



**PROVIDER REPORT  
FOR**

**BROCKTON AREA MULTI-  
SERVS INC  
10 Christy Drive  
Brockton, MA 02301**

**Version**

**Public Provider Report**

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

## **SUMMARY OF OVERALL FINDINGS**

**Provider** BROCKTON AREA MULTI-SERVS INC

**Review Dates** 10/26/2022 - 11/1/2022

**Service Enhancement  
Meeting Date** 11/14/2022

**Survey Team** Kayla Condon  
Michelle Boyd  
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**Citizen Volunteers**

<b>Survey scope and findings for Residential and Individual Home Supports</b>					
<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>	21 location(s) 23 audit (s)	Targeted Review	DDS 18/26 Provider 63 / 66  81 / 92 Defer Licensure		DDS 3 / 6 Provider 58 / 61  61 / 67 Certified
Residential Services	15 location(s) 15 audit (s)			DDS Targeted Review	17 / 20
ABI-MFP Residential Services	4 location(s) 6 audit (s)			DDS Targeted Review	17 / 20
Individual Home Supports	2 location(s) 2 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6
<b>Survey scope and findings for Employment and Day Supports</b>					
<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>Employment and Day Supports</b>	3 location(s) 11 audit (s)	Targeted Review	DDS 7/9 Provider 20 / 23  27 / 32 2 Year License 11/14/2022-11/14/2024		DDS 15 / 15 Provider 27 / 27  42 / 42 Certified 11/14/2022 - 11/14/2024
Community Based Day Services	1 location(s) 5 audit (s)			Full Review	15 / 15
Employment Support Services	2 location(s) 6 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

## **EXECUTIVE SUMMARY :**

Brockton Area Multi-Services, Inc. (BAMSI) is a private nonprofit organization founded in 1975 that provides an array of community-based supports and services to adults and children with developmental/intellectual disabilities, acquired brain injury, autism spectrum and behavioral health needs. The agency's geographic service area extends beyond the greater Brockton area and now encompass areas within the southeast, central and the metro-west regions of Massachusetts.

Based on the outcome of the agency's previous DDS licensure and certification review conducted in September of 2019, the agency earned and chose the option of conducting a self-assessment for this review. As a result, the DDS survey team conducted a targeted review of the agency's 24/7 Residential, ABI/MFP Residential, Individual Home Support (IHS), Employment Services, and Community Based Day Support (CBDS) services. The targeted review consisted of evaluating the eight critical licensure indicators, any new/revised licensure and certification indicators, and indicators that received a 'Not Met' rating in the agency's previous (2019) survey.

Within the licensing domain the following areas of strength were identified. Across all service types, the agency demonstrated success in supporting individuals in the areas of environmental and personal safety, privacy and respect and independence. Organizationally, the agency had an effective process for reporting allegations of abuse/neglect as mandated by regulation. For both Residential and Day/Employment services emergency back-up plans to assist individuals to plan for emergencies and/or disasters were in place and staff was knowledgeable. For example, one individual utilizing a g-tube pump and nebulizer had directions in her plan for the use of a back-up charger that could be plugged into the van in the event of a power outage. Individuals were assessed and supported to use appliances and equipment safely and utilize assistive technology to enhance their independence. One individual was supported to use his Alexa device to remind him of what time he needed to be ready to leave and what items he needed to bring with him to his CBDS program. Written and oral communication with and about individuals was found to be respectful.

The review also identified several positive practices across residential services. Homes were clean, safe, and well maintained, and individuals were able to safely evacuate their homes in 2 and 1/2 minutes. Staff administering medications were licensed or certified as required by regulation, and effective medication management practices were in place. Data was being maintained and reviewed as required to determine the efficacy of individuals' behavioral interventions and supports and health protections in place for behavioral purposes had received the required reviews.

Licensing, areas where further attention is warranted include the following. The agency needs to ensure that both of their Human Rights Committees conduct meetings on no less than a quarterly basis as mandated by regulation, and that all restraint reports are reviewed by the appropriate HRC within 120 calendar days of the restraint as mandated by regulation. In Residential services, additional attention is recommended in the following areas. Healthcare management protocols should be clearly written, staff must be trained on them, and they must be implemented correctly. When restrictive practices are in place, they should include mitigation provisions to limit their impact on those individuals not requiring the restriction and all impacted individuals/guardians should be aware of those provisions.

Regarding medication treatment plans, the agency needs to ensure that they are reviewed by all required groups including individuals' ISP teams as documented in their annual individual support plans.

Within the Certification domain, individuals supported in Residential services were provided regular opportunities to develop and/or increase personal relationships and social contacts. Additional efforts are recommended to further support exploration of their need and desire for intimacy or companionship, or to further develop/expand existing relationships.

