



**PROVIDER REPORT  
FOR**

**DIMOCK COMMUNITY  
SERVICES  
55 Dimock St  
Roxbury, MA 02119**

**August 19, 2025**

**Version**

**Public Provider Report**

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

# **SUMMARY OF OVERALL FINDINGS**

**Provider** DIMOCK COMMUNITY SERVICES

**Review Dates** 7/16/2025 - 7/22/2025

**Service Enhancement Meeting Date** 8/5/2025

**Survey Team** Cristina Calderon  
David Bullard  
Melanie Hutchison (TL)

**Citizen Volunteers**

**Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	2 location(s) 5 audit (s)	Full Review	72/76 2 Year License 08/05/2025 - 08/05/2027		24 / 26 Certified 08/05/2025 - 08/05/2027
Residential Services	2 location(s) 5 audit (s)			Full Review	19 / 20
Planning and Quality Management				Full Review	5 / 6

## **EXECUTIVE SUMMARY :**

Dimock Community Services (Dimock) is a multi-service community health center based in Roxbury, MA. Dimock offers physical and behavioral health services, as well as children and family services to individuals across different age groups and abilities. Dimock provides twenty-four-hour residential supports to adults diagnosed with Developmental and Intellectual Disabilities in the Metro Boston region of Massachusetts.

For this 2025 DDS Licensing and Certification Survey, the DDS Metro Office of Quality Enhancement (OQE) conducted a full licensing and certification review of the agency's residential services. The scope of this survey included five audits at two residential homes.

At the organizational level, Dimock demonstrated several effective practices relating to licensing. In the area of investigations, the agency acted immediately in response to potential abuse and neglect complaints and successfully completed action plans when required by DDS area offices in a timely manner. It also hired qualified new employees and supported licensed staff to maintain their credentials. Relative to certification, the agency added quality assurance and risk management staff which increased its ability to collect data from a variety of sources, analyze the data, and identify trends for the purpose of increasing the quality of its residential services.

Relative to licensing, Dimock had well-developed oversight systems for ensuring environmental and personal safety. The homes visited were well maintained, clean and had current inspections. Each location had approved emergency evacuation safety plans, search plans, and plans to respond to emergencies. Residential staff were trained and knowledgeable about all emergency and safety procedures.

Dimock's healthcare oversight promoted individuals' optimal health. Individuals were supported to receive annual physical and dental examinations as well as routine and preventative screenings. Staff assisted individuals to receive recommended medical testing and to attend follow-up appointments when needed. Staff were trained and knowledgeable about how to respond to medical emergencies, how to obtain treatment for episodic medical conditions, and how to support individuals to follow specialty diets. Individuals were well supported to receive prescribed medications, and agency staff consistently administered medications according to MAP guidelines.

The agency's practices for safeguarding individuals' funds in the home were exemplary. Funds management plans were unique to each individual and described in detail each person's strengths and challenges regarding money management. The agency employed daily oversight of financial tracking records. Findings indicated that all financial transactions were documented in real time and staff verified for accuracy the amount of money secured for each individual several times per week.

In the area of certification, residential locations blended naturally with their neighborhoods and the interior common areas and bedrooms were decorated in accordance with individuals' personal tastes. Observations and interviews confirmed that individuals made decisions about their home, daily routine, and community activities. Individuals were supported to be active in their communities, and staff helped individuals develop and maintain relationships with friends, family, and neighbors.

A few areas were identified for the agency to give its attention.

Organizationally, the agency should support its Human Rights Committee to maintain the required composition and regular attendance. It should also ensure that its committee upholds its regulatory responsibilities, including review of agency policies and processes which pertain to human rights. Additionally, the agency should support its staff to complete the required DDS mandated reporter training annually. Regarding certification, the agency should finalize a strategic plan.

Relative to licensure at the individual level, the agency needs to make sure that individuals pay only for items for which they have a responsibility. Relative to certification, the agency is encouraged to evaluate and improve its system for soliciting and incorporating feedback on staff from the individuals it supports.

