



**PROVIDER REPORT  
FOR**

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

**February 14, 2025**

**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** 1/6/2025 - 1/10/2025

**Service Enhancement Meeting Date** 1/27/2025

**Survey Team** Raquel Rodriguez  
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**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>	21 location (s) 21 audit (s)	Full Review	84/90 2 Year License 01/27/2025 - 01/27/2027		44 / 47 Certified 01/27/2025 - 01/27/2027
Residential Services	18 location (s) 18 audit (s)			Full Review	17 / 20
Respite Services	1 location(s) 1 audit (s)			No Review	No Review
Individual Home Supports	2 location(s) 2 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 (IHS) to individuals with developmental and intellectual disabilities. Residential homes are located throughout the Northeast region's geographic areas including the Merrimack Valley, Central Middlesex, Lowell, Metro North and North Shore areas. In 2022, the agency added Respite Supports to its license and recently opened their second respite location, supporting complex individuals to transition into community living.

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.

In both areas of licensing and certification, the survey identified many areas of strength and best practices. The agency demonstrated proficiency in the areas of Personal and Environmental Safety. In most cases, allegations of abuse or neglect were reported as required and the agency was thorough in their responsiveness, both with immediate actions to protect health and safety and ensuring corrective actions were implemented as required. Overall, safety plans were accurate, staff were trained, and current practices were found to be consistent with the plans. The agency had effective systems to ensure fire drills were completed in accordance with regulations across all locations and that individuals had the supports needed to evacuate within the required timeframe. The agency has focused on improving sites; locations were found to be clean, have all the required inspections and be adapted to the needs of the individuals who resided there.

The agency demonstrated strength in the domain of communication. Interactions observed were respectful and specific to each individuals' needs and preferences. The agency has made efforts to improve communication with families and guardians; focus has been placed on increasing family involvement through family forums and having each home host events that families were invited to. There were examples of proactive communication with families through a variety of means, including regular emails of updates, in accordance with each family's/guardian's preference.

NRS demonstrated strength regarding its support of healthcare and medication administration. All individuals surveyed had received routine exams and screenings, including annual physical and dental exams, as well as ensuring specialty appointments were made and that prompt treatment for episodic health concerns occurred. Individuals were supported to follow healthy diets by having adequate amounts of nutritional food on-hand, and to engage in physical activity. One example of this was observed in IHS where staff were very creative in their support to achieve health goals by encouraging physical activity and preparing food with the individual that made it easier for them to make healthy food choices. In all surveys, individuals' medication was being administered by nurses or MAP-certified staff according to doctor's orders and charted accordingly. Medical protocols were generally in place when required and staff had received training and demonstrated knowledge of them.

The agency had a complete and active Human Rights Committee, which consistently reviewed behavior plans and restraints, and had received training so as to be knowledgeable in their role.

Regarding certification indicators related to Choice, Control and Growth, the staff demonstrated knowledge of personal preferences and satisfaction. Staff observed and interviewed were found to be trained on systems and familiar with the unique needs of the individuals they were supporting. Homes were found to be reflective of the preferences of those who resided at each location and routines were individualized to each person. Individuals had opportunities to provide feedback into staff performance and this was incorporated into ongoing staff supervision. Individuals were encouraged to be self-advocates and had the opportunity to attend a self-advocacy group and advocacy events.

The survey also identified some licensing and certification areas that should be a focus for future improvement. The agency needs to ensure hot water temperatures are maintained within the required range and that incident reports are submitted within required timelines. When restrictive practices are in place, plans need to include all the required elements, including criteria for elimination or fading of restrictions and mitigation plans to minimize the impact of restrictions on those for whom they are not necessary. Medication treatment plans also need to contain all the required components and money management plans need to clearly detail the supports the agency is providing. In certification, the agency has provided some training related to intimacy and companionship, however, each individual needs to be assessed to determine their needs and interests, and support and education that is specific to each individual should be provided. Individuals should also be supported to explore areas of personal interest and participate in activities that are reflective of their specific interests.