Based upon the findings of this report, Brockton Area Multi-Services, Inc's. Residential Services license is deferred due to not meeting one critical indicator. This deferred status will remain pending the results of a follow-up review which will occur within 60 days of the SEM. Upon successful review of the one critical indicator at follow-up, the agency's Residential Services will receive a two-year license with

a Mid-Cycle review. The agency received a score of 84% in its Day/Employment services, and as a result will receive a two-year license for this service grouping. The agency is Certified in both Residential and Day/Employment services.

The provider's description of its self-assessment process follows.

## **Description of Self Assessment Process:**

### **SELF-ASSESSMENT SCOPE & RESULTS:**

Service Grouping Indicators std. met/reviewed	# Licensure Indicators std. met/reviewed	# Certification
Residential and Individual Home Supports	74/82	Res:18/20
		ABI:15/20 Individual supports:21/21
Organizational/Planning & Quality	8/10	6/6
Employment and Day Supports	19/22	21/21

### **DESCRIPTION OF SELF-ASSESSMENT PROCESS:**

Sample: BAMSI has a large network of residential programs. For the Self-Assessment process, BAMSI organized programs into cohorts, then from these cohorts, a random selection was chosen. The cohorts were to ensure:

- 15 DDS residential programs (30 audits) and 5 (15 audits) ABI residential programs were selected (25% of service types).
- Equal representation of programs throughout BAMSI's seven regional geographic clusters.
- Proportional representation of Medical, Intermediate and Basic program models.
- Five in-home supports audits and six employment services audits were completed.

Surveyors: BAMSI assembled a team of surveyors for the Self-Assessment.

The team included:

- The Quality Improvement (QI) Team: an internal team which consists of multi-disciplinary professionals with regulation and compliance expertise.
- Field Leaders: administrative and healthcare executive team members.
- Person Served Advisory Board Members: a dedicated group of persons served who review and provide guidance on systems, policies, and protocols.

Information Reviewed to Determine Ratings: Surveyors used DDS' Residential Survey Worksheet and the Day/Employment Services Survey Worksheet to document each review. Surveyors conducted both staff and persons supported interviews, using the questions in the worksheets. Documentation was reviewed to determine whether there was evidence demonstrating ongoing integrity. The chart below highlights the sources of information used to determine whether an indicator was Met or Not Met as the chart demonstrates all assessment categories involved many sources of information.

Assessment Focus Key Documents	Person Interview	Employee Train	Site Audit/Observe	Document Review
Personal Safety assessments, safety plans, train records, HCSIS reports, DPPC investigations.	X	X	X	X
Environmental Safety assessments.	X	X	X	X
Communication & daily log notes, PBS profiles.	X	X	X	X
Health reviews, menus, train records, staff & house mtg minutes, HCSIS reports, ISPs.	X	X	X	X
Workforce staff meetings, protocols, QUICs.	X	X	X	X
Goals data tracking.	X	X	X	X
Supportive Tech trainings, protocols.	X	X	X	X
				Fire drill forms, safety Targeted inspections, ISPs & House meeting notes, data Medication & medical record Training records, supervisions, ISPs, HCSIS reports, trainings, Assistive Tech assessments,

Human Rights	X	X	X	X	Trainings, communication to guardian/parents, house mtgs, consents & plan approvals, person input for staff interviews & evals, tenancy agreements.
Funds Management	X	X	X	X	Funds management records & plans, ISP, charges for care letters, receipts.
Relation & Comm Access	X	X	X	X	Activity sheets & calendars, interest inventories, trainings, receipt logs.

Organizational Indicators: Personal safety indicators were rated based on DPPC training reports, house meetings to demonstrate persons supported have received guidance on DPPC, BAMSI's practice of putting employees on Administrative Leave while an investigation is pending and implementing the recommendations for the Complaint Resolution Team.

Human Rights indicators were determined by HCSIS record review.

Workforce indicators were determined by a division-wide training report review, a sample review of employees' personnel records, and reviewing person- and site-specific trainings at sampled programs.

Planning & Quality Improvement Indicators: BAMSI's Quality Improvement Department spearheads many planning and process improvement initiatives. Surveyors determined all indicators were a MET; this was determined by reviewing several sources of information, including:

- BAMSI's Strategic Plan is a live document. It is currently being updated by the Executive Team and reviewed by the Board of Directors. Modifications to the Plan are grounded in a recent Strengths, Weakness, Opportunities and Threat (SWOT) Analysis.

- BAMSI disseminates a Satisfaction Survey to funders, families/guardians, persons supported, and staff on an annual basis. Survey results are reviewed and are drive improvement priorities.

