

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

**Provider:** THE SHARED LIVING  
COLLABORATIVE

**Provider Address:** 43 Highland Road , Merrimac

**Name of Person** Collette Demers  
**Completing Form:**

**Date(s) of Review:** 30-JUN-23 to 05-JUL-23

| Follow-up Scope and results :            |                              |                                   |
|--|------------------------------|-----------------------------------|
| Service Grouping                         | Licensure level and duration | # Indicators std. met/ std. rated |
| Residential and Individual Home Supports |                              |                                   |

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

|                              |  |
|------------------------------|--|
| <b>Indicator #</b>           | L19  |
| <b>Indicator</b>             | Bedroom location   |
| <b>Area Need Improvement</b> | At one location, an individual requiring hands-on physical assistance to evacuate did not have a bedroom on a floor at grade level. The agency needs to ensure that individuals with mobility impairments have bedrooms on the first floor/at grade. |

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|   |   |
|---|---|
| <b>Process Utilized to correct and review indicator</b> | Reviewed and repeated fire drills and consult with OQE  |
| <b>Status at follow-up</b>                              | At this time, the individual can evacuate her second-floor bedroom in less than 2 1/2 minutes, with and without any physical assistance |
| <b>Rating</b>   | Met   |

|   |   |
|---|---|
| <b>Indicator #</b>                                      | L63   |
| <b>Indicator</b>  | Med. treatment plan form  |
| <b>Area Need Improvement</b>                            | For four individuals, the medication treatment plans did not have all of the required components. The agency needs to ensure that written plans include descriptions of target behaviors to control or modify, as well as corresponding data for each of those behaviors. |
| <b>Process Utilized to correct and review indicator</b> | The medication tracking sheets have been updated to include each specific manifestation being tracked , exactly as worded in the medication treatment plan.   |
| <b>Status at follow-up</b>                              | Completed   |
| <b>Rating</b>   | Met   |

|   |   |
|---|---|
| <b>Indicator #</b>                                      | L86   |
| <b>Indicator</b>  | Required assessments  |
| <b>Area Need Improvement</b>                            | For five individuals, required assessments had not been submitted within ISP timelines. The agency needs to ensure that ISP assessments are submitted at least 15 days in advance of the ISP meeting. |
| <b>Process Utilized to correct and review indicator</b> | A retraining has been done with all staff responsible for ISP assessments . A review of timelines has been signed off on and given as a reminder tool .   |

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|                            |           |
|----------------------------|-----------|
| <b>Status at follow-up</b> | Completed |
| <b>Rating</b>              | Met       |

|   |   |
|---|---|
| <b>Indicator #</b>                                      | L91   |
| <b>Indicator</b>  | Incident management   |
| <b>Area Need Improvement</b>                            | At one location, incidents were not reported and reviewed (submitted and finalized) as mandated by DDS regulation. The agency needs to ensure that timelines are followed for both minor and major incidents and that all reportable events are entered into HCSIS and finalized. |
| <b>Process Utilized to correct and review indicator</b> | All staff responsible for entering and finalizing incident reports have reviewed the timelines and they have been signed off on and handed out as a reminder tool   |
| <b>Status at follow-up</b>                              | Completed   |
| <b>Rating</b>   | Met   |

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

|   |  |
|---|--|
| <b>Indicator #</b>                                      | L36  |
| <b>Indicator</b>  | Recommended tests  |
| <b>Issue Identified</b>                                 | In some instances, follow up appointments were not completed in a timely manner or we had no evidence that appointments or labs were completed.  |
| <b>Actions Planned/Occurred</b>                         | Shared Living Collaborative is updating our system to reflect that all doctor visit forms will be turned in to Life Coaches to be printed, reviewed for clarity and comprehension, and initialed, prior to sending to nursing. Life Coaches will ensure that follow ups are completed. Goal May 31, 2023 |
| <b>Process Utilized to correct and review indicator</b> | All staff responsible for monitoring medical appointments and follow up care, have reviewed the updated expectations of collecting and reviewing information and then turning into the nurses  |
| <b>Status at follow-up</b>                              | Completed  |
| <b>Rating</b>   | Met  |