DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Provider: WALNUT STREET CENTER

Provider Address: 291 Mystic Avenue , Medford

Name of Person Completing Form: Eva Osagiede

Date(s) of Review: 01-JUL-23 to 31-JUL-23

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Employment and Day Supports		4/4
Residential and Individual Home Supports	2 Year License	9/9

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

Indicator #	L8
Indicator	Emergency Fact Sheets

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Area Need Improvement	For three individuals, emergency fact sheets were missing necessary components. The agency needs to ensure that all emergency fact sheets are current and accurate.
Process Utilized to correct and review indicator	Quarterly at the Health management meetings nurse, AD and Mangers will sit together and compare consultation forms, diagnosis, EFS and healthcare records and update as needed.
Status at follow-up	The 3 individuals EFS in question were updated and corrected.
Rating	Met

Indicator #	L33
Indicator	Physical exam
Area Need Improvement	Two individuals did not have an annual physical exam. The agency needs to ensure that all individuals receive annual physicals.
Process Utilized to correct and review indicator	Quarterly at the Health management meetings, the nurse, AD and Mangers will meet to go over the HMM form that tracks all appointments including specialty appointments and make sure that it is scheduled and followed up on.
Status at follow-up	HMM meeting held from 7/24/23-7/28/23; 95% of individuals have their physical and others schedule for their upcoming physical.
Rating	Met

Indicator #	L35
Indicator	Preventive screenings

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Area Need Improvement	Five individuals had not received routine and preventative screening as indicated by the Massachusetts Department of Developmental Services Annual Health Screening Checklist. The agency needs to ensure individuals are supported to receive routine and preventative screenings.
Process Utilized to correct and review indicator	Quarterly at the Health management meetings, the nurse, AD and Mangers will meet to go over the HMM form that tracks all appointments including specialty appointments that state gender, age and requirements and make sure that it is scheduled and followed up on.
Status at follow-up	The 5 individuals in question had a follow up with their health care provider and the necessary screening was addressed and reviewed with guardians
Rating	Met

Indicator #	L36
Indicator	Recommended tests
Area Need Improvement	Three individuals had not completed recommended tests and/or had not attended appointments with their specialists. The agency needs to ensure individuals appointments with specialist are made and kept and recommended tests are completed.
Process Utilized to correct and review indicator	Process Utilized to correct and review indicator After every appointment manager will update AD, Director, Nurse and guardian stating any recommended exams/ procedures, if the patient, guardian or doctor does not believe the testing or procedure is in the best interest of the individual a letter from the provider needs to be in place acknowledging the refusal and reason.
Status at follow-up	Each individual was reviewed during HMM in regard to preventive screenings. Ongoing discussion with health care providers and guardians on the importance of preventative screenings.

Rating	Met

Indicator #	L43
Indicator	Health Care Record
Area Need Improvement	Two individuals did not have updated health care records. The agency needs to ensure that all health care records are updated regularly to reflect current diagnoses, medications, etc.
Process Utilized to correct and review indicator	Quarterly at the Health management meetings, the nurse, AD and Mangers will meet to go over the HMM form that tracks all appointments including specialty appointments that state gender, age and requirements and make sure that it is scheduled and followed up on. Also during ISP year, the HCR will be updated 30 days before the ISP meeting to ensure all information are updated and accurate.
Status at follow-up	Planning meetings are complete. Comparison of diagnosis, medications and symptoms is complete during HMM 7/24/23-7/31/23.
Rating	Met

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	At one location the restrictive practices in place did not have mitigations plan. The agency needs to ensure that restrictive practices in place for one individual do not unduly affect others in the home.
Process Utilized to correct and review indicator	Restrictive practices will be reviewed annually or quarterly by the clinical team and presented to HRC.

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Status at follow-up	Currently all restrictive practices are being reviewed and updated to ensure all mitigations are in place and are current.
Rating	Met

Indicator #	L67
Indicator	Money mgmt. plan
Area Need Improvement	Two funds management plans contained information contradictory to practices at the program and/or did not include information of how all rep payee funds were being managed. The agency needs to ensure funds management plans are accurate and contain all the necessary components as indicated by regulations.
Process Utilized to correct and review indicator	Review of all current funds management plans and updated by 7/31/23. Funds management plans will be reviewed yearly prior to ISP.
Status at follow-up	The plans in question have been updated. Management re-training on 7/20/23 of funds management plans.
Rating	Met

Indicator #	L94 (05/22)
Indicator	Assistive technology
Area Need Improvement	Two individuals did not have the required assistive technology to maximize their independence. The agency needs to ensure that, once assessed, individuals have the necessary assistive technology in their identified areas of need.
Process Utilized to correct and review indicator	Review of DDS old and current Assistive Technology plan for individuals to maximize their independence. Implementation will be in effect Jan 2024 for all individuals.

Status at follow-up	These 2 individual plans were updated with the need for assistive technology to maximize their independence.
Rating	Met

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

Indicator #	L7
Indicator	Fire Drills
Area Need Improvement	For this location, fire drills were not conducted within the allotted evacuation time as outlined in the Emergency Evacuation Safety Plan and were missing required data associated with drills. The agency needs to ensure that fire drills are conducted within the maximum evacuation timeframe as stated in the Safety Plan and record all relevant data, including the level of assistance provided to each individual, and any adaptive equipment used by each individual.
Process Utilized to correct and review indicator	Fire drill evacuation time frame for the Day supports safety plan was updated to 5mins. All Staffs were re-trained 7/5/23.
Status at follow-up	Fire drill for the quarter done for the new timeframe. The past few fire drills have been under 5 minutes- 4min 25sec, 3min 54sec, 3min 42sec.
Rating	Met

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Indicator #	L15
Indicator	Hot water
Area Need Improvement	At this location, hot water temperatures were outside the acceptable range. The agency must ensure water temperatures measure 110 degrees.
Process Utilized to correct and review indicator	We installed mixing valves to faucets that didn't already have them and test temperatures throughout the building once a month.
Status at follow-up	This location has water temperatures within acceptable limits.
Rating	Met

Indicator #	L91
Indicator	Incident management
Area Need Improvement	At this location, incident reports were not submitted and finalized as mandated by DDS regulation. The agency needs to ensure that incident reports are submitted and finalize in HCSIS according to requisite timelines.
Process Utilized to correct and review indicator	We retrained all managers around timely submission of all incident report and finalizing. We are hiring a QA Director that will report on timelines for IR monthly via our dashboard. We will be adding it to the monthly dashboard for closer review and compliance.
Status at follow-up	From 6/9/23 to 7/31/23, HCSIS reports shows _100_% of incident report was submitted on time.
Rating	Met

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

Indicator #	L65
Indicator	Restraint report submit
Area Need Improvement	Four restraint reports were not submitted within timelines. The agency needs to ensure restraints are created within three days and finalized within 5 days.
Process Utilized to correct and review indicator	We retrained all Managers on timely reporting on restraint to ensure each restraint is submitted within the timeframe. We are hiring a QA Director that will report on timelines for restraints monthly via our dashboard. We will be adding it to the monthly dashboard for closer review and compliance.
Status at follow-up	From 6/9/23 to 7/31/23, HCSIS reports that _100__% of restraints report were submitted on time.
Rating	Met