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| **PROVIDER REPORT FOR** |

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| **Autism Services Association47 Walnut St Bld #1 Wellesley Hills, MA 02481**  |

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| **November 19, 2021** |

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| **Public Provider Report** |

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| **Prepared by the Department of Developmental ServicesOFFICE OF QUALITY ENHANCEMENT** |

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| **SUMMARY OF OVERALL FINDINGS** |

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| **Provider** |

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| Autism Services Association |

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| **Review Dates** |

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| 9/14/2021 - 9/20/2021 |

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| **Service Enhancement Meeting Date** |

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| 10/4/2021 |

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| **Survey Team** |

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| Cheryl Hampton (TL) |
| Lisa MacPhail |
| Danielle Robidoux |

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| **Citizen Volunteers** |

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| **Survey scope and findings for Employment and Day Supports** |
| **Service Group Type** | **Sample Size** | **Licensure Scope** | **Licensure Level** | **Certification Scope** | **Certification Level** |
| **Employment and Day Supports** | 3 location(s) 14 audit (s)  | Full Review | 55/62 2 Year License 10/04/2021 - 10/04/2023 |  |  Certified 10/04/2021 - 10/04/2023 |
| Community Based Day Services | 2 location(s) 9 audit (s)  |  |  | Deemed |  |
| Employment Support Services | 1 location(s) 5 audit (s)  |  |  | Deemed |  |
| Planning and Quality Management |   |  |  | Deemed |  |

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| **EXECUTIVE SUMMARY :** |

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| Autism Services Association (ASA) is an agency that provides Community Based Day, Employment Supports and Transportation services to people with Intellectual and Developmental Disabilities and Autism. Based in Wellesley and Waltham MA, the agency supports individuals to have community-based day activities and other opportunities including volunteering, and employment. For this 2021 survey cycle, the Department of Developmental Services (DDS) Metro Quality Enhancement Unit conducted a full licensure review of the agency's employment and CBDS services. ASA elected to use its CARF accreditation for deeming in lieu of a DDS certification review.The survey findings revealed several positive practices within the licensing realm. In the areas of environmental and personal safety, both day locations had undergone extensive renovations and were in good repair overall. The locations were current for inspections and fire systems were fully operational. Record reviews also showed that people were supported to evacuate within reasonable timeframes. Covid cleaning, screening and protection processes were robust at all locations; screening forms were used at entrances, temperature was taken, and staff/individuals consistently wore masks.Within the CBDS and employment programs, individuals and guardians were provided information regarding human rights, and DPPC reporting. For those individuals requiring medications, ASA staff administered medication as prescribed, and physician ordered protocols were well implemented. ASA also had individuals with whom they had shared, and/or delegated funds management responsibilities. For these individuals, funds were used appropriately, and expenditures were routinely tracked. People were supported to make purchases during community outings and/or manage personal funds sent from home. The agency also provided virtual programming in which individuals were observed to be actively engaged in the activities and/or discussions presented.Within the employment program, interviews and observation revealed practices that validated peoples' satisfaction with employment program offerings. Individuals who were employed were happy with their jobs. Some worked at grocery stores and others at places like CVS. No one in any of the ASA programs was earning a sub minimum wage, people were earning at least the minimum wage. Organizationally, the agency had effective systems for the reporting of abuse and Neglect, and appropriate action was taken when necessary. Employees were screened as required before hiring, and staff trainings were well tracked. All restraints were reviewed by the Human Rights Committee.In addition to the positive findings, the survey highlighted some areas that need additional focus from the agency. The human rights committee did not meet some mandatory requirements, including consistent attendance and participation by committee members. Environmentally, the agency needs to ensure that hot water temperature is maintained to be within the required limits, and that bathroom appliances are well-maintained and operational. Restrictive practices were another area in need of attention; when needed, the practice should be in writing with a clear rationale and contain mitigation for people affected as well as approval from the Human Rights Committee. Additionally, staff need to be trained on restrictive interventions. In the area of funds management, where the agency has shared and/or delegated funds management responsibilities, it needs to ensure that funds management plans get guardian agreement. The agency also needs to ensure that incident reports are submitted within the required timelines in HCSIS. In summary, ASA met 89% of licensing indicators resulting in a Two-year license for its employment and day service grouping. The agency will undergo a 60-day DDS follow-up on Licensing indicators that were not met during this survey. The agency is also certified for its Employment and Day service grouping considering its CARF accreditation. |

