



**PROVIDER REPORT
FOR**

**EVERGREEN CENTER
345 Fortune Blvd
Milford, MA 01757**

August 14, 2024

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	EVERGREEN CENTER
Review Dates	7/11/2024 - 7/17/2024
Service Enhancement Meeting Date	7/31/2024
Survey Team	Andrea Comeau (TL) Eric Lunden
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) 6 audit (s)	Targeted Review	DDS 15/22 Provider 62 / 62 77 / 84 2 Year License 07/31/2024-07/31/2026		DDS 1 / 1 Provider 25 / 25 26 / 26 Certified 07/31/2024 - 07/31/2026
Residential Services	2 location(s) 6 audit (s)			DDS Targeted Review	20 / 20
Planning and Quality Management				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

The Evergreen Center is a nonprofit organization that provides educational and residential supports to children and adults with developmental disabilities. Founded in 1982 and headquartered in Milford, MA, the agency's Division of Adult Supports operates five residences for adults, located within three DDS regions.

The agency was eligible and elected to complete a self-assessment for the current licensing cycle, with DDS conducting a targeted review of the eight critical licensing indicators, as well as ten licensing indicators and one certification indicator that were not met during the previous cycle, and four licensing indicators that were added or revised since Evergreen's last survey. The final survey results reflect a combination of ratings from the self-assessment process conducted by Evergreen Center and the targeted review conducted by DDS, with ratings from DDS prevailing where indicators were rated by both entities.

The targeted review confirmed that licensing and certification standards were upheld for the indicators reviewed, particularly the critical ones. Recommended tests and appointments with specialists were made, special dietary requirements were consistently addressed, and staff were trained to follow and implement them as written. Medication treatment plans were also found to be in place when applicable and included all required components. Additionally, individuals had been assessed and supported to explore and express their need for intimacy and companionship. Homes were also found to be clean and well maintained, and staff interviewed were knowledgeable of the individuals supported.

In addition to the positive findings within residential services, there are licensure areas that would benefit from further attention by the agency. In the area of healthcare, individuals' healthcare records need to be updated within 30 days when significant events occur. Additionally, for individuals requiring medical monitoring devices, the agency needs to ensure the proper documentation with required components is in place, staff have been trained, and are knowledgeable of the device.

Within the context of safety and human rights, incident reports must be submitted and reviewed within required timelines, and home appliances need to be well maintained. Further, the agency needs to support its human rights committee to meet the requirements for full membership and fulfill its responsibilities in promoting and protecting the rights of individuals who receive services.

Further findings noted individuals had not been assessed, to identify any assistive technology that may be of benefit in maximizing their independence, and emergency backup plans had not been developed.

As a result of the agency's self-assessment findings and the targeted review conducted by OQE, Evergreen Center will receive a Two-Year License for its Residential Supports, with a service group score of 92%. This service group is Certified with an overall score of 100%. Follow-up will be conducted by the agency and reported to OQE within sixty days on all licensing indicators that received a rating of Not Met.

Evergreen presented the following self-assessment report describing the organization's ongoing quality assurance systems and the agency's current evaluation of compliance with DDS licensing.

Description of Self-Assessment Process:

Evergreen's 2024 Provider Self-Assessment Process was conducted by the Department of Quality Assurance and Regulatory Compliance (QA; A division of Consultants, Human Services Management Corporation - HSMC), the Director of Adult Residential Supports, the Director of Health Care Services, the Senior PBS Qualified Clinician, and two Program Managers during the months of June and July. Evergreen assessed a randomly selected sample of 75% of the individuals living at two of the five residential sites. Evergreen utilized DDS's Residential Survey Worksheet, the certification tool, and data through Evergreen's existing performance management system to score items. A MET status was achieved for indicators at or above 80%. All reviews were conducted in person. Physical site inspection walkthroughs and maintenance requirements were reviewed and rated using applicable Licensure and Certification indicators. The 8 critical indicators were met at both homes. The following indicators were rated as "NOT MET".

L91 Incident Management: Review of the sample data from HCSIS submissions indicated that both programs had one incident report each, submitted outside of the required timeline. The result was "NOT MET".

L93 Emergency Back-up Plans: Review of the agency back-up plans revealed that plans were not person specific. The result was "NOT MET".

L94 Assistive Technology: This indicator was met for 4 out of the 6 individuals surveyed (67% of individuals) and therefore was below the threshold of 80%. The result was "NOT MET".

