



**PROVIDER REPORT
FOR**

**DDS WESTERN REGION 1
1 Federal Street
Building 111-2 Springfield,
MA 01105**

February 10, 2025

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	DDS WESTERN REGION 1
Review Dates	1/7/2025 - 1/14/2025
Service Enhancement Meeting Date	1/28/2025
Survey Team	Elsa Adorno Andrea Comeau (TL) Susan Dudley-Oxx Marisa Himes Ken Jones Eric Lunden Melanie McNamara Janina Millet
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	25 location(s) 26 audit (s)	Full Review	85/90 2 Year License 01/28/2025 - 01/28/2027		25 / 26 Certified 01/28/2025 - 01/28/2027
Residential Services	24 location(s) 24 audit (s)			Full Review	19 / 20
Respite Services	1 location(s) 2 audit (s)			No Review	No Review
Planning and Quality Management				No Review	6 / 6

EXECUTIVE SUMMARY :

DDS Central West State Operated Programs aka DDS Western Region 1 (formerly operated separately as Commonwealth Community Services, Central Residential Services, and Templeton Community Services), provides 24-hour Residential, and Respite services to people with developmental and intellectual disabilities. Its homes are located throughout the Central, North Central, and Western regions of Massachusetts.

For this 2025 survey cycle, the Department of Developmental Services (DDS) Central West Office of Quality Enhancement conducted a full licensure and certification review of supports offered in DDS Central West State Operated Program's homes.

As an organization, DDS Central West State Operated Program, demonstrated success in meeting licensure requirements for services and supports in the areas of environmental safety, workforce competency, and personal safety. Onsite reviews at twenty-four residential locations and one respite location found the environments to be clean, well-maintained, and meeting the accessibility needs of the men and women supported. Appliances were in good repair, and current inspections were completed as required. The reviews of the system for maintaining workforce competency showed that the agency's staff training tracking system was effective, as all training requirements were completed. The system tracked all staff training, including newer mandated trainings in universal precautions and procedures for preventing virus transmission. Additionally, staff were trained and knowledgeable of the unique needs, interests, strengths, and challenges of each of the individuals supported. Emergency backup plans were in place for people supported, and staff were knowledgeable of how to respond in the event of an emergency.

In residential services, effective service delivery was noted in various support domains: An identified strength was the agency's ability to proactively address the health care needs of individuals. The agencywide availability of Nursing, OT, PT, and Speech Therapy support personnel was a crucial factor in this, as well as ensuring adequate and timely training of staff, which contributed to successful medical treatment outcomes. Additionally, routine audits were conducted on staff compliance with medication administration requirements. Staff were trained and knowledgeable on individuals' medical histories and current medical needs and protocols. Practices were in place to promote individuals' healthy food choices and understanding of the wellness practices and benefits. Survey findings showed that individuals received effective ongoing healthcare supports and management, including for preventive health care screenings. Supports provided in 24-hour residential and Respite, were noted to be individualized and to have a consistent approach, including data tracking and documentation. The survey findings reflected an overall positive supportive healthcare network and outcomes for each of the individuals supported.

In the area of Human Rights, individuals received annual training on human rights, which was personalized in keeping with their learning style; information was also shared with guardians relative to human rights. Individuals were also trained on how to file a grievance with the agency, as well how to report abuse and neglect complaints to the Disabled Persons Protection Commission (DPPC). Individuals' right to privacy was respected, including when in their bedrooms, and when speaking with staff about personal or sensitive information. Staff interactions with individuals including written documentation were noted to be respectful and professional across all locations.

Relative to certification indicators, in the domains of Choice, Control, and Growth, agency staff were knowledgeable and supportive of individuals' personal preferences and satisfaction. Individuals' bedrooms and common spaces were personalized and decorated in accordance with their tastes and preferences. Individuals were supported to express their satisfaction with services and supports, and to make changes when desired. Individuals were offered choice and input into menu planning and dining preferences, as well as a wide variety of individualized activities in the community.

The survey also identified a few licensing areas where further attention is needed to meet compliance. In the area of financial management and oversight, the agency needs to ensure that written agreement is obtained from individuals/guardians for shared or delegated money management plans prior to implementation. In the domain of human rights, the agency needs to protect the privacy of the individuals by obtaining informed consents prior to the use of photographs in media/publication. The agency must also support its human rights committee to meet composition requirements; to maintain regular meeting attendance of all members especially those with required expertise; and to completely fulfill its responsibilities in promoting and protecting the rights of all

individuals who receive services. Lastly, incident reports and restraint reports must be submitted to DDS within the required timelines.

In the areas of certification, the input of individuals must be solicited, collected, and factored into the processes of hiring and the on-going evaluation of the staff who support them.

