



**PROVIDER REPORT
FOR**

**Hopewell Inc.
3 Allied Drive
308 Dedham, MA 02026**

Version

Provider Web Report

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

SUMMARY OF OVERALL FINDINGS

Provider	Hopewell Inc.
Review Dates	1/28/2019 - 2/1/2019
Service Enhancement Meeting Date	2/15/2019
Survey Team	Joseph W. Weru Margareth Larrieux (TL) Leslie Hayes
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	8 location(s) 12 audit (s)	Full Review	61 / 82 2 Year License with Mid-Cycle Review 02/15/2019 - 02/15/2021		43 / 50 Certified 02/15/2019 - 02/15/2021
Residential Services	2 location(s) 6 audit (s)			Full Review	19 / 22
Placement Services	6 location(s) 6 audit (s)			Full Review	18 / 22
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

HopeWell Inc. is a non-profit human service agency headquartered in Greater Boston with regional offices across Massachusetts and in East Hartford, CT; the agency has been providing services since 1964. Hopewell provides community residential supports and placement support options to adults with developmental disabilities residing in the Metro Boston area, including Randolph, Lynn and Worcester. The agency's residential services include 24/7 homes and placement (shared living) homes. The agency also offers an array of services including; foster care, independent living services for youth aging out of foster care, family support and stabilization services as well as residential program for pregnant and parenting teens. At the time of the survey, the agency provided support services to approximately 500 children, youth and adults.

For this 2019 survey, a full review of all licensing and certification indicators within the agency's 24/7 residential homes and placement homes was conducted by the Department of Developmental Services (DDS), Office of Quality Enhancement (OQE).

The survey revealed that Hopewell embarked on initiatives aimed at improving upon its service delivery systems. The agency sought feedback from internal and external stakeholders and utilized this information to make positive changes in some areas. Data collected from MAP audits conducted by the agency's nurse resulted in actions being taken to refine medication administration processes; this was directly linked to the agency meeting the administering medications indicator. The agency initiated the use of an electronic health care record system to reduce medication errors, and to ensure more efficient updates of individual's medical information and medication administration charts.

Across residential settings, the agency improved the support given to individuals to maintain healthier lifestyles. Some individuals were encouraged to exercise regularly by walking in their neighborhoods and use sports facilities, and one individual in particular was supported to lose weight by exercising with an exercise buddy who provided encouragement and positive feedback. People were supported to successfully participate in exercise routines 3 or more times per week on a consistent basis. Surveyors also found that both staff and placement providers knew people well; there were long standing relationships between people receiving supports and their staff / providers. People communicated freely, including individuals who had limited expressive and/or verbal communication, and those who preferred to express themselves in their native languages. Environmentally, all the locations visited were found to be clean, and in generally in good repair.

In the certification areas for both 24/7 residential and placement homes, the agency made efforts to assist individuals to maintain connections with their families and friends. Individuals visited with their families on weekends and/or called them when they chose to. People were actively involved in family and social activities on a regular basis. For example, an individual in placement services was supported to visit with his sister and father in Florida on a couple of occasions over the past year. The survey also showed that most individuals were being supported with their daily routines, and many had choices of community activities of their liking, such as attending local events, walking to raise money for nonprofit causes, or going to church and social gathering. People were also supported with participation in activities designed to build and increase their independence, such as grocery shopping and taking the RIDE. At one home, independence was encouraged and fostered through training and adaptive assistive modifications to the buttons on the microwave. The individual was supported to take the RIDE alone to go to a support group on weekends, and to independently use her clearly modified microwave.

