



**PROVIDER REPORT
FOR**

**DDS NORTHEAST STATE OP
450 Maple St., Box A
Hathorne, MA 01937**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider DDS NORTHEAST STATE OP

Review Dates 12/7/2022 - 12/13/2022

**Service Enhancement
Meeting Date** 12/28/2022

Survey Team Anne Carey
Raquel Rodriguez
Meagan Caccioppoli
John Hazelton
John Downing (TL)
Jennifer Conley-Sevier
Cheryl Dolan

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	20 location (s) 21 audit (s)	Full Review	88/92 2 Year License 12/28/2022 - 12/28/2024		45 / 47 Certified 12/28/2022 - 12/28/2024
Residential Services	18 location (s) 18 audit (s)			Full Review	18 / 20
Respite Services	1 location(s) 2 audit (s)			No Review	No Review
Individual Home Supports	1 location(s) 1 audit (s)			Full Review	21 / 21
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

Northeast Residential Services (NRS) is a state operated agency which provides 24-hour residential and Individual Home Supports (I H S) to individuals with developmental and intellectual disabilities. Residential homes are located throughout the Northeast region's geographic areas including the Merrimack Valley, Central Middlesex, Metro North and North Shore areas. In 2022, the agency added Respite Supports to its license and began providing respite services to individuals transitioning to adult services or awaiting full-time placement.

The scope of this survey conducted by the DDS Office of Quality Enhancement (OQE) was a full review of all licensing and certification indicators within the agency's Residential, Respite and Individual Home Supports programs.

The survey identified a number of accomplishments on the part of the agency. The agency demonstrated overall strength in the domain of Personal and Environmental Safety. Allegations of abuse were reported as mandated, immediate protective measures were implemented timely, and requested follow-up actions plans were followed. Comprehensive assessments had been completed for individuals, evaluating each person's skills and abilities to ensure their safe use of equipment within their homes. Sites surveyed were found to be clean, and with all required inspections completed. The agency demonstrated its ability to quickly respond and correct reported or identified maintenance issues. For example, most water temperatures were adjusted and corrected at the time of review, and an issue identified with a self-closing door was repaired within 48 hours of being identified. At all other locations, fire safety in terms of equipment, functionality, inspection, and program evacuation times was noteworthy.

Another area of strength was noted with regard to medication administration and health care. In all of the homes surveyed, individuals' medication was being administered by nurses or MAP-certified staff according to doctor's orders and charted accordingly. Individuals received their annual physical and dental exams, as well as routine screenings and prompt treatment for re-occurring conditions. Individuals were supported to follow healthy diets by having adequate amounts of nutritional food on-hand, and to engage in physical activity. One individual was supported to lose weight and achieved a loss of more than 30 pounds in one year's time through self-selected changes in food types and portions.

In addition to having an effective Human Rights Committee (HRC), NRS provided human rights training to all staff, individuals and their guardians. Measures intended to reduce risk of harm and physical injury, such as restrictive practices and use of protective and supportive devices that infringe on free movement, were supported with a rationale and review by the agency's HRC.

The agency's continued commitment to the implementation and use of Positive Behavior Supports (PBS) was again recognized as an agency strength. Staff were well-versed in PBS evidenced during the survey through observations, interviews and documentation review. As a result, continued reductions in the use of behavior modifying medications were identified and fewer behavior plans were needed. At one location surveyed, the reduction in behaviors has allowed for the residents to enjoy a Christmas tree complete with lights and ornaments.

There were a few licensing indicator outcomes that demonstrated the agency should continue to focus efforts to improve its system to ensure Incident Reports are submitted within required timelines. The agency needs to review or revise current procedures to monitor hot water temperatures and ensure all sources of hot water are delivering between 110 and 120 degrees. Additionally, Emergency Fact Sheets need to be accurate, contain all required components and be updated whenever significant information relative to health and safety of the individual is identified. The agency should focus on producing a more detailed and complete funds management plan that includes all funding sources, amounts, location, access and training.

In regard to certification indicators within the domain of Choice, Control and Growth, the agency staff were knowledgeable and supportive of individuals' personal preferences and satisfaction. For example, in several homes, individuals' bedrooms and common spaces were personalized and decorated according to their tastes and preferences. Individuals were supported to express their level of satisfaction with services and supports and make changes when desired. Individuals had input in menu planning and dining preferences.