- Peter Evers, CEO visits four to nine programs per month. He joins staff meetings, talks with persons served, and debriefs feedback received from the satisfaction surveys.

- BAMSI has several committees which make data-driven decisions. These include:

- o Safety Committee, which is co-led by the Walter Curnow, VP of Facilities; and, Pam Ryan, Chief Human Resources Officer. Content includes employee injury trends, vehicle and site-safety data and decisions, seasonal planning, and employee training recommendations.

- o PBS Leadership team review QUIC data (Quality of Universal Implementation Checklist) to determine fidelity of universal approaches by employees; and impact of positive behavior supports on key indicators including choices, friendships, communication preferences, and reduction of restraints. Data drives universal supports which are implemented in all programs.

- o Medical Risk Committee reviews HCSIS reports; the committee, which is comprised of agency leaders and led by the Quality Department and Healthcare leaders, review unexpected hospital visits, deaths, and other medical data. There are case studies which include a deeper dive into specifics and root cause analysis.

- o Recruitment and Retention meetings review attrition and retention data, and recruitment information.

During the past year, the recruitment subgroup conducted an analysis on how long it takes to apply for a BAMSI position. From this review, members pinpointed the 'sticking points' in the application process, made changes, and reduced the application time and improved candidates' experiences. Similar analysis is conducted to determine the return on invest for retention strategies. As a result, greater effort and more resources are being made toward onboarding practices.

Ongoing Oversight: BAMSI has developed good systems for ongoing oversight. These systems are collaborative and led by content experts. To highlight a few:

- The QI Team completes annual audits on all programs. Audits include both DDS licensing and certification standards, and corporate compliance indicators. After audits are complete, a report is generated and shared with field leaders. The field is then responsible for addressing shortcomings. For the Self-Assessment, surveyors referenced all recent QI audits (audits which were conducted within the past six months).

- Site Safety Reviews are conducted twice per year by Program Managers or designee, and BAMSI's Facility Department. The audits include all DDS Environmental Indicators as well as a review of BAMSI safety and security systems.

-BAMSI's Learning & Development Department tracks training requirements and completions. The Department disseminates weekly training reports to Program Managers, Assistant Directors and Directors of Operations. The reports identify (a) training requirements which are overdue; (b) a projection of trainings due in 30, 60 and 90 days; and (c) training completions.

-Nursing leaders conduct Clinical Chart Reviews for every program; frequency of reviews is determined by medical complexity. Most programs receive a chart review three times per year. These reviews look critically at protocols, medication administration, medication treatment plans, supportive and protectives, HCSIS, trainings, medical and clinical appointments and follow up, and MAP compliance.

-Monthly Dashboards are generated by Program Managers and Nurse Managers. These reports provide a status update on critical indicators, workforce challenges, facility concerns, communication with families and guardians, outings, and successes. These dashboards are shared with supervisors and reviewed during meetings.



## **LICENSURE FINDINGS**

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>8/10</b>	<b>2/10</b>	
<b>Residential and Individual Home Supports</b>	<b>73/82</b>	<b>9/82</b>	
Residential Services Individual Home Supports ABI-MFP Residential Services			
<b>Critical Indicators</b>	<b>7/8</b>	<b>1/8</b>	
<b>Total</b>	<b>81/92</b>	<b>11/92</b>	<b>88%</b>
<b>Defer Licensure</b>			
<b># indicators for 60 Day Follow-up</b>		<b>11</b>	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>8/10</b>	<b>2/10</b>	
<b>Employment and Day Supports</b>	<b>19/22</b>	<b>3/22</b>	
Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	<b>1/1</b>	<b>0/1</b>	
<b>Total</b>	<b>27/32</b>	<b>5/32</b>	<b>84%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>5</b>	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The agency's two Human Rights Committees (HRC) did not conduct any meetings during the 2021 calendar year. The Brockton HRC resumed meetings in January 2022 and the Brockton HRC in March 2022. The agency needs to ensure that both of their Human Rights Committees conduct meetings on no less than a quarterly basis as mandated by regulation.
L66	All restraints are reviewed by the Human Rights Committee.	Ten of thirty-two restraint reports had not been reviewed by the agency's two Human Rights Committees (HRC) within the mandated 120-day time frame. The agency needs to ensure that all restraint reports are reviewed by the appropriate HRC within 120 calendar days of the date of the restraint as mandated by regulation.

