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

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

|  |
| --- |
| **Provider:** |

 |

|  |
| --- |
| Bay State ABA, LLC |

 |  |

|  |
| --- |
| **Provider Address:** |

 |

|  |
| --- |
| 42 Tremont Street Suite 9, Duxbury, MA |

 |  |
|  |  |  |  |  |  |  |
|  |

|  |
| --- |
| **Name of PersonCompleting Form:** |

 |

|  |
| --- |
| Jason Despier |

 |  |

|  |
| --- |
| **Date(s) of Review:** |

 |

|  |
| --- |
| 18-NOV-21 to 18-NOV-21 |

 |  |

 |  |
|  |  |  |
|

|  |  |  |
| --- | --- | --- |
| **Follow-up Scope and results :** |  |  |
| Service Grouping | Licensure level and duration |  # Indicators std. met/ std. rated  |
| Employment and Day Supports | 2 Year License |  |
|    |  |  |

 |  |

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

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

 |  |
|  |  |
|

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

|  |
| --- |
| **Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L15 |
| **Indicator** | Hot water |
| **Area Need Improvement** | The hot water temperature tested above 120 degrees. The agency needs to ensure water temperature test between 110 and 120 degrees. |
| **Process Utilized to correct and review indicator** | We had corrected the issue of the temperature reading of the hot water in all faucets in our office to satisfactory temperatures through the property management team at Keith Properties. We also had a review from the private company GEM Plumbing and Heating to verify, which was conducted on 11/8/21. |
| **Status at follow-up** | Met |
| **Rating** | Met |
|  |
| **Indicator #** | L86 |
| **Indicator** | Required assessments |
| **Area Need Improvement** | Required assessments were not submitted within the required timelines. The agency needs to ensure required assessments are submitted to the DDS area office at least 15 days prior to the scheduled ISP meeting. |
| **Process Utilized to correct and review indicator** | In order to ensure we have uploaded the required assessments and support strategies within the HCSIS system we have created an ISP organizational document to track and ensure we are completing such within the 15 day time frame before the ISP meeting. Attached is the document we will follow, and we also have reminders set within our clinical platform Central Reach as well as Google Suites. |
| **Status at follow-up** | Not met |
| **Rating** | Not Met |
|  |
| **Indicator #** | L87 |
| **Indicator** | Support strategies |
| **Area Need Improvement** | Support strategies were not submitted within the required timelines. The agency needs to ensure 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** | we have administered an assistive technology assessment to all clients and have attached a blank copy of the assistive technology assessment for review. Per your recommendation, we have also updated our client satisfaction of services assessment, client evaluation of staff assessment, and our parent/guardian questionnaire assessment with additional space for comments/details and the time the assessment will be administered each year (annually). |
| **Status at follow-up** | Not met |
| **Rating** | Not Met |
|  |

 |  |

 |