



## **PROVIDER REPORT FOR**

**DDS Central State Op  
324 Clark Street  
Worcester, MA 01606**

**November 16, 2022**

**Version**

**Public Provider Report**

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

## **SUMMARY OF OVERALL FINDINGS**

<b>Provider</b>	DDS Central State Op
<b>Review Dates</b>	10/13/2022 - 10/19/2022
<b>Service Enhancement Meeting Date</b>	11/2/2022
<b>Survey Team</b>	Andrea Comeau Ken Jones Eric Lunden Danielle Robidoux (TL) Brenda Cole
<b>Citizen Volunteers</b>	

**Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	8 location(s) 8 audit (s)	Full Review	80/87 2 Year License 11/02/2022 - 11/02/2024		23 / 26 Certified 11/02/2022 - 11/02/2024
Residential Services	8 location(s) 8 audit (s)			Full Review	17 / 20
Planning and Quality Management				Full Review	6 / 6

## **EXECUTIVE SUMMARY :**

Central Residential Services (CRS) is a state operated cluster of 31 homes located in the central area of Massachusetts that provide twenty-four-hour residential services to adults with DD/ID. These services are administered by the DDS Central/West Regional office. In May 2022, CRS was reorganized by geography and oversight authority, with the transfer of 19 homes to Templeton Community Services, another state-operated service group. Additional reorganization of leadership occurred within CRS, and new positions were created to strengthen oversight roles and responsibilities.

The scope of this survey was a full licensure and certification review of these residential supports. The review was a hybrid model of surveying, where most tasks were conducted in-person while some were conducted through remote technologies. For this survey, interviews with key administrative and supervisory staff occurred virtually through Microsoft (MS) Teams. Observations, interviews with individuals and staff, review of environmental safety, and review of relevant documentation occurred on-site.

Central Residential Services demonstrated success in meeting licensure requirements in several areas, including personal and environmental safety, promotion of ISP development and goals, workforce competency, and healthcare oversight. Onsite review of homes found that environments were clean and well-maintained, appliances were working, and all required inspections were current. CRS utilized various oversight methods to ensure that homes were safe and in good repair, including quarterly inspection checklists that addressed a comprehensive list of elements related to home safety. In addition, procedures for transmission prevention and sanitation of environments were implemented consistently. Survey findings further showed that individuals' ISP assessments and support strategies were submitted within required timelines. The agency ensured that ISP goals were implemented in accordance with support strategies, and data on goal accomplishment was consistently tracked for all sampled individuals.

Central Residential Services demonstrated effective healthcare oversight. Onsite reviews showed that individuals' medical appointments and treatment recommendations were consistently tracked to ensure that appointments were kept, and follow-up care was addressed. Communication between nurses and residential staff effectively addressed individuals' ongoing medical conditions as well as their well-being day to day. Regular oversight of medication administration procedures occurred, and staff training required for ancillary procedures such as the taking of vital signs was addressed.

The survey team found that agency systems ensured workforce competency through a comprehensive employee orientation process, oversight of mandated trainings, and ongoing supervision and support of staff. Trainings reviewed for a sample of staff found that all mandatory training requirements were met. Onsite reviews indicated that staff were trained and knowledgeable in location-specific trainings as well as individual-specific supports, including healthcare protocols and supportive devices, among other supports unique to specific individuals. CRS also used various methods of keeping staff informed of agency procedures and expectations as well as change in individuals' needs for support.

Among the certification domains reviewed for the agency's residential services, the team found that individual choice and control was consistently supported. Individuals were making their own decisions about what they wanted to do, including choices in household chores, menu planning, and how to spend free time. The agency maintained regular communication with guardians and effectively supported individuals to visit and communicate with their families and friends.

In addition to the positive findings highlighted above, the review identified specific licensure outcomes in need of further attention. Within the context of personal safety, timelines for submission and review of incident reports and physical restraint reports must improve. Among other areas for focused

attention, strengthened oversight of required updates of individuals' Health Care Records is needed; medication treatment plans must address all required elements, including strategies to reduce reliance on sedatives prior to medical treatment; and funds management plans must be developed with agreement from individuals or guardians, when the agency has funds management responsibilities. In addition, the agency's human rights committees must address requirements for meetings and fulfil responsibilities for review of physical restraints, agency systems for human rights education, and review of agency policies that impact human rights.

Among areas subject to certification of residential services, CRS is encouraged to strengthen supports to individuals in expanding their networks of social contacts and relationships, assisting individuals to explore and identify their interests in community-based activities, and in ensuring that individuals have frequent, ongoing opportunities to participate in those interest areas in the community.

As a result of this review, Central Residential Services will receive a Two-Year License for its Residential and Individual Home Support service group with a service group score of 92% of licensure indicators met. In addition, this service group is certified with an overall score of 88% of certification indicators met. Follow-up will be conducted by CRS and reported to OQE within 60 days on those licensing indicators that received a rating of not met.

