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|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | | |  |  |
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|  | |  | | --- | | Dimock Community Health Center is a multi-service not for profit agency that has been serving the Metro-Boston area for more than two decades. Dimock operates 24-hour residential homes for adults with Developmental and Intellectual Disabilities as well as providing Family Support services. In addition, the agency provides such community services as a Health Center, Mental Health services, a homeless shelter, head start, daycare, and detox services.  This 2021 Department of Developmental Services (DDS) review was conducted by the Office of Quality Enhancement utilizing a virtual platform as well as electronic document sharing. Dimock is one of the first agencies to undergo a licensing and certification review since the return to QE surveys which were suspended due to the Covid-19 pandemic. A full Licensing and Certification Review was conducted on the agency's DDS 24 Hour Residential Services.   Survey results revealed that DIMOCK has efficacious administrative practices; this included a training system that tracked mandatory staff trainings and ensured that staff are trained in areas such as Human Rights. The agency reported incidents and allegations of abuse and neglect as mandated, and had clear reporting policies in place. Individuals and guardians were also trained on Human Rights/ Abuse and Neglect Reporting, and the agency had an effective Human Rights Committee that met as required and reviewed all matters under its purview.  In the area of personal and environmental safety, homes were well maintained with spacious personalized bedrooms and common spaces. Individuals were supported to evacuate their homes in under 2.5 minutes during fire drills which were conducted as required. Staff communication regarding and with individuals, both written and verbal was consistently respectful and positive. It was also noted that policies and procedures regarding infection control and routine screening for symptoms of illness were in place and being acted upon.   The review identified many operative practices within Dimock's residential homes. In the area of healthcare, staff demonstrated strong knowledgeable of individual's health conditions and needs, and oversight was provided for support of healthcare requirements. Evidence of this was noted in appointments with specialists as well as routine medical appointments that were scheduled and kept; additionally, follow-up appointments that occurred routinely. Individuals that DIMOCK supports received routine and recommended screenings, and medical protocols and dietary recommendations were well implemented. The review also showed that medication administration and documentation occurred in accordance with Physician orders, and emergency fact sheets and Health Care records were in place and current. Medication Treatment Plans was another requirement that was well managed by DIMOCK staff; the plans contained all required components and data was consistently collected.    As it relates to Certification, individuals were supported to make choices regarding their daily routines and dining preferences; the use of unstructured leisure time was also well supported. Community activities were limited due to the pandemic, but individuals were assisted to do activities within the home that helped them to maintain independence and potentially build skills. Individuals that were interviewed reported liking the staff that work with them, and they felt supported and respected by the staff. Individuals were encouraged and supported to maintain personal relationships; they also participated in remote day program opportunities if they chose to.    In addition to the effectual supports, the survey also revealed areas that require further attention in order to meet requirements. The agency needs to develop plans which clarify and outline financial roles within its residences and are agreed upon by individuals and guardians. This includes ways in which it manages the individual's funds and educates them around the management of all or a portion of their funds. The agency also needs to ensure that staff is trained using a curriculum that includes the DDS ''observable signs and symptoms of Illness'', including ''just not right''.    In summary, Dimock received a score of 93% met for Licensing indicators for its Residential Services for which it will receive a Two-Year license. Consequently, the agency will conduct its own follow-up of licensing indicators that were not met during the survey and submit the report to the DDS Office of Quality Enhancement within 60 days of the service enhancement meeting. The agency scored 91% met for Certification indicators and is Certified for its Residential Supports. | |  | |  |

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|  | |  |  |  |  | | --- | --- | --- | --- | |  | |  |  | | |  | | --- | | **LICENSURE FINDINGS** | | |  |  | |  | |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **7/7** | **0/7** |  | | **Residential and Individual Home Supports** | **61/66** | **5/66** |  | | Residential Services |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **68/73** | **5/73** | **93%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **5** |  | |  | |  | |  | |  |  | | |  |  |
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|  | |  | | --- | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L24 | | | Locks on doors not providing egress can be opened by the individuals from the inside and staff carry a key to open in an emergency. | At the two sites, staff could not immediately locate keys to unlock the bedroom doors.  Keys must be readily available for staff to unlock bedroom doors in the event of an emergency. | |  | 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. | The agency had not distributed or received signed and returned residency agreements for the five individuals (and guardians where applicable) protecting them from arbitrary eviction.  The agency needs to have signed residency agreements, or other forms of written agreement in place for each of the individuals served in provider owned or operated settings, and then complete an attestation to this effect, with the roster of names attached. | |  | L67 | | | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | None of five individual's funds management plans contained specific details regarding safe keeping, management, and training around individual finances. Financial plans should be detailed and clear. | |  | L80 | | | Support staff are trained to recognize signs and symptoms of illness. | At both homes, staff was trained on a part of the DDS Observable Signs and Symptoms of Illness training. The agency must incorporate all aspects of this training including ''observable signs and symptoms'' and ''just not right''. | |  | L88 | | | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For two of five individuals, ISP objectives were not being implemented as written in the provider support strategies.  The agency must adhere to ISP support strategies and effectively monitor progress or lack thereof toward meeting goals. | | |  | |  | |  |

