

**INITIAL REVIEW  
REPORT FOR**

**Crossroads Continuum  
43 Broad St, Suite C300  
Hudson, MA 01749**

**Date Of Report**

**June 30, 2023**

**Version**

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

## **SUMMARY OF OVERALL FINDINGS**

**Provider** : Crossroads Continuum

**Review Dates** : 6/20/2023 - 6/23/2023

**Initial Review Exit Meeting Date:** : 6/29/2023

**Survey Team**

Cheryl Hampton (TL)

Margareth Larrieux

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

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>
<b>Employment and Day Supports</b>	1 location(s) 6 audit (s)	Initial Review
Community Based Day Services	1 location(s) 6 audit (s)	
Planning and Quality Management		

## EXECUTIVE SUMMARY

Crossroads Continuum is a non-profit, multi-service agency founded in 2002. The agency provides an array of services such as home and community-based day services to adults with Autism and Intellectual/

Developmental Disabilities in the town of Marlborough and surrounding areas. The agency also provides center-based and educational services to children. It opened a community-based day program for the turning 22 population in Marlborough MA in March 2023; that program was the subject of this 2023 Department of Developmental Services (DDS) initial review conducted by the DDS Metro Office of Quality Enhancement. The review focused on supports offered to individuals in the area of licensure by Crossroads Continuum since the CBDS program's inception.

Crossroads Continuum was seen to be on the path to providing effective supports in many licensure areas. It had effective systems for the screening of employees prior to hire, and for the training of staff. Staff were qualified for the jobs they were hired into, and they completed all DDS mandated trainings including human rights and abuse and neglect reporting. Staff also received restraint training utilizing the Safety Care curriculum. Environmentally the CBDS location was clean, well maintained, and current for inspections. There was a DDS approved Safety plan on site, and fire drill reports showed that all individuals were supported to evacuate safely within a reasonable time. People were afforded privacy and had access to personal possessions. The agency secured informed consent for photos in line with requirements. In the area of behavior management, an individual who required a positive behavioral support (PBS plan) had a detailed plan that was well implemented, with data kept as required.

In regard to HCSIS submissions for incidents, investigations, restraints and the ISP, Crossroads Continuum did not have full access to HCSIS; the agency was in ongoing communications with the EOHHS/DDS IT departments to gain access. While there were no abuse and neglect reports to note prior to the initial review, the agency did have restraints/incidents that occurred which were documented and mailed to the respective DDS area offices. For this initial review therefore, restraints/incidents were not rated for timeline submissions. Additionally, most Individuals were either not in the system or had not been set up for DDS ISP meetings; therefore, required assessments and Support strategies were also not rated for timelines. The agency was in the process of developing its own Human Rights Committee; it had secured a lawyer, nurse, clinician and three Advocates (2 individuals and a parent/guardian) as members. The agency was developing its committee by-laws and the roles and responsibilities of members. The agency is encouraged to reach out to the DDS Metro-Boston Human Rights Specialist for guidance as it continues to develop the committee. It must ensure that the new committee members are fully trained on their roles and responsibilities prior to meeting and keep comprehensive HRC meeting minutes. There were no individuals at the time of this review who needed support with medication administration, restrictive practices, supports and health-related protections and financial management. The agency is however encouraged to familiarize its staff with DDS/OQE standards for providing such supports for when the need arises.

Although effective supports were offered by Crossroads Continuum in many areas, there were some licensing areas in need of further attention. Goal identification, supports and tracking are an area that the agency should focus on in preparation for people's ISPs and life. Everyone in the CBDS under the retirement age must be treated as being on the pathway to employment and supported to work on related and unrelated goals. The agency must also ensure that information pertaining to diagnoses, allergies and diets is entered into people's Emergency Fact sheets. The EFS must also include DDS contact information, a list of people's medications. For people with a medical diagnosis such as seizure disorder and diabetes that require a medical treatment protocol and tracking, protocols must either be obtained from residences or developed with staff training, and implementation data kept. In the area of assistive technology, all individuals must be assessed for assistive technologies that would promote independence and identified needs must be supported. In the area of human rights, all individuals must receive human rights and abuse and neglect reporting training, and the same info must be shared with guardians.

Crossroads Continuum met 80% of Licensing indicators for this CBDS initial review. The agency will undergo a full Licensure and certification review of its CBDS service within six months of this initial review SEM date. If it meets all DDS standards at full survey, its employment/day service grouping will then earn a two-year license to operate and certification. The agency is strongly encouraged to use all DDS OQE tools and the findings in this report to meet required standards.

## **LICENSURE FINDINGS**

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

<b>Indicator#</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L48	The agency has an effective Human Rights Committee.	The agency's human rights committee was fully constituted; however, it was still in its formative stages and had not met prior to the review. The agency plans to develop its by-laws, train the new members and commence meeting in the coming weeks.

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

<b>Indicator#</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L1	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	For all six individuals, it could not be confirmed that training occurred, and/or that guardians received information on abuse and neglect. The agency needs to ensure that abuse and neglect training is completed for individuals and guardians.
L8	Emergency fact sheets are current and accurate and available on site.	For all six individuals, emergency fact sheets were missing required information. The agency needs to ensure that emergency fact sheets are developed to include all information that are required by regulations.
⌘ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team ).	For two individuals, physician ordered medical treatment protocols were not developed and implemented. The agency needs to ensure that when required, physician ordered medical treatment are developed, trained to staff and implemented correctly.
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	Three of six individuals and/or guardians were not trained/provided information on human rights and how to file a grievance. The agency needs to ensure that individuals and guardians are trained on human rights and how to file a grievance.

L50 (07/21)	Written and oral communication with and about individuals is respectful.	For five of six individuals, written and oral communication with and about individuals was not respectful. The agency needs to ensure that written and oral communication with and about individuals is respectful.
L77	The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals.	For three of six individuals. staff were not trained/familiar with the unique needs of individuals they support. The agency needs to ensure that staff are trained and familiar with the unique support needs of individuals they work with.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For three of six individuals, goals were not identified, developed and implemented. The agency needs to identify, develop, and support the implementation of goals for individuals.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Only one of six individuals was assessed and had assistive technologies that would promote independence in use. The agency needs to assess its individuals for assistive technology that would promote independence and support the use of identified technologies.