

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

Mid-Cycle Review Final Report

Provider BEHAVIORAL ASSOCIATES OF MASS

Provider Address 20 Townsend Road, Unit 6, Attleboro

Survey Team Boyd,Michelle; Condon,Kayla;

Date(s) of Review 19-DEC-22 to 20-DEC-22

Mid-Cycle Scope and results :					
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated at Mid-Cycle	Sanction status prior to Mid-Cycle	Combined Results post-Mid-Cycle;	Sanction status post Mid-Cycle
Residential and Individual Home Supports 2 Locations 6 Audits	Defer Licensure	15/26	<input checked="" type="checkbox"/> Eligible for new business <input type="checkbox"/> Ineligible for new business.	2 Year License with Mid-Cycle Review 70/82 (85.37%)	<input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met) <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)
Employment and Day Supports 2 Locations 5 Audits	2 Year License	N/A	<input checked="" type="checkbox"/> Eligible for new business <input type="checkbox"/> Ineligible for new business.	N/A	<input type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met) <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)

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Summary of Ratings

Organizational Areas Needing Improvement on Standards not met:

Indicator #	L3
Indicator	Immediate Action
Area Need Improvement	In four of the fifteen investigations immediate actions were not fully taken. The agency needs to ensure that when potential abuse/neglect occurs that the individual's immediate health and safety needs are assessed and action is taken.
Status at mid-cycle	For all investigations reviewed, immediate action was taken to protect the individual's immediate health and safety needs.
#met /# rated at mid-cycle	14/14
Rating	MET

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Indicator #	L4
Indicator	Action taken
Area Need Improvement	The four action plans did not have all of the required action steps completed. The agency needs to ensure that when action plans are issued by the area office that all components are addressed by the required deadline.
Status at mid-cycle	There were no action plans reviewed. The agency should continue to ensure that when action plans are issued by the area office that all components are addressed by the required deadline.
#met /# rated at mid-cycle	
Rating	NOT RATED

Indicator #	L48
Indicator	HRC
Area Need Improvement	The committee met membership requirements and held meetings as required. The committee had not reviewed investigations and action plans for the past year. All incident and restraint reports were not submitted to the Human Rights Committee for review as required and did not meet the timelines. Recently, the agency discovered that information was not being distributed in an effective manner. The agency needs to ensure the committee understands its role and responsibilities to ensure it has an effective Human Rights Committee.
Status at mid-cycle	The committee met membership requirements and held meetings as required. The committee reviewed all required components and information was distributed to the HRC in a more effective manner.
#met /# rated at mid-cycle	1/1
Rating	MET

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Indicator #	L65
Indicator	Restraint report submit
Area Need Improvement	Twenty one of the twenty four restraints were not submitted and/or finalized within the required timelines. Four additional restraints were not reported. The agency needs to ensure that all restraints are reported within the required timelines.
Status at mid-cycle	Six of the eight restraints reviewed were submitted and/or finalized late. There was no evidence of any unreported restraints. The agency needs to ensure that restraints are reported within the required timelines.
#met /# rated at mid-cycle	2/8
Rating	NOT MET

Residential and Individual Home Supports Areas Needing Improvement on Standards not met:

Indicator #	L5
Indicator	Safety Plan
Area Need Improvement	At one of two locations there was not an updated and approved safety plan. The agency needs to ensure that safety plans reflect the current needs of the individuals and that they are approved by the area office.
Status at mid-cycle	At both locations the safety plans were accurate, reflected current evacuation processes, and were approved by the area office.
#met /# rated at mid-cycle	2/2
Rating	MET

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Indicator #	L7
Indicator	Fire Drills
Area Need Improvement	At one location fire drills were not conducted at the frequency outlined in the safety plan. The agency needs to ensure that fire drill are conducted are required.
Status at mid-cycle	At one location fire drills were occurring as outlined in the safety plan. At a second location drills were not conducted at the staffing ratio identified in the safety plan. The agency needs to ensure that fire drills are conducted as outlined in the safety plan.
#met /# rated at mid-cycle	1/2
Rating	NOT MET