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

Indicator #	Indicator	Area Needing Improvement
☐ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For nine individuals, healthcare management protocols lacked either clear directions, and/or were not being implemented correctly, or staff had not been trained on the individuals' protocols. The agency needs to ensure that all staff are knowledgeable concerning individuals' healthcare management protocols and that they are being correctly followed on a consistent basis.
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 three individuals, restrictive practices in place for others either did not include mitigation provisions to limit their impact on those individuals not requiring the restriction or had not been made aware that any mitigation provisions were in place. The agency needs to ensure that any restrictive practice intended for one individual that affects other individuals living in the same home has a written rationale that is reviewed as required and has provisions so as not to unduly restrict the rights of others.
L64	Medication treatment plans are reviewed by the required groups.	For five individuals, medication treatment plans had not been submitted to their ISP teams. The agency needs to ensure that all medication treatment plans are reviewed by all required groups including individuals' ISP teams as documented in their annual individual support plans.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For five individuals, required assessments had not been submitted within the required deadline in preparation for their ISPs. The agency needs to ensure that all required assessments are submitted for preparation of individuals' ISPs within the mandated timeline.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For six individuals, goals and objectives support strategies had not been submitted within the required deadline in preparation for their ISPs. The agency needs to ensure that support strategies to meet individuals' goals and objectives are submitted within mandated timelines.
L91	Incidents are reported and reviewed as mandated by regulation.	Multiple incidents occurring at eleven homes were not submitted and/or finalized in HCSIS within the mandated timelines. The agency needs to ensure that all incident reports are submitted and finalized within the appropriate timelines as mandated by regulation

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

Indicator #	Indicator	Issue identified	Action planned to address
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**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:  
From Provider review:**

Indicator #	Indicator	Issue identified	Action planned to address
L59	Behavior plans have received all the required reviews.	Nine programs audited had behavior plans/PBS Profiles. Of the nine, six received a MET score, which calculated to a NOT MET overall score. Though more than 80% of the audits conducted demonstrated a review by the individual/guardian & ISP team, six of the audits missed the HRC review requirement. BAMSI does not have level II or III plans, so peer reviews and physician sign-off are not necessary. The NOT MET is correlated to the missed HRC meetings during 2021.	Jenie Shunney, Director of Program Performance is spearheading the HRC improvements. She is regularly consulting with Nate Hoover on best practices and has implemented many to date, including: (1) using the Box App, which is an encrypted application allowing Jenie to share files in a view form only (readers cannot download or save content), in a time-restricted manner, through a link. This allows HRC members to review material in advance of meetings, which contributes to more efficient meetings. (2) Meetings have been increases to monthly. HRC members were concerned about the length of meetings - some lasting 3 or more hours to review content. Because information is shared prior to the meetings, AND because meetings occur more frequently, meetings are now generally kept to an hour. (3) Meetings were resumed in March 2022 after a year lapse. Jenie ensured all overdue HRC responsibilities were caught up to date by reviewing deadlines which were missed from January 2021 through March 2022. (4) BAMSI clinicians attend HRC meetings to present plans and answer any questions. Their participation helps with everyone's engagement and makes meetings more efficient. (5) Jenie (Quality Department) and the Field Leaders are developing a stronger collaboration. Information is shared more readily, and any potential gaps will be identified and addressed quickly.

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

Indicator #	Indicator	Issue identified	Action planned to address
L79	Staff are trained in safe and correct administration of restraint.	32 employees throughout BAMSI's residential network, who work in programs with restraint training requirements, have not completed PABC certification.	Many of these 32 employees were previously NVMAB certified, however these employees are not compliant with the new PABC requirement. BAMSI is working with DDS to register employees for the trainings. Three BAMSI supervisors attended the Train-the-Trainer facilitated by DDS two years ago. It is hoped that these supervisors will receive some additional training and then be qualified to teach PABC to BAMSI employees.
L85	The agency provides ongoing supervision, oversight and staff development.	Only 50% of programs reviewed conducted 1:1 supervision as outlined in BAMSI policy.	(1) BAMSI is creating a Supervisor Training for all BAMSI supervisors. A key component of this training is the expectation to conduct regular, monthly check-in meetings with employees. Guidance on how to conduct supervisions and check-ins and content to review will be included in these trainings. (2) Program Managers will include supervisions completed and highlights on their dashboards. This will help with accountability and being aware of when more assistance is needed. (3) BAMSI is investing more in leadership development. Seven BAMSI supervisors within the Division are participating in Deborah Reidy's Grow to Lead Training. More than 20 other leaders throughout BAMSI are enrolled in the New and Emerging Leaders program. These investments will teach supervisors to provide better coaching and guidance, and supervision to their teams.

**Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:  
From Provider review:**

Indicator #	Indicator	Issue identified	Action planned to address
L85	The agency provides ongoing supervision, oversight and staff development.	Only 50% of programs reviewed conducted 1:1 supervision as outlined in BAMSI policy.	(1) BAMSI is creating a Supervisor Training for all BAMSI supervisors. A key component of this training is the expectation to conduct regular, monthly check-in meetings with employees. Guidance on how to conduct supervisions and check-ins and content to review will be included in these trainings. (2) Program Mangers will include supervisions completed and highlights on their dashboards. This will help with accountability and being aware of when more assistance is needed. (3) BAMSI is investing more in leadership development. Seven BAMSI supervisors within the Division are participating in Deborah Reidy's Grow to Lead Training. More than 20 other leaders throughout BAMSI are enrolled in the New and Emerging Leaders program. These investments will teach supervisors to provide better coaching and guidance, and supervision to their teams.

**Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:  
From Provider review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Issue identified</b>	<b>Action planned to address</b>
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Ten of the programs reviewed received a NOT MET score due to the assessments being submitted after the 15-day deadline.	(1) BAMSI created a HCSIS training, which included incident reporting, and ISP expectations and deadlines. BAMSI will provide this training to all supervisors who lead ABI/MFP or DDS programs. (2) BAMSI's Quality Improvement Department hired a Quality Data Analyst Coordinator. He will be reviewing HCSIS alerts throughout his work week. He will relay alerts to Program Mangers, Nurse Managers, and supervisors as appropriate. (3) The residential team of leaders (Program Manager, Nurse Manager, Assistant Director and Directors) will forecast ISP deadlines, including assessments and support strategy deadlines, and put deadlines in their Outlook Calendars as reminders.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Ten of the programs reviewed received a NOT MET rating because support strategies were submitted after the 15-day deadline.	(1) BAMSI created a HCSIS training, which included incident reporting, and ISP expectations and deadlines. BAMSI will provide this training to all supervisors who lead ABI/MFP or DDS programs. (2) BAMSI's Quality Improvement Department hired a Quality Data Analyst Coordinator. He will be reviewing HCSIS alerts throughout his work week. He will relay alerts to Program Mangers, Nurse Managers, and supervisors as appropriate. (3) The residential team of leaders (Program Manager, Nurse Manager, Assistant Director and Directors) will forecast ISP deadlines, including assessments and support strategy deadlines, and put deadlines in their Outlook Calendars as reminders.

## **CERTIFICATION FINDINGS**

	Reviewed By	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	<b>DDS 0/0 Provider 6/6</b>	<b>6/6</b>	<b>0/6</b>	
<b>Residential and Individual Home Supports</b>	<b>DDS 3/6 Provider 52/55</b>	<b>55/61</b>	<b>6/61</b>	
ABI-MFP Residential Services	DDS 2/4 Provider 15/16	17/20	3/20	
Individual Home Supports	DDS 0/0 Provider 21/21	21/21	0/21	
Residential Services	DDS 1/2 Provider 16/18	17/20	3/20	
<b>Total</b>		<b>61/67</b>	<b>6/67</b>	<b>91%</b>
<b>Certified</b>				

	Reviewed By	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	<b>DDS 0/0 Provider 6/6</b>	<b>6/6</b>	<b>0/6</b>	
<b>Employment and Day Supports</b>	<b>DDS 15/15 Provider 21/21</b>	<b>36/36</b>	<b>0/36</b>	
Community Based Day Services	DDS	15/15	0/15	
Employment Support Services	DDS 0/0 Provider 21/21	21/21	0/21	
<b>Total</b>		<b>42/42</b>	<b>0/42</b>	<b>100%</b>
<b>Certified</b>				

**ABI-MFP Residential Services- Areas Needing Improvement on Standards not met From DDS Review:**

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For two individuals, there was either no education provided or no support to explore their desire for companionship, or there was a lack of knowledge regarding the impact of their sexual history on current support needs in this area. The agency needs to ensure that all individuals are supported to safely and appropriately explore, define, and express their need for intimacy and companionship.
C48	Individuals are a part of the neighborhood.	Two individuals had not been supported to engage in safe and appropriate connections within their neighborhood or explore opportunities for making connections within their local community. The agency needs to ensure that staff provide all individuals with regular opportunities to develop connections with neighbors and their local community.



**ABI-MFP Residential Services- Areas Needing Improvement on Standards not met From Provider review:**

Indicator #	Indicator	Issues identified	Action planned to address
C46	Staff (Home Providers) support individuals to learn about and use generic community resources.	Both DDS and ABI/MFP received a NOT MET; collectively 70% of audited programs received a MET ranking. Causal factors are similar to those noted in C9, C17 & C48.	(1) The Community Connector certificate will create a network of community-builder champions in BAMSI's geographic regions. (2) The Division hosts quarterly manager conferences, which are half-day professional development days for all division supervisors. Katie Driscoll, Pathways to Friendship consultant will partner with other BAMSI leaders to present at these meetings. (3) Fifteen BAMSI employees are attending the DSP conference on October 24 & 25, 2022. These employees will be celebrated for their important work, and learn skill sets to be effective Community Connectors. (4) Socialization and sexuality, community activities, and community resources will be added to supervision discussions. (5) BAMSI will expand its participation in Friendships in Faith to identify more community resources and friendship opportunities for persons supported.

