

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

Provider	<u>CAPE ABILITIES</u>	Provider Address	<u>895 Mary Dunn Road , Hyannis</u>
Survey Team	<u>Gregory, Katherine; Marchese, Michael; Muguro, William;</u>	Date(s) of Review	<u>23-APR-25 to 29-APR-25</u>

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
Residential and Individual Home Supports 11 Locations 17 Audits	2 Year License		10/11	<input checked="" type="checkbox"/> Eligible for new business (Two Year License) <input type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License	<input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met) <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)

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Summary of Ratings

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

Indicator #	L43
Indicator	Health Care Record
Issue Identified	Approx. 38% of HCRs updated with APE or Dental w/in 30 days of significant event
Actions Planned/Occurred	Recent changes to the requirements for the timelines for updating HCRs were reviewed with management staff when they occurred. Policies and forms were created to support these new requirements. A monthly compliance report system is being created that will ensure oversight on L43 by Assistant Directors.
Status at follow-up	
Rating	Not Rated

Indicator #	L87
Indicator	Support strategies
Issue Identified	4/11 (36%) of individuals had their support strategies submitted on time
Actions Planned/Occurred	An ISP document tracking system was implemented in 2023 that included timeframe tracking and synthesis with Outlook event notifications. This tracking system was assigned to an Assistant Director, but not fully implemented. A monthly compliance report system is being created that will ensure oversight on L87 by Assistant Directors.
Status at follow-up	Four of four individuals' ISP support strategies were submitted at least 15 days before the ISP meeting ensuring timely submission.
Rating	Met

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

Indicator #	L63
Indicator	Med. treatment plan form

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Area Need Improvement	Three of six medication treatment plans did not contain all of the required components, such as defining behaviors in observable terms, and developing teaching strategies to assist individuals prescribed pre-medical appointment relaxation medications to lessen the need for such medications. The agency needs to ensure all medication treatment plans have required components completed.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For four individuals, ISP assessments were not submitted within the required timelines. The agency needs to ensure all ISP assessments are submitted at least 15 days prior to the ISP date.
Status at follow-up	For one individual whose ISP occurred during the 60 day review period, their ISP assessments were submitted at least 15 days prior to the ISP ensuring timely submission.
#met /# rated at followup	1/1
Rating	Met

Indicator #	L91
Indicator	Incident management
Area Need Improvement	Two of five locations did not meet the reporting timeline requirements for all reportable incident reports. The agency needs to ensure all reportable incidents are submitted and/or finalized within the designated timelines based on incident status.
Status at follow-up	At three of four locations, all incidents were submitted within the required timelines ensuring timely reporting and review.
#met /# rated at followup	3/4
Rating	Met

Indicator #	L94 (05/22)
Indicator	Assistive technology

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Area Need Improvement	Three of nine individuals either were not assessed for assistive technology needs or did not have identified technology available for trial and use. The agency needs to ensure all individuals are assessed to identify areas of need and available supports, are provided identified supports for trial, and determine their level of interest to continue use of the support.
Status at follow-up	Nine of ten individuals had been assessed for their need for assistive technology. Where a need was indicated for technology that could lead to increased independence, that technology was being provided.
#met /# rated at followup	9/10
Rating	Met