



**PROVIDER REPORT  
FOR**

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

**June 16, 2025**

**Version**

**Public Provider Report**

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

# **SUMMARY OF OVERALL FINDINGS**

**Provider** DDS METRO REGION OFFICE

**Review Dates** 5/12/2025 - 5/16/2025

**Service Enhancement Meeting Date** 6/2/2025

**Survey Team** Melanie Hutchison  
Melanie Cruz (TL)

**Citizen Volunteers**

**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>	7 location(s) 7 audit (s)	Full Review	78/84 2 Year License 06/02/2025 - 06/02/2027		24 / 26 Certified 06/02/2025 - 06/02/2027
Residential Services	7 location(s) 7 audit (s)			Full Review	18 / 20
Planning and Quality Management				Full Review	6 / 6

## **EXECUTIVE SUMMARY :**

DDS Metro Region Office, also known as Metro Residential Services, (MRS) was formed in 1997 in response to a regional realignment with the Department of Developmental Services. The agency operates in the Metro Region where services comprise 29 state-operated, 24-hour residential sites, serving approximately 130 individuals with Intellectual and Developmental Disabilities.

For this 2025 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.

Survey findings yielded many positive results. At the organizational level, MRS demonstrated the presence of effective organizational systems in many areas, for example, they implemented clear policies and procedures for the reporting of any allegations of abuse and neglect; when complaints were filed immediate actions were taken to protect individuals and recommended action plans were implemented. As it relates to staff competency, the screening of potential employees occurred as required, credentialed staff licenses were found to be current, and staff were trained in all mandated topics.

Residential licensure findings showed many areas with positive outcomes for the individuals MRS serves. As it relates to safety, safe evacuation drills for individuals were conducted in accordance with DDS approved Safety Plans. Homes that were visited were clean and in good repair. Some of the homes had added sensory areas to help individuals with self-regulation and other homes had been modified to provide a more open and accessible living environment.

In the area of health care, individuals were supported to have annual physical and dental examinations, and follow-up and recommended tests were completed. Physician ordered medical treatment protocols were well implemented, and people were supported to have healthy diets and maintain an active lifestyle. The agency's utilization of specialized medical staff such as LPN's, RN's, occupational and physical therapists, and clinical and behavioral professionals, provided an enhanced ability to support individuals with complex medical and behavioral needs. In all locations, staff administered medication consistent with the Medication Administration Program (MAP) policies. In the area of human rights, individuals and guardians were oriented to their human rights and abuse and neglect reporting. When needed for behavioral support, Positive Behavior Support plans and/or behavior modifying medication treatment plans were in place, received the necessary reviews, and data was being collected on the frequency of target behaviors. At all sites, it was noteworthy that oral and written communication with and about individuals was respectful.

Regarding certification, MRS supported individuals to maintain relationships with friends and family through phone calls and in-person visits. The agency recently began to use Navigating Life, an application that connects individuals, staff, guardians, family members, and DDS service coordinators to day-to-day events within a home. Individuals were also supported to pursue leisure and social interests of their choice. Most homes assisted individuals to host gatherings for friends and family throughout the year, including themed events for holidays or seasonal activities. MRS had transportation available in all homes, including assistance with public transportation options, and supported people to access the community for dining, shopping, and other entertainment/ recreational activities.

In addition to these positive findings, the survey identified some areas where additional attention is needed from the agency.

At the organizational level, the agency's Human Rights Committee did not meet membership requirements, nor did they conduct an annual review of the agency's policies and procedures for human rights. Restraint reports were not consistently submitted/finalized within the established

timeframes.

In the area of Licensure, water temperatures need to measure within required parameters. Routine and preventive health screenings should occur in accordance with the age and gender of an individual or as recommended by a physician. Charges for care calculations must be accurate and formulated from current entitlement and salary information, and individuals and guardians must be notified of their appeal rights for charges for care.

In the area of Certification, MRS is encouraged to ensure that all individuals should be assessed to identify their preferences and needs for intimacy and companionship, and any needed training and support provided. The agency also needs to establish a formal and consistent process for garnering input from individuals into the hiring and ongoing evaluation of the staff who support them.

