



**PROVIDER REPORT
FOR
ALTERNATIVE SUPPORTS
INC
77 Rumford Avenue
Waltham, MA 02453**

July 07, 2022

Version

Public Provider Report

**Prepared by the Department of Developmental Services
OFFICE OF QUALITY ENHANCEMENT**

SUMMARY OF OVERALL FINDINGS

Provider	ALTERNATIVE SUPPORTS INC
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Review Dates	5/11/2022 - 5/17/2022
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Service Enhancement Meeting Date	5/31/2022
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Survey Team	John Downing Raquel Rodriguez (TL) Jennifer Conley-Sevier
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Citizen Volunteers	
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Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	5 location(s) 9 audit (s)	Full Review	73/83 2 Year License 05/31/2022 - 05/31/2024		43 / 47 Certified 05/31/2022 - 05/31/2024
Residential Services	4 location(s) 6 audit (s)			Full Review	17 / 20
Individual Home Supports	1 location(s) 3 audit (s)			Full Review	20 / 21
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

Alternative Supports Inc. (ASI) is a non-profit agency in operation since 1976 when it provided day supports. The agency expanded to provide residential services in 1997. The agency serves individuals with developmental and intellectual disabilities in both 24-hour residential homes and less than 24-hour homes in its Individual Home Supports (I H S).

The agency was eligible to conduct a self-assessment due to achieving above 90% of Licensing indicators met during its last survey in 2019. However, the agency opted to have the Office of Quality Enhancement conduct a full Licensing and Certification review of its 24-hour homes and I H S. For the purposes of this review, six audits were conducted in 24-hour homes and three audits in I H S.

The agency has undergone some major changes within the past three years including a change to the Executive and Assistant Executive Director. A one year strategic plan was developed to address areas in need of immediate support/updating. In response to the strategic plan and pandemic the agency has completely overhauled its IT structure ensuring both staff and individuals are able to access and communicate with current devices via the internet. A focus on retaining staff was reflected at programmatic level where staff interviewed were knowledgeable of individuals and their unique needs and had been with the agency for many years.

On an organization level, the agency demonstrated a commitment to human rights, both in meeting the standard for reporting to DPPC, and in the functioning of their Human Rights Committee. The Human Rights Committee meets regularly and completes all reviews as required. Trainings for individuals and families in the areas of human rights and DPPC reporting occur annually, and human rights topics are discussed weekly at house meetings. The agency has also almost completed their switch to Positive Behavioral Supports in line with new DDS regulations. Communication between support staff and individuals was respectful and based in the principles of positive behavioral supports.

Staff training requirements were all met and staff knowledge in Universal Precautions and Transmission Prevention was evident by on-going cleaning/sanitizing, use of PPE, and use of check in stations at all locations. At locations staff were well trained on the unique needs of the individuals, healthy eating, and signs and symptoms of illness.

Positive practices and outcomes were observed within the agency's residential supports in the areas of promoting physical activity, healthy eating, and safety. Multiple individuals were noted for having lost and maintained a significant amount of weight since the last review. The agency ensured that individuals were able to safely utilize exercise equipment within their homes with or without supports as needed and updated emergency back up plans in consideration of the pandemic. Individuals were also supported to communicate and visit with friends and family utilizing technology and virtual visits when circumstances prevented in person visits.

Licensing indicators which are in need of further attention were identified during the survey. In the domain of healthcare, the agency needs to improve its system for healthcare oversight. For example, the agency needs to ensure that routine and preventative care is occurring as ordered, dietary requirements are reviewed, and maintenance and oversight of related supports and equipment is occurring. Plans to support personal growth of individuals needs to occur through financial training plans, self-medication assessments, and assistive technology assessments.

Certification indicators in need of additional attention were identified during the survey. In the domain of supporting and enhancing relationships, the agency needs to insure it strengthens its process for accessing individuals' needs relative to their desire for intimacy and companionship. The agency needs to explore ways of supporting the individuals to discover and connect with their interests for

cultural, social, recreational and spiritual activities as well as capture which community activities are based on the individual's preferences and interests.

