

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

Provider: VINFEN _____

Provider Address: 950 Cambridge Street , Cambridge _____

Name of Person Sue Morse
Completing Form: _____

Date(s) of Review: 18-APR-22 to 20-APR-22 _____

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	0/7
Employment and Day Supports	2 Year License	0/2

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

Summary of Ratings

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

Indicator #	L35
Indicator	Preventive screenings
Issue Identified	Upon review of preventative screenings (i.e. mammography, prostate exams, colonoscopies etc.), it was determined that multiple individuals did not have screenings within the required timelines.
Actions Planned/Occurred	Due to the COVID-19 pandemic, many medical providers cancelled or were not able to see the individuals. Program Directors will continue to work with medical providers to schedule all necessary appointments. The Quality Department created a new tracking sheet that will be used to document attempts to schedule appointments. Program Directors will submit those tracking sheets to their Sr Program Directors for review.
Process Utilized to correct and review indicator	During March, Program Directors completed a review of all records to determine which preventive screenings were outstanding. This review was submitted to the Sr Program Directors who reviewed the data and worked with each Program Director (Program Specialist when applicable) to ensure all screenings were scheduled as needed. During Supervisions between Sr Program Directors and Program Directors, this area will be reviewed to ensure timely follow-up. Program Nurses will check appointment documentation when visiting programs and feedback as necessary. Another review will be completed by the Program Directors/Program Specialists in four months to determine which screenings occurred and if any are still outstanding.
Status at follow-up	Ongoing.
Rating	Not Met

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

Indicator #	L36
Indicator	Recommended tests
Issue Identified	Some individuals did not have recommended tests/screenings completed.
Actions Planned/Occurred	Due to the COVID-19 pandemic, many medical providers cancelled or were not able to see the individuals. Program Directors will continue to work with medical providers to schedule all necessary appointments. The Quality Department created a new tracking sheet that will be used to document attempts to schedule appointments. Program Directors will submit those tracking sheets to their Sr Program Directors for review.
Process Utilized to correct and review indicator	During March, Program Directors completed a review of all records to determine which recommended tests were outstanding. This review was submitted to the Sr Program Directors who reviewed the data and worked with each Program Director (Program Specialist when applicable) to ensure all tests were scheduled as needed. During Supervisions between Sr Program Directors and Program Directors, this area will be reviewed to ensure timely follow-up. Program Nurses will check appointment documentation when visiting programs and provide feedback as needed. Another review will be completed by the Program Directors/ Program Specialists in four months to determine which tests occurred and if any are still outstanding.
Status at follow-up	Ongoing.
Rating	Not Met

Indicator #	L60
Indicator	Data maintenance
Issue Identified	At some programs, behavior related Progress Notes and data tracking were not consistently completed.

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Actions Planned/Occurred	Assistant Clinical Directors will determine locations with inconsistent data tracking and Progress Notes and will complete retraining as needed. This topic be reviewed as part of future Sustainability meetings. In addition, Vinfen's Developmental Service Division is moving to an Electronic Health Record (EHR) in 2022 which will allow for much closer monitoring by supervisors and administrative staff.
Process Utilized to correct and review indicator	Program Directors will ensure re-training occurs for both regular, Relief and Agency staff. Program Directors will prioritize reviewing Progress Records' data recording sheets consistently and several times per week and give feedback to staff in real time regarding missing data. Larger programs, such as day programs, will develop systems regarding who and when data will be checked by the following: Program Directors, Assistant Clinical Directors, and Program Specialists. Program Directors and Assistant Clinical Directors will complete the Group Management Feedback Tools more consistently with staff so that we catch and give feedback in real time.
Status at follow-up	Ongoing.
Rating	Not Met

Indicator #	L79
Indicator	Restraint training
Issue Identified	Staff not consistently trained within expected timelines for correct administration of restraints.
Actions Planned/Occurred	Vinfen is looking to hire a cadre of staff who will solely train on Safety Care. Trainings also began being held regionally to allow for easier travel for staff attending courses. Directors of Service, Senior Program Directors, and Program Directors are reviewing divisional reports to determine staff who need training and/or are approaching their certification expiration date. Senior leadership and the Training

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

	Center will meet periodically to review training/certification data and review the efficacy of various initiatives to improve training adherence.
Process Utilized to correct and review indicator	As the position for a full time Safety Care trainer has not been filled, several Training Center staff have become Safety Care trainers and are each holding trainings on a weekly basis, enhancing our capacity and frequency of trainings. In addition, Vinfen has increased the number of field Safety Care instructors which has allowed us to offer even more trainings. The Training Center is sending various reports with training information to the Directors of Service and Sr Program Directors who are reviewing those reports with their Program Directors. Sr Program Directors are then following up with their Program Directors to ensure all staff are getting registered for courses. When possible, site-specific trainings will be held vs sending staff to training centers. Since late February, we have seen an increase of 21% of staff certified in Safety Care.
Status at follow-up	Ongoing.
Rating	Not Met

