

PROVIDER REPORT FOR

High Spirit Community Farm Inc. 142 Seekonk Cross Road Great Barrington , MA 01230

August 26, 2024

Version

Public Provider Report

Prepared by the Department of Developmental Services OFFICE OF QUALITY ENHANCEMENT

SUMMARY OF OVERALL FINDINGS

Provider	High Spirit Community Farm Inc.
Review Dates	7/24/2024 - 7/30/2024
Service Enhancement Meeting Date	8/12/2024
Survey Team	Danielle Chiaravallotti
	Eric Lunden (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	3 location(s) 4 audit (s)	Full Review	64/72 Defer Licensure		25 / 26 Certified
Placement Services	3 location(s) 4 audit (s)			Full Review	19 / 20
Planning and Quality Management (For all service groupings)				Full Review	6 / 6
Survey scope and findings for Employment and Day Supports					
Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Service Group Type Employment and Day Supports	Sample Size 1 location(s) 4 audit (s)				
Employment and Day	1 location(s)	Scope Full	Level 55/59 2 Year License 08/12/2024 -		Level 19 / 21 Certified 08/12/2024 -

EXECUTIVE SUMMARY :

High Spirit Community Farm, Inc. (HSCF) is a small, nonprofit organization that provides placement services through "life-sharing" arrangements and community-based day services (CBDS) to individuals with developmental and intellectual disabilities. Currently, the agency provides residential supports at three homes in Great Barrington, along with a farm that serves as the base for its CBDS program. The scope of this survey conducted by the Office of Quality Enhancement (OQE) was a full licensing and certification review of its residential and its CBDS services.

The agency demonstrated several organizational strengths. It maintained a robust system for tracking required trainings ensuring that it had a competent workforce to support individuals in both residential and CBDS supports. Sampled staff reviewed organizationally had been trained in all DDS mandated trainings, and at locations, staff were trained in signs and symptoms of illness. Both training evidence and staff interviews confirmed staff were familiar with individuals' unique needs.

Within the healthcare domain, the organization made certain that individuals received ageappropriate preventative healthcare screenings, that suggested testing were performed, and that follow-up appointments with specialty physicians had taken place. In addition, the agency showed that all individuals had appropriate medical protocols in place as well as physician ordered diets and that staff, across both services, were trained and knowledgeable in those protocols.

The domain of meaningful and fulfilling day activities was fully supported for individuals receiving day support services. Supports were in place to enable individuals to explore, discover, and connect with their personal interests and options for community involvement. Individuals were supported by staff to develop, sustain and enhance relations with family, friends, and the local community.

Several areas were identified for the agency to give future focus to further strengthen systems.

Within residential services, the agency is encouraged to strengthen its' internal practices for reviewing each home's environment, with focus on ensuring appropriate external home maintenance, and regular testing of fire safety systems. The agency needs to ensure that where restrictive practices are present, accompanying plans include all required components and are regularly reviewed by the agency's Human Rights Committee.

For individuals that have medication prescribed to reduce anxiety prior to medical appointments, a plan must be developed to include coping strategies that may lead to the reduction or discontinuation of the medication over time. Personal funds that are to going to be used for non-routine expenses should be included in a written plan and receive agreement from the individual's legal decision maker.

Within the CBDS program, the agency should ensure fire drills are conducted using the minimum ratios described in the DDS approved Safety Plan, that restrictive practices put in place have a strategy for considering the fading or removal, and that health-related protective equipment in place for behavioral purposes has also been reviewed by the agency's Human Rights Committee.

Across both service groupings, the agency is encouraged to review and strengthen its system for submitting assessments and support strategies within required timeframes.

As a result of the current review, the Residential and Individual Home Supports service group, operated by High Spirit Community Farms, Inc., received an overall score of 89% of licensure indicators met. The agency's residential service grouping will be in deferred status due to one not-met critical indicator (L12). If the agency meets 80% of indicators and the one not-met critical indicator at follow-up, it will earn a two-year license with a mid-cycle review. This service group is

Certified, with an overall score of 96% of certification indicators met.