Although it was evident that the agency implemented creative opportunities to ensure individuals had input both at the time of hire and on an ongoing basis of the staff that supports them, the agency needs to ensure the input of all individuals is solicited, and then implement a mechanism to ensure that the information gathered from individuals' feedback is incorporated into the staff evaluation process and used to guide staff training and development as a means to improve service delivery. The agency's support in the area of intimacy and companionship needs to be strengthened. The agency would benefit from enhancing its current practice to adopt a more consistent process of ensuring that each individual's interest and support need in this area has been evaluated.

As a result of this survey, Northeast Residential Services (NRS) met 96% of the licensing indicators rated, with all critical indicators rated met. The agency will receive a Two-Year License for its Residential, Respite and I H S service group. The agency also met 96 % of all certification indicators and is certified. As a result of the positive outcome, NRS will conduct its own follow up on those licensing indicators rated not met, within 60 days.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Residential and Individual Home Supports	78/82	4/82	
Residential Services Respite Services Individual Home Supports			
Critical Indicators	8/8	0/8	
Total	88/92	4/92	96%
2 Year License			
# indicators for 60 Day Follow-up		4	

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

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	For six individuals, their Emergency Fact Sheets were missing required information or updated information. The agency needs to ensure every person's Emergency Fact Sheet contains all required components and that the information is up to date and accurate.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At four locations, the hot water temperatures at one or more sources registered outside the required parameters. The agency needs to ensure all sources of hot water are delivered at a minimum temperature of 110 degrees Fahrenheit and a maximum of 120 degrees F.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For seven individuals, the agency's funds management plans were missing required components and/or did not contain an accompanying training plan. For every individual for whom the agency has shared or delegated money management responsibilities, there needs to be a written funds management plan accompanied by a training plan. The management plan needs to include all sources of income, identification of the institutions holding the funds, representative payee designation, budgeted monthly expenses, if applicable the dollar amount the individual can hold or manage independently, and how the individual accesses their money.

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 nine locations, not every incident report was filed and/or reviewed within the regulatory timelines. The agency needs to ensure all incident reports are submitted within 1 to 3 business days of the incident based on classification, and finalized within 7 business days of the incident.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	39/41	2/41	
Individual Home Supports	21/21	0/21	
Residential Services	18/20	2/20	
Total	45/47	2/47	96%
Certified			

Residential Services Commendations on Standards Met:

Indicator #	Indicator	Commendations
C15	Staff (Home Providers) support individuals to personalize and decorate their rooms/homes and personalize common areas according to their tastes and preferences.	At several of the locations surveyed there were shining examples of the agency's commitment to supporting individuals to personalize and decorate their rooms and common spaces according to their tastes and preferences. In each example, the items, objects, lights or sounds found in the individual's bedroom was a true and rich reflection of their documented and stated interests. Staff were knowledgeable of each person and their interests. In some instances, sensory stimulation was a focus while in others hobbies, sports, fashion and favorite places were the themes. At one location, the individuals were able to express themselves through individually created works of art proudly displayed as a collection on the living room "Wall of Art". In all cases, it was evident that these decorations and sensory items enriched the individuals' lives, and they are supported to express themselves and live in an environment that reflects their preferences. The agency is commended for the support provided to individuals in this area.

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.	Six individuals did not have opportunities to provide feedback either at the time of hire or on an ongoing basis on the performance of staff that support them. The agency needs to ensure every individual has an opportunity to have input on the hiring and ongoing performance of the staff that supports them.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For seven individuals, there was no support to explore, define and express their need for intimacy and companionship. The agency needs to ensure all individuals are supported to explore, define and express their need for intimacy and companionship. For those individual's needing support, the agency needs to ensure education is provided in a manner consistent with the individual's ability to learn and understand.

