



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

**June 20, 2019**

**Version**

**Public Provider Report**

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

## **SUMMARY OF OVERALL FINDINGS**

<b>Provider</b>	ALTERNATIVE SUPPORTS INC
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<b>Review Dates</b>	4/16/2019 - 4/22/2019
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<b>Service Enhancement Meeting Date</b>	5/6/2019
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<b>Survey Team</b>	Patty McCarthy (TL) John Downing Steven Goldberg
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<b>Citizen Volunteers</b>	
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**Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	6 location(s) 9 audit (s)	Full Review	77/81 2 Year License 05/06/2019 - 05/06/2021		47 / 51 Certified 05/06/2019 - 05/06/2021
Residential Services	4 location(s) 6 audit (s)			Full Review	22 / 22
Individual Home Supports	2 location(s) 3 audit (s)			Full Review	19 / 23
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 2017. The agency requested 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's commitment to quality health care and clinical supports for individuals was evidenced throughout the survey. In two homes, individuals had complex medical needs which included special dietary requirements for diabetes and dining protocols for food textures for those with a swallowing risk. A significant number of supports and health-related protections were in place in both homes. Training for staff in the use and implementation of the devices included first, a narrative step by step tool describing how to operate the equipment, followed by a comprehensive staff training session explaining the use and implementation of the device. Trainings included pictures of individuals utilizing the devices which offered visuals for staff including positioning and noted the optimum environment to assist the individuals with their equipment. Special dietary requirements followed and the use and application of supportive/protective devices were observed during the survey and interviews and documentation/data further evidenced a well-trained staff. In one home, people with complex clinical/behavioral needs were supported by a well-trained staff who were well-versed on the specific clinical needs of each individual. As a result, people had experienced personal successes as evidenced by decreases in behavior-modifying medications, restraints and behavioral interventions.

The agency had a strong oversight system for insuring that individual's ISP goals and strategies were implemented and protocols and behavior plans were followed. The agency's supervision policy, which required 1:1 supervisions, and staff development, fully focused on the individuals' growth and development. As a result, individuals were successful in meeting ISP goals and objectives, protocols and behavior plans were followed and the safe application and monitoring of health-related supports were insured. The system served as an additional safeguard for the individuals as it ensured a well-trained, consistent team of support staff.

Licensing indicators which are in need of further attention were identified during the survey. The agency needs to insure it has an oversight system in place to monitor timelines relative to incident reporting and restraints, as the survey revealed that HCSIS information was not always submitted within the required timelines. Within both the residential and I H S programs, the agency needs to insure that it adequately communicates to both individuals and guardians, the agency's grievance procedures. When the agency is supporting individuals with their finances it needs to insure that financial training plans are developed to support individuals to become more independent and knowledgeable of their money.

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. Within the agency's I H S program, the agency needs to explore ways of supporting the individuals to become part of their neighborhood. In the domain of choice, control and growth, the agency is encouraged to strengthen its efforts to support individuals to develop skills to enable them to maximize their independence including accessing individuals' needs relative to assistive technology.

As a result of this review, the agency has received 95% of Licensing indicators met in its residential and Individual Home Supports Services, with all critical indicators met. Due to achieving above 90%, the agency will conduct its own follow-up on the Licensing indicators which were not met within sixty days of its Service Enhancement Meeting (SEM). The agency met 92% of all certification indicators and is fully certified.



## **LICENSURE FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Organizational</b>	<b>9/10</b>	<b>1/10</b>	
<b>Residential and Individual Home Supports</b>	<b>68/71</b>	<b>3/71</b>	
Residential Services Individual Home Supports			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>77/81</b>	<b>4/81</b>	<b>95%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>4</b>	

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L65	Restraint reports are submitted within required timelines.	One of two restraints reviewed had not been created within three days of the occurrence. The agency needs to ensure that restraint reports are created within three days of the occurrence in accordance with DDS regulatory requirements.