**Residential Services- Areas Needing Improvement on Standards not met From DDS Review:**

<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 six individuals, support was not provided to explore their need and desire for intimacy or companionship, or support to further develop/expand existing relationships. The agency needs to ensure that all individuals are supported to explore, define, and express their need for intimacy and companionship.

**Residential Services- Areas Needing Improvement on Standards not met From Provider review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Issues identified</b>	<b>Action planned to address</b>
C46	Staff (Home Providers) support individuals to learn about and use generic community resources.	Both DDS and ABI/MFP received a NOT MET; collectively 70% of audited programs received a MET ranking. Causal factors are similar to those noted in C9, C17 & C48.	(1) The Community Connector certificate will create a network of community-builder champions in BAMSI's geographic regions. (2) The Division hosts quarterly manager conferences, which are half-day professional development days for all division supervisors. Katie Driscoll, Pathways to Friendship consultant will partner with other BAMSI leaders to present at these meetings. (3) Fifteen BAMSI employees are attending the DSP conference on October 24 & 25, 2022. These employees will be celebrated for their important work, and learn skill sets to be effective Community Connectors. (4) Socialization and sexuality, community activities, and community resources will be added to supervision discussions. (5) BAMSI will expand its participation in Friendships in Faith to identify more community resources and friendship opportunities for persons supported.

**Residential Services- Areas Needing Improvement on Standards not met From Provider review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Issues identified</b>	<b>Action planned to address</b>
C48	Individuals are a part of the neighborhood.	Both DDS and ABI/MFP Residential received a NOT MET rating (73% and 60% respectfully). Issues which have been identified for C9, C17 & C46 are also contributing factors for C48. Many of BAMSI homes are located in neighborhoods. Some however are located on main roads which make connecting with neighbors more challenging.	BAMSI will be more cognizant of neighborhood environments when purchasing properties and homes. Developing neighborhood connections are important; it is imperative that barriers to connections are considered early in the develop process. BAMSI has homes which participate in neighborhood activities. BAMSI will ask these successful programs to share best practices at an upcoming manager conference. Neighborhood connections is also part of the Community Connectors training which was previously detailed.

## MASTER SCORE SHEET LICENSURE

Organizational: BROCKTON AREA MULTI-SERVS INC

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
☐ L2	Abuse/neglect reporting	DDS	23/23	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	DDS	0/2	Not Met(0 % )
L65	Restraint report submit	Provider	-	Met
L66	HRC restraint review	DDS	22/32	Not Met(68.75 % )
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Met
L83	HR training	Provider	-	Met

### Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider	-	-			-	-	-	Met
L5	Safety Plan	L	Provider	-	-			-	-	-	Met
☐ L6	Evacuation	L	DDS	15/15	2/2			4/4		21/21	Met
L7	Fire Drills	L	Provider	-	-			-	-	-	Met
L8	Emergency Fact Sheets	I	Provider	-	-			-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS	15/15	2/2			6/6		23/23	Met
L10	Reduce risk interventions	I	Provider	-	-			-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
☑ L11	Required inspections	L	DDS	14/14	1/1			4/4		19/19	Met
☑ L12	Smoke detectors	L	DDS	15/15	1/1			4/4		20/20	Met
☑ L13	Clean location	L	DDS	15/15	1/1			4/4		20/20	Met
L14	Site in good repair	L	Provider	-	-			-	-	-	Met
L15	Hot water	L	Provider	-	-			-	-	-	Met
L16	Accessibility	L	Provider	-	-			-	-	-	Met
L17	Egress at grade	L	Provider	-	-			-	-	-	Met
L18	Above grade egress	L	Provider	-	-			-	-	-	Met
L19	Bedroom location	L	Provider	-	-			-	-	-	Met
L20	Exit doors	L	Provider	-	-			-	-	-	Met
L21	Safe electrical equipment	L	Provider	-	-			-	-	-	Met
L22	Well-maintained appliances	L	Provider	-	-			-	-	-	Met
L23	Egress door locks	L	DDS		1/1					1/1	Met
L24	Locked door access	L	DDS		2/2					2/2	Met
L25	Dangerous substances	L	Provider	-	-			-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L26	Walkway safety	L	Provider	-	-			-	-	-	Met
L28	Flammables	L	Provider	-	-			-	-	-	Met
L29	Rubbish/combustibles	L	Provider	-	-			-	-	-	Met
L30	Protective railings	L	Provider	-	-			-	-	-	Met
L31	Communication method	I	Provider	-	-			-	-	-	Met
L32	Verbal & written	I	Provider	-	-			-	-	-	Met
L33	Physical exam	I	Provider	-	-			-	-	-	Met
L34	Dental exam	I	Provider	-	-			-	-	-	Met
L35	Preventive screenings	I	Provider	-	-			-	-	-	Met
L36	Recommended tests	I	Provider	-	-			-	-	-	Met
L37	Prompt treatment	I	Provider	-	-			-	-	-	Met
⌘ L38	Physician's orders	I	DDS	11/15				1/6		12/21	Not Met (57.14 %)
L39	Dietary requirements	I	Provider	-	-			-	-	-	Met
L40	Nutritional food	L	Provider	-	-			-	-	-	Met
L41	Healthy diet	L	Provider	-	-			-	-	-	Met
L42	Physical activity	L	Provider	-	-			-	-	-	Met
L43	Health Care Record	I	Provider	-	-			-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L44	MAP registration	L	Provider	-	-			-	-	-	Met
L45	Medication storage	L	Provider	-	-			-	-	-	Met
L46	Med. Administration	I	DDS	15/15				6/6		21/21	Met
L47	Self medication	I	Provider	-	-			-	-	-	Met
L49	Informed of human rights	I	Provider	-	-			-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS	15/15	2/2			5/6		22/23	Met (95.65 %)
L51	Possessions	I	Provider	-	-			-	-	-	Met
L52	Phone calls	I	Provider	-	-			-	-	-	Met
L53	Visitation	I	Provider	-	-			-	-	-	Met
L54 (07/21)	Privacy	I	DDS	15/15	2/2			6/6		23/23	Met
L55	Informed consent	I	Provider	-	-			-	-	-	Met
L56	Restrictive practices	I	DDS	5/6				2/4		7/10	Not Met (70.0 %)
L57	Written behavior plans	I	Provider	-	-			-	-	-	Met
L58	Behavior plan component	I	Provider	-	-			-	-	-	Met
L59	Behavior plan review	I	Provider	-	-			-	-	-	Not Met
L60	Data maintenance	I	DDS	5/5				3/3		8/8	Met



Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L61	Health protection in ISP	I	Provider	-	-			-	-	-	Met
L62	Health protection review	I	DDS	3/3	1/1			1/1		5/5	Met
L63	Med. treatment plan form	I	Provider	-	-			-	-	-	Met
L64	Med. treatment plan rev.	I	DDS	10/14	1/2			6/6		17/22	Not Met (77.27 %)
L67	Money mgmt. plan	I	Provider	-	-			-	-	-	Met
L68	Funds expenditure	I	Provider	-	-			-	-	-	Met
L69	Expenditure tracking	I	Provider	-	-			-	-	-	Met
L70	Charges for care calc.	I	Provider	-	-			-	-	-	Met
L71	Charges for care appeal	I	Provider	-	-			-	-	-	Met
L77	Unique needs training	I	Provider	-	-			-	-	-	Met
L78	Restrictive Int. Training	L	Provider	-	-			-	-	-	Met
L79	Restraint training	L	Provider	-	-			-	-	-	Not Met
L80	Symptoms of illness	L	Provider	-	-			-	-	-	Met
L81	Medical emergency	L	Provider	-	-			-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
Ⓡ L82	Medication admin.	L	DDS	15/15				4/4		19/19	Met
L84	Health protect. Training	I	Provider	-	-			-	-	-	Met
L85	Supervision	L	Provider	-	-			-	-	-	Not Met
L86	Required assessments	I	DDS	7/12	1/1			3/3		11/16	Not Met (68.75 %)
L87	Support strategies	I	DDS	5/10	0/1			5/5		10/16	Not Met (62.50 %)
L88	Strategies implemented	I	Provider	-	-			-	-	-	Met
L89	Complaint and resolution process	L	Provider	-	-			-	-	-	Met
L90	Personal space/ bedroom privacy	I	Provider	-	-			-	-	-	Met
L91	Incident management	L	DDS	8/15	2/2			0/4		10/21	Not Met (47.62 %)
L93 (05/22)	Emergency back-up plans	I	DDS	15/15	2/2			6/6		23/23	Met
L94 (05/22)	Assistive technology	I	DDS	14/15	2/2			6/6		22/23	Met (95.65 %)

