



**PROVIDER REPORT  
FOR**

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

**July 11, 2023**

**Version**

**Public Provider Report**

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

## **SUMMARY OF OVERALL FINDINGS**

<b>Provider</b>	DIMOCK COMMUNITY SERVICES
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<b>Review Dates</b>	6/5/2023 - 6/9/2023
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<b>Service Enhancement Meeting Date</b>	6/22/2023
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<b>Survey Team</b>	Cheryl Hampton Lisa MacPhail (TL)
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<b>Citizen Volunteers</b>	
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### Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
<b>Residential and Individual Home Supports</b>	2 location(s) 4 audit (s)	Targeted Review	DDS 17/19 Provider 58 / 59  75 / 78 2 Year License 06/22/2023-06/22/2025		DDS 0 / 1 Provider 24 / 25  24 / 26 Certified 06/22/2023 - 06/22/2025
Residential Services	2 location(s) 4 audit (s)			DDS Targeted Review	19 / 20
Planning and Quality Management				No Review	No Review Conducted

## **EXECUTIVE SUMMARY :**

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

For this 2023 survey, The Dimock Center was offered, and elected to perform a provider self-assessment of all licensing and certification indicators. The Department of Developmental Services (DDS) Metro Office of Quality Enhancement conducted a targeted review of licensing and certification indicator in DIMOCK's Twenty-four-hour residential supports. The scope of this review included licensing and certification indicators that were not met at the agency's last survey, critical indicators, as well as new and changed indicators. This report is a combination of the DDS targeted review findings, and the agency's reporting on its process and self-assessment findings.

Dimock's commitment to the safety and well-being of the individuals it serves was evidenced in its Twenty-four-hour Residential Supports. The Dimock Center reported incidents and allegations of abuse and neglect as required. In the area of safety, individuals were supported to evacuate during fire safety evacuation drills in under 2.5 minutes, and all environmental inspections were completed and up to date. Residential locations were clean and welcoming, and the agency had emergency back-up plans in place for people.

In the area of healthcare, physician's orders and medical treatment protocols were implemented as ordered by Physicians, and medication was administered according to MAP policy by certified staff. Additionally, staff were trained to recognize the signs and symptoms of illness. In the area of human rights, individuals and guardians were informed of human rights, and how to file a grievance. Within the residential homes, people were afforded privacy when attending to personal matters, and written as well as verbal communication regarding the individuals served was respectful.

While The Dimock Center demonstrated a strong commitment to quality in service provision, the review revealed some areas where further attention is needed. In the area of funds management, shared and delegated money management plans need to be signed by the individuals, and guardians where applicable. Individuals were also not fully assessed for assistive technology which would increase independence in various aspects of their daily lives; there was also no evident support in this area. In the certification realm, individuals were not evaluated for preferences, nor offered support with intimacy and companionship in line with their unique learning styles.

The Dimock Center met 96% of licensing indicators in residential and will therefore, receive a two-year-license for the residential service grouping. The agency is also certified for the residential service grouping having met 92% of certification indicators. Within 60 days of the service enhancement meeting, Dimock will conduct its own follow-up of licensing indicators that were not met during this survey and submit the results to the DDS Metro Office of Quality Enhancement.

## **Description of Self Assessment Process:**

The Dimock Center used a sample of four individuals and two programs to conduct the self-assessment audit. The Assistant Director went to both programs using DDS's Licensure and Certification tools to determine if each indicator was met or not met. A full Licensing and Certification Review was conducted on May 22-24, 2023. All indicators were evaluated and rated individually for each Individual and then the combined scores were compiled to make the final assessment. A sampling of 8 staff members was selected and used for the staff training.

Organizationally, as reported by Dimock's President and CEO, Dimock had not completed a Strategic Plan during the pandemic and its aftermath since future planning was difficult to do when the future landscape was so uncertain. Dimock intends to complete a Strategic Plan within the next year, in which the programs funded by DDS, including the residential programs, will have a vital part. Findings revealed that Dimock residential support services has a training system that tracked mandatory staff trainings and ensured that staff are trained in areas such as Human Rights. Guardians were sent information regarding Human Rights and DPPC reports, and all individuals received annual Human Rights training. Dimock has a Human Rights Committee that meets quarterly and is comprised of all required members, including a nurse, a clinician, a lawyer, family members and Individuals receiving residential services. Human Rights Committee minutes were reviewed from the last two years. As noted on the individual reports, the Human Rights Committee met seven times over the last two years, rather than the required eight times and at one meeting the clinician was not present. Therefore, the Human Rights Committee, although active, received a "Not Met" when evaluated.

