



**PROVIDER REPORT
FOR**

**Crystal Springs, Inc.
38 Narrows Rd POB 372
Assonet, MA 02702**

Version

Provider Web Report

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

SUMMARY OF OVERALL FINDINGS

| | |
|---|------------------------------------|
| Provider | Crystal Springs, Inc. |
| Review Dates | 4/11/2019 - 4/17/2019 |
| Service Enhancement Meeting Date | 5/1/2019 |
| Survey Team | Tina Napolitan Scott Nolan (TL) |
| Citizen Volunteers | |

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 | 4 location(s) 6 audit (s) | Full Review | 76 / 86 2 Year License 05/01/2019 - 05/01/2021 | | 17 / 28 Certified with Progress Report 05/01/2019 - 05/01/2021 |
| Residential Services | 4 location(s) 6 audit (s) | | | Full Review | 12 / 22 |
| Planning and Quality Management | | | | Full Review | 5 / 6 |

EXECUTIVE SUMMARY :

Crystal Springs, Inc. is a non-profit agency that has been providing services to children and adults with developmental disabilities in Southeastern Massachusetts for over sixty-five years. The agency's 45 acre campus style setting offers residential and educational options for children and approximately 60 adults. Residential services are offered to adults residing in 14 homes; ten homes are on the campus and four homes are located within the surrounding communities.

A full licensure and certification review was conducted of the agency's residential services.

The review of the agency's residential services identified many positive practices, in those indicators related to licensing. A continued strength of the agency is its focus on ensuring individuals receive comprehensive healthcare, including support to attend following up appointments with recommendations by specialists. To foster positive outcomes in this area, since the last review, the agency assigned a nurse to assist staff with appointments, monitor medications, provide specialized trainings and ensure necessary supports are in place for hospital discharges. Staff was knowledgeable of individuals specialized health needs such as diet protocols and responded appropriately to medical emergencies. For example, staff sought emergency services for individuals with complex medical issues when recognized during the course of their duties. An additional strength was the mutually respectful relationships staff had developed with individuals over several years which enhanced the quality of care. For example, staff that supported an individual over ten years was observed to make eye contact while he would wait or nod to ensure he would not aspirate on his meal. In another instance, staff supported an individual to express herself while demonstrating personal boundaries.

In the environmental domain, the agency had strengthened its safeguards to ensure individuals enjoyed the campus pool safely. This included: a fence around the pool with a self-closing gate, entrance doors requiring a special access key and shallow water lifeguard training for designated staff that are present when individuals use the pool. All individuals participating in the survey had swim assessments and staff was trained in the revised pool policy.

In the organizational domain, the agency strengthened its Human Rights Committee which fulfilled its roles and responsibilities including: holding regular meetings with required composition, conducting visits, and requesting feedback from the agency staff after discussing issues pertinent to individual's rights. An ongoing strength of the agency; was its system to ensure staff had all required training while offering specialized training where necessary to ensure were knowledgeable in individuals unique health needs.

Although the survey team noted positive strengths and growth in the licensing domains, the agency is encouraged to focus on indicators that are important to home safety, healthy diet, and restrictive practices. For example, efforts are needed to ensure that fire drills are conducted in accordance with the Safety Plan. Regarding restrictive practices, written rationales for the use of such practices and mitigating strategies to not unduly restrict the rights of others were not always present. A focus should be placed on enhancing staff knowledge of menu planning and grocery shopping to foster collaboration amongst all staff involved to support individuals to follow a healthy diet.

Organizationally, strengths were seen within certification indicators relating data collection from investigations, medication reviews, and incidents to systemically identify patterns and trends. This information was reviewed regularly by the Risk and Quality Management teams which included staff across all departments to make recommendation for individual services or improvements.

The need to develop additional strategies and approaches was seen in relation to some of the

residential certification indicators. For instance, community access and integration, the agency needs to increase support for individuals to have access and be integrated within the community, including promoting the use of generic resources and placing additional focus on building neighborhood connections. Additionally, further strategies need to be developed to more effectively help people explore and participate in community activities that match their interests.

While the agency increased their efforts to expand their resources regarding relationship building and companionship, individuals would benefit from ongoing education and guidance to explore and express their feelings regarding intimacy and companionship.

