



**PROVIDER REPORT
FOR**

**LEANDER HOUSE
40 West Ave
Great Barrington, MA 01230**

June 19, 2025

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	LEANDER HOUSE
Review Dates	5/21/2025 - 5/28/2025
Service Enhancement Meeting Date	6/11/2025
Survey Team	Marisa Himes (TL) Eric Lunden
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	2 location(s) 4 audit (s)	Targeted Review	DDS 6/6 Provider 65 / 65 71 / 71 2 Year License 06/11/2025-06/11/2027		DDS 0 / 0 Provider 47 / 47 47 / 47 Certified 06/11/2025 - 06/11/2027
Placement Services	1 location(s) 2 audit (s)			DDS Targeted Review	20 / 20
Individual Home Supports	1 location(s) 2 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

Established in 1996, Leander House is part of a community of two life sharing homes serving adult Individuals with developmental disabilities in the Southern Berkshires region of Massachusetts. Today, the agency provides Individual Home Supports (IHS), and Shared Living/Placement services to individuals living with Intellectual and Developmental disabilities.

As part of this 2025 Department of Developmental Services (DDS) licensing and certification survey for Leander House's Residential and IHS Service Grouping, the agency elected to complete a self-assessment based on eligibility from its prior performance. The DDS Office of Quality Enhancement (OQE) conducted a targeted review that focused on the eight critical licensing indicators. The review encompassed a review of supports offered in its Placement and Individual Home Supports homes. This report reflects combined ratings from both DDS and the agency's self-assessment findings, with DDS ratings prevailing where both entities assessed the same indicator.

The targeted review results confirmed that Leander House provided effective support in all areas that were reviewed by DDS OQE. In the area of healthcare, the agency had an effective system in place that ensured that medications were administered to individuals in accordance with MAP policy. The homes had current signed physician orders and properly transcribed medication administration tracking sheets; and information on medication containers/labels matched. The agency had a quality assurance oversight system that included reviews of medication administration during monthly visits and quarterly quality reviews to ensure compliance.

In the area of personal safety, individuals were supported to evacuate within the required timeframe in the event of a fire emergency. The evacuation records for the locations visited validated the agency's compliance with fire safety procedures.

Within the domain of environmental safety, all relevant inspections were conducted within the required timeframe. Smoke and carbon monoxide alarms were in place and in working order. Locations that were visited were clean and absent of pest infestations. Survey findings reflected well-developed systems that promoted the health and safety of individuals.

As a result of the agency's self-assessment findings and the targeted review conducted by OQE, Leander House will receive a Two-Year License for Residential and Individual Home Supports Service Grouping, with a service grouping score of 100% of licensure indicators met. This service grouping is also Certified with an overall score of 100% of certification indicators met.

In preparation for this licensing review, Leander House presented the following description of the organization's Self-Assessment process and outcomes:

Description of Self Assessment Process:

The Leander House Quality Assurance Team (Executive Director, Assistant Director, and Agency Assistant) completed the self-assessment. The team reviewed all Individuals, Home Care Providers (HCP), and staff within licensed service types, using an 80% threshold for indicator outcomes. The Agency primarily uses an in-house electronic system, based on DDS Licensing and Certification tools, ensuring consistent adherence to standards and easy access to relevant information. This system, along with OQE Tools, the Residential Survey Worksheet, Interpretations, and Regulations, provided a comprehensive self-assessment framework.

Residential & Individual Home Supports & Organizational Indicators

Personal Safety (L1-L6, L8-L9, L93)

Personal Safety is heavily weighted (50% of critical indicators), reflecting its crucial importance. All Individuals received training by their Human Rights Officer (HRO) tailored to their communication needs on mistreatment, abuse, neglect, reportable conditions, their right to and how to file a complaint, and the DPPC hotline. Guardians received information and training on how to file a complaint. All HCPs and staff received DPPC Mandated Reporting and Sexual Abuse Awareness training and understood their obligations to report abuse and neglect. Approved Safety Plans and Emergency Fact Sheets were on site. Fire drill records met all requirements; drills were conducted twice yearly (Agency Policy), with all Individuals evacuating within 2.5 minutes. Individuals in the IHS site had informal training to safely utilize equipment in accordance with their Assistive Technology (AT) Assessments. All Individuals, HCPs, and staff were trained in emergency preparedness and can access the Emergency Back-up, Response Plan, Emergency Plan and Call List in the Safety Book. Emergency recognition and response are regularly reviewed in weekly house meetings, and Individuals have emergency number cards in their wallets. HCP and staff training in infectious diseases and pandemics was current. Policies for Pandemic Illnesses, Infection Control, Emergency Action and Backup Plans were in place.

