



**PROVIDER REPORT
FOR**

**ENABLE INC
605 Neponset Street
Canton, MA 02021**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	ENABLE INC
Review Dates	3/16/2023 - 3/20/2023
Service Enhancement Meeting Date	3/29/2023
Survey Team	Scott Nolan (TL)
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)	Targeted Review	DDS 16/17 Provider 36 / 44 52 / 61 2 Year License 03/29/2023-03/29/2025		DDS 6 / 6 Provider 21 / 21 27 / 27 Certified 03/29/2023 - 03/29/2025
Individual Home Supports	2 location(s) 2 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

Enable, Inc. is a non-profit organization, which was established in the 1970's. It provides a variety of educational, social, rehabilitative, and therapeutic services to children, adolescents, and adults. Networks Supported Living Services was initially established in 1980 as a program of Enable to assist young adults with complex medical and/or mobility challenges to transition to adult services, living as independently as possible. Services offered through Networks are based on individual needs such as health care coordination, transportation assistance, and social/recreational activity planning.

The agency was eligible based on its previous licensure and certification review and to conduct a self-assessment for the current licensing and certification cycle. As a result, the DDS survey team conducted a targeted review of the agency's Individual Home Supports (IHS). This consisted of evaluating the eight critical licensure indicators, any new/revised licensure and certification indicators, and indicators which received a rating of "Not Met" in the previous survey. The survey results reflected a combination of ratings from the self-assessment process conducted by Enable and two targeted reviews conducted by DDS, with rating from DDS prevailing where indicators were rated by both entities.

Findings of the targeted review verified that standards for licensing were maintained with regard to the indicators reviewed for IHS services, individuals shared long-term relationships from four to over twelve years with their support staff who understood and responded to their needs. A continued strength of the agency was respectful communication and supporting individuals' needs for privacy. The DDS environmental review was limited as guardian's leased the apartments on behalf of their family members and assumed responsibility for it upkeep.

A review of medication procedures, doctor's orders and healthcare protocols were current. Staff were certified by the Medication Administration Program (MAP) to dispense medication and support individuals with complex medical procedures. Staff were knowledgeable and trained in meeting individuals' unique medical needs. In one home, staff explained how the positioning on one individual was important to administering medications properly due to a medical condition. All homes that were reviewed had current MAP licenses.

In the certification areas reviewed by DDS, one individual was supported to maintain his relationship with a high school coach and serve as a volunteer on the football/basketball team. In another instance, an individual's health needs had changed over the past few years; staff offered activities he would participate in based on his endurance and desire.

Areas that the agency self-identified in the licensing areas as having not met the standard included the Human Rights Committee (HRC) for the organization. The agency also identified as having not met evacuation which was addressed prior to the survey, dental exams and MAP registration in the health domain, medication treatment plans and other indicators identified in the agency's self-assessment. Enable has written a plan of action to address these areas.

Based on the findings of this report and the agency's self-assessment, Enable has earned a Two-Year License for its IHS services with 85% of indicators being met. The agency is certified with 100% of indicators being met for its residential IHS services. DDS will conduct follow-up for licensure indicators rated not met within 60 days, based on the agency's licensure score.

Description of Self Assessment Process:

Enable, Inc employs several self-monitoring processes to ensure that the highest levels of services are delivered to our consumers. Compliance is managed by the Executive Assistant through consumer file audits and staff training oversight. The program seeks consumer input on staff both through annual evaluation tools and also through regular discussion and meetings. The program encourages consumer choice, meaning that consumers may choose to employ or discontinue use of staff in their homes based on their own subjective wishes. The program conducts regular site visits to the consumer homes.

As a small agency, Enable, Inc provides individualized services to each consumer. Consumers are supported by Enable Direct Service Professionals (DSP) and PCA's. The DDS program is overseen by the agency Supervisor. The Supervisor is in charge of monitoring consumer medical needs, supervising MAP programs as needed, assisting with financials if indicated by their annual financial plan, supervising evacuation procedures and monitoring ISP goal progress. The Supervisor provides regular supervision to all staff, maintains consumer confidential files and helps to make sure that the consumer home is safe and clean. The Supervisor meets weekly with the consumer, communicates regularly with guardians and family and writes quarterly reports on all aspects of the consumer's well-being.

The Supervisor reports to the Director of Adult Services. The Director of Adult Services monitors the Case Coordinators' work through regular supervision, review of incident reports and monitoring of the internal tracking tools. Additionally, the Director of Adult Services annually reviews the trainings offered to staff (through the Trainual software) to ensure that they are in line with the needs of the consumers and meet credentialing guidelines.

