



**PROVIDER REPORT
FOR**

**GROWTHWAYS INC
41 North Pearl St.
Brockton, MA 02301**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	GROWTHWAYS INC
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Review Dates	9/20/2022 - 9/26/2022
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Service Enhancement Meeting Date	10/10/2022
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Survey Team	Michelle Boyd Katherine Gregory Tina Napolitan Scott Nolan (TL) Linda Griffith
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Citizen Volunteers	
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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) 8 audit (s)	Targeted Review	DDS 18/18 Provider 67 / 69 85 / 87 2 Year License 10/10/2022-10/10/2024		DDS 0 / 0 Provider 47 / 47 47 / 47 Certified 10/10/2022 - 10/10/2024
Residential Services	4 location(s) 6 audit (s)			DDS Targeted Review	20 / 20
Individual Home Supports	1 location(s) 2 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

Growthways, Inc. is a non-profit organization founded in 1981 that provides residential services to adults with intellectual and developmental disabilities in the greater Brockton area. The agency provides 24hour Residential and Individualized Home Supports (IHS).

The agency was eligible and received approval from the DDS Regional Office to conduct a self-assessment of its quality management processes for the current licensing and certification cycle. This occurred in conjunction with a targeted licensing review completed by the Office of Quality Enhancement (OQE). The targeted review focused on eight critical licensing indicators applied to residential supports, along with licensing indicators that were not met in the previous survey cycle as well as new licensing indicators. The survey results reflected a combination of ratings from the self-assessment process conducted by Growthways and the targeted review conducted by DDS, with rating from DDS prevailing where indicators were rated by both entities.

In the organization area, Growthways entered into an affiliation with Bay Cove Human Services in July 2020 to build upon its infrastructure and to expand its supports to an aging population. The agency has begun to integrate their operational procedures, such as establishing an electronic health record system, while also navigating how to combine resources to best meet the needs of the individuals served by the agency.

Findings of the targeted review verified that standards for licensing were maintained with regard to the indicators reviewed for residential services, along with the new licensing indicators such as respectful communication and privacy.

An ongoing strength of the agency was identified in privacy and respectful communication. Staff were observed to share mutually respectful conversations with the individuals and were well informed of how to positively interact with individuals as well as supporting individual's needs for privacy. Staff were knowledgeable and competent in meeting the unique needs of the individuals.

The review found that Growthway's systems for oversight of medication administration, healthcare protocols and environmental safeguards were effective. All standards relating to these critical indicators were met. The team noted the agency consistently implemented a daily checklist to clean and sanitize homes to ensure environmental safeguards were in place during the pandemic and was able to purchase over the counter medications in bulk while following MAP to afford individuals cost savings.

Areas that the agency self-identified as having not met the standard included the Human Rights Committee (HRC) and restraint reviews. Growthways has a plan of action to address these needs.

Based on the findings of this report and the agency's self-assessment, Growthways has earned a Two-Year License for its Residential and IHS services with 98% of indicators being met. The agency is certified for its Residential and IHS services. The agency will conduct their own follow-up for the two organizational indicators, based on scoring above 90% for licensure.

Description of Self Assessment Process:

For this survey the sample size was the entire agency. A documentation review was conducted of plans and protocols for all individuals across all programs, with special attention to health care protocols. A score of "met" means the sample reviewed met 80% or above for that indicator. The review team was composed of residential coordinators, the Director of Care Coordination and the Executive Director. Monthly data reviews are already in place to ensure that plans are being followed, so for this assessment the monthly record packets were sampled by the Director of Care Coordination and the Executive Director. QA reviews include finances, progress notes and environmental check, and were sampled by the senior staff team. Facility inspections were conducted on all sites, pairing managers from different sites in conjunction with the senior staff team. On-site client reference binders for documentation were reviewed by a team of house managers and residential coordinators, and spot sampled by the Director of Care Coordination for environmental and health-related protocols. For human rights, families and individuals had received copies of plans, incident reports, restrictive practices, and health-related practices, but there was a delay in integrating with the Bay Cove Human Rights Committee. HCSIS reports for the review period were utilized to check for timely submission.

Strengthened Infrastructure:

Since our last review, Growthways has made significant efforts to strengthen our systems and improve supports. Most importantly, we have entered into an affiliation with Bay Cove Human Services, which will allow us to tap into the broader infrastructure of a large and well-respected multi-service agency. We started on this initiative in July of 2020, so the progress has been slowed substantially by the Covid-19 pandemic.

The Risk Review & Prevention Committee meets monthly and has representation from all departments as well as administration. There are three main areas for this committee, and each meeting focuses on just one area. The first meeting is once a month, with participants from medical, clinical and administration meeting to review all incident & restraint reports, medication occurrence reports, investigations (by DDS, DPPC or an Administrative Review) and reports of staff injuries, along with all calls made to the AOC and any client notes entered into the Program Management system with a label of unusual event. The second monthly meeting reviews Health Care Plans and changing health needs, and includes program managers and residential coordinators on a rotating basis. The third area is a review of clinical needs, in order to review PBS plans and other behavioral/clinical needs. A similar group review approach is also used to go over the monthly medication audits. This is used as a quality assurance check as well as identifying unmet needs, because it ensures implementation integrity and follow through, along with a feedback loop to strengthen services.