Environmental Safety (L11, L12, L13, L14-L26, L28-L30)

Environmental Safety is addressed during the Annual Home Inspection Audit. Annual equipment inspection reports confirmed all equipment was inspected, serviced, and in good working order. Agency had tested interconnected smoke/CO detector systems in required locations. Sites were clean, sanitary, and pest-free with accessible infection control wipes. Garbage was safely stored. Electrical equipment, handrails, stairs, and passageways were safe; water temps, egresses, bedroom locations, and exit doors met Regulation; sites were barrier free with acceptable accessibility; and storage practices (cleaning supplies, dangerous substances, flammables) were compliant with Regulation.

One Individual's bedroom door, serving as emergency egress for housemates, had no lock, with documented consent. Non-egress locking doors have accessible emergency keys. Individuals could lock/unlock their bedroom and bathroom doors. Home exteriors were well-maintained, walkways/driveways were safely passable, and protective railings were in place.

Communication (L31, L32)

Communication was assessed through observation of HCP and staff interactions with Individuals, who have varying verbal and written communication needs (e.g., assistance with writing, reading, phone communication). Five Individuals had digital devices for virtual connections; two used them independently, while others received necessary support. All IHS Individuals received annual internet safety training, especially beneficial for those using social media. One visually impaired Individual has a specialized phone.

Health (L33-37, L40-L43, L45, L46-L47)

The Health Review focused on medication and appointment practices. All Individuals had annual physical and dental appointments within the past 15 months. Preventive screenings and vaccinations were current. Recommended tests/appointments were scheduled and kept; all treatment was prompt. Each site provided healthy meals and ample opportunities for exercise. Health Care Records were routinely updated in HCSIS. Dedicated, locked medication storage complied with Regulations. Self-medication assessments were current, and two Individuals were supported appropriately to self-

medicate.

Physician's medication orders were cross-referenced with Medication Administration Records (MARs), Medical & Dental Encounter Forms, medication containers, side effect sheets, Medication Treatment Plans, tracking charts, Health Care Records, and EFSs. MARs were audited monthly. All practices and records complied with Agency policy and DDS regulation.

Human Rights (L48-L55, L61-L71, L90)

The Agency had an effective Human Rights Committee (HRC).

Individuals and guardians received human rights training. Written and oral communication was respectful, with HCPs/staff using first-person language and tailoring conversations. Individuals had free access to personal possessions with no restrictions. Phone access and support were available, and privacy was ensured for personal conversations.

Individuals were supported in visits with family/friends, and there were no visitation restrictions. All Individuals had privacy when communicating with friends, family, HCPs and staff. They also ensure privacy when and where privacy is appropriate. HCPs ensured the privacy of personal information for all Individuals.

Informed consent was obtained from Individual(s) or guardians as required and understood to be revocable. Information and Media Releases were current. Support and Health Related Protection (SHRP) Plans for Sensory Aids for two Individuals had required signatures and ISP review. Medication Treatment Plans contained all required data and were submitted and reviewed annually by the treatment team. Behavior Tracking Charts for depression medications were maintained and submitted monthly. All Individuals had signed and annually updated Money Management and Training Plans. DDS Financial Assessments were complete.

Audits confirmed proper tracking of shared funds management, bank statements, reconciliations, and receipts. The Agency met with HCP and staff to address the policy regarding personal funds not being used for staff expenses without a written Exception Plan and directly benefiting the Individual. Relevant policies and regulations were reviewed. Safeguarding personal funds is an agency priority.

Charges for Care were current and accurate. All Individuals had CFC notifications that included the right to appeal, signed by all required parties. Notifications of CFC were in place for all Individuals and included the right to appeal. All Individuals had privacy in personal spaces. Bedroom doors were lockable, except for one emergency egress with signed consent.

Competent Workforce (L74, L76-L77, L80-L81, L84-L85)

The Agency has had zero turnover of Home Care Providers or administrative personnel in the past three years. The volunteer intern program transitions annually on September 1st. The Agency and its volunteer placement partners vetted and screened all HCPs and staff, offering Individuals participation in the hiring process. Required background checks were completed for all new hires.

Current HCPs and staff were up to date in required trainings (e.g., unique needs, symptoms of illnesses, medical emergencies, First Aid/AED/CPR, SHRPs, Human Rights). Training is tracked. First Aid supplies were available at each location, and medical care/emergency P&Ps complied with regulations.

