

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Provider: CATHOLIC CHARITIES OF THE
WOR DIOCS _____

Provider Address: 216 W BOYLSTON ST STE 300 ,
West Boylston _____

Name of Person Alejandrina (Milly) Hernandez
Completing Form: _____

Date(s) of Review: 27-OCT-25 to 28-OCT-25

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Employment and Day Supports	2 Year License	4/5

Summary of Ratings

Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L39
Indicator	Dietary requirements

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Area Need Improvement	For two of the three individuals with special dietary requirements, there were no specific dietary guidelines in place. When individuals have special dietary requirements to manage medical conditions such as diabetes, Celiac disease requiring gluten free food, high cholesterol or to manage weight loss, as well as conditions such as lactose intolerance or food allergies, the agency needs to ensure that staff are trained and knowledgeable about individuals' specific dietary needs.
Process Utilized to correct and review indicator	All Participants were reviewed for special dietary requirements, food allergies, required food consistency and/or any other special needs. Four Participants were identified to have special dietary requirements.
Status at follow-up	Guidelines have been created for special dietary requirements and staff were trained on the requirements.
Rating	Met

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For three of the twelve individuals reviewed, ISP assessments were not submitted within the required timeframe. The agency needs to ensure that ISP assessments are submitted at least fifteen days prior to the ISP meeting.
Process Utilized to correct and review indicator	All applicable participants who had ISPs within the timeframe were reviewed for required assessments submission.
Status at follow-up	ISP assessments were submitted on time 81% of the time for people who had ISPs within the review timeframe.
Rating	Met

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Indicator #	L87
Indicator	Support strategies
Area Need Improvement	For four of the twelve individuals reviewed, ISP support strategies were not submitted within the required timeframe. The agency needs to ensure that ISP support strategies are submitted at least fifteen days prior to the ISP meeting.
Process Utilized to correct and review indicator	All applicable participants who had ISPs within the timeframe were reviewed for required support strategies submission.
Status at follow-up	In progress. Moving forward, a new Semiannual and Annual Report form, created by the E/CBDS Manager has been implemented. All necessary documents are to be completed by Case Managers one month prior to the individual's ISP meeting or the due date of their Semiannual Report. To support this process, the E/CBDS Manager will send an email to all Case Managers on the first of each month, listing the individuals who have reports due.
Rating	Not Met

Indicator #	L93 (05/22)
Indicator	Emergency back-up plans
Area Need Improvement	The agency had not developed emergency back-up plans for all fourteen individuals reviewed. The agency needs to ensure that individualized emergency back-up plans are developed to provide support and guidance to individuals in the event of an emergency or disaster.
Process Utilized to correct and review indicator	All participants were reviewed for the presence of emergency backup plans.

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Status at follow-up	Twelve backup plans were created and reviewed with the individuals. Moving forward, these plans will be incorporated into each individual's annual ISP process. During the ISP meeting, staff will be responsible for identifying any necessary changes or updates to the backup plan. Case Managers will review the updated plan with the individual and obtain their signature to confirm understanding and agreement.
Rating	Met

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

Indicator #	L48
Indicator	HRC
Area Need Improvement	The agency did not have a fully constituted human rights committee and only held four of the eight required quarterly meetings over the past two years. The agency needs to ensure that the human rights committee has the mandated membership composition; holds quarterly meetings with the required expertise present; and reviews behavior plans, investigations, restraints, restrictive interventions, and all other matters within its purview.
Process Utilized to correct and review indicator	The human rights committee held a meeting at which all the mandated standards were met.
Status at follow-up	We will continue to hold our Human Rights Committee meetings on a quarterly basis, ensuring participation from the required disciplines. During these meetings, all relevant documents and matters within the committee's purview will be thoroughly reviewed and discussed.
Rating	Met