

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**DDS FOLLOW-UP REPORT**

Provider	<u>ELIOT COMMUNITY HUMAN SERVICES</u>	Provider Address	<u>125 Hartwell Ave , Lexington</u>
Survey Team	<u>Caccioppoli, Meagan; Conley-Sevier, Jennifer; Gallant, Makayla; Rodriguez, Raquel;</u>	Date(s) of Review	<u>17-NOV-25 to 19-NOV-25</u>

<b>Follow-up Scope and results :</b>						
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 6 Locations 21 Audits	2 Year License		10/17	<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**

<b>Indicator #</b>	L43
<b>Indicator</b>	Health Care Record
<b>Issue Identified</b>	Approx. 38% of HCRs updated with APE or Dental w/in 30 days of significant event
<b>Actions Planned/Occurred</b>	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.
<b>Status at follow-up</b>	Twelve health care records were reviewed. Two of the records were missing required information.
<b>Rating</b>	Met

<b>Indicator #</b>	L87
<b>Indicator</b>	Support strategies
<b>Issue Identified</b>	4/11 (36%) of individuals had their support strategies submitted on time
<b>Actions Planned/Occurred</b>	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.
<b>Status at follow-up</b>	For the individual reviewed, ISP support strategies were not submitted to the DDS Area Office at least 15 days prior to the ISP meeting. The agency needs to ensure that ISP support strategies are submitted at least 15 days prior to ISP meetings.
<b>Rating</b>	Not Met

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

<b>Indicator #</b>	L63
<b>Indicator</b>	Med. treatment plan form
<b>Area Need Improvement</b>	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.
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L86
<b>Indicator</b>	Required assessments
<b>Area Need Improvement</b>	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.
<b>Status at follow-up</b>	For the individual reviewed, ISP assessments were not submitted to the DDS Area Office at least 15 days prior to the ISP meeting. The agency needs to ensure that ISP assessments are submitted at least 15 days prior to ISP meetings.
<b>#met /# rated at followup</b>	0/1
<b>Rating</b>	Not Met

<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	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.
<b>Status at follow-up</b>	At one of three locations, there was evidence of an unreported incident. The agency needs to ensure all incidents are reported, and that incident reports are submitted and finalized within the required timeframes based on incident classification.
<b>#met /# rated at followup</b>	2/3

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<b>Rating</b>	Not Met
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<b>Indicator #</b>	L94 (05/22)
<b>Indicator</b>	Assistive technology
<b>Area Need Improvement</b>	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.
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated