

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

**Provider:** MAY INSTITUTE (THE) \_\_\_\_\_

**Provider Address:** 41 Pacella Park Drive , Randolph \_\_\_\_\_

**Name of Person Completing Form:** Kristen Powell \_\_\_\_\_

**Date(s) of Review:** 06-AUG-25 to 07-AUG-25 \_\_\_\_\_

<b>Follow-up Scope and results :</b>		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	0/2

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

<b>Indicator #</b>	L86
<b>Indicator</b>	Required assessments
<b>Issue Identified</b>	Assessments were not always submitted within the 15-day timeline.
<b>Actions Planned/Occurred</b>	(17/23) The team is reviewing ways to monitor and track this more efficiently. The current system in place has not been effective in notifying team members of when assessments are due.
<b>Process Utilized to correct and review indicator</b>	Process Utilized to correct and review indicator The organization reevaluated and revised the existing process for tracking and managing upcoming ISP assessment dates. The updated system now limits notifications to assigned staff and their managers. In addition, the system will now deliver the alerts in real time, replacing the previous monthly report approach.
<b>Status at follow-up</b>	80% of ISP assessments were not submitted within the 15-day timeline since the new system was implemented on 6/9/25. Only 10 ISPs were scheduled from 6/9/25 - 6/22/25. These results do not provide a reliable reflection of the new system's effectiveness, since it was implemented on 6/9/25 and the assessment timeline requires submission 15 days prior to the ISP meeting and the report was pulled on 6/22/25. The organization anticipates this modified system will support continuous compliance improvement.
<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>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	At seven out of twenty-two locations, incident reports were not submitted and/or finalized within the required timeframe. The agency needs to ensure that submission and finalization of incident reports are completed within the required timelines in HCSIS.
<b>Process Utilized to correct and review indicator</b>	Incident reports will be reviewed during monthly meetings to monitor compliance. The organization is in the process of developing an Incident Report Timeline dashboard utilizing current data visualization systems to track incident reports that are in progress or incomplete. This system is expected to enable teams to view incident report timeline data during monthly meetings, allowing teams to follow up on unfinished reports and address the root causes of late submissions.
<b>Status at follow-up</b>	Initial incident reports submitted and finalized less than 80% of the time since SEM. The system is progressing and under active development.
<b>Rating</b>	Not Met