



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

June 23, 2026

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	5/18/2026 - 5/22/2026
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Service Enhancement Meeting Date	6/9/2026
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Survey Team	Raquel Rodriguez Makayla Gallant (TL) John Downing
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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	4 location(s) 6 audit (s)	Full Review	77/85 Defer Licensure		25 / 26 Certified
Residential Services	4 location(s) 6 audit (s)			Full Review	19 / 20
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

Alternative Supports Inc. (ASI) is a non-profit agency that has been 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 (IHS).

Within the domain of Competent and Skilled Workforce, the agency demonstrated an effective system for managing required staff training. Staff in residences were properly trained in signs and symptoms of illness, including "just not right" and health observation guidelines, additionally all staff were aware of what constitutes a medical emergency and how to properly handle one. The agency also took immediate action to safeguard individuals' health and safety when notified by the Area Office of DPPC reports. These practices supported appropriate care, oversight, and response to health and safety concerns.

Within the domain of Strategic Planning and Quality Management, the agency utilized a variety of methods to collect data both internally, through their compliance manager's internal audit data on medication occurrences, staff training issues, incidents, etc., and externally, through paper surveys to access individual's, guardian's, family members, and employees satisfaction with services provided and the agency's workplace culture; as well as, obtaining feedback from the area office during provider meetings. All data collected was graphed to identify areas of strength and areas for improvement; data comparison between two survey years indicates positive changes in responses for previously identified areas of improvement. The agency regularly meets with their executives and board members to reassess the progress they have made with their strategic goals to ensure there are opportunities for mid-course correction on any goals that have not been met as expected. These meetings recently lead to an overhaul of their strategic plan with a greater focus on fiscal stability to provide individuals served safer and more comfortable home environments, which involved the sale of out-of-region residential homes, providing the means to purchase two new homes in-region and make environmental and accessibility renovations to another agency owned home. These enhancements aim to provide improved residential quality to individuals ageing in their residences. The overall goal to develop more fiscal solvency provides greater potential for individuals to have resources and services to support their evolving needs as they age.

Within the Environmental Health domain, the agency was committed to maintaining cleanliness and safety of all residential locations. The agency ensured that all required inspections were completed annually and all fire safety equipment, heating, ventilation, and air conditioning equipment was serviced properly, located where it was required, and functioning adequately. The locations were clean and all sites were in good repair. All residential locations were accessible and fit well within their neighborhoods. Equipment such as microwaves, stove/oven, and toasters were properly maintained and in working order. Having a safe and clean environment allows individuals the opportunity to receive services in a barrier free, healthy and safe manner, which supports the individuals' comfort and safety in their home.

The agency displayed high capability in the domain of Medication and Health, as all medications were administered correctly, by MAP trained staff, and in accordance with physician's orders; any MORs had been appropriately identified and addressed prior to survey, and in some cases, individuals were supported to become self-medicating after an assessment had been completed. The agency ensured there was a written plan in place for all individuals prescribed medication for behavior modification that included all required components, especially historical data explaining when medication doses were trialed or changed, which highlighted the agency advocacy to decrease dosages and discontinue medications when applicable for the benefit of individuals whose behaviors had decreased over time.

Certification emerged as a strength for the agency, as all individuals were thoughtfully assessed to

determine community activities that were of interest and supported to participate in community activities of interest. One individual did not attend day program and the residence made sure to take her out during the day to participate in activities she enjoys, specifically, going to see a new movie or walking around the mall to smell the perfumes in bath and body works which she particularly enjoys. The residential staff also continued to engage the individual in conversations about the benefits of joining a day program but continued to support the individual's choice when deciding day program was not something she wanted to peruse, despite previously reported interest in the service. Additionally, staff support individuals to get together with friends and family. One individual moved from an individual supports model to the 24-hour residential supports model and staff have helped to ensure she still gets together with her best friend regularly and maintains communication with her family through FaceTime. One individual who was diagnosed with advanced staged dementia was supported to have her family over to the home to spend more time with her. Family regularly come to visit for holidays and special events. Another individual had a special video chat device to be able to talk to his family virtually. The device was kept in his room so he could communicate with them whenever he wanted. The agency developed a system to assess individuals' intimacy needs and then provided education to individuals in areas of identified support needs. The agencies commitment to social engagement, community integration, and providing support and guidance for developing and maintaining healthy relationships have enhanced individuals' opportunities for inclusion, personal fulfillment, self-determination, and overall quality of life.

There were a few areas identified during the survey that required increased attention from the agency. Within the Health and Safety domain the agency needs to ensure that physicians orders for individuals with a diagnosis requiring staff intervention to prevent a more serious health condition are followed. In this same domain, the agency must ensure all recommended tests with specialists are made and kept. Within the domain of Money Management, the agency needs to ensure all money management plans have the required components to describe the assistance the agency is providing to individuals when they have shared or delegated money management responsibility and that agreement to the plan has been obtained from the individual and/or guardian as required. In this same domain, the agency needs to ensure individuals and/or guardians are informed of charges for care and are informed on how to file an appeal of the charges.

