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| |  |  |  | | --- | --- | --- | | **Follow-up Scope and results :** |  |  | | Service Grouping | Licensure level and duration | # Indicators std. met/ std. rated | | Residential and Individual Home Supports | 2 Year License | 3/5 | |  |  |  | | |  |

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| |  | | --- | | **Summary of Ratings** | |  |
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| |  |  | | --- | --- | |  |  | | |  |  | | --- | --- | | **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS** | | | **Indicator #** | L15 | | **Indicator** | Hot water | | **Area Need Improvement** | At three of the five locations, water temperature measured outside of the required range.  The agency needs to ensure that water temperature is maintained to be within the required range. | | **Process Utilized to correct and review indicator** | Hot water temps was checked at all the residence of the six clients that were sampled for the follow-up. | | **Status at follow-up** | At UPDATED as of 12/15/2021: 6:6 clients (100%) of the temperatures fell within the required range as of 12/14/2021. All homes are checked monthly to ensure temps stay within appropriate range. | | **Rating** | Met | |  | | | **Indicator #** | L35 | | **Indicator** | Preventive screenings | | **Area Need Improvement** | Two of the seven individuals did not receive the required preventative screenings.  The agency needs to ensure that individuals that they serve receive the recommended medical screenings. | | **Process Utilized to correct and review indicator** | All 6 clients medical records were audited by the VHS Quality team on 12/6/2021 and 12/7/2021. Status at follow-up 4:6 (67%) of the clients had. | | **Status at follow-up** | 4:6 (67%) of the clients had all of their preventative screenings completed. Two of the six were missing one or two screenings and are In Progress now and have not been completed yet. These screenings are scheduled to be completed early 2022. | | **Rating** | Not Met | |  | | | **Indicator #** | L56 | | **Indicator** | Restrictive practices | | **Area Need Improvement** | For one individual, there was no information developed to inform the guardian of a restrictive practice intended for another individual that affected all individuals in the home. The agency needs to ensure that guardians are informed of any restrictive practices within the home that may affect all individuals living there. | | **Process Utilized to correct and review indicator** | All 6 clients records were audited by the VHS Quality team on 12/6/2021 and 12/7/2021 for restrictive practices that affected the client and other clients in the home. | | **Status at follow-up** | Of the six clients, four have restrictive practices. 3:4 (75%) restrictive practices were compliant with documentation and there was evidence to support that the guardians were informed of the restrictive practice. One client was missing documentation for consent of restrictive practice. Additional follow up is In Progress. | | **Rating** | Not Met | |  | | | **Indicator #** | L64 | | **Indicator** | Med. treatment plan rev. | | **Area Need Improvement** | For four of six individuals, the medication treatment plan had not been submitted to the ISP team for review.  The agency needs to ensure that Medication Treatments plans are submitted to the ISP team. | | **Process Utilized to correct and review indicator** | All 6 clients medical records were audited by the VHS Quality team on 12/6/2021 and 12/7/2021 to verify that medical treatment plans were sent to the ISP Team. | | **Status at follow-up** | Of the six clients, four have med treatment plans. 4:4 (100%) of the med treatment plans were sent to ISP team. | | **Rating** | Met | |  | | | **Administrative Areas Needing Improvement on Standard not met - Identified by DDS** | | | **Indicator #** | L48 | | **Indicator** | HRC | | **Area Need Improvement** | The human rights committee did not meet the required number of times over the past 2 years, and therefore did not meet its mandate. The agency needs to ensure that its human rights committee meets the required number of times each year and meet all its mandates. | | **Process Utilized to correct and review indicator** | DDS Human Rights Coordinator was appointed - Lynda Uche. She utilizes the templates for meetings, agendas, scheduling, DPPC reviews, etc. Included as evidence is the meeting appointment and the agenda at the end of this document. Candi Ramos will send the final information (i.e. attendance sheet, minutes, etc. to OQE once finalized by VHS' Human Rights Coordinator.) We will send required human rights documentation quarterly to area office and DDS human rights coordinator. | | **Status at follow-up** | Next Meeting Scheduled for 12/10/2021. UPDATE as of 12/15/2021. See minutes and information below. | | **Rating** | Met | |  | | |  | | |