



**PROVIDER REPORT
FOR**

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

June 06, 2024

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	Hopewell Inc.
Review Dates	4/1/2024 - 4/5/2024
Service Enhancement Meeting Date	4/29/2024
Survey Team	David Bullard Melanie Hutchison (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	5 location(s) 5 audit (s)	Targeted Review	DDS 14/15 Provider 56 / 56 70 / 71 Defer Licensure		DDS 8 / 8 Provider 39 / 39 47 / 47 Certified
Placement Services	5 location(s) 5 audit (s)			DDS Targeted Review	20 / 20
Planning and Quality Management				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

HopeWell Inc. is a non-profit human service agency located in Dedham, Massachusetts. The agency was founded in 1964 and currently provides Placement services and Individual Home Supports (IHS) to individuals diagnosed with Intellectual and/or Developmental Disabilities in Massachusetts. Other community services that HopeWell provides include foster care, independent living services for youth aging out of foster care, family support and stabilization services, and education support for children receiving foster care.

HopeWell was eligible for and received approval from DDS to conduct a self-assessment for the 2024 licensing and certification cycle. This occurred in conjunction with a targeted licensing and certification review conducted by the DDS Metro Office of Quality Enhancement (OQE). For placement services, the targeted review focused on seven critical indicators and four licensing indicators that were added or revised since HopeWell's last survey. Additionally, OQE evaluated nine licensing indicators and eight certification indicators which were not met during the previous survey cycle. The OQE sample was comprised of five individuals at five placement services locations. This survey report reflects a combination of ratings from the self-assessment process conducted by HopeWell and the targeted review conducted by DDS (with ratings from DDS prevailing where indicators were rated by both entities).

Findings from the targeted review confirmed that standards were maintained for majority of the licensing indicators reviewed in placement services. HopeWell's systems for oversight of medication administration, healthcare protocols, and personal safety were effective. All previously unmet licensing indicators were met, including ongoing supervision and oversight of placement service locations, where the agency enhanced its process. It includes a new collaboration between agency staff and placement service providers via the completion of a recently created monthly workbook which documents oversight in several licensing and certification domains. Relative to certification, HopeWell demonstrated improved systems for ensuring and monitoring the support given to individuals in the areas of relationships, community access and integration, and choice and control. Certification findings reflected that all previously unmet indicators were corrected.

Survey findings from the targeted review also identified one unmet critical licensure indicator (L12) that would benefit from the agency's attention. The agency needs to ensure that smoke and carbon monoxide detectors are located where required at all homes.

As a result of the HopeWell's self-assessment findings and the targeted review conducted by OQE, the Residential and Individual Home Support service grouping received an overall score of 99% of licensure indicators met. However, the residential service grouping's license will be Deferred due to the unmet critical indicator and pending a follow-up that will be conducted by DDS Metro OQE within sixty days of the service enhancement meeting. Survey findings from the targeted review also identified one unmet critical licensure indicator (L12) that would benefit from the agency's attention. The agency needs to ensure that smoke and carbon monoxide detectors are located where required at all homes. The agency will earn a two-year license if correction to the critical indicator is noted at follow-up. The residential service grouping is Certified with an overall certification score of 100%.

See HopeWell's self-assessment report below; it describes the organization's ongoing quality assurance systems and the agency's current evaluation of compliance with DDS licensing and certification standards.

Description of Self Assessment Process:

HopeWell's Shared Living Team (SLT) is comprised of a Director, Nurse Manager and two Shared Living Transition Coordinators (SLTC) conducted the self-assessment. In the fall of 2022 and winter/spring of 2023, we contracted with a peer provider agency's Quality Management Team to audit our program/individual services. Through this collaboration we created an internal audit tool encompassing all of the licensure and certification indicators. After the transition of our 24/7 group residences in June/July 2023, the SLT started audit preparations. We reviewed and discussed the Licensure Tool (2022) and Certification Guidelines (2022) and the Licensure Residential and Individual Home Support Issues on Not Met Licensing and Certifications Indicators from our previous survey review in March of 2022.

We scheduled regular audit meetings with the SLT and utilized 2 different audit processes as outlined below. We audited all of the Licensing and Certifications Indicators, with a focus on the 6 licensure and 8 certification indicators that were not met in the 2022 audit, as well as a review off the 4 new/edited licensure indicators.

Virtual audit: The SLT conducted audits using the Internal Audit Tool for a full review and the Targeted Review Residential Worksheet and the Residential and Individual Home Support indicators form. Each of the SLT members was assigned a list of shared-living individuals to audit and a sample of 33%, 8 shared-living placements were randomly chosen to be reviewed. The SLT members virtually reviewed and scored all of the indicators by reviewing documents in either HCSIS and the individual's file in SharePoint.

