



**PROVIDER REPORT
FOR**

**DDS METRO REGION
OFFICE
465 Waverley Oak Road
Suite 120 Waltham, MA
02452**

May 19, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	DDS METRO REGION OFFICE
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Review Dates	4/4/2023 - 4/10/2023
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Service Enhancement Meeting Date	4/25/2023
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Survey Team	Mark Boghoian (TL) David Bullard Lisa MacPhail
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Citizen Volunteers	
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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	8 location(s) 8 audit (s)	Full Review	79/88 2 Year License 04/25/2023 - 04/25/2025		24 / 26 Certified 04/25/2023 - 04/25/2025
Residential Services	8 location(s) 8 audit (s)			Full Review	18 / 20
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

Metro Residential Services (MRS) is an agency operated by the Massachusetts Department of Developmental Services (DDS) that offers twenty-four-hour residential supports to individuals with Intellectual and Developmental Disabilities; it also provides residential supports to individuals on the Autism Spectrum. The individuals served by MRS cover a wide age-range and present an array of service needs that are provided in twenty-four-hour residential homes located throughout the Metro Boston and Newton South Norfolk areas.

For this 2023 DDS Licensing and Certification survey, the agency was given the option of conducting a self-assessment but elected to have a full DDS Licensing and Certification review conducted by the DDS Metro Office of Quality Enhancement.

Organizationally, MRS evidenced a competent workforce that was replete with qualified and experienced staff from all disciplines. Staff were trained on all DDS mandated topics. The agency reported allegations of abuse and neglect and it took actions to protect individuals upon notification of complaints. MRS also implemented and completed corrective action plans at the conclusion of investigations and administrative reviews. The agency analyzed data it collected from various sources including HCSIS and satisfaction surveys; it reported a reduction in falls that exceeded the national average and attributed this to good communication about individuals, and environmental interventions done by staff and maintenance personnel. In response to satisfaction survey feedback, the agency made improvements to people's homes, such as, installing outdoor patios and gazebos for people to use in the nice weather, and making cosmetic improvements to both the common areas and personal spaces. Additionally, the agency supported people to increase the quality of their communication with family and friends through an increased use of technology (iPad/tablets/cell phone face time) that was in part spurred on by the pandemic.

Relative to residential licensing indicators, MRS supported individuals to be safe in their homes. Residences were found to be clean and in good repair and had required annual inspections. All locations conducted emergency evacuations drills in accordance with DDS approved safety plans and staff supported individuals to evacuate in a timely manner. The agency's well-trained staff, and medical and clinical resources enhanced its ability to provide supports, especially for those people with complex medical and behavioral needs. Individuals received annual/ routine healthcare services and when recommended, follow-up appointments with practitioners were scheduled and attended. Similarly, preventative screenings and recommended tests/lab work were supported as recommended. For individuals with medical needs that required a medical treatment protocol, individualized protocols were developed, and implementation was thorough. MRS also developed and properly implemented behavior plans and behavior modifying medication treatment plans for people who required them.

Relative to certification, MRS supported people to connect with family and friends on an ongoing basis and pursue leisure and social interests of their choice. This was attributed to the agency's ability to retain long-term staff who are knowledgeable about people's backgrounds, preferences, and interests. Individuals were free to pursue leisure activities at their homes and they were also supported to schedule activities to attend with staff and peers in their leisure time. The agency took pride in affording people the opportunity to get together with family, friends and peers who resided at different agency and community locations. MRS had transportation readily available and supported people to access the community for dining, shopping, and other entertainment/ recreational activities.

MRS provides effective supports in many licensing domains, however, there were some areas where added attention is needed. Its Human Rights Committees need to be fully constituted of all requisite membership to be compliant with requirements. It also needs to ensure that the charges for care letters and correspondence it shares with guardians and individuals are sent using the agency's current information and addresses. Regarding media releases, it needs to request and obtain

consent relative to the use of peoples' images in specified social media forums. When there is a need to implement a restrictive practice for one person(s) at a residence that affects all people residing there, it needs to notify guardians/individuals of the rationale for the restriction and provide an explanation regarding how the restriction will be mitigated for those not requiring it. It also needs to develop a money management plan that is approved by the individual/Guardian when it has shared or delegated money management responsibility; additionally, it needs to ensure that individuals funds are used for purposes that solely benefit them. As it relates to ISP goal implementation, support strategies designed to assist people to accomplish their identified ISP goals need to be consistently implemented. As it relates to the promotion of independence, people's need for assistive technology needs to be assessed and supported.

