

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

Provider: VINFEN _____

Provider Address: 950 Cambridge Street , Cambridge _____

Name of Person Completing Form: Susan Morse _____

Date(s) of Review: 13-MAY-24 to 14-MAY-24 _____

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	1/6

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

Indicator #	L36
Indicator	Recommended tests
Area Need Improvement	For six of twenty-seven individuals recommended tests and appointments with specialists were not made and kept. The agency needs to ensure that medical follow up and recommended specialty referrals are made, and appointments are kept.

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Process Utilized to correct and review indicator	During the March Sustainability Series A meeting, this Indicator was reviewed. DOS and SPD Clusters retrained managers on the need to ensure that all recommended tests and appointments are made and kept during their Cluster Meetings with Program Directors. 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. During the Mock S&C Audits, this area will be audited to determine which tests and appointments occurred and if any are still outstanding. We are also looking to standardize the way managers track appointments as part of QI initiative regarding HCP visits; once we begin using an Electronic Health Record this will make it easier to track all appointments and recommended tests.
Status at follow-up	On-going
Rating	Not Met

Indicator #	L43
Indicator	Health Care Record
Area Need Improvement	For eight of twenty-eight individuals, health care records were not updated and accurate. The agency needs to ensure that health care records are maintained and updated as required.

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Process Utilized to correct and review indicator	During the March Sustainability Series A meeting, this Indicator was reviewed. DOS and SPD Clusters retrained managers on the need to ensure that all recommended tests and appointments are made and kept during their Cluster Meetings with Program Directors. Additionally, training on the need to finalize/close the HCR after updating data so that the data appears in the closed version was done. During Supervisions between Sr Program Directors and Program Directors, this area will be reviewed to ensure Program Directors are updating HCRs in timely manner. Program Nurses will review and update HCRs during the spring "Annual Nurse Book Review" process and will retrain Program Directors as needed if they find missing/outdated information in the HCR. During the Mock S&C Audits, HCRs will be audited to determine if there is any missing/outdated information.
Status at follow-up	On-going
Rating	Not Met

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	For four of twelve individuals, restrictive practices that affected everyone at a location were not properly outlined with mitigations for others for whom the restrictions were not intended. The agency needs to ensure that restrictive intervention outlines include provisions aimed at not unduly restricting the rights of others and have the required reviews.
Process Utilized to correct and review indicator	The Clinical team and Quality revised the Notification of Restrictive Practices form to ensure that the language is clear for all individuals/guardians and relevant to each restriction. The Assistant Clinical Directors have been apprised of the revisions. This form is posted on the intranet and will be used going forward.

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Status at follow-up	Completed.
Rating	Met

Indicator #	L63
Indicator	Med. treatment plan form
Area Need Improvement	For six of twenty-seven individuals', medication treatment plans were missing some required components including data collection. The agency needs to ensure that medication treatment plan when needed are developed to contain all required components including data that is tracked and shared with prescribing physicians.
Process Utilized to correct and review indicator	The Director of Clinical Services reviewed the findings from Survey during a Clinical Team Meeting with the Assistant Clinical Directors. Any applicable Behavior Modifying Medication Support Plans (BMMSP) that needed correction were revised by the Assistant Clinical Director. The Clinical and Operations Leadership Team are meeting to revise the language in the BMMSP template to include information about how/when the information is shared with providers. The Assistant Clinical Directors will be trained on the revised form. This form will be posted on the intranet and used going forward. Assistant Clinical Directors will consult, as needed, with the Team and Nursing when creating a BMMSP. During their site visits after reviewing the BMMSP data recording forms, Assistant Clinical Directors will alert Program Directors and Sr Program Directors when data recording is not consistently occurring. Program Directors will complete Supervision and retraining with applicable staff regarding the need to complete all data recording.
Status at follow-up	On-going.
Rating	Not Met

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Indicator #	L68
Indicator	Funds expenditure
Area Need Improvement	For eighteen of twenty-seven individuals, expenditures were not incurred solely for purposes that directly benefit the individual, and in some cases not properly tracked. The agency needs to ensure that expenditures of individual's funds are made only for purposes that directly benefit the individual and are properly tracked.
Process Utilized to correct and review indicator	The Finance Department has contacted True Link and has a process in place for Vinfen to cover monthly fees for DSD/BID individuals beginning with June 2024 fees. Further, we are in the process of reconciling fees already charged in RPM to the True Link reports. The actual reimbursement transfer back to individual accounts will be completed by end of May 2024 (or sooner if feasible). The reimbursement will cover fees charged from December - May 2024 (True Link waived the first month of fees in November 2024).
Status at follow-up	On-going.
Rating	Not Met

Indicator #	L88
Indicator	Strategies implemented
Area Need Improvement	For six of twenty-eight individuals, ISP objectives were not being implemented and documented as agreed upon. The agency needs to ensure that individuals are supported to work on their ISP objectives and progress towards goal accomplishment tracked.

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Process Utilized to correct and review indicator	During the March Sustainability Series A meeting, this Indicator was reviewed. DOS and SPD Clusters retrained managers on the need to ensure that all objectives are being run and that data recording occurs for those objectives during their Cluster Meetings with Program Directors. During Supervisions between Sr Program Directors and Program Directors, this area will be reviewed to ensure Program Directors are closely monitoring data recording sheets to ensure that the strategies are being implemented and that data is being tracked on the objectives.
Status at follow-up	On-going.
Rating	Not Met