



**PROVIDER REPORT
FOR**

**BAY COVE HUMAN
SERVICES
66 Canal St
Boston, MA 02114**

July 25, 2024

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider BAY COVE HUMAN SERVICES

Review Dates 5/20/2024 - 5/24/2024

Service Enhancement Meeting Date 6/10/2024

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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	15 location (s) 15 audit (s)	Full Review	81/90 2 Year License 06/10/2024 - 06/10/2026		No Review Conducted
Residential Services	12 location (s) 12 audit (s)			Deemed	
Individual Home Supports	3 location(s) 3 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	

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	2 location(s) 16 audit (s)	Full Review	55/63 Defer Licensure		Certified
Community Based Day Services	1 location(s) 9 audit (s)			Deemed	
Employment Support Services	1 location(s) 7 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	

EXECUTIVE SUMMARY :

Bay Cove Human Services is a multi-service private, non-profit agency headquartered in Boston MA; the agency celebrated its 50th year of service in 2024. Bay Cove offers twenty-four-hour Residential Supports, Individual Home Supports (IHS), Community Based Day Services (CBDS), and Employment Supports to adults with Intellectual and Developmental Disabilities in Boston and surrounding cities and towns. Bay Cove also offers mental health services, drug and alcohol addiction services, early intervention, as well as housing and homeless services.

For this 2024 survey cycle, the Department of Developmental Services (DDS) Metro Office of Quality Enhancement conducted a full licensing review of Bay Cove's organizational systems and supports offered in its twenty-four-hour residential homes, individual home supports, community-based day services, and employment supports. All its services were deemed for certification due to Bay Cove's three-year Commission on Accreditation (CARF) accreditation.

Findings from the survey showed that organizationally, Bay Cove had many effective systems and policies for supporting people. In the area of human rights, the reporting of allegations of abuse and neglect was effective. The agency's human rights committee met all mandates including for membership, meeting frequency, and discussion of topics under its purview. In the area of staff competency, staff were properly screened prior to hire, and licensed staff maintained current licenses and certifications.

In residential services, many positive practices that contributed to the well-being of people served were noted. In the area of safety, DDS approved site safety plans were in place and individuals were supported to evacuate promptly during emergency drills, and emergency back-up plans were present for supported individuals. The sites visited were clean and in good repair, and accessibility requirements were met for people residing within homes. In the area of health care, individuals were supported to receive annual physical examinations; recommended tests and appointment were made and kept; and medication was administered in accordance with physician's orders by MAP certified staff.

In the area of human rights, individuals, and guardians were trained relative to the reporting of alleged abuse and neglect, and human rights/ grievance filing. Staff communication with and about individuals served was seen to be respectful, and individuals had privacy in their homes. Relative to the ISP, required assessments and provider support strategies were submitted within the required timelines. In the area of clinical, behavior plans reflected positive behavioral supports principles; plans were in written format that captured all required components, and data was collected consistently to gauge the efficacy of the plans over time. Relative to oversight, supervision practices at the various sites corresponded with agency policy.

In CBDS and employment supports, positive practices were noted that contributed to desired outcomes for many people. Regarding safety, required inspections were current and fire detection and suppression systems were fully functional. Individuals were reported to have evacuated in a reasonable amount of time during emergency drills, and people were assessed for the safe use of equipment and machinery on-site and at work locations. In the area of health care, medication was administered in accordance with physician orders and MAP policy. Additionally, staff was trained on the signs and symptoms of illness and knew what to do in the event of a medical emergency.

Relative to human rights in day services, individuals and their guardians were trained on human rights and alleged abuse and neglect reporting. Communication with and about individuals by staff was respectful, and individuals were offered privacy when dealing with personal matters. Relative to the ISP, required assessments and provider support strategies were submitted within the required timeframe, and individuals were supported to work toward meeting their ISP goals and objectives. An effective system of supervision which corresponded to agency policy was also noted within day

services.

