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|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  | |  | | --- | | **Provider** | |  | |  | | --- | | Living Hope Services Inc. | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Review Dates** | |  | |  | | --- | | 3/8/2022 - 3/11/2022 | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Service Enhancement  Meeting Date** | |  | |  | | --- | | 3/25/2022 | |  |  | |  |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Survey Team** | |  | |  | | --- | | Cheryl Dolan | | John Hazelton (TL) | | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Citizen Volunteers** | |  | |  | | --- | |  | |  |  | | | |  |

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| |  |  |  | | --- | --- | --- | |  |  |  | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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** | 1 location(s)  6 audit (s) | Full Review | 37/42 2 Year License 03/25/2022 - 03/25/2024 |  | 15 / 23 Certified with Progress Report 03/25/2022 - 03/25/2024 | | Community Based Day Services | 1 location(s)  6 audit (s) |  |  | Full Review | 10 / 17 | | Planning and Quality Management |  |  |  | Full Review | 5 / 6 | |  | |

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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  |
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|  | |  | | --- | | Living Hope Services Inc. is a Human Services agency that operates Community Based Day Services (CBDS) in Chelsea, Massachusetts. Living Hope was established as its own provider in July of 2014; the agency currently serves 19 individuals of varying ages with intellectual and developmental disabilities. Living Hope supports a diverse population, and has a diverse staff body. For this Department of Developmental Services (DDS) licensing and certification survey, the agency underwent reviews of its administrative systems, and six individual audits in its CBDS program.   Several positive practices were identified during the survey. Communication with families was extensive, both verbally regarding such topics as the risks and benefits of returning to the program after COVID related closures, and in the translation of satisfaction surveys into Spanish as the agency supports a high number of Spanish speaking individuals. Staff were found to be very knowledgeable about both the satisfaction of individuals and family members, and also of the unique needs of those served. ISP objectives focused on skill development in such areas as increasing communication and independence, while also promoting connectedness to others in the program. Support strategies included a variety of techniques that not only promoted skill development, but also provided support and direction in other areas such as preemployment and habilitative skill development.  One theme that arose during the survey is the need for increased emphasis on pre-employment exploration. While many individuals are being supported to attain some employment related skills such as workplace interpersonal skills, increasing attention spans and focus on tasks, the agency needs to now support individuals to explore their potential job interests. One of several supports needed in this area is the development of individualized written support plans that outline goals and support needs leading to supported employment. Another area requiring focus pertains to supporting individuals to explore their personal interests and hobbies, for activities both within the program and in the community. This process involves assessing interests, and offering a greater variety of activities that are in line with identified interests. Emphasis should be placed on community access, with goals of not only participating in activities of interest, but also engaging in activities that allow access to other community members.  Upon completion of this review, Living Hope Services, Inc. met 88% of all licensing indicators reviewed, inclusive of all critical indicators. The agency also met 65% of all certification indicators. As a result, the agency will receive a Two Year License for its Employment and Day Supports program, and is Certified with a One Year Progress Report. The Office of Quality Enhancement will conduct follow up on all licensing indicators not met during the survey within 60 days of the Service Enhancement Meeting. | | |  |

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|  | |  |  |  | | --- | --- | --- | |  |  |  | | |  | | --- | | **LICENSURE FINDINGS** | |  |  | |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **3/5** | **2/5** |  | | **Employment and Day Supports** | **34/37** | **3/37** |  | | Community Based Day Services |  |  |  | | **Critical Indicators** | **6/6** | **0/6** |  | | **Total** | **37/42** | **5/42** | **88%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **5** |  | |  |  |  |  | | |  | |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | **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. | The agency's human rights committee (HRC) was not meeting on a quarterly basis as required, and membership did not include all required positions. The agency needs to ensure that the HRC has the required membership, including members with the required areas of expertise. The HRC should ensure a quorum is met for meetings and meetings are held minimally quarterly. The HRC must also conduct annual reviews of agency policies and procedures and Human Rights training to ensure compliance with DDS regulatory standards. | |  | L83 | Support staff are trained in human rights. | The training curriculum used by the agency to train all staff in human rights and mandatory reporting did not include all components of the DDS approved training curriculum, and the agencies curriculum has not been approved by the Office of Human Rights. The agency needs to either modify its curriculum to at a minimum include all components of the DDS curriculum, or have its current curriculum approved by the Office of Human Rights. | | | | |  |
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|  | |  | | --- | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  | |  | |  | **Employment/Day 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). | The water temperature at one bathroom sink was outside the acceptable range. The agency needs to ensure that delivered hot water at all bathrooms measures 110 degrees. | |  | L80 | Support staff are trained to recognize signs and symptoms of illness. | The current curriculum used by the agency does not cover all of the topics needed to ensure staff are trained to recognize the signs and symptoms of illness. The agency needs to ensure that staff are trained in all the components covered in the DDS trainings "Health Observation Guidelines" and "Just Not Right." | |  | L91 | Incidents are reported and reviewed as mandated by regulation. | One incident report was not finalized in HCSIS within the required timelines. The agency needs to ensure that all incidents are finalized within seven days of the incident. | | |  | |  |

