

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

**Provider:** BETTER COMMUNITY LIVING  
INC \_\_\_\_\_

**Provider Address:** 128 UNION ST SUITE 205 , New  
Bedford \_\_\_\_\_

**Name of Person** Johnna Bastion  
**Completing Form:** \_\_\_\_\_

**Date(s) of Review:** 20-OCT-25 to 23-OCT-25  
\_\_\_\_\_

<b>Follow-up Scope and results :</b>		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	1/1

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

<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	At three locations, the agency did not meet the required timelines for the creation and finalization of incident reports. The agency needs to meet the required timelines for the creation and finalization of incident reports.
<b>Process Utilized to correct and review indicator</b>	BCL will ensure the notification process from all departments to the QE Director continues to improve in order to create and submit all incident reports within the required timeframes. Higher level supervisors are included and 1:1 meetings are held with employees.
<b>Status at follow-up</b>	Met
<b>Rating</b>	Met