

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

Provider	<u>Life Needs Co-op Inc.</u>	Provider Address	<u>205 North Plain Rd. , Great Barrington</u>
Survey Team	<u>Edi-Osagie, Raymond; Jones, Ken;</u>	Date(s) of Review	<u>22-OCT-25 to 24-OCT-25</u>

Follow-up Scope and results :						
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
Employment and Day Supports 1 Locations 5 Audits	2 Year License		7/8	<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)
Residential and Individual Home Supports 3 Locations 4 Audits	2 Year License		7/11	<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 DDS

Indicator #	L30
Indicator	Protective railings
Area Need Improvement	Two of the four sites were either in disrepair or were inadequate to meet the needs of the individuals that resided in the site/s. The agency needs to maintain its sites to be in good repair and to adequately meet the comfort/safety needs of the people that reside at the sites.
Status at follow-up	The agency took steps to repair structural elements of the deck flooring, protective railings, and support beams to one of the homes in the survey sample (138 Jug Head Rd. Egremont). However, some issues remain to be addressed at all three homes reviewed that include missing gutters and down spouts, gutters that need to be cleaned of leaves and debris, broken windows, and steep steps needing to be adjusted for easier use off the back yard deck. The agency must take immediate steps to ameliorate all structural issues in all its homes.
#met /# rated at followup	0/3
Rating	Not Met

Indicator #	L57
Indicator	Written behavior plans
Area Need Improvement	For three of the individuals reviewed, restrictive interventions that addressed specified target behaviors that posed a threat to the person's wellbeing and safety were not included in a formalized Positive Behavioral Support (PBS) plan. The agency needs to ensure that restrictive interventions and practices are included in a formal PBS plan that has been properly designated.
Status at follow-up	The survey sample was expanded to a household member who had a behavior plan that contained restrictive interventions. EW had specific behavioral support in place to rate for this standard. Upon review, all interventions were identified within the plan and necessary support provided.
#met /# rated at followup	1/1
Rating	Met

Indicator #	L60
Indicator	Data maintenance

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Area Need Improvement	For one of three individuals reviewed, the agency was not collecting data on the individual's target behaviors in relation to restrictive interventions that were being utilized. The agency needs to collect, maintain, and share data on individuals' target behaviors.
Status at follow-up	The one person (EW) who had specific behavioral support in place to rate for this standard had all identified target behaviors being tracked and documented as required for the review period.
#met /# rated at followup	1/1
Rating	Met

Indicator #	L64
Indicator	Med. treatment plan rev.
Area Need Improvement	For two out of three individuals reviewed, the medication treatment plan had not been incorporated into the ISP. The agency needs to share the individual's medication treatment plan with DDS Service Coordinators to ensure that it is incorporated into the ISP.
Status at follow-up	One of three individuals reviewed was prescribed an antipsychotic medication (Abilify), was under guardianship, and a Roger's monitor had not been obtained. The agency must coordinate with the Area Office to ensure that a Rogers Monitor plan is developed for this individual's Abilify medication, and anyone else who needs one.
#met /# rated at followup	2/3
Rating	Not Met

Indicator #	L67
Indicator	Money mgmt. plan
Area Need Improvement	Funds management plans for three of five individuals did not address required elements and/or current practices at the homes. When the agency assumes shared or delegated responsibility for managing an individual's funds, a plan needs to be developed that fully describes the agency's role in managing those funds. In these instances, the funds management agreement needs to include the arrangements between Life Needs Coop and the guardian/representative payee on the responsibility and liability of reconciling aspects of the bank accounts that are not under the agency's control (i.e. guardians direct involvement in bank withdrawals).
Status at follow-up	The agency took effective steps to ensure that funds management plans met requirements and was agreed to by the individuals/guardians, as applicable for all four individuals
#met /# rated at followup	4/4

