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|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  | |  | | --- | | **Provider** | |  | |  | | --- | | Community Work Services | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Review Dates** | |  | |  | | --- | | 12/6/2021 - 12/10/2021 | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Service Enhancement  Meeting Date** | |  | |  | | --- | | 12/23/2021 | |  |  | |  |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Survey Team** | |  | |  | | --- | | John Hazelton (TL) | | Jennifer Conley-Sevier | | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Citizen Volunteers** | |  | |  | | --- | |  | |  |  | | | |  |

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| |  |  |  | | --- | --- | --- | |  |  |  | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Survey scope and findings for Employment and Day Supports** | | | | | | | **Service Group Type** | **Sample Size** | **Licensure Scope** | **Licensure Level** | **Certification Scope** | **Certification Level** | | **Employment and Day Supports** | 2 location(s) 13 audit (s) | Full Review | 34/44 Defer Licensure |  | 18 / 23 Certified with Progress Report | | Community Based Day Services | 1 location(s) 6 audit (s) |  |  | Full Review | 12 / 17 | | Employment Support Services | 1 location(s) 7 audit (s) |  |  | Deemed |  | | Planning and Quality Management |  |  |  | Full Review | 6 / 6 | |  | |

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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  |
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|  | |  | | --- | | Community Work Services (CWS) was founded in 1877 to provide services to people in Boston to improve their life situations through education and employment. Since that time, CWS has maintained its status of not-for-profit service provider focused on workforce development and training. For the past several years, CWS has been affiliated with its parent company Fedcap, an organization through which agencies in many states work with individuals facing barriers to employment. CWS provides both Employment and Community Based Day Supports (CBDS) programming and supports to individuals with intellectual disabilities in the greater Boston area.  The scope of this survey was a full review of all licensing indicators within the agency's Employment and Day Supports services, and a certification review of its CBDS services. As the agency is currently accredited by CARF for its Employment Services and CARF is deemed for Certification, CWS did not undergo a DDS Certification review for its Employment Services in this survey cycle.  On an organizational level, the agency utilized a robust system for quality assurance, measuring such things as the amount of time between referrals and intakes, intakes and job placement, and number of individuals retaining jobs after certain time intervals post hire. These measures, along with the feedback from community employers and other stakeholders, informed the creation of performance enhancement measures, as well as the strategic plan. The agency also partners with several community based employers, and actively seeks their feedback to enhance service quality.  Individuals attending both virtually and in person benefited from the CBDS program "Job Readiness Training Plus", during which topics relating to both job preparedness and social/recreational topics were reviewed. Individuals were supported to learn about and discuss such topics as birthday celebrations, goal setting, animal care, and current events. Job preparation was a strong component of the CBDS service; in addition to utilizing a discussion based platform to teach individuals about prospective jobs, the agency also hosts a bi-weekly Job Club, where local community employers present an overview of their companies, as well as descriptions of specific jobs that are currently seeking applicants. These mechanisms have provided individuals with both broad and specific knowledge about jobs and career paths.  All of the individuals surveyed were either competitively employed or working for CWS in such positions as meal preparation, cleaning, and product packaging; staff interviewed demonstrated knowledge of these individuals' unique support needs, and were found to be providing respectful direction.   Several areas requiring further attention were identified during the survey. In the licensing realm, increased focus is needed relative to emergency evacuation as the Emergency Evacuation Safety Plan (EESP) was not current, and drills and evacuations were not occurring at the frequency, staffing levels, and timeframes identified within the EESP. Greater focus is needed to ensure standards are met in such areas as meeting ISP submission timelines, and goal development and plan implementation to assist individuals in movement towards achieving their employment goals.   In the certification realm, additional focus is needed on community integration for both social/recreational activities as well as pre-employment purposes; currently CBDS services are either virtual or in-house, leaving individuals without the option to utilize generic community resources, and participate in community-based activities that connect them to community members who are not receiving services from CWS. The agency also needs to develop individualized plans to support participants in realizing their employment goals, with focus on the supports needed to achieve these goals.  Within the Employment and Day Supports program, the agency met 77% of all licensing indicators. Due to being not met in one critical indicator pertaining to evacuation, the agency's license is deferred. Pending resolution of the critical indicator through successful follow-up in 60 days, the agency will receive a Two Year with Mid-cycle Review license for its Employment/Day Supports service grouping. The agency met 78% of the certification indicators reviewed. As a result, the agency's CBDS service is Certified with a One Year Progress Report. Follow-up on the licensing indicators rated not met will be conducted by the Office for Quality Enhancement within 60 days of the Service Enhancement Meeting. | | |  |

