PROVIDER REPORT
FOR

Devereux Foundation, The
60 Miles Road
Rutland, MA 01543

July 25, 2025

Version

Public Provider Report

Prepared by the Department of Developmental Services
OFFICE OF QUALITY ENHANCEMENT

SUMMARY OF OVERALL FINDINGS

Provider	Devereux Foundation, The
Review Dates	5/21/2025 - 5/28/2025
Service Enhancement Meeting Date	6/11/2025
Survey Team	Susan Dudley-Oxx Janina Millet (TL)
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	4 location(s) 6 audit (s)	Full Review	77/82 2 Year License 06/11/2025 - 06/11/2027		45 / 46 Certified 06/11/2025 - 06/11/2027
Residential Services	1 location(s) 3 audit (s)			Full Review	19 / 20
Placement Services	3 location(s) 3 audit (s)			Full Review	20 / 20
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

Devereux of Massachusetts & Rhode Island is a non-profit organization, located in Rutland Massachusetts; the agency offers services to communities in the Central West region of Massachusetts. Devereux provides services to adults diagnosed with Autism, Intellectual and Developmental Disabilities, and a variety of other mental health disorders in 24hour residential and placement (shared living) settings. Devereaux also offers children's and adolescents services to these communities.

This 2025 Department of Developmental Services (DDS) survey conducted by surveyors from the DDS Office of Quality Enhancement was a full licensing and Certification review of supports offered in the agency's Residential Services Grouping: which included Devereux's twenty-four-hour residential homes and placement (shared living) homes.

At the organizational level, the survey results showed that Devereux had effective systems that promoted positive individual outcomes in many support areas. The agency had policies and procedures for abuse and neglect (DPPC) reporting of which staff were knowledgeable of the procedures, and immediate action was taken to protect people in the event of a DPPC allegation. Relative to competent workforce, Devereux's staff trainings tracking was effective as 24hour residential staff and home care providers completed all DDS-mandated trainings, including First aid, CPR, Human Rights, Signs and Symptoms of illness including Just Not Right, Transmission Prevention, and Universal Precautions.

In the organizational certification areas, the agency had a quality enhancement and oversight system with periodic reviews occurring at various sites; it also gathered data for management review of medical events, medication, incident reporting, RISK, trends and medication management. It analyzed data at various time periods for feedback to managers, and course correction as warranted. The agency also had a method for collecting stakeholder input for use in effecting programmatic and support improvements. The agency also had a five-year strategic plan that included goals of improving the use of technology as a fundamental tool across the homes; developing new homes to enable the support of more individuals; and the renovation of some existing homes.

Within 24/7 residential and Placement homes, staff supported wellness efforts by promoting healthy lifestyles and supporting health maintenance recommendations. Medical treatment protocols were present for people who needed them; were reviewed by physicians; and staff were trained and implementing the protocols properly. Staff, utilizing the DDS annual health screening recommendations, ensured that people were supported to undergo annual physical and dental appointments, routine preventive healthcare, and recommended testing and follow-ups. Individuals were also supported to receive treatment for episodic health conditions when needed. Additionally, individuals received support to engage in physical exercise on a routine basis. Relative to medication administration, MAP certified staff supported people to receive their prescribed medications in line with Physician orders and MAP policy. For those who used supports and health-related equipment, staff were trained on the devices and the uses were well supported. Relative to healthy food choices, from the menus that were reviewed as well as observations, it was affirmed that the promotion of healthy food choices was occurring regularly with individuals. When interviewed, staff displayed knowledge of individuals' unique support needs; this included the use of sign language on a consistent basis as seen during observations.

Regarding personal safety, DDS approved safety plans were present in homes, and people were supported to evacuate within the required timeframe in the event of a fire emergency. The agency also had effective oversight systems for individual funds management; money management plans were present for all individuals, and day-to-day expenditure was properly tracked on monthly ledgers. As it relates to the ISP, assessments and supports strategies were summitted within the required timeframe, and most people received support from staff to work on their agreed upon ISP objectives, and progress towards meeting the goals were properly documented. It was also noteworthy that individuals were assessed for areas of need that could benefit from the use of assistive technologies; where the need for a device was identified, support was offered to use the device.