Northeast Residential Services (NRS) met 93% of the licensing indicators rated, with all critical indicators rated met. As a result, the agency will receive a Two-Year License for its Residential and Individual Home Supports service group. The agency also met 94 % of all certification indicators and is certified. NRS will conduct its own follow up on those licensing indicators rated not met and submit the results to OQE within 60 days of the Service Enhancement Meeting.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>10/10</b>	<b>0/10</b>	
<b>Residential and Individual Home Supports</b>	<b>74/80</b>	<b>6/80</b>	
Residential Services Individual Home Supports Respite Services			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>84/90</b>	<b>6/90</b>	<b>93%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>6</b>	

### **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 five locations the hot water temperature tested outside the required range. The agency needs to ensure that all water temperatures are maintained within the required range.
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.	For six individuals there were restrictive practices in place that affected others in the home for whom the restrictions were not necessary. Plans did not include all required elements and reviews. The agency needs to ensure that restrictive plans include all the required elements such as identifying who the plan is in place for, a rationale, a plan and criteria for elimination or fading, inclusion in the ISP, and review by the Human Rights Committee. The agency must also ensure that for those individuals for whom the restriction is not in place, guardians/individuals are informed of the restriction and the mitigation plan.
L63	Medication treatment plans are in written format with required components.	For seven individuals, Medication Treatment Plans (MTPs) did not contain all the required components, including definitions of behaviors in observable terms. The agency needs to define target behaviors/symptoms in observable terms. When individuals are prescribed medication incidental to medical treatment, teaching plans must be in place to support the individual to learn coping strategies to reduce the need for the medication.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
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 money management plans did not clearly detail what supports the provider is delivering. The agency needs to ensure these plans detail all required elements including what type of support is being provided, skills and abilities, where money is stored and how individuals access their money. Teaching plans need to be in place to reduce the need for staff support.
L78	Staff are trained to safely and consistently implement restrictive interventions.	At three locations staff had not been implementing the restrictive interventions as written. The agency needs to ensure staff have been trained to safely and consistently implement restrictive interventions.
L91	Incidents are reported and reviewed as mandated by regulation.	At seven locations incident reports were either not submitted or finalized within the required timeframes. The agency needs to ensure that incident reports are submitted and finalized within the required timeframes.

## **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>38/41</b>	<b>3/41</b>	
Individual Home Supports	21/21	0/21	
Residential Services	17/20	3/20	
<b>Total</b>	<b>44/47</b>	<b>3/47</b>	<b>94%</b>
<b>Certified</b>			

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	Seven individuals had not been supported to explore, define and express their need for intimacy and companionship. The agency needs to ensure all individuals are assessed to determine areas of need and develop plans to provide support and education specific to each individual.
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	Four individuals were not supported to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities. The agency needs to ensure individuals are supported to explore a wide variety of activities on a frequent and ongoing basis.
C17	Community activities are based on the individual's preferences and interests.	Five individuals had not been supported to participate in a variety of activities in the community consistent with their expressed interests. The agency needs to ensure all individuals are supported to participate in community activities on a sustained basis and related to their identified interests.

## MASTER SCORE SHEET LICENSURE

Organizational: DDS NORTHEAST STATE OP

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	19/21	Met(90.48 % )
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	1/1	Met
L65	Restraint report submit	514/574	Met(89.55 % )
L66	HRC restraint review	574/574	Met
L74	Screen employees	8/9	Met(88.89 % )
L75	Qualified staff	10/10	Met
L76	Track trainings	18/20	Met(90.0 % )
L83	HR training	19/20	Met(95.00 % )

**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	2/2		1/1			21/21	Met
L3	Immediate Action	L				1/1			1/1	Met
L5	Safety Plan	L	16/18	2/2		1/1			19/21	Met (90.48%)
℞ L6	Evacuation	L	18/18	2/2		1/1			21/21	Met
L7	Fire Drills	L	18/18						18/18	Met
L8	Emergency Fact Sheets	I	17/18	1/2		1/1			19/21	Met (90.48%)
L9 (07/21)	Safe use of equipment	I	18/18	2/2		1/1			21/21	Met
L10	Reduce risk interventions	I	12/14			1/1			13/15	Met (86.67%)
℞ L11	Required inspections	L	18/18	1/1		1/1			20/20	Met
℞ L12	Smoke detectors	L	17/18	1/1		1/1			19/20	Met (95.00%)
℞ L13	Clean location	L	18/18	1/1		1/1			20/20	Met
L14	Site in good repair	L	17/17	1/1		1/1			19/19	Met
L15	Hot water	L	13/17	1/1		0/1			14/19	Not Met (73.68%)
L16	Accessibility	L	18/18	1/1		1/1			20/20	Met