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|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | | | |  |  |  | | |  | | --- | | **LICENSURE FINDINGS** | | | | |  |  |  | |  | | | |  |  |  | |  | | | |  | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **4/5** | **1/5** |  | | **Employment and Day Supports** | **30/39** | **9/39** |  | | Community Based Day Services  Employment Support Services |  |  |  | | **Critical Indicators** | **4/5** | **1/5** |  | | **Total** | **34/44** | **10/44** | **77%** | | **Defer Licensure** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **10** |  | |  | |  | | | |  |  |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  | | |  |  | |  | **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's Human Rights Committee did not maintain the required attendance of all members, as the clinician had not attended in more than a year, and the nurse had attended two of the last four meetings. In addition, the committee had not met quarterly as required. The agency needs to ensure that its Human Rights Committee meets quarterly as required, and committee members attend meetings regularly or are actively involved in the deliberations and reviews when they cannot attend the meetings. | |  |  |  | | | | |  |
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|  | |  | | --- | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L5 | | | There is an approved safety plan in home and work locations. | The location had an Emergency Evacuation Safety Plan (EESP) in place and signed by the provider, however it was not signed/approved by the DDS Area Office. The agency needs to ensure that EESP's are approved by the DDS Area Office every two years, or as significant changes occur. | | O | L6 | | | All individuals are able to evacuate homes in 2.5 minutes with or without assistance and workplaces within a reasonable amount of time. | Individuals are not being evacuated in the amount of time identified within the Emergency Evacuation Safety Plan. The agency needs to ensure that individuals can be evacuated within this timeframe, and if situations arise when this is not occurring, strategies must be put in place to resolve this temporary situation. | |  | L7 | | | Fire drills are conducted as required. | Fire drills were not conducted twice per year as required. The agency needs to ensure that fire drills are conducted at the frequency and staff to individual ratio stated in the Emergency Evacuation Safety Plan. Documentation of fire drills needs to include the names of individuals and staff present for the fire drill, the level of assistance provided to individuals, and the total evacuation time of the drill. | |  | L15 | | | Hot water temperature tests between 110 and 120 degrees (as of 1/2014). | The agency needs to ensure that hot water temperatures measure within the required range of 110 to 120 degrees at all sinks used by individuals. | |  | L80 | | | Support staff are trained to recognize signs and symptoms of illness. | The agency needs to ensure that all staff have received training in recognizing the signs and symptoms of illness; at a minimum the curriculum must include topics covered in the DDS "Just Not Right" and "Health Observation Guidelines" training documents. | |  | L85 | | | The agency provides ongoing supervision, oversight and staff development. | Supervision was not occurring in accordance with the agency's policy, and several programmatic functions addressed through supervision were not meeting DDS regulatory requirements. The agency needs to ensure that supervision is provided at a frequency and level of effectiveness that ensures support staff are able to carry out the primary functions of their positions. | |  | L86 | | | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For six individuals, assessments had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that assessments are completed in preparation for the ISP and submitted in accordance with regulatory requirements. | |  | 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, support strategies had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that support strategies are completed in preparation for the ISP and submitted in accordance with regulatory requirements. | |  | L88 | | | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For four individuals, ISP objectives are either not being implemented, or data collection is not occurring. The agency needs to ensure that ISP objectives are implemented as described within support strategies, and that data relating to ISP objectives is collected. | | |  |

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|  | |  | | --- | | **CERTIFICATION FINDINGS** | | | |  |  |  |
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|  |  | | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Certification - Planning and Quality Management** | **6/6** | **0/6** |  | | **Employment and Day Supports** | **12/17** | **5/17** |  | | Community Based Day Services | 12/17 | 5/17 |  | | **TOTAL** | **18/23** | **5/23** | **78%** | | **Certified with Progress Report** |  |  |  | |  |  |
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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Community Based Day Services- Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C7 | | | Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them. | None of the individuals surveyed had been given the opportunity to give input into the hiring and performance of staff supporting them. The agency needs to ensure that individuals are given the opportunity to give feedback on staff performance as well as into the hiring process. | |  | C39 (07/21) | | | There is a plan developed to identify job goals and support needs that would lead to movement into supported employment. | Five of six individuals did not have plans in place identifying job goals and support needs. The agency needs to ensure that written plans are in place, and that plans focus on identifying supports needed for individuals to move towards supported or competitive employment. | |  | C41 | | | Individuals participate in activities, including those in the community, that reflect their interests and preferences. | Two of three individuals had not been supported to engage in community-based activities that are of interest to them. The agency needs to ensure that community-based activities, in line with an individual's interests, are offered. | |  | C42 | | | Individuals are involved in activities that connect them to other people in the community. | Two individuals were not being supported to participate in activities that connect them to other members of the community. The agency needs to ensure that individuals are regularly provided opportunities to engage in interactions with others in the community. | |  | C46 | | | Staff (Home Providers) support individuals to learn about and use generic community resources. | For two individuals, support was not provided to use varied community resources. The agency needs to ensure that individuals are supported to use varied community resources, such as banks, stores, restaurants, and libraries on a regular and ongoing basis. | |  |  | | |  |  | |  |  | | |  |

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|  | |  | | --- | | **Organizational: Community Work Services** | |  | | |  |  |
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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **1/1** | **Met** | |  | L48 | HRC | **0/1** | **Not Met(0 % )** | |  | L74 | Screen employees | **3/3** | **Met** | |  | L76 | Track trainings | **3/4** | **Met(75.00 % )** | |  | L83 | HR training | **3/4** | **Met(75.00 % )** | |  |  | | |  |