Our approach to quality assurance is centralized and multi-layered. All documents and reports have the Program Manager's review before submitting to our Central Office for further review by the respective department and then scanning into the Program Management system. For example, all monthly progress notes and MAR's are submitted to the office for review by the Residential Coordinator and all medical appointment documentation is submitted for review by the nurse and the Coordinator. A nursing note is completed in the system for each appointment and the scanned original from the HCP is supplemented and linked to the nurses note. Clinical data is reviewed by the full-time clinician. This comprehensive approach has helped to ensure that all bases have been covered and reduces the potential for things to fall through the cracks.

Quality assurance reviews are conducted by the coordinators who supervise multiple residences and include the items used by DDS for licensing and certification. The review includes checking the finances, a record review, and environmental checks such as cleanliness, maintenance upkeep, and water temperature. This approach has been augmented by the addition of a new part-time QA/Trainer position, which is intended to supplement some of the QA function of the Residential Coordinator position, because of increased demand for that position to help cover direct care vacancies and on-site support.

Our maintenance team is responsive and sensitive to the unique needs of our individuals and programs. A web-based database is used to centrally monitor site needs and maintenance progress.

Critical safety issues are called into the Administrator on Call for prompt resolution. The maintenance staff is responsible for routine preventative tasks and conducts a bi-annual survey that uses the QE guidelines containing the required safety checks. To assess the environmental indicators for this survey, the maintenance staff worked in collaboration with the QA team and reviewed each site.

Vehicles receive a safety assessment each month by program staff as part of their mileage and safety checks. The agency uses a driving review and a computer-based driving test for new employees, as well as a remedial training program for staff involved in a motor vehicle accident or violation. Additional safeguards were instituted regarding wheelchair van safety, where staff must document the securing of all tie downs before and after each trip.

Employees are trained on fire safety and evacuation procedures at the beginning of employment and must review the site safety plan at least once each year. Individuals are trained in emergency evacuation, and any evacuation concerns are reviewed at house meetings. The smoke detectors and CO2 detectors are checked routinely during QA reviews, and the maintenance staff changes the batteries every fall. Fire extinguishers are checked and recharged annually.

We have continued to strengthen our medical oversight and response through the Program Management system for integrated management of visits, medications, doctor's orders, and MARs. Health and dental appointments are primarily attended by the program manager and documented on the health care visit form. Each appointment is reviewed by the coordinator and agency nurse to ensure the individual's needs are properly addressed. Recommended follow-up care is tracked in the health care database. Also tracked are dates of annual physical and dental exams, Medication Treatment Plans, and all aspects of MAP administration. The Director of Care Coordination and Nursing staff are the primary medical contact with outside facilities to provide continuity of care. Our MAP nurse conducts routine audits, and with an increased presence of supervisory staff in the program, many medical or medication issues are more quickly identified and resolved. Treatment protocols for conditions such as seizure disorders, bowel regimens, and dysphasia diets are in place along with documentation for staff training. Vital signs are taken and documented monthly for review by a nurse. Additional supports and assessments are provided by our consultant OT with assistance from the Certified Occupational Therapy Aide who address dysphasia and mealtime needs as well as implements exercise programs and identifies equipment needs.

Individuals, staff, and families receive training on individual's rights and DPPC reporting, and the topic of rights is reviewed at house meetings. Families receive copies of plans, incident reports, restrictive practices, and health-related practices. The partnership with Bay Cove Human Services offered us a permanent solution to this challenge but delayed due to differences in approach between agencies. We started meeting with them early in 2022 but integrating into their system has required more time than we anticipated. The first HRC meeting where we will be presenting will be October 28, 2022. We are fortunate to have two members from our existing HRC to join with the Bay Cove HRC. We will also be integrating meetings and support of the Human Rights Officers with Bay Cove in the upcoming months. Internally all Incident and Restraint Reports, as well as DDS & DPPC investigations, restrictive practices, behavior plans, and Medication Occurrences, receive a multi-layered review by appropriate administrative staff such as nursing, Residential Coordinator, Director of Client Care, Clinical Coordinator, and Executive Director. This approach is to ensure all necessary safeguards were taken for the individual and when appropriate developed a proper action plan to address the issue. Reports of potential abuse and neglect are addressed immediately, and ongoing training geared toward prevention and awareness is included routinely at program meetings.

We have a comprehensive approach to developing and implementing a Shared Management of Funds plan. We use a combination of debit cards and cash, with all transactions recorded in an online system that helps to maximize the individual's ability to access funds, while at the same time safeguarding the assets and ensuring appropriate use.