Evergreen's Internal Performance Management System:

The Evergreen Center has contracted with HSMC to provide quality assurance and regulatory compliance support services. The QA Department conducts comprehensive audits across all service areas. Monthly reports are generated and analyzed by the Executive Team. Notable trends are identified, and corrective actions are taken. Programs are audited within the context of the agency's policies, which align with regulatory standards and best practices. The QA reviews include unannounced documentation checks, routine observations, and staff interviews. Items under analysis are identified using the QA Administrative Calendar, a comprehensive auditing tool used to assess facility safety, maintenance, emergency preparedness, home cleanliness, and staff preparedness. Each area is reviewed for each site on a specific timetable (i.e. monthly, quarterly or annually) to ensure ongoing compliance. QA provides the Executive Team with a monthly report of all audited items. Executive Team members then provide a Plan for Resolution for any items that fall out of compliance. Those items are reviewed at the following monthly meeting. A summary of findings is presented to the Board President on a quarterly basis.

Examples of existing audits/evaluations of both Licensure and Certification indicators that are components of the Administrative Calendar are outlined below. These components receive independent review from the QA Department.

Personal Safety:

Human Rights and Mandated Reporter Training is conducted annually. Records for each individual are reviewed annually to ensure all training materials are present and complete, including a written attestation from staff that the training was held.

Safety Plans are audited annually or when change of household in the residential Posting's Books. Evacuation and Fire Drills are audited monthly, including the frequency of asleep drills. Any blocked exits are noted and remediated immediately.

Emergency Fact Sheets are monitored using the Individual Record Checklist. The Checklist includes elements that must be present in each individual's record, including the status of the item (e.g., complete, incomplete, missing or not applicable) and the effective date and life span of the document. Safe Use of Equipment is monitored through the Individual Record Checklist, ensuring that Home Safety Assessments are updated annually.

Interventions to reduce risks, including Restrictive Practice Plans, are evaluated by Senior Clinicians at Peer Review Meetings.

Environmental Safety:

A monthly Facilities Inspection Matrix includes a review of inspection certificates for building, fire alarms, carbon monoxide detectors, sprinkler systems, and heating systems.

Monthly Physical Unannounced Spot Checks are completed by both the Director of Adult Residential Supports and the House Manager. Compliance with these checks is monitored monthly.

Health:

Nurses complete a weekly Residential Tracking that includes monitoring skin integrity reports, weight tracking, food/liquid tracking, menstrual records, seizure reports, and other health indicators. Medication audits occur quarterly. Other health related Administrative Calendar items include the monitoring of; physical, dental, and specialty exams, First Aid Kit monitoring forms, annual physician's orders, completion of the MAP Technical Assistance Tool, review and updating of Postings Books, quarterly review of choking risk assessments, and supportive and protective devices.

Human Rights:

A review of human rights training, conducted with all individuals supported, is tracked on an annual basis.

Quarterly Peer Review of Restrictive Practice Plans, Restrictive Practice Plan Addenda, Behavior Plans, and Medication Treatment Plans is monitored by QA on a quarterly basis.

Funds expenditure tracking is reviewed monthly by the Director of Adult Residential Supports (DARS) and the Staff Accountant. In addition, the DARS and QA Department conduct unannounced audits, matching the Financial Transition Record to the cash on hand for each individual.

Human Rights Committee Meeting documentation is monitored quarterly. This includes a review of minutes, agendas, restrictive practice plans, peer review meetings, special reports, site visits by HRC members, and verification that minutes have been sent to all relevant Area Office Directors.

Goal Development and Implementation:

Assessments, ISP's, support strategies, progress notes, semiannual reviews, and plan related data are

collected for all ISP objectives and reviewed monthly for all individuals.

Competent Workforce:

Training needs are addressed through staff orientation and annual CORE training. Each residence has training materials located in the Individualized Protocols Binder, related to the unique needs of the individuals supported at that site. Training materials include a Lifestyles Outline, Restrictive Practice Plans, Health Protocols and Choking Risk Assessments.

Compliance with Orientation and annual CORE trainings are monitored by Evergreen's Professional Development Department, who provides quarterly reports for the DARS, Chief Executive Officer, and Health

Services Advisor. Staff Orientation includes 3 phases of training, which include the following phases:

Phase 1 (Initial Orientation)

Introduction to Individuals, Introduction to Evergreen, Program Operations, Training requirements, DPPC Training, Safety Care, Effective Interactions, and Seizure Training

Phase 2 (Within 30 days of hire)

Health and Safety, Human Rights, Program/Site Specific Training and Communication Programs

Phase 3 (Within 90 days of hire)

Residence specific trainings: G-Tube Training and Medication Administration

Annual CORE Training- Site Safety Plan, Operating Procedures, Human Rights Review, Incident Reporting and DPPC, Human Sexuality, Money Management, Fire Safety, Behavior Support Plans, Health and Safety, Seizures, Vital Signs, Supportive and Protective Devices and Restrictive Practice Plans

The Human Resources Department provides a monthly audit of personnel files, including a review of professional certificates, licenses, and educational credentialing.