## **LICENSURE FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Organizational</b>	<b>7/10</b>	<b>3/10</b>	
<b>Residential and Individual Home Supports</b>	<b>73/77</b>	<b>4/77</b>	
Residential Services			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>80/87</b>	<b>7/87</b>	<b>92%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>7</b>	

### **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.	Central Residential Services had three human rights committees that oversaw service locations within three geographical areas. Two of the committees did not meet quarterly and one committee lacked regular attendance of members with required expertise for the majority of the meetings. In addition, one of the committees was not fulfilling its responsibility for reviewing restraints, and all three committees were not reviewing the agency's system for training individuals in human rights, or agency policies that impact individuals' rights. The agency needs to ensure that its human rights committees meet quarterly, that each committee has the required membership, and that members are supported to attend the majority of scheduled meetings. The agency also needs to ensure that reports of physical restraint are reviewed by the human rights committee as well as the agency's human rights curriculum and agency policies that impact individuals' rights.
L65	Restraint reports are submitted within required timelines.	During the period reviewed, there were 11 restraints that were not reported or reviewed within the required timelines. The agency needs to ensure that all restraint reports are reported within 3 days of the occurrence and are reviewed by the agency restraint manager within 5 days of the event.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L66	All restraints are reviewed by the Human Rights Committee.	Review of restraint reports generated over the past 13 months identified 23 restraints that had not been reviewed by the human rights committee within the timelines required for this review. The agency needs to ensure that all reports of physical restraint are reviewed by the agency human rights committee within 120 days of the event.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L43	The health care record is maintained and updated as required.	For two Healthcare Records reviewed, there was pertinent medical information that had not been included or updated. The agency needs to ensure that Health Care Records are updated annually or when significant medical information changes throughout the year, including hospitalization, vaccinations, and new diagnoses.
L63	Medication treatment plans are in written format with required components.	For seven individuals, medication treatment plans did not address one or more required components, including measurable target behaviors, measurable criteria for consulting with the prescriber about medication adjustment, or strategies to reduce use of sedative medication prior to medical appointments. The agency needs to ensure that medication treatment plans address all required components.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For three individuals, funds management plans had not been developed as required or agreement to the plan had not been obtained from the individual or his/her guardian. The agency needs to ensure that the funds management plans address all required components, including plans for training individuals in handling and managing their personal funds. In addition, the agency must obtain annual signed agreement to the funds-management plan from the individual or the individual's guardian.
L91	Incidents are reported and reviewed as mandated by regulation.	At six locations, incident reports were not submitted or reviewed within HCSIS within required timelines. The agency needs to ensure that incident reports are submitted to DDS and are reviewed within required timelines.

## **CERTIFICATION FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>6/6</b>	<b>0/6</b>	
<b>Residential and Individual Home Supports</b>	<b>17/20</b>	<b>3/20</b>	
Residential Services	17/20	3/20	
<b>Total</b>	<b>23/26</b>	<b>3/26</b>	<b>88%</b>
<b>Certified</b>			

### **Residential Services- Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C9	Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	For four individuals, there was no evidence that the agency had supported the individuals to develop new relationships and/or increase personal relationships and social contacts. The agency needs to ensure that it is providing all individuals with opportunities to develop new relationships and/or to increase existing personal relationships and social contacts.
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	Two individuals were not supported to explore and discover their interests for cultural, social, recreational, and spiritual activities. The agency needs to ensure that all individuals have the support necessary to explore, discover and connect with their interests for cultural, social, recreational, and spiritual activities.
C17	Community activities are based on the individual's preferences and interests.	Two individuals did not have frequent opportunities to engage in community activities that reflected their preferences and interests. The agency needs to ensure that all individuals are supported to regularly engage in community activities that are based on individuals' preferences and interests.