As with other agencies and industries, recruiting and hiring have been extremely challenging. We use a temp staffing agency to help fill gaps that cannot be met with existing and available staff. Our policy when using temp agency staff is they can never work alone or give medications or drive the van. This structure helps us have adequate staffing ratios while safeguarding the individuals we support. The

majority of training is offered online, though we have started to return to in-person for particular pieces of training. All new hires must pass a test at the end of the introductory trainings. Training also occurs on-site for program and individual's specific information. Regular meetings are held to review the individuals' and agency updates as well as training topics, and staff supervisions are conducted monthly.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Residential and Individual Home Supports	77/77	0/77	
Residential Services Individual Home Supports			
Critical Indicators	8/8	0/8	
Total	85/87	2/87	98%
2 Year License			
# indicators for 60 Day Follow-up		2	

**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.	Meetings with the required composition (missing legal and nursing).	The first HRC meeting where we will be presenting will be October 28, 2022. Two members from our existing HRC to join with the Bay Cove HRC. We will also be integrating meetings and support of the Human Rights Officers with Bay Cove in the upcoming months. Internally all Incident and Restraint Reports, as well as DDS & DPPC investigations, restrictive practices, behavior plans, and Medication Occurrences, receive a multi-layered review by appropriate administrative staff such as nursing, Residential Coordinator, Director of Client Care, Clinical Coordinator, and Executive Director.

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

Indicator #	Indicator	Issue identified	Action planned to address
L66	All restraints are reviewed by the Human Rights Committee.	Required composition not available to perform the required review.	The single restraint was reviewed, but not able to receive the necessary approval from the HRC due to the lack of composition. We will report back on the results, but the expectation is that it will be reviewed at the meeting of the HRC on 10/28/22 and will be approved.

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 0/0 Provider 41/41	41/41	0/41	
Individual Home Supports	DDS 0/0 Provider 21/21	21/21	0/21	
Residential Services	DDS 0/0 Provider 20/20	20/20	0/20	
Total		47/47	0/47	100%
Certified				

MASTER SCORE SHEET LICENSURE

Organizational: GROWTHWAYS INC

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	DDS	1/1	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	Provider	-	Not Met
L65	Restraint report submit	Provider	-	Met
L66	HRC restraint review	Provider	-	Not Met
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 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	4/4	1/1					5/5	Met
L8	Emergency Fact Sheets	I	Provider	-	-	-		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS	6/6	2/2					8/8	Met
L10	Reduce risk interventions	I	Provider	-	-	-		-	-	-	Met
Ⓡ L11	Required inspections	L	DDS	4/4	1/1					5/5	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
Ⓡ L12	Smoke detectors	L	DDS	3/4	1/1					4/5	Met (80.0 %)
Ⓡ L13	Clean location	L	DDS	4/4	1/1					5/5	Met
L14	Site in good repair	L	Provider	-	-	-		-	-	-	Met
L15	Hot water	L	DDS	4/4	1/1					5/5	Met
L16	Accessibility	L	Provider	-	-	-		-	-	-	Met
L17	Egress at grade	L	Provider	-	-	-		-	-	-	Met
L18	Above grade egress	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	Provider	-	-	-		-	-	-	Met
L23	Egress door locks	L	DDS		1/1					1/1	Met
L24	Locked door access	L	DDS		1/1					1/1	Met
L25	Dangerous substances	L	Provider	-	-	-		-	-	-	Met
L26	Walkway safety	L	Provider	-	-	-		-	-	-	Met
L28	Flammables	L	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
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	Provider	-	-	-		-	-	-	Met
L37	Prompt treatment	I	Provider	-	-	-		-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS	6/6	1/1					7/7	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	-	-	-		-	-	-	Met
L45	Medication storage	L	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
Ⓡ L46	Med. Administration	I	DDS	6/6	1/1					7/7	Met
L47	Self medication	I	Provider	-	-	-		-	-	-	Met
L49	Informed of human rights	I	Provider	-	-	-		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS	6/6	2/2					8/8	Met
L51	Possessions	I	Provider	-	-	-		-	-	-	Met
L52	Phone calls	I	Provider	-	-	-		-	-	-	Met
L53	Visitation	I	Provider	-	-	-		-	-	-	Met
L54 (07/21)	Privacy	I	DDS	6/6	2/2					8/8	Met
L56	Restrictive practices	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

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
L63	Med. treatment plan form	I	Provider	-	-	-		-	-	-	Met
L64	Med. treatment plan rev.	I	Provider	-	-	-		-	-	-	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
L78	Restrictive Int. Training	L	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	4/4	1/1					5/5	Met
L84	Health protect. Training	I	Provider	-	-	-		-	-	-	Met
L85	Supervision	L	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
L86	Required assessments	I	Provider	-	-	-		-	-	-	Met
L87	Support strategies	I	DDS	4/5	2/2					6/7	Met (85.71 %)
L88	Strategies implemented	I	Provider	-	-	-		-	-	-	Met
L90	Personal space/ bedroom privacy	I	Provider	-	-	-		-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS	6/6	2/2					8/8	Met
L94 (05/22)	Assistive technology	I	DDS	6/6	1/2					7/8	Met (87.50 %)
L96 (05/22)	Staff training in devices and applications	I	DDS	6/6	1/1					7/7	Met
#Std. Met/# 77 Indicator										77/77	
Total Score										85/87	
										97.70%	

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	Provider	-	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

Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	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	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	Provider	-	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
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