The QA Department provides a Review of In-service and Staff Certification binders.

Supervision:

Supervisors (House Manager/ Residential Coordinator) are scheduled to be on shift each day to provide in person supervision to staff. All staff receive performance evaluations, starting with a 3-month probationary evaluation followed by annual evaluations thereafter. Managers receive regular supervision from the Director of Adult Residential Supports through monthly manager's meetings and monthly residential team meetings.

Planning and Quality Improvement:

A consumer satisfaction survey is distributed every two years to individuals, guardians, and stakeholders. To ensure confidentiality, the QA Department is responsible for receiving and tabulating responses. Survey results are reported to the Executive Team. Following receipt of the Survey Report, the Executive Team creates a Program Improvement Plan (PIP), informed by areas needing improvement any new strategic management initiatives. PIP status updates are completed quarterly and submitted for review to the Board of Directors.

Choice, Communication, and Control:

Individuals supported have an opportunity to meet prospective candidates during a required observation at the residence and provide feedback. An evaluation of the "Individual's Satisfaction with Support Staff Relationship" assessment is completed at the time of the employee's performance evaluation. Completion of performance evaluations is monitored by HR and compliance is reported monthly.

Individuals are supported to communicate and visit with family and friends. For some individuals, this includes transportation for weekend visits.

Individuals have locks on their bedrooms. In cases where a lock is contraindicated, (i.e., the individual is unable to operate a lock), a waiver is set into place with approval from the ISP team.

Interest Inventories and Lifestyle Outlines are completed with each individual, highlighting preferences and likes/dislikes.

Individuals are presented with choices of activities in which they would like to participate. Bedroom spaces are decorated with input from individuals and reflect their likes and interests. Individuals are also included in the choosing of furnishing and decor for the common areas. Food shopping lists and meals are planned with individual input and preferences taken into consideration. In some homes this includes menu planning and shopping for the week, while in other homes individuals make food choices at mealtimes.

Intimacy:

Staff receive training with emphasis on supporting individuals as sexual human beings. Consistent with Evergreen policy, staff will ensure that individual issues regarding sexuality are consciously addressed through the ISP process. The Evergreen Center conducts intimacy assessments for all individuals and utilizes curricula to support identified training areas of need.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Residential and Individual Home Supports	70/76	6/76	
Residential Services			
Critical Indicators	8/8	0/8	
Total	77/84	7/84	92%
2 Year License			
# indicators for 60 Day Follow-up		7	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The Evergreen Center Human Rights Committee is a single committee that provides oversight of service locations within three DDS regions. The committee was lacking one fulltime member, therefore, did not meet the requirements for full membership. Additionally, human rights training materials and processes were not reviewed. The agency needs to support its human rights committee to meet the requirements for full membership and fulfill its responsibilities in promoting and protecting the rights of individuals who receive services.

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

Indicator #	Indicator	Area Needing Improvement
L22	All appliances and equipment are operational and properly maintained.	In one location, the grease filters located in the rangehood above the stove were dirty. The agency needs to ensure all appliances and equipment are operational and properly maintained.

L43	The health care record is maintained and updated as required.	For three individuals, Health Care Records were not updated when significant medical information changed, including hospitalizations, vaccinations, and new diagnoses. The agency needs to ensure that Health Care Records are updated within 30 days when significant medical information changes throughout the year.
L91	Incidents are reported and reviewed as mandated by regulation.	At one location, there were incident reports that were not submitted or reviewed within required timelines. The agency needs to ensure that incident reports are submitted and reviewed within required timelines.
L93 (05/22)	The provider has emergency back up plans to assist individuals to plan for emergencies and/or disasters.	For the six individuals reviewed, emergency backup plans were not in place. The agency needs to ensure a clear emergency backup plan is in place to assist individuals to plan for emergencies and/or disasters.
L94 (05/22)	Individuals have assistive technology to maximize independence.	For two individuals, support needs and the potential benefits of assistive technology had not been assessed. The agency needs to ensure that all individuals are assessed to identify assistive technology to maximize independence and provide these supports when a need is identified.
L99 (05/22)	Medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately. (eg seizure watches; fall sensors).	For one individual, required documentation was not in place and staff had not been trained on the proper use, care and maintenance of the medical monitoring device. The agency needs to ensure that the use of any medical monitoring device is documented, and that such documentation includes, rationale for use, authorization from a medical professional, instructions for use, correct implementation, and guidelines for cleaning and maintenance. The agency also needs to ensure that support staff are fully trained and knowledgeable of the medical monitoring device: it's presence, operation and any ongoing action steps necessary to ensure accurate implementation.

