

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

Mid-Cycle Review Final Report

Provider CENTER OF HOPE FOUNDATION.

Provider Address 100 FOSTER ST, Southbridge

Survey Team Chiaravallotti,Danielle; McNamara,Melanie;

Date(s) of Review 21-OCT-25 to 23-OCT-25

Mid-Cycle Scope and results :					
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated at Mid-Cycle	Sanction status prior to Mid-Cycle	Combined Results post-Mid-Cycle;	Sanction status post Mid-Cycle
Residential and Individual Home Supports 4 Locations 7 Audits	Defer Licensure	8/10	<input checked="" type="checkbox"/> Eligible for new business <input type="checkbox"/> Ineligible for new business.	2 Year License with Mid-Cycle Review 81/83 (97.59%)	<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 Standards not met:

Indicator #	L8
Indicator	Emergency Fact Sheets
Area Need Improvement	Two emergency fact sheets did not contain all relevant information regarding the individuals' medical diagnosis. Also, information relevant to the person's ability to protect him/herself without assistance, significant behavioral characteristics, likely response to search efforts, places frequented, and relevant capabilities, limitations, and preferences needs to be fully addressed that would aid in a search for the person if determined to be missing. The agency needs to ensure that all required information is addressed on individuals' emergency fact sheets.
Status at mid-cycle	Met. All seven individuals reviewed had emergency fact sheets with all the required information included.
#met /# rated at mid-cycle	7/7
Rating	MET

Indicator #	L12
Indicator	Smoke detectors
Area Need Improvement	For one placement location a carbon monoxide detector was not present on the second floor of the home within ten feet of the bedroom. The agency needs to ensure that smoke and carbon monoxide detectors are located where required and are fully operational.
Status at mid-cycle	Met. At the placement and residential homes carbon monoxide and smoke detectors were located where required and were fully operational.
#met /# rated at mid-cycle	2/2
Rating	MET

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Indicator #	L35
Indicator	Preventive screenings
Area Need Improvement	Two individuals in placement services were not supported to pursue colon cancer screening per the recommendation of their PCP. The agency needs to ensure that individuals are supported to follow the recommendations of their PCP and complete cancer screening .
Status at mid-cycle	Met. Four of the seven individuals reviewed received preventative screenings as recommended.
#met /# rated at mid-cycle	4/5
Rating	MET

Indicator #	L63
Indicator	Med. treatment plan form
Area Need Improvement	For two individuals with medication treatment plans, required components of the plans were not fully addressed. When medications are administered to control or modify behaviors, the agency needs to ensure that the medication treatment plan describes the behaviors targeted for treatment in observable and measurable terms; procedures to minimize the risks of taking the medication(s) are defined; and measurable criteria for reducing or discontinuing the medications are included. Data on behaviors targeted for treatment needs to be collected and tracked so it may be shared with the prescriber to evaluate medication effectiveness.
Status at mid-cycle	Met. Four of the five individuals' medication treatment plans that were reviewed had all required components including descriptions of target behaviors, procedures to minimize risk, and data on behaviors targeted for treatment.
#met /# rated at mid-cycle	4/5
Rating	MET

Indicator #	L67
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Indicator	Money mgmt. plan
Area Need Improvement	For two individuals, funds management plans did not outline information such as how the agency supports the individual in managing and spending their funds. This includes how individuals will be supported to access their funds, procedures for safeguarding and securing their funds, amounts of money the person can manage independently. The agency needs to ensure that funds management plans are fully developed and contain required components and is agreed upon by the individual or guardian.
Status at mid-cycle	Not Met. Four of the seven individuals reviewed did not have signed agreement to their financial training plans. The agency must ensure that funds management plans are inclusive of agreements from individuals, and their guardians when applicable.
#met /# rated at mid-cycle	3/7
Rating	NOT MET

Indicator #	L71
Indicator	Charges for care appeal
Area Need Improvement	For two individuals, the agency's notification for charges for care did not contain provisions to request an appeal to the charges for care and did not identify agency contact information to process an appeal. The agency needs to ensure that individuals and guardians are informed of their rights to appeal charges for care.
Status at mid-cycle	Met. All seven individuals reviewed were notified of their appeal rights for charges for care; and the form was revised to include agency contact information for filing an appeal.
#met /# rated at mid-cycle	5/5
Rating	MET

Indicator #	L77
Indicator	Unique needs training

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Area Need Improvement	For two individuals, (one person in placement service and one in IHS) agency staff were not aware of diagnosis of dementia and dysphagia for each person. The agency needs to ensure that staff are knowledgeable about individuals' medical diagnosis and their unique support needs.
Status at mid-cycle	Met. For the seven individuals reviewed, the agency ensured that all staff and care providers were familiar with and trained to support the unique needs of the individuals.
#met /# rated at mid-cycle	7/7
Rating	MET

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For two individuals, ISP assessments were not submitted to DDS at least 15 days prior to the ISP meeting. The agency needs to ensure that all ISP assessments have been submitted to DDS within required timeframes.
Status at mid-cycle	Not Met. For three of the seven individuals reviewed, ISP assessments were not submitted to DDS at least 15 days prior to the ISP meeting. The agency must ensure that ISP assessments are submitted at least 15 days prior to individual's ISP meetings.
#met /# rated at mid-cycle	4/7
Rating	NOT MET

Indicator #	L90
Indicator	Personal space/ bedroom privacy
Area Need Improvement	For two individuals in placement services, bedroom doors did not have locks for privacy, if desired. The agency needs to ensure that individuals are supported to have locks on their bedroom doors.
Status at mid-cycle	Met. All seven individuals reviewed had bedroom door locks for privacy in their homes.

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#met /# rated at mid-cycle	7/7
Rating	MET

Indicator #	L91
Indicator	Incident management
Area Need Improvement	For one residential location, four incidents were not finalized within the required timeline and one incident had not been filed in HCSIS as required. The agency needs to ensure incident reports are created in the HCSIS system and finalized within the required timeframes.
Status at mid-cycle	Met. At all four locations reviewed, incident reports were submitted and finalized in HCSIS within the required timelines.
#met /# rated at mid-cycle	4/4
Rating	MET