



**PROVIDER REPORT
FOR
LIFEWORKS INC
789 Clapboardtree Street
Westwood, MA 02090**

June 24, 2019

Version

Provider Web Report

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

SUMMARY OF OVERALL FINDINGS

Provider	LIFEWORKS INC
Review Dates	4/23/2019 - 4/29/2019
Service Enhancement Meeting Date	5/10/2019
Survey Team	Mark Boghoian Cheryl Hampton (TL) Margareth Larrieux Joseph W. Weru 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	10 location(s) 10 audit (s)	Full Review	72 / 83 Defer Licensure		28 / 28 Certified
Residential Services	5 location(s) 5 audit (s)			Deemed	
Placement Services	4 location(s) 4 audit (s)			Full Review	22 / 22
Individual Home Supports	1 location(s) 1 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	3 location(s) 10 audit (s)	Full Review	47 / 52 2 Year License 05/10/2019 - 05/10/2021		Certified 05/10/2019 - 05/10/2021
Community Based Day Services	1 location(s) 4 audit (s)			Deemed	
Employment Support Services	2 location(s) 6 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

EXECUTIVE SUMMARY :

Lifeworks Inc. is a non-profit agency that provides services to adults with disabilities in the Metro-Boston and South Norfolk county areas of Massachusetts. The agency provides an array of supports to individuals with Intellectual disabilities in Residential/Individual Home Supports, and Placement Services, a new service model for the agency which it began in 2017. The agency also provides Day and Employment supports.

This 2019 DDS licensure and certification survey, included licensure reviews of services the agency provides in 24/7 residential, individual home supports, and day/employment services. The agency's new Placement Service received a full Licensure and Certification review for this survey cycle as well. The agency chose to use its CARF credentials to deem for certification within 24/7 residential, IHS, and day/employment services.

The survey revealed a number of positive trends and practices which showed its commitment to providing good quality supports. The agency's abuse/neglect reporting procedures were found to be effective and immediate action was taken when necessary. The Human Rights Committee was fully comprised and reviewed all required information under their purview. The agency also continued to ensure that all eligible individuals/ had signed residency agreements in place. In their effort to ensure privacy in peoples' homes, bedroom door locks were present.

In the area of Personal Safety, fire evacuation was occurring consistently; people were supported to evacuate within the required timeframe at all homes and day locations. All homes and day locations were current for inspections and in good repair, and people were consistently assessed for their skills in different areas including the safe use of equipment. Interactions, observations and information reviewed reflected that people were treated with respect across all levels of the organization. It was also noteworthy that at all locations, staff were well informed in regards to people's unique needs.

At 24/7 residential sites and IHS locations, people reported satisfaction with their living situations and good quality supports was evident. Staff was knowledgeable in regards to peoples' health, and treatments and protocols were well implemented. Staff training and development was ongoing; agency nurses provided training to staff on peoples' unique needs, and they also developed medical treatment protocols in line with physician's orders for residential/day services, and provided medical oversight. The medical oversight the nurses provided in 24 hour homes included two wellness visits to each location per month. The impact of this level of oversight was very evident in routine and preventative care, as well as recommended tests and screenings, which were well supported.

In Placement services, people were becoming familiar with their home care providers and the greater community. Assessments had been completed in many areas to gain greater knowledge of individuals, and people were afforded choice and control over their daily routines. Additionally, supports were being provided by committed providers and Case Managers. Homes were located in nice neighborhoods, and individuals were involved in activities within their surrounding communities, utilizing community resources.

In the Day/Employment services, it was evident that the agency was committed to creating opportunities for people to have meaningful day and work lives. People were working in the jobs of their choice, and earning minimum wage or better. One person interviewed was working competitively 40 hours per week with benefits at a company that manufactures home security alarm systems; this individual decided and was supported to give up his SSI entitlements in order to make competitive wages. Individuals were trained on and understood their human rights as well as DPPC reporting procedures. For individuals who needed medication in day services, medication was administered as prescribed.