As a result of this review, MRS will receive a Two-Year License for its Residential service grouping with a score of 93% met in licensing indicators. The agency is also certified for its Residential service grouping with a score of 92% met in certification indicators. Within 60 days of the Service Enhancement Meeting, the agency will complete its own follow-up review of licensing indicators that were not met and submit their results to the DDS Metro Office of Quality Enhancement.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>8/10</b>	<b>2/10</b>	
<b>Residential and Individual Home Supports</b>	<b>70/74</b>	<b>4/74</b>	
Residential Services			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>78/84</b>	<b>6/84</b>	<b>93%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>6</b>	

### **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.	Both Human Rights Committees did not have a minimum of five voting members and did not have a member with legal expertise. A review of meeting minutes revealed that the Human Rights Committees did not review agency policies which may impact individuals' human rights or the agency's human rights training materials and processes.
L65	Restraint reports are submitted within required timelines.	Three of eight restraint reports were not finalized within five calendar days. The agency needs to ensure that it submits and finalizes all restraint reports within the established timeframes.

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

Indicator #	Indicator	Area Needing Improvement
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At two of seven locations hot water temperature tested outside the required range of 110-120 degrees for the kitchen and bathroom faucets and 110-112 for showers/baths. The agency needs to ensure water temperatures are maintained to be within the required range.
L35	Individuals receive routine preventive screenings.	For three of seven individuals, routine and preventive screenings had not occurred. The agency needs to ensure that individuals receive preventive health screenings in accordance with their age and gender.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L70	Charges for care are calculated appropriately.	For two of seven individuals, the accuracy of the charges for care calculations could not be verified. The agency needs to ensure that charges for care are calculated appropriately.
L71	Individuals are notified of their appeal rights for their charges for care.	For three of the seven individuals, guardians were not notified of appeal rights for charges of care. The agency needs to ensure that individuals and guardians are notified of their appeal rights for their charges for care.

## CERTIFICATION FINDINGS

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

### **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.	None of the seven individuals were provided opportunities to give feedback at the time of hire for prospective new staff, nor were they provided opportunities to give feedback on the performance of staff who support them. The agency needs to develop an effective process for incorporating feedback from individuals at the time of hire, and on an ongoing basis, regarding the performance of staff who provide support to them.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For three of seven individuals, the agency had not been assessed with regard to their needs in the areas of intimacy and companionship; nor had education and support in these areas been provided. The agency needs to develop a mechanism to assess all individuals relative to their preferences for intimacy and companionship and have available a curriculum to provide training and support to individuals and support staff in this area.

**MASTER SCORE SHEET LICENSURE**

**Organizational: DDS METRO REGION OFFICE**

<b>Indicator #</b>	<b>Indicator</b>	<b>Met/Rated</b>	<b>Rating(Met,Not Met,NotRated)</b>
Ⓡ L2	Abuse/neglect reporting	<b>7/7</b>	<b>Met</b>
L3	Immediate Action	<b>15/15</b>	<b>Met</b>
L4	Action taken	<b>15/15</b>	<b>Met</b>
L48	HRC	<b>0/2</b>	<b>Not Met(0 % )</b>
L65	Restraint report submit	<b>5/8</b>	<b>Not Met(62.50 % )</b>
L66	HRC restraint review	<b>6/6</b>	<b>Met</b>
L74	Screen employees	<b>5/5</b>	<b>Met</b>
L75	Qualified staff	<b>7/7</b>	<b>Met</b>
L76	Track trainings	<b>16/20</b>	<b>Met(80.0 % )</b>
L83	HR training	<b>20/20</b>	<b>Met</b>

