



**PROVIDER REPORT  
FOR**

**Bridgewell Inc.  
10 Dearborn Rd  
Peabody, MA 01960**

**November 29, 2018**

**Version**

**Public Provider Report**

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

## **SUMMARY OF OVERALL FINDINGS**

<b>Provider</b>	Bridgewell Inc.
<b>Review Dates</b>	10/9/2018 - 10/15/2018
<b>Service Enhancement Meeting Date</b>	10/29/2018
<b>Survey Team</b>	Anne Carey John Hazelton Joseph Weru John Downing Steven Goldberg (TL) Patty McCarthy Lisa MacPhail Jennifer Conley-Sevier
<b>Citizen Volunteers</b>	

**Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	22 location(s) 24 audit(s)	Full Review	84/88 2 Year License 10/29/2018 - 10/29/2020		Certified 10/29/2018 - 10/29/2020
Residential Services	18 location(s) 18 audit(s)			Deemed	
Respite Services	1 location(s) 2 audit(s)			No Review	No Review
Individual Home Supports	3 location(s) 4 audit(s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	

**Survey scope and findings for Employment and Day Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Employment and Day Supports</b>	1 location(s) 8 audit(s)	Full Review	55/60 2 Year License 10/29/2018 - 10/29/2020		Certified 10/29/2018 - 10/29/2020
Community Based Day Services	1 location(s) 4 audit(s)			Deemed	
Employment Support Services	0 location(s) 4 audit(s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	

## **EXECUTIVE SUMMARY :**

Bridgewell, Inc. is a large non-profit multi service agency providing a wide range of supports for people living in Northeastern Massachusetts. Services include; housing and homelessness, substance abuse and recovery, behavioral health, recreational services, autism, and developmental and intellectual disability services. Bridgewell programs licensed by the State's Department of Developmental Services (DDS) include, but are not limited to, 24-hour residential supports, Individual Home Supports (IHS), facility based respite, as well as Employment, and Community Based Day Supports (CBDS).

In the previous survey cycle (2016) the agency was eligible for and completed a self-assessment, with the DDS Office of Quality Enhancement reviewing eight critical licensing indicators, indicators receiving a rating of 'not met' during the 2014 survey, and the new or strengthened licensing and certification indicators that had come into effect in August of 2016.

For the purpose of the current survey, DDS OQE reviewed all licensing indicators at eighteen of the agency's 24-hour residential homes, a respite location, four people receiving IHS services, four individuals receiving Employment Supports, and one CBDS location. As the agency is also accredited by CARF, Bridgewell chose to utilize the results of that previous review for the certification indicators. Certification indicators were not reviewed by DDS/OQE in this survey cycle.

As a large agency, Bridgewell had developed several effective systems to ensure that people's health and safety were well supported. Work and home locations were clean and well maintained, and required inspections had occurred as required. Fire drills had been completed as required at all residential sites and the day location. Staff were observed to be professional and respectful towards the people supported, and were trained and knowledgeable about their unique medical and behavioral needs and supports.

Bridgewell was found to effectively serve several unique populations including those requiring specialized medical supports, individuals with autism spectrum disorder, and individuals who pose a significant risk to themselves and/or others. At the pair of homes surveyed where people had significant health concerns, many staff were LPN's and were well trained and supported to meet people's significant medical needs. Residentially, intensive and highly individualized behavioral supports had led to positive outcomes for the individuals with autism. At the day support, an individual with significant risk behaviors was supported by an effective behavior protocol and well trained staff, with no recurrence of the target behaviors since the plans initiation.

The agency had developed effective oversight systems to monitor several aspects of its supports. For example, systems ensured that ISP required assessments and support strategies had been submitted as required, of 29 people rated in these indicators, only one individual's assessments had been late. Medication Treatment Plans were found to include all mandated information, and over 88% of restraint reports had been submitted as required. For the agency training review, 100% of required trainings were found to be in place. However, findings at two 24-hour residential locations indicate the need to review systems that maintain critical supports, such as money management and medication administration, during site manager vacancies.

A new indicator had been added to the licensing process since the agency's previous survey. L91 requires agencies to meet required timelines regarding the submission of incident reports. A review of incidents via HCSIS identified that the agency was not meeting the required incident report submission timelines. The agency needs to ensure that all initial minor incident reports are submitted within 3 business days of the incident date, within one business day for major incidents, and finalized within 7 days.