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|  | |  | | --- | | **CERTIFICATION FINDINGS** | |  |  |  |
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|  | |  |  |  |  | | --- | --- | --- | --- | |  | **Planning and Quality Management Areas Needing Improvement on Standards not met:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | C6 | The provider has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans. | The agency does not have a current strategic plan. The agency needs to develop a strategic plan that specifies the future direction of the company, inclusive of action steps and responsible parties. As the plan is created, the input of stakeholders such as individuals, family members, and agency staff should all be included. The plan should also include mechanisms to evaluate and review progress towards meeting the agency's strategic objectives. | |  |  |  |  | | | |  |
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|  | |  |  |  |  | | --- | --- | --- | --- | |  | **Community Based Day Services- Areas Needing Improvement on Standards not met:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | C39 (07/21) | There is a plan developed to identify job goals and support needs that would lead to movement into supported employment. | For five of five individuals, the agency has no written plans for individuals to determine job goals, barriers to employment, and support needs. The agency needs to develop these plans so that individuals can be fully supported on the pathway to employment. | |  | C40 | Individuals are supported to explore, discover and connect with their personal interest and options for community involvement, personal interest and hobbies. | No individuals audited have been supported to explore their personal interests and hobbies, for activities within the program and in the community. The agency needs to ensure that each individual is supported to explore what might be of interest to them. As individual interests may evolve over time, this exploration should occur on a consistent and sustained basis. Methods of exploration should be varied, and tailored to the preferences and abilities of the individual, and recorded. | |  | C41 | Individuals participate in activities, including those in the community, that reflect their interests and preferences. | All individuals surveyed were not being supported to engage in activities, both within the program and in the community, that were in line with their interests and preferences. The agency needs to utilize its knowledge of each individual's preferences and provide opportunities for engagement in these areas. Community activity should go beyond the running of errands or shopping, and additionally be based on individualized interests and preferences. | |  | C42 | Individuals are involved in activities that connect them to other people in the community. | Two individuals were not being supported to participate in activities that connect them to other members of the community. The agency needs to ensure that individuals are regularly provided opportunities to engage in community-based activities that afford them interactions with others in the community. | |  | C44 | Staff have effective methods to assist individuals to explore their job interests if appropriate. | For four of five individuals, the agency had no mechanisms to explore areas of job interests. The agency needs to conduct assessments to identify specific interests and provide opportunities for exposure to a variety of jobs through volunteering or visiting different types of employment so that people are fully informed of their vocational options. | |  | C46 | Staff (Home Providers) support individuals to learn about and use generic community resources. | For six of six individuals, the agency does not support individuals to use varied community resources on a frequent and ongoing basis. The agency needs to expand its community activities to avail itself of more generic resources to support individuals to maximize access to the same community resources used by non-disabled citizens. | |  | C54 | Individuals have the assistive technology and/or modifications to maximize independence. | For six of six individuals, there had been no formal assessment to identify any assistive technology that may increase independence. The agency needs to ensure that all individuals are assessed to determine any assistive technology that would maximize independence. | |  |  |  |  | | | |  |

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|  | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | |  |  |  |
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|  | |  | | --- | | **Organizational: Living Hope Services Inc.** | | |  |  |
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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **1/1** | **Met** | |  | L48 | HRC | **0/1** | **Not Met(0 % )** | |  | L74 | Screen employees | **1/1** | **Met** | |  | L76 | Track trainings | **3/3** | **Met** | |  | L83 | HR training | **0/3** | **Not Met(0 % )** | | | |  |

