



**PROVIDER REPORT
FOR**

**GANDARA MENTAL
HEALTH
933 East Columbus Ave
Springfield, MA 01105**

August 28, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider GANDARA MENTAL HEALTH

Review Dates 7/26/2023 - 8/1/2023

Service Enhancement Meeting Date 8/14/2023

Survey Team Carole Black (TL)
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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	5 location(s) 9 audit (s)	Full Review	72/84 Defer Licensure		Certified
Residential Services	2 location(s) 6 audit (s)			Deemed	
Placement Services	3 location(s) 3 audit (s)			Deemed	
Planning and Quality Management				Deemed	

EXECUTIVE SUMMARY :

Gándara Center, Inc. is a nonprofit organization providing a range of behavioral and support services to individuals and families living in the metropolitan Springfield area and other locations in Massachusetts. Founded in 1977, Gándara works with the Departments of Developmental Services (DDS), Mental Health (DMH), Youth Services (DYS) and others to promote and safeguard the well-being of Hispanics, African Americans, and other culturally diverse populations. The agency currently provides 24-hour residential supports and placement services to individuals with intellectual and developmental disabilities.

This review was a hybrid model of surveying, where most tasks were conducted in-person while some were conducted using remote technology. For this survey, interviews with key administrative and supervisory staff occurred virtually through Microsoft (MS) Teams. Observations, interviews with individuals and staff, review of environmental safety, and review of relevant documentation occurred on-site. This review was limited to a review of licensing indicators, as Gándara elected to deem certification using its current accreditation from the Council on Accreditation (COA).

The licensing survey of Gándara identified several areas of positive practice. Audit findings confirmed the agency's system for promoting and protecting the rights of individuals had been largely effective. Individuals had been trained annually in human rights and the grievance procedure, and guardians and families had been informed about these topics. The review also found Gándara provided consistent oversight for individuals who take behavior-modifying medications. The agency developed and implemented individualized medication treatment plans with clearly defined target behaviors, goals for success, and criteria for adjusting medications. Organizationally, the agency's human rights committee met at required intervals and included members with specialized expertise present to review required topics. When necessary, the agency ensured its human rights committee reviewed plans for environmental restrictions and that plans were implemented in locations as written, providing for mitigation of restrictions for other residents. Gándara also ensured that staff in group residences and in placement service locations were trained in human rights and actively supported individuals to communicate and be understood at home, whether their expressive communication was gestural, facial or spoken in English or Spanish.

The current survey also established that Gándara had successfully addressed certain areas needing improvement from prior surveys. In the area of personal safety, individuals in sampled locations had received annual training in how to file DPPC complaints, and fire drills were conducted as required in 24-hour residences. Findings also support the agency's focused attention to recruiting and retaining a competent workforce. Review of staff training showed that training was consistently provided to staff on individuals' unique and changing needs. The survey also found that support strategies related to individuals' ISP goals had been fully implemented and progress tracked by staff.

In addition to the positive findings noted above, survey findings indicate Gándara needs to strengthen its oversight of several domains and indicators subject to licensing. In the area of personal and environmental safety, the agency must ensure that CO detectors are placed where required and adaptive fire safety equipment such as bed shakers are operational. To support individuals' ongoing healthcare, individuals' need for preventative healthcare screenings and immunizations must be addressed with individuals' healthcare providers. Additionally, staff must be knowledgeable of the use and care of individuals' supportive devices, including hearing aids.

In the area of funds management, training plans, including teaching strategies to promote greater independence in financial affairs, must be developed for individuals who can benefit from training. Consistent oversight of staff-assisted transactions must occur according to agency policy, and individuals must receive timely notification of debts owed for charges for care. Finally, at an organizational level, Gándara needs to take steps to ensure timely submission of restraint reports to DDS as well as timely submission of ISP assessments, provider support strategies, and reportable

incidents.

As a result of the current review, the level of licensure for Gándara's Residential and Placement service group is Deferred, pending results of follow-up conducted by OQE in sixty days on one critical indicator and eleven licensing indicators that received a rating of Not Met. This service group is certified via deemed accreditation from the Council on Accreditation.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Residential and Individual Home Supports	63/74	11/74	
Residential Services Placement Services			
Critical Indicators	7/8	1/8	
Total	72/84	12/84	86%
Defer Licensure			
# indicators for 60 Day Follow-up		12	

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

Indicator #	Indicator	Area Needing Improvement
L65	Restraint reports are submitted within required timelines.	Nineteen restraint reports had not been created and approved within required timelines. The agency needs to ensure that reports of physical restraint are reported to DDS within 3 days and reviewed and finalized within 5 days of the event.

