



PROVIDER REPORT FOR

**Empower LGA, Inc.
605 Neponset Street
Canton, MA 02021**

March 25, 2025

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	Empower LGA, Inc.
Review Dates	2/20/2025 - 2/25/2025
Service Enhancement Meeting Date	3/11/2025
Survey Team	Linda Griffith (TL) Roberto Polanco-Santana Gina Ford
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	2 location(s) 2 audit (s)	Full Review	41/55 Defer Licensure		25 / 25 Certified
Individual Home Supports	2 location(s) 2 audit (s)			Full Review	19 / 19
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

Formerly Enable Inc., Empower LGA, Inc. is a non-profit human service agency that provides a variety of educational, social, rehabilitative, and therapeutic services to children, adolescents, and adults. Adult services are based on individuals' needs including health care coordination, transportation assistance, and recreational activity planning. This Licensing and Certification survey conducted by the Department of Developmental Services (DDS) Office of Quality Enhancement (OQE) included a full review of licensure and certification indicators for Individual Home Supports (IHS).

Organizationally, the agency demonstrated several strengths. Staff were trained in Human Rights, Mandated Reporting, and all other required trainings. New staff were screened to meet qualifications, and staff had current licenses when required. The agency responded to allegations of abuse by taking immediate action and completing any follow-up action steps to protect the individuals served. The Human Rights Committee reviewed all relevant documentation and maintained consistent membership, quorum, and attendance standards. Meeting minutes from HRC meetings were comprehensive and reflected the discussions and questions raised by HRC members on each topic.

Related to licensure, positive practices were noted. In the domain of Competent Workforce, staff were trained to recognize signs and symptoms of illness, as well as medical emergency procedures. In the domain of Human Rights, written and oral communication about the individuals served was consistently respectful. Within the Health domain, individuals had received their annual physical and dental exams, staff were knowledgeable of the individuals' unique needs, and individuals received prompt treatment for episodic/acute illnesses. Individuals with complex medical needs consistently received emergency medical care when needed. For example, staff had assisted both individuals with emergency medical care related to g-tube complications, catheter blockages, and/or pulmonary concerns. In the domain of Goal Accomplishment, Skill Acquisition, and Personal Safety, individuals were supported to work on their ISP goals, with staff consistently implementing their support strategies, requesting modification of support strategies when warranted, and maintaining documentation on their ISP goal progress. For example, one individual has an ISP goal to learn something new each week, and he has consistently been working on learning new signs with sign language with staff. Another individual's goal had been modified to participate in any type of shopping trip, versus specifically grocery shopping.

Related to certification, positive practices were also observed. Individuals and guardians were trained and knowledgeable about human rights, DPPC, and the complaint process. Frequent communication occurred between staff and family members/guardians. Individuals and family members/guardians were afforded the opportunity to provide feedback on the performance of staff on an ongoing basis as well as during annual satisfaction surveys. In the domain of Relationships, individuals were supported to have ongoing relationships and participate in activities with family members.

Licensing areas that could benefit from increased attention were also identified. Emergency Fact Sheets and Health Care Records must contain all relevant diagnoses and allergies for individuals. Follow-up appointments with medical specialists need to be scheduled and kept, per recommended timeframe of the HCP. Collaboration with medical professionals is needed around the development of Health Care Management Plans for chronic or underlying health conditions, with subsequent staff training on the protocols. One location requires MAP site registration, as well as MAP training and certification for staff and secure medication storage. Medication Treatment Plans must include all required components, as well as data tracking of all relevant targeted behaviors. For health-related supports and protective equipment, all equipment must be identified and include frequency/specificity of use, cleaning and care of the equipment, and documentation of safety checks, with subsequent staff training. Lastly, ISP assessments and support strategies need to be submitted within the required timelines before individuals' ISP meetings.