Alternative Supports Residential and Individual Home Supports service group received a rating of met in 91% of indicators reviewed; however, the license has been deferred due to a rating of Not Met on one critical indicator (L38 physician's orders). The DDS Office of Quality Enhancement (OQE) will conduct a follow-up review within 60 days of the Service Enhancement Meeting (SEM) on all licensing indicators rated as Not Met, including the critical indicator. To be issued a Two-Year license with a mid-cycle review, the agency must demonstrate at least 80% compliance within the critical indicators during the follow-up review. This service grouping is certified with 96% of certification indicators met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/9	2/9	
Residential and Individual Home Supports	70/76	6/76	
Residential Services			
Critical Indicators	6/8	2/8	
Total	77/85	8/85	91%
Defer Licensure			
# indicators for 60 Day Follow-up		8	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The agencies human rights committee did not include an attorney, law student, or paralegal with relevant expertise or a psychologist or master's level practitioner with expertise. The agency needs to ensure they have a human rights committee that is comprised of voting members with the mandatory expertise.
L65	Restraint reports are submitted within required timelines.	Two restraint reports were not submitted within the required timelines. The agency needs to ensure all restraint reports are submitted within three days of the restraint and are finalized within five days of the restraint.

Residential Commendations on Standards Met:

Indicator #	Indicator	Commendations
L94 (05/22)	Individuals have assistive technology to maximize independence.	The agency is commended for their efforts to identify and utilize assistive technology that maximizes an individual's independence. Several examples were noted throughout the survey process of the agency identifying and implementing assistive technology specifically relating to the individuals' ISP goals. Visual aids had been created to assist with personal hygiene, chore management, and laundry and were located in all the houses. One individual surveyed had been able to complete the steps of the washer/dryer utilizing the visual aid and was next working on folding his clothes. The agency then obtained a folding board which helped the individual to fold independently rather than with staff cueing or hand over hand support. Another individual's goal was to increase communication with family members, and he had been supported to facetime independently with his IPAD. A third individual wanted to be able to read a clock. The agency obtained a specialized clock, color coded with visual cues to help determine the hour and minuets as well as written words to identify quarter past, half past, and quarter to. Furthermore, the agency has made efforts to increase dental hygiene for all individuals by utilizing a device that attaches to a toothbrush which tracks the duration of toothbrushing as well as quadrants of the mouth that may need further attention. The information is tracked in an app which staff can then utilize to verbally or visually cue individuals. In the domain of safety, the agency has purchased and utilized large tapestries with the visual aid of a fire to block egresses with during a fire drill so individuals can independently identify an egress is unusable and to look for the next egress. The agency is commended for providing assistive technology to encourage, teach, communicate, and foster maximum independence in home routines and activities.

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

Indicator #	Indicator	Area Needing Improvement
L36	Recommended tests and appointments with specialists are made and kept.	For two of six individuals, specialty visits and/or tests were not made or kept as recommended by the health care practitioner. The agency needs to ensure appointments with specialists or specialty tests are scheduled and kept within the timeframes noted by the physician.
Ⓡ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For one of three individuals, staff were not properly implementing the medical protocol instructions. The agency needs to ensure that protocols are consistently followed.

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

Indicator #	Indicator	Area Needing Improvement
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 six individuals, the money management plan or the training plan did not contain all required components and/or agreement to the plan was not obtained until after the survey sample had been sent. The agency needs to ensure the money management plan reflects the current support in place for individuals when the agency has shared or delegated money management responsibilities, that the training plan identifies strategies the agency is using to increase individuals' independence with money management when required in the ISP, and that agreement to the money management plan is obtained.
L70	Charges for care are calculated appropriately.	Three of six individuals and/or their guardians had not been notified of the individuals' charges for care, or the calculations used to determine them. The agency needs to ensure individuals and guardians are notified of the individuals' charges for care and the calculations to determine them at least annually, or as changes occur.
L71	Individuals are notified of their appeal rights for their charges for care.	Five of six individuals and/or their guardians were not informed of their right to appeal the individuals' charges for care. The agency needs to ensure individuals and their guardians are notified of their right to appeal the individuals' charges for care.
L91	Incidents are reported and reviewed as mandated by regulation.	For four locations, incident reports were not submitted or finalized within the required timeframes. The agency needs to ensure that incident reports are submitted and finalized within the required timelines.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	19/20	1/20	
Residential Services	19/20	1/20	
Total	25/26	1/26	96%
Certified			

Residential Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	Six individuals were not afforded the opportunity to provide feedback on staff at the time of hire and on an ongoing basis. The agency needs to ensure individuals are afforded the opportunity to provide feedback on potential new staff and on current staff providing support to the individual, which is then incorporated into the performance evaluation of the staff.