The survey revealed a number of licensure areas that the agency needs to improve upon to meet requirements. Supervision, monitoring, and oversight, was either lacking or inconsistent across service types; the agency acknowledged plans to restructure to address this issue. Fire drills were not

completed as per requirements at some locations, they need to be completed and reflect individual's abilities with regard to evacuation under 2.5 minutes. Where restrictive practices are in place, written plans need to be developed that outline the rationale/need for the restriction, and plans to reduce or eliminate the restriction. Where medication treatment plans are needed, they must be developed to contain all required components, and they must be reviewed by the ISP team. In the area of the ISP, required ISP assessments must be submitted within the required timelines, and support strategies necessary to assist individuals to meet their goals must be implemented as designed. In the area of money management, when the agency has shared or delegated money management responsibilities, written plans must be in place, and they must include assessments of individuals' skills and abilities, information that details how funds are managed, as well as support strategies to increase independence

Within Placement Services, stronger oversight is needed by the provider in areas of safety especially where expectations or roles are different from 24/7 services. For example while MAP does not apply, the implementation of agency policies and oversight of medication administration needs to be strengthened to ensure that medications are properly administered at each placement home, and while fire drills are not required, several locations still needed evacuation plans that were current and reflect strategies to evacuate in 2.5 minutes. In addition, staff/ care providers must understand and be trained in the use of individual's supports and health related protections.

Across the agency, greater focus should be directed toward supporting individuals to have greater control and independence. The agency is encouraged to support all individuals to provide feedback on staff at the time of hire and on staff performance on an ongoing basis and to share this information with staff for training purposes. Additionally, individuals need to be effectively supported to explore and pursue integrated community interest and activities.

Organizationally, although the agency had a fully constituted Human Rights Committee, it needs to ensure that the committee holds the required number of meetings per regulations. The agency also needs to enhance its system for tracking trainings to ensure that all complete all required trainings as mandated.

Based on the findings of this report, HopeWell will receive a Two Year License with a Mid Cycle review for Residential and Placement Services grouping, with 74% of all licensing indicators receiving a rating of Met. DDS / OQE will conduct a follow up within 60 days for any licensing indicators rated not met. A Mid-cycle licensure review will occur in one year's time. The agency is Certified with 86% for Residential and Placement Service grouping.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	4/6	2/6	
Residential and Individual Home Supports	57/76	19/76	
Residential Services Placement Services			
Critical Indicators	8/8	0/8	
Total	61/82	21/82	74%
2 Year License with Mid-Cycle Review			
# indicators for 60 Day Follow-up		21	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	While the agency had a fully constituted Human Rights Committee, there had been only one meeting held in the past two years (11/18).The agency needs to ensure that its Human Rights Committee holds the required number of meetings per regulation and their bylaws, and that it continues to address the required topics.
L76	The agency has and utilizes a system to track required trainings.	The agency did not ensure that two of four staff received all mandated trainings as required. The agency needs to ensure that it uses an effective tracking system to ensure that mandated trainings are completed by all staff within identified timelines.

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

Indicator #	Indicator	Area Needing Improvement
L5	There is an approved safety plan in home and work locations.	Six of the eight locations, did not have an approved safety plan in place. The agency needs to ensure there is an approved safety plan in place at each location.

L7	Fire drills are conducted as required.	The two locations did not conduct the required minimum of four drills; two awake and two asleep. The agency needs to ensure that fire drills are conducted as required.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At two out of eight locations, water temperature measured outside of the 110 to 120 degree range. The agency needs to ensure that water temperature at all locations is maintained to be within the required range.
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	Five out of twelve individuals did not have residency agreements in place. The agency needs to ensure that individuals / guardians have been informed of their right to be free from arbitrary eviction, through an attestation that indicates the presence of a signed residential agreement.
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.	Restrictive practices for five people did not have the required written protocol that included all required components, including rationale. There was also no evidence of reviews and approvals for the restrictions. The agency needs to ensure that restrictive practices have written rationale and that they undergo the necessary reviews.
L59	Behavior plans have received all the required reviews.	For one individual, the behavior plan had a restrictive component which had not received the required reviews. The agency needs to ensure that behavior plans with restrictive components receive the required reviews.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	Data on target behaviors identified in one behavior plans had not been maintained. The agency needs to ensure that data on target behaviors and interventions are kept and utilized to make changes.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For one of the two supportive and health related protections reviewed, written protocols were not in place. The agency needs to ensure that health related protection protocols are in place to ensure proper utilization of such supports, and that they are included in the ISP and the continued need is outlined.
L62	Supports and health related protections are reviewed by the required groups.	Supports and health related protections for one of the two individuals was not reviewed by the required group. The agency needs to ensure that supports and health protections are reviewed by the required group.

