DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

| Provider | DDS SOUTHEAST STATE OP | Provider Address | 151 Campanelli Drive B, Middleboro |
|-------------|------------------------------------------------------------------------|-------------------|------------------------------------|
| Survey Team | Boyd, Michelle; Marchese, Michael; Mazzella, Barbara; Nolan, Scott; | Date(s) of Review | 11-OCT-22 to 14-OCT-22 |

| 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 |
| Residential and Individual Home Supports | | | 13/15 | □ Eligible for new business (Two Year License) | 2 Year License | ⊠ Eligible for New Business (80% or more std. met no critical std. not met) |
| 12 Locations 24 Audits | | | | ☑ Ineligible for new business. (Deferred Status: Two year midcycle review License) | | ☐ Ineligible for New Business (<=80% std met and/o more critical std. not met) |

DEPARTMENT OF DEVELOPMENTAL SERVICES LICENSURE AND CERTIFICATION DDS FOLLOW-UP REPORT

Summary of Ratings

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

DDS FOLLOW-UP REPORT

Follow-up Detail Report

For provider and area office use only. This page elaborates on all of the indicators reviewed at follow-up where the standard was not met.

Licensure Organizational:

| Indicator | Source | Issue |
|-----------|--------|-------|
|-----------|--------|-------|