

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

Provider WESTERN MASS TRAINING CONSORTIUM Provider Address 187 High St Suite 202 , Holyoke
 Survey Team Chiaravallotti, Danielle; Himes, Marisa; Dudley-Oxx, Susan; Date(s) of Review 27-AUG-24 to 28-AUG-24

Follow-up Scope and results :						
Service Grouping	Licensure level and duration	# Critical Indicators std. met/ std. rated at follow-up	# Indicators std. met/ std. rated at follow-up	Sanction status prior to Follow-up	Combined Results post-Follow-up; for Deferred, License level	Sanction status post Follow-up
Residential and Individual Home Supports 9 Locations 16 Audits	Defer Licensure	1/1	5/5	<input type="checkbox"/> Eligible for new business (Two Year License) <input checked="" type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License with Mid-Cycle Review	<input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met) <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)

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Summary of Ratings

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

Indicator #	L12
Indicator	Smoke detectors
Area Need Improvement	At one location the smoke detector system was not interconnected when tested and there was not a carbon monoxide detector located within 10 feet of the bedrooms of the home. At another location the carbon monoxide detector located within 10 feet of the individual's bedroom was not working. The agency needs to ensure that all locations have a properly working, interconnected smoke detector system and that all locations have properly working carbon monoxide detectors within 10 feet of all bedrooms.
Status at follow-up	For the seven locations reviewed through 24/7 residential homes, shared living homes and one individual home supports home, all had functioning smoke alarms and carbon monoxide alarms located in the appropriate locations of the home. Residential homes all had interconnected detection systems that were in working order.
#met /# rated at followup	7/7
Rating	Met

Indicator #	L33
Indicator	Physical exam
Area Need Improvement	For two of eight individuals reviewed, there had not been a physical examination within the past 15 months. The agency needs to ensure that all individuals receive physical examinations within 15 months of their last physical examination.
Status at follow-up	For the seven individuals reviewed all individuals had a physical examination within the past 15 months.
#met /# rated at followup	7/7
Rating	Met

Indicator #	L56
Indicator	Restrictive practices

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Area Need Improvement	For one home reviewed, there were environmental restrictions in place (door and window chimes). For the individuals in the home who did not require the restriction, there was no mitigation plan in place to ensure that individual's rights were not unduly restricted, for example, turning the door chimes off when the individual they are in place for is not home. The agency needs to ensure that all restrictive practices have plans in place that address the mitigation strategies for the other individuals living in the home.
Status at follow-up	Review of six individuals residing in residential programs where environmental restrictions were in place, the agency provided written rationale that was reviewed as required and the plans included provisions to not unduly restrict the rights of others living in the home not requiring the restriction.
#met /# rated at followup	6/6
Rating	Met

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For three individuals, ISP assessments were not completed within the required timelines. The agency needs to ensure that provider support strategies are submitted to DDS at least 15 days prior to the ISP.
Status at follow-up	There was only one individual in the sample who had an ISP meeting during the follow up time period. For the one individual, the assessments were due to be requested by DDS by 6/18/24, but were not requested until 6/24/24, the agency was due to submit assessments by 7/3/24 but submitted assessments on 7/10/24. Due to the assessments not being requested within the required timeline, the indicator was rated Not Met/Not Rated.
#met /# rated at followup	
Rating	Not Rated

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	For three individuals, ISP support strategies were not completed within the required timelines. The agency needs to ensure that provider support strategies are submitted to DDS at least 15 days prior to the ISP.
Status at follow-up	There was only one individual in the sample who had an ISP meeting during the follow up time period. For the one individual, the support strategies were due to be requested by DDS by 6/18/24, but were not requested until 6/24/24, the agency was due to submit reports by 7/3/24 but submitted support strategies on

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	7/10/24. Due to support strategies not being requested within the required timeline, the indicator was rated Not Met/Not Rated.
#met /# rated at followup	
Rating	Not Rated

Indicator #	L88
Indicator	Strategies implemented
Area Need Improvement	For seven individuals services and support strategies identified and agreed upon in the ISP for which the provider had responsibility for implementing were not being consistently tracked or documented. The agency needs to ensure that individual's ISP goals and support strategies are being consistently implemented and data demonstrating progress is documented for all individuals.
Status at follow-up	For the eight individuals reviewed for this indicator, all of the individual's support strategies were being implemented, tracked and documented consistently.
#met /# rated at followup	8/8
Rating	Met

Indicator #	L91
Indicator	Incident management
Area Need Improvement	At two locations, reportable incidents were not submitted within required timelines. The agency needs to ensure that incident reports are submitted to DDS and finalized within required timelines.
Status at follow-up	For the four residential locations being reviewed for this indicator, all four locations had written and submitted incident reports within the required timelines.
#met /# rated at followup	4/4
Rating	Met

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

Indicator #	L48
Indicator	HRC

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Area Need Improvement	The agency's human rights committee (HRC) did not meet membership criteria due to a nurse or medical professional not attending the required number of meetings. The agency needs to ensure that required HRC members are regular attendees and active participants in human rights committee meetings.
Status at follow-up	At the Human Rights Committee Meeting on 6/11/24, the agency was able to recruit and vote in a new nurse. During the follow up period the agency did not hold any Human Rights Committee Meetings but will resume meetings on September 10, 2024.
#met /# rated at followup	
Rating	Not Rated

Indicator #	L65
Indicator	Restraint report submit
Area Need Improvement	There were ten total restraint reports that were documented in HCSIS. Of the ten restraint reports, five restraint reports were submitted within the required timelines. The agency needs to ensure that all restraint reports are submitted to DDS and finalized within the required timelines.
Status at follow-up	There were no restraints at any locations during the follow up time period.
#met /# rated at followup	
Rating	Not Rated