



**PROVIDER REPORT
FOR**

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

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	Crystal Springs, Inc.
Review Dates	5/24/2023 - 5/31/2023
Service Enhancement Meeting Date	6/14/2023
Survey Team	Michelle Boyd (TL) Linda Griffith Tina Napolitan
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	84/88 2 Year License 06/14/2023 - 06/14/2025		25 / 26 Certified 06/14/2023 - 06/14/2025
Residential Services	4 location(s) 6 audit (s)			Full Review	19 / 20
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

Crystal Springs Inc. is a non-profit agency that provides services to individuals with intellectual and developmental disabilities in southeastern Massachusetts. The agency offers residential and educational options for children as well as day habilitation and 24-hour residential services to adults. Currently, 58 individuals are receiving residential services in homes located on the 45-acre campus and within typical residential communities.

The current review by the DDS Office of Quality Enhancement included licensing and certification indicators for Crystal Springs residential services.

The results of the review showed several positive practices organizationally. The agency collects data through HCSIS, various internal auditing systems, and surveys to individuals, families, guardian, and outside stakeholders. The data is compiled, analyzed, and shared with various sources. The agency uses this data to identify patterns and trends, both positive and negative, and then make modifications to their practices as needed.

Within the domain of competent and skilled workforce the agency showed a well-organized tracking and monitoring system to ensure all mandated trainings, such as human rights, mandated reporting, positive behavioral supports, signs and symptoms of illness, and incident reporting were completed by all staff. All licensed professionals were current with their licenses and certifications.

Throughout the review, the agency showed several positive outcomes. Within the health domain, individuals were supported and encouraged to engage in physical exercise and were supported to have overall healthy and well-balanced meals. Food within the home was nutritious, consisting of fruits, vegetables, and proteins. Staff supported individuals to make regular visits with specialists as scheduled and follow-up on additional appointments as recommended. Physician ordered protocols had all the required components and staff were knowledgeable.

Within the domain of human rights all individuals and guardians had received information regarding human rights, DPPC, and the Crystal Spring's grievance procedure. Individuals were afforded privacy to discuss personal matters and locks were present on bedroom doors. Improvements from the most recent survey cycle were seen regarding restrictive practices. At one home, they have been able to eliminate almost all of the restrictive practices in the home and has faded the final restriction to just the door alarms at certain times of day. Positive Behavior Support Plans were detailed and specific to the individuals, with clear HRC review detailing adjustments/fades, and extensive thorough data collection. In Certification, community activities were based on each individual's personal interests and desires. Recreational activities included musicals/plays, casino, attending movies and going on vacation. Individuals are being exposed not only to known community activities of their preferences but encouraged to expand their community outing options. As an individual goes to a new activity to them, their experience is observed, and reactions are documented. This increased staff's ability to provide necessary support. Staff have become familiar with individual's likes/ dislikes to continue to support them in trying new potential new areas of interest in the community.

In the area of relationships, choice, and control, Individuals were supported to get together with family and friends and were able to make phone calls as they desired. One individual has been supported to maintain an intimate relationship. Staff encourage the individual to invite and plan time together along with providing guidance with affection towards each other. He is encouraged to invite her to his home and interact in ways that are comfortable for both individuals. He enjoys kissing her on her head. Staff showed significant support in supporting these two individuals to define and have the level of intimacy in their relationship that they are both comfortable with. Individuals were supported to help maintain their homes and room, and the spaces reflected their personalities and taste. Photos of family and friends were displayed throughout homes. The agency has implemented a system that ensures individuals are afforded the opportunity to provide feedback regarding staff that support them.

and potential new hires.

While the agency demonstrated positive outcomes, the survey identified some areas that needed to be strengthened. In Licensing, within the area of supportive technology for independence, individuals needs to be assessed and explored to determine if assistive technology (AT) could be potentially used to increase their independence. When there is an identified area of need, exploration should occur to determine what AT is an appropriate and viable option for each individual. In the environmental area, bedroom doors that lead to an egress should not have locks on the doors. In the area of incident management, additional oversight needs to be implemented to ensure that incidents are submitted and finalized within the required timelines.

Based on the findings of this report, the agency has earned a two-year license for Residential Services with a licensing score of 95%. The agency will complete its own 60-day follow-up for this service and submit findings to the Office of Quality Enhancement. Residential Services are Certified receiving a met for 96% of the indicators.

LICENSURE FINDINGS

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

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 human rights committee lacked legal representation for the majority of their human rights committee meetings. The agency needs to ensure legal representation is present for human rights meetings.

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

Indicator #	Indicator	Area Needing Improvement
L23	There are no locks on bedroom doors that provide access to an egress.	One bedroom has two bedroom doors with locks, where the bedroom leads to an egress. The agency needs to ensure all bedrooms with egress doors do not have locks on the doors.
L91	Incidents are reported and reviewed as mandated by regulation.	At two of the locations, incidents were not created and/or finalized within the required timelines. The agency needs to ensure incidents are created and finalized within the required timelines.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Three of the six individuals did not explore and/or use assistive technology to increase their independence. The agency needs to ensure all individuals explore and/ or use assistive technology to increase their independence.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	19/20	1/20	
Residential Services	19/20	1/20	
Total	25/26	1/26	96%
Certified			

Residential Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C49	The physical setting blends in with and is a natural part of the neighborhood and community.	Three of the four locations are located on the agency's campus. The physical locations do not blend in and are not a natural part of the neighborhood. The agency needs to make efforts to ensure physical locations blend in with and are a natural part of their neighborhood.