Organizationally, and across both residential and day services, the survey uncovered some areas that require additional attention from the agency to meet required standards. Restraint reports must be submitted and finalized within the required reporting timelines. Additionally, Bay Cove needs to enhance its system for tracking required staff trainings to ensure that staff complete all DDS mandated trainings and other site relevant trainings.

In residential services, relative to health care, all staff must be trained on physician's orders and medical treatment protocols. Staff training is also needed to support peoples use of health-related devices. Environmental restrictions that impact individual rights within homes must have a written outline with individualized rationale, and guardians must be informed of all such practices. Relative to financial management, guardian approved shared and delegated management of funds plans must be developed for all individuals with whom the agency has shared or delegated money management responsibility. Individuals who reside in Bay Cove owned, operated, or leased homes and their guardians, must be informed of their charges for care calculations and right to appeal those charges on an annual basis. Additionally, incident reports must be submitted and finalized within the required timelines.

In day services, medical treatment protocols must be developed for any individual who requires one due to a significant medical condition or disorder. Data must be collected consistently and shared with residences when a medication treatment plan is in place; this includes for the tracking of behavior modifying medication symptoms for medication that is administered during day program hours. Hot water temperature at the day site needs to be monitored regularly to be at the required range. Incident reports must also be submitted and finalized within the required timelines.

Bay Cove Human Services met 90% of licensing indicators for the residential services grouping; Therefore, the agency will receive a two-year license for the residential service grouping. The agency will conduct its own follow-up on indicators that were not met in residential and submit the results to the DDS Metro Office of Quality Enhancement within 60 days of the SEM.

The agency met 87% of licensing indicators for day/employment services grouping with one critical indicator (L38) receiving a not-met rating. Therefore, the agency's day/employment services grouping will be in deferred license status pending the correction of this critical indicator. The DDS Metro Office of Quality Enhancement will conduct a follow-up on all not-met licensing indicators in day services within sixty days of the Service Enhancement Meeting. If the agency meets the standards for the one critical indicator in day services at follow up, the agency will then earn a Two-Year license with a Mid-Cycle review for the day service grouping.

The agency is certified for both residential and day/employment services groupings due to its CARF accreditation.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Residential and Individual Home Supports	73/80	7/80	
Residential Services Individual Home Supports			
Critical Indicators	8/8	0/8	
Total	81/90	9/90	90%
2 Year License			
# indicators for 60 Day Follow-up		9	

	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Employment and Day Supports	47/53	6/53	
Community Based Day Services Employment Support Services			
Critical Indicators	7/8	1/8	
Total	55/63	8/63	87%
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
L65	Restraint reports are submitted within required timelines.	Five of six restraint reports were submitted and/or finalized outside the required timelines. The agency must submit and finalize restraint reports within the required timelines.
L76	The agency has and utilizes a system to track required trainings.	Eight of twenty staff were not trained on, or current for DDS mandated trainings. The agency must use an effective training tracking system to ensure that staff are trained on DDS mandated trainings and other site relevant training topics.

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

Indicator #	Indicator	Area Needing Improvement
L34	Individuals receive an annual dental exam.	Three of fourteen individuals were not supported to receive annual dental examinations. The agency must ensure that all individuals are supported to receive annual dental examinations.
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 four of six individuals, environmental restrictions on rights outlines were not specific to the individuals for whom the restrictions were intended, and some guardians were not informed of the restrictions in place at the homes. The agency must develop restrictive intervention outlines to reflect the specific individual for whom the restriction is intended. Affected guardians must also be informed of any environmental restrictions in place at the residences.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For four of fourteen individuals with whom the agency has shared or delegated money management responsibilities, accurate written money management plans were not developed and agreed upon. When the agency has shared money management responsibilities with individuals, plans must be developed outlining each parties' responsibilities and agreement to the plans must be obtained from the individuals and guardians.
L70	Charges for care are calculated appropriately.	Ten of the twelve individuals and their guardians did not receive an annual declaration of their charges for care. The agency must ensure that it informs individuals and guardians of their charges for care on an annual basis.
L71	Individuals are notified of their appeal rights for their charges for care.	Nine of the twelve individuals and their guardians were not notified of their appeal rights for charges of care. The agency must ensure that all individuals in twenty-four-hour residential settings and their guardians are informed of their appeal rights for charges for care on an annual basis.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For two of six individuals that utilize health-related protections, staff were not trained on the correct utilization of the devices. The agency must ensure that all staff who support individuals with the utilization of health-related equipment are fully trained on the correct utilization of these devices.
L91	Incidents are reported and reviewed as mandated by regulation.	At four of fifteen sites, incidents were not submitted within the required timelines. The agency must ensure the submission of incident reports within the timelines required by regulation.