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| **LICENSURE FINDINGS** |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **9/10** | **1/10** |  |
| **Employment and Day Supports** | **46/52** | **6/52** |  |
|  Community Based Day Services Employment Support Services |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **55/62** | **7/62** | **89%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **7** |  |

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|  | **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 human rights committee did not meet the requirements for member attendance as key voting members were not present for majority of its meetings. It also did not review all matters under its purview. The agency needs to ensure that it maintains consistent attendance from its key voting members at committee meeting, and that it reviews all matters under its purview. |

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|  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L15 | Hot water temperature tests between 110 and 120 degrees (as of 1/2014). | At one location, hot water tested outside the required range resulting in a jeopardy being issued. The agency needs to maintain hot water temperature at 110 degrees. |
|  |  L22 | All appliances and equipment are operational and properly maintained. | At one location, the bathroom facility was improperly maintained for equipment and supplies.The agency needs to ensure that bathroom equipment is operational, properly maintained and stocked. |
|  |  L56 | Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others. | For one individual, the agency had a restrictive practice that affected them that was not clearly outlined in writing and did not undergo the required reviews.The agency needs to ensure that any restrictive practice it develops is clearly outlined, includes all required components, gets required agreements/notifications and undergoes the required reviews. |
|  |  L63 | Medication treatment plans are in written format with required components. | For one individual who takes behavior-modifying medications, there was no medication and treatment plan in place. The agency needs to ensure that when individuals are prescribed behavior-modifying medication, behavior modifying medication treatment plans developed and kept are in place. |
|  |  L78 | Staff are trained to safely and consistently implement restrictive interventions. | At one location, staff was not trained on the restrictive intervention being implemented. The agency needs to ensure that for all environmental restrictions, staff are trained and understand the rationale for the intervention. |
|  |  L91 | Incidents are reported and reviewed as mandated by regulation. | At one location, incidents were not submitted within the required timeframe. The agency needs to ensure all incidents are submitted within the required timeframe. |

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| **MASTER SCORE SHEET LICENSURE** |

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| **Organizational: Autism Services Association** |

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|  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **2/2** | **Met** |
|  |  L3 | Immediate Action | **2/2** | **Met** |
|  |  L4 | Action taken | **2/2** | **Met** |
|  |  L48 | HRC | **0/1** | **Not Met(0 % )** |
|  |  L65 | Restraint report submit | **11/13** | **Met(84.62 % )** |
|  |  L66 | HRC restraint review | **12/12** | **Met** |
|  |  L74 | Screen employees | **1/1** | **Met** |
|  |  L75 | Qualified staff | **2/2** | **Met** |
|  |  L76 | Track trainings | **3/3** | **Met** |
|  |  L83 | HR training | **3/3** | **Met** |

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| **Employment and Day Supports:** |

