

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

Mid-Cycle Review Final Report

Provider High Spirit Community Farm Inc.

Provider Address 1770 MASS AVE SUITE 101, CAMBRIDGE

Survey Team Himes, Marisa;

Date(s) of Review 09-SEP-25 to 12-SEP-25

Mid-Cycle Scope and results :					
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated at Mid-Cycle	Sanction status prior to Mid-Cycle	Combined Results post-Mid-Cycle;	Sanction status post Mid-Cycle
Residential and Individual Home Supports 2 Locations 3 Audits	Defer Licensure	6/8	<input checked="" type="checkbox"/> Eligible for new business <input type="checkbox"/> Ineligible for new business.	2 Year License with Mid-Cycle Review 70/72 (97.22%)	<input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met) <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)

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Summary of Ratings

Residential and Individual Home Supports Areas Needing Improvement on Standards not met:

Indicator #	L12
Indicator	Smoke detectors
Area Need Improvement	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.
Status at mid-cycle	Met (2/2). Reviews at both locations, showed that smoke detectors were present and operational, and carbon monoxide detectors were located within 10 feet of the bedrooms and operational when tested.
#met /# rated at mid-cycle	2/2
Rating	MET

Indicator #	L14
Indicator	Site in good repair
Area Need Improvement	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.
Status at mid-cycle	Met (2/2). Every porch had a protective railing, and all handrails, railings, balusters, and stairs were in good condition at both locations reviewed.
#met /# rated at mid-cycle	2/2
Rating	MET

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Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	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 a 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.
Status at mid-cycle	Met (1/1). The environmental restriction in place for "locked kitchen door during overnight hours and when not in used during the day" was outlined in writing with rationale, and included criteria for considering elimination or fading of the restriction. The plan had been reviewed by the agency's human rights committee.
#met /# rated at mid-cycle	1/1
Rating	MET

Indicator #	L62
Indicator	Health protection review
Area Need Improvement	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.
Status at mid-cycle	Met (1/1). The health-related protective equipment in place to prevent self-injurious behavior for one individual had all components in place and had been reviewed by the agency human rights committee.
#met /# rated at mid-cycle	1/1

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Rating	MET
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Indicator #	L63
Indicator	Med. treatment plan form
Area Need Improvement	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.
Status at mid-cycle	Met (2/2). Medication treatment plans were in place for all two individual's prescribed psychotropic medications. The plans were complete with all required components present.
#met /# rated at mid-cycle	2/2
Rating	MET

Indicator #	L68
Indicator	Funds expenditure

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Area Need Improvement	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.
Status at mid-cycle	Met (3/3). The agency developed a system for tracking all purchases above and beyond routine expenses that may be incurred. The review of transaction records, bank statements, and receipts showed that all purchases made using individual funds by staff were made for the direct benefit of all of the three individuals.
#met /# rated at mid-cycle	3/3
Rating	MET

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	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.
Status at mid-cycle	Not Met (2/3). For one of three individuals, the required ISP assessments were not submitted within the required timeframe. The agency must ensure that ISP assessments are submitted to DDS at least 15-days prior to the ISP.
#met /# rated at mid-cycle	2/3
Rating	NOT MET

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Indicator #	L87
Indicator	Support strategies
Area Need Improvement	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.
Status at mid-cycle	Not Met (2/3). For one individual, the provider support strategies were not submitted within the required timeframe. The agency must ensure that the provider support strategies are submitted to DDS at least 15-days prior to the ISP.
#met /# rated at mid-cycle	2/3
Rating	NOT MET