MASTER SCORE SHEET LICENSURE

Organizational: ALTERNATIVE SUPPORTS INC

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	3/4	Met(75.00 %)
L3	Immediate Action	15/15	Met
L4	Action taken	7/7	Met
L48	HRC	0/1	Not Met(0 %)
L65	Restraint report submit	0/2	Not Met(0 %)
L74	Screen employees	3/4	Met(75.00 %)
L75	Qualified staff	3/3	Met
L76	Track trainings	9/10	Met(90.0 %)
L83	HR training	9/10	Met(90.0 %)

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						6/6	Met
L5	Safety Plan	L	4/4						4/4	Met
R L6	Evacuation	L	4/4						4/4	Met
L7	Fire Drills	L	3/4						3/4	Met
L8	Emergency Fact Sheets	I	6/6						6/6	Met
L9 (07/21)	Safe use of equipment	I	6/6						6/6	Met
L10	Reduce risk interventions	I	1/1						1/1	Met
R L11	Required inspections	L	4/4						4/4	Met
R L12	Smoke detectors	L	4/4						4/4	Met
R L13	Clean location	L	4/4						4/4	Met
L14	Site in good repair	L	4/4						4/4	Met
L15	Hot water	L	3/4						3/4	Met
L16	Accessibility	L	4/4						4/4	Met
L17	Egress at grade	L	4/4						4/4	Met
L18	Above grade egress	L	2/2						2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L19	Bedroom location	L	2/2						2/2	Met
L20	Exit doors	L	4/4						4/4	Met
L21	Safe electrical equipment	L	4/4						4/4	Met
L22	Well-maintained appliances	L	3/4						3/4	Met
L23	Egress door locks	L	3/4						3/4	Met
L24	Locked door access	L	3/4						3/4	Met
L25	Dangerous substances	L	4/4						4/4	Met
L26	Walkway safety	L	4/4						4/4	Met
L28	Flammables	L	4/4						4/4	Met
L29	Rubbish/combustibles	L	4/4						4/4	Met
L30	Protective railings	L	4/4						4/4	Met
L31	Communication method	I	6/6						6/6	Met
L32	Verbal & written	I	6/6						6/6	Met
L33	Physical exam	I	5/5						5/5	Met
L34	Dental exam	I	6/6						6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L35	Preventive screenings	I	5/6						5/6	Met (83.33 %)
L36	Recommended tests	I	4/6						4/6	Not Met (66.67 %)
L37	Prompt treatment	I	6/6						6/6	Met
℞ L38	Physician's orders	I	2/3						2/3	Not Met (66.67 %)
L39	Dietary requirements	I	4/4						4/4	Met
L40	Nutritional food	L	4/4						4/4	Met
L41	Healthy diet	L	4/4						4/4	Met
L42	Physical activity	L	4/4						4/4	Met
L43	Health Care Record	I	5/6						5/6	Met (83.33 %)
L44	MAP registration	L	4/4						4/4	Met
L45	Medication storage	L	4/4						4/4	Met
℞ L46	Med. Administration	I	6/6						6/6	Met
L47	Self medication	I	1/1						1/1	Met
L49	Informed of human rights	I	5/6						5/6	Met (83.33 %)
L50 (07/21)	Respectful Comm.	I	6/6						6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L51	Possessions	I	6/6						6/6	Met
L52	Phone calls	I	6/6						6/6	Met
L53	Visitation	I	6/6						6/6	Met
L54 (07/21)	Privacy	I	6/6						6/6	Met
L55	Informed consent	I	5/5						5/5	Met
L57	Written behavior plans	I	1/1						1/1	Met
L60	Data maintenance	I	1/1						1/1	Met
L61	Health protection in ISP	I	3/3						3/3	Met
L63	Med. treatment plan form	I	6/6						6/6	Met
L64	Med. treatment plan rev.	I	4/4						4/4	Met
L67	Money mgmt. plan	I	4/6						4/6	Not Met (66.67 %)
L68	Funds expenditure	I	6/6						6/6	Met
L69	Expenditure tracking	I	6/6						6/6	Met
L70	Charges for care calc.	I	3/6						3/6	Not Met (50.0 %)
L71	Charges for care appeal	I	1/6						1/6	Not Met (16.67 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L77	Unique needs training	I	5/6						5/6	Met (83.33 %)
L78	Restrictive Int. Training	L	1/1						1/1	Met
L80	Symptoms of illness	L	4/4						4/4	Met
L81	Medical emergency	L	4/4						4/4	Met
L82	Medication admin.	L	4/4						4/4	Met
L84	Health protect. Training	I	3/3						3/3	Met
L85	Supervision	L	4/4						4/4	Met
L86	Required assessments	I	5/6						5/6	Met (83.33 %)
L87	Support strategies	I	6/6						6/6	Met
L88	Strategies implemented	I	5/6						5/6	Met (83.33 %)
L90	Personal space/ bedroom privacy	I	6/6						6/6	Met
L91	Incident management	L	0/4						0/4	Not Met (0 %)
L93 (05/22)	Emergency back-up plans	I	6/6						6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L94 (05/22)	Assistive technology	I	6/6						6/6	Met
L96 (05/22)	Staff training in devices and applications	I	6/6						6/6	Met
L99 (05/22)	Medical monitoring devices	I	3/3						3/3	Met
#Std. Met/# 76 Indicator									70/76	
Total Score									77/85	
									90.59%	

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	0/6	Not Met (0 %)
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	6/6	Met
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	6/6	Met
C17	Community activities	6/6	Met
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	5/6	Met (83.33 %)