|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provider | Autism Services Association |  | Provider Address | 47 Walnut St Bld #1 , Wellesley Hills |
| Survey Team |  Boghoian, Mark; Hampton, Cheryl;  |  | Date(s) of Review | 07-DEC-21 to 08-DEC-21 |

 |
|  |
|

|  |
| --- |
|  |
|

|  |
| --- |
| **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 |
| Employment and Day Supports | 2 Year License |  | 3/5 | x | Eligible for new business(Two Year License) | 2 Year License | x | Eligible for New Business(80% or more std. met; no critical std. not met) |
| 3 Locations 12 Audits  |  |  |  | o | Ineligible for new business. (Deferred Status: Two year mid-cycle review License) |  | o | Ineligible for New Business(<=80% std met and/or more critical std. not met) |

 |

 |

|  |  |
| --- | --- |
|  |  |
|

|  |
| --- |
| **Summary of Ratings** |

 |  |
|  |  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **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. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **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. |
| **Status at follow-up** |   |
| **#met /# rated at followup** |   |
| **Rating** |  Not Rated |
|  |

 |

 |