



**PROVIDER REPORT  
FOR**

**Kennedy Donovan Center  
Inc.  
One Commercial Street  
Foxboro, MA 02035**

**Version**

**Public Provider Report**

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

## **SUMMARY OF OVERALL FINDINGS**

**Provider** Kennedy Donovan Center Inc.

**Review Dates** 2/8/2024 - 2/15/2024

**Service Enhancement  
Meeting Date** 2/26/2024

**Survey Team** Kayla Condon  
Katherine Gregory (TL)  
Linda Griffith  
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**Citizen Volunteers**

**Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	14 location (s) 15 audit (s)	Full Review	67/73 2 Year License 02/26/2024 - 02/26/2026		27 / 27 Certified 02/26/2024 - 02/26/2026
Placement Services	13 location (s) 14 audit (s)			Deemed	
Individual Home Supports	1 location(s) 1 audit (s)			Full Review	21 / 21
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

## **EXECUTIVE SUMMARY :**

The Kennedy Donovan Center (KDC), established in 1969, is a not-for-profit human service agency serving individuals and their families across central and southeastern Massachusetts and Cape Cod. The agency has evolved to provide multiple services including early intervention, DESE transitional supports, adult foster care, emergency respite, family supports and residential habilitative supports.

The scope of this survey conducted by the Department of Developmental Services' (DDS) Office of Quality Enhancement (OQE) was a full licensing review of KDC's Individual Home (IHS) Supports and Placement Services and a full certification review of its organizational and IHS services. As the agency is also accredited by CARF, KDC chose to deem certification of its Placement Services.

The Licensing review revealed areas of strength organizationally. All instances of potential abuse and neglect were reported with immediate action being taken to protect individuals. Follow-up Actions were completed in response to investigations. The agency screened all employees to ensure qualifications for job descriptions were met, and staff whose job required a license were current. KDC's Human Rights Committee has a waiver in place to allow for the single committee to cover several regions. The KDC Human Rights Committee comprised of the required requisite membership, attendance was met, and the committee reviewed and discussed all required materials such as restrictions, investigations, and incidents.

Within its residential services, KDC staff contributed to individuals accomplishing goals and attainment of new skills. Individuals were supported by their caregivers to follow healthy diets resulting in 2 people making significant changes in their food and drink selections leading to more healthful outcomes. Money management systems supported individuals to achieve independence through training plans where needed, and all tracking of individual's funds was found to be accurate. Individuals' ISP goals such as taking music lessons or using public transportation were being carried out with documented data and progress for their work and achievements. Respectful communication, both written and verbal, was found to be consistent across settings.

The Certification review resulted in outcomes demonstrating additional areas of strength for the organization. KDC has sought input from stakeholders and used a SWAT analysis to determine opportunities to guide future planning. Measured progress for Strategic Planning was reviewed during quarterly meetings. Audits were conducted across residential services and trends were reviewed to determine processes to mitigate concerns or improve quality. Within the Individual Home Supports certification review, individuals were supported to explore their interests, to maintain connections with family and friends and offered education around intimate relationships.

Some areas requiring further attention were identified during the survey. The agency needs to increase oversight of its training to ensure that employees and shared living providers have all current mandatory trainings. Hot water was found to be outside of the regulatory range in some homes and further oversight to ensure consistent water temperatures is needed. Increased support and oversight in the area of health care is required to ensure routine preventative screenings are being discussed with the primary care physicians and oversight of those who self-medicate is occurring as required.

Kennedy Donovan Center has achieved a two-year license earning a score of 92% for their Shared Living and In-Home Supports programs. The agency has earned a two-year Certification for its In-Home Supports program with a score of 100%. The agency will submit a report to the OQE in 60 days from the SEM for any Licensing indicators not met.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>7/8</b>	<b>1/8</b>	
<b>Residential and Individual Home Supports</b>	<b>60/65</b>	<b>5/65</b>	
Placement Services Individual Home Supports			
<b>Critical Indicators</b>	<b>7/7</b>	<b>0/7</b>	
<b>Total</b>	<b>67/73</b>	<b>6/73</b>	<b>92%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>6</b>	

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

Indicator #	Indicator	Area Needing Improvement
L76	The agency has and utilizes a system to track required trainings.	Three of nine staff had not completed all the mandated trainings. The agency needs to ensure that all staff complete DDS mandated trainings.