Caregiver Home Audit: During home visits in 2023 and the beginning of 2024 Home Inspections were completed for all homes in the shared living program. Walkthroughs of the environmental and physical review of the home were conducted incorporated all of the Licensing and Certification Indicators that are not otherwise covered by the virtual audit. These audits were performed by any of the members of the SLT. Each category on the Home Inspection document was checked off and any unmet areas or safety concerns were to be reported to the Program Director within 48 hours. Weekly audit meetings occurred to discuss and review the process so that all indicators were reviewed, and any outstanding questions or concerns were addressed. Caregiver meetings were held in September and October to discuss all of the Not Met Licensing and Certifications Indicators from our previous survey and reviewed relevant medical and home indicators. During home visits SLTC were instructed to review and complete the Residential Survey - Placement Supports Worksheet.

Audit Outcome: A master Audit Rating Compilation sheet was created to compile the results of the Targeted Review Residential Worksheet and the Residential and Individual Home Support indicators form. All Critical Indicators were reviewed and audited, and each one was met. The results of the audit review for the 6 Licensure and 8 Certification Not Met indicators from previous survey review showed that 3 of the not met Licensure Indicators (L22, L55 & L85) were met, Licensure Indicators, L63 & L69 were not rated and L15 was not met. The 8 Certification Indicators (C7, C8, C9, C11, C16, C17, C46 & C47) all were met. In regard to the new Licensing Indicators that are applicable to Placement Services; L93, L94, and L96 were met and L99 was not rated, because none of the individuals currently supported have any medical monitoring devices.

The self-assessment audit applied a total of 93 licensing indicators to a sample of 8 placement service/shared-living sites. The following licensing indicator, L15 Hot Water was not met. This indicator is historically a difficult indicator to meet, for the last 2 years we have implemented a water temperature log to be completed on a quarterly basis. If the temperatures were not in range caregivers adjust their water heating system and complete this form again until the temperatures are in range. Through the audit we found that the logs were not completed by every caregiver on a quarterly basis.

Since the implementation of the new home binder and caregiver workbook in July of 2023, we have noticed an improvement on data documentation and collection. During this audit, we reviewed the caregiver workbook and are adjusting the water temperature log. In addition, we are making edits to the Medication Change Worksheet in the caregiver workbook to include a quarterly medication review,

auditing the medications in the home to the current medication list. These changes will be implemented immediately during April home visits. We found some inconsistencies across individual files with Licensure indicators L33, L35, L36, and L43. All annual physicals were completed, and we obtained annual physical documentation from the medical provider, however not every individual had preventive screenings and checklists completed. Lastly, some Health Care Records they were not consistently updated throughout the year when changes occurred.

After the initial audit reviews were completed, the SLTC began a process of correction and in most cases have already update and corrected the indicators that were not met. The SLT plans to audit an additional 8 individuals prior to the ending of fiscal year; 4 individuals in the month of May and 4 individuals in the month of June.

HopeWell currently does not have a Quality Management Department, therefor during the self-assessment and audit preparation the SLT reviewed and edited the Shared Living Quality Assurance Plan. The purpose of this review was to ensure we are able to implement an attainable system to monitor all of the supports provided within the Home & Community-Based Adult Services and safeguarding that quality services are being provided according to the Department of Developmental Services (DDS) Regulations, Licensure & Certification Indicators and HopeWell's Shared Living Policies and Procedures. The new Assurance Plan will be implemented at the start of the new fiscal year (July 2024).

An internal SLT meeting has been scheduled for April 9th. Were we will reflect and discuss everybody's experience, our internal findings, and review the list of program improvements and trainings needed to be implemented.

The organizational indicator L2 was reviewed by the Director. HopeWell's Shared Living program implements a Human Rights Policy & Procedure to promote and protect the rights of the individuals we support, (see documents). For our self-assessment a report with all DPPC and investigation paperwork was downloaded from HCSIS reviewed for the period 2/1/2022 - 3/21/2024. Only two DPPC reports were filed on behalf of two of our shared living individuals and corrective actions steps were implemented were needed. Immediate actions were taken, and this report and the corrective action step details are available for review. During monthly shared living team meetings an incident report is downloaded from HCSIS, reviewed and action steps are discussed. Individual specific incident reports are reviewed during monthly supervisions for compliance and confirmation of action steps completion.

