



**PROVIDER REPORT
FOR**

**DDS WESTERN REGION 1
15 Atwood Drive
Northampton, MA 01060**

December 14, 2022

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 11/7/2022 - 11/14/2022

Service Enhancement Meeting Date 11/30/2022

Survey Team Danielle Robidoux
Andrea Comeau
Susan Dudley-Oxx (TL)
Eric Lunden

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	11 location (s) 11 audit (s)	Full Review	80/87 2 Year License 11/30/2022 - 11/30/2024		25 / 26 Certified 11/30/2022 - 11/30/2024
Residential Services	11 location (s) 11 audit (s)			Full Review	20 / 20
Planning and Quality Management				Full Review	5 / 6

EXECUTIVE SUMMARY :

Commonwealth Community Services (CCS) is a state operated cluster of forty-two homes located in Western Massachusetts. This program provides twenty-four-hour residential services to adults with developmental and intellectual disabilities and is part of a larger system of residential supports administered by Department of Developmental Services (DDS) Central West Regional Office. Recently the state-operated residential program had a change in leadership, reorganized, and added positions to strengthen oversight of its services.

The scope of this survey was a full licensure and certification review. Licensure and certification resumed the conduct of in-person surveys in July 2021. This licensing review was a hybrid model of surveying, where most tasks were conducted in-person while some were conducted using remote technology. For this survey, interviews with key administrative and supervisory staff occurred virtually through Microsoft (MS) Teams. Observations, interviews with individuals and staff, review of environmental safety, and review of relevant documentation occurred on-site.

CCS demonstrated effective oversight systems in several licensing domains. This included areas related to personal and environmental safety, communication, and human rights. Individuals were trained in how to report abuse/neglect and a review of reported incidents of abuse/neglect found the agency immediately responded to situations and address identified complaints. Safety plans were in place and staff were trained in emergency evacuation strategies. Oversight provided by CCS's maintenance and quarterly inspections conducted by residential supervisors, helped to ensure home environments were safe and well maintained. Additionally, staff followed agency COVID procedures related to sanitation of environments and screening of visitors.

Staff were aware of individuals' differing styles of communication styles and needs including use of assistive technology devices and efforts were made during the pandemic to support individuals to maintain contact with friends and family. Regarding human rights, guardians and families were provided with information on human rights, and individuals received annual training in human rights as well as filing complaints and reporting allegations of abuse/neglect to the Disabled Persons Protection Commission (DPPC).

Other findings of the licensing review showed that CCS maintained effective oversight of individuals health care and as well as workforce training. CCS healthcare oversight conducted by nursing and residential staff ensured compliance with medication administration and MAP policies. Survey findings showed that individuals were supported to obtain regular physical and dental examinations, prompt treatment for illnesses, and appointments with specialists. Additionally, preventive healthcare screenings were addressed as needed. Special dietary requirements were followed, and staff demonstrated knowledge of individuals' unique health care needs, including protocols for managing significant health conditions such as seizure disorders and diabetes. A review of menus found that individuals were supported to make healthy food choices. Individuals were also encouraged to engage in regular exercise with some individuals accessing local gyms.

CCS implemented an online training program to ensure staff completed mandatory trainings such as first aid, CPR, and human rights as well as trainings specific to locations and individuals. The agency's training system was found to be effective as staff were trained and knowledgeable in areas such as to how identify signs and symptoms of illness, universal precautions, transmission prevention as well as to how address individuals' unique needs related to health care, behavioral interventions, and supportive devices.

In areas subject to certification, survey results found individuals were consistently supported to have choice and control over decisions made on a daily basis. They had input into meal planning, were generally engaged in community activities of their choice, and decided how to spend their free time. Staff supported individuals to maintain contact with friends and family with in-person get togethers,

telephone calls or with the use of assistive technology. Further efforts were made to assist individuals to select and purchase their own belongings and at some homes efforts were made to develop relationships with their neighbors or connections with the greater community by attending local events sponsored by their town or local organizations.

In addition to the positive findings highlighted above, the review identified specific licensure and certification outcomes in need of further attention. Within the area of human rights, CCS needs to support its human rights committees to meet membership and quorum requirements as well as fulfill required responsibilities. Individualized supports such as use of restrictive interventions and medication treatment plans must address all requirements related to identified need, staff instructions for implementation, and measurable criteria for discontinuance. The agency needs to strengthen its oversight of timeline requirements for reporting to DDS, including submission of ISP assessments, reporting of incidents and use of physical restraint, and timelines for review of restraints by the human rights committee. In areas subject to certification, CCS needs to further develop its strategic plan by identifying measurable goals and establishing mechanisms to track progress toward achieving them.