In the certification areas specific to building relationships, making choices in their daily lives and participating in their communities the agency is encouraged to focus attention on analyzing collected data and identify service patterns and trends in these certification domains. It is suggested this information be incorporated into the development of action steps and measurable benchmark to evaluate progress towards reaching service improvement goals.

Based on the findings of this report, the agency has earned a Two-Year License for Residential/Individual Home Supports, with 88 % of the licensing indicators rated Met and is Certified with a Progress Report in this service grouping with 61% of the certification indicators receiving a rating of Met. Within approximately 60 days, the DDS office of Quality Enhancement will conduct a follow up review for any licensing indicators that were rated Not Met. The agency will have one year to address the certification findings and prepare its progress report on the certification indicators that were rated Not Met.

LICENSURE FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|---|------------------------|--------------------------------|--------------|
| Organizational | 10/10 | 0/10 | |
| Residential and Individual Home Supports | 66/76 | 10/76 | |
| Residential Services | | | |
| Critical Indicators | 8/8 | 0/8 | |
| Total | 76/86 | 10/86 | 88% |
| 2 Year License | | | |
| # indicators for 60 Day Follow-up | | 10 | |

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

| Indicator # | Indicator | Area Needing Improvement |
|------------------------|---|--|
| L7 | Fire drills are conducted as required. | At three of four homes, fire drills had not been conducted in accordance to the safety plan. The agency needs to conduct fire drills as required. |
| L16 | The location is adapted and accessible to the needs of the individuals. | Two of four homes did not have the necessary accessibility and/or adaptations to meet the needs of individuals supported. The agency needs to ensure that homes are free of barriers and adaptations are made to meet the needs of the individuals supported within their homes. |
| L30 | Every porch, balcony, deck or roof used as a porch or deck has a wall or protective railing in good repair. | In three of four homes, protective railings and stairways were not safe and secure. The agency needs to ensure that all protective railings and stairways are in good repair. |
| L41 | Individuals are supported to follow a healthy diet. | In two of four homes, the primary or alternative food options were predominantly processed or frozen food options. The agency needs to ensure that individuals are supported to follow a healthy diet. |
| L56 | Restrictive practices intended for one individual that affect all individuals | For three individuals, restrictive practices were in place without a written plan and/or strategies to mitigate the impact on others factors. The agency needs to ensure that |

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|-----|---|--|
| | 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. | when restrictive practices are implemented; a written rationale outlining the need for the restriction is in place and there are strategies developed so not to unduly restrict the rights of others. |
| L69 | Individual expenditures are documented and tracked. | Expenditures for four of six individuals did not include a process to sign cash out. In one instance, financial tracking records were not correctly completed by staff. The agency needs to ensure that all expenditures are properly tracked and develop a process for signing cash taken to use for expenditures. |
| L84 | Staff / care providers are trained in the correct utilization of health related protections per regulation. | Six individuals used health related protections. In two instances, staff were not trained on the proper use of health related protections. The agency needs to ensure that staff are trained in support and health related protections. |
| L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | The required assessments for two of four individuals were not submitted within the required timeframes. The agency needs to ensure that timelines are met in preparation for the ISP. |
| L90 | Individuals are able to have privacy in their own personal space. | The bedrooms and/or bathrooms for two of six individual lacked locks. In one home, the bedrooms lacked blinds. The agency needs to ensure that individuals are afforded privacy in their homes. |
| L91 | Incidents are reported and reviewed as mandated by regulation. | At three of four locations, there were issues regarding the reporting of incidents. In one location, there were incidents that had not been reported. A two other locations, incidents reports had not been submitted and/or finalized within required timelines. The agency needs to ensure all staff are knowledgeable of the criteria for reportable incidents and that these are reported within required timelines. |

CERTIFICATION FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|--|----------------|-----------------------|------------|
| Certification - Planning and Quality Management | 5/6 | 1/6 | |
| Residential and Individual Home Supports | 12/22 | 10/22 | |
| Residential Services | 12/22 | 10/22 | |
| TOTAL | 17/28 | 11/28 | 61% |
| Certified with Progress Report | | | |

Planning and Quality Management Areas Needing Improvement on Standards not met:

| Indicator # | Indicator | Area Needing Improvement |
|-------------|---|---|
| C5 | The provider has a process to measure progress towards achieving service improvement goals. | The agency did not use data collected to create measurable benchmarks to make a comparison to fully evaluate its progress toward service improvement goals. |

