DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

| Provider | BROCKTON AREA MULTI-SERVS INC | Provider Address | 10 Christy Drive , Brockton |
|-------------|-------------------------------|-------------------|-----------------------------|
| Survey Team | Ford, Gina; | Date(s) of Review | 12-JAN-25 to 13-JAN-25 |

| 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 | | 4/4 | 区 Eligible for new business (Two Year License) | 2 Year License | Eligible for New Business (80% or more std. met no critical std. not met) |
| 2 Locations 7 Audits | | | | □ Ineligible for new business. (Deferred Status: Two year midcycle review License) | | □ Ineligible for New Business (<=80% std met and/or more critical std. not met) |

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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 | Two of eight individual's Emergency Fact Sheets (EFSs) did not contain all relevant medical diagnoses. The agency needs to ensure are accurate and contain all relevant medical information. |
| Status at follow-up | Six out of six emergency fact sheets reviewed were current and contained all relevant medical information. |
| #met /# rated at followup | 6/6 |
| Rating | Met |

| Indicator # | L27 |
|---------------------------|---|
| Indicator | Pools, hot tubs, etc. |
| Area Need Improvement | One individual utilizes a pool during CBDS time. Staff had not received training in water safety. The agency needs to ensure all staff supporting individuals to utilize pools are trained in water safety. |
| Status at follow-up | The agency has four staff now trained in water safety for their CBDS location. |
| #met /# rated at followup | 2/2 |
| Rating | Met |

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| Indicator # | L86 |
|---------------------------|--|
| Indicator | Required assessments |
| • | For two of seven individuals, ISP assessments were not submitted within timelines prior to their ISP meeting. The agency needs to ensure that ISP assessments are submitted at least 15 days prior to the individuals' scheduled ISP meetings. |
| | For two out of six individuals reviewed at follow up two ISP's were conducted. Assessments were submitted within required timelines. |
| #met /# rated at followup | 3/3 |
| Rating | Met |

| Indicator # | L87 |
|---------------------------|--|
| Indicator | Support strategies |
| Area Need Improvement | For three of eight individuals, support strategies were not submitted within timelines prior to their ISP meeting. The agency needs to ensure that ISP support strategies are submitted within the required timeframe. |
| Status at follow-up | For two out of six individuals reviewed at follow up two ISP's were conducted. Goals and Objectives were submitted within required timelines. |
| #met /# rated at followup | 3/3 |
| Rating | Met |