As a result of this review, DDS Central West State Operated Program will receive a Two-Year License for its Residential service grouping with a service group score of 94% of licensure indicators (including all critical indicators) met. As a result of the positive outcome, a provider follow-up will be conducted by Central West State Operated Program and reported to OQE within sixty days of the SEM on all licensing indicators that received a rating of Not Met. This service grouping is also Certified with an overall certification score of 96% of indicators met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Residential and Individual Home Supports	77/80	3/80	
Residential Services Respite Services			
Critical Indicators	8/8	0/8	
Total	85/90	5/90	94%
2 Year License			
# indicators for 60 Day Follow-up		5	

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 had eight human rights committees. Review of minutes of meetings held over the past two years showed that one committee lacked regular attendance from a medical professional and another committee did not meet membership composition requirements. The agency must support its human rights committees to maintain regular attendance and the required composition.
L65	Restraint reports are submitted within required timelines.	Review of restraints submitted showed that one hundred forty-one reports were not submitted within the required timelines. The agency needs to ensure that restraint reports are submitted and reviewed within DDS required timelines.

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.	For one individual reviewed, the guardian did not sign a permission to release her photograph, which was used in an agency newsletter. The agency needs to ensure that informed consent is obtained from individuals and guardians when required.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For five of twenty-four individuals, agreement was not obtained from the individual and/or guardian prior to the implementation of the shared or delegated money management plans. The agency needs to obtain agreement from individuals or their designated guardians prior to implementation of shared or delegated money management plans.
L91	Incidents are reported and reviewed as mandated by regulation.	At nine of twenty-five locations, incidents were not submitted and finalized within the required timelines. The agency needs to ensure that incident reports are submitted and finalized within the DDS required timelines.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Residential and Individual Home Supports	19/20	1/20	
Residential Services	19/20	1/20	
Total	25/26	1/26	96%
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.	Eighteen of the twenty-four individuals reviewed, were not given the opportunity to provide formal input on the hiring and/or on-going evaluation of the staff who support them. The agency must develop mechanisms for incorporating individuals' input into the processes of hiring and on-going performance reviews of the staff who support them.

MASTER SCORE SHEET LICENSURE

Organizational: DDS WESTERN REGION 1

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓜ L2	Abuse/neglect reporting	25/25	Met
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	6/8	Not Met(75.00 %)
L65	Restraint report submit	140/281	Not Met(49.82 %)
L66	HRC restraint review	243/249	Met(97.59 %)
L74	Screen employees	15/15	Met
L75	Qualified staff	15/15	Met
L76	Track trainings	16/20	Met(80.0 %)
L83	HR training	15/15	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	24/24			2/2			26/26	Met
L3	Immediate Action	L				1/1			1/1	Met
L5	Safety Plan	L	23/24			1/1			24/25	Met (96.00 %)
Ⓜ L6	Evacuation	L	24/24			1/1			25/25	Met
L7	Fire Drills	L	21/24						21/24	Met (87.50 %)
L8	Emergency Fact Sheets	I	24/24			2/2			26/26	Met
L9 (07/21)	Safe use of equipment	I	14/14			1/1			15/15	Met
L10	Reduce risk interventions	I	10/10			2/2			12/12	Met

Ⓜ L11	Required inspections	L	24/24			1/1			25/25	Met
Ⓜ L12	Smoke detectors	L	22/24			1/1			23/25	Met (92.00 %)
Ⓜ L13	Clean location	L	24/24			1/1			25/25	Met
L14	Site in good repair	L	22/22			1/1			23/23	Met
L15	Hot water	L	21/24			1/1			22/25	Met (88.00 %)
L16	Accessibility	L	24/24			1/1			25/25	Met
L17	Egress at grade	L	24/24			1/1			25/25	Met
L18	Above grade egress	L	3/3						3/3	Met
L19	Bedroom location	L	24/24			1/1			25/25	Met
L20	Exit doors	L	24/24			1/1			25/25	Met
L21	Safe electrical equipment	L	24/24			1/1			25/25	Met
L22	Well-maintained appliances	L	20/23			1/1			21/24	Met (87.50 %)
L23	Egress door locks	L	24/24			1/1			25/25	Met
L24	Locked door access	L	24/24			1/1			25/25	Met
L25	Dangerous substances	L	24/24			1/1			25/25	Met
L26	Walkway safety	L	24/24			1/1			25/25	Met
L28	Flammables	L	20/20			1/1			21/21	Met
L29	Rubbish/combustibles	L	24/24			1/1			25/25	Met
L30	Protective railings	L	22/23			1/1			23/24	Met (95.83 %)
L31	Communication method	I	24/24			2/2			26/26	Met
L32	Verbal & written	I	24/24			2/2			26/26	Met
L33	Physical exam	I	24/24						24/24	Met
L34	Dental exam	I	24/24						24/24	Met
L35	Preventive screenings	I	23/24						23/24	Met (95.83 %)
L36	Recommended tests	I	22/24						22/24	Met (91.67 %)