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Rating	Met
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Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For four individuals reviewed, ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that ISP assessments are submitted to DDS at least 15 days prior to the ISP.
Status at follow-up	For the follow-up review period (60 days post SEM), only one individual had an ISP where assessments were required to be submitted at least 15 days prior to the ISP meeting. The agency submission of ISP assessments to DDS was late and did not meet the required timeline. The agency must ensure that ISP assessments are developed and submitted at least 15-days prior to an ISP meeting.
#met /# rated at followup	0/1
Rating	Not Met

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	For four individuals, ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that ISP support strategies are submitted to DDS at least 15 days prior to the ISP.
Status at follow-up	For the follow-up review period (60 days post SEM) only one individual had an ISP where support strategies were required to be submitted at least 15 days prior to the ISP meeting. The agency submission of ISP support strategies to DDS was late and did not meet the required timeline. The agency must ensure that ISP support strategies are developed and submitted at least 15-days prior to an ISP meeting.
#met /# rated at followup	0/1
Rating	Not Met

Indicator #	L91
Indicator	Incident management

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Area Need Improvement	At four locations, incidents were not submitted or finalized within the required timelines. The agency needs to ensure that incident reports are submitted and finalized within required timelines in HCSIS.
Status at follow-up	For the follow-up review period (60 days post SEM) there were no incidents that needed to be filed that were not at all three locations.
#met /# rated at followup	3/3
Rating	Met

Indicator #	L93 (05/22)
Indicator	Emergency back-up plans
Area Need Improvement	For the five individuals reviewed, the agency had not developed emergency back-up plans to assist individuals in planning for emergencies or disasters. The agency needs to ensure that each individual has contact information and is knowledgeable of what to do in the event of an emergency or disaster.
Status at follow-up	The agency took steps to ensure individuals had emergency back-up plans. Survey findings showed that all four individuals reviewed had emergency back-up plans in place.
#met /# rated at followup	4/4
Rating	Met

Indicator #	L94 (05/22)
Indicator	Assistive technology
Area Need Improvement	For two out of five individuals reviewed, support needs and the potential benefits of assistive technology had not been assessed and supported. The agency needs to ensure that all individuals are assessed to identify assistive technology to maximize independence and take steps to provide this support when a need is identified.
Status at follow-up	The agency took steps to ensure that individuals were assessed as to the benefits of assistive technology. Survey findings showed that all four individuals reviewed were assessed regarding the benefits of assistive technology, and support offered where needed.
#met /# rated at followup	4/4
Rating	Met

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

Indicator #	L7
Indicator	Fire Drills
Area Need Improvement	Only one fire drill was conducted for the Weavery CBDS program site over the last twelve months. The agency needs to ensure that at least two fire drills are conducted annually at day service locations. These fire drills must be conducted in accordance with all provisions outlined within the DDS approved safety plan.
Status at follow-up	The agency took steps to ensure that fire drills would be conducted in accordance with the DDS approved safety plan at a minimum of two times annually. Upon review, the agency conducted the required fire drill at this location.
#met /# rated at followup	1/1
Rating	Met

Indicator #	L15
Indicator	Hot water
Area Need Improvement	The bathroom hot water temperature at the main CBDS location exceeded 120 degrees when tested. The agency needs to ensure water temperatures test at 110° degrees Fahrenheit. Corrected
Status at follow-up	The agency took steps to ensure that hot water temperature did not exceed 110° F. Verified testing of the water temperature showed that the temperature was within the required range.
#met /# rated at followup	1/1
Rating	Met

Indicator #	L57
Indicator	Written behavior plans
Area Need Improvement	For three individuals reviewed, the agency utilized restrictive interventions to address specified target behaviors that posed a threat to the person's wellbeing and safety. These interventions were not included in a formalized Positive Behavioral Support (PBS) plan. The agency needs to ensure that restrictive interventions and practices are included in a formal PBS plan with HRC review and approval.