Relative to certification in 24/7 residential and Placement services, Devereux staff provided opportunities for individuals to be active and functional members of their communities, and to develop and build new relationships. Individuals utilized many indoors and outdoors community resources for enjoyment and relaxation; like the individual who hiked regularly on the railroad trail and frequently utilized the YMCA for exercise, shedding a few pounds in the process. Many individuals were supported to engage in a variety of activities based on their previously assessed individualized preferences and interests; this included agency provided YMCA memberships for individuals which further encouraged them to be more physically active. Individuals were supported to have community connections, friendships, and to engage regularly with family as desired. Individuals that were

interviewed expressed satisfaction with their residences, where their interest were evident in the design of their personal spaces; and expressed satisfaction with the support received from staff.

Several areas were identified where additional attention and improvement is needed. The agency's Human Rights committee must meet quarterly as required, maintain consistent attendance of all requisite members, and complete all the committee's oversight and mandated responsibilities. In the area of medical, emergency fact sheets must be developed to include individual's diagnosis, allergies, and current medications. Also, data must be collected consistently on medication treatment plans for analysis and sharing with prescribers. Regarding environmental safety, flammables must be properly stored away from furnace areas. In the area of certification, the agency must develop a mechanism and implement tools for incorporating individual's feedback into the hiring and ongoing performance evaluation processes of staff who support them.

Within Residential and Placement services, the agency received a score of 94% of licensure indicators met and will, therefore, receive a Two-Year license for the Residential and IHS service grouping (which includes Placement Services). The agency will conduct its own follow-up review on all the not-met licensing indicators within sixty days of the SEM meeting and submit the report to OQE.

The Residential and IHS service grouping also received a score of 98% of certification indicators met and is Certified due to the certification score.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	**7/8**	**1/8**	
Residential and Individual Home Supports	**70/74**	**4/74**	
Residential Services Placement Services			
Critical Indicators	**8/8**	**0/8**	
Total	**77/82**	**5/82**	**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 required members were inconsistent in human rights committee meeting attendance, affecting quorum and the ability of the committee to meet at the required frequency. The agency needs to ensure that HRC meets quarterly as required, with all required members attending meetings consistently.

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 two of six individuals, emergency fact sheets were missing diagnosis and list of current medications. The agency needs to ensure that emergency fact sheets for all individuals are developed to include all diagnosis, allergies and a list of current medications.
L28	Flammables are stored appropriately.	At one location, flammables were not appropriately stored. The agency needs to ensure that at all homes, flammables are appropriately stored to prevent accidental fires.
L63	Medication treatment plans are in written format with required components.	For one of three individuals, medication treatment plan data was not collected consistently as required. The agency needs to ensure that data on medication treatment plans are consistently collected, maintained and shared with prescribers.
L64	Medication treatment plans are reviewed by the required groups.	For one of three individuals, the medication treatment plan was not submitted to the ISP team for review. The agency needs to ensure that medication treatment plans when developed are submitted to the ISP team as required.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	**6/6**	**0/6**	
Residential and Individual Home Supports	**39/40**	**1/40**	
Placement Services	20/20	0/20	
Residential Services	19/20	1/20	
Total	**45/46**	**1/46**	**98%**
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	Two of three individuals were not supported to offer input into the hiring and ongoing performance of staff who support them. The agency needs to

	performance/actions of staff / care providers that support them.	ensure that all individuals are supported to offer input into the hiring and ongoing performance of staff who support them.

