

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**DDS FOLLOW-UP REPORT**

|             |   |                   |                                     |
|-------------|---|-------------------|-------------------------------------|
| Provider    | <u>UCP of Western Massachusetts, Inc.</u> | Provider Address  | <u>208 West Street , Pittsfield</u> |
| Survey Team | <u>Millet, Janina;</u>                    | Date(s) of Review | <u>02-DEC-25 to 04-DEC-25</u>       |

| <b>Follow-up Scope and results :</b>                                    |                              |   |  |  |  |  |
|---|------------------------------|---|--|--|--|--|
| 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<br><br>3 Locations<br>3 Audits | Defer Licensure              | 1/2   | 7/9  | <input type="checkbox"/> Eligible for new business (Two Year License)<br><br><input checked="" type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License) | Recommendation to De-License                                 | <input type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met)<br><br><input checked="" type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met) |

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**Summary of Ratings**

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

|                                  |  |
|----------------------------------|--|
| <b>Indicator #</b>               | L5   |
| <b>Indicator</b>                 | Safety Plan  |
| <b>Area Need Improvement</b>     | At one of three locations, a safety plan had not been reviewed and approved by DDS for over two years. The agency needs to ensure that safety plans are submitted to DDS every two years for review and approval; and that staff and care providers are trained in how to implement the safety plan and evacuation strategies. |
| <b>Status at follow-up</b>       | Safety Plans for all three locations have now been reviewed and approved by DDS, including the plan that was not submitted during the previous review period.  |
| <b>#met /# rated at followup</b> | 3/3  |
| <b>Rating</b>                    | Met  |

|                                  |  |
|----------------------------------|--|
| <b>Indicator #</b>               | L6   |
| <b>Indicator</b>                 | Evacuation   |
| <b>Area Need Improvement</b>     | One of three individuals was not supported to evacuate a home in under 2.5 minutes during fire drills. The agency needs to ensure that individuals are successfully evacuated under 2 minutes and 30 seconds during fire drills. |
| <b>Status at follow-up</b>       | Fire drill documentation indicated that, during the most recent drills, staff successfully evacuated all individuals within 2 1/2 minutes.   |
| <b>#met /# rated at followup</b> | 3/3  |
| <b>Rating</b>                    | Met  |

|                              |  |
|------------------------------|--|
| <b>Indicator #</b>           | L12  |
| <b>Indicator</b>             | Smoke detectors  |
| <b>Area Need Improvement</b> | Smoke detectors at two of three sites did not sound when activated during testing. The agency needs to ensure that smoke detectors sound when activated and are located on every habitable floor of the home (including basement), and carbon monoxide detectors are located within 10ft of the outside of each bedroom. |

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|                                  |   |
|----------------------------------|---|
| <b>Status at follow-up</b>       | At one of three sites, a carbon monoxide detector was not located within 10 feet outside of the bedroom. The agency must ensure that all elements of the fire detection system are in place where required and fully operational. |
| <b>#met /# rated at followup</b> | 2/3   |
| <b>Rating</b>                    | Not Met   |

|                                  |   |
|----------------------------------|---|
| <b>Indicator #</b>               | L15   |
| <b>Indicator</b>                 | Hot water   |
| <b>Area Need Improvement</b>     | At two of three locations, the hot water temperature did not meet requirements. The agency must ensure that water temperature is maintained within the acceptable range of 110-120 degrees. |
| <b>Status at follow-up</b>       | Water temperature tested outside of required limits at one of three locations. The agency must ensure Water temperature test within the required range at all locations.                    |
| <b>#met /# rated at followup</b> | 2/3   |
| <b>Rating</b>                    | Not Met   |

|                                  |  |
|----------------------------------|--|
| <b>Indicator #</b>               | L36  |
| <b>Indicator</b>                 | Recommended tests  |
| <b>Area Need Improvement</b>     | For one of three individuals', recommended visits to specialist were not supported, and/or appointments and test had not been scheduled. The agency must ensure that specialty and recommended appointments are scheduled and attended by individuals. |
| <b>Status at follow-up</b>       | Required test with specialist were made and kept for all three individuals.  |
| <b>#met /# rated at followup</b> | 3/3  |
| <b>Rating</b>                    | Met  |

|                    |                    |
|--------------------|--------------------|
| <b>Indicator #</b> | L43                |
| <b>Indicator</b>   | Health Care Record |

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|----------------------------------|--|
| <b>Area Need Improvement</b>     | For one of three individuals, the DDS Health Care Record was not updated annually, and when significant medical events occurred. The agency must update individuals Health Care Records annually, and when significant medical events/changes occur. |
| <b>Status at follow-up</b>       | Health care records were current and included all relevant information for all three Individuals.  |
| <b>#met /# rated at followup</b> | 3/3  |
| <b>Rating</b>                    | Met  |

|                                  |  |
|----------------------------------|--|
| <b>Indicator #</b>               | L63  |
| <b>Indicator</b>                 | Med. treatment plan form   |
| <b>Area Need Improvement</b>     | For one person, a Medication Treatment Plan was not developed to include all required components. The agency must ensure that a Medication Treatment Plan is developed to include a description of the behavior to manage or treated, information on common risk, monitoring data, and tracking all relevant effects of the treatment with the medication. Data must also be maintained on the plan. |
| <b>Status at follow-up</b>       | The one medication treatment plan reviewed was written by the individual's physician and had all the required components including GAD scale data collection.  |
| <b>#met /# rated at followup</b> | 1/1  |
| <b>Rating</b>                    | Met  |

|                                  |   |
|----------------------------------|---|
| <b>Indicator #</b>               | L71   |
| <b>Indicator</b>                 | Charges for care appeal   |
| <b>Area Need Improvement</b>     | All three individuals had not been notified of their appeal rights for charges for care. The agency must ensure that individuals are informed and aware of their rights to appeal charges for care. |
| <b>Status at follow-up</b>       | Documentation was present to show that all three individuals were sent letters that included information on appeal rights for charges for care.   |
| <b>#met /# rated at followup</b> | 3/3   |
| <b>Rating</b>                    | Met   |

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

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|                                  |   |
|----------------------------------|---|
| <b>Indicator #</b>               | L48   |
| <b>Indicator</b>                 | HRC   |
| <b>Area Need Improvement</b>     | The agency's human rights committee did not meet the quarterly meetings mandate; and did not review Human Rights materials, agency policies and human rights training materials. The agency should ensure that the Human Rights meets as required and completes all responsibilities under its mandate. |
| <b>Status at follow-up</b>       | The agency held one human rights committee meeting within the timeframe; all HRC members were accounted for at the meeting; and the committee reviewed all matters under their purview.   |
| <b>#met /# rated at followup</b> | 1/1   |
| <b>Rating</b>                    | Met   |