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 the day services site, hot water temperature measured higher than required. The agency must ensure that hot water temperature is maintained at the required temperature.
L17	There are two means of egress from floor at grade level.	The CBDS programming spaces were located on floors that were not at grade level and had no accessible egresses. ALL CBDS programming must be at grade level or floors with accessible egresses that allows all individuals to be served regardless of mobility needs. (The agency is in the process of addressing this through a DDS process).
L18	All other floors above grade have one means of egress and one escape route on each floor leading to grade.	The programming space utilized for CBDS services on the second and third floors as well as the basement did not have accessible means of egress to grade. Space used for day service programming must be at grade or have accessible means of egress to grade. (The agency is in the process of addressing this through a DDS process).
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, a medical treatment protocol was not developed for a significant medical condition that requires one. The agency must ensure that all for all individuals with significant medical conditions that requires one, medical protocols are developed, and staff are fully trained on them.
L63	Medication treatment plans are in written format with required components.	For all six individuals with medication treatment plans, the plans either did not accurately reflect the medication administered at the day program, or data was not consistently collected. The agency must ensure that all medication treatment plans accurately reflect the medication/s being administered and have consistent data collection relative to the symptoms being treated.
L91	Incidents are reported and reviewed as mandated by regulation.	Incident reports at one day site was submitted and/or finalized outside the required timelines. The agency must submit and finalize incident reports within the required timelines.

MASTER SCORE SHEET LICENSURE

Organizational: BAY COVE HUMAN SERVICES

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	16/16	Met
L3	Immediate Action	14/15	Met(93.33 %)
L4	Action taken	13/15	Met(86.67 %)
L48	HRC	1/1	Met
L65	Restraint report submit	1/6	Not Met(16.67 %)
L66	HRC restraint review	2/2	Met
L74	Screen employees	7/7	Met
L75	Qualified staff	6/6	Met
L76	Track trainings	12/20	Not Met(60.0 %)
L83	HR training	18/20	Met(90.0 %)