In the areas of certification, MRS should give additional attention to some areas. It needs to assess people to identify their preferences and need for intimacy and companionship and provide the needed support in these areas. The agency also needs to establish a formal/consistent process for garnering input from individuals into the hiring and ongoing evaluation of the staff that support them.

MRS will receive a Two-Year License for the residential service grouping with a score of 90% Met for licensing indicators. The agency is also certified for the residential service grouping with a score of 92% Met for certification indicators. The agency will complete its own follow-up review of licensing indicators that were not met within 60 days of the Service Enhancement meeting and submit the result to the DDS Metro Office of Quality Enhancement.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Residential and Individual Home Supports	71/78	7/78	
Residential Services			
Critical Indicators	8/8	0/8	
Total	79/88	9/88	90%
2 Year License			
# indicators for 60 Day Follow-up		9	

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 agency's two Human Rights Committees, that serve individuals *in different geographical locations lacked the required membership composition over the past two years. The agency needs to ensure that both of its Human Rights Committees recruit and maintain the required members in accordance with DDS requirements.
L66	All restraints are reviewed by the Human Rights Committee.	One restraint report was not reviewed by the Human Rights Committee within the required timeframe. The agency needs to ensure that restraint reports are reviewed by the human rights committee within 120 days.

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

Indicator #	Indicator	Area Needing Improvement
L55	Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.	Of the eight consents obtained for the use of photographic images, none provided a choice of mediums where photographs will be used. The agency needs to ensure that when obtaining photographic consents, it clearly identifies the chosen mediums where images will be used.

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

Indicator #	Indicator	Area Needing Improvement
L56	Restrictive practices intended for one individual that affect all individuals 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.	At one of two locations where there was a restrictive practice for one individual that affected all individuals, the notification was not obtained in line with requirements. The agency needs to ensure that when implementing a restrictive practice, it provides written notification to guardians (and conveys to individuals) information about the restriction that includes the rationale for the restriction, mitigating practices for those not requiring the restriction, and a plan to fade/remove the practice.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For two of eight individuals with whom the agency had shared or delegated money management responsibility, the agency did not develop written plans that included a training plan. The agency needs to ensure that when it has shared or delegated money management responsibility, it develops a written plan that includes a training component (unless one is determined to not be required by the ISP team).
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.	At two of eight locations, individuals' funds were used for expenditure that did not solely benefit them (to pay for items/services that are part of the agency's contractual obligations). The agency needs to ensure that individuals funds are used solely for expenditure that benefit them.
L71	Individuals are notified of their appeal rights for their charges for care.	Eight individuals and/or their guardians whose charges for care were reviewed were not given adequate notification relative to their rights to appeal those charges (the department name and address listed on the header of the document were not current). The agency needs to ensure that charges for care notifications contains current information.
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 eight individuals, support strategies were not being implemented as agreed upon to support them to meet their identified ISP goals. The agency needs to ensure that support strategies designed to assist people in meeting their identified goals are well supported.
L94 (05/22)	Individuals have assistive technology to maximize independence.	For three of eight individuals, support to identify and/or acquire assistive technology to aid in increasing their independence was not evident. The agency needs to ensure that individuals are assessed relative to their need for assistive technology, and support is offered to use those technologies.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	18/20	2/20	
Residential Services	18/20	2/20	
Total	24/26	2/26	92%
Certified			

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.	For seven of eight individuals, the agency did not have a formal process for obtaining their feedback relative to the hiring and ongoing performance evaluation of staff that support them. The agency needs to develop a process for ensuring consistent individual input into the hiring and ongoing evaluation of staff that support them.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	It was inevident that all eight individuals were supported to explore, define, and express their need for intimacy and companionship. The agency needs to ensure that it trains, assesses and supports individuals relative to their need for companionship and intimacy.

