

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**LICENSURE AND CERTIFICATION**  
**PROVIDER FOLLOW-UP REPORT**

**Provider:** REACH \_\_\_\_\_

**Provider Address:** 20 Middle Street , Plymouth \_\_\_\_\_

**Name of Person** Darci Fencer  
**Completing Form:** \_\_\_\_\_

**Date(s) of Review:** 23-SEP-24 to 24-SEP-24 \_\_\_\_\_

<b>Follow-up Scope and results :</b>		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	Defer Licensure	3/4
Employment and Day Supports		3/3

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**LICENSURE AND CERTIFICATION**  
**PROVIDER FOLLOW-UP REPORT**

Remote Supports and Monitoring Services		0/0
---	--	-----

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**LICENSURE AND CERTIFICATION**  
**PROVIDER FOLLOW-UP REPORT**

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

<b>Indicator #</b>	L7
<b>Indicator</b>	Fire Drills
<b>Area Need Improvement</b>	In one of three locations, fire drills were not conducted in accordance with the safety plan. The agency needs to ensure that fire drills occur as stated within the safety plan.
<b>Process Utilized to correct and review indicator</b>	Reestablished scheduled months to complete fire drills and QAS developed a follow up tracking system to ensure completion with all required components.
<b>Status at follow-up</b>	Trial of new system was successful.
<b>Rating</b>	Met

<b>Indicator #</b>	L69
<b>Indicator</b>	Expenditure tracking
<b>Area Need Improvement</b>	Two individuals account balances were over the allowable asset limit. For two individuals the agency had not been collecting receipts for purchases made. The agency needs to ensure that receipts are collected and recorded and that account balances remain with the allowable asset range of below \$2,000 so as not to negatively impact entitlements.
<b>Process Utilized to correct and review indicator</b>	Managers without a 2nd manager to check and sign off on the Financial Transaction Records and verify receipts will now be reviewed by accounting as a second signature. Individuals with an excessive asset range of over \$2000 are identified and ABLE accounts are being established for them.

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Status at follow-up</b>	In Process, awaiting documents for one individual still in order to finalize ABLÉ account. Receipts reviewed monthly by two employees.
<b>Rating</b>	Not Met

<b>Indicator #</b>	L94 (05/22)
<b>Indicator</b>	Assistive technology
<b>Area Need Improvement</b>	For two people, assistive technology was identified in November of 2023, however the agency had not implemented or trialed the assistive technology due to functionality issues with the AT device. The agency needs to ensure that individuals are supported to increase their independence through the use of identified assistive technology devices.
<b>Process Utilized to correct and review indicator</b>	The Reach Internal AT Specialist is scheduling and reviewing all AT assessments to ensure any identified tools are in place and there is a teaching plan/data to accompany teaching use.
<b>Status at follow-up</b>	In place - ongoing based on ISP dates
<b>Rating</b>	Met

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**LICENSURE AND CERTIFICATION**  
**PROVIDER FOLLOW-UP REPORT**

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

<b>Indicator #</b>	L29
<b>Indicator</b>	Rubbish/combustibles
<b>Area Need Improvement</b>	Within the day service location, the agency had combustible materials stored within three feet of the heating system. The agency needs to ensure that no combustible materials are within three feet of heating system.
<b>Process Utilized to correct and review indicator</b>	Retraining of managers occurred at a Manager's Meeting. The creation of a monthly safety checklist was developed. Working with IT to find a way to digitize forms for QAS review.
<b>Status at follow-up</b>	Met
<b>Rating</b>	Met

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**LICENSURE AND CERTIFICATION**  
**PROVIDER FOLLOW-UP REPORT**

<b>Indicator #</b>	L39
<b>Indicator</b>	Dietary requirements
<b>Area Need Improvement</b>	For one individual, all staff were not knowledgeable regarding a special dietary requirement of lactose intolerance and for another individual dietary restrictions were not recorded. The agency needs to ensure that staff are trained and knowledgeable regarding food restrictions and when necessary, information is communicated to residential supports.
<b>Process Utilized to correct and review indicator</b>	Retraining of Health Care Plans at day program setting. A quick review sheet was created for all Dietary requirements at the program and placed in the staff data book for quick reference.
<b>Status at follow-up</b>	The staff was knowledgeable about all individual dietary requirements.
<b>Rating</b>	Met

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**LICENSURE AND CERTIFICATION**  
**PROVIDER FOLLOW-UP REPORT**

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

<b>Indicator #</b>	L48
<b>Indicator</b>	HRC
<b>Area Need Improvement</b>	The agency Human Rights Committee (HRC) had not convened quarterly, having resumed to meeting and held two meetings in 2024. The requirement of members with expertise was not met at either of the two meetings. The agency needs to hold HRC meetings with accordance to their bylaws and ensure that member with expertise are in attendance.
<b>Process Utilized to correct and review indicator</b>	Retraining on meeting requirements with HR coordinator.
<b>Status at follow-up</b>	Full attendance at next HR meeting dated 7/10/24.
<b>Rating</b>	Met