The Human Rights Committee also reviews all incident reports, protocols, safety and health related protections, medication plans and trainings as well as makes site visits. The Director of Adult Services is available during meetings to answer any questions and acts as the Human Rights Coordinator. Suggestions offered by the Human Rights Committee are taken under advisement and reported back in the next meeting.

Internal tracking processes include:

Executive Assistant is responsible for monitoring Trainual training programs for all staff ensuring all staff complete one full cycle annually. Trainual software is available to all staff online and are accessible even after training is completed on a particular topic, allowing consistent information and refreshers.

The Executive Assistant maintains a Protocol and Health Related Protections folder on the networked server, ensuring that each relevant protocol is updated annually and reviewed and approved by the HRC before being entered into Trainual for staff review.

Quarterly narrative reports detail the progress the consumer has made on any issues from month to month; these reports are submitted to the Program Director for review and are then submitted to the Department.

ISP Goal tracking through HCSIS using whatever method of data collection is prescribed. This is reported bi-annually.

The program continues to dedicate a significant amount of time and resources to utilizing an enhanced networked, server- based system. Consumer information and schedules are stored on this secure server and are accessible by any Networks Case Coordinator and program administrator at any

time. This has increased efficiencies with scheduling and sharing of complex medical information which can change rapidly. The Program has also implemented a server-based Emergency On-Call system

which allows the On-Call Case Coordinator to access this information from a laptop while in the community. Using this system has helped to ensure that information given to hospitals and emergency personnel or relief staff after hours is the most up-to-date information available. Because of this incident reports have decreased as have staffing issues.

The self-assessment was conducted by the Senior Director of Adult Services in March 2023. In total, four consumers were reviewed. This represents 100% of Enable's DDS population. The audit consisted of a consumer file review, medical appointment audit, and fire drill review. MAP and protocol books were reviewed by the DDS Supervisor assigned to the consumer. In addition, the Operations Manager conducted a staff training review of five randomly selected files for each indicator reviewed.

The process employed was:

- Each year (2020, 2021, 2022) was looked at for each of four consumers.
- Senior Director requested that the Executive Assistant/Operations Manager/Supervisor pull requested information for each indicator and each year. For example, Physical Exam was looked at for each of four consumers 3x (once each year).
- Senior Director then based the results shown on the DDS Licensing Tool on the findings.
- As Enable provides only Individual Home Supports and does not own or rent any of the homes, licensure indicators L7, L11-L29 were not rated.
- Additionally, L71 does not apply to these services.

The Senior Director utilized the following method to determine whether a factor was MET or UNMET.

1. The Senior Director looked for 100% compliance within a consumer for each standard.
2. If less than 100% compliance was found within an individual consumer or site, this indicator was flagged.
3. If a particular indicator was flagged for more than 1 consumer or site, the indicator was considered UNMET.
4. If the indicator was flagged for only 1 consumer, at less than 100% compliance, the indicator was noted for additional, internal oversight.
5. This method amounts to an 80% compliance factor for each indicator.

While this self-assessment regrettably reveals indicators not met, we are aware that the issues relate to staffing and documentation systems and not poor-quality of care of our consumers. These staffing challenges during the height of a global pandemic were extremely trying for a program of our small size and daily focus remained on ensuring the health and safety of the consumers. Additionally, many consumers' day programs have not re-opened fully, and the program has been additionally made responsible for hours of service that were never before in the client's service plan. Staffing recruitment and retention at all the ability of the program to focus on metrics. All indicators not met for the have a plan in place for compliance in the future.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Residential and Individual Home Supports	45/53	8/53	
Individual Home Supports			
Critical Indicators	7/7	0/7	
Total	52/61	9/61	85%
2 Year License			
# indicators for 60 Day Follow-up		9	

**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.	The HRC did not meet between December 2021 - December 2022	The HRC has resumed meeting and has met twice, once in December 2022 and once in March 2023.

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

Indicator #	Indicator	Area Needing Improvement
L94 (05/22)	Individuals have assistive technology to maximize independence.	For two individuals, assessments were not completed either formally or informally to determine if assistive technology would be a benefit to maximizing independence. The agency needs to assess and support individuals to have assistive technology to maximize their independence.

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

Indicator #	Indicator	Issue identified	Action planned to address
L34	Individuals receive an annual dental exam.	For 2021, 2/3 consumers did not have evidence of a dental exam.	3/3 consumers have evidence of a dental exam in 2022. Dental exams for 2023 will be scheduled.

