



**PROVIDER REPORT  
FOR  
EDINBURG CENTER,INC  
(THE)  
205 Burlington Road  
Bedford, MA 01730**

**Version**

**Public Provider Report**

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

# SUMMARY OF OVERALL FINDINGS

**Provider** EDINBURG CENTER,INC (THE)

**Review Dates** 2/7/2024 - 2/13/2024

**Service Enhancement Meeting Date** 2/27/2024

**Survey Team** Meagan Caccioppoli  
Anne Carey  
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Cheryl Dolan (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>	6 location(s) 10 audit (s)	Full Review	79/85 2 Year License 02/27/2024 - 02/27/2026		64 / 67 Certified 02/27/2024 - 02/27/2026
Residential Services	4 location(s) 6 audit (s)			Full Review	19 / 20
ABI-MFP Residential Services	1 location(s) 3 audit (s)			Full Review	19 / 20
Individual Home Supports	1 location(s) 1 audit (s)			Full Review	20 / 21
Planning and Quality Management				Full Review	6 / 6

## **EXECUTIVE SUMMARY :**

The Edinburg Center was founded in 1977 as a small community Mental Health Center. Since then, the agency has expanded its services in the Northeast and Metro regions, providing Residential services to individuals supported by the Department of Developmental Services (DDS). Services provided include 24-hour Residential homes, including those for individuals in the ABI/MFP program and Individual Home Supports (IHS). The scope of the Office of Quality Enhancement's (OQE) 2024 survey was to conduct a full licensing and certification review of its Residential Services groupings.

Organizationally, the agency demonstrated effective systems and oversight in many areas. As a part of its quality improvement efforts and strategic planning, the agency employed a consultant to obtain input from service recipients, guardians, and stakeholders and, along with analyzing internal quality data, used this information to develop and implement a strategic plan that aims to achieve improved individual outcomes.

Within the realm of Human Rights, the agency was found to be taking immediate action to protect the health and safety of individuals when complaints occurred, reported incidents as required, and ensured all follow-up actions were completed. The agency uses Positive Behavioral Supports to de-escalate situations and has been able to safely remain a restraint-free agency. The agency has a fully constituted Human Rights Committee that meets as required and completes the required reviews. Staff, guardians, and individuals were trained in Human Rights and Mandated Reporting. To enhance their training, the agency has created personalized Human Rights books featuring photographs of individuals exercising their rights in their daily lives. Throughout the survey, individuals were found to have a good understanding of their rights and who to contact if there was an issue.

Environmental safety is another area where the agency demonstrated robust and effective systems. All the locations where audits occurred were clean and in good repair, and required inspections were completed. Water temperatures were within range, fire safety systems were functional, and safety plans were current, with drills being run in accordance with DDS regulations.

The agency demonstrated that they have effective systems to ensure that their staff receive both mandatory and individualized training specific to the programs they are working in. Additionally, the agency has an effective system for ensuring that staff from external staffing agencies are also well-trained. To help staff understand the unique needs and personal preferences of the individuals they support, the agency has developed individualized "Getting to Know Me" folders. During the survey, staff were found to be knowledgeable about the individuals they supported as a result of the training they received.

Many positive practices were seen within the Health and Wellness domain. Individuals were supported to have annual physical and dental examinations and follow-up and episodic treatment as needed. Medical protocols were developed when indicated, and staff were trained to ensure they were correctly implemented. For individuals who are self-medicating, current assessments and agreements from Health Care Providers were in place, and individuals were shown to be very well educated on medications and health protocols they managed independently. In addition, individuals were found to engage in regular physical activity and were supported to follow healthy diets, leading to some significant weight loss for some individuals and one individual no longer being considered diabetic.

The agency has developed a holistic person-centered approach to supporting individuals called Meaningful Whole Life (MWL), which aims to offer individualized and meaningful supports. Positive outcomes for individuals using this framework were noted within several licensing and certification areas.

To ensure that an individual's needs and interests are fully supported, the agency conducts various

assessments and successfully implements any plans and goals developed from those assessments. As part of the MWL initiative, a 360-degree assessment is completed with individuals to discover what is important to them, identify their goals, and reduce any barriers that may prevent them from achieving those goals. Additionally, all individuals are supported in exploring and defining their interests related to companionship and intimacy and assessed to determine if assistive technology can be used to increase autonomy. All of this information is used to create a person-centered plan for each individual.

Within Certification, individuals were found to be supported to maximize independence; several individuals were successfully supported to become self-medicating and have greater independence with finances and ADLs. They regularly accessed the community and engaged in activities that were consistent with their preferences. They were also supported in maintaining social connections with family and friends. Furthermore, they made use of generic community resources such as libraries and the YMCA. Some individuals had been supported to obtain and sustain employment through MWL support or volunteer in meaningful opportunities. For example, one individual had been supported to develop and lead a Zumba class.

Personal choice was another area of strength for the agency and was demonstrated in several ways. All bedrooms were personalized, and one individual was able to have a pet at her home. Individuals had input into the day-to-day activities, such as menu planning and meal preparation, and through MWL, could direct their activities for the day.

In addition to the many positive practices seen during the survey, some areas requiring further attention were identified. Within licensing, Medication Treatment Plans (MTP) for those prescribed behavior-modifying medications should contain all the required components, specifically identifying measurable criteria for when the agency would approach the prescriber to consider a medication reduction, and data should be tracked so the clinical course of the medication can be re-evaluated. When restrictions are in place, mitigation plans should be developed whenever other individuals in the home are affected by such restrictions.

Organizationally, systems to ensure that time-sensitive documentation, such as ISP-related materials and incident reports are submitted within the required timelines should be strengthened. Additionally, within certification, the agency needs to develop a process to ensure individuals have input into the hiring and ongoing evaluation of the staff that supports them.

As a result of this review, Edinburgh's Residential Services received a rating of met in 93% of licensing indicators, with all critical indicators met. The agency will receive a two-year License for its Residential and Individual Home Supports Service grouping. The agency met 96% of certification indicators and is certified. The agency will conduct its own follow-up in 60 days for those licensing indicators that were not met.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	8/8	0/8	
<b>Residential and Individual Home Supports</b>	71/77	6/77	
Residential Services Individual Home Supports ABI-MFP Residential Services			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	79/85	6/85	93%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		6	

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

Indicator #	Indicator	Area Needing Improvement
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.	At one location where restrictive practices are in place, there is no mitigation plan to avoid unnecessary restrictions on the other individuals who live there for whom this restriction does not apply. The agency needs to ensure mitigation plans are developed whenever there are restrictive practices in place that affect others.
L63	Medication treatment plans are in written format with required components.	Medication treatment plans did not contain all the required components. In addition, for three of ten plans, behavioral symptoms were not defined in observable terms, so data could not be tracked, and /or data was not being tracked consistently. The agency needs to ensure medication treatment plans contain all the required components including descriptions of the target behaviors being modified with treatment and individualized criteria for evaluating the effectiveness of the medication so the clinical course can be evaluated by the prescriber. In addition, the agency needs to ensure data is consistently tracked.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L69	Individual expenditures are documented and tracked.	For two individuals, there was no system for tracking expenditures on gift cards for individuals to whom the agency has delegated responsibilities. The agency needs to ensure all financial transactions are tracked, including purchases made using gift cards when the agency is responsible for assisting individuals with managing their funds.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For two individuals, the required assessments had not been submitted within ISP timelines. The agency needs to ensure that ISP assessments are submitted at least 15 days in advance of the ISP meeting.
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, ISP Support Strategies had not been submitted within ISP timelines. The agency needs to ensure that ISP Support Strategies are submitted at least 15 days in advance of the ISP meeting.
L91	Incidents are reported and reviewed as mandated by regulation.	At three locations, incidents were not reported and reviewed (submitted and/or finalized) as mandated by DDS regulation. The agency needs to ensure that timelines are followed for both minor and major incidents and that all reportable events are entered into HCSIS and finalized.

## **CERTIFICATION FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>6/6</b>	<b>0/6</b>	
<b>Residential and Individual Home Supports</b>	<b>58/61</b>	<b>3/61</b>	
ABI-MFP Residential Services	19/20	1/20	
Individual Home Supports	20/21	1/21	
Residential Services	19/20	1/20	
<b>Total</b>	<b>64/67</b>	<b>3/67</b>	<b>96%</b>
<b>Certified</b>			

**ABI-MFP 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 performance/actions of staff / care providers that support them.	The agency does not yet have a mechanism to solicit feedback from individuals on the staff who support them at the time of hire or on an ongoing basis. The agency needs to develop a system to ensure that individual input is solicited and this input is used to inform the hiring process. The agency also needs to develop a system that enables individual feedback to be sought in an ongoing manner and incorporated into performance evaluations of all staff supporting each individual.
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.	The agency does not yet have a mechanism to solicit feedback from individuals on the staff who support them at the time of hire or on an ongoing basis. The agency needs to develop a system to ensure that individual input is solicited and this input is used to inform the hiring process. The agency also needs to develop a system that enables individual feedback to be sought in an ongoing manner and incorporated into performance evaluations of all staff supporting each individual.
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## MASTER SCORE SHEET LICENSURE