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	11/11	2/3					13/14	Met (92.86%)
L5	Safety Plan	L	11/12	3/3					14/15	Met (93.33%)
℞ L6	Evacuation	L	12/12	3/3					15/15	Met
L7	Fire Drills	L	10/12						10/12	Met (83.33%)
L8	Emergency Fact Sheets	I	11/12	1/3					12/15	Met (80.0%)
L9 (07/21)	Safe use of equipment	I	12/12	3/3					15/15	Met
L10	Reduce risk interventions	I	2/2	1/1					3/3	Met
℞ L11	Required inspections	L	9/11	1/1					10/12	Met (83.33%)
℞ L12	Smoke detectors	L	10/11	2/2					12/13	Met (92.31%)
℞ L13	Clean location	L	12/12	2/2					14/14	Met
L14	Site in good repair	L	8/8	2/2					10/10	Met
L15	Hot water	L	11/12	2/2					13/14	Met (92.86%)
L16	Accessibility	L	12/12	1/1					13/13	Met
L17	Egress at grade	L	12/12	2/2					14/14	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L18	Above grade egress	L	5/5	2/2					7/7	Met
L19	Bedroom location	L	7/7						7/7	Met
L20	Exit doors	L	12/12	2/2					14/14	Met
L21	Safe electrical equipment	L	12/12	2/2					14/14	Met
L22	Well-maintained appliances	L	11/12	2/2					13/14	Met (92.86%)
L23	Egress door locks	L	7/7	1/1					8/8	Met
L24	Locked door access	L	8/9	2/2					10/11	Met (90.91%)
L25	Dangerous substances	L	12/12	1/1					13/13	Met
L26	Walkway safety	L	10/11	2/2					12/13	Met (92.31%)
L28	Flammables	L	11/11	2/2					13/13	Met
L29	Rubbish/combustibles	L	12/12	2/2					14/14	Met
L30	Protective railings	L	10/10	2/2					12/12	Met
L31	Communication method	I	12/12	3/3					15/15	Met
L32	Verbal & written	I	12/12	3/3					15/15	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L33	Physical exam	I	11/11	3/3					14/14	Met
L34	Dental exam	I	10/12	1/2					11/14	Not Met (78.57%)
L35	Preventive screenings	I	11/12	2/3					13/15	Met (86.67%)
L36	Recommended tests	I	12/12	2/2					14/14	Met
L37	Prompt treatment	I	10/10	2/2					12/12	Met
℞ L38	Physician's orders	I	4/5						4/5	Met (80.0%)
L39	Dietary requirements	I	2/2						2/2	Met
L40	Nutritional food	L	12/12	2/2					14/14	Met
L41	Healthy diet	L	12/12	3/3					15/15	Met
L42	Physical activity	L	12/12	3/3					15/15	Met
L43	Health Care Record	I	10/12	2/3					12/15	Met (80.0%)
L44	MAP registration	L	12/12						12/12	Met
L45	Medication storage	L	12/12						12/12	Met
℞ L46	Med. Administration	I	12/12						12/12	Met
L47	Self medication	I	1/1	2/2					3/3	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L49	Informed of human rights	I	11/11	2/3					13/14	Met (92.86%)
L50 (07/21)	Respectful Comm.	I	12/12	3/3					15/15	Met
L51	Possessions	I	12/12	3/3					15/15	Met
L52	Phone calls	I	12/12	3/3					15/15	Met
L53	Visitation	I	12/12	3/3					15/15	Met
L54 (07/21)	Privacy	I	12/12	3/3					15/15	Met
L56	Restrictive practices	I	2/6						2/6	Not Met (33.33%)
L57	Written behavior plans	I	5/5						5/5	Met
L58	Behavior plan component	I	2/2						2/2	Met
L59	Behavior plan review	I	2/2						2/2	Met
L60	Data maintenance	I	5/5						5/5	Met
L61	Health protection in ISP	I	6/6						6/6	Met
L62	Health protection review	I	3/3						3/3	Met
L63	Med. treatment plan form	I	8/10						8/10	Met (80.0%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L64	Med. treatment plan rev.	I	9/9						9/9	Met
L67	Money mgmt. plan	I	9/12	1/2					10/14	Not Met (71.43 %)
L68	Funds expenditure	I	11/11	1/1					12/12	Met
L69	Expenditure tracking	I	10/10	1/1					11/11	Met
L70	Charges for care calc.	I	2/12						2/12	Not Met (16.67 %)
L71	Charges for care appeal	I	3/12						3/12	Not Met (25.00 %)
L77	Unique needs training	I	11/12	3/3					14/15	Met (93.33 %)
L78	Restrictive Int. Training	L	3/4						3/4	Met
