



**PROVIDER REPORT
FOR**

**LIFEWORCS INC
789 Clapboardtree Street
Westwood, MA 02090**

August 1, 2024

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	LIFEWORCS INC
Review Dates	6/11/2024 - 6/17/2024
Service Enhancement Meeting Date	8/15/2024
Survey Team	Raymond Edi-Osagie Mark Boghoian Cheryl Hampton Lisa MacPhail Melanie Hutchison Melanie Cruz Raymond Obeng (TL) David Bullard
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	9 location(s) 9 audit (s)	Full Review	72/87 Defer Licensure		Certified
Residential Services	5 location(s) 5 audit (s)			Deemed	
Placement Services	4 location(s) 4 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	

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	4 location(s) 22 audit (s)	Full Review	63/65 2 Year License 07/02/2024 - 07/02/2026		Certified 07/02/2024 - 07/02/2026
Community Based Day Services	2 location(s) 11 audit (s)			Deemed	
Employment Support Services	2 location(s) 11 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	

EXECUTIVE SUMMARY :

Lifeworks, Inc. is a non-profit agency that offers services to persons with intellectual and developmental disabilities in the Metro-Boston, Newton/South Norfolk, Middlesex, and Taunton /Attleboro areas of Massachusetts. The agency offers twenty-four-hour Residential Supports, Individual Home Supports, Shared Living/Placement Services, Community Based Day Services (CBDS), and Employment Supports. Lifeworks also operates an Adult Autism Support Center, Adult Family Care Services, Family Support Program, Social/ Recreational Programs, ALEC (Autism & Law Enforcement Education Coalition) First Responder Trainings, Harbor Counseling Services, Support Groups, School Transition Services, and Supported Living Services.

For this 2024 survey cycle, the Department of Developmental Services (DDS) Metro Office of Quality Enhancement conducted a full licensing review of Lifeworks' organizational systems and supports offered in its twenty-four-hour residential homes, individual home supports, community-based day services, and employment supports. All the agency's services were deemed for certification due to Lifeworks' three-year Commission on Accreditation (CARF) accreditation.

Findings from the survey showed that Lifeworks had systems and policies for supporting people in various domains. In the area of human rights, the reporting of allegations of abuse and neglect was effective. In the area of staff competency, staff were properly screened before hire, and licensed staff maintained current licenses and certifications. Lifeworks had an effective system for tracking required staff trainings and it ensured that staff completed all DDS mandated trainings and agency-required trainings.

In residential services, several evident practices contributed to the well-being of people. In the area of safety, individuals were supported to evacuate within the required timeframe during emergency drills, and emergency back-up plans were present. The residential sites visited were clean and free of pests. In the area of health care, individuals were supported to receive annual physical examinations and medication was administered in accordance with physicians' orders by MAP certified staff. In the area of human rights, individuals and their guardians were trained on human rights and alleged abuse and neglect reporting. Staff communication with and about individuals was seen to be respectful, and individuals had privacy in their homes. Relative to oversight, supervision practices at various sites corresponded with agency policy.

In CBDS and employment supports, practices were observed that contributed to desired outcomes for many people. Relative to safety, required inspections were current and fire detection and suppression systems were fully functional. Individuals were supported to evacuate within a reasonable timeframe during emergency drills, and people were assessed for the safe use of equipment and machinery on-site and at work locations. In the area of health care, medication was administered in accordance with physicians' orders and MAP policy. Additionally, staff knew what to do in a medical emergency. Relative to human rights in day services, individuals and their guardians were trained on human rights and alleged abuse and neglect reporting. Communication with and about individuals by staff was also seen to be respectful, and individuals had privacy when dealing with personal matters. An effective system of supervision that corresponded with agency policy was noted within the day services as well.

The survey uncovered areas that require additional attention from Lifeworks to meet required standards. The agency's human rights committee did not meet some mandates including the review of all areas under its purview. Incidents were not reported as mandated by regulation. In day services, staff were not trained on the correct utilization of health-related protections per regulation.

In residential services, Fire Detection systems did not meet requirements. and carbon monoxide detectors were either not functional or were not located outside within 10ft of bedrooms. Water temperature was outside the required range and some sites were observed to need repairs. Relative

to healthcare, emergency fact sheets were not current and accurate to include individuals' diagnoses; staff were not trained on the signs and symptoms of illness to include "Just Not Right."; and recommended tests and appointments with specialists were not made and kept. Restrictive practices were another area of concern, a plan to fade or eliminate restrictions were not evident for some, and staff were not trained to implement restrictive interventions safely and consistently. Furthermore, required assessments and provider support strategies for individuals' support plans were not developed and submitted within the required timeframe, and people were not supported to work on their ISP goals. Relative to health care, staff were not trained to support people's use of health-related supportive devices. Medication treatment plans were not in a written format with all required components; some also did not include definition of target behaviors and individualized clinical criteria to initiate discussions with prescribers about adjusting or discontinuing the medication(s). Medication treatment plans were not submitted and incorporated into individuals' ISPs; and individuals' health care records were also not maintained and updated as required.