As a result of this review, Commonwealth Community Services Residential Supports will receive a Two-Year License for its Residential and Individual Home Support service group with a service group score of 92% of licensure indicators met. In addition, this service group is certified with an overall score of 96% of certification indicators met. Follow-up will be conducted by CCS and reported to OQE within 60 days on those licensing indicators that received a rating of not met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/10	3/10	
Residential and Individual Home Supports	73/77	4/77	
Residential Services			
Critical Indicators	8/8	0/8	
Total	80/87	7/87	92%
2 Year License			
# indicators for 60 Day Follow-up		7	

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.	Commonwealth Community Support Services support five human rights committees that provide oversight of five geographical areas. Three of the committees did not meet membership requirements and four of the committees lacked regular attendance of members with required expertise. Also, human rights committee meetings were not shared with the regional human rights specialist. The program needs to ensure that its human rights committees have the required membership and consistent attendance of members with required expertise. Further, human rights committee needs to review agency policies that impact individuals' human rights. Minutes from each human rights committee also need to be provided to the regional human rights specialist.
L65	Restraint reports are submitted within required timelines.	Four of eleven restraints that occurred over 13 months prior to the survey were not reported or reviewed within the required timelines. The program needs to ensure restraints are created in HCSIS within 3 days of an event and finalized by the restraint manager within 5 calendar days.
L66	All restraints are reviewed by the Human Rights Committee.	Four of eleven restraints were not reviewed by the human rights committee within the required 120 days. The agency needs to ensure restraints are reviewed by the human rights committee within the required timeline.

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 three locations, environmental modifications that impacted individuals' rights were in place within the home. There were no mitigation measures developed to lessen the impact of the restriction on others and for one location the restriction had not been reviewed by the program's human rights committee. The agency needs to ensure that when restrictive interventions are implemented, such as alarms on exit doors, locked cabinets and locked access to household supplies, strategies must be developed to mitigate the impact of the restriction for individuals who do not need it. In addition, all restrictive interventions need to be reviewed by the agency's human rights committee.
L63	Medication treatment plans are in written format with required components.	For eight individuals, medication treatment plans did not address one or more required components, including measurable criteria for consulting with the prescriber about medication adjustment, or ongoing data collection shared with the prescriber to direct the medication's clinical course. The agency needs to ensure that medication treatment plans address all the required components and that data on the behaviors targeted for treatment is regularly collected and shared with the prescriber.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Assessments for four individuals in the review were not submitted within the required timeframe. The program needs to ensure all required assessments are submitted at least fifteen days prior to the ISP meeting.
L91	Incidents are reported and reviewed as mandated by regulation.	At seven locations, incident reports were not submitted or reviewed in HCSIS within the required timelines. The program needs to ensure incident reports are submitted to DDS and reviewed within the required timelines.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	5/6	1/6	
Residential and Individual Home Supports	20/20	0/20	
Residential Services	20/20	0/20	
Total	25/26	1/26	96%
Certified			

Planning and Quality Management Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C6	The provider has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans.	The current strategic plan did not include specific action steps to move the program forward, identify the resources needed to accomplish its goals or identify the responsible person or committee assigned to address the nine identified areas in its plan. The program needs to ensure services improvement plans include specific action steps, strategies or benchmarks that move the agency forward, identify the resources as well as person or committee responsible for addressing identified goals.

MASTER SCORE SHEET LICENSURE

Organizational: DDS WESTERN REGION 1

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	11/11	Met
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	0/5	Not Met(0 %)
L65	Restraint report submit	6/11	Not Met(54.55 %)
L66	HRC restraint review	6/11	Not Met(54.55 %)
L74	Screen employees	5/5	Met

L75	Qualified staff	6/6	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	10/11						10/11	Met (90.91%)
L5	Safety Plan	L	11/11						11/11	Met
R L6	Evacuation	L	11/11						11/11	Met
L7	Fire Drills	L	10/11						10/11	Met (90.91%)
L8	Emergency Fact Sheets	I	10/11						10/11	Met (90.91%)
L9 (07/21)	Safe use of equipment	I	11/11						11/11	Met
L10	Reduce risk interventions	I	2/2						2/2	Met
R L11	Required inspections	L	11/11						11/11	Met
R L12	Smoke detectors	L	11/11						11/11	Met
R L13	Clean location	L	11/11						11/11	Met
L14	Site in good repair	L	11/11						11/11	Met
L15	Hot water	L	11/11						11/11	Met
L16	Accessibility	L	11/11						11/11	Met
L17	Egress at grade	L	11/11						11/11	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
L19	Bedroom location	L	11/11						11/11	Met
L20	Exit doors	L	11/11						11/11	Met
L21	Safe electrical equipment	L	11/11						11/11	Met
L22	Well- maintained appliances	L	10/11						10/11	Met (90.91 %)
L23	Egress door locks	L	11/11						11/11	Met
L24	Locked door access	L	11/11						11/11	Met
L25	Dangerous substances	L	11/11						11/11	Met
L26	Walkway safety	L	11/11						11/11	Met
L28	Flammables	L	11/11						11/11	Met
L29	Rubbish /combustibles	L	11/11						11/11	Met
L30	Protective railings	L	11/11						11/11	Met
L31	Communication method	I	11/11						11/11	Met
L32	Verbal & written	I	11/11						11/11	Met
L33	Physical exam	I	11/11						11/11	Met
L34	Dental exam	I	11/11						11/11	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	11/11						11/11	Met
L36	Recommended tests	I	11/11						11/11	Met
L37	Prompt treatment	I	11/11						11/11	Met
℞ L38	Physician's orders	I	11/11						11/11	Met
L39	Dietary requirements	I	7/7						7/7	Met
L40	Nutritional food	L	11/11						11/11	Met
L41	Healthy diet	L	11/11						11/11	Met
L42	Physical activity	L	11/11						11/11	Met
L43	Health Care Record	I	10/11						10/11	Met (90.91 %)
L44	MAP registration	L	11/11						11/11	Met
L45	Medication storage	L	11/11						11/11	Met
℞ L46	Med. Administration	I	11/11						11/11	Met
L47	Self medication	I	2/2						2/2	Met
L49	Informed of human rights	I	10/11						10/11	Met (90.91 %)
L50 (07/21)	Respectful Comm.	I	10/11						10/11	Met (90.91 %)