Residential 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. | The agency collects input from individuals regarding new hires, however individual feedback is not solicited at the time of annual performance reviews. The agency needs to solicit feedback from individuals regarding staff performance on an ongoing basis. |
| C9 | Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts. | Five out of six individuals did not have the opportunity to be introduced to others as a means to develop new relationships. Additional strategies are needed to assist people with building and sustaining relationships with other people. This should include supporting individuals to develop social contacts with others outside of their housemates. |
| C11 | Staff (Home Providers) support individuals to get together with families | Four out of six individuals were not supported to facilitate and/or maintain |

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|-----|---|--|
| | and friends. | existing friendships. Individuals need to be supported to get together with friends. |
| C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | Four out of six individuals' assessments regarding intimacy did not include strategies to assist them to foster companionships or express their need for intimacy based on their unique learning styles. The agency needs to provide training to staff to support individuals to explore, define and express their need for intimacy and companionship. |
| C17 | Community activities are based on the individual's preferences and interests. | Five individuals were not provided with ongoing opportunities to participate in community activities that aligned with their preferences. Additionally, there was limited evidence of staff knowledge regarding local events and or activities. The agency needs to ensure that staff are aware of local events and plan activities with individuals' reflective of their interests. |
| C46 | Staff (Home Providers) support individuals to learn about and use generic community resources. | For three of six people who participated in the survey additional support was needed for them to make choices and how to use their personal funds to make desired purchases. The agency needs to support individuals to purchase their belongings as independently as possible. |
| C48 | Individuals are a part of the neighborhood. | Six individuals were reviewed regarding their connections with neighbors. Five individuals resided on a campus setting which limited their opportunities to meet neighbors. Additionally, individuals were not supported to interact with neighbors in the surrounding community. The agency needs to ensure that opportunities are provided which encourage and support neighborhood connections. |
| C49 | The physical setting blends in with and is a natural part of the neighborhood and community. | Three homes are situated in a campus setting which separates people from their community. The agency needs to support individuals to live in homes that blend within the neighborhood and community. |
| C53 | Individuals are supported to have choice and control over what, when, where and with whom they want to eat. | Four individuals had limited choice over their meal and/or snack options. The agency needs to support individuals to have choice and control over their food selections. |
| C54 | Individuals have the assistive technology | Six individuals underwent an assessment |

and/or modifications to maximize independence.

to identify ways in which assistive technology could help to maximize their independence. For five individuals there was a lack of a plan to further assist individuals to identify or obtain potential technology and/or modifications to promote independence. The agency needs strengthen its efforts to support individuals to obtain assistive technology that may assist them in maximizing their independence.

MASTER SCORE SHEET LICENSURE

Organizational: Crystal Springs, Inc.

| Indicator # | Indicator | Met/Rated | Rating(Met,Not Met,NotRated) |
|-------------|-------------------------|-----------|------------------------------|
| Ⓟ L2 | Abuse/neglect reporting | 4/4 | Met |
| L3 | Immediate Action | 8/8 | Met |
| L4 | Action taken | 13/13 | Met |
| L48 | HRC | 1/1 | Met |
| L65 | Restraint report submit | 5/6 | Met(83.33 %) |
| L66 | HRC restraint review | 5/6 | Met(83.33 %) |
| L74 | Screen employees | 4/4 | Met |
| L75 | Qualified staff | 4/4 | Met |
| L76 | Track trainings | 15/15 | Met |
| L83 | HR training | 15/15 | Met |