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

Indicator #	Indicator	Area Needing Improvement
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At two locations hot water temperatures exceeded the upper limit of 120 degrees, and at one location the water temperature was below 100 degrees Fahrenheit. The agency needs to ensure that water temperatures are maintained between 110 and 120 degrees. Fahrenheit.
L35	Individuals receive routine preventive screenings.	Three individuals had not received age or condition-related screenings nor did discussions occur with their HCP. One individual had not received several vaccinations, and the potential need was not discussed with their HCP. The agency needs to ensure that all recommended screenings and vaccinations are reviewed in consultation with the HCP and have been received as recommended.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L47	Individuals are supported to become self medicating when appropriate.	One individual had no support plan for timely review of their self-administration skills or to pro-actively address support needs as they arose. The individual had their medications stored in a manner that allowed access by others. The agency needs to ensure that individuals who are self-administering their medications have support plans in place and secure their medications in a way that prevents access by others they may reside with.
L64	Medication treatment plans are reviewed by the required groups.	Two Medication Treatment Plans were not included in the individuals' ISP and had not received the required reviews. The agency needs to ensure that all Medication Treatment Plans receive the required reviews.
L91	Incidents are reported and reviewed as mandated by regulation.	Three incident reports were incomplete or not submitted within the required timelines. The agency needs to ensure that incidents are reported and reviewed as mandated by regulation.

## **CERTIFICATION FINDINGS**

	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	<b>6/6</b>	<b>0/6</b>	
<b>Residential and Individual Home Supports</b>	<b>21/21</b>	<b>0/21</b>	
Individual Home Supports	21/21	0/21	
<b>Total</b>	<b>27/27</b>	<b>0/27</b>	<b>100%</b>
<b>Certified</b>			

## **MASTER SCORE SHEET LICENSURE**

**Organizational: Kennedy Donovan Center Inc.**

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
R L2	Abuse/neglect reporting	<b>14/14</b>	<b>Met</b>
L3	Immediate Action	<b>14/14</b>	<b>Met</b>
L4	Action taken	<b>9/9</b>	<b>Met</b>
L48	HRC	<b>1/1</b>	<b>Met</b>
L74	Screen employees	<b>3/3</b>	<b>Met</b>
L75	Qualified staff	<b>1/1</b>	<b>Met</b>
L76	Track trainings	<b>6/9</b>	<b>Not Met(66.67 % )</b>
L83	HR training	<b>9/9</b>	<b>Met</b>

## Residential and Individual Home Supports:

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		1/1	14/14				15/15	Met
L5	Safety Plan	L		1/1	12/13				13/14	Met (92.86 %)
℞ L6	Evacuation	L		1/1	13/13				14/14	Met
L8	Emergency Fact Sheets	I		1/1	14/14				15/15	Met
L9 (07/21)	Safe use of equipment	I		1/1					1/1	Met
L10	Reduce risk interventions	I			2/2				2/2	Met
℞ L11	Required inspections	L			13/13				13/13	Met
℞ L12	Smoke detectors	L			12/13				12/13	Met (92.31 %)
℞ L13	Clean location	L			13/13				13/13	Met
L14	Site in good repair	L			13/13				13/13	Met
L15	Hot water	L			10/13				10/13	Not Met (76.92 %)
L16	Accessibility	L			9/10				9/10	Met (90.0 %)
L17	Egress at grade	L			1/1				1/1	Met



Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L18	Above grade egress	L			1/1				1/1	Met
L19	Bedroom location	L			7/7				7/7	Met
L21	Safe electrical equipment	L			13/13				13/13	Met
L22	Well-maintained appliances	L			13/13				13/13	Met
L24	Locked door access	L			11/13				11/13	Met (84.62 %)
L26	Walkway safety	L			13/13				13/13	Met
L27	Pools, hot tubs, etc.	L			1/1				1/1	Met
L29	Rubbish /combustibles	L			13/13				13/13	Met
L30	Protective railings	L			12/13				12/13	Met (92.31 %)
L31	Communication method	I		1/1	14/14				15/15	Met
L32	Verbal & written	I		1/1	14/14				15/15	Met
L33	Physical exam	I		1/1	12/12				13/13	Met
L34	Dental exam	I		1/1	13/13				14/14	Met
L35	Preventive screenings	I		0/1	11/13				11/14	Not Met (78.57 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L36	Recommended tests	I		0/1	12/14				12/15	Met (80.0 %)
L37	Prompt treatment	I		1/1	14/14				15/15	Met
Ⓡ L38	Physician's orders	I			7/8				7/8	Met (87.50 %)
L39	Dietary requirements	I			6/6				6/6	Met
L41	Healthy diet	L		1/1	13/13				14/14	Met
L42	Physical activity	L		1/1	13/13				14/14	Met
L43	Health Care Record	I		1/1	14/14				15/15	Met
Ⓡ L46	Med. Administration	I			12/13				12/13	Met (92.31 %)
L47	Self medication	I		1/1	1/2				2/3	Not Met (66.67 %)
L49	Informed of human rights	I		1/1	14/14				15/15	Met
L50 (07/21)	Respectful Comm.	I		1/1	14/14				15/15	Met
L51	Possessions	I		1/1	14/14				15/15	Met
L52	Phone calls	I		1/1	14/14				15/15	Met
L53	Visitation	I		1/1	14/14				15/15	Met
L54 (07/21)	Privacy	I		1/1	14/14				15/15	Met
L56	Restrictive practices	I			1/1				1/1	Met

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L61	Health protecti on in ISP	I			3/3				3/3	Met
L62	Health protecti on review	I			1/1				1/1	Met
L63	Med. treatme nt plan form	I		1/1	7/7				8/8	Met
L64	Med. treatme nt plan rev.	I		0/1	6/7				6/8	Not Met (75.00 %)
L67	Money mgmt. plan	I			11/11				11/11	Met
L68	Funds expendi ture	I			11/11				11/11	Met
L69	Expendi ture tracking	I			11/11				11/11	Met
L70	Charges for care calc.	I			14/14				14/14	Met
L71	Charges for care appeal	I			14/14				14/14	Met
L77	Unique needs training	I		1/1	14/14				15/15	Met
L80	Sympto ms of illness	L		1/1	13/13				14/14	Met
L81	Medical emerge ncy	L		1/1	13/13				14/14	Met
L84	Health protect. Training	I			3/3				3/3	Met
L85	Supervi sion	L		1/1	13/13				14/14	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L86	Required assessments	I		0/1	13/13				13/14	Met (92.86 %)
L87	Support strategies	I		0/1	13/13				13/14	Met (92.86 %)
L88	Strategies implemented	I		1/1	14/14				15/15	Met
L90	Personal space/bedroom privacy	I		1/1	13/14				14/15	Met (93.33 %)
L91	Incident management	L		1/1	10/13				11/14	Not Met (78.57 %)
L93 (05/22)	Emergency back-up plans	I		1/1	14/14				15/15	Met
L94 (05/22)	Assistive technology	I		1/1	12/14				13/15	Met (86.67 %)
L96 (05/22)	Staff training in devices and applications	I		1/1	5/5				6/6	Met
<b>#Std. Met/# 65 Indicator</b>									60/65	
<b>Total Score</b>									67/73	
									91.78%	

## 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	1/1	Met
C8	Family/guardian communication	1/1	Met
C9	Personal relationships	1/1	Met
C10	Social skill development	1/1	Met
C11	Get together w/family & friends	1/1	Met
C12	Intimacy	1/1	Met
C13	Skills to maximize independence	1/1	Met
C14	Choices in routines & schedules	1/1	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	1/1	Met
C17	Community activities	1/1	Met
C18	Purchase personal belongings	1/1	Met
C19	Knowledgeable decisions	1/1	Met
C21	Coordinate outreach	1/1	Met
C46	Use of generic resources	1/1	Met
C47	Transportation to/ from community	1/1	Met
C48	Neighborhood connections	1/1	Met
C49	Physical setting is consistent	1/1	Met

**Individual Home Supports**

<b>Indicator #</b>	<b>Indicator</b>	<b>Met/Rated</b>	<b>Rating</b>
C51	Ongoing satisfaction with services/ supports	1/1	<b>Met</b>
C52	Leisure activities and free-time choices /control	1/1	<b>Met</b>
C53	Food/ dining choices	1/1	<b>Met</b>