L37	Prompt treatment	I	24/24			2/2			26/26	Met
Ⓟ L38	Physician's orders	I	24/24			2/2			26/26	Met
L39	Dietary requirements	I	21/21						21/21	Met
L40	Nutritional food	L	24/24			1/1			25/25	Met
L41	Healthy diet	L	24/24			1/1			25/25	Met
L42	Physical activity	L	24/24						24/24	Met
L43	Health Care Record	I	22/24						22/24	Met (91.67%)
L44	MAP registration	L	24/24			1/1			25/25	Met
L45	Medication storage	L	24/24			1/1			25/25	Met
Ⓟ L46	Med. Administration	I	24/24			2/2			26/26	Met
L47	Self medication	I	2/2						2/2	Met
L49	Informed of human rights	I	24/24			2/2			26/26	Met
L50 (07/21)	Respectful Comm.	I	24/24			2/2			26/26	Met
L51	Possessions	I	24/24			2/2			26/26	Met
L52	Phone calls	I	24/24			2/2			26/26	Met
L53	Visitation	I	24/24			2/2			26/26	Met
L54 (07/21)	Privacy	I	24/24			2/2			26/26	Met
L55	Informed consent	I	0/1						0/1	Not Met (0%)
L56	Restrictive practices	I	11/13			2/2			13/15	Met (86.67%)
L57	Written behavior plans	I	15/15			2/2			17/17	Met
L60	Data maintenance	I	15/15			2/2			17/17	Met
L61	Health protection in ISP	I	23/24						23/24	Met (95.83%)
L62	Health protection review	I	4/4						4/4	Met
L63	Med. treatment plan form	I	22/24						22/24	Met (91.67%)
L64	Med. treatment plan rev.	I	24/24						24/24	Met

L67	Money mgmt. plan	I	19/24						19/24	Not Met (79.17%)
L68	Funds expenditure	I	21/24			2/2			23/26	Met (88.46%)
L69	Expenditure tracking	I	23/24			2/2			25/26	Met (96.15%)
L70	Charges for care calc.	I	24/24			2/2			26/26	Met
L71	Charges for care appeal	I	24/24			2/2			26/26	Met
L77	Unique needs training	I	24/24			2/2			26/26	Met
L78	Restrictive Int. Training	L	15/15			1/1			16/16	Met
L79	Restraint training	L	2/2			1/1			3/3	Met
L80	Symptoms of illness	L	24/24			1/1			25/25	Met
L81	Medical emergency	L	24/24			1/1			25/25	Met
^{Pa} L82	Medication admin.	L	24/24			1/1			25/25	Met
L84	Health protect. Training	I	22/24						22/24	Met (91.67%)
L85	Supervision	L	24/24			1/1			25/25	Met
L86	Required assessments	I	18/21						18/21	Met (85.71%)
L87	Support strategies	I	19/21						19/21	Met (90.48%)
L88	Strategies implemented	I	22/23						22/23	Met (95.65%)
L90	Personal space/ bedroom privacy	I	24/24						24/24	Met
L91	Incident management	L	16/24			0/1			16/25	Not Met (64.00%)
L93 (05/22)	Emergency back-up plans	I	24/24			2/2			26/26	Met
L94 (05/22)	Assistive technology	I	24/24			2/2			26/26	Met

L96 (05/22)	Staff training in devices and applications	I	16/16			2/2			18/18	Met
L99 (05/22)	Medical monitoring devices	I	8/9						8/9	Met (88.89%)
#Std. Met/# 80 Indicator									77/80	
Total Score									85/90	
									94.44%	

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	6/24	Not Met (25.00 %)
C8	Family/guardian communication	24/24	Met
C9	Personal relationships	24/24	Met
C10	Social skill development	24/24	Met
C11	Get together w/family & friends	24/24	Met
C12	Intimacy	21/24	Met (87.50 %)
C13	Skills to maximize independence	24/24	Met
C14	Choices in routines & schedules	24/24	Met

C15	Personalize living space	24/24	Met
C16	Explore interests	23/24	Met (95.83 %)
C17	Community activities	24/24	Met
C18	Purchase personal belongings	24/24	Met
C19	Knowledgeable decisions	24/24	Met
C46	Use of generic resources	24/24	Met
C47	Transportation to/ from community	24/24	Met
C48	Neighborhood connections	24/24	Met
C49	Physical setting is consistent	22/24	Met (91.67 %)
C51	Ongoing satisfaction with services/ supports	24/24	Met
C52	Leisure activities and free-time choices /control	24/24	Met
C53	Food/ dining choices	20/20	Met