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L51	Possessions	I	11/11						11/11	Met
L52	Phone calls	I	11/11						11/11	Met
L53	Visitation	I	11/11						11/11	Met
L54 (07/21)	Privacy	I	10/11						10/11	Met (90.91 %)
L56	Restrictive practices	I	5/8						5/8	Not Met (62.50 %)
L57	Written behavior plans	I	5/6						5/6	Met (83.33 %)
L60	Data mainten ance	I	6/6						6/6	Met
L61	Health protecti on in ISP	I	9/11						9/11	Met (81.82 %)
L62	Health protecti on review	I	2/2						2/2	Met
L63	Med. treatme nt plan form	I	3/11						3/11	Not Met (27.27 %)
L64	Med. treatme nt plan rev.	I	9/9						9/9	Met
L67	Money mgmt. plan	I	9/11						9/11	Met (81.82 %)
L68	Funds expendi ture	I	9/11						9/11	Met (81.82 %)
L69	Expendi ture tracking	I	9/11						9/11	Met (81.82 %)

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L70	Charges for care calc.	I	10/11						10/11	Met (90.91 %)
L71	Charges for care appeal	I	11/11						11/11	Met
L77	Unique needs training	I	11/11						11/11	Met
L78	Restricti ve Int. Training	L	8/8						8/8	Met
L79	Restrain t training	L	1/1						1/1	Met
L80	Sympto ms of illness	L	11/11						11/11	Met
L81	Medical emerge ncy	L	11/11						11/11	Met
L82	Medicati on admin.	L	11/11						11/11	Met
L84	Health protect. Training	I	9/11						9/11	Met (81.82 %)
L85	Supervi sion	L	11/11						11/11	Met
L86	Require d assess ments	I	5/9						5/9	Not Met (55.56 %)
L87	Support strategi es	I	8/10						8/10	Met (80.0 %)
L88	Strategi es implem ented	I	10/11						10/11	Met (90.91 %)
L90	Persona l space/ bedroo m privacy	I	11/11						11/11	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L91	Incident management	L	4/11						4/11	Not Met (36.36 %)
L93 (05/22)	Emergency back-up plans	I	11/11						11/11	Met
L94 (05/22)	Assistive technology	I	11/11						11/11	Met
L96 (05/22)	Staff training in devices and applications	I	9/9						9/9	Met
L99 (05/22)	Medical monitoring devices	I	2/2						2/2	Met
#Std. Met/# 77 Indicator									73/77	
Total Score									80/87	
									91.95%	

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	0/1	Not Met (0 %)

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	11/11	Met
C8	Family/guardian communication	11/11	Met
C9	Personal relationships	10/11	Met (90.91 %)
C10	Social skill development	11/11	Met
C11	Get together w/family & friends	11/11	Met
C12	Intimacy	9/11	Met (81.82 %)
C13	Skills to maximize independence	11/11	Met
C14	Choices in routines & schedules	11/11	Met
C15	Personalize living space	9/11	Met (81.82 %)
C16	Explore interests	11/11	Met
C17	Community activities	11/11	Met
C18	Purchase personal belongings	11/11	Met
C19	Knowledgeable decisions	11/11	Met
C46	Use of generic resources	11/11	Met
C47	Transportation to/ from community	11/11	Met
C48	Neighborhood connections	11/11	Met
C49	Physical setting is consistent	11/11	Met
C51	Ongoing satisfaction with services/ supports	11/11	Met
C52	Leisure activities and free-time choices /control	11/11	Met
C53	Food/ dining choices	11/11	Met