

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**Mid-Cycle Review Internal Findings Report**

Provider UCP of Western Massachusetts, Inc.

Provider Address 208 West Street, Pittsfield

Survey Team Dudley-Oxx, Susan; Millet, Janina;

Date(s) of Review 01-APR-21 to 12-APR-21

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  5 Locations 5 Audits	Defer Licensure	8/10	<input checked="" type="checkbox"/> Eligible for new business  <input type="checkbox"/> Ineligible for new business.	2 Year License with Mid-Cycle Review 62/64 (97% )	<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 Standards not met:**

<b>Indicator #</b>	L1
<b>Indicator</b>	Abuse/neglect training
<b>Area Need Improvement</b>	For two out of three individuals, there was no documentation of training in reporting of abuse and neglect. The agency needs to ensure that individuals received annual training in how to report abuse and neglect to DPPC.
<b>Status at mid-cycle</b>	<p>After the last licensing survey, March 2020, the agency modified their Shared Living/Transition In Home Supports Member Application and ISP checklist to include a list of the following information: DPPC training, dental and annual physical appointments, emergency fact sheets, charges for care information and funds management plans. This addition assisted the agency to ensure individuals and guardians received the required training in how to report abuse and neglect.</p> <p>For this survey, three individuals receiving Placement Services and two individuals receiving Individual Home Supports (IHS) were reviewed. All five individuals and guardians had received the required training or information.</p>
<b>#met /# rated at mid-cycle</b>	5/5
<b>Rating</b>	MET

<b>Indicator #</b>	L8
<b>Indicator</b>	Emergency Fact Sheets
<b>Area Need Improvement</b>	For two out of three individuals, Emergency Fact Sheets lacked required medical and clinical information. The agency needs to ensure that Emergency Fact Sheets include all required information.
<b>Status at mid-cycle</b>	The agency added a review of the Emergency Fact Sheet to the ISP checklist and added an index to the individual's emergency binder to ensure this information is current and complete as well as available on site.

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	For three of the individuals receiving Placement Services and one individual receiving IHS, the Emergency Fact Sheet was current, complete and located at the home. For one individual receiving IHS, the Emergency Fact Sheet did not include all the required information and was missing pertinent medical information.
<b>#met /# rated at mid-cycle</b>	4/5
<b>Rating</b>	MET

<b>Indicator #</b>	L12
<b>Indicator</b>	Smoke detectors
<b>Area Need Improvement</b>	At one out of two homes, there was no smoke or carbon monoxide detector on the first floor. The agency needs to ensure that all homes have operational smoke and carbon monoxide detectors where required.
<b>Status at mid-cycle</b>	<p>The agency modified their Shared Living Visit Worksheet and added the review of smoke and carbon monoxide detectors to their annual home inspection form.</p> <p>A review of two placement locations and two IHS locations found the smoke and carbon monoxide detectors to be operational and located where required. At one placement location, there was no smoke detector in the basement.</p>
<b>#met /# rated at mid-cycle</b>	4/5
<b>Rating</b>	MET

<b>Indicator #</b>	L34
<b>Indicator</b>	Dental exam
<b>Area Need Improvement</b>	For two individuals, there was no documentation of annual dental examinations. The agency needs to ensure that individuals receive annual dental examinations.
<b>Status at mid-cycle</b>	To ensure individuals receive an annual dental exam, the agency added a section on both the Member Application and ISP checklist to address this

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	area.  For the five individuals reviewed, four had received an annual oral exam. In Placement Services, one individual's last dental exam was in March of 2019.
<b>#met /# rated at mid-cycle</b>	4/5
<b>Rating</b>	MET

<b>Indicator #</b>	L67
<b>Indicator</b>	Money mgmt. plan
<b>Area Need Improvement</b>	For two of three individuals who require support in managing their finances, there were no funds management plans outlining the supports provided by the agency in managing and spending personal funds. The agency needs to ensure that when staff control any portion of an individual's funds and provide support to the individual in spending their funds, there is a written plan that details the role of the agency in assisting the individual in funds-management activities, including a training plan to promote greater independence on the part of the individual.
<b>Status at mid-cycle</b>	The agency in consultation with an OQE specialist developed a standardized templet to ensure funds management plans are developed for all individuals who receive assistance in funds management from the agency. The outline includes all the required components such as how the agency assists the individual in monitoring their funds, a training plan and signed agreement. The plans are modified if necessary when individuals receive updated benefit information from the Social Security Administration and reviewed as part of the ISP process.  Funds management plans for all five individuals in this mid-cycle review were present and met licensing standards.
<b>#met /# rated at mid-cycle</b>	5/5
<b>Rating</b>	MET