In the area of personal and environmental safety, homes were well maintained with spacious personalized bedrooms and common spaces. All four of the individuals surveyed purchased new bedroom sets within the last two years. Living room furniture in homes were also replaced within the last year. Evacuation fire drills were conducted as required, including at least two asleep drills per year, over the last two years and all individuals evacuated their homes in under 2.5 minutes. As seen in staff Communication books and observation, both written and verbal interaction with and about was consistently respectful and positive.

In the area of healthcare, medical appointment forms were reviewed for the past two years on all individuals surveyed. All four Individuals were up to date on annual physical and dental appointments. Follow-up appointments were made, kept, or rescheduled in accordance with doctors' recommendations. Staff were trained on all recommendations made by healthcare providers at appointments. Staff demonstrated strong knowledge of individual's health conditions and needs, and supervisory oversight was provided for support with healthcare requirements. All Individuals received routine and recommended screenings, and medical and dietary recommendations were well implemented. Relative to medication administration, Physician's orders, pharmacy labels on blister packs and medication charts were reviewed for all individuals surveyed. The review showed that medication administration and documentation occurred in accordance with Physician orders. Additionally, emergency fact sheets and medication lists were in place and current. Medication Treatment Plans were also reviewed for all individuals surveyed; the results showed that the plans were current, signed by their guardians (when applicable), and were implemented effectively and consistently by staff members.

As witnessed by the Assistant Program Director and as reported by Individuals, each individual was supported to make choices regarding their daily routines and preferences. Individuals were increasingly engaged in Community activities such as going to movies, bowling, going out to restaurants, visiting family members, etc. One Individual recently celebrated his birthday with his family, in his residence and also in the community. Another Individual recently spent the day with his mother and other family members for Mother's Day. These activities were reported in the activity Logs and also be tracked in the financial records, when they involved spending money.

As part of our self-assessment, it was found that all the procedures, policies and trainings were in place and up to date at the residential programs surveyed.

## **LICENSURE FINDINGS**

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>7/8</b>	<b>1/8</b>	
<b>Residential and Individual Home Supports</b>	<b>68/70</b>	<b>2/70</b>	
Residential Services			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>75/78</b>	<b>3/78</b>	<b>96%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>3</b>	

**Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:  
From Provider review:**

Indicator #	Indicator	Issue identified	Action planned to address
L48	The agency has an effective Human Rights Committee.	Over the past two years, the Committee met seven times, rather than the eight required. The meeting scheduled for December 2021 was initially rescheduled for January 2022, due to scheduling conflicts. However, in January 2022, the Human Rights Coordinator and some other Committee Members and Officers were diagnosed with Covid-19 and that meeting was cancelled. Also, for one meeting, held on March 15, 2023, the Clinician on the committee was not present. For all other meetings all required committee members were present. The quorum for committee members was met for all meetings.	Efforts will be made to ensure that all required committee members attend all meetings, the quorum is met, and no future meetings are cancelled.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For all four individuals, shared and delegated management of funds plans were not agreed upon/signed by the guardians. The agency needs to ensure that when it develops shared and delegated management of funds plans, agreement for the plans is sought from the guardians.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Three of four individuals were not assessed as to their potential need for assistive technology which would aid in fostering independence. The agency needs to ensure that it completes assessments of people for assistive technology that would foster independence and provide identified supports in this area.

## **CERTIFICATION FINDINGS**

	Reviewed By	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>		5/6	1/6	
<b>Residential and Individual Home Supports</b>	<b>DDS 0/1 Provider 19/19</b>	<b>19/20</b>	<b>1/20</b>	
Residential Services	DDS 0/1 Provider 19/19	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 From Provider review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Issue identified</b>	<b>Action planned to address</b>
C6	The provider has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans.	As reported by Dimock President and CEO, an agency wide strategic plan was not developed during the Covid-19 pandemic and its aftermath. It was felt that future planning would not be productive when the pandemic made future planning so uncertain.	The Dimock Center intends to develop a strategic plan over the next year in which all programs funded by DDS, including the residential programs, will have a vital role.



**Residential Services- Areas Needing Improvement on Standards not met From DDS Review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	All four individuals were not supported to explore, define, and express their need for intimacy and companionship and training was not evident in this area. The agency needs to assess people for their preferences and needs in the areas of intimacy and companionship and provide training and support geared toward the people's learning styles.