Indicator #	L87
Indicator	Support strategies
Issue Identified	Objectives not consistently submitted to HCSIS within required timelines.
Actions Planned/Occurred	Actions occurred/ planned to address issues The Quality Department runs monthly reports for the field and has created various tools that automate reminders for HCSIS objectives. Senior Program Directors have been asked to run weekly reports in HCSIS to determine if they have any persons served with objectives due. The Quality Department will continue to train managers at DOS and SPD cluster meetings.

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

Process Utilized to correct and review indicator	The Quality Department has adjusted resources in order to run the ISP: Review Process Management and the ISP: Progress Summary reports for all residential Sr Program Director clusters several times per month. Lists of individuals with upcoming ISP tasks in HCSIS are emailed to each Sr. Program Director cluster. Day Program Specialists also run these reports and prompt Program Directors. Sr. Program Directors have trained their Program Directors to review those lists and complete any ISP tasks as soon as possible. Sr. Program Directors will follow-up with Program Directors to ensure all documentation has been submitted in HCSIS within the allotted timeframes. Quality staff will continue to attend Cluster meetings as requested to retrain Program Directors on HCSIS timelines and best practice strategies to help them ensure they complete their HCSIS tasks on time.
Status at follow-up	Ongoing.
Rating	Not Met

Indicator #	L88
Indicator	Strategies implemented
Issue Identified	At some sites, Progress Notes not consistently completed.
Actions Planned/Occurred	Vinfen is moving to an Electronic Health Record which should allow for closer monitoring of documentation. In addition, various initiatives have been implemented to improve recruitment numbers as having regular trained staff has been difficult during the staffing crisis. Program Directors who have had historically more success in this area have been asked for feedback and suggestions on what systems have been most helpful for them. The Sustainability Workgroup will continue to address this area.
Process Utilized to correct and review indicator	Program Directors will be re-trained during Sustainability Meetings on writing Progress Notes. Sr Program Directors will determine with the Program Director at each site which staff member is responsible

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

	for writing notes. Program Directors and Assistant Clinical Directors will re-train staff responsible for writing notes at each site. The first Progress Note of each ISP cycle should be written by an expert so that other staff can follow that clear example going forward. Questions will be added to the on-going TSAT Audit forms regarding note completion so that we ensure Sr. Program Directors have immediate data for their oversight of this system. A training is being developed for those clusters uploading their signed notes into the SharePoint system (how to upload into SharePoint).
Status at follow-up	Ongoing.
Rating	Not Met

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

Indicator #	L79
Indicator	Restraint training
Issue Identified	X
Actions Planned/Occurred	X
Process Utilized to correct and review indicator	As the position for a full time Safety Care trainer has not been filled, several Training Center staff have become Safety Care trainers and are each holding trainings on a weekly basis, enhancing our capacity and frequency of trainings. In addition, Vinfen has increased the number of field Safety Care instructors which has allowed us to offer even more trainings. The Training Center is sending various reports with training information to the Directors of Service and Sr Program Directors who are reviewing those reports with their Program Directors. Sr Program Directors are then following up with their Program Directors to ensure all staff are getting registered for courses. When possible, site-specific trainings will be held vs sending staff to training centers. Since late February, we have seen an increase of 21% of staff certified in Safety Care.

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

Status at follow-up	Ongoing.
Rating	Not Met

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

Indicator #	L76
Indicator	Track trainings
Issue Identified	Trainings tracked but staff have not been consistently trained for various certifications.
Actions Planned/Occurred	The staffing crisis, Training Center turnover, and the COVID-19 pandemic have led to a backlog of staff who need to be trained. Vinfen has hired new Training Center staff and implemented an electronic training system where possible (Relias). Directors of Service and Senior Program Directors have been given regular reports on attendance. Senior leadership and the Training Center will meet periodically to review training/certification data and review the efficacy of various initiatives to improve training adherence.
Process Utilized to correct and review indicator	The Training Center is sending various reports with training information to the Directors of Service and Sr Program Directors who are reviewing those reports with their Program Directors. Sr Program Directors are then following up with their Program Directors to ensure all staff are getting registered for courses. Since late February, we have seen an increase of 13% of staff certified in CPR and 13% of staff certified in First Aid.
Status at follow-up	Ongoing.
Rating	Not Met