As a result of this review, the agency has received 88% of licensing indicators and all critical indicators were met. The agency will receive a Two Year License for Residential Services/Individual Home Supports. Follow-up on all not met licensing indicators in both service groupings will be conducted by the DDS OQE within 60 days. The agency met 91% of all certification indicators and is fully certified.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Residential and Individual Home Supports	63/73	10/73	
Residential Services Individual Home Supports			
Critical Indicators	8/8	0/8	
Total	73/83	10/83	88%
2 Year License			
# indicators for 60 Day Follow-up		10	

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L35	Individuals receive routine preventive screenings.	Four of nine individuals had not received routine preventative screenings in accordance with the DDS Healthcare screening guidelines. The agency needs to ensure all individuals receive preventative healthcare screenings at recommended time intervals. For those unable to participate in the usual screening measures, alternative screening measures and/or a plan to monitor for specific signs and symptoms related to the condition should be explored and identified.
L39	Special dietary requirements are followed.	One of two special dietary requirements reviewed did not have accurate staff training and upon further review did not have a medical basis to be in place. The agency needs to ensure dietary guidelines and practices at the location recognize and are responsive to all individuals' particular food allergies and conditions and that staff are knowledgeable of them.
L47	Individuals are supported to become self medicating when appropriate.	One individual had not been supported to independently carry a medication when the protocol indicated the need to do so. The agency needs to ensure individuals are supported to become self medicating when appropriate.
L63	Medication treatment plans are in written format with required components.	Four of seven medication treatment plans were missing the two following components: baseline data on targeted behaviors prior to and subsequent to the administration of the medication as well as a plan to reduce or eliminate the

		need for the medication. The agency needs to ensure medication treatment plans have all required components.
L64	Medication treatment plans are reviewed by the required groups.	For five of seven individuals prescribed behavior modifying medications, plans had not been submitted to the ISP team for review as required. The agency needs to ensure that plans are submitted into HCSIS in preparation for ISP review by the team.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For two of eight individuals, their funds management plan was missing required components and/or was not accompanied by a training plan. The agency needs to ensure every individual, for whom they have a shared or delegated money management responsibility, has a written funds management plan and a training plan to deepen knowledge and promote greater financial independence.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	One of three health related supports and protections review noted staff had not been trained on the care and cleaning of the device(s) nor was there documentation that care and cleaning was occurring. The agency needs to ensure staff are knowledgeable of the implementation and care of health related supports and protections.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For three of nine individuals, there was a lack of data collection to demonstrate services and support strategies, for which the agency was responsible to implement, had occurred. The agency needs to ensure that services and support strategies agreed upon in the ISP are being implemented.
L90	Individuals are able to have privacy in their own personal space.	Three of nine individuals bedroom doors were not equipped with locks. The agency needs to ensure that individuals have a lockable bedroom door for privacy, unless contraindicated by the ISP team or if the bedroom is leading to an egress.
L94 (05/22)	Individuals have assistive technology to maximize independence.	For three of nine individuals, it was identified that people would have benefited from the use of assistive technology to maximize their independence. The agency needs to ensure staff are aware of assistive technology and develop a process to assess individuals' needs and implement the appropriate supports.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	37/41	4/41	
Individual Home Supports	20/21	1/21	
Residential Services	17/20	3/20	
Total	43/47	4/47	91%
Certified			


Individual Home Supports- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	Two of three individuals had expressed an interest in companionship but had not been supported in this area. The provider must review the individual's interest and need for support in the area of intimacy and companionship, and then design and implement actions to support these identified interests and needs.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	Two of six individuals review had not been assessed formally or informally around their interest or need for intimacy and companionship. The provider must review the individual's interest and need for support in the area of intimacy and companionship, and then design and implement actions to support these identified interests and needs.
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	Four out of six individuals had not been supported to explore interests in individualized activities that were consistent with their unique cultural, recreational, social, or spiritual interests. The agency needs to evaluate and assist individuals to explore new interests and broaden their awareness of activities that are available in the wider community.





