

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

Provider: Triangle, Inc. _____

Provider Address: 420 Pearl St , Malden _____

Name of Person Melissa Strout
Completing Form: _____

Date(s) of Review: 11-DEC-23 to 13-DEC-23 _____

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Employment and Day Supports	2 Year License	2/2

Summary of Ratings

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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	In one location the safety plan did not reflect the time it took for participants to evacuate the building. The agency needs to ensure that Safety Plans identify a "reasonable amount of time" to evacuate individuals.
Process Utilized to correct and review indicator	Process Utilized to correct and review indicator This was completed on 10/05/23 and included the time frame of 5 minutes for evacuation. This was reviewed and approved by DDS on 10/05/23.
Status at follow-up	Completed
Rating	Met

Indicator #	L91
Indicator	Incident management
Area Need Improvement	In one location, incidents were not submitted and finalized as required by regulation. The agency needs to ensure that all incidents are submitted and finalized within the required timelines.
Process Utilized to correct and review indicator	Site Managers were retrained on incident reporting and required timelines by the Director of Quality Assurance.
Status at follow-up	Completed
Rating	Met