MASTER SCORE SHEET LICENSURE

Organizational: Devereux Foundation, The

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	**1/1**	**Met**
L3	Immediate Action	**5/5**	**Met**
L4	Action taken	**5/5**	**Met**
L48	HRC	**0/1**	**Not Met(0 %)**
L74	Screen employees	**2/2**	**Met**
L75	Qualified staff	**2/2**	**Met**
L76	Track trainings	**3/4**	**Met(75.00 %)**
L83	HR training	**6/6**	**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	3/3		3/3				**6/6**	**Met**
L5	Safety Plan	L	1/1		3/3				**4/4**	**Met**
L6	Evacuation	L	1/1		3/3				**4/4**	**Met**
L7	Fire Drills	L	1/1						**1/1**	**Met**
L8	Emergency Fact Sheets	I	2/3		2/3				**4/6**	**Not Met (66.67 %)**
L9 (07/21)	Safe use of equipment	I	2/2						**2/2**	**Met**
L11	Required inspections	L	1/1		2/3				**3/4**	**Met**

L12	Smoke detectors	L	0/1		3/3				**3/4**	**Met**
L13	Clean location	L	0/1		3/3				**3/4**	**Met**
L14	Site in good repair	L	1/1		3/3				**4/4**	**Met**
L15	Hot water	L	1/1		3/3				**4/4**	**Met**
L16	Accessibility	L	1/1		3/3				**4/4**	**Met**
L17	Egress at grade	L	1/1		3/3				**4/4**	**Met**
L18	Above grade egress	L	1/1		1/1				**2/2**	**Met**
L19	Bedroom location	L			2/2				**2/2**	**Met**
L20	Exit doors	L	1/1						**1/1**	**Met**
L21	Safe electrical equipment	L	1/1		3/3				**4/4**	**Met**
L22	Well-maintained appliances	L	1/1		3/3				**4/4**	**Met**
L23	Egress door locks	L	1/1						**1/1**	**Met**
L24	Locked door access	L	1/1		3/3				**4/4**	**Met**
L25	Dangerous substances	L	1/1						**1/1**	**Met**
L26	Walkway safety	L	1/1		3/3				**4/4**	**Met**
L27	Pools, hot tubs, etc.	L			2/2				**2/2**	**Met**
L28	Flammables	L	0/1						**0/1**	**Not Met (0 %)**
L29	Rubbish/combustibles	L	1/1		3/3				**4/4**	**Met**
L30	Protective railings	L	1/1		3/3				**4/4**	**Met**
L31	Communication method	I	3/3		3/3				**6/6**	**Met**
L32	Verbal & written	I	3/3		3/3				**6/6**	**Met**
L33	Physical exam	I	3/3		3/3				**6/6**	**Met**
L34	Dental exam	I	2/3		3/3				**5/6**	**Met (83.33 %)**
L35	Preventive screenings	I	3/3		3/3				**6/6**	**Met**
L36	Recommended tests	I	3/3		3/3				**6/6**	**Met**
L37	Prompt treatment	I	3/3		3/3				**6/6**	**Met**
L38	Physician's orders	I	2/2		1/1				**3/3**	**Met**
L39	Dietary requirements	I			1/1				**1/1**	**Met**

L40	Nutritional food	L	1/1						**1/1**	**Met**
L41	Healthy diet	L	1/1		3/3				**4/4**	**Met**
L42	Physical activity	L	1/1		3/3				**4/4**	**Met**
L43	Health Care Record	I	3/3		3/3				**6/6**	**Met**
L44	MAP registration	L	1/1						**1/1**	**Met**
L45	Medication storage	L	1/1						**1/1**	**Met**
L46	Med. Administration	I	3/3		3/3				**6/6**	**Met**
L47	Self medication	I	3/3		1/1				**4/4**	**Met**
L49	Informed of human rights	I	3/3		3/3				**6/6**	**Met**
L50 (07/21)	Respectful Comm.	I	3/3		3/3				**6/6**	**Met**
L51	Possessions	I	3/3		3/3				**6/6**	**Met**
L52	Phone calls	I	3/3		3/3				**6/6**	**Met**
L53	Visitation	I	3/3		3/3				**6/6**	**Met**
L54 (07/21)	Privacy	I	3/3		3/3				**6/6**	**Met**
L55	Informed consent	I			1/1				**1/1**	**Met**
L57	Written behavior plans	I	2/2						**2/2**	**Met**
L60	Data maintenance	I	2/2						**2/2**	**Met**
L61	Health protection in ISP	I			1/1				**1/1**	**Met**
L63	Med. treatment plan form	I	1/2		1/1				**2/3**	**Not Met (66.67 %)**
L64	Med. treatment plan rev.	I	1/2		1/1				**2/3**	**Not Met (66.67 %)**
L67	Money mgmt. plan	I	1/2		3/3				**4/5**	**Met (80.0 %)**
L68	Funds expenditure	I	3/3		2/3				**5/6**	**Met (83.33 %)**
L69	Expenditure tracking	I	3/3		2/3				**5/6**	**Met (83.33 %)**