There were a number of findings in within residential services that warrants further attention from the agency. One critical indicator was not met. A couple of placement locations either did not have signed physician orders or the medication prescribed was not in the home. In the areas of Health and Safety, Emergency Fact Sheets and Health Care Records were not always current, and in some cases was lacking in relevant medical information. In many cases, this was attributable to the fact that the individuals were new to the provider and had recently entered the placement services. Medication and treatment plans were not always inclusive of all required components. Timely submissions of incidents and ISP information are another area that needs concentration. Across all service types required assessments and support strategies were not always submitted within required timelines. Additionally, most staff had not received adequate Signs and Symptoms training, a DDS requirement.

In summary, survey results showed Lifeworks received an overall score of 87% in residential/I.H.S services. Due to one not met critical indicator for Medication Administration, the agency will be in deferred status, and will receive a 60 day follow-up review conducted by the DDS OQE team. If follow-up demonstrates correction of the critical indicator, the agency will receive a Two Year License with Mid-cycle Review for Residential/IHS/Placement supports. The agency also scored 90% in day/employment services and will receive a Two Year license for that service grouping. The agency will conduct its own follow-up of licensing indicators that received a Not Met rating in Day/Employment and submit their findings to OQE within 60 days following the SEM. The agency is Certified for both Residential/IHS and Employment/Day services as a result of both CARF deeming and DDS certification.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Residential and Individual Home Supports	64/75	11/75	
Residential Services Placement Services Individual Home Supports			
Critical Indicators	7/8	1/8	
Total	72/83	11/83	87%
Defer Licensure			
# indicators for 60 Day Follow-up		11	

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Employment and Day Supports	39/44	5/44	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	47/52	5/52	90%
2 Year License			
# indicators for 60 Day Follow-up		5	

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

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	For three of ten individuals relevant information such as medical diagnoses, allergies and contact people was missing from emergency fact sheets. The agency needs to ensure that Emergency Fact sheets contain all relevant medical information including diagnoses, allergies and contact people
L43	The health care record is maintained and updated as required.	For three individuals Health Care Records were missing relevant information such as medications, medication allergies, correct contact information, updated appointment information etc. The agency needs to ensure that HCRs contain all relevant information and that updates occur at least yearly at the time of the ISP.

Pb L46	All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.	For two individuals in placement homes, medication administration orders or the prescribed medication were not in place at the home. The agency needs to ensure that all medications and physician orders are in place for individuals at all times
L63	Medication treatment plans are in written format with required components.	For six out of eight individuals, medication and treatment plans were not inclusive of all components. Some were missing the unique symptoms/behaviors specific to the individual criteria for discontinuance of the medication and procedures for minimizing risks. Additionally, for two individuals with medications prescribed for sleep disturbances, there was no data. The agency needs to ensure that medication and treatment plans contain all required information and that data for which behavior-modifying medications are prescribed are maintained.
L64	Medication treatment plans are reviewed by the required groups.	For three of six individuals, medication and treatment plans were not sent to the area office and/or referenced in the ISP team. When people are prescribed behavior modifying medications, the agency needs to ensure that the Medication and Treatment plans are sent to the ISP team.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For four of eight individuals, there was no money management training plans in place. Additionally for some individuals, agency's practices as outlined in the Money Management consent did not match the practices occurring in the homes. The agency needs to ensure that money training plans are developed unless contraindicated for clinical reasons, and that people are supported to learn money management skills.
L80	Support staff are trained to recognize signs and symptoms of illness.	At seven locations, staff had not been adequately trained on Signs and Symptoms of illness; only MAP certified staff was trained. The agency needs to ensure that all staff is trained on the Signs and Symptoms of illness utilizing the DDS curriculum or a curriculum that is inclusive of all the information within the DDS curriculum.
L86	Required assessments concerning individual needs and abilities are completed in preparation	For two of six individuals required assessments were not submitted by the due date for the ISP meeting. The agency needs to ensure that required assessments are submitted at least 15 days prior to the ISP meeting.

	for the ISP.	
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For two of six individuals, Support strategies for the ISP were not submitted by the due date for the ISP meeting. The agency needs to ensure that support strategies are submitted at least 15 days prior to the 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 three of eight people, goals agreed upon by the ISP team were not being implemented consistently; in both cases, data was not being maintained. The agency needs to ensure that agreed upon goals are implemented consistently and data is maintained to show the progress people are making towards meeting their goal.
L91	Incidents are reported and reviewed as mandated by regulation.	At five of eight locations, incidents were not submitted within the required timelines. The agency needs to ensure that incidents are submitted within the required timelines.