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Indiv.</b>	<b>Res. Sup.</b>	<b>Ind. Home Sup.</b>	<b>Place.</b>	<b>Resp.</b>	<b>ABI-MFP Res. Sup.</b>	<b>ABI-MFP Place.</b>	<b>Total Met/Rated</b>	<b>Rating</b>
L17	Egress at grade	L	18/18	1/1		1/1			<b>20/20</b>	<b>Met</b>
L18	Above grade egress	L	8/8	1/1		1/1			<b>10/10</b>	<b>Met</b>
L19	Bedroom location	L	8/8						<b>8/8</b>	<b>Met</b>
L20	Exit doors	L	16/18	1/1		1/1			<b>18/20</b>	<b>Met (90.0%)</b>
L21	Safe electrical equipment	L	16/17	1/1		1/1			<b>18/19</b>	<b>Met (94.74%)</b>
L22	Well-maintained appliances	L	15/17	1/1		1/1			<b>17/19</b>	<b>Met (89.47%)</b>
L23	Egress door locks	L	10/11	1/1		1/1			<b>12/13</b>	<b>Met (92.31%)</b>
L24	Locked door access	L	18/18	1/1		1/1			<b>20/20</b>	<b>Met</b>
L25	Dangerous substances	L	18/18	1/1		1/1			<b>20/20</b>	<b>Met</b>
L26	Walkway safety	L	18/18	1/1		1/1			<b>20/20</b>	<b>Met</b>
L28	Flammables	L	16/17	1/1		1/1			<b>18/19</b>	<b>Met (94.74%)</b>
L29	Rubbish/combustibles	L	18/18	1/1		1/1			<b>20/20</b>	<b>Met</b>
L30	Protective railings	L	15/15	1/1		1/1			<b>17/17</b>	<b>Met</b>
L31	Communication method	I	18/18	2/2		1/1			<b>21/21</b>	<b>Met</b>

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L32	Verbal & written	I	18/18	2/2		1/1			21/21	Met
L33	Physical exam	I	18/18	2/2					20/20	Met
L34	Dental exam	I	18/18	1/1					19/19	Met
L35	Preventive screenings	I	18/18	1/1					19/19	Met
L36	Recommended tests	I	17/18	1/1					18/19	Met (94.74%)
L37	Prompt treatment	I	18/18	2/2		1/1			21/21	Met
℞ L38	Physician's orders	I	15/16						15/16	Met (93.75%)
L39	Dietary requirements	I	11/12	1/1					12/13	Met (92.31%)
L40	Nutritional food	L	18/18	1/1		1/1			20/20	Met
L41	Healthy diet	L	18/18	2/2		1/1			21/21	Met
L42	Physical activity	L	18/18	2/2					20/20	Met
L43	Health Care Record	I	18/18	0/1					18/19	Met (94.74%)
L44	MAP registration	L	18/18	1/1		1/1			20/20	Met
L45	Medication storage	L	18/18	1/1		1/1			20/20	Met
℞ L46	Med. Administration	I	18/18			1/1			19/19	Met
L47	Self medication	I	2/2	1/1					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
L49	Informed of human rights	I	18/18	2/2		1/1			21/21	Met
L50 (07/21)	Respectful Comm.	I	18/18	2/2		1/1			21/21	Met
L51	Possessions	I	18/18	1/2		1/1			20/21	Met (95.24%)
L52	Phone calls	I	18/18	2/2		1/1			21/21	Met
L53	Visitation	I	18/18	1/2		1/1			20/21	Met (95.24%)
L54 (07/21)	Privacy	I	18/18	2/2		1/1			21/21	Met
L55	Informed consent	I	1/1			1/1			2/2	Met
L56	Restrictive practices	I	8/14			1/1			9/15	Not Met (60.0%)
L57	Written behavior plans	I	14/14	1/1		1/1			16/16	Met
L60	Data maintenance	I	12/14	0/1		1/1			13/16	Met (81.25%)
L61	Health protection in ISP	I	12/13	1/1		1/1			14/15	Met (93.33%)
L62	Health protection review	I	10/11	1/1					11/12	Met (91.67%)
L63	Med. treatment plan form	I	10/17	2/2					12/19	Not Met (63.16%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L64	Med. treatment plan rev.	I	15/17	2/2					17/19	Met (89.47%)
L67	Money mgmt. plan	I	12/18	0/1					12/19	Not Met (63.16%)
L68	Funds expenditure	I	18/18	1/1		1/1			20/20	Met
L69	Expenditure tracking	I	17/18	1/1		1/1			19/20	Met (95.00%)
L70	Charges for care calc.	I	17/18			1/1			18/19	Met (94.74%)
L71	Charges for care appeal	I	17/18			1/1			18/19	Met (94.74%)
L77	Unique needs training	I	18/18	2/2		1/1			21/21	Met
L78	Restrictive Int. Training	L	10/12	0/1		0/1			10/14	Not Met (71.43%)
L79	Restrict training	L	9/9	1/1		1/1			11/11	Met
L80	Symptoms of illness	L	18/18	2/2		1/1			21/21	Met
L81	Medical emergency	L	18/18	2/2		1/1			21/21	Met
L82	Medication admin.	L	18/18			1/1			19/19	Met
L84	Health protect. Training	I	12/13			1/1			13/14	Met (92.86%)
L85	Supervision	L	18/18	2/2		1/1			21/21	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L86	Required assessments	I	16/18	2/2					18/20	Met (90.0%)
L87	Support strategies	I	16/18	2/2					18/20	Met (90.0%)
L88	Strategies implemented	I	16/18	1/2					17/20	Met (85.00%)
L90	Personal space/bedroom privacy	I	18/18	2/2					20/20	Met
L91	Incident management	L	11/18	2/2		1/1			14/21	Not Met (66.67%)
L93 (05/22)	Emergency back-up plans	I	18/18	2/2		1/1			21/21	Met
L94 (05/22)	Assistive technology	I	17/18	2/2		1/1			20/21	Met (95.24%)
L96 (05/22)	Staff training in devices and applications	I	14/14	1/1		1/1			16/16	Met
L99 (05/22)	Medical monitoring devices	I	4/5						4/5	Met (80.0%)
<b>#Std. Met/# 80 Indicator</b>									<b>74/80</b>	
<b>Total Score</b>									<b>84/90</b>	
									<b>93.33%</b>	