L79	Restraint training	L	1/1						1/1	Met
L80	Symptoms of illness	L	11/12	3/3					14/15	Met (93.33 %)
L81	Medical emergency	L	12/12	2/2					14/14	Met
L82	Medication admin.	L	12/12						12/12	Met
L84	Health protect. Training	I	4/6						4/6	Not Met (66.67 %)
L85	Supervision	L	12/12	3/3					15/15	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L86	Required assessments	I	5/5	1/2					6/7	Met (85.71%)
L87	Support strategies	I	5/5	1/2					6/7	Met (85.71%)
L88	Strategies implemented	I	9/12	3/3					12/15	Met (80.0%)
L90	Personal space/bedroom privacy	I	10/10	3/3					13/13	Met
L91	Incident management	L	8/12	3/3					11/15	Not Met (73.33%)
L93 (05/22)	Emergency back-up plans	I	12/12	3/3					15/15	Met
L94 (05/22)	Assistive technology	I	12/12	3/3					15/15	Met
L96 (05/22)	Staff training in devices and applications	I	10/10	2/2					12/12	Met
L99 (05/22)	Medical monitoring devices	I	1/1						1/1	Met
#Std. Met/# 80 Indicator									73/80	
Total Score									81/90	
									90.0%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	6/7		9/9	15/16	Met (93.75 %)
L5	Safety Plan	L			1/1	1/1	Met
ℙ L6	Evacuation	L			1/1	1/1	Met
L7	Fire Drills	L			1/1	1/1	Met
L8	Emergency Fact Sheets	I	5/7		9/9	14/16	Met (87.50 %)
L9 (07/21)	Safe use of equipment	I	7/7		9/9	16/16	Met
L10	Reduce risk interventions	I	1/1		3/3	4/4	Met
ℙ L11	Required inspections	L			1/1	1/1	Met
ℙ L12	Smoke detectors	L			1/1	1/1	Met
ℙ L13	Clean location	L			1/1	1/1	Met
L14	Site in good repair	L			1/1	1/1	Met
L15	Hot water	L			0/1	0/1	Not Met (0 %)
L16	Accessibility	L			1/1	1/1	Met
L17	Egress at grade	L			0/1	0/1	Not Met (0 %)
L18	Above grade egress	L			0/1	0/1	Not Met (0 %)
L20	Exit doors	L			1/1	1/1	Met
L21	Safe electrical equipment	L			1/1	1/1	Met
L22	Well-maintained appliances	L			1/1	1/1	Met
L25	Dangerous substances	L			1/1	1/1	Met
L26	Walkway safety	L			1/1	1/1	Met
L29	Rubbish/combustibles	L			1/1	1/1	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L31	Communication method	I	7/7		9/9	16/16	Met
L32	Verbal & written	I	7/7		9/9	16/16	Met
L37	Prompt treatment	I	7/7		9/9	16/16	Met
Ⓡ L38	Physician's orders	I	0/1		2/2	2/3	Not Met (66.67 %)
L44	MAP registration	L			1/1	1/1	Met
L45	Medication storage	L			1/1	1/1	Met
Ⓡ L46	Med. Administration	I			9/9	9/9	Met
L49	Informed of human rights	I	6/7		9/9	15/16	Met (93.75 %)
L50 (07/21)	Respectful Comm.	I	7/7		9/9	16/16	Met
L51	Possessions	I	7/7		9/9	16/16	Met
L52	Phone calls	I	7/7		9/9	16/16	Met
L54 (07/21)	Privacy	I	7/7		9/9	16/16	Met
L55	Informed consent	I			1/1	1/1	Met
L57	Written behavior plans	I			5/5	5/5	Met
L60	Data maintenance	I			5/5	5/5	Met
L61	Health protection in ISP	I			7/7	7/7	Met
L62	Health protection review	I			5/5	5/5	Met
L63	Med. treatment plan form	I			0/6	0/6	Not Met (0 %)
L72	DOL requirements	I			1/1	1/1	Met
L77	Unique needs training	I	6/7		9/9	15/16	Met (93.75 %)
L80	Symptoms of illness	L	1/1		1/1	2/2	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L81	Medical emergency	L	1/1		1/1	2/2	Met
L82	Medication admin.	L			1/1	1/1	Met
L84	Health protect. Training	I			7/7	7/7	Met
L85	Supervision	L	1/1		1/1	2/2	Met
L86	Required assessments	I			4/4	4/4	Met
L87	Support strategies	I			5/5	5/5	Met
L88	Strategies implemented	I	7/7		8/9	15/16	Met (93.75 %)
L91	Incident management	L			0/1	0/1	Not Met (0 %)
L93 (05/22)	Emergency back-up plans	I	7/7		9/9	16/16	Met
L94 (05/22)	Assistive technology	I	6/7		9/9	15/16	Met (93.75 %)
L96 (05/22)	Staff training in devices and applications	I	1/1			1/1	Met
#Std. Met/# 53 Indicator						47/53	
Total Score						55/63	
						87.30%	