

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Provider: UNITED CEREBRAL PALSY OF
METRO BOSTON

Provider Address: 71 Arsenal Street , Watertown

Name of Person Carla Guenette
Completing Form:

Date(s) of Review: 05-NOV-14 to 06-NOV-14

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

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Summary of Ratings

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

Indicator #	L15
Indicator	Hot water
Issue Identified	Challenges in maintaining an exact temperature in old construction. Also, for properties owned by other housing entities, not all water temperatures were exactly 112 degrees.
Actions Planned/Occurred	Currently, UCP tests water temperatures in group homes and a sampling of apartments on a quarterly basis. This will be changed to a monthly test so as to better monitor shifts in temperature both up and down.
Process Utilized to correct and review indicator	UCP continues to measure water temperatures at the homes and apartments at least quarterly. For locations which tend to vary, temperatures are taken on a monthly basis and adjusted accordingly.
Status at follow-up	The agency's monthly system of monitoring water temperatures has been effective.
Rating	Met

Indicator #	L35
Indicator	Preventive screenings
Issue Identified	For many individuals there were valid reasons as to why the screening did not take place (ex. Individual refused or PCP determined that test was unnecessary for the particular individual) but nothing was in the record to indicate this.
Actions Planned/Occurred	Program Managers have been instructed to obtain written documentation for missing preventative screenings and to continue to review the appropriateness of the tests for each person at his or her annual physical. Residential RN will review all reports from physical exams and will support program staff to advocate for screenings and tests with their healthcare teams. For individuals who have refused a screening or test, the RN will work with the individual and/or case manager to provide education, desensitization, and other supports as needed.

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Process Utilized to correct and review indicator	During monthly clinical meetings at each residential cluster, health and medical information is reviewed including status of preventative screenings which are also monitored by the residential nurse and the Assistant Director of Residential Supports. For individuals who have refused a screening or test, the residential nurse works with the individual and case manager to provide education, desensitization, or other appropriate supports. Documentation which includes reason for missing screenings is maintained in the medical section of the files. Sampling of case records were reviewed to measure the follow up to this indicator.
Status at follow-up	Reviews through clinical meeting indicate the effectiveness of actions taken.
Rating	Met

Indicator #	L86
Indicator	Required assessments
Issue Identified	During the past year UCP has experienced and identified a number of difficulties with the submission of assessments via HCSIS which has led to an UNMET in this area. Some of the issues identified and being addressed since February have included: 1. UCP was in the HCSIS system under three different versions of the agency's name. Assessments were submitted but not received by DDS. Numerous calls the helpdesk and others were needed to rectify the situation so that assessments could be submitted by the agency and viewed by DDS. 2. Assessments were submitted but continued to be marked as submission in progress. Eventually it was discovered that this was due to the submitter not having the appropriate role within HCIS to finalize the submission. 3. Prior to this time, Managers were maintaining written record of when assessments were submitted but once the HCSIS system went into effect, this process stopped as it was our understanding that the HCSIS system would be able to generate this information and we did not anticipate user error.
Actions Planned/Occurred	Roles within HCSIS have been clarified and adjusted as needed. UCP has returned to maintaining an email trail of communication with service coordinators when assessments have been submitted. Better understanding of alert messages and what they mean have been communicated.

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Process Utilized to correct and review indicator	In order to review this indicator, UCP Quality Assurance staff reviewed submission dates for assessments as compared to scheduled ISP dates.
Status at follow-up	The tracking systems have proven to be effective. The agency will continue to monitor assessments using an email trail of communication with service coordinators.
Rating	Met

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

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	In several instances, support strategies were being submitted late. The agency should ensure support strategies are submitted within the required timelines.
Process Utilized to correct and review indicator	In order to review this indicator, UCP Quality Assurance staff reviewed submission dates for Support Strategies as compared to scheduled ISP dates.
Status at follow-up	The tracking systems have proven to be effective. The agency will continue to review support strategies dates and compare them to ISP dates.
Rating	Met