The agency will receive a Two-Year License for the Employment and Day Supports service group with an overall score of 93% of licensure indicators met. Follow-up will be conducted by the agency within 60 days on those licensing indicators that received a rating of Not Met. This service group is Certified, with an overall score of 90% of certification indicators met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	6/6	0/6	
Residential and Individual Home Supports	58/66	8/66	
Placement Services			
Critical Indicators	6/7	1/7	
Total	64/72	8/72	89%
Defer Licensure			
# indicators for 60 Day Follow-up		8	

	Met / Rated	Not Met / Rated	% Met
Organizational	6/6	0/6	
Employment and Day Supports	49/53	4/53	
Community Based Day Services			
Critical Indicators	7/7	0/7	
Total	55/59	4/59	93%
2 Year License			
# indicators for 60 Day Follow-up		4	

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

Indicator #	Indicator	Area Needing Improvement
[₽] L12	,	At one home, there was no carbon monoxide detector located within 10 feet of one bedroom. The agency needs to ensure that all homes have carbon monoxide detectors located within 10 feet of all bedrooms.

	for evacuation are located where required and are operational.	
L14	Handrails, balusters, stairs, and stairways are in good repair.	At one home, a section of the railing along the front porch at the top of the stairs was in disrepair and was not structurally sound. The agency needs to ensure that all location handrails, balusters, stairs, and stairways are in good repair.
L56	Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.	At one home, the kitchen door was "locked when not in use or during night (sleep) hours." without a plan for elimination or fading this environmental restriction. The agency needs to ensure that where environmental restrictions are in place, written plans include criteria for considering elimination or fading of the restriction as part of the document. Additionally, the restriction must be reviewed by the Human Rights Committee at least annually.
L62	Supports and health related protections are reviewed by the required groups.	For one individual, the plan detailing use of a support and health related protection was not reviewed by the Human Rights Committee (HRC). The agency needs to ensure that all health related protective equipment in place for behavioral support purposes, for example, to prevent self injurious behavior, is reviewed by the HRC annually.
L63	Medication treatment plans are in written format with required components.	For one individual, a medication was prescribed to reduce anxiety prior to dental appointments. The agency does not currently have a plan detailing strategies to assist the individual to learn how to cope with dental treatments that might lead to the decrease or eliminate the need for this PRN medication. The agency needs to develop a plan to support the individual with coping strategies which may lead to decrease or elimination for the need for pre-dental medication over time.
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.	For two individuals, personal funds were being used to incur the expenses of others without a written agreement. The agency needs to ensure that when non-routine expenses are planned, there is a written agreement that includes a description of the purchase/expense to be shared. This plan needs to indicate review and agreement by the individual/legal decision maker. If the individual is incurring responsibility for the expenses of others (e.g. individuals are sharing meal expenses and/or admission for staff supporters for special event, activity, or vacation, the extent of the individual's responsibility toward these expenses should be established as part of the agreement.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For four individuals, required ISP assessments were not submitted to DDS within 15 days of the ISP. The agency needs to ensure that required ISP assessments are submitted to DDS 15 days prior to the 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 not submitted to DDS within 15 days of the ISP. The agency needs to ensure that provider support strategies are submitted to DDS 15 days prior to the ISP.
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Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L7	Fire drills are conducted as required.	The agency has not been running fire drills using the minimum ratio indicated in the DDS Safety Plan. The agency needs to ensure that fire drills are conducted with the minimum number of staff noted in the safety plan, and the agency needs to demonstrate success in meeting evacuation time with the requisite number of staff.
L62	Supports and health related protections are reviewed by the required groups.	For one individual, the plan detailing use of a support and health related protection was not reviewed by the Human Rights Committee (HRC). The agency needs to ensure that all health related protective equipment in place for behavioral support purposes, for example, to prevent self injurious behavior, is reviewed by the HRC annually.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For two individuals, required ISP assessments were not submitted to DDS within 15 days of the ISP. The agency needs to ensure that required ISP assessments are submitted to DDS 15 days prior to the 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 two individuals, provider support strategies were not submitted to DDS within 15 days of the ISP. The agency needs to ensure that provider support strategies are submitted to DDS 15 days prior to the ISP.