Individuals are trained on an annual basis by one of HopeWell's Human Rights Officers. They review "Know Your Rights", The List of Persons Supported Rights and Agency Responsibilities, DPPC Signs of Abuse, and HopeWell's Appeal and Grievance Procedure and HopeWell's Human Right Officers contact information.

When an individual is transitioning to HopeWell's SLP a newly implemented initial Human Rights Packet is given to the individual, their family member and/or guardian. This "New Placement Human Rights Packet" includes DDS Human Rights Overview for Family Members and Guardians, DDS Office of Human Rights Human Rights Specialist Contacts, DDS Human Rights Complaints & Grievance Procedures, DPPC Signs of Abuse, and HopeWell Human Rights Policy & Procedure, list of persons supported rights and agency responsibilities, Appeal and Grievance Procedure and HopeWell Human Rights Officers.

During the on boarding process new shared living caregivers are trained in Basic Human Rights & DPPC and have to complete the DDS Mandated Reporter Training. On an annual basis both caregivers and SLP staff renew the DDS Mandated Reporter Training. On an ongoing basis Human Rights situations/concerns are addressed during home visits, caregiver meetings and at the quarterly Human Rights Committee meeting.

Families and guardians are mailed an annual human rights packet with different educational and informative materials, including updated and or new HopeWell specific documents.

Our Shared Living Program prides itself on the quality of services and supports we provide, as well as

the emphasis to ensure optimal health for each individual. Before admission to the SLP, the Program Director, Nurse Manager, and where appropriate, the SLTC and Clinical Director will review an individual's referral packet to ensure that the SL team has a full picture of the individual's medical and clinical needs. They review the results of the individual's most recent physical, and initiate discussions, where appropriate, with the referral source, DDS, the individual, current provider agency, and any family members/guardian who can provide additional information. The team pays particular attention to how an individual's health conditions may impact their ability to accomplish their ADLs, and what support they might need from the caregiver or team. Further, it ensures that the team will provide appropriate, individual-specific training that the caregiver may require. Such training may include, but is not limited to medication oversight, medical monitoring devices, training on specific protocols, any physical assistance the individual may need and/or medical equipment that they require. If the individual would like to move forward with placement, caregiver training is conducted either by the Program Director, Nurse Manager, Clinical Director, or a designee. Additionally, for maximum assistance, SLP staff are trained as well to support the individual and caregiver. This medical review will help the team to match the individual with the appropriate caregiver and living environment. Additionally, it will assist the team in gaining an understanding of not only the level of care the individual will require, but also, the appropriate rate for this care. The HopeWell SLP maintains, at all times, the appropriate level of both nursing and clinical staff to ensure the safety and well-being of participating individuals.

Once an individual is placed in the home, he or she is seen frequently by the program's SLTC to ensure the placement is appropriate, stable and will endure. These visits provide a window into how the individual and the caregiver are managing any medical issues. Because several pre-placement visits are conducted, including overnights, and individualized training has occurred, few, if any, issues surface. Ultimately, the individual and their caregiver are seen monthly unless any issues arise. The caregiver family may contact the SL team in the interim if acute or chronic issues need attention. In a medical emergency, caregivers are to call 911 immediately, and then contact the SL team. The SLTC will visit with individuals at their day and/or work program as well to make sure all services and supports are in place. Occasionally, an individual will not comply with medical direction. In these instances, the Program Director and Nurse Manager are notified, discuss the non-compliance with the assigned SLTC, and meet the caregiver and/or individual to inquire about the details and background of the non-compliance. The SL team will review and discuss any change in the individual's environment, medical or clinical diagnosis, and discuss any possible antecedents observed by the caregiver. When appropriate, the SL team will discuss an action plan focusing on the least restrictive practice to ensure the individual's health and safety. If needed, the program will involve the Clinical Director, reach out to the individuals' medical providers, and schedule a meeting with the individual's ISP team and/or request a DDS risk meeting.

Some individuals come to the program with extraordinary medical needs. The SL team first assesses and collaborates with the individual, their family/guardian, and medical providers to gather information about the condition(s) and ensure the program can support the needs of the individual in the shared living setting. If the program can support the complex medical needs of the individual, the program will work with the medical providers to create protocols and provide training to the caregiver. The protocol would include when to contact the medical provider and/or when to seek medical attention. The Nurse Manager collaborates with the caregiver and SLTC to develop and implement any medical plans and coordination of care needed to successfully support the individual and caregiver. In addition, the SLTC, with support from the Nurse Manager, will contact home health and durable medical equipment (and other relevant) providers to coordinate services throughout the life of the placement. If new medical issues arise, the SL team assists the individual to obtain additional providers, as necessary.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Residential and Individual Home Supports	62/63	1/63	
Placement Services			
Critical Indicators	6/7	1/7	
Total	70/71	1/71	99%
Defer Licensure			
# indicators for 60 Day Follow-up		1	

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

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 two locations, carbon monoxide detectors were not located within 10 feet of bedroom doors. At one location, a smoke detector was not present outside the individual's sleeping area. The agency needs to ensure that smoke and carbon monoxide detectors are located where required.