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

Indicator #	Indicator	Issue identified	Action planned to address
L44	The location where MAP certified staff is administering medication is registered by DPH.	2/2 houses did not have current registration.	Registrations were renewed and have been received;the Director became aware that MSCRs are no longer renewed by mail and sites are not notified when they are expiring. New expiration dates will be noted on agency internal calendars.
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.	Consumers and gaurdains were not trained on Human Rights consistently.	The responsibility for tracking training is with the Executive Assistant. This position was vacated in the begining of 2023. The new Executive Assistant will be trained on ensuring this indicator is met.
L63	Medication treatment plans are in written format with required components.	2/2 consumers with psychotropic do not have medication treatment forms in 2021.	There are medication treatment plans in 2022 and the new agency Supervisor will work on medication treatment plans for 2023.
L64	Medication treatment plans are reviewed by the required groups.	Because there were no treatment plans written, they were not reviewed.	Medication treatment plans will be uploaded to the ISP for review once written.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	There was no money management plan filed in FY21 for all consumers.	There are money management plans in FY22; moving forward the Supervisor and Executive Assistant will ensure that money management plans are completed each year.
L69	Individual expenditures are documented and tracked.	Enable only tracks funds expenditures for one client. This was not completed after 11/2021.	The Operations Manager was tracking funds expenditures in the absence of a Supervisor. It did not get fully turned over to the Supervisor upon hire and was missed. The new agency Supervisor will be trained on receipt collection and funds tracking.

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 0/0 Provider 6/6	6/6	0/6	
Residential and Individual Home Supports	DDS 6/6 Provider 15/15	21/21	0/21	
Individual Home Supports	DDS 6/6 Provider 15/15	21/21	0/21	
Total		27/27	0/27	100%
Certified				

MASTER SCORE SHEET LICENSURE

Organizational: **ENABLE INC**

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ 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	DDS	12/12	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
Ⓡ L6	Evacuation	L	DDS		2/2					2/2	Met
L8	Emergency Fact Sheets	I	Provider		-			-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS		2/2					2/2	Met
Ⓡ L12	Smoke detectors	L	DDS		2/2					2/2	Met
Ⓡ L13	Clean location	L	DDS		2/2					2/2	Met
L24	Locked door access	L	DDS		2/2					2/2	Met
L31	Communication method	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
L32	Verbal & written	I	Provider		-			-	-	-	Met
L33	Physical exam	I	Provider		-			-	-	-	Met
L34	Dental exam	I	Provider		-			-	-	-	Not 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		2/2					2/2	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		-			-	-	-	Not Met
L45	Medication storage	L	Provider		-			-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS		2/2					2/2	Met
L47	Self medication	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
L49	Informed of human rights	I	Provider		-			-	-	-	Not Met
L50 (07/21)	Respectful Comm.	I	DDS		2/2					2/2	Met
L51	Possessions	I	Provider		-			-	-	-	Met
L52	Phone calls	I	DDS		2/2					2/2	Met
L53	Visitation	I	Provider		-			-	-	-	Met
L54 (07/21)	Privacy	I	DDS		2/2					2/2	Met
L55	Informed consent	I	Provider		-			-	-	-	Met
L61	Health protection in ISP	I	Provider		-			-	-	-	Met
L62	Health protection review	I	Provider		-			-	-	-	Met
L63	Med. treatment plan form	I	Provider		-			-	-	-	Not Met
L64	Med. treatment plan rev.	I	Provider		-			-	-	-	Not Met
L67	Money mgmt. plan	I	Provider		-			-	-	-	Not Met
L68	Funds expenditure	I	Provider		-			-	-	-	Met
L69	Expenditure tracking	I	Provider		-			-	-	-	Not 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	Provider		-			-	-	-	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		2/2					2/2	Met
L90	Personal space/bedroom privacy	I	Provider		-			-	-	-	Met
L91	Incident management	L	Provider		-			-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS		2/2					2/2	Met
L94 (05/22)	Assistive technology	I	DDS		0/2					0/2	Not Met (0 %)

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
L99 (05/22)	Medical monitoring devices	I	DDS		2/2					2/2	Met
#Std. Met/# 53 Indicator										45/53	
Total Score										52/61	
										85.25%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

	Indicator #	Indicator	Reviewed By	Met/Rated	Rating
	C1	Provider data collection	Provider	-	Met
	C2	Data analysis	Provider	-	Met
	C3	Service satisfaction	Provider	-	Met
	C4	Utilizes input from stakeholders	Provider	-	Met
	C5	Measure progress	Provider	-	Met
	C6	Future directions planning	Provider	-	Met

Individual Home Supports

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	DDS	2/2	Met
C10	Social skill development	DDS	2/2	Met

Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	Provider	-	Met
C13	Skills to maximize independence	DDS	2/2	Met
C14	Choices in routines & schedules	DDS	2/2	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	DDS	2/2	Met
C17	Community activities	DDS	2/2	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C21	Coordinate outreach	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met