The Agency monitored HCPs and staff through observation, weekly meetings, and monthly home visits. Annual evaluations and skills assessments were conducted. Established protocols (e.g., money management, medication administration, home maintenance, healthcare) were monitored.

Goal Development & Implementation (L86-L88)

All ISP assessments and support strategies were submitted on time and available for review. Individuals were supported to identify goals at the time of their ISPs. Goal development reflected personal interests and needs. HCP and all staff understood and effectively supported the goals. Tracking data was accurate and was submitted monthly. HCP was responsible for the implementation

of the goals.

Supportive Technology for Autonomy & Independence (L94, L96)

All Individuals were assessed for AT needs to maximize independence, and devices were provided when applicable. All HCPs and staff received informal AT use and maintenance training. AT Assessments were reviewed annually. No communication technology restrictions existed.

Planning & Quality Management Indicators

Planning & Quality Improvement (C1-C6)

The Agency tracks system efficacy through tools like appointment calendars, Monthly Home Visit spreadsheets, Agency/HCP meetings, weekly house meetings, and Individual and staff evaluations and Satisfaction Surveys.

Leander House had no incidents, restraints, investigations, or medication occurrences in the past 24 months.

Leander House prioritizes service quality, primarily relying on Individuals' feedback. Case Manager conducts monthly visits to assess the well-being of the Individuals. Individuals complete an annual formal Satisfaction Survey, and the Agency distributes a bi-annual survey to guardians, families, employers, day program staff, HCPs, and staff. The data is used to enhance the lives of Individuals.

In the past two years, the Agency focused on ensuring that Shared Living HCPs understood deeply the Leander House mission. This was assessed through meetings with HCPs, Agency Administrators, and the Board of Directors, leading to upcoming necessary staff changes to ensure prioritization of a healthy organization, working toward the betterment of the whole with the Individual at the center of the mission.

Individual Home Support & Placement Services Indicators

Communication (C7-C8)

Individuals are at the forefront of the direct care staffing process, from interviews to evaluations. An Agency representative discusses satisfaction during monthly home visits, and Individuals complete annual staff evaluations. Individuals have regular informal opportunities to voice satisfaction/dissatisfaction, either naturally in conversation while completing tasks, during the Monthly Home Visit, at an ISP, or in a house meeting. Observations indicate friendly, trusting relationships and competent staff.

Individuals can contact guardians, family, friends, and staff at any time. Those needing support (virtual or in-person) receive assistance with transportation, computers, or phones. HCPs and staff determine preferred contacts, frequency, and settings through ongoing conversations and provide timely support.

Supporting & Enhancing Relationships (C9-C12)

Monthly, the Agency tracks opportunities provided by HCPs and staff for Individuals to foster relationships, strengthen social skills, and connect with family/friends as desired, ensuring a variety of options. The Agency also tracks support provided to Individuals in developing intimacy and companionship, considering their individual definitions of intimacy and/or companionship. Supports include transportation for visits, conversations about online dating, inviting friends over, or supporting dates, etc.

Choice, Control, & Growth (C13-C15, C18-C19, C21, C51-C53)

Individuals are supported in daily routines to socialize and build relationship skills through activities. Weekly meetings involve Individuals, HCPs, and staff to review schedules, identify community events, and make group decisions. Individuals can choose group or independent activities with available support. At least annually, Individuals plan their desired schedules (e.g., CATA, Blue Rider, employment). At the Leander House IHS site, HCPs and staff provide tailored support for Individuals to explore the community independently. Efforts were made to ensure Individual(s) were involved in that exploration.

Individuals personalize their rooms and common areas. Common area decorating ideas were discussed and decided on as a group. The Agency prioritizes providing opportunities for Individuals to

choose leisure activities with support if needed. Individual preferences were gleaned in weekly meetings and daily living as well as through a personal preference assessment. HCPs and staff were familiar with activities, and support was provided for independent choices or non-participation.

Individuals were empowered to make personal choices about their meals (what, when, where, with whom). Staff were familiar with and supported these preferences. Meal planning is driven by Individuals, considering their preferences. They were supported in making nutritious choices. HCPs support Individuals in making independent choices regarding their personal funds, aiding wise purchasing decisions. Receipts detailed who, what, when, where, and how. Individuals were supported in making personal decisions as independently as possible, and HCPs support an Individual to analyze their choices and decisions.