L63	Medication treatment plans are in written format with required components.	The use of behavior modifying medication was reviewed for five individuals. For four individuals, the plans either had not been developed for the administration of an anti-psychotic medication and / or the medication treatment plans did not contain all required components including data regarding the observation of target behaviors. Therefore, the effectiveness of the treatment plan could be evaluated. The agency needs to ensure that medication treatment plans are developed when necessary and include all required components.
L64	Medication treatment plans are reviewed by the required groups.	Four of five medication treatment plans did not receive reviews by the required groups. The agency needs to ensure that medication treatment plans are reviewed by the required groups.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	Eight individuals either did not have a money management plan in place and / or there was no written agreement. The agency needs to ensure that in cases where it has shared or delegated money management responsibility that training plans are in place that contain all the required components, for fostering increased independence on the part of the individuals, in the management of their money.
L69	Individual expenditures are documented and tracked.	For seven of eight individuals, expenditure was either not being tracked, or was being tracked incorrectly, or receipts for expenses were missing. The agency needs to ensure that money is tracked accurately with receipts, and that the cash in / cash out method is accurate and timely.
L78	Staff are trained to safely and consistently implement restrictive interventions.	Restrictive interventions were in place at two locations. At both locations, staff had not been trained on the restrictive interventions. The agency needs to ensure that where restrictive interventions exist, staff is trained to safely and consistently implement restrictive interventions.
L80	Support staff are trained to recognize signs and symptoms of illness.	At four out of eight locations staff had not been trained to recognize signs and symptoms of illness. The agency needs to ensure that staff and home providers are trained to recognize signs and symptoms of illness.
L85	The agency provides ongoing supervision, oversight and staff development.	Supervision, oversight and monitoring was not provided at three of eight locations on a consistent basis. The agency needs to provide ongoing supervision, oversight and staff development on a regular and consistent basis.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Required assessments were not submitted at least 15 days before the ISP for five of the nine individuals. The agency needs to ensure that required assessments are submitted to the DDS at least 15 days prior to the scheduled ISP meeting.
L87	Support strategies necessary to assist an individual to meet their	Support Strategies for the ISP were not submitted at least 15 days before the ISP for three of nine individuals. The agency needs to ensure that Support Strategies are

	goals and objectives are completed and submitted as part of the ISP.	submitted to the DDS at least 15 days prior to the scheduled ISP meeting.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For six out of twelve individuals, agreed upon ISP goals were not being implemented as agreed upon. The agency needs to ensure that services and supports for meeting goals are provided as agreed upon in the ISP.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	37/44	7/44	
Placement Services	18/22	4/22	
Residential Services	19/22	3/22	
TOTAL	43/50	7/50	86%
Certified			

Placement Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	Two out of the six individuals were not presented with opportunities to provide feedback at the time of hire of staff and potential care providers; and, on an ongoing basis, on the performance of their providers. The agency needs to solicit and incorporate feedback from the individual on hires, and on the performance of staff and shared living providers.
C20	The provider has emergency back-up plans to assist individuals to plan for emergencies and/or disasters.	Three of the six homes did not have emergency backup plans. The agency needs to ensure that emergency back-up plans are in place and that staff are familiar with them.
C51	Staff (Home Providers) are knowledgeable about individuals' satisfaction with services and supports and support individuals to make changes as desired.	Three of the six individuals had not been solicited for their satisfaction with services and supports. The agency needs to ensure that staff is familiar with and knowledgeable regarding individual satisfaction; and, that staff support the individual to make changes as desired.
C54	Individuals have the assistive technology and/or modifications to maximize independence.	For three out of the six individuals, needs for assistive technology had not been assessed. The agency needs to assess each individual's needs and determine

how assistive technology modifications could help them maximize their independence.