Indicator #	L10
Indicator	Reduce risk interventions
Area Need Improvement	Two individuals require additional interventions due to risk, and practices were not in place to mitigate these risks. The agency needs to ensure that interventions are implemented when an individual poses a risk to themselves or others.
Status at mid-cycle	Three individuals require additional interventions due to risk, and practices were in place to mitigate these risks.
#met /# rated at mid-cycle	3/3
Rating	MET

Indicator #	L20
Indicator	Exit doors

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Area Need Improvement	At one location the gates that lead to the front of the home from the fenced in backyard had keyed locks and could not be easily opened in the event of an emergency. The agency needs to ensure that the gates can be easily opened should an emergency occur.
Status at mid-cycle	At two locations doors were easily operable without the use of keys. There were no locked gates present.
#met /# rated at mid-cycle	2/2
Rating	MET

Indicator #	L21
Indicator	Safe electrical equipment
Area Need Improvement	At one location an electrical plug was hanging from the wall. The agency needs to ensure that electrical equipment is safely maintained.
Status at mid-cycle	Both locations were free of electrical hazards and equipment was safely maintained.
#met /# rated at mid-cycle	2/2
Rating	MET

Indicator #	L35
Indicator	Preventive screenings
Area Need Improvement	Of six individuals, four had not received preventative screenings based on the DDS Adult Screening Recommendations. The agency needs to ensure that preventative screenings are discussed with the healthcare provider and occur as recommended.

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Status at mid-cycle	Four individuals received preventative screenings. For two other individuals at least one preventative screening had not occurred. The agency needs to ensure that preventative screenings are discussed with healthcare providers and occur as recommended.
#met /# rated at mid-cycle	4/6
Rating	NOT MET

Indicator #	L36
Indicator	Recommended tests
Area Need Improvement	Three of six individuals were not supported to complete recommended tests and follow-up appointments. This included hearing exams, neurology visits, urology visits, and occupational therapy. The agency needs to ensure that all tests and appointments are completed as recommended by the healthcare provider.
Status at mid-cycle	For all individuals, recommended follow-up appointments occurred. The agency implemented the use of a chronological log of medical appointments for each individual which noted results from appointments and follow-up that needs to occur.
#met /# rated at mid-cycle	6/6
Rating	MET

Indicator #	L43
Indicator	Health Care Record
Area Need Improvement	The health care record (HCR) was not up to date and accurate for two individuals. The agency needs to ensure that HCRs are current and have accurate information.

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Status at mid-cycle	The HCR was up to date and accurate for three individuals. For three other individuals the HCR did not include the correct guardian and most recent exam dates. The agency needs to ensure that HCRs are current and have accurate information.
#met /# rated at mid-cycle	3/6
Rating	NOT MET

Indicator #	L46
Indicator	Med. Administration
Area Need Improvement	Three individuals' medications were not administered as ordered. Physician's orders to discontinue medications were not present and some orders contradicted each other The agency needs to ensure the physician's orders are clear and accurate. When medications are discontinued, orders must be present.
Status at mid-cycle	For all individuals, medications were administered as ordered. The agency implemented an auditing system to provide more oversight in the area of medication administration.
#met /# rated at mid-cycle	6/6
Rating	MET

Indicator #	L50 (07/21)
Indicator	Respectful Comm.
Area Need Improvement	Oral communication about and towards two of the six individuals was not respectful. The agency needs to ensure that staff maintain all communication in a respectful manner.
Status at mid-cycle	Written and oral communication was respectful for all six individuals.