Access & Integration (C16-C17, C46-C49)

HCPs and staff learn personal interests in recreational, cultural, social, and spiritual activities through getting to know each Individual. A variety of options were discussed at weekly meetings, with everyone looking for local events and encouraged to choose activities they enjoy. For those preferring to stay home, efforts were made to find engaging options with necessary support.

Individuals receive support in learning about community resources. Transportation is provided for all activities/events. Individuals are part of the neighborhood, and their homes are consistent with surrounding properties.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	5/5	0/5	
Residential and Individual Home Supports	66/66	0/66	
Placement Services Individual Home Supports			
Critical Indicators	6/6	0/6	
Total	71/71	0/71	100%
2 Year License			
# indicators for 60 Day Follow-up		0	

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 0/0 Provider 41/41	41/41	0/41	
Individual Home Supports	DDS 0/0 Provider 21/21	21/21	0/21	
Placement Services	DDS 0/0 Provider 20/20	20/20	0/20	
Total		47/47	0/47	100%
Certified				

MASTER SCORE SHEET LICENSURE

Organizational: LEANDER HOUSE

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	DDS	2/2	Met
L48	HRC	Provider	-	Met
L74	Screen employees	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		1/1	1/1				2/2	Met
L8	Emergency Fact Sheets	I	Provider		-	-		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	Provider		-	-		-	-	-	Met
Ⓡ L11	Required inspections	L	DDS		1/1	1/1				2/2	Met
Ⓡ L12	Smoke detectors	L	DDS		1/1	1/1				2/2	Met
Ⓡ L13	Clean location	L	DDS		1/1	1/1				2/2	Met
L14	Site in good repair	L	Provider		-	-		-	-	-	Met
L15	Hot water	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
L16	Accessibility	L	Provider		-	-		-	-	-	Met
L17	Egress at grade	L	Provider		-	-		-	-	-	Met
L18	Above grade egress	L	Provider		-	-		-	-	-	Met
L19	Bedroom location	L	Provider		-	-		-	-	-	Met
L20	Exit doors	L	Provider		-	-		-	-	-	Met
L21	Safe electrical equipment	L	Provider		-	-		-	-	-	Met
L22	Well-maintained appliances	L	Provider		-	-		-	-	-	Met
L23	Egress door locks	L	Provider		-	-		-	-	-	Met
L24	Locked door access	L	Provider		-	-		-	-	-	Met
L25	Dangerous substances	L	Provider		-	-		-	-	-	Met
L26	Walkway safety	L	Provider		-	-		-	-	-	Met
L28	Flammables	L	Provider		-	-		-	-	-	Met
L29	Rubbish/combustibles	L	Provider		-	-		-	-	-	Met
L30	Protective railings	L	Provider		-	-		-	-	-	Met
L31	Communication method	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
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
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
Ⓡ L46	Med. Administration	I	DDS			2/2				2/2	Met
L47	Self medication	I	Provider		-	-		-	-	-	Met
L49	Informed of human rights	I	Provider		-	-		-	-	-	Met
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

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
L55	Informed consent	I	Provider		-	-		-	-	-	Met
L61	Health protection in ISP	I	Provider		-	-		-	-	-	Met
L62	Health protection review	I	Provider		-	-		-	-	-	Met
L63	Med. treatment plan form	I	Provider		-	-		-	-	-	Met
L64	Med. treatment plan rev.	I	Provider		-	-		-	-	-	Met
L67	Money mgmt. plan	I	Provider		-	-		-	-	-	Met
L68	Funds expenditure	I	Provider		-	-		-	-	-	Met
L69	Expenditure tracking	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	Symptoms of illness	L	Provider		-	-		-	-	-	Met
L81	Medical emergency	L	Provider		-	-		-	-	-	Met
L84	Health protect. Training	I	Provider		-	-		-	-	-	Met
L85	Supervision	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
L86	Required assessments	I	Provider		-	-		-	-	-	Met
L87	Support strategies	I	Provider		-	-		-	-	-	Met
L88	Strategies implemented	I	Provider		-	-		-	-	-	Met
L90	Personal space/bedroom privacy	I	Provider		-	-		-	-	-	Met
L91	Incident management	L	Provider		-	-		-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	Provider		-	-		-	-	-	Met
L94 (05/22)	Assistive technology	I	Provider		-	-		-	-	-	Met
L96 (05/22)	Staff training in devices and applications	I	Provider		-	-		-	-	-	Met
#Std. Met/# 66 Indicator										66/66	
Total Score										71/71	
										100%	

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	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
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

Placement Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
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