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|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  | |  | | --- | | **Provider** | |  | |  | | --- | | Kennedy Donovan Center Inc. | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Review Dates** | |  | |  | | --- | | 2/8/2022 - 2/14/2022 | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Service Enhancement  Meeting Date** | |  | |  | | --- | | 3/2/2022 | |  |  | |  |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Survey Team** | |  | |  | | --- | | Jamie Savage | | Michael Marchese (TL) | | Katherine Gregory | | Tina Napolitan | | Barbara Mazzella | | Scott Nolan | | Michelle Boyd | | Kayla Condon | | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Citizen Volunteers** | |  | |  | | --- | |  | |  |  | | | |  |

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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | | |  |  |
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|  | |  | | --- | | The Kennedy-Donovan Center, Inc. (KDC) is a Massachusetts based, not-for-profit human service agency serving individuals and families in more than 150 towns across southeast and central  Massachusetts, and Cape Cod. The agency was founded in 1969 and provides a variety of services to children and adults, such as early intervention, adult foster care, family support, and day and residential habilitation supports. DDS funded services include Placement and Individual Home Supports (IHS), and Employment services offered to adults with intellectual/developmental disabilities.  The scope of this survey conducted by DDS's Office of Quality Enhancement (OQE) included a full review of all licensing and certification indicators for the agency's Individual Home Support (IHS) services. Kennedy-Donovan Center utilizes a deemed process (CARF) to report on certification indicators within their Placement and Employment services, thus this review was exclusive to licensing indicators for those two service types. Organizationally, both licensing and certification outcomes were reviewed.  During the past year Kennedy-Donovan Center completed a significant amount of reorganization. A new President & CEO was hired in October of 2021, and new positions were added to the Leadership team, including the Vice President of People and Culture, and the Senior Director of Adult Community Services. The agency has reorganized its adult community services' operations from a geographical region-based model to a model organized by service type, each led by a Program Directors, directly supervised by the Senior Director of Adult Community Services.  Organizationally, the agency demonstrated strengths in several areas. Kennedy-Donavan Center's strategic plan prioritizes the recruitment and retention of staff in response to the current staffing shortage and continuously reviews and revises strategies to best meet the ongoing challenges in this area. The agency utilizes a web-based training software platform for the provision of staff training and maintaining an accurate database for all required staff trainings. In the area of human rights, the agency has effective mechanisms in place to ensure key safeguards related to individual's human rights. KDC has a waiver for a single Human Rights Committees (HRC) representing multiple geographic service regions. The HRC was found to be effective and met all of conditions outlined in their waiver approval. Those included all mandated composition requirements, familiarity with and effectively supporting all individuals and locations served by the agency, and all other requirements outlined in DDS regulations 115 CMR 3.09. The agency ensured that all investigative follow-up action plans were implemented in response to investigations.  In the licensure domain the agency demonstrated several areas of strength, including, but not limited to the following. Across all service types, individuals and their guardians had been trained/informed of their human rights, including information and training on how to file a complaint of abuse or neglect, and how to file a grievance or whom to talk to if they have a concern. Provider and individuals' homes were found to be clean, safe, in good repair, and accessible to individuals living in them. In the area of medication administration, effective systems were in place for monitoring the safe administration of medications and for assessing individuals' ability to self-administer their medication. Healthcare management was another area where the agency displayed competency in ensuring that individuals' healthcare needs were being provided in an effective and timely manner, including recommended tests and appointments with specialists and prompt treatment for acute and episodic health care conditions. For individuals with unique needs, staff were knowledgeable of their unique needs, and competency was demonstrated in ensuring that special diets, health management protocols and health related supports and protections were being accurately and effectively implemented.  