Lifeworks met 83% of licensing indicators in the residential services. The agencies residential service grouping will be in deferred status due to one not-met critical indicator (L12). If the agency meets 80% of indicators and the one not-met critical indicator at follow-up, it will earn a two-year license with a mid-cycle review. The agency met 97% of licensing indicators in day services, and thus earned a Two-Year license for the day/employment service grouping. Lifeworks will conduct its own follow-up on indicators that were not met in day services and submit the results to the DDS Metro Office of Quality Enhancement within 60 days of its SEM.

The agency is certified for both residential and day/employment services groupings due to its CARF accreditation.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Residential and Individual Home Supports	63/77	14/77	
Residential Services Placement Services			
Critical Indicators	7/8	1/8	
Total	72/87	15/87	83%
Defer Licensure			
# indicators for 60 Day Follow-up		15	

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Employment and Day Supports	54/55	1/55	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	63/65	2/65	97%
2 Year License			
# indicators for 60 Day Follow-up		2	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	Meeting minutes did not reflect the review of two required areas on an annual basis: human rights and DPPC training materials, and the agency's policies and procedures by the agency's Human Rights Committee. The agency must ensure that its human rights committee meets all mandates including the review of areas under its purview.

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

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.	The emergency fact sheets for two of nine individuals were missing information including current diagnoses. The agency must ensure that individuals' emergency fact sheets are current and accurate.
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 of nine locations, elements of the fire detection system were either not in place or not functional. The agency must ensure that all elements of the fire protection system are in place and functional.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At three out of nine locations, hot water temperature measured higher than the required range or was lacking pressure. The agency must ensure that hot water temperature tests between 110- and 120-degrees Fahrenheit, and that there is sufficient water pressure.
L43	The health care record is maintained and updated as required.	The health care records for four of nine individuals were missing significant information including dates for medical procedures/appointments. The agency must ensure that individuals' health care records are current and updated as required.
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.	For environmental restriction on rights intended for two individuals, there was no plan to fade or eliminate the restrictions. The agency must ensure that environmental restrictions on rights include plans to fade or eliminate the practices as agreed upon by all required groups.
L63	Medication treatment plans are in written format with required components.	For five of eight individuals with medication treatment plans, the plans were not developed to include all the required components. The agency must ensure that all medication treatment plans are developed with all required components addressed; to include a definition of target behaviors, and individualized clinical criteria to initiate a discussion with the prescriber about adjusting or discontinuing the medications.
L64	Medication treatment plans are reviewed by the required groups.	For three of eight individuals with medication treatment plans, the plans were not submitted to the ISP team for review. The agency must ensure that all medication treatment plans are submitted to the ISP team for review.

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

Indicator #	Indicator	Area Needing Improvement
L78	Staff are trained to safely and consistently implement restrictive interventions.	For one of two individuals who have restrictive interventions, it was unverifiable whether staff were trained on the interventions. The agency must ensure that staff are trained to safely and consistently implement restrictive interventions.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For three of seven individuals who utilize health-related protections, staff were not trained on the correct utilization of the devices. The agency must ensure that all staff who support individuals with the utilization of health-related equipment are fully trained on the correct utilization of these devices.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Required assessments were not developed and submitted within the required timeframe for three of nine individuals' ISPs. The agency must ensure that required assessments for individuals' ISPs are developed and submitted within the required timeframe.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Support strategies were not developed and submitted within the required timeframe for three of nine individuals' ISPs. The agency must ensure that support strategies for individuals' ISPs are developed and submitted within the required timeframe.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Goals identified in the ISP for two of nine individuals were not properly implemented and reported. The agency must ensure that goals identified in individuals' ISP for which the provider has designated responsibility are fully implemented.
L91	Incidents are reported and reviewed as mandated by regulation.	At five of nine locations, incidents were not submitted and/or finalized within the required timelines in HCSIS. The agency must ensure that incident reports are submitted and finalized within the timelines required by regulation in HCSIS.
L99 (05/22)	Medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately. (eg seizure watches; fall sensors).	For one individual who utilizes medical monitoring devices, staff were not fully trained to support the use of the devices, and/or support of the use was ineffective. The agency must ensure that staff are trained on all medical monitoring devices needed for health and safety, and the support is effective.

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

Indicator #	Indicator	Area Needing Improvement
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For six of ten individuals who utilize health-related protections, staff were not trained on the correct utilization of the devices. The agency must ensure that all staff who support individuals with the utilization of health-related equipment are fully trained on the correct utilization of these devices.