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|  | |  | | --- | | **CERTIFICATION FINDINGS** | |  | | |  |  |
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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Residential Services- Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C12 | | | Individuals are supported to explore, define, and express their need for intimacy and companionship. | None of the 5 individuals had been assessed in the area of intimacy and companionship. Staff had also not been trained in this area. The agency should utilize a curriculum to train its staff and individuals on sexuality and companionship. Individuals also need to be assessed for their preferences in this area. Once assessed, the agency needs to support and train individuals in line with their preferences. | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | Individuals had not been fully assessed for assistive technology needs. The agency must ensure that all individuals are assessed to determine if they have any areas where their lives could be enhanced with greater independence by utilizing some sort of assistive technology. | |  |  | | |  |  | |  |  | | |  |

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|  | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | | | |  |  |  |
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|  | |  | | --- | | **Organizational: DIMOCK COMMUNITY SERVICES** | |  | | |  |  |
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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **2/2** | **Met** | |  | L3 | Immediate Action | **3/3** | **Met** | |  | L48 | HRC | **1/1** | **Met** | |  | L74 | Screen employees | **1/1** | **Met** | |  | L75 | Qualified staff | **1/1** | **Met** | |  | L76 | Track trainings | **5/5** | **Met** | |  | L83 | HR training | **5/5** | **Met** | |  |  | | |  |

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|  | |  | | --- | | **Residential and Individual Home Supports:** | | | | |  |  |  |  |
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Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L5 | Safety Plan | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L6 | Evacuation | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L7 | Fire Drills | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L8 | Emergency Fact Sheets | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L9 | Safe use of equipment | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L11 | Required inspections | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L12 | Smoke detectors | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L13 | Clean location | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L14 | Site in good repair | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L15 | Hot water | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L16 | Accessibility | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L17 | Egress at grade | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L18 | Above grade egress | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L19 | Bedroom location | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L20 | Exit doors | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L21 | Safe electrical equipment | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L22 | Well-maintained appliances | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L23 | Egress door locks | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L24 | Locked door access | L | 0/2 |  |  |  |  |  | **0/2** | **Not Met (0 %)** | |  | L25 | Dangerous substances | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L26 | Walkway safety | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L28 | Flammables | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L29 | Rubbish/combustibles | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L30 | Protective railings | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L31 | Communication method | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L32 | Verbal & written | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L33 | Physical exam | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L34 | Dental exam | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L35 | Preventive screenings | I | 4/4 |  |  |  |  |  | **4/4** | **Met** | |  | L36 | Recommended tests | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L37 | Prompt treatment | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L38 | Physician's orders | I | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L40 | Nutritional food | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L41 | Healthy diet | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L42 | Physical activity | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L43 | Health Care Record | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L44 | MAP registration | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L45 | Medication storage | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L46 | Med. Administration | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L49 | Informed of human rights | I | 0/5 |  |  |  |  |  | **0/5** | **Not Met (0 %)** | |  | L50 | Respectful Comm. | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L51 | Possessions | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L52 | Phone calls | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L53 | Visitation | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L54 | Privacy | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L61 | Health protection in ISP | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L62 | Health protection review | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L63 | Med. treatment plan form | I | 4/5 |  |  |  |  |  | **4/5** | **Met (80.0 %)** | |  | L64 | Med. treatment plan rev. | I | 4/5 |  |  |  |  |  | **4/5** | **Met (80.0 %)** | |  | L67 | Money mgmt. plan | I | 0/5 |  |  |  |  |  | **0/5** | **Not Met (0 %)** | |  | L68 | Funds expenditure | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L69 | Expenditure tracking | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L70 | Charges for care calc. | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L71 | Charges for care appeal | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L77 | Unique needs training | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L80 | Symptoms of illness | L | 0/2 |  |  |  |  |  | **0/2** | **Not Met (0 %)** | |  | L81 | Medical emergency | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L82 | Medication admin. | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L84 | Health protect. Training | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L85 | Supervision | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L86 | Required assessments | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L87 | Support strategies | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L88 | Strategies implemented | I | 2/5 |  |  |  |  |  | **2/5** | **Not Met (40.0 %)** | |  | L90 | Personal space/ bedroom privacy | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L91 | Incident management | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | **#Std. Met/# 66 Indicator** |  |  |  |  |  |  |  |  | **61/66** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **68/73** |  | |  |  |  |  |  |  |  |  |  |  | **93.15%** |  | |  |  |  | | | |  |
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|  | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | |  | | | |  |  |  |
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|  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **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 | 5/5 | **Met** | | C8 | | | | Family/guardian communication | 5/5 | **Met** | | C10 | | | | Social skill development | 5/5 | **Met** | | C11 | | | | Get together w/family & friends | 5/5 | **Met** | | C12 | | | | Intimacy | 0/5 | **Not Met (0 %)** | | C13 | | | | Skills to maximize independence | 5/5 | **Met** | | C14 | | | | Choices in routines & schedules | 5/5 | **Met** | | C15 | | | | Personalize living space | 2/2 | **Met** | | C18 | | | | Purchase personal belongings | 5/5 | **Met** | | C19 | | | | Knowledgeable decisions | 5/5 | **Met** | | C20 | | | | Emergency back-up plans | 2/2 | **Met** | | C49 | | | | Physical setting is consistent | 2/2 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 5/5 | **Met** | | C52 | | | | Leisure activities and free-time choices /control | 5/5 | **Met** | | C53 | | | | Food/ dining choices | 5/5 | **Met** | | C54 | | | | Assistive technology | 0/5 | **Not Met (0 %)** | |  | | | |  |  |  | |  |  | | | |  |  |