MASTER SCORE SHEET LICENSURE

Organizational: DDS METRO REGION OFFICE

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	0/2	Not Met(0 %)
L65	Restraint report submit	1/1	Met
L66	HRC restraint review	0/1	Not Met(0 %)
L74	Screen employees	3/3	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	8/8						8/8	Met
L5	Safety Plan	L	7/8						7/8	Met (87.50 %)
R L6	Evacuation	L	8/8						8/8	Met
L7	Fire Drills	L	8/8						8/8	Met
L8	Emergency Fact Sheets	I	8/8						8/8	Met
L9 (07/21)	Safe use of equipment	I	8/8						8/8	Met
R L11	Required inspections	L	8/8						8/8	Met
R L12	Smoke detectors	L	8/8						8/8	Met
R L13	Clean location	L	8/8						8/8	Met
L14	Site in good repair	L	6/6						6/6	Met
L15	Hot water	L	7/8						7/8	Met (87.50 %)
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	7/8						7/8	Met (87.50 %)
L23	Egress door locks	L	1/1						1/1	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	5/5						5/5	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	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
L35	Preventive screenings	I	7/7						7/7	Met
L36	Recommended tests	I	8/8						8/8	Met
L37	Prompt treatment	I	8/8						8/8	Met
℞ L38	Physician's orders	I	6/6						6/6	Met
L39	Dietary requirements	I	7/7						7/7	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	8/8						8/8	Met
L44	MAP registration	L	8/8						8/8	Met
L45	Medication storage	L	8/8						8/8	Met
℞ L46	Med. Administration	I	7/8						7/8	Met (87.50 %)
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
L55	Informed consent	I	0/8						0/8	Not Met (0 %)
L56	Restrictive practices	I	1/2						1/2	Not Met (50.0 %)
L57	Written behavior plans	I	4/4						4/4	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	4/4						4/4	Met
L61	Health protection in ISP	I	5/6						5/6	Met (83.33 %)
L62	Health protection review	I	1/1						1/1	Met
L63	Med. treatment plan form	I	7/8						7/8	Met (87.50 %)
L64	Med. treatment plan rev.	I	7/8						7/8	Met (87.50 %)
L67	Money mgmt. plan	I	6/8						6/8	Not Met (75.00 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L68	Funds expenditure	I	6/8						6/8	Not Met (75.00 %)
L69	Expenditure tracking	I	8/8						8/8	Met
L70	Charges for care calc.	I	8/8						8/8	Met
L71	Charges for care appeal	I	0/8						0/8	Not Met (0 %)
L77	Unique needs training	I	8/8						8/8	Met
L78	Restrictive Int. 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	6/6						6/6	Met
L85	Supervision	L	8/8						8/8	Met
L86	Required assessments	I	6/7						6/7	Met (85.71 %)
L87	Support strategies	I	7/8						7/8	Met (87.50 %)
L88	Strategies implemented	I	5/8						5/8	Not Met (62.50 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L90	Personal space/bedroom privacy	I	8/8						8/8	Met
L91	Incident management	L	7/8						7/8	Met (87.50 %)
L93 (05/22)	Emergency back-up plans	I	8/8						8/8	Met
L94 (05/22)	Assistive technology	I	5/8						5/8	Not Met (62.50 %)
L96 (05/22)	Staff training in devices and applications	I	4/4						4/4	Met
L99 (05/22)	Medical monitoring devices	I	1/1						1/1	Met
#Std. Met/# 78 Indicator									71/78	
Total Score									79/88	
									89.77%	

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	1/8	Not Met (12.50 %)
C8	Family/guardian communication	8/8	Met
C9	Personal relationships	8/8	Met
C10	Social skill development	8/8	Met
C11	Get together w/family & friends	8/8	Met
C12	Intimacy	0/8	Not Met (0 %)
C13	Skills to maximize independence	8/8	Met
C14	Choices in routines & schedules	8/8	Met
C15	Personalize living space	8/8	Met
C16	Explore interests	8/8	Met
C17	Community activities	8/8	Met
C18	Purchase personal belongings	6/6	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	7/8	Met (87.50 %)
C51	Ongoing satisfaction with services/ supports	8/8	Met
C52	Leisure activities and free-time choices /control	8/8	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C53	Food/ dining choices	8/8	Met