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L96 (05/22)	Staff training in devices and applications	I	DDS	11/11	1/1			6/6		18/18	Met
L99 (05/22)	Medical monitoring devices	I	DDS	2/2						2/2	Met
#Std. Met/# 82 Indicator										73/82	
Total Score										81/92	
										88.04%	

#### Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS	2/2		1/1	3/3	Met
L31	Communication method	I	Provider		-	-	-	Met
L32	Verbal & written	I	Provider		-	-	-	Met
L49	Informed of human rights	I	Provider		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS	6/6		1/1	7/7	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L54 (07/21)	Privacy	I	DDS	6/6		1/1	7/7	Met
L55	Informed consent	I	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Met
L80	Symptoms of illness	L	Provider		-	-	-	Met
L81	Medical emergency	L	Provider		-	-	-	Met
L85	Supervision	L	Provider		-	-	-	Not Met
L86	Required assessments	I	Provider		-	-	-	Not Met
L87	Support strategies	I	Provider		-	-	-	Not Met
L88	Strategies implemented	I	Provider		-	-	-	Met
L91	Incident management	L	Provider		-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS	6/6		1/1	7/7	Met
L94 (05/22)	Assistive technology	I	DDS	5/6		1/1	6/7	Met (85.71 %)
L96 (05/22)	Staff training in devices and applications	I	DDS			1/1	1/1	Met
#Std. Met/# 22 Indicator							19/22	
Total Score							27/32	
							84.38%	

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C1	Provider data collection	Provider	-	Met
C2	Data analysis	Provider	-	Met
C3	Service satisfaction	Provider	-	Met

	C4	Utilizes input from stakeholders	Provider	-	<b>Met</b>
	C5	Measure progress	Provider	-	<b>Met</b>
	C6	Future directions planning	Provider	-	<b>Met</b>

### Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C9	Personal relationships	DDS	13/15	<b>Met (86.67 %)</b>
C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	DDS	9/15	<b>Not Met (60.0 %)</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	Provider	-	<b>Met</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Not Met (0 %)</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Not Met (0 %)</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>

### ABI-MFP Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>

### ABI-MFP Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C8	Family/guardian communication	Provider	-	<b>Met</b>
C9	Personal relationships	DDS	6/6	<b>Met</b>
C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	DDS	4/6	<b>Not Met (66.67 %)</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	DDS	5/6	<b>Met (83.33 %)</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Not Met (0 %)</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	DDS	4/6	<b>Not Met (66.67 %)</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>

### Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C9	Personal relationships	Provider	-	<b>Met</b>
C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	Provider	-	<b>Met</b>

### Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	Provider	-	<b>Met</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C21	Coordinate outreach	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Met</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>

### Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	1/1	<b>Met</b>
C8	Family/guardian communication	1/1	<b>Met</b>
C13	Skills to maximize independence	1/1	<b>Met</b>
C37	Interpersonal skills for work	1/1	<b>Met</b>
C38 (07/21)	Habilitative & behavioral goals	1/1	<b>Met</b>
C39 (07/21)	Support needs for employment	1/1	<b>Met</b>
C40	Community involvement interest	1/1	<b>Met</b>
C41	Activities participation	1/1	<b>Met</b>
C42	Connection to others	1/1	<b>Met</b>

### Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C43	Maintain & enhance relationship	1/1	<b>Met</b>
C44	Job exploration	1/1	<b>Met</b>
C45	Revisit decisions	1/1	<b>Met</b>
C46	Use of generic resources	1/1	<b>Met</b>
C47	Transportation to/ from community	1/1	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	1/1	<b>Met</b>

### Employment Support Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C22	Explore job interests	Provider	-	<b>Met</b>
C23	Assess skills & training needs	Provider	-	<b>Met</b>
C24	Job goals & support needs plan	Provider	-	<b>Met</b>
C25	Skill development	Provider	-	<b>Met</b>
C26	Benefits analysis	Provider	-	<b>Met</b>
C27	Job benefit education	Provider	-	<b>Met</b>
C28	Relationships w/businesses	Provider	-	<b>Met</b>
C29	Support to obtain employment	Provider	-	<b>Met</b>
C30	Work in integrated settings	Provider	-	<b>Met</b>
C31	Job accommodations	Provider	-	<b>Met</b>
C32	At least minimum wages earned	Provider	-	<b>Met</b>
C33	Employee benefits explained	Provider	-	<b>Met</b>
C34	Support to promote success	Provider	-	<b>Met</b>
C35	Feedback on job performance	Provider	-	<b>Met</b>
C36	Supports to enhance retention	Provider	-	<b>Met</b>
C37	Interpersonal skills for work	Provider	-	<b>Met</b>



**Employment Support Services**

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C50	Involvement/ part of the Workplace culture	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>