CERTIFICATION FINDINGS

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	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	19/20	1/20	
Placement Services	19/20	1/20	
Total	25/26	1/26	96%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Employment and Day Supports	13/15	2/15	
Community Based Day Services	13/15	2/15	
Total	19/21	2/21	90%
Certified			

Placement Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	Four individuals have not yet been assessed with a view to exploring areas of support they may have in the area of human sexuality, intimacy and companionship. The agency needs to develop a mechanism in order to assess and become familiar with each person's desires, preferences, and potential education and support needs in the area of sexuality/ romantic relationship development. Where education and/or support needs are identified, the agency needs to ensure that resources are made available to support and make provisions for educating individuals in the areas of human sexuality and intimate relationships.

Indicator #	Indicator	Area Needing Improvement
C39 (07/21)	There is a plan developed to identify job goals and support needs that would lead to movement into supported employment.	For four individuals, the agency had not yet developed a plan to identify job goals and support needs that would lead to movement into supported employment for each person. The agency needs to ensure that once employment goals and corresponding
		support needs have been identified based on the individual's current interests, strengths, and needs, a detailed written plan is developed that is individualized with a person- centered process so the individual can build an awareness and understanding of pursuing job possibilities as distinct from other goals and interests. Each individual's plan should include individually tailored strategies to enhance a person's skill set for a job/career interest including the appropriate educational and training opportunities are identified.
C44	Staff have effective methods to assist individuals to explore their job interests if appropriate.	For four individuals, the agency had not utilized a variety of means to explore individuals' possible job interests. The agency needs to ensure that individualized preferences are explored using a variety of methods and that employment opportunities are based on these findings. For example, the agency may utilize interest inventories, visiting different types of employment, job tours, guest vocational speakers, or volunteering at a place of interest. The agency should support each person to explore interests identified in an ongoing manner (at least annually).

Community Based Day Services- Areas Needing Improvement on Standards not met:

MASTER SCORE SHEET LICENSURE

Organizational: High Spirit Community Farm Inc.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
[₽] L2	Abuse/neglect reporting	4/4	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.	Ind. Home Sup.	Place.	Resp.	MFP	ABI- MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I		4/4				4/4	Met
L5	Safety Plan	L		3/3				3/3	Met
₽ L6	Evacuation	L		3/3				3/3	Met
L8	Emergency Fact Sheets	I		4/4				4/4	Met
L10	Reduce risk interventions	I		1/1				1/1	Met
₽ L11	Required inspections	L		3/3				3/3	Met
[₽] L12	Smoke detectors	L		2/3				2/3	Not Met (66.67 %)
^թ L13	Clean location	L		3/3				3/3	Met
L14	Site in good repair	L		2/3				2/3	Not Met (66.67 %)
L15	Hot water	L		3/3				3/3	Met
L16	Accessibility	L		3/3				3/3	Met

l	L17	Egress at grade	L	3/3	3/3	Met
I	L18	Above grade egress	L	3/3	3/3	Met
l	L19	Bedroom location	L	3/3	3/3	Met
l	L21	Safe electrical equipment	L	3/3	3/3	Met
l	L22	Well-maintained appliances	L	3/3	3/3	Met
l	L24	Locked door access	L	3/3	3/3	Met
l	L26	Walkway safety	L	3/3	3/3	Met
l	L29	Rubbish/combustibles	L	3/3	3/3	Met
l	L30	Protective railings	L	3/3	3/3	Met
l	L31	Communication method	I	4/4	4/4	Met
l	L32	Verbal & written	I	4/4	4/4	Met
l	L33	Physical exam	Ι	3/4	3/4	Met
l	L34	Dental exam	Ι	4/4	4/4	Met
l	L35	Preventive screenings	I	4/4	4/4	Met
l	L36	Recommended tests	Ι	4/4	4/4	Met
l	L37	Prompt treatment	I	4/4	4/4	Met
βı	L38	Physician's orders	Ι	3/3	3/3	Met
l	L39	Dietary requirements	Ι	2/2	2/2	Met
l	L41	Healthy diet	L	3/3	3/3	Met
l	L42	Physical activity	L	3/3	3/3	Met
l	L43	Health Care Record	I	3/4	3/4	Met
₽ I	L46	Med. Administration	I	4/4	4/4	Met
l	L49	Informed of human rights	I	4/4	4/4	Met
	L50 07/21)	Respectful Comm.	Ι	4/4	4/4	Met
l	L51	Possessions	I	4/4	4/4	Met
l	L52	Phone calls	I	4/4	4/4	Met
l	L53	Visitation	I	4/4	4/4	Met
	L54 07/21)	Privacy	Ι	4/4	4/4	Met
l	L55	Informed consent	I	4/4	4/4	Met

