

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

**Provider:** WALNUT STREET CENTER \_\_\_\_\_

**Provider Address:** 291 Mystic Avenue , Medford \_\_\_\_\_

**Name of Person** Eva Osagiede \_\_\_\_\_  
**Completing Form:** \_\_\_\_\_

**Date(s) of Review:** 12-JUN-25 to 18-JUN-25 \_\_\_\_\_

<b>Follow-up Scope and results :</b>		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Employment and Day Supports		6/6
Residential and Individual Home Supports	2 Year License	2/2

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

<b>Indicator #</b>	L67
<b>Indicator</b>	Money mgmt. plan

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Area Need Improvement</b>	For two of five individuals, the money management and training plans did not contain all required information. The agency needs to ensure all written plans include the source and correct amount of income, where funds are kept and how they are accessed. The plan or assessment needs to identify a dollar amount of a money the individual is capable of securing on his person. The agency needs to ensure training plans identify the area of skill being developed and the mechanisms used to teach the individual.
<b>Process Utilized to correct and review indicator</b>	<p>We are in the process of reviewing and updating all money management and training plans to ensure they consistently include:</p> <ul style="list-style-type: none"><li>The source and correct amount of income.</li><li>Where funds are kept and how they are accessed.</li><li>The specific dollar amount an individual can secure on them.</li></ul> <p>We are also ensuring that all training plans clearly define:</p> <ul style="list-style-type: none"><li>The specific skill areas are being developed.</li><li>The instructional methods or mechanisms used to teach those skills.</li></ul> <p>Additional guidance and a checklist have been provided to staff to support compliance with documentation standards. We are also implementing a regular internal review process to ensure ongoing accuracy and completeness of these plans.</p>
<b>Status at follow-up</b>	Reviewed plans for the two individuals have been updated to reflect indicator expectation.
<b>Rating</b>	Met

<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Area Need Improvement</b>	At four locations, Incident Reports were either not submitted or finalized within the required timeframes. The agency needs to ensure all Incident Reports are submitted and reviewed as mandated by regulation.
<b>Process Utilized to correct and review indicator</b>	<p>Process Utilized to correct and review indicator Staff Re-training: All relevant staff are being re-trained on incident reporting protocols, including mandated timelines for submission and review as outlined by regulation.</p> <p>Process Improvements: We are implementing additional tracking and reminder systems to ensure timely submission and review of all Incident Reports moving forward. Supervisory oversight is also being strengthened to ensure compliance.</p> <p>Corrective action has been added as part of the process for each location to address any gaps in procedure or oversight.</p>
<b>Status at follow-up</b>	Status at follow-up Retraining and new systems implementation by 9/1/25
<b>Rating</b>	Met

**Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L7
<b>Indicator</b>	Fire Drills

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Area Need Improvement</b>	At two locations, the fire drill logs were incomplete. Specifically, the agency was not identifying the names of staff that participated and assisted in the evacuation drills. Without this information, it could not be determined if the drills were completed in compliance with the minimum amount of staff noted in the approved safety plan. The agency needs to ensure their fire drill logs contain all required information including the names of the individuals participating in the drill, the level of assistance provided, any adaptive aids used during the evacuation, and the names of the staff participating/assisting individuals to evacuate.
<b>Process Utilized to correct and review indicator</b>	We have reviewed and updated the fire drill logs at the affected locations to include all required fields, including: Names of individuals participating in the drill. Level of assistance provided. Any adaptive aids used during evacuation. Names of staff participating in and assisting with the evacuation. Staff Re-training: All staff involved in fire safety and emergency preparedness have been re-trained on proper documentation procedures and the requirements of the approved safety plan. Ongoing Compliance Monitoring: Supervisors will now review fire drill logs quarterly to ensure completeness and compliance. A checklist has also been implemented to guide staff during each drill.
<b>Status at follow-up</b>	Status at follow-up Forms updated during survey.
<b>Rating</b>	Met