While the agency demonstrated positive findings in numerous areas, there were a few areas that could benefit from increased attention. Across all services, the agency needs to enhance its process and procedures for ensuring that all incidents are reported and reviewed as mandated by regulation. In instances where an intervention is required to keep individuals' safe, the agency needs to ensure that all restrictive practices are outlined in writing, to include identifying the rationale for the restriction, that it is the least restrictive alternative, and there's a plan for fading or eliminating the restriction, and that staff and providers are trained to implement them correctly, consistently, and safely.  In the certification domain, KDC's Individual Home Support services demonstrated positive outcomes in a number of areas, including supporting individuals to explore and discover personal interests and providing opportunities for community activities related to individuals' preferences and interests, and  supporting individuals to develop and/or increase opportunities for social contact and to get together with family and friends.   The agency is encouraged to focus additional attention on implementing an evaluative process to assess individuals' interests, abilities, and support needs in the area of intimacy and companionship.  Based on the findings of this license and certification review, Kennedy-Donovan Centers has earned a Two-year License for their Residential Placement and Individual Home Support (IHS) services with a score of 97% indicators met, and a Two-year License for Employment/Day Support services with a score of 96% indicators met. The agency's Residential Service Grouping including Placement (deemed through their CARF accreditation) and IHS services (97%) is Certified. The agency's Employment/Day services are also Certified (deemed). | |  | |  |

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|  | |  |  |  | | --- | --- | --- | |  | |  | | |  | | --- | | **LICENSURE FINDINGS** | | |  | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **8/8** | **0/8** |  | | **Residential and Individual Home Supports** | **59/61** | **2/61** |  | | Placement Services  Individual Home Supports |  |  |  | | **Critical Indicators** | **7/7** | **0/7** |  | | **Total** | **67/69** | **2/69** | **97%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **2** |  | |  |  |  |  | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **8/8** | **0/8** |  | | **Employment and Day Supports** | **19/20** | **1/20** |  | | Employment Support Services |  |  |  | | **Critical Indicators** | **2/2** | **0/2** |  | | **Total** | **27/28** | **1/28** | **96%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **1** |  | |  |  |  |  | |  | | |  | |  | | |  |  |
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|  | |  | | --- | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | 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 two individuals lacked all required components, including a rationale for the restriction and/or a plan for fading and/or eliminating the practice based the individual's continued need for the restriction. The agency needs to ensure that all restrictive practices are outlined in writing, to include identifying the rationale for the restriction, the least restrictive alternative, and a plan for elimination or fading of the restriction. | |  | L91 | | | Incidents are reported and reviewed as mandated by regulation. | At four homes, either an incident had not been reported, or incident reports had not been submitted into HCSIS and/or finalized within the mandated timelines. The agency needs to ensure that all incidents are reported and reviewed as mandated by regulation. | | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L91 | | | Incidents are reported and reviewed as mandated by regulation. | One incident report was submitted into HCSIS beyond the mandated timeline. The agency needs to ensure that all incidents are reported and reviewed as mandated by regulation. | | |  | |  | |  |

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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Individual Home Supports- 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. | For two individuals, the agency did not have an evaluative process to assess their interests, abilities, and support needs, as it relates to intimacy and companionship. The agency needs to ensure that individuals are evaluated for their wants, interests, and needs in the areas of intimacy and companionship. | |  |  | | |  |  | |  |  | | |  |

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|  | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | | | |  |  |  |