Residential Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	Three out of the six individuals were not presented with opportunities to provide feedback at the time of hire of potential staff, and on an ongoing basis on the performance of staff. The agency needs to fully implement a process for incorporating feedback from individuals on hiring and, on an ongoing basis on the performance of staff.
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	For two of the six individuals, exploration of interests regarding cultural, social, recreational and spiritual activities had not taken place. The agency needs to support individuals to explore, discover and encourage participation in integrated cultural, social recreational and spiritual activities on a more regular basis.
C17	Community activities are based on the individual's preferences and interests.	Two of the six individuals were not provided with regular opportunities to participate in community activities that matched their interests. The agency needs to ensure that individuals are provided with on-going opportunities to participate in activities that reflect their preferences.

MASTER SCORE SHEET LICENSURE

Organizational: Hopewell Inc.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	9/9	Met
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	3/3	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	1/4	Not Met(25.00 %)
L83	HR training	4/4	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		6/6				12/12	Met
L5	Safety Plan	L	2/2		0/6				2/8	Not Met (25.00 %)
Ⓜ L6	Evacuation	L	2/2		6/6				8/8	Met
L7	Fire Drills	L	0/2						0/2	Not Met (0 %)
L8	Emergency Fact Sheets	I	6/6		6/6				12/12	Met
L9	Safe use of equipment	L	2/2						2/2	Met
L10	Reduce risk interventions	I	2/2		2/2				4/4	Met
Ⓜ L11	Required inspections	L	2/2		5/6				7/8	Met (87.50 %)
Ⓜ L12	Smoke detectors	L	2/2		5/6				7/8	Met (87.50 %)
Ⓜ L13	Clean location	L	2/2		6/6				8/8	Met
L14	Site in good repair	L	2/2		6/6				8/8	Met
L15	Hot water	L	2/2		4/6				6/8	Not Met (75.00 %)
L16	Accessibility	L	2/2		5/5				7/7	Met
L17	Egress at grade	L	2/2		5/5				7/7	Met
L18	Above grade egress	L			3/3				3/3	Met
L19	Bedroom location	L	1/1						1/1	Met
L20	Exit doors	L	2/2						2/2	Met
L21	Safe electrical equipment	L	2/2		6/6				8/8	Met
L22	Well-maintained	L	2/2		6/6				8/8	Met

	appliances								
L24	Locked door access	L	2/2					2/2	Met
L25	Dangerous substances	L	2/2					2/2	Met
L26	Walkway safety	L	2/2		6/6			8/8	Met
L27	Pools, hot tubs, etc.	L	1/1					1/1	Met
L28	Flammables	L	2/2					2/2	Met
L29	Rubbish/combustibles	L	2/2		6/6			8/8	Met
L30	Protective railings	L	2/2		4/4			6/6	Met
L31	Communication method	I	6/6		6/6			12/12	Met
L32	Verbal & written	I	6/6		6/6			12/12	Met
L33	Physical exam	I	6/6		4/6			10/12	Met (83.33%)
L34	Dental exam	I	6/6		5/6			11/12	Met (91.67%)
L35	Preventive screenings	I	6/6		5/6			11/12	Met (91.67%)
L36	Recommended tests	I	5/6		6/6			11/12	Met (91.67%)
L37	Prompt treatment	I	6/6		5/5			11/11	Met
Ⓜ L38	Physician's orders	I	1/1		1/1			2/2	Met
L39	Dietary requirements	I			1/1			1/1	Met
L40	Nutritional food	L	2/2					2/2	Met
L41	Healthy diet	L	2/2		6/6			8/8	Met
L42	Physical activity	L	2/2		6/6			8/8	Met
L43	Health Care Record	I	6/6		4/6			10/12	Met (83.33%)
L44	MAP registration	L	2/2					2/2	Met
L45	Medication storage	L	2/2					2/2	Met
Ⓜ L46	Med. Administration	I	6/6		3/5			9/11	Met (81.82%)
L47	Self medication	I	6/6		3/5			9/11	Met (81.82%)

