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|  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  | | --- | | **Provider:** | | |  | | --- | | ARC OF BRISTOL COUNTY | |  | |  | | --- | | **Provider Address:** | | |  | | --- | | 141 Park St. , Attleboro | |  | |  |  |  |  |  |  |  | |  | |  | | --- | | **Name of Person Completing Form:** | | |  | | --- | |  | |  | |  | | --- | | **Date(s) of Review:** | | |  | | --- | | 19-MAY-20 to 22-MAY-20 | |  | |  |
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| |  |  |  | | --- | --- | --- | | **Follow-up Scope and results :** |  |  | | Service Grouping | Licensure level and duration | # Indicators std. met/ std. rated | | Employment and Day Supports | 2 Year License | 0/2 | |  |  |  | | |  |

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| |  | | --- | | **Summary of Ratings** | |  |
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| |  |  | | --- | --- | |  |  | | |  |  | | --- | --- | | **Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS** | | | **Indicator #** | L8 | | **Indicator** | Emergency Fact Sheets | | **Area Need Improvement** | One of the two emergency fact sheets reviewed did not contain all of the individual's diagnoses. The agency needs to ensure all emergency fact sheets are accurate. | | **Process Utilized to correct and review indicator** |  | | **Status at follow-up** |  | | **Rating** | Not Rated | | **Indicator #** | L87 | | **Indicator** | Support strategies | | **Area Need Improvement** | Support strategies for one individual were not submitted within the required timelines. The agency needs to ensure that support strategies are submitted to the DDS Area Office at least 15 days prior to the scheduled ISP meeting. | | **Process Utilized to correct and review indicator** |  | | **Status at follow-up** |  | | **Rating** | Not Rated | |  | | |