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

Indicator #	Indicator	Area Needing Improvement
L55	Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.	For three individuals, informed consent obtained was not situation specific; the scope of use was too broad. The agency needs to ensure that photo consents are secured for clearly specified purposes.
L63	Medication treatment plans are in written format with required components.	For one individual, the medication and treatment plan was not at the day service location for a behavior-modifying medication that was administered at the day service. The agency needs to ensure that the medication and treatment plans for behavior-modifying medications administered at the day service are maintained.
L80	Support staff are trained to recognize signs and symptoms of illness.	At two of three locations, staff had not been trained on Signs and Symptoms of illness, only MAP certified staff was trained. The agency needs to ensure that all staff are trained on the Signs and Symptoms of illness utilizing the DDS curriculum or a curriculum that is inclusive of all the information on the DDS curriculum.

L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	<p>For three of seven individuals, required assessments were not submitted by the due date for the scheduled ISP meetings.</p> <p>The agency needs to ensure that required assessments are submitted at least 15 days prior to the scheduled ISP meeting.</p>
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	<p>For four of eight individuals Support Strategies were not submitted by the due date for the ISP meeting.</p> <p>The agency needs to ensure the required information is submitted at least 15 days prior to the scheduled ISP meeting.</p>

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	22/22	0/22	
Placement Services	22/22	0/22	
TOTAL	28/28	0/28	100%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Employment and Day Supports			
TOTAL			
Certified			

MASTER SCORE SHEET LICENSURE

Organizational: LIFEWORKS INC

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
☐ L2	Abuse/neglect reporting	10/10	Met
L3	Immediate Action	6/6	Met
L4	Action taken	1/1	Met
L48	HRC	1/1	Met
L74	Screen employees	6/6	Met
L75	Qualified staff	4/4	Met
L76	Track trainings	20/20	Met
L83	HR training	20/20	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	5/5	1/1	4/4				10/10	Met
L5	Safety Plan	L	5/5	1/1	4/4				10/10	Met
Ⓜ L6	Evacuation	L	5/5	1/1	3/3				9/9	Met
L7	Fire Drills	L	5/5						5/5	Met
L8	Emergency Fact Sheets	I	4/5	1/1	2/4				7/10	Not Met (70.0 %)
L9	Safe use of equipment	L	5/5	1/1					6/6	Met
L10	Reduce risk interventions	I	1/1						1/1	Met
Ⓜ L11	Required inspections	L	5/5	1/1	4/4				10/10	Met
Ⓜ L12	Smoke detectors	L	5/5	0/1	3/4				8/10	Met (80.0 %)
Ⓜ L13	Clean location	L	5/5	1/1	4/4				10/10	Met
L14	Site in good repair	L	4/4	1/1	3/3				8/8	Met
L15	Hot water	L	5/5	0/1	3/4				8/10	Met (80.0 %)
L16	Accessibility	L	4/4		4/4				8/8	Met
L17	Egress at grade	L	5/5	1/1	4/4				10/10	Met
L18	Above grade egress	L	1/1	1/1					2/2	Met
L19	Bedroom location	L	4/4						4/4	Met
L20	Exit doors	L	5/5	1/1					6/6	Met
L21	Safe electrical equipment	L	5/5	1/1	4/4				10/10	Met
L22	Well-maintained appliances	L	5/5	1/1	4/4				10/10	Met
L23	Egress door locks	L	3/3						3/3	Met
L24	Locked door access	L	5/5						5/5	Met
L25	Dangerous	L	5/5	1/1					6/6	Met