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 8/8 Provider 12/12	20/20	0/20	
Placement Services	DDS 8/8 Provider 12/12	20/20	0/20	
Total		47/47	0/47	100%
Certified				

MASTER SCORE SHEET LICENSURE

Organizational: Hopewell Inc.

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
☒ L2	Abuse/neglect reporting	DDS	5/5	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	Provider	-	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			5/5				5/5	Met
L7	Fire Drills	L	Provider	-	-	-		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider	-	-	-		-	-	-	Met
L10	Reduce risk interventions	I	Provider	-	-	-		-	-	-	Met
☒ L11	Required inspections	L	DDS			4/4				4/4	Met
☒ L12	Smoke detectors	L	DDS			3/5				3/5	Not Met (60.0 %)

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
L13	Clean location	L	DDS			5/5				5/5	Met
L14	Site in good repair	L	Provider	-	-	-		-	-	-	Met
L15	Hot water	L	DDS			5/5				5/5	Met
L16	Accessibility	L	Provider	-	-	-		-	-	-	Met
L17	Egress at grade	L	Provider	-	-	-		-	-	-	Met
L18	Above grade egress	L	Provider	-	-	-		-	-	-	Met
L20	Exit doors	L	Provider	-	-	-		-	-	-	Met
L21	Safe electrical equipment	L	Provider	-	-	-		-	-	-	Met
L22	Well-maintained appliances	L	DDS			4/5				4/5	Met (80.0 %)
L23	Egress door locks	L	Provider	-	-	-		-	-	-	Met
L24	Locked door access	L	DDS			5/5				5/5	Met
L25	Dangerous substances	L	Provider	-	-	-		-	-	-	Met
L26	Walkway safety	L	Provider	-	-	-		-	-	-	Met
L27	Pools, hot tubs, etc.	L	Provider	-	-	-		-	-	-	Met
L28	Flammables	L	Provider	-	-	-		-	-	-	Met
L29	Rubbish /combustibles	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
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
R L38	Physician's orders	I	DDS			1/1				1/1	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
R L46	Med. Administration	I	DDS			1/1				1/1	Met
L47	Self medication	I	Provider	-	-	-		-	-	-	Met
L49	Informed of human rights	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
L50 (07/21)	Respectful Comm.	I	Provider	-	-	-		-	-	-	Met
L51	Possessions	I	Provider	-	-	-		-	-	-	Met
L52	Phone calls	I	Provider	-	-	-		-	-	-	Met
L53	Visitation	I	Provider	-	-	-		-	-	-	Met
L54 (07/21)	Privacy	I	Provider	-	-	-		-	-	-	Met
L55	Inform ed consent	I	DDS			1/1				1/1	Met
L64	Med. treatment plan rev.	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
L80	Sympto ms of illness	L	Provider	-	-	-		-	-	-	Met
L81	Medical emer gency	L	Provider	-	-	-		-	-	-	Met
L85	Supervi sion	L	DDS			5/5				5/5	Met
L86	Require d assessments	I	Provider	-	-	-		-	-	-	Met
L87	Support strategi es	I	Provider	-	-	-		-	-	-	Met
L88	Strategi es impleme ntated	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
L90	Personal space/bedroom privacy	I	Provider	-	-	-		-	-	-	Met
L91	Incident management	L	Provider	-	-	-		-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS			5/5				5/5	Met
L94 (05/22)	Assistive technology	I	DDS			5/5				5/5	Met
L96 (05/22)	Staff training in devices and applications	I	DDS			5/5				5/5	Met
#Std. Met/# 63 Indicator										62/63	
Total Score										70/71	
										98.59%	

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

Placement Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	DDS	5/5	Met
C8	Family/guardian communication	DDS	5/5	Met
C9	Personal relationships	DDS	4/5	Met (80.0 %)
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	DDS	5/5	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	DDS	4/5	Met (80.0 %)
C17	Community activities	DDS	4/5	Met (80.0 %)
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C46	Use of generic resources	DDS	5/5	Met
C47	Transportation to/ from community	DDS	5/5	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

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