  Handrails, balusters, stairs, and stairways at all three locations surveyed were in good repair. |
| **#met /# rated at mid-cycle** |  3/3 |
| **Rating** | MET |
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| **Indicator #** | L54 |
| **Indicator** | Privacy |
| **Area Need Improvement** | In one location, information pertaining to individuals' personal needs was posted in public/common areas of the home. The agency needs to ensure that all individuals are afforded privacy with regard to their personal information.  |
| **Status at mid-cycle** |  In three locations, private personal information about individuals was not posted in public view. Individuals were afforded privacy to take care of personal needs, such as bedrooms and staff offices. |
| **#met /# rated at mid-cycle** |  3/3 |
| **Rating** | MET |
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| **Indicator #** | L55 |
| **Indicator** | Informed consent |
| **Area Need Improvement** | For two individuals, photos were posted on the agency's website without a signed release by the guardian. The agency needs to ensure that media releases are obtained prior to posting, and that the form outlines what picture will be released, to whom, and for what purpose. |
| **Status at mid-cycle** |  For three of four individuals surveyed, consent forms were obtained, however lacked the level of specificity needed for guardians to clearly understand what the photograph would be used for. In one instance, consent was obtained to disclose a photograph that had not been taken, or the description of which was not included within the consent form. The agency needs to ensure that when consent is obtained, specific details regarding the use of the photo/video are contained within the consent form. For example, of a photograph will be used in the agency newsletter, consent forms should include the purpose of the use, and specifics such as the date of the newsletter. |
| **#met /# rated at mid-cycle** |  1/4 |
| **Rating** | NOT MET |
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| **Indicator #** | L56 |
| **Indicator** | Restrictive practices |
| **Area Need Improvement** | In five instances, restrictive practices were in place for one individual in the home, and affected others in the home for whom the restriction was not necessary. In these cases, no provisions were in place to lessen the impact of these restrictions on those for whom they were not necessary, and not all guardians received written notice of the presence of the restrictions. The agency needs to ensure that when restrictive practices are present, mitigation plans are in place to lessen the impact on those for whom the restriction is not necessary, and individuals/guardians are informed of the presence of the restriction. |
| **Status at mid-cycle** |  In five of five instances were restrictive practices for one individual that affected others in the home were present, written rationales were present for these restrictions, mitigation practices were in place, and guardians of individuals for whom the restrictions were not necessary were informed of the presence of the restrictions. |
| **#met /# rated at mid-cycle** |  5/5 |
| **Rating** | MET |
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| **Indicator #** | L64 |
| **Indicator** | Med. treatment plan rev. |
| **Area Need Improvement** | For three of seven individuals, there was no evidence of the required review for their medication treatment plan. The agency needs to ensure that medication treatment plans are submitted to the individual's ISP team. |
| **Status at mid-cycle** |  In four of five instances were an individual was taking behavior modifying medication, medication treatment plans had been included in the ISP. |
| **#met /# rated at mid-cycle** |  4/5 |
| **Rating** | MET |
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| **Indicator #** | L86 |
| **Indicator** | Required assessments |
| **Area Need Improvement** | The ISP assessments for three individuals were not submitted to the DDS Area Office within the required timeframe. ISP assessments must be submitted to the DDS Area Office at least 15 days prior to the ISP meeting. |
| **Status at mid-cycle** |  Six of six individuals' ISP assessments were submitted to the DDS Area Office at least 15 days prior to the ISP meeting. |
| **#met /# rated at mid-cycle** |  6/6 |
| **Rating** | MET |
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| **Indicator #** | L87 |
| **Indicator** | Support strategies |
| **Area Need Improvement** | The ISP support strategies for two individuals were not submitted to the DDS Area Office within the required timeframe. ISP support strategies must be submitted to the DDS Area Office at least 15 days prior to the ISP meeting. |
| **Status at mid-cycle** |  Six of six individuals' ISP support strategies were submitted to the DDS Area Office at least 15 days prior to the ISP meeting. |
| **#met /# rated at mid-cycle** |  6/6 |
| **Rating** | MET |
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| **Indicator #** | L91 |
| **Indicator** | Incident management |
| **Area Need Improvement** | For three locations, incident reports were neither submitted nor finalized within the required time frame. The agency needs to ensure that incident reports are submitted and finalized within required time frames. |
| **Status at mid-cycle** |  In two of three locations, incident reports had either been submitted or finalized past the required timelines. The agency needs to ensure that incident reports are submitted and finalized within required timelines. |
| **#met /# rated at mid-cycle** |  1/3 |
| **Rating** | NOT MET |
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| **Mid-Cycle Detail Report** |

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| ***For provider and area office use only. This page elaborates on all of the indicators reviewed at follow-up where the standard was not met.*** |

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| **Licensure Organizational :**  |
| **Indicator** | **Source** | **Issue** |
| L65 | Indi. Doc | For the 16 restraint reports occurring within the review period, five had not been finalized by the restraint manager within five days of the occurrence of the restraint. |

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| **Residential and Individual Home Supports** |
| **Indicator** | **Service Type** | **Location** | **Individual** | **Issue** |
|  | L55 | Residential Services | 5 Silvermine Rd.  |  NC | The consent for this individual was too broad, used for multiple potential purposes and was not situation specific. Consents should only be obtained on an as needed basis and utilized for a specific purpose. |
|  | L55 | Residential Services | 6 Charlesanna Lane  |  JG | Photo consents obtained on 4/8/20, 6/25/20 and 11/4/20 all indicate a photo will be used for various purposes (ex. "brochure/marketing materials"), however this description is not specific enough. |
|  | L55 | Residential Services | 6 Charlesanna Lane  |  KT | The individual's guardian signed a consent to release a photograph/video (11/6/20), however there is no attached photo or description of the photo as referenced by the consent form. |
|  | L64 | Residential Services | 6 Charlesanna Lane  |  PC | The individual is prescribed Hydroxyzine for sleep, and has a behavior modifying medication treatment plan in place. The plan has not received review by the ISP team. |
|  | L91 | Residential Services | 31 Hiram Rd.  |   | Incident 908175 which occurred on 11/17/2020 was finalized four days outside of required timelines. |
|  | L91 | Residential Services | 5 Silvermine Rd.  |   | Incident 832839 occurred on 02/29/2020 but was submitted to HCSIS one day beyond the required timeline. |

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