**Residential Commendations on Standards Met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Commendations</b>
L77	The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals.	The provider's respect for and recognition of the unique needs of the individuals served was commendable in three homes. For example, one home where individuals who had complex clinical/behavioral needs, supporters knew individuals well and were well-trained to implement behavior plans and collect data. Supporters were able to recognize antecedents and made adjustments to the routines at home such as encouraging people to take personal space during the transition time from their day activity to home. The individuals had benefitted from the consistency of supporters evidenced in reductions in behavior-modifying medications, restraints and behavioral interventions. In two homes, the attention to the complex medical needs of individuals was commendable. Supporters knew individuals well, accompanied people to numerous medical appointments equipped with data, and were well-trained to apply, monitor and ensure individuals' safety in use of the substantial number of supports and health-related protections and adaptive equipment in the home. For example, for an individual with a diagnosis of advanced dementia, pictures demonstrated to staff how to set up her area for meals to ensure her safety, comfort and ease her anxiety that she experienced with changes in her routine and/or environment. The agency is commended for the ways in which it supported the unique needs of the people served in its homes.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	Human rights training for individuals and guardians did not include: 'know how to file a grievance or to whom they should talk if they have a concern.' The agency needs to ensure both individual and guardians need to be apprised of their rights to file a grievance or to whom they should talk if they have a concern.
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 seven individuals, money management plans did not contain all required components, and did not include teaching plans. Money management plans did not identify the amount of money the team agrees the individual is capable of managing independently, nor detail how the individual is assisted to manage and spend their funds. Training plans that promote growth and are designed to decrease the need for assistance over time were also not present.
L91	Incidents are reported and reviewed as mandated by regulation.	At two out of six locations, incidents were not created in a timely manner. The agency needs to ensure incidents are reported in accordance with DDS regulatory requirements.





## **CERTIFICATION FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>6/6</b>	<b>0/6</b>	
<b>Residential and Individual Home Supports</b>	<b>41/45</b>	<b>4/45</b>	
Individual Home Supports	19/23	4/23	
Residential Services	22/22	0/22	
<b>TOTAL</b>	<b>47/51</b>	<b>4/51</b>	<b>92%</b>
<b>Certified</b>			

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For one individual supported within the IHS program, the provider had not assessed the individual's interest and need for support in the area of intimacy and companionship. The agency needs to ensure it assesses and supports the individual's interest and need for support in the area of intimacy and companionship, and then design and implement actions to support any identified interests and needs.
C13	Staff (Home Providers) provide support for individuals to develop skills to enable them to maximize independence and participation in typical activities and routines.	For one individual, supports were not in place to assist in maximizing independence. Although capable of preparing meals and snacks, there were no cooking facilities in his apartment and little food was stored there. Groceries, cooking facilities and one-cup coffeemaker were all in a separate upstairs apartment. The agency needs to provide skills training and support so as to maximize people's independence and participation in typical activities and routines within their own space.
C48	Individuals are a part of the neighborhood.	For two individuals there was no evidence of staff supporting them to develop connections with their neighbors and neighborhood through regular opportunities. The agency needs to ensure staff are supporting individuals on an ongoing basis to interact informally with neighbors, community visitors, and are encouraged to take part in events and activities that connect them to neighbors, including people without disabilities.
C54	Individuals have the assistive technology and/or modifications to maximize independence.	For two individuals there had been no assessment to identify the needs and/or benefits of assistive technology available to maximize their independence or to identify the lack of need, benefit or interest to utilize assistive technology. The agency needs to ensure staff have fully assessed the individual's needs and identified the need or benefit of any assistive technology.

## MASTER SCORE SHEET LICENSURE

Organizational: ALTERNATIVE SUPPORTS INC

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	6/6	Met
L3	Immediate Action	12/12	Met
L4	Action taken	12/12	Met
L48	HRC	1/1	Met
L65	Restraint report submit	1/2	Not Met(50.0 % )
L66	HRC restraint review	2/2	Met
L74	Screen employees	3/3	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	14/14	Met
L83	HR training	14/14	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	4/4	2/2					6/6	Met
R L6	Evacuation	L	4/4	2/2					6/6	Met
L7	Fire Drills	L	4/4						4/4	Met
L8	Emergency Fact Sheets	I	6/6	3/3					9/9	Met
L9	Safe use of equipment	L	4/4	2/2					6/6	Met
L10	Reduce risk interventions	I	2/2						2/2	Met
R L11	Required inspections	L	4/4	2/2					6/6	Met
R L12	Smoke detectors	L	4/4	2/2					6/6	Met
R L13	Clean location	L	4/4	2/2					6/6	Met
L14	Site in good repair	L	4/4	2/2					6/6	Met
L15	Hot water	L	4/4	2/2					6/6	Met
L16	Accessibility	L	4/4	2/2					6/6	Met
L17	Egress at grade	L	4/4	2/2					6/6	Met
L18	Above grade egress	L	3/3	2/2					5/5	Met