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

Indicator #	Indicator	Area Needing Improvement
Ⓡ L12	Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.	At one residential location, a bed shaker used as adaptive equipment for safe evacuation of one individual was not operable when tested, and at one placement location, a carbon monoxide detector was not placed as required outside the person's bedroom. The agency needs to ensure that all fire safety related equipment, including CO monitors and bed shakers, are fully operational.
L35	Individuals receive routine preventive screenings.	For three individuals, preventive healthcare screenings and immunizations recommended for adults had not been reviewed with the primary care physician (PCP) and the HCP's rationale, if any, for deferring this care had not been documented. The agency needs to ensure that preventative healthcare screenings and immunizations corresponding to individuals' age and gender are addressed with their primary care physicians.

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

Indicator #	Indicator	Area Needing Improvement
L43	The health care record is maintained and updated as required.	For two individuals, the health care record had not been updated when significant medical information changed, such as a new diagnosis or immunization. The agency needs to ensure that Health Care Records are updated within 30 days when a person has been hospitalized or has received a vaccination or new diagnosis.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	The finds management plans for nine individuals lack training components to promote independence. The agency needs to ensure that when the ISP team recommends funds management training to an individual that it develops a training plan with teaching strategies and learning objectives that will promote greater independence in funds management.
L69	Individual expenditures are documented and tracked.	Financial transactions records for three individuals who required spending support did not include tracking of funds withdrawn from the individual's residence account or confirm return of unspent funds in accordance with agency policy. For a fourth person, transactions made by a debit card controlled by a care provider were not tracked and bank statements for this account were not part of the agency's oversight system. The agency needs to ensure that staff-assisted transactions are documented in accordance with agency policy. This includes oversight of personal back accounts that are controlled by placement service care providers.
L70	Charges for care are calculated appropriately.	Two individuals had incurred charges for care debt due to lapse in payments by the agency in its capacity as representative payee. The agency did not inform individuals of the amount of the debt or plan for repayment. In its capacity as representative payee, the agency needs to ensure that individuals are informed of any debt that is accumulated from non-payment of charges for care. The notice must include the amount owed and the plan for repayment. If the plan for repayment targets any portion of individuals' monthly spending money, the individual must receive regular statements that show debt payments and balance owed.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	One individual used a hearing aid, and staff at the location had not been trained in the use and care of the device. The agency needs to ensure staff are trained in the application and maintenance of each health-related supportive device used by individuals.

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

Indicator #	Indicator	Area Needing Improvement
L85	The agency provides ongoing supervision, oversight and staff development.	Oversight and supervision for two placement service locations was found ineffective in assuring that outcomes related to home and personal safety, healthcare, and financial security were fully addressed. The agency needs to strengthen its oversight and supervision of the services and supports it provides to placement services. This must include attention to the presence of safety plans, operation of carbon monoxide detectors, effective oversight of preventative health screenings and immunizations for individuals, strengthened supervision of funds management services and supports, and timely notification to DDS of reportable incidents.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For one individual supported in a group residence and two people supported in placement services, ISP assessments were submitted late. The agency needs to ensure that ISP assessments are submitted to DDS at least 15 days prior to the person's ISP.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For three individuals, provider support strategies were submitted late. The agency needs to ensure that provider support strategies are submitted to DDS at least 15 days prior to the person's ISP.
L91	Incidents are reported and reviewed as mandated by regulation.	For three locations, incident reports were not generated when required or submitted to DDS within required timelines. The agency needs to ensure that incidents that meet the criteria for reportable events are submitted to DDS within required timelines.