MASTER SCORE SHEET LICENSURE

Organizational: DDS NORTHEAST STATE OP

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	20/20	Met
L3	Immediate Action	14/15	Met(93.33 %)
L4	Action taken	15/15	Met
L48	HRC	1/1	Met
L65	Restraint report submit	516/587	Met(87.90 %)
L66	HRC restraint review	587/587	Met
L74	Screen employees	11/11	Met
L75	Qualified staff	8/8	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	18/18	1/1		2/2			21/21	Met
L3	Immediate Action	L				1/1			1/1	Met
L5	Safety Plan	L	17/18	1/1		1/1			19/20	Met (95.00 %)
℞ L6	Evacuation	L	18/18	1/1		1/1			20/20	Met
L7	Fire Drills	L	18/18						18/18	Met
L8	Emergency Fact Sheets	I	12/18	1/1		2/2			15/21	Not Met (71.43 %)
L9 (07/21)	Safe use of equipment	I	18/18	1/1		2/2			21/21	Met
L10	Reduce risk interventions	I	12/13			2/2			14/15	Met (93.33 %)
℞ L11	Required inspections	L	18/18			1/1			19/19	Met
℞ L12	Smoke detectors	L	17/18			1/1			18/19	Met (94.74 %)
℞ L13	Clean location	L	18/18			1/1			19/19	Met
L14	Site in good repair	L	17/17			1/1			18/18	Met
L15	Hot water	L	14/18			1/1			15/19	Not Met (78.95 %)
L16	Accessibility	L	18/18			1/1			19/19	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
L17	Egress at grade	L	18/18			1/1			19/19	Met
L18	Above grade egress	L	12/13			1/1			13/14	Met (92.86 %)
L19	Bedroom location	L	17/17			1/1			18/18	Met
L20	Exit doors	L	15/16			1/1			16/17	Met (94.12 %)
L21	Safe electrical equipment	L	18/18			1/1			19/19	Met
L22	Well- maintained appliances	L	16/18			1/1			17/19	Met (89.47 %)
L23	Egress door locks	L	16/17			1/1			17/18	Met (94.44 %)
L24	Locked door access	L	18/18	1/1		1/1			20/20	Met
L25	Dangerous substances	L	18/18			1/1			19/19	Met
L26	Walkway safety	L	18/18			1/1			19/19	Met
L28	Flammables	L	18/18			1/1			19/19	Met
L29	Rubbish /combustibles	L	18/18			1/1			19/19	Met
L30	Protective railings	L	17/17			1/1			18/18	Met
L31	Communication method	I	18/18	1/1		2/2			21/21	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
L32	Verbal & written	I	18/18	1/1		2/2			21/21	Met
L33	Physical exam	I	17/18	1/1					18/19	Met (94.74 %)
L34	Dental exam	I	18/18	1/1					19/19	Met
L35	Preventi ve screenin gs	I	17/18	1/1					18/19	Met (94.74 %)
L36	Recom mended tests	I	16/18	1/1					17/19	Met (89.47 %)
L37	Prompt treatme nt	I	18/18	1/1		2/2			21/21	Met
℞ L38	Physicia n's orders	I	14/16			2/2			16/18	Met (88.89 %)
L39	Dietary require ments	I	14/14						14/14	Met
L40	Nutrition al food	L	18/18	1/1		1/1			20/20	Met
L41	Healthy diet	L	18/18	1/1		1/1			20/20	Met
L42	Physical activity	L	18/18	1/1					19/19	Met
L43	Health Care Record	I	17/18	1/1					18/19	Met (94.74 %)
L44	MAP registrat ion	L	18/18	1/1		1/1			20/20	Met
L45	Medicati on storage	L	17/18	1/1		1/1			19/20	Met (95.00 %)
℞ L46	Med. Adminis tration	I	16/18	1/1		2/2			19/21	Met (90.48 %)
L47	Self medicati on	I	3/3	1/1					4/4	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
L49	Informed of human rights	I	18/18	1/1		2/2			21/21	Met
L50 (07/21)	Respectful Comm.	I	18/18	1/1		2/2			21/21	Met
L51	Possessions	I	18/18	1/1		2/2			21/21	Met
L52	Phone calls	I	17/18	1/1		2/2			20/21	Met (95.24 %)
L53	Visitation	I	18/18	1/1		2/2			21/21	Met
L54 (07/21)	Privacy	I	18/18	1/1		2/2			21/21	Met
L55	Informed consent	I	2/2						2/2	Met
L56	Restrictive practices	I	12/14			2/2			14/16	Met (87.50 %)
L57	Written behavior plans	I	9/10			2/2			11/12	Met (91.67 %)
L58	Behavior plan component	I	10/10			2/2			12/12	Met
L59	Behavior plan review	I	10/10			2/2			12/12	Met
L60	Data maintenance	I	10/10			2/2			12/12	Met
L61	Health protection in ISP	I	14/14						14/14	Met
L62	Health protection review	I	13/14						13/14	Met (92.86 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L63	Med. treatment plan form	I	17/17	1/1					18/18	Met
L64	Med. treatment plan rev.	I	17/18	1/1					18/19	Met (94.74 %)
L67	Money mgmt. plan	I	11/17	1/1					12/18	Not Met (66.67 %)
L68	Funds expenditure	I	18/18	1/1		2/2			21/21	Met
L69	Expenditure tracking	I	17/18	1/1		2/2			20/21	Met (95.24 %)
L70	Charges for care calc.	I	16/18	1/1					17/19	Met (89.47 %)
L71	Charges for care appeal	I	17/18	1/1					18/19	Met (94.74 %)
L77	Unique needs training	I	18/18	1/1		2/2			21/21	Met
L78	Restrictive Int. Training	L	13/14			1/1			14/15	Met (93.33 %)
L79	Restraint training	L	12/12			1/1			13/13	Met
L80	Symptoms of illness	L	18/18	1/1		1/1			20/20	Met
L81	Medical emergency	L	18/18	1/1		1/1			20/20	Met
RE L82	Medication admin.	L	18/18			1/1			19/19	Met
L84	Health protect. Training	I	14/14						14/14	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L85	Supervision	L	18/18	1/1		1/1			20/20	Met
L86	Required assessments	I	16/18	1/1					17/19	Met (89.47 %)
L87	Support strategies	I	17/18	1/1					18/19	Met (94.74 %)
L88	Strategies implemented	I	17/18	1/1					18/19	Met (94.74 %)
L90	Personal space/ bedroom privacy	I	17/18	1/1					18/19	Met (94.74 %)
L91	Incident management	L	10/18	1/1		0/1			11/20	Not Met (55.00 %)
L93 (05/22)	Emergency back-up plans	I	18/18	1/1		2/2			21/21	Met
L94 (05/22)	Assistive technology	I	15/18	1/1		2/2			18/21	Met (85.71 %)
L96 (05/22)	Staff training in devices and applications	I	14/14			2/2			16/16	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L99 (05/22)	Medical monitoring devices	I	2/2						2/2	Met
#Std. Met/# 82 Indicator									78/82	
Total Score									88/92	
									95.65%	