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|  | |  | | --- | | **Employment and Day Supports:** | |  |  |  |  |
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|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** | |  | L1 | Abuse/neglect training | I |  |  | 6/6 | **6/6** | **Met** | |  | L5 | Safety Plan | L |  |  | 1/1 | **1/1** | **Met** | | O | L6 | Evacuation | L |  |  | 1/1 | **1/1** | **Met** | |  | L7 | Fire Drills | L |  |  | 1/1 | **1/1** | **Met** | |  | L8 | Emergency Fact Sheets | I |  |  | 6/6 | **6/6** | **Met** | |  | L9 (07/21) | Safe use of equipment | I |  |  | 6/6 | **6/6** | **Met** | | O | L11 | Required inspections | L |  |  | 1/1 | **1/1** | **Met** | | O | L12 | Smoke detectors | L |  |  | 1/1 | **1/1** | **Met** | | O | L13 | Clean location | L |  |  | 1/1 | **1/1** | **Met** | |  | L15 | Hot water | L |  |  | 0/1 | **0/1** | **Not Met (0 %)** | |  | L16 | Accessibility | L |  |  | 1/1 | **1/1** | **Met** | |  | L17 | Egress at grade | 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** | **Met** | |  | L29 | Rubbish/combustibles | L |  |  | 1/1 | **1/1** | **Met** | |  | L31 | Communication method | I |  |  | 6/6 | **6/6** | **Met** | |  | L32 | Verbal & written | I |  |  | 6/6 | **6/6** | **Met** | |  | L37 | Prompt treatment | I |  |  | 1/1 | **1/1** | **Met** | | O | L38 | Physician's orders | I |  |  | 6/6 | **6/6** | **Met** | |  | L39 | Dietary requirements | I |  |  | 1/1 | **1/1** | **Met** | |  | L49 | Informed of human rights | I |  |  | 6/6 | **6/6** | **Met** | |  | L50 (07/21) | Respectful Comm. | I |  |  | 6/6 | **6/6** | **Met** | |  | L51 | Possessions | I |  |  | 5/5 | **5/5** | **Met** | |  | L52 | Phone calls | I |  |  | 5/5 | **5/5** | **Met** | |  | L54 (07/21) | Privacy | I |  |  | 6/6 | **6/6** | **Met** | |  | L77 | Unique needs training | I |  |  | 6/6 | **6/6** | **Met** | |  | L80 | Symptoms of illness | L |  |  | 0/1 | **0/1** | **Not Met (0 %)** | |  | L81 | Medical emergency | L |  |  | 1/1 | **1/1** | **Met** | |  | L85 | Supervision | L |  |  | 1/1 | **1/1** | **Met** | |  | L86 | Required assessments | I |  |  | 6/6 | **6/6** | **Met** | |  | L87 | Support strategies | I |  |  | 5/6 | **5/6** | **Met (83.33 %)** | |  | L88 | Strategies implemented | I |  |  | 6/6 | **6/6** | **Met** | |  | L91 | Incident management | L |  |  | 0/1 | **0/1** | **Not Met (0 %)** | |  | **#Std. Met/# 37 Indicator** |  |  |  |  |  | **34/37** |  | |  | **Total Score** |  |  |  |  |  | **37/42** |  | |  |  |  |  |  |  |  | **88.10%** |  | | | | |  |
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|  | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | | |  |  |  |
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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **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 | 0/1 | **Not Met (0 %)** | |  |  |  |  |  | | | | |  |
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|  | |  |  |  |  | | --- | --- | --- | --- | | **Community Based Day Services** | | | | | **Indicator #** | **Indicator** | **Met/Rated** | **Rating** | | C7 | Feedback on staff / care provider performance | 6/6 | **Met** | | C8 | Family/guardian communication | 6/6 | **Met** | | C13 | Skills to maximize independence | 6/6 | **Met** | | C20 (07/21) | Emergency back-up plans | 6/6 | **Met** | | C37 | Interpersonal skills for work | 5/5 | **Met** | | C38 (07/21) | Habilitative & behavioral goals | 4/5 | **Met (80.0 %)** | | C39 (07/21) | Support needs for employment | 0/5 | **Not Met (0 %)** | | C40 | Community involvement interest | 0/6 | **Not Met (0 %)** | | C41 | Activities participation | 2/6 | **Not Met (33.33 %)** | | C42 | Connection to others | 3/6 | **Not Met (50.0 %)** | | C43 | Maintain & enhance relationship | 6/6 | **Met** | | C44 | Job exploration | 1/5 | **Not Met (20.0 %)** | | C45 | Revisit decisions | 6/6 | **Met** | | C46 | Use of generic resources | 2/6 | **Not Met (33.33 %)** | | C47 | Transportation to/ from community | 6/6 | **Met** | | C51 | Ongoing satisfaction with services/ supports | 6/6 | **Met** | | C54 | Assistive technology | 0/6 | **Not Met (0 %)** | |  |  |  |  | | | |  |  |