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|  | |  | | --- | | **Employment and Day Supports:** | | | | |  |  |  |  |
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|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | 7/7 |  | 6/6 | **13/13** | **Met** | |  | L5 | Safety Plan | L |  |  | 0/1 | **0/1** | **Not Met (0 %)** | | O | L6 | Evacuation | L |  |  | 0/1 | **0/1** | **Not Met (0 %)** | |  | L7 | Fire Drills | L |  |  | 0/1 | **0/1** | **Not Met (0 %)** | |  | L8 | Emergency Fact Sheets | I | 6/7 |  | 5/6 | **11/13** | **Met (84.62 %)** | |  | L9 (07/21) | Safe use of equipment | I | 6/7 |  | 6/6 | **12/13** | **Met (92.31 %)** | |  | L10 | Reduce risk interventions | I | 1/1 |  |  | **1/1** | **Met** | | O | L11 | Required inspections | L |  |  | 1/1 | **1/1** | **Met** | | O | L12 | Smoke detectors | L |  |  | 1/1 | **1/1** | **Met** | | O | 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 |  |  | 1/1 | **1/1** | **Met** | |  | L18 | Above grade egress | 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 | 7/7 |  | 6/6 | **13/13** | **Met** | |  | L32 | Verbal & written | I | 7/7 |  | 6/6 | **13/13** | **Met** | |  | L49 | Informed of human rights | I | 7/7 |  | 6/6 | **13/13** | **Met** | |  | L50 (07/21) | Respectful Comm. | I | 7/7 |  | 6/6 | **13/13** | **Met** | |  | L51 | Possessions | I | 7/7 |  | 6/6 | **13/13** | **Met** | |  | L52 | Phone calls | I | 7/7 |  | 6/6 | **13/13** | **Met** | |  | L54 (07/21) | Privacy | I | 7/7 |  | 6/6 | **13/13** | **Met** | |  | L55 | Informed consent | I |  |  | 3/3 | **3/3** | **Met** | |  | L77 | Unique needs training | I | 7/7 |  | 6/6 | **13/13** | **Met** | |  | L80 | Symptoms of illness | L | 0/1 |  | 0/1 | **0/2** | **Not Met (0 %)** | |  | L81 | Medical emergency | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L85 | Supervision | L | 0/1 |  | 0/1 | **0/2** | **Not Met (0 %)** | |  | L86 | Required assessments | I | 1/4 |  | 1/4 | **2/8** | **Not Met (25.00 %)** | |  | L87 | Support strategies | I | 0/3 |  | 0/3 | **0/6** | **Not Met (0 %)** | |  | L88 | Strategies implemented | I | 5/7 |  | 4/6 | **9/13** | **Not Met (69.23 %)** | |  | L91 | Incident management | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | **#Std. Met/# 39 Indicator** |  |  |  |  |  | **30/39** |  | |  | **Total Score** |  |  |  |  |  | **34/44** |  | |  |  |  |  |  |  |  | **77.27%** |  | |  |  |  | | | |  |
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|  | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | |  | | | |  |  |  |
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|  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Certification - Planning and Quality Management** |  |  |  | | | | |  | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | |  | C1 | | | | Provider data collection | 1/1 | **Met** | |  | C2 | | | | Data analysis | 1/1 | **Met** | |  | C3 | | | | Service satisfaction | 1/1 | **Met** | |  | C4 | | | | Utilizes input from stakeholders | 1/1 | **Met** | |  | C5 | | | | Measure progress | 1/1 | **Met** | |  | C6 | | | | Future directions planning | 1/1 | **Met** | |  |  | | | |  |  |  | |  |  |  | | | |  |
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|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Community Based Day Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 0/6 | **Not Met (0 %)** | | C8 | | | | Family/guardian communication | 6/6 | **Met** | | C13 | | | | Skills to maximize independence | 6/6 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 6/6 | **Met** | | C37 | | | | Interpersonal skills for work | 6/6 | **Met** | | C38 (07/21) | | | | Habilitative & behavioral goals | 6/6 | **Met** | | C39 (07/21) | | | | Support needs for employment | 1/6 | **Not Met (16.67 %)** | | C40 | | | | Community involvement interest | 6/6 | **Met** | | C41 | | | | Activities participation | 1/3 | **Not Met (33.33 %)** | | C42 | | | | Connection to others | 1/3 | **Not Met (33.33 %)** | | C43 | | | | Maintain & enhance relationship | 2/2 | **Met** | | C44 | | | | Job exploration | 5/5 | **Met** | | C45 | | | | Revisit decisions | 5/5 | **Met** | | C46 | | | | Use of generic resources | 1/3 | **Not Met (33.33 %)** | | C47 | | | | Transportation to/ from community | 3/3 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 6/6 | **Met** | | C54 | | | | Assistive technology | 6/6 | **Met** | |  | | | |  |  |  | |  |  | | | |  |  |