

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Provider: COOPERATIVE FOR HUMAN SERVICES _____

Provider Address: 24 Hartwell Avenue Building A, Floor 2, Lexington _____

Name of Person Completing Form: Gale Alles _____

Date(s) of Review: 08-AUG-25 to 09-AUG-25 _____

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

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

Indicator #	L43
Indicator	Health Care Record
Area Need Improvement	Six out of twenty-two health care records had not been updated when significant changes occurred. The agency needs to ensure health care records are updated within 30 days when significant changes occur and prior to the annual ISP.

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Process Utilized to correct and review indicator	Conducted an audit of 20 health care records between 7/29/25 to 8/5/25. 18 out of 20 (90%) were updated with current information. However, due to the recent date this regulation was communicated, 12 of 20 records were updated within the required 30-day timeline = 60% compliance.
Status at follow-up	Status at follow-up HCR Update requirement has been added to the Division Manager Monthly Checklist. Senior Program Support Manager will review monthly for compliance. Senior Management will review quarterly to ensure compliance. In-service on 2025 DDS HCR Guidance with Division Managers completed on 7/24/25. HCR timeline in-service training created and will be utilized to train new Managers.
Rating	Met

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	For one of three individuals, there was a restrictive practice in place that also impacted the other individuals served at the same location. The practice was missing a mitigation plan so as not to unduly restrict the rights of others for whom the restriction was not necessary. The agency needs to ensure all restrictive practices have a written rationale reviewed by required groups, as well as a mitigation plan to minimize the impact of the restriction on those for whom it is not necessary. For four of sixteen individuals prescribed behavior modifying medications, plans had not been submitted to the ISP team for review as required. The agency needs to ensure that plans are submitted into HCSIS for inclusion in the ISP.

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Process Utilized to correct and review indicator	Safety Protocols are updated and reviewed by the Human Rights Committee at least once annually. Intake Checklist form requires additional review of protocols for new individuals within one week of moving into a program. Interdisciplinary clinical team will review any changing needs of individuals at weekly clinical meeting and update safety protocols accordingly.
Status at follow-up	Status at follow-up 8 out of 11 Safety Protocols contain a restrictive practice that require a mitigation plan for others for whom the restrictive practice is not necessary. Of the 8 protocols requiring a mitigation plan 7 have one included. The other 3 Safety Protocols do not currently require a mitigation plan as the restriction applies to all individuals living in the residence.
Rating	Met

Indicator #	L64
Indicator	Med. treatment plan rev.
Area Need Improvement	For four of sixteen individuals prescribed behavior modifying medications, medication treatment plans had not been submitted to the ISP team for review as required. The agency needs to ensure that plans are submitted into HCSIS for inclusion in the ISP.
Process Utilized to correct and review indicator	Reviewed ISPs submitted between 6/12/25 to 8/4/25. Of the 14 individuals who required a BMMTP, 12 were submitted to HCSIS for inclusion in the ISP = 86% compliance.
Status at follow-up	Status at follow-up Checklist for ISP documentation and submission revised to provide a clearer timeline and identify person responsible for completing, reviewing, and submitting each document. Senior Program Support Manager will review ISP submissions monthly to ensure compliance.
Rating	Met

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Indicator #	L91
Indicator	Incident management
Area Need Improvement	For ten out of twenty locations, there were incident reports that were not submitted or finalized within the required timeframes. The agency needs to ensure all incidents are reported and reports are finalized within the required timelines, based on incident classification.
Process Utilized to correct and review indicator	Process Utilized to correct and review indicator A sample of 30 program locations was reviewed for timely submission of incident reports. 83.3% of the total met the required timelines. 6 locations, representing 16.7% of the total, had incident reports that were not finalized on time.
Status at follow-up	In-service training on Incident Reporting and timelines was administered on 7-24-25 to middle managers to address timeline compliance and ensure all incidents are reported and finalized in HCSIS within the required timeframes.
Rating	Met

Indicator #	L99 (05/22)
Indicator	Medical monitoring devices
Area Need Improvement	For two of six individuals, the medical devices that were being utilized did not have authorization and/or instructions as to the use, care and maintenance of the devices. The agency needs to ensure that when medical monitoring devices are being utilized, they are authorized, and information is available as to the use, care, and cleaning of the devices.

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Process Utilized to correct and review indicator	50 out of 50 programs were internally audited to identify individuals using medical monitoring devices. Four individuals were recognized as using medical monitoring devices.
Status at follow-up	Status at follow-up Four out of four individuals have the authorization from their Healthcare Providers to use their Medical Monitoring Devices and the instructions/protocols are available to the staff. All staff received documented in-service device training as required.
Rating	Met

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

Indicator #	L65
Indicator	Restraint report submit
Area Need Improvement	Two of five restraint reports were not submitted within required timelines. The agency needs to ensure restraint reports are submitted in HCSIS within three calendar days of the event and finalized within five calendar days.
Process Utilized to correct and review indicator	Reviewed reporting timelines with all PDs, DMs and PSMs on 7/23/25. Incorporated review of on-call protocol and reporting timelines into all PABC certification and re-certification classes.
Status at follow-up	Reviewed HCSIS reports filed from 6/12/25 through 8/4/25. No restraints occurred during this period. Behavioral incidents were able to be prevented through use of Positive Behavior Supports and a wide variety of less restrictive PABC methods as taught by CHS trainers.
Rating	Met