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#met /# rated at mid-cycle	6/6
Rating	MET

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	For three individuals there was no written rationale for the use of several environmental restrictions. The agency needs to ensure that there is rationale for all environmental restrictions.
Status at mid-cycle	One individual required the use of an environmental restriction. All require components were present.
#met /# rated at mid-cycle	1/1
Rating	MET

Indicator #	L60
Indicator	Data maintenance
Area Need Improvement	The data for three of the four individuals that required a behavior support plan (BSP) was not being shared in its totality. The agency needs to ensure that data is consistently collected and shared to determine the efficacy of the plans.
Status at mid-cycle	BSP data was being collected for all individuals reviewed.
#met /# rated at mid-cycle	6/6
Rating	MET

Indicator #	L61
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Indicator	Health protection in ISP
Area Need Improvement	For one of two individuals there were no guidelines on the proper use, cleaning, and safety maintenance of their health related supportive and protective equipment. The agency needs to ensure that all health related supportive and protective equipment have guidance on the use.
Status at mid-cycle	For two individuals, safety checks were not occurring for their health related supports and protective equipment. The agency needs to ensure that cleaning/care and safety checks occur as outlined.
#met /# rated at mid-cycle	0/2
Rating	NOT MET

Indicator #	L63
Indicator	Med. treatment plan form
Area Need Improvement	Two individuals require the use of sedating medication prior to specific medical appointments. There was no plan in place regarding the use of these medication or how to support the individuals with learning to cope with the appointments. The agency needs to ensure that plans are in place when pre-sedating medications are used and that all medications are identified with MTPs.
Status at mid-cycle	For five individual medication treatment plans were present and had all required components. None of the individuals review required pre-sedating medications.
#met /# rated at mid-cycle	5/5
Rating	MET

Indicator #	L67
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Indicator	Money mgmt. plan
Area Need Improvement	For three individuals there was no shared and delegated money management plan. The agency needs to ensure that when they support the individual to manage funds a plan is in place that outlines what supports are being provided, the agency's responsibility in managing the funds and how the individual accesses their funds.
Status at mid-cycle	Two individuals had money management plans in place that fully described the agency's role with managing funds. One other individual did not have a plan in place, although the agency has shared responsibility for managing their funds. Three individuals' plans did not fully and/or accurately describe the agency's role in managing their funds and community bank accounts. The agency needs to ensure that when they support individuals to manage funds, a plan is developed that outlines what supports are being provided, the agency's responsibility in managing the funds, and how the individual is supported to access their funds.
#met /# rated at mid-cycle	2/6
Rating	NOT MET

Indicator #	L68
Indicator	Funds expenditure
Area Need Improvement	For two individuals' items were being purchased on staff debit/credit cards and the individuals were reimbursing them despite having funds readily available for use. In one instance an individual's personal items were delivered to a staff's home address. In another instance in individual purchased an item that they neither needed or wanted. The agency needs to ensure that individuals funds are directly used for purposes that benefit them.
Status at mid-cycle	For the six individuals, purchases reflected items that they would want and would directly benefit them.

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#met /# rated at mid-cycle	6/6
Rating	MET

Indicator #	L69
Indicator	Expenditure tracking
Area Need Improvement	Three of the six individuals' funds were not properly documented or tracked. In two instances funds were not entered onto the financial transaction record (FTR) and were not present on the day of the review. The agency needs to ensure that all funds are documented and that the correct amount of cash is present at all times.
Status at mid-cycle	For three individuals the FTRs were accurate and filled out completely. For three other individuals, funds were not properly documented or tracked. In two instances funds were not entered onto the financial transaction record (FTR). There were also instances where the amount deposited did not reflect the amount that was disbursed to the individual. Additionally, three individuals' funds were significantly over the allowable limits which put their benefits at risk. The agency needs to ensure that all funds and expenditure are documented. Alternatives for excessive funds, such as an ABLE account should also be explored.
#met /# rated at mid-cycle	3/6
Rating	NOT MET

Indicator #	L78
Indicator	Restrictive Int. Training
Area Need Improvement	Staff were not implementing environmental restrictive as outlined at one location. The agency needs to ensure that staff implement environmental restrictions as outlined within their plan.