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 | 6/6 | | | | | | 6/6 | Met |
| L5 | Safety Plan | L | 4/4 | | | | | | 4/4 | Met |
| Ⓜ L6 | Evacuation | L | 3/4 | | | | | | 3/4 | Met |
| L7 | Fire Drills | L | 1/4 | | | | | | 1/4 | Not Met (25.00 %) |
| L8 | Emergency Fact Sheets | I | 6/6 | | | | | | 6/6 | Met |
| L9 | Safe use of equipment | L | 4/4 | | | | | | 4/4 | Met |
| L10 | Reduce risk interventions | I | 3/4 | | | | | | 3/4 | Met |
| Ⓜ L11 | Required inspections | L | 4/4 | | | | | | 4/4 | Met |
| Ⓜ L12 | Smoke detectors | L | 3/4 | | | | | | 3/4 | Met |
| Ⓜ L13 | Clean location | L | 4/4 | | | | | | 4/4 | Met |
| L14 | Site in good repair | L | 4/4 | | | | | | 4/4 | Met |
| L15 | Hot water | L | 3/4 | | | | | | 3/4 | Met |
| L16 | Accessibility | L | 2/4 | | | | | | 2/4 | Not Met (50.0 %) |
| L17 | Egress at grade | L | 4/4 | | | | | | 4/4 | Met |
| L19 | Bedroom location | L | 4/4 | | | | | | 4/4 | Met |
| L20 | Exit doors | L | 4/4 | | | | | | 4/4 | Met |
| L21 | Safe electrical equipment | L | 4/4 | | | | | | 4/4 | Met |
| L22 | Well-maintained appliances | L | 4/4 | | | | | | 4/4 | Met |
| L23 | Egress door locks | L | 2/2 | | | | | | 2/2 | Met |
| L24 | Locked door access | L | 4/4 | | | | | | 4/4 | Met |
| L25 | Dangerous substances | L | 4/4 | | | | | | 4/4 | Met |

| | | | | | | | | | | |
|-------|--------------------------|---|-----|--|--|--|--|--|------------|------------------------------|
| L26 | Walkway safety | L | 4/4 | | | | | | 4/4 | Met |
| L27 | Pools, hot tubs, etc. | L | 4/4 | | | | | | 4/4 | Met |
| L28 | Flammables | L | 2/2 | | | | | | 2/2 | Met |
| L29 | Rubbish/combustibles | L | 4/4 | | | | | | 4/4 | Met |
| L30 | Protective railings | L | 1/4 | | | | | | 1/4 | Not Met (25.00 %) |
| L31 | Communication method | I | 5/6 | | | | | | 5/6 | Met (83.33 %) |
| L32 | Verbal & written | I | 6/6 | | | | | | 6/6 | Met |
| L33 | Physical exam | I | 6/6 | | | | | | 6/6 | Met |
| L34 | Dental exam | I | 5/6 | | | | | | 5/6 | Met (83.33 %) |
| L35 | Preventive screenings | I | 6/6 | | | | | | 6/6 | Met |
| L36 | Recommended tests | I | 6/6 | | | | | | 6/6 | Met |
| L37 | Prompt treatment | I | 6/6 | | | | | | 6/6 | Met |
| Ⓜ L38 | Physician's orders | I | 5/6 | | | | | | 5/6 | Met (83.33 %) |
| L39 | Dietary requirements | I | 1/1 | | | | | | 1/1 | Met |
| L40 | Nutritional food | L | 3/4 | | | | | | 3/4 | Met |
| L41 | Healthy diet | L | 2/4 | | | | | | 2/4 | Not Met (50.0 %) |
| L42 | Physical activity | L | 4/4 | | | | | | 4/4 | Met |
| L43 | Health Care Record | I | 6/6 | | | | | | 6/6 | Met |
| L44 | MAP registration | L | 4/4 | | | | | | 4/4 | Met |
| L45 | Medication storage | L | 4/4 | | | | | | 4/4 | Met |
| Ⓜ L46 | Med. Administration | I | 6/6 | | | | | | 6/6 | Met |
| L47 | Self medication | I | 3/3 | | | | | | 3/3 | Met |
| L49 | Informed of human rights | I | 6/6 | | | | | | 6/6 | Met |
| L50 | Respectful Comm. | L | 4/4 | | | | | | 4/4 | Met |
| L51 | Possessions | I | 6/6 | | | | | | 6/6 | Met |