As a result of this licensing and certification survey, Dimock's Residential Service Group received an overall score of 95% of licensure indicators met. The agency will receive a Two-Year License for Residential Services. This service group is Certified with an overall score of 92% of certification indicators met.

Dimock will complete follow-up on licensing indicators not met during the survey and will submit their results to OQE within 60 days following the Service Enhancement Meeting.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>6/8</b>	<b>2/8</b>	
<b>Residential and Individual Home Supports</b>	<b>66/68</b>	<b>2/68</b>	
Residential Services			
<b>Critical Indicators</b>	<b>7/7</b>	<b>0/7</b>	
<b>Total</b>	<b>72/76</b>	<b>4/76</b>	<b>95%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>4</b>	

### **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's Human Rights Committee did not include a member with medical expertise. The committee did not meet quorum at its March 2025 meeting nor did its member with clinical expertise attend at least 75% of the meetings during the past year. Additionally, the committee did not fulfill its regulatory responsibility to review its human rights training and processes and agency policies which may impact human rights. The agency should support its Human Rights Committee to attain the correct composition of members and support all members to attend quarterly meetings. Additionally, it needs to ensure that the committee fulfills all its regulatory responsibilities.
L83	Support staff are trained in human rights.	Four staff were not trained in the current DDS mandated reporter curriculum. The agency should train all staff in the current mandated reporter curriculum and ensure that staff are trained annually.

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

Indicator #	Indicator	Area Needing Improvement
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.	Three individuals paid for phone and internet monthly, which is the responsibility of the agency. The agency needs to ensure that individuals' and the agency's responsibilities for costs are consistent with DDS regulations.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For two individuals, the agency did not submit their support strategies within DDS timelines. The agency needs to ensure that support strategies are submitted within DDS timelines.

## **CERTIFICATION FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>5/6</b>	<b>1/6</b>	
<b>Residential and Individual Home Supports</b>	<b>19/20</b>	<b>1/20</b>	
Residential Services	19/20	1/20	
<b>Total</b>	<b>24/26</b>	<b>2/26</b>	<b>92%</b>
<b>Certified</b>			

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C6	The provider has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans.	The agency did not have a strategic plan. The agency should formalize and document its long-term planning strategies and organizational objectives as they pertain to enhanced service delivery for those who receive residential supports.

### **Residential Services- Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
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.	Five individuals did not have the opportunity to provide feedback on new hires and ongoing staff performance. The agency needs to ensure that all individuals have the opportunity to participate in the hiring process for potential new support staff, and the opportunity to provide feedback on the staff who support them, with an agency mechanism to incorporate feedback into staff performance evaluations.

## MASTER SCORE SHEET LICENSURE

### Organizational: DIMOCK COMMUNITY SERVICES

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	2/2	Met
L3	Immediate Action	5/5	Met
L4	Action taken	3/3	Met
L48	HRC	0/1	Not Met(0 % )
L74	Screen employees	1/1	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	4/4	Met
L83	HR training	0/4	Not Met(0 % )

**Residential and Individual Home Supports:**

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Indiv.</b>	<b>Res. Sup.</b>	<b>Ind. Home Sup.</b>	<b>Place.</b>	<b>Resp.</b>	<b>ABI-MFP Res. Sup.</b>	<b>ABI-MFP Place.</b>	<b>Total Met/Rated</b>	<b>Rating</b>
L1	Abuse/neglect training	I	5/5						5/5	Met
L5	Safety Plan	L	2/2						2/2	Met
℞ 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 (07/21)	Safe use of equipment	I	5/5						5/5	Met
℞ L11	Required inspections	L	2/2						2/2	Met
℞ L12	Smoke detectors	L	2/2						2/2	Met
℞ 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