Organizational: EDINBURG CENTER,INC (THE)

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	6/6	Met
L3	Immediate Action	12/12	Met
L4	Action taken	11/11	Met
L48	HRC	1/1	Met
L74	Screen employees	5/5	Met
L75	Qualified staff	2/2	Met
L76	Track trainings	9/9	Met
L83	HR training	9/9	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	6/6	1/1			3/3		10/10	Met
L5	Safety Plan	L	4/4	1/1			1/1		6/6	Met
℞ L6	Evacuation	L	4/4	1/1			1/1		6/6	Met
L7	Fire Drills	L	4/4				1/1		5/5	Met
L8	Emergency Fact Sheets	I	6/6	1/1			1/3		8/10	Met (80.0%)
L9 (07/21)	Safe use of equipment	I	6/6	1/1			3/3		10/10	Met
L10	Reduce risk interventions	I					1/1		1/1	Met
℞ L11	Required inspections	L	4/4	1/1			1/1		6/6	Met
℞ L12	Smoke detectors	L	4/4	1/1			1/1		6/6	Met
℞ L13	Clean location	L	4/4	1/1			1/1		6/6	Met
L14	Site in good repair	L	4/4	1/1			1/1		6/6	Met
L15	Hot water	L	4/4	1/1			1/1		6/6	Met
L16	Accessibility	L	3/3				1/1		4/4	Met
L17	Egress at grade	L	4/4	1/1			1/1		6/6	Met
L18	Above grade egress	L	3/3				1/1		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
L19	Bedroom location	L	1/1				1/1		2/2	Met
L20	Exit doors	L	4/4	1/1			1/1		6/6	Met
L21	Safe electrical equipment	L	4/4	1/1			1/1		6/6	Met
L22	Well-maintained appliances	L	4/4	1/1			1/1		6/6	Met
L23	Egress door locks	L	2/3				1/1		3/4	Met
L24	Locked door access	L	4/4	1/1			1/1		6/6	Met
L25	Dangerous substances	L	4/4	1/1			1/1		6/6	Met
L26	Walkway safety	L	4/4	1/1			1/1		6/6	Met
L28	Flammables	L	4/4	1/1			1/1		6/6	Met
L29	Rubbish/combustibles	L	4/4	1/1			1/1		6/6	Met
L30	Protective railings	L	4/4	1/1			1/1		6/6	Met
L31	Communication method	I	6/6	1/1			3/3		10/10	Met
L32	Verbal & written	I	6/6	1/1			3/3		10/10	Met
L33	Physical exam	I	6/6	1/1			3/3		10/10	Met
L34	Dental exam	I	6/6	1/1			3/3		10/10	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L35	Preventive screenings	I	6/6	1/1			2/3		9/10	Met (90.0%)
L36	Recommended tests	I	6/6	1/1			3/3		10/10	Met
L37	Prompt treatment	I	5/5	1/1			3/3		9/9	Met
Ⓡ L38	Physician's orders	I	5/5	1/1			3/3		9/9	Met
L39	Dietary requirements	I	3/3						3/3	Met
L40	Nutritional food	L	4/4	1/1			1/1		6/6	Met
L41	Healthy diet	L	4/4	1/1			1/1		6/6	Met
L42	Physical activity	L	4/4	1/1			1/1		6/6	Met
L43	Health Care Record	I	6/6	1/1			3/3		10/10	Met
L44	MAP registration	L	4/4	1/1			1/1		6/6	Met
L45	Medication storage	L	4/4	1/1			1/1		6/6	Met
Ⓡ L46	Med. Administration	I	5/5	1/1			2/3		8/9	Met (88.89%)
L47	Self medication	I	3/3	1/1					4/4	Met
L49	Informed of human rights	I	6/6	1/1			3/3		10/10	Met
L50 (07/21)	Respectful Comm.	I	6/6	1/1			3/3		10/10	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L51	Possessions	I	6/6	1/1			3/3		10/10	Met
L52	Phone calls	I	6/6	1/1			3/3		10/10	Met
L53	Visitation	I	6/6	1/1			3/3		10/10	Met
L54 (07/21)	Privacy	I	6/6	1/1			3/3		10/10	Met
L55	Informed consent	I	2/2	1/1					3/3	Met
L56	Restrictive practices	I	0/1						0/1	Not Met (0%)
L60	Data maintenance	I	1/1						1/1	Met
L61	Health protection in ISP	I	3/3				3/3		6/6	Met
L62	Health protection review	I	3/3				1/1		4/4	Met
L63	Med. treatment plan form	I	0/6	0/1			0/3		0/10	Not Met (0%)
L64	Med. treatment plan rev.	I	5/5	1/1			2/3		8/9	Met (88.89%)
L67	Money mgmt. plan	I	5/5	1/1			3/3		9/9	Met
L68	Funds expenditure	I	6/6	1/1					7/7	Met
L69	Expenditure tracking	I	2/4	1/1					3/5	Not Met (60.0%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L70	Charges for care calc.	I	3/4	1/1			3/3		7/8	Met (87.50%)
L71	Charges for care appeal	I	4/6	1/1			3/3		8/10	Met (80.0%)
L77	Unique needs training	I	6/6	1/1			3/3		10/10	Met
L78	Restrictive Int. Training	L	1/1						1/1	Met
L80	Symptoms of illness	L	4/4	1/1			1/1		6/6	Met
L81	Medical emergency	L	4/4	1/1			1/1		6/6	Met
L82	Medication admin.	L	4/4	1/1			1/1		6/6	Met
L84	Health protect. Training	I	3/3				3/3		6/6	Met
L85	Supervision	L	4/4	1/1			1/1		6/6	Met
L86	Required assessments	I	2/2	0/1			2/3		4/6	Not Met (66.67%)
L87	Support strategies	I	2/2	0/1			2/3		4/6	Not Met (66.67%)
L88	Strategies implemented	I	6/6	1/1			3/3		10/10	Met
L89	Complaint and resolution process	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
L90	Personal space/bedroom privacy	I	6/6	1/1			3/3		10/10	Met
L91	Incident management	L	3/4	0/1			0/1		3/6	Not Met (50.0%)
L93 (05/22)	Emergency back-up plans	I	6/6	1/1			3/3		10/10	Met
L94 (05/22)	Assistive technology	I	6/6	1/1			3/3		10/10	Met
L96 (05/22)	Staff training in devices and applications	I	2/2				3/3		5/5	Met
<b>#Std. Met/# 77 Indicator</b>									<b>71/77</b>	
<b>Total Score</b>									<b>79/85</b>	
									<b>92.94%</b>	

