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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Provider | MAY INSTITUTE (THE) |  | Provider Address | 41 Pacella Park Drive , Randolph | | Survey Team | Caccioppoli, Meagan; Hazelton, John; Downing, John; Napolitan, Tina; Boghoian, Mark; Mazzella, Barbara; Black, Carole; Hutchison, Melanie; |  | Date(s) of Review | 07-SEP-21 to 10-SEP-21 | |
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| |  | | --- | |  | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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 | 2 Year License |  | 6/11 | x | Eligible for new business (Two Year License) | 2 Year License | x | Eligible for New Business (80% or more std. met; no critical std. not met) | | 24 Locations  44 Audits |  |  |  | o | Ineligible for new business. (Deferred Status: Two year mid-cycle review License) |  | o | Ineligible for New Business (<=80% std met and/or more critical std. not met) | | |

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The agency needs to ensure there is at least one person on all shifts who has been trained in the Safety Plan. | | **Status at follow-up** |  | | **#met /# rated at followup** |  | | **Rating** | Not Rated | |  | | | **Indicator #** | L8 | | **Indicator** | Emergency Fact Sheets | | **Area Need Improvement** | Five out of seven emergency fact sheets did not contain all the required components such as accurate guardian contact information, diagnosis, or a current photo. The agency needs to ensure all emergency fact sheets contain all required components. | | **Status at follow-up** |  | | **#met /# rated at followup** |  | | **Rating** | Not Rated | |  | | | **Indicator #** | L36 | | **Indicator** | Recommended tests | | **Area Need Improvement** | For two individuals, recommended appointments with a specialist were not kept. The agency needs to ensure all recommended appointments with a specialist are made and kept. | | **Status at follow-up** |  | | **#met /# rated at followup** |  | | **Rating** | Not Rated | |  | | | **Indicator #** | L43 | | **Indicator** | Health Care Record | | **Area Need Improvement** | The health care records for 2 individuals did not include the most up to date information including surgery, allergy, and diagnosis. The agency needs to ensure health care records are current and accurate. | | **Status at follow-up** |  | | **#met /# rated at followup** |  | | **Rating** | Not Rated | |  | | | **Indicator #** | L47 | | **Indicator** | Self medication | | **Area Need Improvement** | For one individual, staff were securing medication that the individual should have stored. For another, the practices in place were not accurately reflected in her support plan. The agency needs to ensure self-medicating individuals are regularly assessed and support plans are revised to reflect strategies that effectively enable them to maintain their self-medicating skills. | | **Status at follow-up** |  | | **#met /# rated at followup** |  | | **Rating** | Not Rated | |  | | | **Indicator #** | L49 | | **Indicator** | Informed of human rights | | **Area Need Improvement** | For three individuals, their guardians had not been informed on how to file a grievance or to whom they should talk to if they have a concern. The agency needs to ensure all guardians are informed on to file a grievance or know who they should talk to if they have a concern. | | **Status at follow-up** | The agency revised its human rights information to include a grievance procedure. All individuals and their guardians as applicable were fully apprised of their rights to file a grievance and the process to submit grievances. | | **#met /# rated at followup** | 23/23 | | **Rating** | Met | |  | | | **Indicator #** | L50 | | **Indicator** | Respectful Comm. | | **Area Need Improvement** | For three out of seven individuals, there were instances where labels were used when speaking about individuals such as seizure client or their functioning level. Language was not respectful of the people served. The agency needs to ensure staff describes individuals in a positive affirming way with a focus on their abilities. | | **Status at follow-up** |  | | **#met /# rated at followup** |  | | **Rating** | Not Rated | |  | | | **Indicator #** | L51 | | **Indicator** | Possessions | | **Area Need Improvement** | Two individuals were unable to access and keep their possessions based on exhibiting target behaviors. There was no defined parameters or rationale for why these items were removed within their behavior support plans. The agency needs to ensure there is a rationale and parameters in place for all limitations on individuals' access to their possessions. | | **Status at follow-up** |  | | **#met /# rated at followup** |  | | **Rating** | Not Rated | |  | | | **Indicator #** | L54 | | **Indicator** | Privacy | | **Area Need Improvement** | Four individuals had few opportunities /spaces for them to discuss private matters. The agency needs to ensure that all people are afforded a safe and private space to discuss personal matters. | | **Status at follow-up** |  | | **#met /# rated at followup** |  | | **Rating** | Not Rated | |  | | | **Indicator #** | L61 | | **Indicator** | Health protection in ISP | | **Area Need Improvement** | There was no guidance for cleaning and care of supports and health related equipment for one individual. The agency needs to ensure that all equipment is checked to ensure safety while using. | | **Status at follow-up** |  | | **#met /# rated at followup** |  | | **Rating** | Not Rated | |  | | | **Indicator #** | L70 | | **Indicator** | Charges for care calc. | | **Area Need Improvement** | The charges for care calculations for three individuals lacked documentation verifying their monthly unearned benefit amount, and one individual's calculation did not take into account frequent changes in his earned income. The agency needs to obtain verification of benefits to determine the charges for care accurately. | | **Status at follow-up** |  | | **#met /# rated at followup** |  | | **Rating** | Not Rated | |  | | | **Indicator #** | L71 | | **Indicator** | Charges for care appeal | | **Area Need Improvement** | Information regarding the right to appeal charges for care was not sent to the guardians of three individuals, for whom the agency was representative payee. The agency needs to ensure that guardians are informed of the charges for care amount and the right to appeal so they can advocate on behalf of individuals if needed. | | **Status at follow-up** |  | | **#met /# rated at followup** |  | | **Rating** | Not Rated | |  | | | **Indicator #** | L90 | | **Indicator** | Personal space/ bedroom privacy | | **Area Need Improvement** | Three individuals were not offered privacy in the personal space (bedrooms). For two individuals who share their bedroom with another person, privacy screens were not available. For another individual, there was no rationale as to why he was not offered privacy or alone time in his room absent of video monitoring. The agency needs to ensure that all people are offered opportunities to have privacy in their own personal space. | | **Status at follow-up** |  | | **#met /# rated at followup** |  | | **Rating** | Not Rated | |  | | | **Administrative Areas Needing Improvement on Standard not met - Identified by DDS** | | | **Indicator #** | L48 | | **Indicator** | HRC | | **Area Need Improvement** | The Human Rights Committee (HRC) did not have attendance regular attendance of an attorney. Policies, procedures, and training materials related to human rights were not reviewed by the Committee. Several items that were within HRC's purview to review had not been reviewed. The agency needs to ensure that members with required expertise attend meetings. | | **Status at follow-up** |  | | **#met /# rated at followup** |  | | **Rating** | Not Rated | |  | | | **Indicator #** | L66 | | **Indicator** | HRC restraint review | | **Area Need Improvement** | There were 60 restraints that were not reviewed by the HRC within the 120-day time limit. The agency needs to provide the HRC all restraints reports so these are reviewed within 120 days of the event. | | **Status at follow-up** |  | | **#met /# rated at followup** |  | | **Rating** | Not Rated | |  | | | | |

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| |  | | --- | |  | | |  | | --- | | **Follow-up Detail Report** | | | |  | | --- | | ***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.*** | | |  | | |  | | --- | | **Licensure Organizational :** | | | |  |  |  | | --- | --- | --- | | **Indicator** | **Source** | **Issue** | | |