L56	Restrictive practices	Ι	0/1	0/1	Not Met (0 %)
L57	Written behavior plans	I	1/1	1/1	Met
L60	Data maintenance	I	1/1	1/1	Met
L61	Health protection in ISP	I	2/2	2/2	Met
L62	Health protection review	Ι	0/1	0/1	Not Met (0 %)
L63	Med. treatment plan form	I	1/2	1/2	Not Met (50.0 %)
L64	Med. treatment plan rev.	I	2/2	2/2	Met
L67	Money mgmt. plan	I	4/4	4/4	Met
L68	Funds expenditure	Ι	2/4	2/4	Not Met (50.0 %)
L69	Expenditure tracking	Ι	4/4	4/4	Met
L70	Charges for care calc.	Ι	4/4	4/4	Met
L71	Charges for care appeal	I	4/4	4/4	Met
L77	Unique needs training	Ι	4/4	4/4	Met
L78	Restrictive Int. Training	L	1/1	1/1	Met
L80	Symptoms of illness	L	3/3	3/3	Met
L81	Medical emergency	L	3/3	3/3	Met
L84	Health protect. Training	I	2/2	2/2	Met
L85	Supervision	L	3/3	3/3	Met
L86	Required assessments	Ι	0/4	0/4	Not Met (0 %)
L87	Support strategies	Ι	1/4	1/4	Not Met (25.00 %)
L88	Strategies implemented	I	4/4	4/4	Met

L90	Personal space/ bedroom privacy	Ι		4/4		4/4	Met
L91	Incident management	L		3/3		3/3	Met
L93 (05/22)	Emergency back-up plans	I		4/4		4/4	Met
L94 (05/22)	Assistive technology	Ι		4/4		4/4	Met
L96 (05/22)	Staff training in devices and applications	I		2/2		2/2	Met
#Std. Met/# 66 Indicator						58/66	
Total Score						64/72	
						88.89%	

Employment and Day Supports:

	Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
	L1	Abuse/neglect training	I			4/4	4/4	Met
	L5	Safety Plan	L			1/1	1/1	Met
Þ	L6	Evacuation	L			1/1	1/1	Met
	L7	Fire Drills	L			0/1	0/1	Not Met (0 %)
	L8	Emergency Fact Sheets	I			4/4	4/4	Met
	L9 (07/21)	Safe use of equipment	I			4/4	4/4	Met
	L10	Reduce risk interventions	I			1/1	1/1	Met
Þ	L11	Required inspections	L			1/1	1/1	Met
Þ	L12	Smoke detectors	L			1/1	1/1	Met
Þ	L13	Clean location	L			1/1	1/1	Met
	L14	Site in good repair	L			1/1	1/1	Met
	L15	Hot water	L	1		1/1	1/1	Met
	L16	Accessibility	L			1/1	1/1	Met