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|  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** |
|  |  L1 | Abuse/neglect training | I | 5/5 |  | 9/9 | **14/14** | **Met** |
|  |  L5 | Safety Plan | L |  |  | 2/2 | **2/2** | **Met** |
| O |  L6 | Evacuation | L |  |  | 2/2 | **2/2** | **Met** |
|  |  L7 | Fire Drills | L |  |  | 2/2 | **2/2** | **Met** |
|  |  L8 | Emergency Fact Sheets | I | 5/5 |  | 9/9 | **14/14** | **Met** |
|  |  L9 (07/21) | Safe use of equipment | I | 5/5 |  | 9/9 | **14/14** | **Met** |
| O |  L11 | Required inspections | L |  |  | 2/2 | **2/2** | **Met** |
| O |  L12 | Smoke detectors | L |  |  | 2/2 | **2/2** | **Met** |
| O |  L13 | Clean location | L |  |  | 2/2 | **2/2** | **Met** |
|  |  L14 | Site in good repair | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L15 | Hot water | L |  |  | 1/2 | **1/2** | **Not Met(50.0 %)** |
|  |  L16 | Accessibility | L |  |  | 2/2 | **2/2** | **Met** |
|  |  L17 | Egress at grade  | L |  |  | 2/2 | **2/2** | **Met** |
|  |  L20 | Exit doors | L |  |  | 2/2 | **2/2** | **Met** |
|  |  L21 | Safe electrical equipment | L |  |  | 2/2 | **2/2** | **Met** |
|  |  L22 | Well-maintained appliances | L |  |  | 1/2 | **1/2** | **Not Met(50.0 %)** |
|  |  L25 | Dangerous substances | L |  |  | 2/2 | **2/2** | **Met** |
|  |  L26 | Walkway safety | L |  |  | 2/2 | **2/2** | **Met** |
|  |  L28 | Flammables | L |  |  | 2/2 | **2/2** | **Met** |
|  |  L29 | Rubbish/combustibles | L |  |  | 2/2 | **2/2** | **Met** |
|  |  L30 | Protective railings | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L31 | Communication method | I | 5/5 |  | 9/9 | **14/14** | **Met** |
|  |  L32 | Verbal & written | I | 5/5 |  | 9/9 | **14/14** | **Met** |
|  |  L37 | Prompt treatment | I | 2/2 |  | 4/4 | **6/6** | **Met** |
| O |  L38 | Physician's orders | I |  |  | 3/3 | **3/3** | **Met** |
|  |  L39 | Dietary requirements | I | 1/1 |  |  | **1/1** | **Met** |
|  |  L44 | MAP registration | L |  |  | 2/2 | **2/2** | **Met** |
|  |  L45 | Medication storage | L |  |  | 2/2 | **2/2** | **Met** |
| O |  L46 | Med. Administration | I |  |  | 5/5 | **5/5** | **Met** |
|  |  L49 | Informed of human rights | I | 5/5 |  | 9/9 | **14/14** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | 5/5 |  | 9/9 | **14/14** | **Met** |
|  |  L51 | Possessions | I | 5/5 |  | 9/9 | **14/14** | **Met** |
|  |  L52 | Phone calls | I | 5/5 |  | 9/9 | **14/14** | **Met** |
|  |  L54 (07/21) | Privacy | I | 5/5 |  | 9/9 | **14/14** | **Met** |
|  |  L55 | Informed consent | I |  |  | 4/4 | **4/4** | **Met** |
|  |  L56 | Restrictive practices | I |  |  | 0/1 | **0/1** | **Not Met(0 %)** |
|  |  L63 | Med. treatment plan form | I |  |  | 0/1 | **0/1** | **Not Met(0 %)** |
|  |  L64 | Med. treatment plan rev. | I |  |  | 1/1 | **1/1** | **Met** |
|  |  L67 | Money mgmt. plan | I | 0/1 |  | 5/5 | **5/6** | **Met(83.33 %)** |
|  |  L68 | Funds expenditure | I | 2/2 |  | 7/7 | **9/9** | **Met** |
|  |  L69 | Expenditure tracking | I | 2/2 |  | 7/7 | **9/9** | **Met** |
|  |  L77 | Unique needs training | I | 5/5 |  | 9/9 | **14/14** | **Met** |
|  |  L78 | Restrictive Int. Training | L |  |  | 0/1 | **0/1** | **Not Met(0 %)** |
|  |  L79 | Restraint training | L |  |  | 2/2 | **2/2** | **Met** |
|  |  L80 | Symptoms of illness | L | 1/1 |  | 2/2 | **3/3** | **Met** |
|  |  L81 | Medical emergency | L | 1/1 |  | 2/2 | **3/3** | **Met** |
| O |  L82 | Medication admin. | L |  |  | 2/2 | **2/2** | **Met** |
|  |  L85 | Supervision  | L | 1/1 |  | 2/2 | **3/3** | **Met** |
|  |  L86 | Required assessments | I | 4/5 |  | 8/8 | **12/13** | **Met(92.31 %)** |
|  |  L87 | Support strategies | I | 4/5 |  | 8/8 | **12/13** | **Met(92.31 %)** |
|  |  L88 | Strategies implemented | I | 5/5 |  | 9/9 | **14/14** | **Met** |
|  |  L91 | Incident management | L |  |  | 1/2 | **1/2** | **Not Met(50.0 %)** |
|  | **#Std. Met/# 52 Indicator** |  |  |  |  |  | **46/52** |  |
|  | **Total Score** |  |  |  |  |  | **55/62** |  |
|  |  |  |  |  |  |  | **88.71%** |  |

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| **MASTER SCORE SHEET CERTIFICATION** |

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