

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

Provider Venture Community Services Provider Address 1 Picker Road - P.O. Box 38 , Sturbridge
 Survey Team Adorno, Elsa; Date(s) of Review 29-MAR-23 to 29-MAR-23

| 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 |
| Employment and Day Supports 2 Locations 9 Audits | 2 Year License | 2/2 | 7/7 | <input checked="" type="checkbox"/> Eligible for new business (Two Year License) <input 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

Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by Provider

| | |
|---------------------------------|---|
| Indicator # | L91 |
| Indicator | Incident management |
| Issue Identified | The agency's internal incident report tracking spreadsheet showed that overall compliance was 84.9% of incidents submitted within timelines. However among those, 7 out of 26 CBDS incident reports were submitted late. |
| Actions Planned/Occurred | Three late reports were due to an email that was sent to one person in DAQE and was missed. In 2022, the agency put in place an incident reports email which is monitored by several members of the quality team and has streamlined reporting. Timeline compliance reports have been developed and will be sent to leadership to help improve incident submission timeline compliance. |
| Status at follow-up | |
| Rating | Not Rated |

Administrative Areas Needing Improvement on Standard not met - Identified by DDS

| | |
|----------------------------------|---|
| Indicator # | L48 |
| Indicator | HRC |
| Area Need Improvement | Seven Hills has five human rights committees. A review of human rights committee meeting minutes for the past two years showed that two committees did not have a member with legal expertise. For one committee, the legal representative did not attend the majority of meetings. For two committees, the medical representative did not attend the majority of meetings, and one committee did not meet quarterly as required. The agency needs to ensure that each human rights committee is comprised of the requisite expertise among its membership and that members with required expertise, i.e., legal, medical, and clinical representatives, are present at scheduled meetings. Additionally, the agency must support its human rights committees to meet at least quarterly. |
| Status at follow-up | |
| #met /# rated at followup | |
| Rating | Not Rated |

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

| | |
|---------------------------------|--|
| Indicator # | L65 |
| Indicator | Restraint report submit |
| Issue Identified | Out of 38 restraint reports, 14 were not submitted or finalized within timelines. |
| Actions Planned/Occurred | The agency will retrain staff in timelines for submission and finalizing restraint reports and review the current workflow to facilitate faster turnaround. Timeline compliance reports will be sent to Area Directors and Program Directors to review with their staff. |
| Status at follow-up | |
| Rating | Not Rated |

| | |
|---------------------------------|---|
| Indicator # | L76 |
| Indicator | Track trainings |
| Issue Identified | Seven Hills transitioned to a new learning management software in 2022. Training compliance was not easily reported to managers at first. There was a delay due to implementation issues with assigning content to users. |
| Actions Planned/Occurred | Currently, the training department sends completion reports twice a week to Vice Presidents and managers. Compliance improved greatly in the past two months. All staff are assigned the required trainings that are completed or tracked through the learning management software. |
| Status at follow-up | |
| Rating | Not Rated |