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L19	Bedroom location	L	4/4	2/2					6/6	Met
L20	Exit doors	L	3/4	2/2					5/6	Met (83.33 %)
L21	Safe electrical equipment	L	4/4	2/2					6/6	Met
L22	Well- maintained appliances	L	4/4	1/2					5/6	Met (83.33 %)
L23	Egress door locks	L	4/4						4/4	Met
L24	Locked door access	L	4/4						4/4	Met
L25	Dangerous substances	L	4/4	2/2					6/6	Met
L26	Walkway safety	L	4/4	2/2					6/6	Met
L28	Flammables	L	4/4	2/2					6/6	Met
L29	Rubbish /combustibles	L	4/4	2/2					6/6	Met
L30	Protective railings	L	4/4	2/2					6/6	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

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L34	Dental exam	I	6/6	3/3					9/9	Met
L35	Preventi ve screenin gs	I	6/6	3/3					9/9	Met
L36	Recom mended tests	I	6/6	3/3					9/9	Met
L37	Prompt treatme nt	I	4/4	1/1					5/5	Met
Ⓡ L38	Physicia n's orders	I	2/2	2/2					4/4	Met
L39	Dietary require ments	I	2/2						2/2	Met
L40	Nutrition al food	L	4/4	2/2					6/6	Met
L41	Healthy diet	L	4/4	2/2					6/6	Met
L42	Physical activity	L	4/4	2/2					6/6	Met
L43	Health Care Record	I	6/6	3/3					9/9	Met
L44	MAP registrat ion	L	4/4	2/2					6/6	Met
L45	Medicati on storage	L	4/4	2/2					6/6	Met
Ⓡ L46	Med. Adminis tration	I	6/6	2/2					8/8	Met
L47	Self medicati on	I	6/6	3/3					9/9	Met
L49	Informe d of human rights	I	0/6	0/3					0/9	Not Met (0 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L50	Respectful Comm.	L	4/4	2/2					6/6	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	Privacy	L	4/4	2/2					6/6	Met
L61	Health protection in ISP	I	4/4						4/4	Met
L62	Health protection review	I	4/4						4/4	Met
L63	Med. treatment plan form	I	6/6	1/1					7/7	Met
L64	Med. treatment plan rev.	I	6/6	1/1					7/7	Met
L67	Money mgmt. plan	I	5/6	0/1					5/7	Not Met (71.43 %)
L68	Funds expenditure	I	6/6	0/1					6/7	Met (85.71 %)
L69	Expenditure tracking	I	6/6	1/1					7/7	Met
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



Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L78	Restrictive Int. Training	L	1/1						1/1	Met
L79	Restraint training	L	1/1						1/1	Met
L80	Symptoms of illness	L	4/4	2/2					6/6	Met
L81	Medical emergency	L	4/4	2/2					6/6	Met
L82	Medication admin.	L	4/4	2/2					6/6	Met
L84	Health protect. Training	I	4/4						4/4	Met
L85	Supervision	L	4/4	2/2					6/6	Met
L86	Required assessments	I	6/6	3/3					9/9	Met
L87	Support strategies	I	5/6	3/3					8/9	Met (88.89 %)
L88	Strategies implemented	I	6/6	3/3					9/9	Met
L90	Personal space/bedroom privacy	I	6/6	3/3					9/9	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L91	Incident management	L	2/4	2/2					4/6	Not Met (66.67 %)
#Std. Met/# 71 Indicator									68/71	
Total Score									77/81	
									95.06%	

## 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

### Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	2/2	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	2/3	Not Met (66.67 %)
C13	Skills to maximize independence	2/3	Not Met (66.67 %)
C14	Choices in routines & schedules	3/3	Met

### Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C15	Personalize living space	2/2	Met
C16	Explore interests	3/3	Met
C17	Community activities	3/3	Met
C18	Purchase personal belongings	2/2	Met
C19	Knowledgeable decisions	3/3	Met
C20	Emergency back-up plans	2/2	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	1/3	Not Met (33.33 %)
C49	Physical setting is consistent	2/2	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
C54	Assistive technology	1/3	Not Met (33.33 %)

### 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	5/6	Met (83.33 %)
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

**Residential Services**

<b>Indicator #</b>	<b>Indicator</b>	<b>Met/Rated</b>	<b>Rating</b>
C20	Emergency back-up plans	4/4	<b>Met</b>
C46	Use of generic resources	6/6	<b>Met</b>
C47	Transportation to/ from community	6/6	<b>Met</b>
C48	Neighborhood connections	6/6	<b>Met</b>
C49	Physical setting is consistent	4/4	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	6/6	<b>Met</b>
C52	Leisure activities and free-time choices /control	6/6	<b>Met</b>
C53	Food/ dining choices	6/6	<b>Met</b>
C54	Assistive technology	6/6	<b>Met</b>