## MASTER SCORE SHEET LICENSURE

### Organizational: DDS Central State Op

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	8/8	Met
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	0/3	Not Met(0 % )
L65	Restraint report submit	18/29	Not Met(62.07 % )
L66	HRC restraint review	0/23	Not Met(0 % )
L74	Screen employees	7/7	Met
L75	Qualified staff	7/7	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	8/8						8/8	Met
L5	Safety Plan	L	8/8						8/8	Met
℞ L6	Evacuation	L	8/8						8/8	Met
L7	Fire Drills	L	8/8						8/8	Met
L8	Emergency Fact Sheets	I	7/8						7/8	Met (87.50 %)
L9 (07/21)	Safe use of equipment	I	8/8						8/8	Met
L10	Reduce risk interventions	I	5/5						5/5	Met
℞ L11	Required inspections	L	8/8						8/8	Met
℞ L12	Smoke detectors	L	8/8						8/8	Met
℞ L13	Clean location	L	8/8						8/8	Met
L14	Site in good repair	L	5/5						5/5	Met
L15	Hot water	L	8/8						8/8	Met
L16	Accessibility	L	8/8						8/8	Met
L17	Egress at grade	L	8/8						8/8	Met
L18	Above grade egress	L	3/3						3/3	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	8/8						8/8	Met
L20	Exit doors	L	8/8						8/8	Met
L21	Safe electrical equipment	L	8/8						8/8	Met
L22	Well-maintained appliances	L	8/8						8/8	Met
L23	Egress door locks	L	8/8						8/8	Met
L24	Locked door access	L	8/8						8/8	Met
L25	Dangerous substances	L	8/8						8/8	Met
L26	Walkway safety	L	8/8						8/8	Met
L28	Flammables	L	8/8						8/8	Met
L29	Rubbish/combustibles	L	8/8						8/8	Met
L30	Protective railings	L	8/8						8/8	Met
L31	Communication method	I	8/8						8/8	Met
L32	Verbal & written	I	8/8						8/8	Met
L33	Physical exam	I	8/8						8/8	Met
L34	Dental exam	I	7/7						7/7	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L35	Preventive screenings	I	7/7						7/7	Met
L36	Recommended tests	I	7/8						7/8	Met (87.50 %)
L37	Prompt treatment	I	8/8						8/8	Met
℞ L38	Physician's orders	I	8/8						8/8	Met
L39	Dietary requirements	I	2/2						2/2	Met
L40	Nutritional food	L	8/8						8/8	Met
L41	Healthy diet	L	8/8						8/8	Met
L42	Physical activity	L	8/8						8/8	Met
L43	Health Care Record	I	6/8						6/8	Not Met (75.00 %)
L44	MAP registration	L	8/8						8/8	Met
L45	Medication storage	L	8/8						8/8	Met
℞ L46	Med. Administration	I	8/8						8/8	Met
L49	Informed of human rights	I	8/8						8/8	Met
L50 (07/21)	Respectful Comm.	I	8/8						8/8	Met
L51	Possessions	I	8/8						8/8	Met
L52	Phone calls	I	8/8						8/8	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
L53	Visitation	I	8/8						8/8	Met
L54 (07/21)	Privacy	I	8/8						8/8	Met
L56	Restrictive practices	I	3/4						3/4	Met
L57	Written behavior plans	I	6/7						6/7	Met (85.71 %)
L60	Data mainten ance	I	7/7						7/7	Met
L61	Health protecti on in ISP	I	8/8						8/8	Met
L62	Health protecti on review	I	4/4						4/4	Met
L63	Med. treatme nt plan form	I	1/8						1/8	Not Met (12.50 %)
L64	Med. treatme nt plan rev.	I	8/8						8/8	Met
L67	Money mgmt. plan	I	4/7						4/7	Not Met (57.14 %)
L68	Funds expendi ture	I	6/7						6/7	Met (85.71 %)
L69	Expendi ture tracking	I	7/7						7/7	Met
L70	Charges for care calc.	I	7/8						7/8	Met (87.50 %)
L71	Charges for care appeal	I	8/8						8/8	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L77	Unique needs training	I	8/8						8/8	Met
L78	Restrictive Int. Training	L	6/6						6/6	Met
L79	Restraint training	L	2/2						2/2	Met
L80	Symptoms of illness	L	8/8						8/8	Met
L81	Medical emergency	L	8/8						8/8	Met
L82	Medication admin.	L	8/8						8/8	Met
L84	Health protect. Training	I	8/8						8/8	Met
L85	Supervision	L	8/8						8/8	Met
L86	Required assessments	I	7/8						7/8	Met (87.50 %)
L87	Support strategies	I	8/8						8/8	Met
L88	Strategies implemented	I	8/8						8/8	Met
L90	Personal space/bedroom privacy	I	8/8						8/8	Met
L91	Incident management	L	2/8						2/8	Not Met (25.00 %)

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	8/8						8/8	Met
L94 (05/22)	Assistive technology	I	8/8						8/8	Met
L96 (05/22)	Staff training in devices and applications	I	7/7						7/7	Met
L99 (05/22)	Medical monitoring devices	I	3/3						3/3	Met
<b>#Std. Met/# 77 Indicator</b>									<b>73/77</b>	
<b>Total Score</b>									<b>80/87</b>	
									<b>91.95%</b>	

## 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	7/7	Met
C8	Family/guardian communication	8/8	Met
C9	Personal relationships	4/8	Not Met (50.0 %)
C10	Social skill development	8/8	Met
C11	Get together w/family & friends	8/8	Met
C12	Intimacy	7/8	Met (87.50 %)
C13	Skills to maximize independence	8/8	Met
C14	Choices in routines & schedules	8/8	Met
C15	Personalize living space	7/8	Met (87.50 %)
C16	Explore interests	6/8	Not Met (75.00 %)
C17	Community activities	6/8	Not Met (75.00 %)
C18	Purchase personal belongings	8/8	Met
C19	Knowledgeable decisions	8/8	Met
C46	Use of generic resources	8/8	Met
C47	Transportation to/ from community	8/8	Met
C48	Neighborhood connections	8/8	Met
C49	Physical setting is consistent	8/8	Met
C51	Ongoing satisfaction with services/ supports	8/8	Met
C52	Leisure activities and free-time choices /control	8/8	Met
C53	Food/ dining choices	8/8	Met