**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	7/7						7/7	Met
L5	Safety Plan	L	6/7						6/7	Met (85.71%)
℞ L6	Evacuation	L	7/7						7/7	Met
L7	Fire Drills	L	7/7						7/7	Met
L8	Emergency Fact Sheets	I	6/7						6/7	Met (85.71%)
L9 (07/21)	Safe use of equipment	I	7/7						7/7	Met
L10	Reduce risk interventions	I	1/1						1/1	Met
℞ L11	Required inspections	L	7/7						7/7	Met
℞ L12	Smoke detectors	L	7/7						7/7	Met
℞ L13	Clean location	L	7/7						7/7	Met
L14	Site in good repair	L	3/3						3/3	Met
L15	Hot water	L	5/7						5/7	Not Met (71.43%)
L16	Accessibility	L	7/7						7/7	Met
L17	Egress at grade	L	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
L19	Bedroom location	L	6/6						6/6	Met
L20	Exit doors	L	7/7						7/7	Met
L21	Safe electrical equipment	L	7/7						7/7	Met
L22	Well-maintained appliances	L	6/7						6/7	Met (85.71%)
L24	Locked door access	L	6/7						6/7	Met (85.71%)
L25	Dangerous substances	L	7/7						7/7	Met
L26	Walkway safety	L	7/7						7/7	Met
L28	Flammables	L	7/7						7/7	Met
L29	Rubbish/combustibles	L	7/7						7/7	Met
L30	Protective railings	L	7/7						7/7	Met
L31	Communication method	I	7/7						7/7	Met
L32	Verbal & written	I	7/7						7/7	Met
L33	Physical exam	I	7/7						7/7	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	4/7						4/7	Not Met (57.14%)
L36	Recommended tests	I	7/7						7/7	Met
L37	Prompt treatment	I	7/7						7/7	Met
℞ L38	Physician's orders	I	7/7						7/7	Met
L39	Dietary requirements	I	5/5						5/5	Met
L40	Nutritional food	L	7/7						7/7	Met
L41	Healthy diet	L	7/7						7/7	Met
L42	Physical activity	L	7/7						7/7	Met
L43	Health Care Record	I	6/7						6/7	Met (85.71%)
L44	MAP registration	L	7/7						7/7	Met
L45	Medication storage	L	7/7						7/7	Met
℞ L46	Med. Administration	I	6/7						6/7	Met (85.71%)
L49	Informed of human rights	I	7/7						7/7	Met
L50 (07/21)	Respectful Comm.	I	7/7						7/7	Met
L51	Possessions	I	7/7						7/7	Met
L52	Phone calls	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
L53	Visitation	I	7/7						7/7	Met
L54 (07/21)	Privacy	I	7/7						7/7	Met
L55	Informed consent	I	3/3						3/3	Met
L57	Written behavior plans	I	6/6						6/6	Met
L60	Data maintenance	I	5/6						5/6	Met (83.33%)
L61	Health protection in ISP	I	7/7						7/7	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	6/7						6/7	Met (85.71%)
L68	Funds expenditure	I	7/7						7/7	Met
L69	Expenditure tracking	I	6/7						6/7	Met (85.71%)
L70	Charges for care calc.	I	5/7						5/7	Not Met (71.43%)
L71	Charges for care appeal	I	4/7						4/7	Not Met (57.14%)
L77	Unique needs training	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
L78	Restrictive Int. Training	L	3/3						3/3	Met
L79	Restraint training	L	1/1						1/1	Met
L80	Symptoms of illness	L	7/7						7/7	Met
L81	Medical emergency	L	7/7						7/7	Met
L82	Medication admin.	L	7/7						7/7	Met
L84	Health protect. Training	I	6/7						6/7	Met (85.71%)
L85	Supervision	L	7/7						7/7	Met
L86	Required assessments	I	5/6						5/6	Met (83.33%)
L87	Support strategies	I	6/6						6/6	Met
L88	Strategies implemented	I	6/6						6/6	Met
L90	Personal space/bedroom privacy	I	7/7						7/7	Met
L91	Incident management	L	6/7						6/7	Met (85.71%)
L93 (05/22)	Emergency back-up plans	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
L94 (05/22)	Assistive technology	I	6/7						6/7	Met (85.71%)
L96 (05/22)	Staff training in devices and applications	I	4/4						4/4	Met
L99 (05/22)	Medical monitoring devices	I	5/5						5/5	Met
<b>#Std. Met/# 74 Indicator</b>									<b>70/74</b>	
<b>Total Score</b>									<b>78/84</b>	
									<b>92.86%</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

<b>Indicator #</b>	<b>Indicator</b>	<b>Met/Rated</b>	<b>Rating</b>
C7	Feedback on staff / care provider performance	0/7	<b>Not Met (0 %)</b>
C8	Family/guardian communication	7/7	<b>Met</b>
C9	Personal relationships	7/7	<b>Met</b>
C10	Social skill development	7/7	<b>Met</b>
C11	Get together w/family & friends	7/7	<b>Met</b>
C12	Intimacy	3/7	<b>Not Met (42.86 %)</b>
C13	Skills to maximize independence	7/7	<b>Met</b>
C14	Choices in routines & schedules	7/7	<b>Met</b>
C15	Personalize living space	7/7	<b>Met</b>
C16	Explore interests	7/7	<b>Met</b>
C17	Community activities	7/7	<b>Met</b>
C18	Purchase personal belongings	7/7	<b>Met</b>
C19	Knowledgeable decisions	7/7	<b>Met</b>
C46	Use of generic resources	7/7	<b>Met</b>
C47	Transportation to/ from community	7/7	<b>Met</b>
C48	Neighborhood connections	7/7	<b>Met</b>
C49	Physical setting is consistent	7/7	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	7/7	<b>Met</b>
C52	Leisure activities and free-time choices /control	7/7	<b>Met</b>
C53	Food/ dining choices	7/7	<b>Met</b>