										%)
L49	Informed of human rights	I	1/6		6/6				7/12	Not Met (58.33 %)
L50	Respectful Comm.	L	2/2		6/6				8/8	Met
L51	Possessions	I	6/6		6/6				12/12	Met
L52	Phone calls	I	6/6		5/6				11/12	Met (91.67 %)
L53	Visitation	I	6/6		6/6				12/12	Met
L54	Privacy	L	2/2		5/6				7/8	Met (87.50 %)
L55	Informed consent	I	1/1						1/1	Met
L56	Restrictive practices	I	0/3		0/2				0/5	Not Met (0 %)
L57	Written behavior plans	I	1/1						1/1	Met
L58	Behavior plan component	I	1/1						1/1	Met
L59	Behavior plan review	I	0/1						0/1	Not Met (0 %)
L60	Data maintenance	I	0/1						0/1	Not Met (0 %)
L61	Health protection in ISP	I			1/2				1/2	Not Met (50.0 %)
L62	Health protection review	I			1/2				1/2	Not Met (50.0 %)
L63	Med. treatment plan form	I	1/3		0/2				1/5	Not Met (20.0 %)
L64	Med. treatment plan rev.	I	0/3		1/2				1/5	Not Met (20.0 %)
L67	Money mgmt. plan	I	0/5		0/3				0/8	Not

										Met (0 %)
L68	Funds expenditure	I	5/5		2/2				7/7	Met
L69	Expenditure tracking	I	1/5		0/3				1/8	Not Met (12.50 %)
L70	Charges for care calc.	I	5/5		3/3				8/8	Met
L71	Charges for care appeal	I	5/5		3/3				8/8	Met
L77	Unique needs training	I	6/6		6/6				12/12	Met
L78	Restrictive Int. Training	L	0/1		0/1				0/2	Not Met (0 %)
L80	Symptoms of illness	L	1/2		3/6				4/8	Not Met (50.0 %)
L81	Medical emergency	L	2/2		6/6				8/8	Met
Ⓜ L82	Medication admin.	L	2/2						2/2	Met
L84	Health protect. Training	I			1/1				1/1	Met
L85	Supervision	L	1/2		4/6				5/8	Not Met (62.50 %)
L86	Required assessments	I	3/5		1/4				4/9	Not Met (44.44 %)
L87	Support strategies	I	3/5		3/4				6/9	Not Met (66.67 %)
L88	Strategies implemented	I	2/6		4/6				6/12	Not Met (50.0 %)
L90	Personal space/ bedroom privacy	I	6/6		5/6				11/12	Met (91.67 %)
L91	Incident management	L	2/2		4/5				6/7	Met (85.71 %)
#Std.									57/76	

Met/# 76 Indicator										
Total Score									61/82	
									74.39%	

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	4/6	Not Met (66.67 %)
C8	Family/guardian communication	5/5	Met
C9	Personal relationships	6/6	Met
C10	Social skill development	6/6	Met
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	5/6	Met (83.33 %)
C13	Skills to maximize independence	6/6	Met
C14	Choices in routines & schedules	6/6	Met
C15	Personalize living space	6/6	Met
C16	Explore interests	5/6	Met (83.33 %)
C17	Community activities	5/6	Met (83.33 %)
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met

C20	Emergency back-up plans	3/6	Not Met (50.0 %)
C46	Use of generic resources	6/6	Met
C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	6/6	Met
C49	Physical setting is consistent	6/6	Met
C51	Ongoing satisfaction with services/ supports	3/6	Not Met (50.0 %)
C52	Leisure activities and free-time choices /control	6/6	Met
C53	Food/ dining choices	6/6	Met
C54	Assistive technology	3/6	Not Met (50.0 %)

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/6	Not Met (50.0 %)
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	6/6	Met
C10	Social skill development	6/6	Met
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	6/6	Met
C13	Skills to maximize independence	6/6	Met
C14	Choices in routines & schedules	6/6	Met
C15	Personalize living space	2/2	Met
C16	Explore interests	4/6	Not Met (66.67 %)
C17	Community activities	4/6	Not Met (66.67 %)
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met
C20	Emergency back-up plans	2/2	Met
C46	Use of generic resources	6/6	Met
C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	6/6	Met
C49	Physical setting is consistent	2/2	Met
C51	Ongoing satisfaction with	6/6	Met

	services/ supports		
C52	Leisure activities and free-time choices /control	6/6	Met
C53	Food/ dining choices	6/6	Met
C54	Assistive technology	6/6	Met