C17	Community activities are based on the individual's preferences and interests.	Two out of six individuals were not presented with frequent opportunities to participate in community activities that reflected the person's interests and preferences. The agency needs to ensure that individualized strategies are in place to support all individuals' consistent and ongoing involvement in activities which comport with their expressed interests and preferences.
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MASTER SCORE SHEET LICENSURE


Organizational: ALTERNATIVE SUPPORTS INC

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
 L2	Abuse/neglect reporting	5/6	Met(83.33 %)
L3	Immediate Action	12/12	Met
L4	Action taken	5/5	Met
L48	HRC	1/1	Met
L65	Restraint report submit	1/1	Met
L66	HRC restraint review	1/1	Met
L74	Screen employees	2/2	Met
L75	Qualified staff	2/2	Met
L76	Track trainings	1/1	Met
L83	HR training	12/12	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	6/6	3/3					9/9	Met
L5	Safety Plan	L	3/4	1/1					4/5	Met (80.0 %)
 L6	Evacuation	L	4/4	1/1					5/5	Met
L7	Fire Drills	L	3/4						3/4	Met
L8	Emergency Fact Sheets	I	6/6	3/3					9/9	Met
L9 (07/21)	Safe use of equipment	I	6/6	3/3					9/9	Met
 L11	Required inspections	L	4/4	1/1					5/5	Met
 L12	Smoke detectors	L	4/4	1/1					5/5	Met
 L13	Clean location	L	4/4	1/1					5/5	Met
L14	Site in good repair	L	4/4	1/1					5/5	Met
L15	Hot water	L	4/4	1/1					5/5	Met
L16	Accessibility	L	4/4	1/1					5/5	Met
L17	Egress at grade	L	4/4	1/1					5/5	Met
L18	Above grade egress	L	2/2						2/2	Met
L19	Bedroom location	L	4/4						4/4	Met
L20	Exit doors	L	4/4	1/1					5/5	Met
L21	Safe electrical equipment	L	4/4	1/1					5/5	Met
L22	Well-maintained appliances	L	4/4	1/1					5/5	Met
L23	Egress door locks	L	4/4	1/1					5/5	Met
L24	Locked door access	L	4/4	0/1					4/5	Met (80.0 %)
L25	Dangerous substances	L	4/4	1/1					5/5	Met
L26	Walkway safety	L	4/4	1/1					5/5	Met
L27	Pools, hot tubs, etc.	L	1/1						1/1	Met

L28	Flammables	L	4/4	1/1					5/5	Met
L29	Rubbish/combustibles	L	4/4	1/1					5/5	Met
L30	Protective railings	L	4/4	1/1					5/5	Met
L31	Communication method	I	6/6	3/3					9/9	Met
L32	Verbal & written	I	6/6	3/3					9/9	Met
L33	Physical exam	I	6/6	3/3					9/9	Met
L34	Dental exam	I	4/4	3/3					7/7	Met
L35	Preventive screenings	I	3/6	2/3					5/9	Not Met (55.56 %)
L36	Recommended tests	I	6/6	3/3					9/9	Met
L37	Prompt treatment	I	6/6	3/3					9/9	Met
 L38	Physician's orders	I	1/1	1/1					2/2	Met
L39	Dietary requirements	I	1/2						1/2	Not Met (50.0 %)
L40	Nutritional food	L	4/4	1/1					5/5	Met
L41	Healthy diet	L	4/4	1/1					5/5	Met
L42	Physical activity	L	4/4	1/1					5/5	Met
L43	Health Care Record	I	6/6	3/3					9/9	Met
L44	MAP registration	L	4/4	1/1					5/5	Met
L45	Medication storage	L	4/4	1/1					5/5	Met
 L46	Med. Administration	I	6/6	3/3					9/9	Met
L47	Self medication	I		0/1					0/1	Not Met (0 %)
L49	Informed of human rights	I	6/6	3/3					9/9	Met
L50 (07/21)	Respectful Comm.	I	6/6	3/3					9/9	Met
L51	Possessions	I	6/6	3/3					9/9	Met
L52	Phone calls	I	6/6	3/3					9/9	Met
L53	Visitation	I	6/6	3/3					9/9	Met
L54 (07/21)	Privacy	I	6/6	3/3					9/9	Met