| | | | | | | | | | | |
|-------|---------------------------|---|-----|--|--|--|--|--|-----|---------------------|
| L52 | Phone calls | I | 6/6 | | | | | | 6/6 | Met |
| L53 | Visitation | I | 5/6 | | | | | | 5/6 | Met (83.33%) |
| L54 | Privacy | L | 3/4 | | | | | | 3/4 | Met |
| L55 | Informed consent | I | 4/4 | | | | | | 4/4 | Met |
| L56 | Restrictive practices | I | 1/4 | | | | | | 1/4 | Not Met (25.00%) |
| L57 | Written behavior plans | I | 2/2 | | | | | | 2/2 | 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 | 2/2 | | | | | | 2/2 | Met |
| L61 | Health protection in ISP | I | 6/6 | | | | | | 6/6 | Met |
| L62 | Health protection review | I | 6/6 | | | | | | 6/6 | Met |
| L63 | Med. treatment plan form | I | 6/6 | | | | | | 6/6 | Met |
| L64 | Med. treatment plan rev. | I | 6/6 | | | | | | 6/6 | Met |
| L67 | Money mgmt. plan | I | 5/6 | | | | | | 5/6 | Met (83.33%) |
| L68 | Funds expenditure | I | 6/6 | | | | | | 6/6 | Met |
| L69 | Expenditure tracking | I | 2/6 | | | | | | 2/6 | Not Met (33.33%) |
| L70 | Charges for care calc. | I | 6/6 | | | | | | 6/6 | Met |
| L71 | Charges for care appeal | I | 6/6 | | | | | | 6/6 | Met |
| L77 | Unique needs training | I | 6/6 | | | | | | 6/6 | Met |
| L78 | Restrictive Int. Training | L | 3/3 | | | | | | 3/3 | Met |
| L80 | Symptoms of illness | L | 4/4 | | | | | | 4/4 | Met |
| L81 | Medical emergency | L | 4/4 | | | | | | 4/4 | Met |
| Ⓜ L82 | Medication admin. | L | 4/4 | | | | | | 4/4 | Met |

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|---------------------------------|---------------------------------|---|-----|--|--|--|--|--|--------|-------------------|
| L84 | Health protect. Training | I | 4/6 | | | | | | 4/6 | Not Met (66.67 %) |
| L85 | Supervision | L | 4/4 | | | | | | 4/4 | Met |
| L86 | Required assessments | I | 2/4 | | | | | | 2/4 | Not Met (50.0 %) |
| L87 | Support strategies | I | 3/4 | | | | | | 3/4 | Met |
| L88 | Strategies implemented | I | 6/6 | | | | | | 6/6 | Met |
| L90 | Personal space/ bedroom privacy | I | 2/6 | | | | | | 2/6 | Not Met (33.33 %) |
| L91 | Incident management | L | 1/4 | | | | | | 1/4 | Not Met (25.00 %) |
| #Std. Met/# 76 Indicator | | | | | | | | | 66/76 | |
| Total Score | | | | | | | | | 76/86 | |
| | | | | | | | | | 88.37% | |

MASTER SCORE SHEET CERTIFICATION

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 | 0/1 | Not Met (0 %) |
| C6 | Future directions planning | 1/1 | Met |

Residential 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 |
| C9 | Personal relationships | 1/6 | Not Met (16.67 %) |
| C10 | Social skill development | 6/6 | Met |
| C11 | Get together w/family & friends | 4/6 | Not Met (66.67 %) |
| C12 | Intimacy | 4/6 | Not Met (66.67 %) |
| C13 | Skills to maximize independence | 6/6 | Met |
| C14 | Choices in routines & schedules | 5/6 | Met (83.33 %) |
| C15 | Personalize living space | 3/4 | Met |
| C16 | Explore interests | 5/6 | Met (83.33 %) |
| C17 | Community activities | 1/6 | Not Met (16.67 %) |
| C18 | Purchase personal belongings | 5/6 | Met (83.33 %) |
| C19 | Knowledgeable decisions | 6/6 | Met |
| C20 | Emergency back-up plans | 4/4 | Met |
| C46 | Use of generic resources | 3/6 | Not Met (50.0 %) |
| C47 | Transportation to/ from community | 6/6 | Met |
| C48 | Neighborhood connections | 1/6 | Not Met (16.67 %) |
| C49 | Physical setting is consistent | 1/4 | Not Met (25.00 %) |
| C51 | Ongoing satisfaction with services/ supports | 6/6 | Met |
| C52 | Leisure activities and free-time choices /control | 5/6 | Met (83.33 %) |
| C53 | Food/ dining choices | 2/6 | Not Met (33.33 %) |
| C54 | Assistive technology | 1/6 | Not Met (16.67 %) |