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<b>Indicator #</b>	L71
<b>Indicator</b>	Charges for care appeal
<b>Area Need Improvement</b>	For one individual, the agency had not provided written information regarding rights to appeal charges for care. The agency needs to ensure that individuals or their guardians are informed of rights to appeal charges for care, including information on how to proceed with such an appeal.
<b>Status at mid-cycle</b>	<p>The agency developed a policy and standardized form for Charges for Care. The form includes information on appeal rights and who the individual or guardian should contact to contest the charges.</p> <p>Charges for Care forms with information on the appeals process for Placement Services were reviewed and signed by all three individuals or their guardians.</p>
<b>#met /# rated at mid-cycle</b>	3/3
<b>Rating</b>	MET

<b>Indicator #</b>	L85
<b>Indicator</b>	Supervision
<b>Area Need Improvement</b>	Monthly visits to placement service locations by agency staff has not provided effective oversight of medication administration or environmental safety. The agency needs to implement a more comprehensive and effective system of oversight of placement services that addresses requirements for medication administration, preventative health screenings, and environmental safety.
<b>Status at mid-cycle</b>	The agency in consultation with an OQE Specialist updated their Shared Living Visit Worksheet to enhance their review of environmental safety, health care needs, and medication administration. A review of five individuals and locations found the agency had improved outcomes related to supervision and oversight of service provision.
<b>#met /# rated at mid-cycle</b>	5/5
<b>Rating</b>	MET

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<b>Indicator #</b>	L86
<b>Indicator</b>	Required assessments
<b>Area Need Improvement</b>	Required ISP assessments were not submitted to DDS within required timelines. The agency needs to ensure that the submission of required assessments occurs within 15 days of the ISP meeting date.
<b>Status at mid-cycle</b>	<p>To address compliance with completion and submission of assessments for an individual's ISP, the agency developed an ISP checklist. This checklist outlines the required documentation requested in HCSIS such as assessments and support strategies as well as the required timelines for completion of the ISP process. In addition, the agency recently hired an Assistant Director of Family Support who will be responsible for the completion and submission of ISP documentation.</p> <p>A review five individuals determined that for three individuals, the Service Coordinator had not sent an invitation to the ISP meeting within the required 30-day timeframe nor requested the assessments in HCSIS. For the remaining two individuals, the agency submitted assessments within the required timeframes for one individual.</p>
<b>#met /# rated at mid-cycle</b>	1/2
<b>Rating</b>	NOT MET

<b>Indicator #</b>	L87
<b>Indicator</b>	Support strategies
<b>Area Need Improvement</b>	Provider Support Strategies were not submitted to DDS within required timelines. The agency needs to ensure that the submission of Provider Support Strategies occurs within 15 days of the ISP meeting date.
<b>Status at mid-cycle</b>	The agency developed a checklist to ensure documentation including support strategies are submitted within fifteen days of the ISP meeting. In addition, the agency recently hired an Assistant Director of Family Supports to provide oversight of ISP documentation.

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	A review of five individuals determined that for three of the individuals, the Service Coordinator had not sent an invitation to the ISP meeting within the required 30-day timeframe nor requested the support strategies in HCSIS. For two individuals receiving Placement Services the agency had submitted provider support strategies on time, This included one individual where the Service Coordinator had not requested provider support strategies, but the agency had completed and submitted documentation in a timely manner.
<b>#met /# rated at mid-cycle</b>	2/3
<b>Rating</b>	NOT MET

<b>Indicator #</b>	L90
<b>Indicator</b>	Personal space/ bedroom privacy
<b>Area Need Improvement</b>	One individual out of three did not have a lock on his bedroom door. The agency needs to ensure that all individuals have privacy in their own personal space with a lockable bedroom door.
<b>Status at mid-cycle</b>	<p>A section was added to include a review of required inspections and locks on bedroom doors to the agency's Shared Living Provider and Home Checklist. This form is used to conduct annual inspections of homes providing IHS and placement services.</p> <p>A review of five locations found that there were locks on all the individuals' bedroom doors.</p>
<b>#met /# rated at mid-cycle</b>	5/5
<b>Rating</b>	MET