



**PROVIDER REPORT
FOR**

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

June 18, 2025

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	5/14/2025 - 5/20/2025
Service Enhancement Meeting Date	6/4/2025
Survey Team	Linda Griffith William Muguro (TL) Scott Nolan Roberto Polanco-Santana
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	86/88 2 Year License 06/04/2025 - 06/04/2027		25 / 26 Certified 06/04/2025 - 06/04/2027
Residential Services	4 location(s) 6 audit (s)			Full Review	20 / 20
Planning and Quality Management				Full Review	5 / 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 DDS Office of Quality Enhancement (OQE) conducted a full licensing and certification review of Crystal Springs' Residential services. All applicable licensing and certification indicators were reviewed by DDS/OQE as part of this survey.

Several positive practices were identified during the survey. At the organization level, the agency had a system to collect data from various sources, both internally and externally, including through HCSIS review, input from families and guardians, and from other stakeholders. The data was analyzed to identify patterns and trends, and service improvement goals were developed based on data analysis.

Within the domain of a competent and skilled workforce, the agency maintained a strong training oversight system and ensured that all staff completed the required trainings, all licensed professionals were current with their licenses and certifications, and staff were hired in accordance with the requirements of their positions.

Within Residential Services, the survey identified several accomplishments that contributed to positive individual outcomes. In the domain of healthcare, treatment protocols were well written and had been reviewed and approved by licensed healthcare professionals. Staff were trained and were knowledgeable of individuals' treatment protocols; in some homes, staff demonstrated strong adherence to treatment protocols with thorough documentation. Medication administration was consistently aligned with physician orders; in all locations, medication administration was conducted by MAP certified staff and/or licensed practical nurses. Staff demonstrated a high level of understanding of each individual's unique support needs and preferences. The agency also showed a commitment to promoting healthy lifestyles. In all homes, individuals were supported to follow a healthy diet by trying new recipes, engaging in physical activities and exercises at home and in the local gyms; in one of the homes, individuals used a treadmill to exercise. In all homes, staff had received specialized training on Executive order 509 regarding nutritional standards and applied this knowledge to educate individuals during weekly house meetings in making healthy food choices. All individuals had required annual physical and dental exams, recommended follow-ups with specialists were occurring, and staff were advocating well for second opinions for medical care when needed. In one instance, staff advocated for an individual who needed surgery for replacement of a baclofen pump when a doctor said they were no longer willing to complete the surgery due to inherent risks; staff sought a second opinion for the benefit and better outcomes for the individual.

In the area of individual financial management within Residential Services, the agency demonstrated strong practices. Records reflected consistently accurate financial transaction entries and well-maintained oversight systems, supported by monthly internal audits. Each individual had a detailed money management plan that included strategies to promote financial independence; for example, in some of the homes, individuals were supported in using debit cards, an approach that balanced increased autonomy with appropriate safeguards. In the area of assistive technology (AT) individuals had been assisted to determine areas that assistive technology could be used to maximize independence. Within several homes, individuals were supported to use various AT, including adaptive spoons, toothpaste dispensers, a Joy Player to independently select and play music, and a dry eraser board calendar for important reminders such as community outings.

Within the Certification domain, staff provided meaningful supports to help individuals build social skills and develop community connections aligned with their personal interests and goals. In all

homes, individuals were supported to participate in activities of their choice in the community; examples include scrap books for all events that individuals had participated in, weekly horseback riding, and visits to such locations as aquariums, water parks, arcades and local zoos. Across all settings, staff were observed to be respectful with individuals and addressed them by their preferred names; staff also knew individuals' preferences well and provided support and choices accordingly. In one home, an individual who likes quiet time when she returns home from day program was supported to relax in her room; another individual was supported to watch her favorite Portuguese television shows in her recliner.

In the area of relationships, choice and control, individuals were supported to get together with family and friends and were supported to make choices about where and with whom to go out with for dinner and leisure activities. In one home an individual was supported to get together with family every weekend; another individual was supported to visit with a friend during holidays and during other important milestones such as birthdays. Individuals were able to make and receive calls and had privacy when taking care of personal needs and discussing personal matters. In several homes, individuals were supported to personalize and decorate their rooms and the common areas to reflect color choices and themes; several individuals had family photos, and photos of places they had visited in the past, and in one home, an individual was supported to decorate his room with favorite themes, family pictures, and their favorite characters.