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Status at follow-up	One individual needed a behavior plan that contained restrictive interventions. Upon review, all interventions and necessary support were identified within the plan and the individual had specific behavioral support in place to meet the required standard.
#met /# rated at followup	1/1
Rating	Met

Indicator #	L60
Indicator	Data maintenance
Area Need Improvement	For two individuals reviewed, the agency was not collecting data on the individuals' target behaviors in relation to restrictive interventions. The agency needs to collect, maintain, and share data on individuals' target behaviors.
Status at follow-up	One individual needed a behavior plan that contained restrictive interventions. Upon review, all identified target behaviors were being tracked and documented as required for the review period.
#met /# rated at followup	1/1
Rating	Met

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For four out of five individuals reviewed, ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that ISP assessments are submitted to DDS at least 15 days prior to the ISP.
Status at follow-up	There were no individuals in the survey sample who had an ISP meeting within the review period (60 days post SEM).
#met /# rated at followup	
Rating	Not Rated

Indicator #	L87
Indicator	Support strategies

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Area Need Improvement	For four out of five individuals reviewed, ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that ISP support strategies are submitted to DDS at least 15 days prior to the ISP.
Status at follow-up	There were no individuals in the survey sample who had an ISP meeting within the review period (60 days post SEM).
#met /# rated at followup	
Rating	Not Rated

Indicator #	L91
Indicator	Incident management
Area Need Improvement	Several incident reports were submitted and/or finalized late at this site. The agency needs to ensure that incident reports are submitted and finalized within the regulatory timelines in HCSIS.
Status at follow-up	There were three incidents filed within the follow-up review period (60 days post SEM) that did not meet the mandated reporting timelines in HCSIS (1740506, 1731269, and 1737185). The agency must ensure that incident reports are submitted and finalized within the required timelines in HCSIS.
#met /# rated at followup	0/1
Rating	Not Met

Indicator #	L93 (05/22)
Indicator	Emergency back-up plans
Area Need Improvement	For the six individuals reviewed, the agency had not developed emergency back-up plans to assist individuals in planning for emergencies or disasters. The agency needs to ensure each individual has contact information and is knowledgeable of what to do in the event of an emergency or disaster.
Status at follow-up	The agency took steps to ensure individuals had back-up plans. Survey findings showed that all five individuals reviewed had emergency back-up plans in place.
#met /# rated at followup	5/5
Rating	Met

Indicator #	L94 (05/22)
Indicator	Assistive technology

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Area Need Improvement	For six individuals reviewed, support needs and the potential benefits of assistive technology had not been assessed. The agency needs to ensure that all individuals are assessed to identify assistive technology to maximize independence and take steps to provide this support when a need is identified.
Status at follow-up	The agency took steps to ensure individuals were assessed as to the benefits of assistive technology. Survey findings showed that all five individuals reviewed were assessed regarding the benefits of assistive technology and support offered where needed.
#met /# rated at followup	5/5
Rating	Met

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

Indicator #	L4
Indicator	Action taken
Area Need Improvement	The review of Life Needs Coop responses to DDS Area Office Decision and Action Plans and the Complaint Resolution Team showed that the agency did not submit any requested documentation to DDS within the prescribed timelines. The agency needs to develop an internal process for responding to DDS Decision and Action timelines, as required.
Status at follow-up	There were no Decision/Action plans required for the timelines subject to this review.
#met /# rated at followup	
Rating	Not Rated

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Indicator #	L48
Indicator	HRC
Area Need Improvement	The Human Rights Committee did not meet attendance requirements due to the two advocates on the committee having attended 50% or less meetings. The HRC also did not conduct site visits or review agency policies related to human rights. Life Needs Co-op needs to support its human rights committee members, especially the requisite ones, to attend HRC meetings on a consistent basis and to fulfil their responsibilities in promoting and protecting the rights of individuals who receive services.
Status at follow-up	The agency took effective steps to recruit an additional human rights committee member to fulfill the role of advocate. The committee member also possesses clinical expertise. The human rights committee convened a meeting on 9/25/25 where all committee members were in attendance.
#met /# rated at followup	1/1
Rating	Met