



**PROVIDER REPORT
FOR**

**Devereux Massachusetts &
Rhode Island
PO Box 219
Rutland, MA 01543**

May 11, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider Devereux Massachusetts & Rhode Island

Review Dates 4/10/2023 - 4/14/2023

Service Enhancement Meeting Date 4/27/2023

Survey Team Elsa Adorno
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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	60/79 Defer Licensure		Certified
Residential Services	1 location(s) 3 audit (s)			Deemed	
Placement Services	3 location(s) 3 audit (s)			Deemed	
Planning and Quality Management				Deemed	

EXECUTIVE SUMMARY :

Headquartered in Rutland, MA, Devereux of Massachusetts & Rhode Island is a nonprofit organization that provides a broad range of services throughout western and central Massachusetts and Rhode Island. The agency serves children, adolescents and adults, including adults with ID/DD, in a variety of residential service settings.

The scope of this survey was a full licensing review for 24-hour residential and placement services. Devereux is currently accredited by the Council on Accreditation (COA) and has elected to deem COA accreditation in lieu of DDS Certification for its residential services. Most tasks for this survey were conducted in-person while some were conducted using remote technology. 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.

Survey findings demonstrated the agency's positive practices in areas subject to licensure. Organizationally, the agency ensured it maintained a competent workforce, with group residence and placement service care providers completing mandated trainings as required, while new staff possessed required qualifications and credentialed staff maintained current licenses. Training reviewed in residential service types also established that staff who directly support individuals were trained in signs and symptoms of illness and their unique support needs.

For individuals supported in group residences, environmental safeguards ensured that required inspections were current, hot water temperatures were maintained within required limits, and procedures to prevent the spread of contagious illnesses were implemented.

Survey findings also demonstrated the agency effectively managed the healthcare needs of individuals supported residentially, ensuring annual physical and dental exams occurred, prompt treatment for injury or illness was provided, and individuals had opportunities each week to be physically active. Survey results also supported the agency's effective management of medication administration, including supports for a self-medicating individual, with a required assessment and support plan in place.

For individuals within placement services, the agency provided effective oversight of several licensure indicators related to personal and environmental safety, with current inspections of heating systems, proper placement and operation of smoke and CO detectors, and support of providers to demonstrate the ability of individuals to evacuate their residence in 2-1/2 minutes. Individuals were also assessed to identify the ways assistive technology could further their independence, and home care providers were supported to be knowledgeable concerning individuals' unique needs.

In addition to the positive findings in the review, there are several areas that require the agency's focused attention. Organizationally, Devereux needs to support its human rights committee to meet membership requirements and oversight responsibilities. The agency also needs to ensure that when a physical restraint occurs, it is reported and reviewed within timelines required by DDS. At group residences, the agency needs to strengthen its oversight of restriction practices to ensure that it discontinues restrictions when the individual who needs the restriction is not present in the home or moves out of the residence. The agency also needs to strengthen its development of medication treatment plans, including the need to specify staff support strategies to reduce reliance on sedative medications used prior to appointments.

In placement services, the agency needs to strengthen safeguards related to environmental and personal safety, healthcare supports, human rights education, funds management procedures, and ISP responsibilities. This includes maintaining safe hot water temperatures in care provider homes. Healthcare supports must ensure that all individuals receive annual physical exams at least every 15

months; that dietary recommendations are implemented and follow-up appointments are addressed; that medication treatment plans are developed and agreement obtained for individuals prescribed behavior modifying medications; and that medical protocols are developed when an individual is diagnosed with a condition that requires ongoing monitoring and/or emergency intervention.

In addition, training in human rights, including procedures for reporting abuse to DPPC and for filing grievances with the agency, must occur annually for individuals using material compatible with their learning style. Additionally, this same information must be shared annually with guardians. When home providers assist individuals with managing their funds, each assisted transaction must be documented and tracked, and receipts retained for coordinator reviews. Lastly, for Individual Service Plan development, Devereux must ensure that ISP assessments and provider support strategies are submitted to DDS within required timelines and that progress on ISP goal progress is being tracked.