The survey identified several areas for improvement. At the Organizational level, the agency needs to ensure that the Human Rights Committee meets at least every 3 months as mandated by its Bylaws. The Agency also needs to have a process to measure progress towards achieving service improvement goals.

Within Residential services, the agency needs to ensure that incident reports are submitted and finalized in HCSIS within the timelines mandated by regulation.

Within the Residential and Individual Home Supports service group, Crystal Springs Inc. received a rating of Met in 98% of licensing indicators, including all critical indicators. The agency will be issued a Two-Year License. Crystal Springs Inc. met 96% of Certification indicators and is fully certified.

Follow-up on all licensing indicators that were not met during the survey will be completed by Crystal Springs Inc. and submitted to the Office of Quality Enhancement within 60 days of the Service Enhancement Meeting.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Residential and Individual Home Supports	77/78	1/78	
Residential Services			
Critical Indicators	8/8	0/8	
Total	86/88	2/88	98%
2 Year License			
# indicators for 60 Day Follow-up		2	

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.	Human Rights Committee meetings were not held at the frequency mandated by its by-laws and DDS Regulations. The agency needs to ensure that Human Rights Committee meetings are conducted at least quarterly as mandated by Regulation and its bylaws.

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

Indicator #	Indicator	Area Needing Improvement
L91	Incidents are reported and reviewed as mandated by regulation.	At four locations, incident reports had not been submitted and/or finalized in HCSIS within the required timelines. The agency needs to ensure that incident reports are submitted and finalized in HCSIS within the timelines mandated by regulation.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	5/6	1/6	
Residential and Individual Home Supports	20/20	0/20	
Residential Services	20/20	0/20	
Total	25/26	1/26	96%
Certified			

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 developed a service improvement goal pertaining to the need for improvements to the Incident reporting submission and finalization process, which was implemented in October 2024; there is no mechanism to measure progress towards achieving this goal. The agency needs to have a process to measure progress towards achieving its service improvement goal of submitting and finalizing incident reports on time.

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	1/1	Met
L66	HRC restraint review	1/1	Met
L74	Screen employees	5/5	Met

L75	Qualified staff	4/4	Met
L76	Track trainings	14/14	Met
L83	HR training	14/14	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	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	3/3						3/3	Met
℞ L11	Required inspections	L	4/4						4/4	Met
℞ L12	Smoke detectors	L	4/4						4/4	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	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	4/4						4/4	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L19	Bedroom location	L	2/2						2/2	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
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	2/2						2/2	Met
L28	Flammables	L	4/4						4/4	Met
L29	Rubbish/combustibles	L	4/4						4/4	Met
L30	Protective railings	L	3/4						3/4	Met
L31	Communication method	I	6/6						6/6	Met
L32	Verbal & written	I	6/6						6/6	Met
L33	Physical exam	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
L34	Dental exam	I	6/6						6/6	Met
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	5/5						5/5	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	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
L49	Informed of human rights	I	6/6						6/6	Met
L50 (07/21)	Respectful Comm.	I	6/6						6/6	Met
L51	Possessions	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
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	6/6						6/6	Met
L56	Restrictive practices	I	1/1						1/1	Met
L57	Written behavior plans	I	5/5						5/5	Met
L60	Data maintenance	I	5/5						5/5	Met
L61	Health protection in ISP	I	5/5						5/5	Met
L62	Health protection review	I	1/1						1/1	Met
L63	Med. treatment plan form	I	5/5						5/5	Met
L64	Med. treatment plan rev.	I	5/5						5/5	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

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L70	Charges for care calc.	I	5/6						5/6	Met (83.33%)
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	1/1						1/1	Met
L79	Restraint training	L	1/1						1/1	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	5/5						5/5	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

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L91	Incident management	L	0/4						0/4	Not Met (0 %)
L93 (05/22)	Emergency back-up plans	I	6/6						6/6	Met
L94 (05/22)	Assistive technology	I	6/6						6/6	Met
L96 (05/22)	Staff training in devices and applications	I	4/4						4/4	Met
L99 (05/22)	Medical monitoring devices	I	3/3						3/3	Met
#Std. Met/# 78 Indicator									77/78	
Total Score									86/88	
									97.73%	

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	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	3/4	Met
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