## MASTER SCORE SHEET LICENSURE

### Organizational: DIMOCK COMMUNITY SERVICES

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
<input checked="" type="checkbox"/> L2	Abuse/neglect reporting	DDS	2/2	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	Provider	-	Not Met
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Met
L83	HR training	Provider	-	Met

### Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider	-						-	Met
L5	Safety Plan	L	Provider	-						-	Met
<input checked="" type="checkbox"/> L6	Evacuation	L	DDS	2/2						2/2	Met
L7	Fire Drills	L	Provider	-						-	Met
L8	Emergency Fact Sheets	I	Provider	-						-	Met
L9 (07/21)	Safe use of equipment	I	DDS	3/4						3/4	Met
<input checked="" type="checkbox"/> L11	Required inspections	L	DDS	2/2						2/2	Met
<input checked="" type="checkbox"/> L12	Smoke detectors	L	DDS	2/2						2/2	Met
<input checked="" type="checkbox"/> L13	Clean location	L	DDS	2/2						2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L14	Site in good repair	L	Provider	-						-	Met
L15	Hot water	L	Provider	-						-	Met
L16	Accessibility	L	Provider	-						-	Met
L17	Egress at grade	L	Provider	-						-	Met
L18	Above grade egress	L	Provider	-						-	Met
L19	Bedroom location	L	Provider	-						-	Met
L20	Exit doors	L	Provider	-						-	Met
L21	Safe electrical equipment	L	Provider	-						-	Met
L22	Well-maintained appliances	L	Provider	-						-	Met
L23	Egress door locks	L	Provider	-						-	Met
L24	Locked door access	L	DDS	2/2						2/2	Met
L25	Dangerous substances	L	Provider	-						-	Met
L26	Walkway safety	L	Provider	-						-	Met
L28	Flammables	L	Provider	-						-	Met
L29	Rubbish/combustibles	L	Provider	-						-	Met
L30	Protective railings	L	Provider	-						-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L31	Communication method	I	Provider	-						-	Met
L32	Verbal & written	I	Provider	-						-	Met
L33	Physical exam	I	Provider	-						-	Met
L34	Dental exam	I	Provider	-						-	Met
L35	Preventive screenings	I	Provider	-						-	Met
L36	Recommended tests	I	Provider	-						-	Met
L37	Prompt treatment	I	Provider	-						-	Met
Ⓡ L38	Physician's orders	I	DDS	1/1						1/1	Met
L39	Dietary requirements	I	Provider	-						-	Met
L40	Nutritional food	L	Provider	-						-	Met
L41	Healthy diet	L	Provider	-						-	Met
L42	Physical activity	L	Provider	-						-	Met
L43	Health Care Record	I	Provider	-						-	Met
L44	MAP registration	L	Provider	-						-	Met
L45	Medication storage	L	Provider	-						-	Met
Ⓡ L46	Med. Administration	I	DDS	4/4						4/4	Met
L49	Informed of human rights	I	DDS	4/4						4/4	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L50 (07/21)	Respectful Comm.	I	DDS	4/4						4/4	Met
L51	Possessions	I	Provider	-						-	Met
L52	Phone calls	I	Provider	-						-	Met
L53	Visitation	I	Provider	-						-	Met
L54 (07/21)	Privacy	I	DDS	4/4						4/4	Met
L61	Health protection in ISP	I	Provider	-						-	Met
L62	Health protection review	I	Provider	-						-	Met
L63	Med. treatment plan form	I	Provider	-						-	Met
L64	Med. treatment plan rev.	I	Provider	-						-	Met
L67	Money mgmt. plan	I	DDS	0/4						0/4	Not Met (0 %)
L68	Funds expenditure	I	Provider	-						-	Met
L69	Expenditure tracking	I	Provider	-						-	Met
L70	Charges for care calc.	I	Provider	-						-	Met
L71	Charges for care appeal	I	Provider	-						-	Met
L77	Unique needs training	I	Provider	-						-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L80	Symptoms of illness	L	DDS	2/2						2/2	Met
L81	Medical emergency	L	Provider	-						-	Met
L82	Medication admin.	L	DDS	2/2						2/2	Met
L84	Health protect. Training	I	Provider	-						-	Met
L85	Supervision	L	Provider	-						-	Met
L86	Required assessments	I	Provider	-						-	Met
L87	Support strategies	I	Provider	-						-	Met
L88	Strategies implemented	I	DDS	3/4						3/4	Met
L90	Personal space/ bedroom privacy	I	Provider	-						-	Met
L91	Incident management	L	Provider	-						-	Met
L93 (05/22)	Emergency back-up plans	I	DDS	4/4						4/4	Met
L94 (05/22)	Assistive technology	I	DDS	1/4						1/4	Not Met (25.00 %)

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L96 (05/22)	Staff training in devices and applications	I	DDS	1/1						1/1	Met
#Std. Met/# 70 Indicator										68/70	
Total Score										75/78	
										96.15%	

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

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

### Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met

## Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	DDS	0/4	<b>Not Met (0 %)</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	Provider	-	<b>Met</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Met</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>