MASTER SCORE SHEET LICENSURE

Organizational: GANDARA MENTAL HEALTH

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	5/5	Met
L3	Immediate Action	15/15	Met
L4	Action taken	8/8	Met
L48	HRC	1/1	Met
L65	Restraint report submit	8/27	Not Met(29.63 %)
L66	HRC restraint review	25/25	Met
L74	Screen employees	3/3	Met
L75	Qualified staff	2/2	Met
L76	Track trainings	5/5	Met
L83	HR training	5/5	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		3/3				9/9	Met
L5	Safety Plan	L	2/2		2/3				4/5	Met (80.0%)
℞ L6	Evacuation	L	2/2		3/3				5/5	Met
L7	Fire Drills	L	2/2						2/2	Met
L8	Emergency Fact Sheets	I	6/6		3/3				9/9	Met
L9 (07/21)	Safe use of equipment	I	6/6						6/6	Met
℞ L11	Required inspections	L	2/2		3/3				5/5	Met
℞ L12	Smoke detectors	L	1/2		2/3				3/5	Not Met (60.0%)
℞ L13	Clean location	L	2/2		3/3				5/5	Met
L14	Site in good repair	L	1/2		3/3				4/5	Met (80.0%)
L15	Hot water	L	2/2		3/3				5/5	Met
L16	Accessibility	L	2/2		3/3				5/5	Met
L17	Egress at grade	L	2/2		3/3				5/5	Met
L18	Above grade egress	L	1/1						1/1	Met
L20	Exit doors	L	2/2						2/2	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L21	Safe electrical equipment	L	2/2		3/3				5/5	Met
L22	Well-maintained appliances	L	2/2		2/3				4/5	Met (80.0%)
L23	Egress door locks	L	2/2						2/2	Met
L24	Locked door access	L	2/2		3/3				5/5	Met
L25	Dangerous substances	L	2/2						2/2	Met
L26	Walkway safety	L	2/2		3/3				5/5	Met
L28	Flammables	L	2/2						2/2	Met
L29	Rubbish/combustibles	L	2/2		3/3				5/5	Met
L30	Protective railings	L	2/2		3/3				5/5	Met
L31	Communication method	I	6/6		3/3				9/9	Met
L32	Verbal & written	I	6/6		3/3				9/9	Met
L33	Physical exam	I	6/6		3/3				9/9	Met
L34	Dental exam	I	6/6		3/3				9/9	Met
L35	Preventive screenings	I	5/6		1/3				6/9	Not Met (66.67%)

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L36	Recommended tests	I	6/6		3/3				9/9	Met
L37	Prompt treatment	I	6/6		3/3				9/9	Met
Ⓡ L38	Physician's orders	I	6/6		1/1				7/7	Met
L39	Dietary requirements	I	6/6		2/2				8/8	Met
L40	Nutritional food	L	2/2						2/2	Met
L41	Healthy diet	L	2/2		3/3				5/5	Met
L42	Physical activity	L	2/2		3/3				5/5	Met
L43	Health Care Record	I	5/6		2/3				7/9	Not Met (77.78%)
L44	MAP registration	L	2/2						2/2	Met
L45	Medication storage	L	2/2						2/2	Met
Ⓡ L46	Med. Administration	I	6/6		3/3				9/9	Met
L49	Informed of human rights	I	6/6		3/3				9/9	Met
L50 (07/21)	Respectful Comm.	I	6/6		3/3				9/9	Met
L51	Possessions	I	6/6		3/3				9/9	Met
L52	Phone calls	I	6/6		3/3				9/9	Met
L53	Visitation	I	6/6		3/3				9/9	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L54 (07/21)	Privacy	I	6/6		3/3				9/9	Met
L56	Restrictive practices	I	6/6						6/6	Met
L57	Written behavior plans	I	6/6						6/6	Met
L60	Data maintenance	I	6/6						6/6	Met
L61	Health protection in ISP	I	1/1						1/1	Met
L63	Med. treatment plan form	I	6/6		2/2				8/8	Met
L64	Med. treatment plan rev.	I	6/6		2/2				8/8	Met
L67	Money mgmt. plan	I	0/6		0/3				0/9	Not Met (0 %)
L68	Funds expenditure	I	5/6		3/3				8/9	Met (88.89 %)
L69	Expenditure tracking	I	3/6		2/3				5/9	Not Met (55.56 %)
L70	Charges for care calc.	I	6/6		1/3				7/9	Not Met (77.78 %)
L71	Charges for care appeal	I	6/6		3/3				9/9	Met
L77	Unique needs training	I	6/6		3/3				9/9	Met
L78	Restrictive Int. Training	L	2/2						2/2	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L79	Restraint training	L	2/2						2/2	Met
L80	Symptoms of illness	L	2/2		3/3				5/5	Met
L81	Medical emergency	L	2/2		3/3				5/5	Met
L82	Medication admin.	L	2/2						2/2	Met
L84	Health protect. Training	I	0/1						0/1	Not Met (0 %)
L85	Supervision	L	2/2		1/3				3/5	Not Met (60.0 %)
L86	Required assessments	I	5/6		1/3				6/9	Not Met (66.67 %)
L87	Support strategies	I	5/6		1/3				6/9	Not Met (66.67 %)
L88	Strategies implemented	I	6/6		3/3				9/9	Met
L90	Personal space/bedroom privacy	I	6/6		3/3				9/9	Met
L91	Incident management	L	0/2		2/3				2/5	Not Met (40.0 %)
L93 (05/22)	Emergency back-up plans	I	6/6		3/3				9/9	Met
L94 (05/22)	Assistive technology	I	6/6		3/3				9/9	Met

Ind. #	Ind.	Loc. or Indiv.	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	1	1/1		2/2				3/3	Met
L99 (05/22)	Medical monitoring devices	1	2/2						2/2	Met
#Std. Met/#									63/74	
74 Indicator										
Total Score									72/84	
									85.71%	