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	12/18	Not Met (66.67 %)
C8	Family/guardian communication	18/18	Met
C9	Personal relationships	18/18	Met
C10	Social skill development	18/18	Met
C11	Get together w/family & friends	18/18	Met
C12	Intimacy	11/18	Not Met (61.11 %)

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C13	Skills to maximize independence	18/18	Met
C14	Choices in routines & schedules	18/18	Met
C15	Personalize living space	18/18	Met
C16	Explore interests	15/18	Met (83.33 %)
C17	Community activities	16/18	Met (88.89 %)
C18	Purchase personal belongings	17/18	Met (94.44 %)
C19	Knowledgeable decisions	18/18	Met
C46	Use of generic resources	17/18	Met (94.44 %)
C47	Transportation to/ from community	18/18	Met
C48	Neighborhood connections	16/18	Met (88.89 %)
C49	Physical setting is consistent	18/18	Met
C51	Ongoing satisfaction with services/ supports	17/18	Met (94.44 %)
C52	Leisure activities and free-time choices /control	18/18	Met
C53	Food/ dining choices	18/18	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	1/1	Met
C8	Family/guardian communication	1/1	Met
C9	Personal relationships	1/1	Met
C10	Social skill development	1/1	Met
C11	Get together w/family & friends	1/1	Met
C12	Intimacy	1/1	Met
C13	Skills to maximize independence	1/1	Met
C14	Choices in routines & schedules	1/1	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	1/1	Met
C17	Community activities	1/1	Met
C18	Purchase personal belongings	1/1	Met
C19	Knowledgeable decisions	1/1	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C21	Coordinate outreach	1/1	Met
C46	Use of generic resources	1/1	Met
C47	Transportation to/ from community	1/1	Met
C48	Neighborhood connections	1/1	Met
C49	Physical setting is consistent	1/1	Met
C51	Ongoing satisfaction with services/ supports	1/1	Met
C52	Leisure activities and free-time choices /control	1/1	Met
C53	Food/ dining choices	1/1	Met