

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**LICENSURE AND CERTIFICATION**  
**PROVIDER FOLLOW-UP REPORT**

**Provider:** CARDINAL CUSHING CENTERS

**Provider Address:** 405 Washington St , Hanover

**Name of Person Completing Form:** Angela Gokey

**Date(s) of Review:** 26-SEP-25 to 27-SEP-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	5/5
Employment and Day Supports	2 Year License	2/2

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

<b>Indicator #</b>	L64
<b>Indicator</b>	Med. treatment plan rev.
<b>Area Need Improvement</b>	For three individuals, medication treatment plans had not been reviewed by the required groups; the agency needs to ensure that medication treatment plans are reviewed as required.
<b>Process Utilized to correct and review indicator</b>	Med treatment plans were uploaded into HCSIS for review by the whole team during the survey time frame. All were noted as CORRECTED in the final report.
<b>Status at follow-up</b>	Corrected
<b>Rating</b>	Met

<b>Indicator #</b>	L87
<b>Indicator</b>	Support strategies
<b>Area Need Improvement</b>	For four individuals, support strategies necessary to assist them to meet their goals and objectives had not been submitted as part of their ISP withing required timelines, the agency needs to ensure that support strategies are submitted within required timelines for ISP.
<b>Process Utilized to correct and review indicator</b>	Managers have a calendar of anticipated ISPs scheduled a year in advance. They will check HCSIS on a regular basis for alerts and target response time is a week. There is an internal review process in place for managers who may need additional support from a supervisor in reviewing documents, but others have direct submission access. Assistant directors will follow up on timelines as part of regular monthly supervision and assist with completion as necessary.
<b>Status at follow-up</b>	Ongoing

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<b>Rating</b>	Met
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<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	Two of seven locations had not submitted and/or finalized incident reports within the required timelines. At one home one incident report was not filed. The agency needs to ensure to submit and finalize incident reports within required timelines.
<b>Process Utilized to correct and review indicator</b>	Process of notification and timelines to submit and finalize incident reports was reviewed at Manager's meeting on 8/13/25
<b>Status at follow-up</b>	Completed. Will continue to monitor for consistency in implementation.
<b>Rating</b>	Met

<b>Indicator #</b>	L99 (05/22)
<b>Indicator</b>	Medical monitoring devices
<b>Area Need Improvement</b>	For one of the two individuals who utilized a medical monitoring device, there was no authorization from a medical professional for the use of the device. The agency needs to ensure that medical authorizations are obtained for all medical monitoring devices.
<b>Process Utilized to correct and review indicator</b>	Physician's order was clarified to include how to utilize nebulizer, cleaning procedures for the device, and follow up instructions if treatment is ineffective. Reviewed and authorized by PCP on 7/21/25.
<b>Status at follow-up</b>	Corrected
<b>Rating</b>	Met

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**Employment and Day 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>	Incident reports were submitted and/or finalized late at two of the four locations reviewed. The agency needs to ensure all incidents are submitted and finalized within the required timelines.
<b>Process Utilized to correct and review indicator</b>	Process of notification and timelines to submit and finalize incident reports was reviewed at Manager's meeting on 8/13/25
<b>Status at follow-up</b>	Completed. Will continue to monitor for consistency in implementation.
<b>Rating</b>	Met

**Administrative Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L65
<b>Indicator</b>	Restraint report submit
<b>Area Need Improvement</b>	For four locations, restraint reports were submitted and/or finalized late. The agency needs to ensure all reports are submitted and finalized within the required timelines.
<b>Process Utilized to correct and review indicator</b>	Process of notification and timelines to submit and review restraint reports was reviewed at Manager's meeting on 8/13/25
<b>Status at follow-up</b>	Completed. Will continue to monitor for consistency in implementation.
<b>Rating</b>	Met