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 1/1 Provider 19/19	20/20	0/20	
Residential Services	DDS 1/1 Provider 19/19	20/20	0/20	
Total		26/26	0/26	100%
Certified				

MASTER SCORE SHEET LICENSURE

Organizational: EVERGREEN CENTER

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
R ₂ L2	Abuse/neglect reporting	DDS	14/14	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	DDS	0/1	Not Met(0 %)
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 Individ.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place	Resp.	ABI - MF P Res. Sup.	ABI-MFP Placed	Total Met/Rate	Rating
L1	Abuse/neglect training	I	Provider	-						-	Met
L5	Safety Plan	L	Provider	-						-	Met

Ⓜ 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	Provider	-							-	Met
Ⓜ L11	Required inspections	L	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
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
L19	Bedroom location	L	Provider	-							-	Met
L20	Exit doors	L	Provider	-							-	Met
L21	Safe electrical equipment	L	Provider	-							-	Met
L22	Well-maintained appliances	L	DDS	1/2							1/2	Not Met (50.0 %)
L23	Egress door locks	L	Provider	-							-	Met
L24	Locked door access	L	Provider	-							-	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
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	DDS	5/6							5/6	Met (83.33 %)
L37	Prompt treatment	I	Provider	-							-	Met
Pa L38	Physician's orders	I	DDS	6/6							6/6	Met
L39	Dietary requirements	I	DDS	6/6							6/6	Met
L40	Nutritional food	L	Provider	-							-	Met
L41	Healthy diet	L	Provider	-							-	Met
L42	Physical activity	L	Provider	-							-	Met
L43	Health Care Record	I	DDS	3/6							3/6	Not Met (50.0 %)
L44	MAP registration	L	Provider	-							-	Met
L45	Medication storage	L	Provider	-							-	Met
Pa L46	Med. Administration	I	DDS	6/6							6/6	Met
L49	Informed of human rights	I	Provider	-							-	Met
L50 (07/21)	Respectful Comm.	I	Provider	-							-	Met
L51	Possessions	I	Provider	-							-	Met
L52	Phone calls	I	Provider	-							-	Met
L53	Visitation	I	Provider	-							-	Met
L54 (07/21)	Privacy	I	Provider	-							-	Met
L55	Informed consent	I	Provider	-							-	Met
L57	Written behavior plans	I	Provider	-							-	Met
L58	Behavior plan component	I	Provider	-							-	Met
L59	Behavior plan review	I	Provider	-							-	Met
L60	Data maintenance	I	Provider	-							-	Met
L61	Health protection in ISP	I	Provider	-							-	Met
L62	Health protection review	I	Provider	-							-	Met
L63	Med. treatment plan form	I	DDS	1/1							1/1	Met
L64	Med. treatment plan rev.	I	DDS	1/1							1/1	Met

L67	Money mgmt. plan	I	Provider	-							-	Met
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
L79	Restraint training	L	Provider	-							-	Met
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	DDS	2/2							2/2	Met
L86	Required assessments	I	Provider	-							-	Met
L87	Support strategies	I	Provider	-							-	Met
L88	Strategies implemented	I	Provider	-							-	Met
L90	Personal space/ bedroom privacy	I	DDS	6/6							6/6	Met
L91	Incident management	L	DDS	1/2							1/2	Not Met (50.0 %)
L93 (05/22)	Emergency back-up plans	I	DDS	0/6							0/6	Not Met (0 %)
L94 (05/22)	Assistive technology	I	DDS	4/6							4/6	Not Met (66.67 %)
L96 (05/22)	Staff training in devices and applications	I	DDS	6/6							6/6	Met
L99 (05/22)	Medical monitoring devices	I	DDS	0/1							0/1	Not Met (0 %)
#Std. Met/#											70/76	

Indicator											
Total Score										77/84	
										91.67%	

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

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
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	DDS	6/6	Met
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met

C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	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