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Status at mid-cycle	At one location, restrictive practices were not being implemented as outlined. The plan notes that window chimes should be checked daily to ensure they are functioning, however at the time of the review one chime did not work when the window was opened. The agency needs to ensure that environmental restrictions function and are implemented as outlined within their plan.
#met /# rated at mid-cycle	0/1
Rating	NOT MET

Indicator #	L84
Indicator	Health protect. Training
Area Need Improvement	Staff were not trained in the correct utilization of an individual's gait belt. The agency needs to ensure that staff are trained in the proper utilization of all health related supportive and protective equipment.
Status at mid-cycle	Staff were trained on the individuals' health related supportive and protective equipment.
#met /# rated at mid-cycle	2/2
Rating	MET

Indicator #	L85
Indicator	Supervision
Area Need Improvement	Oversight and monitoring was not sufficient to ensure that each location was consistently complying with provider policies, procedures, and guidelines. When new needs were identified and new strategies recommended, implementation and follow-up on these new strategies did not always occur. The agency needs to ensure there is sufficient supervision and oversight of all locations.

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Status at mid-cycle	At both location adequate oversight was occurring. Additional steps have been taken to increase supervision.
#met /# rated at mid-cycle	2/2
Rating	MET

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	ISP assessments were not submitted on time for four of the six individuals. The agency needs to ensure that all ISP assessments are submitted within the required timelines.
Status at mid-cycle	For two individuals, assessments were submitted late. For one individual, assessments were submitted on time. For all three individuals the agency was not provided with sufficient notice to complete the assessments. The agency needs to ensure that all ISP assessments are developed and submitted within the required timelines.
#met /# rated at mid-cycle	1/3
Rating	NOT MET

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	ISP support strategies were not submitted on time for four of the six individuals. The agency needs to ensure that all ISP support strategies are submitted within the required timelines.

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Status at mid-cycle	For two individuals, support strategies were submitted late. For two individuals, support strategies were submitted on time. For two of the individuals, the agency was not provided with sufficient notice to complete the support strategies. The agency needs to ensure that all ISP support strategies are submitted within the required timelines.
#met /# rated at mid-cycle	2/4
Rating	NOT MET

Indicator #	L91
Indicator	Incident management
Area Need Improvement	Incidents were not always submitted and/or finalized within the required timelines. Additionally, some incidents and ER visits were not reported into HCSIS. The agency needs to ensure that all incidents that are required to be reported are reported into HCSIS within the mandated timelines.
Status at mid-cycle	At one location, an incident was submitted and finalized late. There was no evidence of any unreported incidents. The agency needs to ensure that all reportable incidents are reported into HCSIS within the mandated timelines.
#met /# rated at mid-cycle	1/2
Rating	NOT MET

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Mid-Cycle Detail Report

For provider and area office use only. This page elaborates on all of the indicators reviewed at follow-up where the standard was not met.

Licensure Organizational :

Indicator	Source	Issue
L65	Indi. Doc	Six out of eight restraints were not submitted and/or finalized on time.

Residential and Individual Home Supports

Indicator	Service Type	Location	Individual	Issue
L7	Residential Services	301 Paine Road North Attleboro MA 02760		Of the five drills reviewed, 3 were not conducted at the proper staffing ratio.
L35	Residential Services	24 Thayer Farm Road Attleboro MA 02703	MR	MR has not had an eye exam; staff stated that he refused to complete exam . There was no evidence that they tried other methods to complete this screening, or that the MR's guardian and physician were made aware of the refusals.
L35	Residential Services	301 Paine Road North Attleboro MA 02760	DB	DB was not supported to have a routine hearing exam. He inserts items into his ears to the extent that they sometimes need to be removed by a HCP, so a baseline hearing exam would be beneficial.
L43	Residential Services	301 Paine Road North Attleboro MA 02760	DB	The HCR updated on 12/13/22 did not have the correct guardian noted.
L43	Residential Services	301 Paine Road North Attleboro MA 02760	KB	The HCR updated on 12/13/22 did not list the most recent physical, dental exam, or lipid panel.