As a result of the current review, the Residential and Placement service group operated by Devereux of Massachusetts & Rhode Island, received an overall score of 76% of licensure indicators met. This service group is Certified through deeming the agency's COA accreditation. The service group's level of licensure will be Deferred, pending follow-up conducted by OQE within sixty days on nineteen licensing indicators, including one critical indicator, that received a rating of Not Met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/9	2/9	
Residential and Individual Home Supports	53/70	17/70	
Residential Services Placement Services			
Critical Indicators	7/8	1/8	
Total	60/79	19/79	76%
Defer Licensure			
# indicators for 60 Day Follow-up		19	

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.	Five of six human rights committee meetings held over the past two years did not meet requirements for quarterly meetings, quorum, or composition of membership. In addition, the committee had not reviewed required topic areas. The agency needs to ensure that its human rights committee meets quarterly with a quorum present; membership includes those with required expertise; and the committee conducts an annual review of the agency's policies and procedures and training materials used in human rights education.
L65	Restraint reports are submitted within required timelines.	Two restraint reports created in the past 13 months had not been reviewed within 5 business days. The agency needs to ensure that when a physical restraint occurs, a report is submitted and reviewed within the DDS HCSIS system within required timelines.

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

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

Indicator #	Indicator	Area Needing Improvement
L1	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	Within placement services, three individuals had not received training in how to report abuse, neglect, and mistreatment and three guardians had not been informed of DPPC. The agency needs to ensure each supported individual has been trained annually and their guardians informed concerning what constitutes abuse, neglect and mistreatment and how to report allegations to DPPC.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	Hot water temperature in three placement service locations exceeded 120F. The agency needs to ensure hot water temperature in placement locations is safely maintained between 110 and 120F.
L33	Individuals receive an annual physical exam.	Two individuals had not received physical exams over the past 15 months. The agency needs to ensure individuals have received a physical exam at least every 15 months.
L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	One individual had a diagnosis of dysphagia with a history of aspiration and a medical protocol had not been developed. The agency needs to ensure that medical protocols are developed for individuals with significant medical conditions that require ongoing monitoring and/or intervention, including emergency response. The protocol needs to be reviewed with the person's healthcare provider, including action steps that must take in an emergency, and staff and care providers need to be trained in its implementation.
L39	Special dietary requirements are followed.	A specialized diet prescribed by one individual's physician had not been followed. The agency needs to ensure that staff are trained in and knowledgeable concerning individuals' special diets and that these diets are followed when prescribed by individuals' healthcare providers.
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	Two individuals within placement services had not received annual training in human rights that included the agency's grievance procedure, and two guardians had not been informed of the rights afforded individuals receiving services. The agency needs to ensure that individuals receive annual training in human rights, including how to file a grievance, and their guardians are informed annually about human rights.
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.	An environmental restriction on access to sharp household items remained in place for two individuals when the person who required this restriction had moved out of the residence. The agency needs to ensure that implementation of environmental restrictions includes provisions for removing restrictions when those who require them are not at home or when they move out of the residence.

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

Indicator #	Indicator	Area Needing Improvement
L63	Medication treatment plans are in written format with required components.	The medication treatment plans for two individuals did not include all required elements, while a third person taking behavior modifying medication did not have a medication treatment plan developed. The agency needs to ensure that for individuals who are prescribed behavior modifying medications, a medication treatment plan has been developed to include observable and measurable descriptions of the behaviors targeted for treatment; clinical indications for adjusting medications; specific procedures necessary to minimize risks; and, when a medication has been prescribed to reduce anxiety prior to scheduled appointments, strategies are developed to help the person reduce or eliminate the need for medication.
L64	Medication treatment plans are reviewed by the required groups.	One individual's medication treatment plan had not been incorporated into their ISP. The agency needs to share individuals' medication treatment plans with the DDS Service Coordinator to ensure it is incorporated into the ISP.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	The agency had not obtained agreement to one individual's funds management plan. The agency needs to ensure its funds management plans have annual written agreement from the individual or their guardian.
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.	For two individuals who received support from placement service providers to spend their personal funds, no financial record keeping practices were in place to ensure expenditures directly benefited the individuals. The agency needs to develop oversight mechanisms to ensure that individuals are not paying for goods or services that are the obligation of the home provider or placement agency to provide.
L69	Individual expenditures are documented and tracked.	For two individuals who received support from placement service providers to manage and spend their personal funds, no financial record keeping practices were in place. When the agency and/or home provider supports an individual in spending and/or safeguarding any portion of an individual's funds, a record needs to be kept of all provider-assisted transactions, including the date, amount received or dispersed, and the purpose of the transaction. Receipts need to be maintained for expenditures exceeding \$25 or the amount agreed upon by agency policy. These transaction records must be kept in a manner that can be readily followed, reviewed, and audited.