<b>Indicator #</b>	L39
<b>Indicator</b>	Dietary requirements

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Area Need Improvement</b>	For one individual with a special dietary requirement, the agency was not ensuring the physician's direction was being followed. The agency needs to ensure a special dietary requirements for all individuals are followed.
<b>Process Utilized to correct and review indicator</b>	The individual's dietary plan has been reviewed and updated to ensure full alignment with the physician's current orders. Staff responsible for meal preparation and service have been informed of the specific requirements. Staff Re-training: All relevant staff have been re-trained on the importance of adhering to physician-directed dietary needs and on proper documentation and communication procedures related to special diets. Ongoing Monitoring: A monitoring system has been implemented to regularly audit special diet compliance and ensure that physician directions are consistently followed.
<b>Status at follow-up</b>	Completed
<b>Rating</b>	Met

<b>Indicator #</b>	L87
<b>Indicator</b>	Support strategies
<b>Area Need Improvement</b>	For two individuals, their support strategies were not submitted at least 15 days prior to the ISP date as required. The agency needs to ensure support startegies for all individuals are submitted no later than 15 days prior to their ISP.

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Process Utilized to correct and review indicator</b>	The circumstances surrounding the late submissions have been reviewed, and corrective steps have been taken to prevent recurrence. Improved Tracking System: A centralized tracking system has been implemented to monitor all upcoming ISP dates and ensure that support strategies are submitted on time. Automatic reminders have been added to alert responsible staff in advance of deadlines. Staff Training: Staff involved in preparing and submitting support strategies have been re-trained on the 15-day submission requirement and the importance of timely coordination with the ISP team.
<b>Status at follow-up</b>	Status at follow-up Retraining and new systems implementation by 9/1/25
<b>Rating</b>	Met

<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	At both locations surveyed, Incident Reports were either not submitted or finalized within the required timeframes. The agency needs to ensure all Incident Reports are submitted and finalized as mandated by regulation.

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Process Utilized to correct and review indicator</b>	All outstanding Incident Reports at the identified locations have been reviewed and finalized. Any gaps in documentation have been addressed. Staff Re-training: Staff responsible for incident reporting have been re-trained on the regulatory requirements, including timelines for both submission and finalization. Strengthened Oversight: A tracking and reminder system has been implemented to ensure timely submission and review of all Incident Reports. Supervisors will now monitor compliance on an ongoing basis.
<b>Status at follow-up</b>	Status at follow-up Retraining and new systems implementation by 9/1/25
<b>Rating</b>	Met

<b>Indicator #</b>	L94 (05/22)
<b>Indicator</b>	Assistive technology
<b>Area Need Improvement</b>	For two individuals, their AT assessments identified areas the individuals might benefit from the use of AT, however the agency did not obtain AT devices for these areas of need. The agency needs to ensure that when assessments identify an area of need, they obtains the assistive technology devices.

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Process Utilized to correct and review indicator</b>	The AT needs for the two individuals have been re-reviewed, and the appropriate devices are now in the process of being obtained and implemented, in alignment with their assessments. Process Improvement: We have revised our internal procedures to ensure that any AT needs identified during assessments are followed by timely acquisition and implementation of the appropriate devices, unless otherwise documented and clinically justified. Staff Training: Relevant staff have been re-trained on the importance of follow-through after AT assessments and on procedures for obtaining and documenting AT devices in a timely manner.
<b>Status at follow-up</b>	Completed
<b>Rating</b>	Met

<b>Indicator #</b>	L96 (05/22)
<b>Indicator</b>	Staff training in devices and applications
<b>Area Need Improvement</b>	For one individual who utilizes AT, staff were not knowledgeable the individual had a device on-site. The agency needs to ensure staff are competent and knowledgeable in the use of each individual's technology devices, and are aware of their location.

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**PROVIDER FOLLOW-UP REPORT**

<b>Process Utilized to correct and review indicator</b>	Process Utilized to correct and review indicator Staff at the location have been informed of the individual's AT device and its location. The device has been made readily accessible for use as intended. Staff Training: All relevant staff have been re-trained on the individual's AT plan, including the purpose, proper use, and location of the device. This training has been documented and will be incorporated into new staff onboarding going forward. Ongoing Monitoring: Supervisors will conduct periodic checks to ensure staff remain knowledgeable and that AT devices are being used consistently and appropriately.
<b>Status at follow-up</b>	Completed
<b>Rating</b>	Met