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L43	Residential Services	301 Paine Road North Attleboro MA 02760	RB	The HCR updated on 12/16/22 did not include the correct guardian. It did not include the diagnosis of Vitamin D deficiency and most recent dates for his dental, physical eye exam, and PSA screening.
L61	Residential Services	24 Thayer Farm Road Attleboro MA 02703	MB	The cleaning and care of device as well as the documentation of use and safety checks was not occurring on helmet, wheelchair, gait belt and shower chair.
L61	Residential Services	301 Paine Road North Attleboro MA 02760	MA	Safety checks were not occurring as outlined by the HCP.
L67	Residential Services	24 Thayer Farm Road Attleboro MA 02703	MB	Staff support MB with his cash on hand. There is no money management plan in place to detail how they are supporting him with his finances.
L67	Residential Services	301 Paine Road North Attleboro MA 02760	DB	The money management plan did not describe the support DB receives regarding his community bank account. It states that he can hold \$10, but he is capable of holding up to \$20 independently.
L67	Residential Services	301 Paine Road North Attleboro MA 02760	KB	The money management plan did not describe the agency's role as Rep Payee, how funds are secured, or how KB accesses his community bank account.
L67	Residential Services	301 Paine Road North Attleboro MA 02760	RB	The money management plan did not correctly identify the new Rep payee
L69	Residential Services	301 Paine Road North Attleboro MA 02760	DB	DB is significantly over the allowable limit for assets.

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L69	Residential Services	301 Paine Road North Attleboro MA 02760	KB	KB was significantly over the allowable limits for assets . His spending money checks for April-July, which were issued for a total of \$1535, were cashed and only \$1484 was deposited. This discrepancy needs to be evaluated and corrected . KB cashed two of the spending money checks; this money was not logged into the FTR
L69	Residential Services	301 Paine Road North Attleboro MA 02760	RB	RB was significantly over the allowable limits for assets . His spending money checks for April-July, which were issued for a total of \$1720, were cashed and only \$1608 was deposited. This discrepancy needs to be evaluated and corrected. RB cashed two of the spending money checks, but this money was not logged into the FTR.
L78	Residential Services	301 Paine Road North Attleboro MA 02760		One individual requires window chimes and these are supposed be checked daily by staff to ensure they are working. At the time of the review one chime did not function when the window was opened (Corrected)
L86	Residential Services	24 Thayer Farm Road Attleboro MA 02703	MB	MB's ISP assessments were due 09/06/2022 and were submitted 09/20/2022.
L86	Residential Services	24 Thayer Farm Road Attleboro MA 02703	MR	Financial and Health and dental assessments for MR's ISP were due 05/25/2022 and were submitted 05/26/2022.

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L86	Residential Services	301 Paine Road North Attleboro MA 02760	DB	DB's ISP assessments were due on 8/17/22 were submitted on 9/1/22. The assessment were requested late on 8/31/22. The agency was not provided with the required 30-day notice.
L86	Residential Services	301 Paine Road North Attleboro MA 02760	KB	The ISP assessments due 8/24/22 were submitted 9/6/22. The assessment were requested late on 8/31/22. The agency was not provided with the required 30-day notice.
L86	Residential Services	301 Paine Road North Attleboro MA 02760	RB	The ISP assessments due 12/21/21 were submitted 12/23/21. The assessment were requested late on 12/7/21. The agency was not provided with the required 30-day notice.
L87	Residential Services	24 Thayer Farm Road Attleboro MA 02703	MB	Support strategies were due 09/06/2022 and were submitted 9/20/2022.
L87	Residential Services	24 Thayer Farm Road Attleboro MA 02703	MR	Support strategies were due 5/25/2022 and were submitted 5/27/22.
L87	Residential Services	301 Paine Road North Attleboro MA 02760	DB	The supports strategies were due on 8/17/22 were submitted on 9/1/22. These were requested late on 8/31/22. The agency was not provided with the required 30-day notice.
L87	Residential Services	301 Paine Road North Attleboro MA 02760	KB	The support strategies were due on 8/24/22 were submitted on 9/6/22. These were requested late on 8/31/22. The agency was not provided with the required 30-day notice.
L91	Residential Services	301 Paine Road North Attleboro MA 02760		Incident 1433150 was submitted and finalized late.