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	1/1	<b>Met</b>
C2	Data analysis	1/1	<b>Met</b>
C3	Service satisfaction	1/1	<b>Met</b>
C4	Utilizes input from stakeholders	1/1	<b>Met</b>
C5	Measure progress	1/1	<b>Met</b>
C6	Future directions planning	1/1	<b>Met</b>

### Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	17/18	<b>Met (94.44 %)</b>
C8	Family/guardian communication	18/18	<b>Met</b>
C9	Personal relationships	17/18	<b>Met (94.44 %)</b>
C10	Social skill development	18/18	<b>Met</b>
C11	Get together w/family & friends	18/18	<b>Met</b>
C12	Intimacy	11/18	<b>Not Met (61.11 %)</b>
C13	Skills to maximize independence	18/18	<b>Met</b>
C14	Choices in routines & schedules	18/18	<b>Met</b>
C15	Personalize living space	18/18	<b>Met</b>
C16	Explore interests	14/18	<b>Not Met (77.78 %)</b>
C17	Community activities	13/18	<b>Not Met (72.22 %)</b>
C18	Purchase personal belongings	18/18	<b>Met</b>
C19	Knowledgeable decisions	18/18	<b>Met</b>
C46	Use of generic resources	16/18	<b>Met (88.89 %)</b>
C47	Transportation to/ from community	18/18	<b>Met</b>
C48	Neighborhood connections	16/18	<b>Met (88.89 %)</b>
C49	Physical setting is consistent	18/18	<b>Met</b>

## Residential Services

Indicator #	Indicator	Met/Rated	Rating
C51	Ongoing satisfaction with services/ supports	18/18	<b>Met</b>
C52	Leisure activities and free-time choices /control	18/18	<b>Met</b>
C53	Food/ dining choices	18/18	<b>Met</b>

## Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	2/2	<b>Met</b>
C8	Family/guardian communication	2/2	<b>Met</b>
C9	Personal relationships	2/2	<b>Met</b>
C10	Social skill development	2/2	<b>Met</b>
C11	Get together w/family & friends	2/2	<b>Met</b>
C12	Intimacy	2/2	<b>Met</b>
C13	Skills to maximize independence	2/2	<b>Met</b>
C14	Choices in routines & schedules	2/2	<b>Met</b>
C15	Personalize living space	1/1	<b>Met</b>
C16	Explore interests	2/2	<b>Met</b>
C17	Community activities	2/2	<b>Met</b>
C18	Purchase personal belongings	2/2	<b>Met</b>
C19	Knowledgeable decisions	2/2	<b>Met</b>
C21	Coordinate outreach	2/2	<b>Met</b>
C46	Use of generic resources	2/2	<b>Met</b>
C47	Transportation to/ from community	2/2	<b>Met</b>
C48	Neighborhood connections	2/2	<b>Met</b>
C49	Physical setting is consistent	1/1	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	2/2	<b>Met</b>
C52	Leisure activities and free-time choices /control	2/2	<b>Met</b>
C53	Food/ dining choices	2/2	<b>Met</b>