Based on the survey findings, the agency received a licensing score of 75%. However, the license level for Residential Services (IHS) has been deferred due to two critical indicators being rated as not met. The licensure status will remain deferred pending a follow-up review, which DDS will conduct within 60 days. If the critical indicators are Met through the follow-up review, the agency will receive a Two-Year license with a Mid-Cycle review. The agency's Residential Services are Certified, with 100% of the certification indicators receiving a rating of Met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Residential and Individual Home Supports	33/47	14/47	
Individual Home Supports			
Critical Indicators	3/5	2/5	
Total	41/55	14/55	75%
Defer Licensure			
# indicators for 60 Day Follow-up		14	

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

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	For two out of two individuals, there were several missing relevant diagnoses. The agency needs to ensure that all relevant diagnoses are included on the Emergency Fact Sheets.
L9 (07/21)	Individuals are able to utilize equipment and machinery safely.	For one of two individuals, the ISP safety assessment did not include an evaluation of home and community safety. The agency needs to ensure that safety assessments are being completed for the annual ISP.
L36	Recommended tests and appointments with specialists are made and kept.	For one out of two individuals, there were several missing follow up appointments with specialists that were not kept as recommended by HCP. The agency needs to ensure that all follow up appointments occur per recommendations from HCP.
Ⓡ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	One individual had a medical diagnosis requiring the development and implementation of a medical protocol which was not in place. The agency needs to coordinate with doctors to develop medical protocols where staff action/intervention is needed, with subsequent training to staff of the actions required of them in the protocol.
L43	The health care record is maintained and updated as required.	For one of two individuals, the Health Care Record did not include all relevant diagnoses, allergies, and evaluation dates. The agency needs to ensure that all diagnoses, allergies, and evaluation dates are included in an individual's Health Care Record.

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

Indicator #	Indicator	Area Needing Improvement
L47	Individuals are supported to become self medicating when appropriate.	One individual who was learning to self-medicate did not have a self-medication support plan in place. The agency needs to ensure that self-medication support plans are in place for individuals who are self-medicating or learning to self-medicate.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For two out of two individuals, there were several supported and protective devices missing from the ISP assessments. The agency needs to ensure that all supported and protective devices are included in the ISP assessments.
L63	Medication treatment plans are in written format with required components.	For one individual, the medication treatment plan did not include all required components, and data was not being collected. The agency needs to ensure that medication treatment plans include all necessary components and that data collection is being completed by staff.
R L82	Medications are administered by licensed professional staff or by MAP certified staff (or by PCAs) for individuals unable to administer their own medications.	For one out of two locations, medications were being administered by staff who were not MAP certified. The agency needs to ensure that medications are being administered by licensed professional staff or by MAP certified staff/PCA's according to MAP policy.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For two out of two individuals, staff were not trained on supportive and protective devices. The agency will ensure that all staff will be trained on all supportive and protective devices per regulation.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For two out of two individuals, required assessments for the ISP were submitted past required timelines. The agency needs to ensure that ISP assessments are submitted according to timelines prior to ISP meetings.
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 out of two individuals, required objectives for the ISP were submitted past required timelines. The agency needs to ensure that support strategies are submitted according to timelines prior to ISP meetings.
L91	Incidents are reported and reviewed as mandated by regulation.	One incident report was created and submitted past required timelines. The agency needs to ensure that all incident reports are submitted and finalized within required timelines.
L94 (05/22)	Individuals have assistive technology to maximize independence.	One individual had been assessed to benefit from assistive technology in six areas. The agency needs to ensure that individuals are assessed for assistive technology to maximize independence, and if needs are identified, assistive tech is trialed and implemented.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	19/19	0/19	
Individual Home Supports	19/19	0/19	
Total	25/25	0/25	100%
Certified			

MASTER SCORE SHEET LICENSURE

Organizational: Empower LGA, Inc.