MASTER SCORE SHEET LICENSURE

Organizational: LIFEWORKS INC

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	1/1	Met
L3	Immediate Action	14/14	Met
L4	Action taken	15/15	Met
L48	HRC	0/1	Not Met(0 %)
L65	Restraint report submit	3/4	Met(75.00 %)
L66	HRC restraint review	1/1	Met
L74	Screen employees	7/7	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		4/4				9/9	Met
L5	Safety Plan	L	5/5		4/4				9/9	Met
℞ L6	Evacuation	L	5/5		4/4				9/9	Met
L7	Fire Drills	L	5/5						5/5	Met
L8	Emergency Fact Sheets	I	4/5		3/4				7/9	Not Met (77.78%)
L9 (07/21)	Safe use of equipment	I	5/5						5/5	Met
L10	Reduce risk interventions	I	2/2						2/2	Met
℞ L11	Required inspections	L	5/5		4/4				9/9	Met
℞ L12	Smoke detectors	L	4/5		3/4				7/9	Not Met (77.78%)
℞ L13	Clean location	L	5/5		4/4				9/9	Met
L14	Site in good repair	L	5/5		3/3				8/8	Met
L15	Hot water	L	4/5		2/4				6/9	Not Met (66.67%)
L16	Accessibility	L	5/5		4/4				9/9	Met
L17	Egress at grade	L	5/5		4/4				9/9	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				2/2	Met
L19	Bedroom location	L	4/4		1/1				5/5	Met
L20	Exit doors	L	5/5						5/5	Met
L21	Safe electrical equipment	L	5/5		4/4				9/9	Met
L22	Well-maintained appliances	L	5/5		4/4				9/9	Met
L23	Egress door locks	L	4/4						4/4	Met
L24	Locked door access	L	4/4		4/4				8/8	Met
L25	Dangerous substances	L	5/5						5/5	Met
L26	Walkway safety	L	4/5		4/4				8/9	Met (88.89%)
L28	Flammables	L	5/5						5/5	Met
L29	Rubbish/combustibles	L	5/5		4/4				9/9	Met
L30	Protective railings	L	4/4		2/3				6/7	Met (85.71%)
L31	Communication method	I	5/5		4/4				9/9	Met
L32	Verbal & written	I	5/5		4/4				9/9	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L33	Physical exam	I	5/5		3/3				8/8	Met
L34	Dental exam	I	5/5		3/3				8/8	Met
L35	Preventive screenings	I	5/5		3/4				8/9	Met (88.89%)
L36	Recommended tests	I	4/5		4/4				8/9	Met (88.89%)
L37	Prompt treatment	I	5/5		4/4				9/9	Met
℞ L38	Physician's orders	I	4/5						4/5	Met (80.0%)
L39	Dietary requirements	I	2/2						2/2	Met
L40	Nutritional food	L	5/5						5/5	Met
L41	Healthy diet	L	5/5		4/4				9/9	Met
L42	Physical activity	L	5/5		4/4				9/9	Met
L43	Health Care Record	I	3/5		2/4				5/9	Not Met (55.56%)
L44	MAP registration	L	5/5						5/5	Met
L45	Medication storage	L	5/5						5/5	Met
℞ L46	Med. Administration	I	5/5		2/2				7/7	Met
L47	Self medication	I	1/1		2/2				3/3	Met
L49	Informed of human rights	I	5/5		4/4				9/9	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L50 (07/21)	Respectful Comm.	1	5/5		4/4				9/9	Met
L51	Possessions	1	5/5		4/4				9/9	Met
L52	Phone calls	1	5/5		4/4				9/9	Met
L53	Visitation	1	5/5		4/4				9/9	Met
L54 (07/21)	Privacy	1	5/5		4/4				9/9	Met
L55	Informed consent	1	1/1		1/1				2/2	Met
L56	Restrictive practices	1	0/2						0/2	Not Met (0 %)
L61	Health protection in ISP	1	5/5		2/2				7/7	Met
L62	Health protection review	1	2/2		1/1				3/3	Met
L63	Med. treatment plan form	1	2/5		1/3				3/8	Not Met (37.50 %)
L64	Med. treatment plan rev.	1	2/5		1/3				3/8	Not Met (37.50 %)
L67	Money mgmt. plan	1	4/4		2/3				6/7	Met (85.71 %)
L68	Funds expenditure	1	4/4		3/3				7/7	Met
L69	Expenditure tracking	1	3/4		3/3				6/7	Met (85.71 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L70	Charges for care calc.	I	4/4		3/4				7/8	Met (87.50 %)
L71	Charges for care appeal	I	4/4		4/4				8/8	Met
L77	Unique needs training	I	4/5		4/4				8/9	Met (88.89 %)
L78	Restrictive Int. Training	L	1/2						1/2	Not Met (50.0 %)
L79	Restraint training	L	1/1						1/1	Met
L80	Symptoms of illness	L	5/5		4/4				9/9	Met
L81	Medical emergency	L	5/5		4/4				9/9	Met
L82	Medication admin.	L	5/5						5/5	Met
L84	Health protect. Training	I	3/5		2/2				5/7	Not Met (71.43 %)
L85	Supervision	L	5/5		4/4				9/9	Met
L86	Required assessments	I	3/5		3/4				6/9	Not Met (66.67 %)
L87	Support strategies	I	3/5		3/4				6/9	Not Met (66.67 %)
L88	Strategies implemented	I	5/5		2/4				7/9	Not Met (77.78 %)
L90	Personal space/bedroom privacy	I	5/5		4/4				9/9	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L91	Incident management	L	1/5		3/4				4/9	Not Met (44.44%)
L93 (05/22)	Emergency back-up plans	I	5/5		4/4				9/9	Met
L94 (05/22)	Assistive technology	I	5/5		4/4				9/9	Met
L96 (05/22)	Staff training in devices and applications	I	3/3		2/2				5/5	Met
L99 (05/22)	Medical monitoring devices	I	1/2						1/2	Not Met (50.0%)
#Std. Met/# 77 Indicator									63/77	
Total Score									72/87	
									82.76%	