L61	Health protection in ISP	I	2/2	1/1					3/3	Met
L62	Health protection review	I	2/2	1/1					3/3	Met
L63	Med. treatment plan form	I	2/6	1/1					3/7	Not Met (42.86 %)
L64	Med. treatment plan rev.	I	1/6	1/1					2/7	Not Met (28.57 %)
L67	Money mgmt. plan	I	4/6	2/2					6/8	Not Met (75.00 %)
L68	Funds expenditure	I	6/6	1/1					7/7	Met
L69	Expenditure tracking	I	5/6	1/1					6/7	Met (85.71 %)
L70	Charges for care calc.	I	6/6	3/3					9/9	Met
L71	Charges for care appeal	I	6/6	3/3					9/9	Met
L77	Unique needs training	I	6/6	3/3					9/9	Met
L79	Restraint training	L	1/1						1/1	Met
L80	Symptoms of illness	L	4/4	1/1					5/5	Met
L81	Medical emergency	L	4/4	1/1					5/5	Met
 L82	Medication admin.	L	4/4	1/1					5/5	Met
L84	Health protect. Training	I	1/2	1/1					2/3	Not Met (66.67 %)
L85	Supervision	L	4/4	1/1					5/5	Met
L86	Required assessments	I	5/5	3/3					8/8	Met
L87	Support strategies	I	5/5	3/3					8/8	Met
L88	Strategies implemented	I	4/6	2/3					6/9	Not Met (66.67 %)
L90	Personal space/ bedroom privacy	I	3/6	3/3					6/9	Not Met (66.67 %)

L91	Incident management	L	4/4	1/1					5/5	Met
L93 (05/22)	Emergency back-up plans	I	6/6	3/3					9/9	Met
L94 (05/22)	Assistive technology	I	4/6	2/3					6/9	Not Met (66.67 %)
L96 (05/22)	Staff training in devices and applications	I	6/6	3/3					9/9	Met
#Std. Met/# 73 Indicator									63/73	
Total Score									73/83	
									87.95%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	1/1	Met
C2	Data analysis	1/1	Met
C3	Service satisfaction	1/1	Met
C4	Utilizes input from stakeholders	1/1	Met
C5	Measure progress	1/1	Met
C6	Future directions planning	1/1	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	6/6	Met
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	6/6	Met
C10	Social skill development	6/6	Met
C11	Get together w/family & friends	6/6	Met

C12	Intimacy	4/6	Not Met (66.67 %)
C13	Skills to maximize independence	6/6	Met
C14	Choices in routines & schedules	6/6	Met
C15	Personalize living space	4/4	Met
C16	Explore interests	2/6	Not Met (33.33 %)
C17	Community activities	4/6	Not Met (66.67 %)
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met
C46	Use of generic resources	6/6	Met
C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	6/6	Met
C49	Physical setting is consistent	4/4	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met
C52	Leisure activities and free-time choices /control	6/6	Met
C53	Food/ dining choices	6/6	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/3	Met
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	3/3	Met
C10	Social skill development	3/3	Met
C11	Get together w/family & friends	3/3	Met
C12	Intimacy	1/3	Not Met (33.33 %)
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	3/3	Met
C17	Community activities	3/3	Met
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	3/3	Met

C21	Coordinate outreach	3/3	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	3/3	Met
C49	Physical setting is consistent	1/1	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	3/3	Met
C53	Food/ dining choices	3/3	Met