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

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I		2/2					2/2	Met
L5	Safety Plan	L		2/2					2/2	Met
R L6	Evacuation	L		2/2					2/2	Met
L8	Emergency Fact Sheets	I		0/2					0/2	Not Met (0 %)
L9 (07/21)	Safe use of equipment	I		1/2					1/2	Not Met (50.0 %)
L31	Communication method	I		2/2					2/2	Met
L32	Verbal & written	I		2/2					2/2	Met
L33	Physical exam	I		2/2					2/2	Met
L34	Dental exam	I		2/2					2/2	Met
L35	Preventive screenings	I		2/2					2/2	Met
L36	Recommended tests	I		1/2					1/2	Not Met (50.0 %)
L37	Prompt treatment	I		2/2					2/2	Met
R L38	Physician's orders	I		1/2					1/2	Not Met (50.0 %)
L39	Dietary requirements	I		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
L40	Nutritional food	L		1/1					1/1	Met
L41	Healthy diet	L		1/1					1/1	Met
L43	Health Care Record	I		1/2					1/2	Not Met (50.0 %)
L44	MAP registration	L		1/1					1/1	Met
L45	Medication storage	L		1/1					1/1	Met
L46	Med. Administration	I		1/1					1/1	Met
L47	Self medication	I		0/1					0/1	Not Met (0 %)
L49	Informed of human rights	I		2/2					2/2	Met
L50 (07/21)	Respectful Comm.	I		2/2					2/2	Met
L51	Possessions	I		2/2					2/2	Met
L52	Phone calls	I		2/2					2/2	Met
L53	Visitation	I		2/2					2/2	Met
L54 (07/21)	Privacy	I		2/2					2/2	Met
L61	Health protection in ISP	I		0/2					0/2	Not Met (0 %)
L63	Med. treatment plan form	I		0/1					0/1	Not Met (0 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L64	Med. treatment plan rev.	I		1/1					1/1	Met
L67	Money mgmt. plan	I		1/1					1/1	Met
L68	Funds expenditure	I		1/1					1/1	Met
L69	Expenditure tracking	I		1/1					1/1	Met
L77	Unique needs training	I		2/2					2/2	Met
L80	Symptoms of illness	L		2/2					2/2	Met
L81	Medical emergency	L		2/2					2/2	Met
L82	Medication admin.	L		1/2					1/2	Not Met (50.0 %)
L84	Health protect. Training	I		0/2					0/2	Not Met (0 %)
L85	Supervision	L		2/2					2/2	Met
L86	Required assessments	I		0/2					0/2	Not Met (0 %)
L87	Support strategies	I		0/2					0/2	Not Met (0 %)
L88	Strategies implemented	I		2/2					2/2	Met
L91	Incident management	L		1/2					1/2	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
L93 (05/22)	Emergency back-up plans	I		2/2					2/2	Met
L94 (05/22)	Assistive technology	I		1/2					1/2	Not Met (50.0 %)
L96 (05/22)	Staff training in devices and applications	I		1/1					1/1	Met
L99 (05/22)	Medical monitoring devices	I		1/1					1/1	Met
#Std. Met/# 47 Indicator									33/47	
Total Score									41/55	
									74.55%	

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	Met
C5	Measure progress	1/1	Met
C6	Future directions planning	1/1	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	2/2	Met
C8	Family/guardian communication	2/2	Met
C9	Personal relationships	2/2	Met
C10	Social skill development	2/2	Met
C11	Get together w/family & friends	2/2	Met
C12	Intimacy	2/2	Met
C13	Skills to maximize independence	2/2	Met
C14	Choices in routines & schedules	2/2	Met
C16	Explore interests	1/1	Met
C17	Community activities	1/1	Met
C18	Purchase personal belongings	1/1	Met
C19	Knowledgeable decisions	2/2	Met
C21	Coordinate outreach	2/2	Met
C46	Use of generic resources	2/2	Met
C47	Transportation to/ from community	2/2	Met
C48	Neighborhood connections	2/2	Met
C51	Ongoing satisfaction with services/ supports	2/2	Met
C52	Leisure activities and free-time choices /control	2/2	Met
C53	Food/ dining choices	1/1	Met