

DEPARTMENT OF DEVELOPMENTAL SERVICES
LICENSURE AND CERTIFICATION
PROVIDER FOLLOW-UP REPORT

Provider: Venture Community Services

Provider Address: 1 Picker Road - P.O. Box 38 ,
Sturbridge

Name of Person Laurie Reynolds
Completing Form: _____

Date(s) of Review: 29-MAR-23 to 29-MAR-23

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	5/6

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

Indicator #	L56
Indicator	Restrictive practices

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Area Need Improvement	<p>Environmental restrictions such as locked access to household supplies were necessary for individuals at one residential location, and alarms on exit doors were installed at another residential location. These restrictive interventions were not reviewed by the agency's human rights committee. Further, plans to fade use of the interventions as well as mitigate the impact on housemates were not developed.</p> <p>Where restrictions within a home environment are necessary for one or more individuals, a written plan must be developed that includes teaching strategies aimed at eliminating need for the restriction. Strategies also need to be developed to mitigate the impact of the restriction on those who do not require it, and guardians need to be informed of these mitigation strategies. Additionally, all restrictive interventions must be reviewed by the human rights committee and incorporated into the individual's ISP.</p>
Process Utilized to correct and review indicator	<p>The two locations where this was cited, have been corrected. Across the agency, all restrictions are under review by Behavioral Health to ensure that they are captured in all behavior plans. Notification of restriction(s) have been sent out to all appropriate individuals. Venture's Human Rights Committee reviews all restrictions on a quarterly basis.</p>
Status at follow-up	
Rating	Met

Indicator #	L61
Indicator	Health protection in ISP

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Area Need Improvement	For two individuals who use of supportive or protective devices and equipment, there was no information regarding the frequency and duration of their use, as well as procedures for care, maintenance, and safety checks. The agency needs to ensure that when an individual requires the use of a health-related supportive or protective equipment, it needs to be authorized by a healthcare professional and must identify the need for the device, the indications for use, the frequency and duration of use, and procedures for safety checks and maintenance.
Process Utilized to correct and review indicator	All supportive and health related protections are checked for accuracy by the Residential Program Director. Any incorrect forms are redone and sent out to physician's for signature. The Residential Program Director also ensures that the safety checks are completed as stated. All staff were retrained in supportive and health related protections.
Status at follow-up	
Rating	Met

Indicator #	L63
Indicator	Med. treatment plan form
Area Need Improvement	Review of fifteen medication treatment plans determined that twelve did not address all required components. There was absence of measurable criteria for determining success in relation to frequency of target behaviors and/or measurable criteria to prompt discussion with the prescriber about adjusting or discontinuing the medication. The agency needs to ensure medication treatment plans address all required elements.

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Process Utilized to correct and review indicator	Our Behavioral Health department is currently reviewing all Med Treatment plans to ensure all components are met and that any conversations with prescribing Psychiatrists around the need to adjust, discontinue, or continue medications are noted.
Status at follow-up	
Rating	Not Met

Indicator #	L84
Indicator	Health protect. Training
Area Need Improvement	For two individuals, staff were not trained on utilization of AFO's and bedrails. The agency needs to assure that staff are trained in the correct utilization of supportive and health related protections.
Process Utilized to correct and review indicator	All staff were recently trained in the proper utilization, safety checks, and documentation of all supportive and health related protections across the agency.
Status at follow-up	
Rating	Met

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	For three out of fifteen individuals, provider support strategies were not submitted to DDS within the required timeline. The agency needs to ensure that provider support strategies are submitted fifteen days prior to the ISP meeting.

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Process Utilized to correct and review indicator	The Director of Residential Services is monitoring timely submission of all provider support strategies. Discussions were held with Residential Program Directors and House Managers around the importance of timely submission.
Status at follow-up	
Rating	Met

Indicator #	L91
Indicator	Incident management
Area Need Improvement	For four out of sixteen locations, incident reports were not submitted or reviewed within the required timelines. The agency needs to ensure incidents reports are submitted and reviewed within required timelines.
Process Utilized to correct and review indicator	The Director of Residential Services is monitoring timely submission of all incident reports by checking HCSIS when an incident occurs. Discussions were held with Residential Program Directors and House Managers around the importance of timely submission.
Status at follow-up	
Rating	Met