	substances									
L26	Walkway safety	L	5/5	1/1	4/4				10/10	Met
L28	Flammables	L	4/4	1/1					5/5	Met
L29	Rubbish/combustibles	L	5/5	1/1	4/4				10/10	Met
L30	Protective railings	L	3/3	1/1	3/3				7/7	Met
L31	Communication method	I	5/5	1/1	4/4				10/10	Met
L32	Verbal & written	I	5/5	1/1	4/4				10/10	Met
L33	Physical exam	I	5/5	1/1	3/3				9/9	Met
L34	Dental exam	I	5/5	1/1	3/4				9/10	Met (90.0 %)
L35	Preventive screenings	I	5/5	1/1	3/4				9/10	Met (90.0 %)
L36	Recommended tests	I	5/5	1/1	3/3				9/9	Met
L37	Prompt treatment	I	5/5	1/1	3/3				9/9	Met
Ⓜ L38	Physician's orders	I	5/5						5/5	Met
L39	Dietary requirements	I	2/2		1/1				3/3	Met
L40	Nutritional food	L	5/5	1/1					6/6	Met
L41	Healthy diet	L	5/5	1/1	3/3				9/9	Met
L42	Physical activity	L	5/5	1/1	4/4				10/10	Met
L43	Health Care Record	I	5/5	1/1	1/4				7/10	Not Met (70.0 %)
L44	MAP registration	L	5/5						5/5	Met
L45	Medication storage	L	5/5						5/5	Met
Ⓜ L46	Med. Administration	I	5/5		1/3				6/8	Not Met (75.00 %)
L47	Self medication	I	4/4	1/1	3/3				8/8	Met
L49	Informed of human rights	I	5/5	1/1	4/4				10/10	Met
L50	Respectful Comm.	L	5/5	1/1	4/4				10/10	Met
L51	Possessions	I	5/5	1/1	4/4				10/10	Met
L52	Phone calls	I	5/5	1/1	4/4				10/10	Met

L53	Visitation	I	5/5	1/1	4/4				10/10	Met
L54	Privacy	L	5/5	1/1	4/4				10/10	Met
L56	Restrictive practices	I	2/2						2/2	Met
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	1/1						1/1	Met
L60	Data maintenance	I	1/1						1/1	Met
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	2/5		0/3				2/8	Not Met (25.00 %)
L64	Med. treatment plan rev.	I	3/5		0/1				3/6	Not Met (50.0 %)
L67	Money mgmt. plan	I	3/5	1/1	1/3				5/9	Not Met (55.56 %)
L68	Funds expenditure	I	5/5	1/1	3/4				9/10	Met (90.0 %)
L69	Expenditure tracking	I	4/5	1/1	4/4				9/10	Met (90.0 %)
L70	Charges for care calc.	I	5/5		4/4				9/9	Met
L71	Charges for care appeal	I	5/5		4/4				9/9	Met
L77	Unique needs training	I	5/5	1/1	3/3				9/9	Met
L78	Restrictive Int. Training	L	2/2		1/1				3/3	Met
L80	Symptoms of illness	L	2/5	1/1	0/4				3/10	Not Met (30.0 %)
L81	Medical emergency	L	5/5	1/1	4/4				10/10	Met
Ⓜ L82	Medication admin.	L	5/5						5/5	Met

L84	Health protect. Training	I	3/3						3/3	Met
L85	Supervision	L	5/5	1/1	3/4				9/10	Met (90.0 %)
L86	Required assessments	I	3/4	1/1	0/1				4/6	Not Met (66.67 %)
L87	Support strategies	I	3/4	1/1	0/1				4/6	Not Met (66.67 %)
L88	Strategies implemented	I	2/5	1/1	2/2				5/8	Not Met (62.50 %)
L90	Personal space/ bedroom privacy	I	5/5	1/1	4/4				10/10	Met
L91	Incident management	L	2/5	1/1	0/2				3/8	Not Met (37.50 %)
#Std. Met/# 75 Indicator									64/75	
Total Score									72/83	
									86.75%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	5/6		4/4	9/10	Met (90.0 %)
L5	Safety Plan	L	1/1		1/1	2/2	Met
Ⓟ L6	Evacuation	L	1/1		1/1	2/2	Met
L7	Fire Drills	L	1/1		1/1	2/2	Met
L8	Emergency Fact Sheets	I	6/6		4/4	10/10	Met
L9	Safe use of equipment	L	2/2		1/1	3/3	Met