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

Indicator #	Indicator	Area Needing Improvement
L85	The agency provides ongoing supervision, oversight and staff development.	In two placement service locations, supervision and oversight were not adequate to ensure effective supports in safeguard areas relating to environmental safety, healthcare supports, funds management procedures, and human rights and DPPC education. The agency needs to strengthen its oversight and supervision of the supports it provides to individuals in these areas.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For four individuals, ISP assessments were not submitted to DDS at least 15 days prior to the ISP. The agency needs to ensure that all ISP assessments have been submitted to DDS within required timeframes.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Support strategies for two individuals' ISPs were not submitted to DDS at least 15 days prior to the ISP. The agency needs to ensure that support strategies have been submitted to DDS within required timeframes.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For three individuals, ISP objectives had not been implemented or progress toward their goals was not documented. The agency needs to ensure that individuals' annual ISP goals and related support strategies have been implemented and progress tracked.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Three individuals had not been assessed to establish the benefits assistive technology may provide. The agency needs to ensure that all individuals it supports are assessed for ways assistive technology may benefit and enhance their independence.

MASTER SCORE SHEET LICENSURE

Organizational: Devereux Massachusetts & Rhode Island

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	4/4	Met
L3	Immediate Action	6/6	Met
L4	Action taken	3/3	Met
L48	HRC	0/1	Not Met(0 %)
L65	Restraint report submit	0/2	Not Met(0 %)
L74	Screen employees	3/3	Met
L75	Qualified staff	3/3	Met
L76	Track trainings	4/4	Met
L83	HR training	4/4	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	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		0/3				3/6	Not Met (50.0%)
L5	Safety Plan	L	0/1		3/3				3/4	Met
℞ L6	Evacuation	L	0/1		3/3				3/4	Met
L7	Fire Drills	L	1/1						1/1	Met
L8	Emergency Fact Sheets	I	3/3		2/3				5/6	Met (83.33%)
L9 (07/21)	Safe use of equipment	I	3/3						3/3	Met
℞ L11	Required inspections	L	1/1		3/3				4/4	Met
℞ L12	Smoke detectors	L	0/1		3/3				3/4	Met
℞ L13	Clean location	L	1/1		3/3				4/4	Met
L14	Site in good repair	L	1/1		3/3				4/4	Met
L15	Hot water	L	1/1		0/3				1/4	Not Met (25.00%)
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			3/3				3/3	Met
L19	Bedroom location	L	1/1		3/3				4/4	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
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	0/1		3/3				3/4	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	1/1						1/1	Met
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		1/3				4/6	Not Met (66.67%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L34	Dental exam	I	3/3		2/3				5/6	Met (83.33 %)
L35	Preventive screenings	I	3/3		3/3				6/6	Met
L36	Recommended tests	I	2/3		3/3				5/6	Met (83.33 %)
L37	Prompt treatment	I	3/3		3/3				6/6	Met
℞ L38	Physician's orders	I	1/1		0/1				1/2	Not Met (50.0 %)
L39	Dietary requirements	I			0/1				0/1	Not Met (0 %)
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		2/3				5/6	Met (83.33 %)
L44	MAP registration	L	1/1						1/1	Met
L45	Medication storage	L	1/1						1/1	Met
℞ L46	Med. Administration	I	3/3		2/2				5/5	Met
L47	Self medication	I	1/1		1/1				2/2	Met
L49	Informed of human rights	I	3/3		0/3				3/6	Not Met (50.0 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
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
L56	Restrictive practices	I	0/2						0/2	Not Met (0 %)
L63	Med. treatment plan form	I	0/2		0/1				0/3	Not Met (0 %)
L64	Med. treatment plan rev.	I	2/2		0/1				2/3	Not Met (66.67 %)
L67	Money mgmt. plan	I			1/2				1/2	Not Met (50.0 %)
L68	Funds expenditure	I			0/2				0/2	Not Met (0 %)
L69	Expenditure tracking	I			0/2				0/2	Not Met (0 %)
L70	Charges for care calc.	I	1/2		3/3				4/5	Met (80.0 %)
L71	Charges for care appeal	I	2/2		3/3				5/5	Met
L77	Unique needs training	I	3/3		3/3				6/6	Met
L79	Restraint training	L	1/1						1/1	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L80	Symptoms of illness	L	1/1		3/3				4/4	Met
L81	Medical emergency	L	1/1		3/3				4/4	Met
L82	Medication admin.	L	1/1						1/1	Met
L85	Supervision	L	1/1		1/3				2/4	Not Met (50.0%)
L86	Required assessments	I	1/3		1/3				2/6	Not Met (33.33%)
L87	Support strategies	I	3/3		1/3				4/6	Not Met (66.67%)
L88	Strategies implemented	I	3/3		0/3				3/6	Not Met (50.0%)
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

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L94 (05/22)	Assistive technology	1	0/3		3/3				3/6	Not Met (50.0%)
#Std. Met/#									53/70	
Indicator										
Total Score									60/79	
									75.95%	