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	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	0/1	Not Met(0 %)
L65	Restraint report submit	7/8	Met(87.50 %)
L66	HRC restraint review	6/6	Met
L74	Screen employees	4/4	Met
L75	Qualified staff	4/4	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	6/6						6/6	Met
L5	Safety Plan	L	4/4						4/4	Met
R L6	Evacuation	L	4/4						4/4	Met
L7	Fire Drills	L	4/4						4/4	Met
L8	Emergency Fact Sheets	I	6/6						6/6	Met
L9 (07/21)	Safe use of equipment	I	6/6						6/6	Met
L10	Reduce risk interventions	I	4/4						4/4	Met
R L11	Required inspections	L	4/4						4/4	Met
R L12	Smoke detectors	L	4/4						4/4	Met
R L13	Clean location	L	4/4						4/4	Met
L14	Site in good repair	L	4/4						4/4	Met
L15	Hot water	L	4/4						4/4	Met
L16	Accessibility	L	4/4						4/4	Met
L17	Egress at grade	L	4/4						4/4	Met
L18	Above grade egress	L	2/2						2/2	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
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	0/1						0/1	Not Met (0 %)
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	1/1						1/1	Met
L28	Flammables	L	4/4						4/4	Met
L29	Rubbish /combustibles	L	2/2						2/2	Met
L30	Protective railings	L	4/4						4/4	Met
L31	Communication method	I	6/6						6/6	Met
L32	Verbal & written	I	6/6						6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L33	Physical exam	I	6/6						6/6	Met
L34	Dental exam	I	6/6						6/6	Met
L35	Preventive screenings	I	5/6						5/6	Met (83.33 %)
L36	Recommended tests	I	6/6						6/6	Met
L37	Prompt treatment	I	6/6						6/6	Met
℞ L38	Physician's orders	I	6/6						6/6	Met
L39	Dietary requirements	I	6/6						6/6	Met
L40	Nutritional food	L	4/4						4/4	Met
L41	Healthy diet	L	4/4						4/4	Met
L42	Physical activity	L	4/4						4/4	Met
L43	Health Care Record	I	5/6						5/6	Met (83.33 %)
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
L49	Informed of human rights	I	6/6						6/6	Met
L50 (07/21)	Respectful Comm.	I	6/6						6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L51	Possessions	I	6/6						6/6	Met
L52	Phone calls	I	6/6						6/6	Met
L53	Visitation	I	6/6						6/6	Met
L54 (07/21)	Privacy	I	6/6						6/6	Met
L55	Informed consent	I	4/4						4/4	Met
L56	Restrictive practices	I	4/4						4/4	Met
L57	Written behavior plans	I	4/4						4/4	Met
L60	Data maintenance	I	4/4						4/4	Met
L61	Health protection in ISP	I	6/6						6/6	Met
L63	Med. treatment plan form	I	4/5						4/5	Met (80.0 %)
L64	Med. treatment plan rev.	I	4/4						4/4	Met
L67	Money mgmt. plan	I	6/6						6/6	Met
L68	Funds expenditure	I	6/6						6/6	Met
L69	Expenditure tracking	I	6/6						6/6	Met
L70	Charges for care calc.	I	6/6						6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
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	2/2						2/2	Met
L79	Restraint 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
L84	Health protect. Training	I	6/6						6/6	Met
L85	Supervision	L	4/4						4/4	Met
L86	Required assessments	I	5/5						5/5	Met
L87	Support strategies	I	5/5						5/5	Met
L88	Strategies implemented	I	6/6						6/6	Met
L90	Personal space/bedroom privacy	I	6/6						6/6	Met
L91	Incident management	L	2/4						2/4	Not Met (50.0 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L93 (05/22)	Emergency back-up plans	I	6/6						6/6	Met
L94 (05/22)	Assistive technology	I	3/6						3/6	Not Met (50.0 %)
L96 (05/22)	Staff training in devices and applications	I	2/2						2/2	Met
L99 (05/22)	Medical monitoring devices	I	3/3						3/3	Met
#Std. Met/# 78 Indicator									75/78	
Total Score									84/88	
									95.45%	

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	1/1	Met
C6	Future directions planning	1/1	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	6/6	Met
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	6/6	Met
C10	Social skill development	6/6	Met
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	6/6	Met
C13	Skills to maximize independence	6/6	Met
C14	Choices in routines & schedules	6/6	Met
C15	Personalize living space	4/4	Met
C16	Explore interests	6/6	Met
C17	Community activities	6/6	Met
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met
C46	Use of generic resources	6/6	Met
C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	6/6	Met
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	6/6	Met
C53	Food/ dining choices	6/6	Met