Ⓜ L11	Required inspections	L			1/1	1/1	Met
Ⓜ L12	Smoke detectors	L			1/1	1/1	Met
Ⓜ L13	Clean location	L			1/1	1/1	Met
L14	Site in good repair	L			1/1	1/1	Met
L15	Hot water	L			1/1	1/1	Met
L16	Accessibility	L			1/1	1/1	Met
L17	Egress at grade	L			1/1	1/1	Met
L18	Above grade egress	L			1/1	1/1	Met
L20	Exit doors	L			1/1	1/1	Met
L21	Safe electrical equipment	L			1/1	1/1	Met
L22	Well-maintained appliances	L			1/1	1/1	Met
L25	Dangerous substances	L			1/1	1/1	Met
L26	Walkway safety	L			1/1	1/1	Met
L28	Flammables	L	1/1		1/1	2/2	Met
L29	Rubbish/combustibles	L	1/1		1/1	2/2	Met
L31	Communication method	I	6/6		4/4	10/10	Met
L32	Verbal & written	I	6/6		4/4	10/10	Met
L37	Prompt treatment	I	1/1		2/2	3/3	Met
Ⓜ L38	Physician's orders	I			3/4	3/4	Met
L44	MAP registration	L	1/1		1/1	2/2	Met
L45	Medication storage	L	1/1		1/1	2/2	Met
Ⓜ L46	Med. Administration	I			3/3	3/3	Met
L49	Informed of human rights	I	5/6		4/4	9/10	Met (90.0 %)
L50	Respectful Comm.	L	1/1		1/1	2/2	Met
L51	Possessions	I	6/6		4/4	10/10	Met
L52	Phone calls	I	6/6		4/4	10/10	Met
L54	Privacy	L	2/2		1/1	3/3	Met
L55	Informed consent	I			0/3	0/3	Not Met (0 %)
L63	Med. treatment plan form	I			0/1	0/1	Not Met (0 %)

L77	Unique needs training	I	2/3		4/4	6/7	Met (85.71 %)
L80	Symptoms of illness	L	1/2		0/1	1/3	Not Met (33.33 %)
L81	Medical emergency	L	2/2		1/1	3/3	Met
Pa L82	Medication admin.	L	1/1		1/1	2/2	Met
L85	Supervision	L	2/2		1/1	3/3	Met
L86	Required assessments	I	2/4		2/3	4/7	Not Met (57.14 %)
L87	Support strategies	I	2/4		2/4	4/8	Not Met (50.0 %)
L88	Strategies implemented	I	6/6		2/4	8/10	Met (80.0 %)
L91	Incident management	L	1/1		1/1	2/2	Met
#Std. Met/# 44 Indicator						39/44	
Total Score						47/52	
						90.38%	

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	4/4	Met
C8	Family/guardian communication	4/4	Met
C9	Personal relationships	4/4	Met

C10	Social skill development	4/4	Met
C11	Get together w/family & friends	4/4	Met
C12	Intimacy	4/4	Met
C13	Skills to maximize independence	3/4	Met
C14	Choices in routines & schedules	4/4	Met
C15	Personalize living space	4/4	Met
C16	Explore interests	3/4	Met
C17	Community activities	3/4	Met
C18	Purchase personal belongings	4/4	Met
C19	Knowledgeable decisions	4/4	Met
C20	Emergency back-up plans	4/4	Met
C46	Use of generic resources	4/4	Met
C47	Transportation to/ from community	3/4	Met
C48	Neighborhood connections	4/4	Met
C49	Physical setting is consistent	4/4	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	4/4	Met
C53	Food/ dining choices	4/4	Met
C54	Assistive technology	4/4	Met