Some issues were identified in regards to human rights. First, all three of the agency's Human Rights Committees were missing one required voting member. Although a review of committee efforts indicated that current members are knowledgeable, effective and hardworking, the agency needs to ensure that all three committees contain the required membership. The agency also needs to ensure that least restrictive methods are utilized at all residential and respite locations, and that restrictive measures receive the required level of review. All individuals, guardians and staff were found to have received training in human rights, and in reporting possible incidents of abuse and neglect.

Within the Residential Services/Individual Home Supports programs Bridgewell received a rating of

met in 95% of licensing indicators and all critical indicators were met. The agency will receive a Two Year License for Residential Services/Individual Home Supports. Within the Employment and Day Supports program, the agency met 92% of all licensing indicators, including all critical indicators. As a result, the agency will receive a Two Year License for its Employment and Day Supports program. Follow-up on all not met licensing indicators in both service groupings will be conducted by the agency, and submitted to the DDS OQE within 60 days.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>9/10</b>	<b>1/10</b>	
<b>Residential and Individual Home Supports</b>	<b>75/78</b>	<b>3/78</b>	
Residential Services Respite Services Individual Home Supports			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>84/88</b>	<b>4/88</b>	<b>95%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>4</b>	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>9/10</b>	<b>1/10</b>	
<b>Employment and Day Supports</b>	<b>46/50</b>	<b>4/50</b>	
Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>55/60</b>	<b>5/60</b>	<b>92%</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:**

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The agency supports three Human Rights Committees and each is missing one required member. The agency must ensure that each committee maintains the full mandated composition including; at least 3 individuals receiving supports, and/or parents/guardians/family members; a physician or nurse; a psychologist or masters level practitioner with expertise/experience with the population served, an attorney, law student, or paralegal also with relevant expertise.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
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.	At one 24-hour home and the respite facility, restrictive practices were in place that had not received the required level of review. The agency needs to ensure that the use of restrictive practices include a written rationale and are reviewed as required by the agency's Human Rights Committee.
L80	Support staff are trained to recognize signs and symptoms of illness.	The agency needs to ensure that all residential and IHS staff are trained in and are knowledgeable about the general signs and symptoms of illness as outlined in the Health Promotion and Coordination Initiative Training and Resource Manual available on the DDS web site.
L91	Incidents are reported and reviewed as mandated by regulation.	In 15 out of 22 instances, a HCSIS review of incident reports for the agency indicated either one or multiple initial and final minor incident reports which had not been submitted to the Area Office within the required time frames. The agency needs to ensure that all initial minor incident reports are submitted within 3 days of the incident date and finalized within 7 days of the incident date.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L55	Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.	Of the three individual's for whom the agency obtained consent to release personal pictures or video, none of the consent forms contained an adequate level of detail pertaining to the specific forums in which the pictures or videos would be used. The agency needs to ensure that when consent to release personal pictures or videos is obtained, the consent form gives specific detail as to which publications, marketing material or newsletters the picture/video will utilize the pictures/videos.
L62	Supports and health related protections are reviewed by the required groups.	For one individual, a supportive and protective device had not received all required reviews. The agency needs to ensure that supportive and protective devices receive all required reviews.
L80	Support staff are trained to recognize signs and symptoms of illness.	The agency needs to ensure that employment and day staff are trained in and are knowledgeable about the general signs and symptoms of illness as outlined in the Health Promotion and Coordination Initiative Training and Resource Manual available on the DDS web site.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L91	Incidents are reported and reviewed as mandated by regulation.	In 32 cases, incident reports were not submitted to the area office within the required one or three days of the incident, or finalized within the required seven days of the incident. The agency needs to ensure that incident reports are submitted and finalized within the required time periods.



## MASTER SCORE SHEET LICENSURE

Organizational: Bridgewell Inc.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	15/15	Met
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	0/3	Not Met(0 % )
L65	Restraint report submit	336/382	Met(87.96 % )
L66	HRC restraint review	369/369	Met
L74	Screen employees	20/20	Met
L75	Qualified staff	6/6	Met
L76	Track trainings	20/20	Met
L83	HR training	20/20	Met

## Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	18/18	4/4		2/2			24/24	Met
L3	Immediate Action	L				1/1			1/1	Met
L5	Safety Plan	L	18/18	3/3		1/1			22/22	Met
Ⓡ L6	Evacuation	L	18/18	3/3		1/1			22/22	Met
L7	Fire Drills	L	17/18						17/18	Met (94.44 %)
L8	Emergency Fact Sheets	I	16/18	4/4		0/2			20/24	Met (83.33 %)
L9	Safe use of equipment	L	18/18	3/3		1/1			22/22	Met
L10	Reduce risk interventions	I	5/5	1/1		2/2			8/8	Met
Ⓡ L11	Required inspections	L	18/18	2/2		1/1			21/21	Met
Ⓡ L12	Smoke detectors	L	16/18	2/2		1/1			19/21	Met (90.48 %)
Ⓡ L13	Clean location	L	16/18	2/2		1/1			19/21	Met (90.48 %)
L14	Site in good repair	L	18/18	2/2		1/1			21/21	Met
L15	Hot water	L	18/18	2/2		1/1			21/21	Met
L16	Accessibility	L	18/18	2/2		1/1			21/21	Met

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L17	Egress at grade	L	18/18	2/2		1/1			21/21	Met
L18	Above grade egress	L	18/18	2/2		1/1			21/21	Met
L19	Bedroom location	L	16/16	1/1		1/1			18/18	Met
L20	Exit doors	L	18/18	2/2		1/1			21/21	Met
L21	Safe electrical equipment	L	18/18	2/2		1/1			21/21	Met
L22	Well-maintained appliances	L	17/18	2/2		1/1			20/21	Met (95.24 %)
L23	Egress door locks	L	18/18			1/1			19/19	Met
L24	Locked door access	L	18/18			1/1			19/19	Met
L25	Dangerous substances	L	18/18	2/2		1/1			21/21	Met
L26	Walkway safety	L	18/18	2/2		1/1			21/21	Met
L28	Flammables	L	18/18	2/2		1/1			21/21	Met
L29	Rubbish /combustibles	L	18/18	2/2		1/1			21/21	Met
L30	Protective railings	L	16/16	2/2		1/1			19/19	Met
L31	Communication method	I	18/18	4/4		2/2			24/24	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L32	Verbal & written	I	18/18	4/4		2/2			24/24	Met
L33	Physical exam	I	18/18	4/4					22/22	Met
L34	Dental exam	I	18/18	4/4					22/22	Met
L35	Preventive screenings	I	16/17	4/4					20/21	Met (95.24 %)
L36	Recommended tests	I	18/18	4/4					22/22	Met
L37	Prompt treatment	I	14/14	2/2		2/2			18/18	Met
℞ L38	Physician's orders	I	16/17			2/2			18/19	Met (94.74 %)
L39	Dietary requirements	I	15/16			1/1			16/17	Met (94.12 %)
L40	Nutritional food	L	18/18	2/2		1/1			21/21	Met
L41	Healthy diet	L	18/18	3/3		1/1			22/22	Met
L42	Physical activity	L	18/18	3/3					21/21	Met
L43	Health Care Record	I	17/18	4/4					21/22	Met (95.45 %)
L44	MAP registration	L	18/18			1/1			19/19	Met
L45	Medication storage	L	17/18			1/1			18/19	Met (94.74 %)
℞ L46	Med. Administration	I	17/18			2/2			19/20	Met (95.00 %)
L47	Self medication	I	18/18	4/4					22/22	Met

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L49	Informe d of human rights	I	18/18	4/4		2/2			24/24	Met
L50	Respect ful Comm.	L	18/18	3/3		1/1			22/22	Met
L51	Possessi ons	I	17/18	4/4		2/2			23/24	Met (95.83 %)
L52	Phone calls	I	18/18	4/4		2/2			24/24	Met
L53	Visitati on	I	18/18	4/4		2/2			24/24	Met
L54	Privacy	L	18/18	3/3		1/1			22/22	Met
L55	Informe d consent	I	1/1	1/1					2/2	Met
L56	Restricti ve practice s	I	6/7			0/2			6/9	Not Met (66.67 %)
L57	Written behavio r plans	I	1/1						1/1	Met
L58	Behavio r plan compon ent	I	1/1						1/1	Met
L59	Behavio r plan review	I	1/1						1/1	Met
L60	Data mainten ance	I	1/1						1/1	Met
L61	Health protecti on in ISP	I	11/11						11/11	Met
L62	Health protecti on review	I	12/12						12/12	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L63	Med. treatment plan form	I	17/18						17/18	Met (94.44 %)
L64	Med. treatment plan rev.	I	18/18						18/18	Met
L67	Money mgmt. plan	I	16/18	2/2					18/20	Met (90.0 %)
L68	Funds expenditure	I	18/18	2/2		2/2			22/22	Met
L69	Expenditure tracking	I	15/18	2/2		2/2			19/22	Met (86.36 %)
L70	Charges for care calc.	I	18/18	1/1		2/2			21/21	Met
L71	Charges for care appeal	I	18/18	1/1		2/2			21/21	Met
L77	Unique needs training	I	18/18	4/4		2/2			24/24	Met
L78	Restrictive Int. Training	L	6/6			1/1			7/7	Met
L79	Restrained training	L	4/4			1/1			5/5	Met
L80	Symptoms of illness	L	0/18	0/3		0/1			0/22	Not Met (0 %)
L81	Medical emergency	L	18/18	3/3		1/1			22/22	Met
L82	Medication admin.	L	18/18			1/1			19/19	Met
L84	Health protect. Training	I	12/12						12/12	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L85	Supervision	L	16/18	3/3		1/1			20/22	Met (90.91 %)
L86	Required assessments	I	17/17	3/4					20/21	Met (95.24 %)
L87	Support strategies	I	17/17	4/4					21/21	Met
L88	Strategies implemented	I	15/18	4/4					19/22	Met (86.36 %)
L90	Personal space/bedroom privacy	I	18/18	4/4					22/22	Met
L91	Incident management	L	4/18	2/3		0/1			6/22	Not Met (27.27 %)
#Std. Met/# 78 Indicator									75/78	
Total Score									84/88	
									95.45%	

#### Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	4/4		4/4	8/8	Met
L5	Safety Plan	L			1/1	1/1	Met
L6	Evacuation	L			1/1	1/1	Met
L7	Fire Drills	L			1/1	1/1	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L8	Emergency Fact Sheets	I	4/4		4/4	8/8	Met
L9	Safe use of equipment	L			1/1	1/1	Met
L10	Reduce risk interventions	I			1/1	1/1	Met
☐ L11	Required inspections	L			1/1	1/1	Met
☐ L12	Smoke detectors	L			1/1	1/1	Met
☐ L13	Clean location	L			1/1	1/1	Met
L14	Site in good repair	L			1/1	1/1	Met
L15	Hot water	L			1/1	1/1	Met
L16	Accessibility	L			1/1	1/1	Met
L17	Egress at grade	L			1/1	1/1	Met
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
L28	Flammables	L			1/1	1/1	Met
L29	Rubbish/combustibles	L			1/1	1/1	Met
L30	Protective railings	L			1/1	1/1	Met
L31	Communication method	I	4/4		4/4	8/8	Met
L32	Verbal & written	I	4/4		4/4	8/8	Met
L37	Prompt treatment	I	1/1		1/1	2/2	Met
☐ L38	Physician's orders	I	2/2		3/3	5/5	Met



Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L39	Dietary requirements	I			2/2	2/2	Met
L45	Medication storage	L			1/1	1/1	Met
℞ L46	Med. Administration	I			3/3	3/3	Met
L49	Informed of human rights	I	4/4		4/4	8/8	Met
L50	Respectful Comm.	L			1/1	1/1	Met
L51	Possessions	I	4/4		4/4	8/8	Met
L52	Phone calls	I	4/4		4/4	8/8	Met
L54	Privacy	L			1/1	1/1	Met
L55	Informed consent	I			0/3	0/3	Not Met (0 %)
L61	Health protection in ISP	I			1/1	1/1	Met
L62	Health protection review	I			0/1	0/1	Not Met (0 %)
L63	Med. treatment plan form	I			1/1	1/1	Met
L73	DOL certificate	L			1/1	1/1	Met
L77	Unique needs training	I	4/4		4/4	8/8	Met
L78	Restrictive Int. Training	L			1/1	1/1	Met
L80	Symptoms of illness	L			0/1	0/1	Not Met (0 %)
L81	Medical emergency	L			1/1	1/1	Met
℞ L82	Medication admin.	L			1/1	1/1	Met
L84	Health protect. Training	I			1/1	1/1	Met
L85	Supervision	L			1/1	1/1	Met
L86	Required assessments	I	4/4		4/4	8/8	Met
L87	Support strategies	I	4/4		4/4	8/8	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L88	Strategies implemented	I	4/4		3/4	7/8	<b>Met (87.50 %)</b>
L91	Incident management	L			0/1	0/1	<b>Not Met (0 %)</b>
<b>#Std. Met/# 50 Indicator</b>						<b>46/50</b>	
<b>Total Score</b>						<b>55/60</b>	
						<b>91.67%</b>	

## MASTER SCORE SHEET CERTIFICATION

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