## 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	<b>Met</b>
C5	Measure progress	1/1	<b>Met</b>
C6	Future directions planning	1/1	<b>Met</b>

### Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/6	<b>Not Met (0 %)</b>
C8	Family/guardian communication	6/6	<b>Met</b>
C9	Personal relationships	6/6	<b>Met</b>
C10	Social skill development	6/6	<b>Met</b>
C11	Get together w/family & friends	6/6	<b>Met</b>
C12	Intimacy	6/6	<b>Met</b>
C13	Skills to maximize independence	6/6	<b>Met</b>
C14	Choices in routines & schedules	6/6	<b>Met</b>
C15	Personalize living space	4/4	<b>Met</b>
C16	Explore interests	6/6	<b>Met</b>
C17	Community activities	6/6	<b>Met</b>
C18	Purchase personal belongings	6/6	<b>Met</b>
C19	Knowledgeable decisions	6/6	<b>Met</b>
C46	Use of generic resources	6/6	<b>Met</b>
C47	Transportation to/ from community	6/6	<b>Met</b>
C48	Neighborhood connections	6/6	<b>Met</b>
C49	Physical setting is consistent	4/4	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	6/6	<b>Met</b>
C52	Leisure activities and free-time choices /control	6/6	<b>Met</b>
C53	Food/ dining choices	6/6	<b>Met</b>

### ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/3	<b>Not Met (0 %)</b>
C8	Family/guardian communication	3/3	<b>Met</b>
C9	Personal relationships	3/3	<b>Met</b>

### ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
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

### Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/1	Not Met (0 %)
C8	Family/guardian communication	1/1	Met
C9	Personal relationships	1/1	Met
C10	Social skill development	1/1	Met
C11	Get together w/family & friends	1/1	Met
C12	Intimacy	1/1	Met
C13	Skills to maximize independence	1/1	Met
C14	Choices in routines & schedules	1/1	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	1/1	Met

## Individual Home Supports

<b>Indicator #</b>	<b>Indicator</b>	<b>Met/Rated</b>	<b>Rating</b>
C17	Community activities	1/1	<b>Met</b>
C18	Purchase personal belongings	1/1	<b>Met</b>
C19	Knowledgeable decisions	1/1	<b>Met</b>
C21	Coordinate outreach	1/1	<b>Met</b>
C46	Use of generic resources	1/1	<b>Met</b>
C47	Transportation to/ from community	1/1	<b>Met</b>
C48	Neighborhood connections	1/1	<b>Met</b>
C49	Physical setting is consistent	1/1	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	1/1	<b>Met</b>
C52	Leisure activities and free-time choices /control	1/1	<b>Met</b>
C53	Food/ dining choices	1/1	<b>Met</b>