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|  | |  | | --- | | **Organizational: Kennedy Donovan Center Inc.** | |  | | |  |  |
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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **17/17** | **Met** | |  | L3 | Immediate Action | **4/4** | **Met** | |  | L4 | Action taken | **5/5** | **Met** | |  | L48 | HRC | **1/1** | **Met** | |  | L74 | Screen employees | **1/1** | **Met** | |  | L75 | Qualified staff | **3/3** | **Met** | |  | L76 | Track trainings | **9/10** | **Met(90.0 % )** | |  | L83 | HR training | **9/10** | **Met(90.0 % )** | |  |  | | |  |

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|  | |  | | --- | | **Residential and Individual Home Supports:** | | | | |  |  |  |  |
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|  | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Res. Sup.** | **Ind. Home Sup.** | **Place.** | **Resp.** | **ABI-MFP Res. Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** | |  | L1 | Abuse/neglect training | I |  | 2/2 | 14/14 |  |  |  | **16/16** | **Met** | |  | L5 | Safety Plan | L |  | 2/2 | 14/14 |  |  |  | **16/16** | **Met** | | O | L6 | Evacuation | L |  | 2/2 | 14/14 |  |  |  | **16/16** | **Met** | |  | L8 | Emergency Fact Sheets | I |  | 1/2 | 14/14 |  |  |  | **15/16** | **Met (93.75 %)** | |  | L9 (07/21) | Safe use of equipment | I |  | 2/2 |  |  |  |  | **2/2** | **Met** | |  | L10 | Reduce risk interventions | I |  |  | 4/4 |  |  |  | **4/4** | **Met** | | O | L11 | Required inspections | L |  |  | 14/14 |  |  |  | **14/14** | **Met** | | O | L12 | Smoke detectors | L |  |  | 12/14 |  |  |  | **12/14** | **Met (85.71 %)** | | O | L13 | Clean location | L |  |  | 14/14 |  |  |  | **14/14** | **Met** | |  | L14 | Site in good repair | L |  |  | 14/14 |  |  |  | **14/14** | **Met** | |  | L15 | Hot water | L |  |  | 13/14 |  |  |  | **13/14** | **Met (92.86 %)** | |  | L16 | Accessibility | L |  |  | 14/14 |  |  |  | **14/14** | **Met** | |  | L17 | Egress at grade | L |  |  | 3/3 |  |  |  | **3/3** | **Met** | |  | L18 | Above grade egress | L |  |  | 1/1 |  |  |  | **1/1** | **Met** | |  | L21 | Safe electrical equipment | L |  |  | 14/14 |  |  |  | **14/14** | **Met** | |  | L26 | Walkway safety | L |  |  | 13/14 |  |  |  | **13/14** | **Met (92.86 %)** | |  | L27 | Pools, hot tubs, etc. | L |  | 1/1 | 3/3 |  |  |  | **4/4** | **Met** | |  | L29 | Rubbish/combustibles | L |  |  | 13/14 |  |  |  | **13/14** | **Met (92.86 %)** | |  | L30 | Protective railings | L |  |  | 14/14 |  |  |  | **14/14** | **Met** | |  | L31 | Communication method | I |  | 2/2 | 13/14 |  |  |  | **15/16** | **Met (93.75 %)** | |  | L32 | Verbal & written | I |  | 2/2 | 14/14 |  |  |  | **16/16** | **Met** | |  | L33 | Physical exam | I |  |  | 13/14 |  |  |  | **13/14** | **Met (92.86 %)** | |  | L34 | Dental exam | I |  | 1/1 | 12/14 |  |  |  | **13/15** | **Met (86.67 %)** | |  | L35 | Preventive screenings | I |  |  | 12/14 |  |  |  | **12/14** | **Met (85.71 %)** | |  | L36 | Recommended tests | I |  | 1/1 | 14/14 |  |  |  | **15/15** | **Met** | |  | L37 | Prompt treatment | I |  | 1/1 | 14/14 |  |  |  | **15/15** | **Met** | | O | L38 | Physician's orders | I |  | 1/1 | 6/6 |  |  |  | **7/7** | **Met** | |  | L39 | Dietary requirements | I |  |  | 7/7 |  |  |  | **7/7** | **Met** | |  | L40 | Nutritional food | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L41 | Healthy diet | L |  | 2/2 | 14/14 |  |  |  | **16/16** | **Met** | |  | L42 | Physical activity | L |  | 2/2 | 14/14 |  |  |  | **16/16** | **Met** | |  | L43 | Health Care Record | I |  | 2/2 | 14/14 |  |  |  | **16/16** | **Met** | | O | L46 | Med. Administration | I |  |  | 11/11 |  |  |  | **11/11** | **Met** | |  | L47 | Self medication | I |  | 1/1 | 5/5 |  |  |  | **6/6** | **Met** | |  | L49 | Informed of human rights | I |  | 2/2 | 14/14 |  |  |  | **16/16** | **Met** | |  | L50 (07/21) | Respectful Comm. | I |  | 2/2 | 13/14 |  |  |  | **15/16** | **Met (93.75 %)** | |  | L51 | Possessions | I |  | 2/2 | 14/14 |  |  |  | **16/16** | **Met** | |  | L52 | Phone calls | I |  | 2/2 | 14/14 |  |  |  | **16/16** | **Met** | |  | L53 | Visitation | I |  | 2/2 | 14/14 |  |  |  | **16/16** | **Met** | |  | L54 (07/21) | Privacy | I |  | 2/2 | 14/14 |  |  |  | **16/16** | **Met** | |  | L56 | Restrictive practices | I |  |  | 0/2 |  |  |  | **0/2** | **Not Met (0 %)** | |  | L61 | Health protection in ISP | I |  |  | 3/3 |  |  |  | **3/3** | **Met** | |  | L62 | Health protection review | I |  |  | 3/3 |  |  |  | **3/3** | **Met** | |  | L63 | Med. treatment plan form | I |  | 1/1 | 8/9 |  |  |  | **9/10** | **Met (90.0 %)** | |  | L64 | Med. treatment plan rev. | I |  |  | 6/7 |  |  |  | **6/7** | **Met (85.71 %)** | |  | L67 | Money mgmt. plan | I |  | 1/1 | 10/11 |  |  |  | **11/12** | **Met (91.67 %)** | |  | L68 | Funds expenditure | I |  | 1/1 | 10/10 |  |  |  | **11/11** | **Met** | |  | L69 | Expenditure tracking | I |  | 1/1 | 10/10 |  |  |  | **11/11** | **Met** | |  | L70 | Charges for care calc. | I |  |  | 13/14 |  |  |  | **13/14** | **Met (92.86 %)** | |  | L71 | Charges for care appeal | I |  |  | 13/14 |  |  |  | **13/14** | **Met (92.86 %)** | |  | L77 | Unique needs training | I |  | 1/2 | 13/14 |  |  |  | **14/16** | **Met (87.50 %)** | |  | L78 | Restrictive Int. Training | L |  |  | 2/2 |  |  |  | **2/2** | **Met** | |  | L80 | Symptoms of illness | L |  | 2/2 | 14/14 |  |  |  | **16/16** | **Met** | |  | L81 | Medical emergency | L |  | 2/2 | 14/14 |  |  |  | **16/16** | **Met** | |  | L84 | Health protect. Training | I |  |  | 3/3 |  |  |  | **3/3** | **Met** | |  | L85 | Supervision | L |  | 2/2 | 14/14 |  |  |  | **16/16** | **Met** | |  | L86 | Required assessments | I |  | 0/1 | 12/13 |  |  |  | **12/14** | **Met (85.71 %)** | |  | L87 | Support strategies | I |  | 0/1 | 12/13 |  |  |  | **12/14** | **Met (85.71 %)** | |  | L88 | Strategies implemented | I |  | 2/2 | 14/14 |  |  |  | **16/16** | **Met** | |  | L90 | Personal space/ bedroom privacy | I |  | 2/2 | 13/14 |  |  |  | **15/16** | **Met (93.75 %)** | |  | L91 | Incident management | L |  | 1/2 | 11/14 |  |  |  | **12/16** | **Not Met (75.00 %)** | |  | **#Std. Met/# 61 Indicator** |  |  |  |  |  |  |  |  | **59/61** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **67/69** |  | |  |  |  |  |  |  |  |  |  |  | **97.10%** |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  | | --- | | **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 | 4/5 |  |  | **4/5** | **Met (80.0 %)** | |  | L8 | Emergency Fact Sheets | I | 4/5 |  |  | **4/5** | **Met (80.0 %)** | |  | L10 | Reduce risk interventions | I | 1/1 |  |  | **1/1** | **Met** | |  | L31 | Communication method | I | 5/5 |  |  | **5/5** | **Met** | |  | L32 | Verbal & written | I | 5/5 |  |  | **5/5** | **Met** | |  | L37 | Prompt treatment | I | 5/5 |  |  | **5/5** | **Met** | | O | L38 | Physician's orders | I | 3/3 |  |  | **3/3** | **Met** | |  | L49 | Informed of human rights | I | 4/5 |  |  | **4/5** | **Met (80.0 %)** | |  | L50 (07/21) | Respectful Comm. | I | 5/5 |  |  | **5/5** | **Met** | |  | L51 | Possessions | I | 5/5 |  |  | **5/5** | **Met** | |  | L52 | Phone calls | I | 5/5 |  |  | **5/5** | **Met** | |  | L54 (07/21) | Privacy | I | 5/5 |  |  | **5/5** | **Met** | |  | L77 | Unique needs training | I | 5/5 |  |  | **5/5** | **Met** | |  | L80 | Symptoms of illness | L | 1/1 |  |  | **1/1** | **Met** | |  | L81 | Medical emergency | L | 1/1 |  |  | **1/1** | **Met** | |  | L85 | Supervision | L | 1/1 |  |  | **1/1** | **Met** | |  | L86 | Required assessments | I | 3/3 |  |  | **3/3** | **Met** | |  | L87 | Support strategies | I | 4/4 |  |  | **4/4** | **Met** | |  | L88 | Strategies implemented | I | 4/4 |  |  | **4/4** | **Met** | |  | L91 | Incident management | L | 0/1 |  |  | **0/1** | **Not Met (0 %)** | |  | **#Std. Met/# 20 Indicator** |  |  |  |  |  | **19/20** |  | |  | **Total Score** |  |  |  |  |  | **27/28** |  | |  |  |  |  |  |  |  | **96.43%** |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  | | --- | | **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** | |  |  | | | |  |  |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Individual Home Supports** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 2/2 | **Met** | | C8 | | | | Family/guardian communication | 2/2 | **Met** | | C9 | | | | Personal relationships | 2/2 | **Met** | | C10 | | | | Social skill development | 2/2 | **Met** | | C11 | | | | Get together w/family & friends | 2/2 | **Met** | | C12 | | | | Intimacy | 0/2 | **Not Met (0 %)** | | C13 | | | | Skills to maximize independence | 2/2 | **Met** | | C14 | | | | Choices in routines & schedules | 2/2 | **Met** | | C15 | | | | Personalize living space | 1/1 | **Met** | | C16 | | | | Explore interests | 2/2 | **Met** | | C17 | | | | Community activities | 2/2 | **Met** | | C18 | | | | Purchase personal belongings | 2/2 | **Met** | | C19 | | | | Knowledgeable decisions | 2/2 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 2/2 | **Met** | | C21 | | | | Coordinate outreach | 2/2 | **Met** | | C46 | | | | Use of generic resources | 2/2 | **Met** | | C47 | | | | Transportation to/ from community | 2/2 | **Met** | | C48 | | | | Neighborhood connections | 2/2 | **Met** | | C49 | | | | Physical setting is consistent | 1/1 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 2/2 | **Met** | | C52 | | | | Leisure activities and free-time choices /control | 2/2 | **Met** | | C53 | | | | Food/ dining choices | 2/2 | **Met** | | C54 | | | | Assistive technology | 2/2 | **Met** | |  | | | |  |  |  | |  |  | | | |  |  |