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	11/11		11/11	22/22	Met
L5	Safety Plan	L			2/2	2/2	Met
L6	Evacuation	L			2/2	2/2	Met
L7	Fire Drills	L			2/2	2/2	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L8	Emergency Fact Sheets	I	10/11		11/11	21/22	Met (95.45 %)
L9 (07/21)	Safe use of equipment	I	11/11		11/11	22/22	Met
℞ L11	Required inspections	L			2/2	2/2	Met
℞ L12	Smoke detectors	L			2/2	2/2	Met
℞ L13	Clean location	L			2/2	2/2	Met
L14	Site in good repair	L			1/1	1/1	Met
L15	Hot water	L			2/2	2/2	Met
L16	Accessibility	L			2/2	2/2	Met
L17	Egress at grade	L			2/2	2/2	Met
L20	Exit doors	L			2/2	2/2	Met
L21	Safe electrical equipment	L			2/2	2/2	Met
L22	Well-maintained appliances	L			2/2	2/2	Met
L25	Dangerous substances	L			2/2	2/2	Met
L26	Walkway safety	L			2/2	2/2	Met
L28	Flammables	L			2/2	2/2	Met
L29	Rubbish/combustibles	L			2/2	2/2	Met
L30	Protective railings	L			2/2	2/2	Met
L31	Communication method	I	11/11		11/11	22/22	Met
L32	Verbal & written	I	11/11		11/11	22/22	Met
L37	Prompt treatment	I	11/11		7/7	18/18	Met
℞ L38	Physician's orders	I	2/3		2/2	4/5	Met (80.0 %)
L44	MAP registration	L			2/2	2/2	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L45	Medication storage	L			1/1	1/1	Met
Ⓡ L46	Med. Administration	I			2/2	2/2	Met
L49	Informed of human rights	I	11/11		11/11	22/22	Met
L50 (07/21)	Respectful Comm.	I	11/11		11/11	22/22	Met
L51	Possessions	I	11/11		11/11	22/22	Met
L52	Phone calls	I	11/11		11/11	22/22	Met
L54 (07/21)	Privacy	I	11/11		11/11	22/22	Met
L55	Informed consent	I	8/8		6/6	14/14	Met
L56	Restrictive practices	I	1/1			1/1	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	5/5		7/7	12/12	Met
L62	Health protection review	I	1/1		1/1	2/2	Met
L72	DOL requirements	I	5/5			5/5	Met
L77	Unique needs training	I	11/11		11/11	22/22	Met
L80	Symptoms of illness	L	2/2		2/2	4/4	Met
L81	Medical emergency	L			2/2	2/2	Met
Ⓡ L82	Medication admin.	L			1/1	1/1	Met
L84	Health protect. Training	I	2/3		2/7	4/10	Not Met (40.0 %)

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L85	Supervision	L	2/2		2/2	4/4	Met
L86	Required assessments	I	11/11		7/7	18/18	Met
L87	Support strategies	I	11/11		7/7	18/18	Met
L88	Strategies implemented	I	9/10		10/11	19/21	Met (90.48 %)
L91	Incident management	L			2/2	2/2	Met
L93 (05/22)	Emergency back-up plans	I	11/11		11/11	22/22	Met
L94 (05/22)	Assistive technology	I	11/11		11/11	22/22	Met
L96 (05/22)	Staff training in devices and applications	I	11/11		7/7	18/18	Met
#Std. Met/# 55 Indicator						54/55	
Total Score						63/65	
						96.92%	