L17	Egress at grade	L	1/1	1/1	Met
L18	Above grade egress	L	1/1	1/1	Met
L20	Exit doors	L	1/1	1/1	Met
L21	Safe electrical equipment	L	1/1	1/1	Met
L22	Well-maintained appliances	L	1/1	1/1	Met
L25	Dangerous substances	L	1/1	1/1	Met
L26	Walkway safety	L	1/1	1/1	Met
L28	Flammables	L	1/1	1/1	Met
L29	Rubbish/combustibles	L	1/1	1/1	Met
L30	Protective railings	L	1/1	1/1	Met
L31	Communication method	I	4/4	4/4	Met
L32	Verbal & written	I	4/4	4/4	Met
L37	Prompt treatment	I	4/4	4/4	Met
₽ L38	Physician's orders	I	4/4	4/4	Met
L39	Dietary requirements	I	2/2	2/2	Met
[₽] L46	Med. Administration	I	4/4	4/4	Met
L49	Informed of human rights	I	4/4	4/4	Met
L50 (07/21)	Respectful Comm.	Ι	4/4	4/4	Met
L51	Possessions	I	4/4	4/4	Met
L52	Phone calls	I	4/4	4/4	Met
L54 (07/21)	Privacy	I	4/4	4/4	Met
L55	Informed consent	I	4/4	4/4	Met
L57	Written behavior plans	Ι	1/1	1/1	Met
L60	Data maintenance	I	1/1	1/1	Met
L61	Health protection in ISP	Ι	1/1	1/1	Met
L62	Health protection review	Ι	0/1	0/1	Not Met (0 %)
L63	Med. treatment plan form	I	2/2	2/2	Met

L64	Med. treatment plan rev.	I	2/2	2/2	Met
L77	Unique needs training	I	4/4	4/4	Met
L80	Symptoms of illness	L	1/1	1/1	Met
L81	Medical emergency	L	1/1	1/1	Met
L84	Health protect. Training	I	1/1	1/1	Met
L85	Supervision	L	1/1	1/1	Met
L86	Required assessments	I	2/4	2/4	Not Met (50.0 %)
L87	Support strategies	I	2/4	2/4	Not Met (50.0 %)
L88	Strategies implemented	I	4/4	4/4	Met
L91	Incident management	L	1/1	1/1	Met
L93 (05/22)	Emergency back-up plans	I	4/4	4/4	Met
L94 (05/22)	Assistive technology	I	4/4	4/4	Met
L96 (05/22)	Staff training in devices and applications	I	2/2	2/2	Met
#Std. Met/# 53 Indicator				49/53	
Total Score				55/59	
				93.22%	

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

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	4/4	Met
C8	Family/guardian communication	4/4	Met
C9	Personal relationships	4/4	Met
C10	Social skill development	4/4	Met
C11	Get together w/family & friends	4/4	Met
C12	Intimacy	0/4	Not Met (0 %)
C13	Skills to maximize independence	4/4	Met
C14	Choices in routines & schedules	4/4	Met
C15	Personalize living space	3/3	Met
C16	Explore interests	4/4	Met
C17	Community activities	4/4	Met
C18	Purchase personal belongings	4/4	Met
C19	Knowledgeable decisions	4/4	Met
C46	Use of generic resources	4/4	Met
C47	Transportation to/ from community	4/4	Met
C48	Neighborhood connections	4/4	Met
C49	Physical setting is consistent	3/3	Met
C51	Ongoing satisfaction with services/ supports	4/4	Met
C52	Leisure activities and free-time choices /control	4/4	Met
C53	Food/ dining choices	4/4	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	4/4	Met
C8	Family/guardian communication	4/4	Met
C13	Skills to maximize independence	4/4	Met
C37	Interpersonal skills for work	4/4	Met

C38 (07/21)	Habilitative & behavioral goals	4/4	Met
C39 (07/21)	Support needs for employment	0/4	Not Met (0 %)
C40	Community involvement interest	4/4	Met
C41	Activities participation	4/4	Met
C42	Connection to others	4/4	Met
C43	Maintain & enhance relationship	4/4	Met
C44	Job exploration	0/4	Not Met (0 %)
C45	Revisit decisions	4/4	Met
C46	Use of generic resources	4/4	Met
C47	Transportation to/ from community	4/4	Met
C51	Ongoing satisfaction with services/ supports	4/4	Met