L70	Charges for care calc.	I	3/3		2/3				**5/6**	**Met (83.33 %)**
L71	Charges for care appeal	I	3/3		3/3				**6/6**	**Met**
L77	Unique needs training	I	3/3		2/3				**5/6**	**Met (83.33 %)**
L80	Symptoms of illness	L	1/1		2/2				**3/3**	**Met**
L81	Medical emergency	L	1/1		2/2				**3/3**	**Met**
L82	Medication admin.	L	1/1						**1/1**	**Met**
L84	Health protect. Training	I			1/1				**1/1**	**Met**
L85	Supervision	L	1/1		3/3				**4/4**	**Met**
L86	Required assessments	I	2/2		3/3				**5/5**	**Met**
L87	Support strategies	I	3/3		3/3				**6/6**	**Met**
L88	Strategies implemented	I	3/3		3/3				**6/6**	**Met**
L90	Personal space/ bedroom privacy	I	3/3		3/3				**6/6**	**Met**
L91	Incident management	L	0/1		3/3				**3/4**	**Met**
L93 (05/22)	Emergency back-up plans	I	3/3		3/3				**6/6**	**Met**
L94 (05/22)	Assistive technology	I	2/2		3/3				**5/5**	**Met**
L96 (05/22)	Staff training in devices and applications	I	2/2		3/3				**5/5**	**Met**
#Std. Met/# 74 Indicator									**70/74**	
Total Score									**77/82**	
									93.90%	

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	1/3	**Not Met (33.33 %)**
C8	Family/guardian communication	3/3	**Met**
C9	Personal relationships	3/3	**Met**
C10	Social skill development	3/3	**Met**
C11	Get together w/family & friends	3/3	**Met**
C12	Intimacy	3/3	**Met**
C13	Skills to maximize independence	3/3	**Met**
C14	Choices in routines & schedules	3/3	**Met**
C15	Personalize living space	1/1	**Met**
C16	Explore interests	3/3	**Met**
C17	Community activities	3/3	**Met**
C18	Purchase personal belongings	3/3	**Met**
C19	Knowledgeable decisions	3/3	**Met**
C46	Use of generic resources	3/3	**Met**
C47	Transportation to/ from community	3/3	**Met**
C48	Neighborhood connections	3/3	**Met**
C49	Physical setting is consistent	1/1	**Met**
C51	Ongoing satisfaction with services/ supports	3/3	**Met**
C52	Leisure activities and free-time choices /control	3/3	**Met**
C53	Food/ dining choices	3/3	**Met**

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/3	**Met**
C8	Family/guardian communication	3/3	**Met**
C9	Personal relationships	3/3	**Met**
C10	Social skill development	3/3	**Met**
C11	Get together w/family & friends	3/3	**Met**
C12	Intimacy	3/3	**Met**
C13	Skills to maximize independence	3/3	**Met**
C14	Choices in routines & schedules	3/3	**Met**
C15	Personalize living space	3/3	**Met**
C16	Explore interests	3/3	**Met**
C17	Community activities	3/3	**Met**
C18	Purchase personal belongings	3/3	**Met**
C19	Knowledgeable decisions	3/3	**Met**
C46	Use of generic resources	3/3	**Met**
C47	Transportation to/ from community	3/3	**Met**
C48	Neighborhood connections	3/3	**Met**
C49	Physical setting is consistent	3/3	**Met**
C51	Ongoing satisfaction with services/ supports	3/3	**Met**
C52	Leisure activities and free-time choices /control	3/3	**Met**
C53	Food/ dining choices	3/3	**Met**