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	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
L24	Locked door access	L	2/2						2/2	Met
L25	Dangerous substances	L	2/2						2/2	Met
L26	Walkway safety	L	2/2						2/2	Met
L28	Flammables	L	2/2						2/2	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	5/5						5/5	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L36	Recommended tests	I	5/5						5/5	Met
L37	Prompt treatment	I	5/5						5/5	Met
L39	Dietary requirements	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	4/5						4/5	Met (80.0%)
L44	MAP registration	L	2/2						2/2	Met
L45	Medication storage	L	2/2						2/2	Met
RE L46	Med. Administration	I	5/5						5/5	Met
L49	Informed of human rights	I	5/5						5/5	Met
L50 (07/21)	Respectful Comm.	I	5/5						5/5	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 (07/21)	Privacy	I	5/5						5/5	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L55	Informed consent	I	1/1						1/1	Met
L61	Health protection in ISP	I	4/4						4/4	Met
L63	Med. treatment plan form	I	4/4						4/4	Met
L64	Med. treatment plan rev.	I	3/4						3/4	Met
L67	Money mgmt. plan	I	5/5						5/5	Met
L68	Funds expenditure	I	2/5						2/5	Not Met (40.0%)
L69	Expenditure tracking	I	5/5						5/5	Met
L70	Charges for care calc.	I	4/5						4/5	Met (80.0%)
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	2/2						2/2	Met
L81	Medical emergency	L	2/2						2/2	Met
L82	Medication admin.	L	2/2						2/2	Met
L84	Health protect. Training	I	4/4						4/4	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L85	Supervision	L	2/2						2/2	Met
L86	Required assessments	I	2/2						2/2	Met
L87	Support strategies	I	0/2						0/2	Not Met (0 %)
L88	Strategies implemented	I	5/5						5/5	Met
L90	Personal space/bedroom privacy	I	5/5						5/5	Met
L91	Incident management	L	2/2						2/2	Met
L93 (05/22)	Emergency back-up plans	I	5/5						5/5	Met
L94 (05/22)	Assistive technology	I	5/5						5/5	Met
L96 (05/22)	Staff training in devices and applications	I	5/5						5/5	Met
<b>#Std. Met/# 68 Indicator</b>									<b>66/68</b>	
<b>Total Score</b>									<b>72/76</b>	
									<b>94.74%</b>	

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	1/1	<b>Met</b>
C2	Data analysis	1/1	<b>Met</b>
C3	Service satisfaction	1/1	<b>Met</b>
C4	Utilizes input from stakeholders	1/1	<b>Met</b>
C5	Measure progress	1/1	<b>Met</b>
C6	Future directions planning	0/1	<b>Not Met (0 %)</b>

### Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/5	<b>Not Met (0 %)</b>
C8	Family/guardian communication	5/5	<b>Met</b>
C9	Personal relationships	5/5	<b>Met</b>
C10	Social skill development	5/5	<b>Met</b>
C11	Get together w/family & friends	5/5	<b>Met</b>
C12	Intimacy	5/5	<b>Met</b>
C13	Skills to maximize independence	5/5	<b>Met</b>
C14	Choices in routines & schedules	5/5	<b>Met</b>
C15	Personalize living space	2/2	<b>Met</b>
C16	Explore interests	5/5	<b>Met</b>
C17	Community activities	5/5	<b>Met</b>
C18	Purchase personal belongings	5/5	<b>Met</b>
C19	Knowledgeable decisions	5/5	<b>Met</b>
C46	Use of generic resources	5/5	<b>Met</b>
C47	Transportation to/ from community	5/5	<b>Met</b>
C48	Neighborhood connections	5/5	<b>Met</b>
C49	Physical setting is consistent	2/2	<b>Met</b>

## Residential Services

<b>Indicator #</b>	<b>Indicator</b>	<b>Met/Rated</b>	<b>Rating</b>
C51	Ongoing satisfaction with services/ supports	5/5	<b>Met</b>
C52	Leisure activities and free-time choices /control	5/5	<b>Met</b>
C53	Food/ dining choices	5/5	<b>Met</b>