



**PROVIDER REPORT
FOR**

**Living Hope Services Inc.
85 Crescent Avenue
Chelsea, MA 02150**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider Living Hope Services Inc.

Review Dates 4/3/2024 - 4/9/2024

Service Enhancement Meeting Date 4/23/2024

Survey Team Meagan Caccioppoli
Cheryl Dolan (TL)

Citizen Volunteers

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) | Targeted Review | DDS 14/14 Provider 32 / 32 46 / 46 2 Year License 04/23/2024-04/23/2026 | | DDS 3 / 7 Provider 14 / 14 17 / 21 Certified 04/23/2024 - 04/23/2026 |
| Community Based Day Services | 1 location(s) 6 audit (s) | | | DDS Targeted Review | 11 / 15 |
| Planning and Quality Management | | | | DDS Targeted Review | 6 / 6 |

EXECUTIVE SUMMARY :

Living Hope Inc. is a Human Service agency located in Chelsea; the agency provides Community-Based Day Services (CBDS) to individuals with Intellectual and Developmental Disabilities in the Northeast and Metro-Boston regions of Massachusetts .

For this 2024 survey, the agency was eligible and elected to undergo a self-assessment, while the Department of Developmental Services (DDS) Northeast Office of Quality Enhancement (OQE) conducted a targeted review of the agency's CBDS services. The DDS audits focused on critical indicators, any indicators that were not met during the agency's last survey, and any new or revised indicators implemented since the last survey. This report represents a combination of the results of the agency's self-assessment and the audits conducted by OQE.

The survey results showed that Living Hope has systems in place for ensuring that effective supports are offered to individuals across all domains . All licensing indicators reviewed by OQE were rated Met. Organizationally, the agency had an effective Human Rights Committee and ensured that all staff were trained on Human Rights and emergency procedures.

Within day services, in the realm of environmental safety, all annual inspections were completed, water temperature measured within the recommended range, and the location was clean and well-maintained. Additionally, individuals were supported to evacuate within a reasonable timeframe during emergency drills. In the healthcare domain, medical treatment protocols were developed when required, and staff were trained to ensure correct implementation.

The survey uncovered a few areas within certification where additional attention is needed to ensure more effective support; one such area was community participation. The agency is encouraged to increase its efforts to broaden its community participation offerings to ensure that activities are diverse and aligned with individuals' identified interests. The agency should also create opportunities for people to connect with others in the community and utilize available generic community resources.

Living Hope met 100% of licensing indicators. Because of this score, the agency will receive a Two-Year License for the Day/Employment service grouping. The agency's Day/Employment service grouping is certified, having met 81% of certification indicators. There is no follow-up required.

Description of Self Assessment Process:

Living Hope Services Inc. is a small CBDS program that provides services to individuals with intellectual and developmental disabilities. The agency has implemented various systems to ensure the provision of quality services that meet the standards set forth by the Department of Developmental Services. Satisfaction Surveys are distributed annually to individuals, family members, guardians, caregivers, and stakeholders. The agency has developed an Interest Inventory which individuals complete annually. Satisfaction Surveys and Interest Inventories are available in Spanish for family members, guardians, and caregivers for whom Spanish is their primary language. The agency has also developed an Assistive Technology Assessment that is completed annually. Individuals interested in employment or work-related activities are assessed annually. The process used throughout the agency's audit was to collect data and information from these tools, perform analysis, and use results to determine the success of current services, identify areas needing improvement, and potentially modify any services potentially found Unmet. A finding of met was deemed appropriate when 80% of individuals are consistently found to be meeting the criteria of a standard. Three individuals were removed from any audit conducted throughout the audit period thus 80% was determined upon review of 12 individuals (15/18)

Living Hope Services Inc. has systems for Strategic Planning in place to enhance services for individuals. These systems were most recently approved on June 1, 2023. Additional systems exist to safeguard individuals such as Emergency Procedures, Protocols for Medical Conditions and Emergency Situations, Personnel policies, Human Rights and Mandated Reporter Training, and training in Positive Behavior Supports. Staff receive training in each of these areas as well as Medical Conditions and Signs and Symptoms. These practices were reviewed during the self-assessment process to determine that all indicators are consistently being met for individuals.

Agency compliance was determined by an audit of 80% of individuals to assess if the indicator was met where appropriate. Determination of a Met indicator was made by reviewing LHS's Daily Activities Record for 2023 and 2024 for individual participation in activities, reviewing the information found in data collected pertaining to individual goals, review of information found in individuals progress summaries, and contained in Annual assessments, Assistive Technology Assessments, and Pathway to Employment Assessments where applicable. Agency compliance pertaining to staff competency, mandated trainings, knowledge of individuals medical and/or other unique needs was determined by conducting an audit of all staff (3/3). Documentation of staff trainings is in each staff person's employee record.

Indicators pertaining to the environment, safety, and safeguarding individuals were determined to be Met by the presence and/or documentation of staff training, certificate of inspections (where appropriate), the inclusion of medical protocols, and documentation of participation in fire drills, and knowledge of and training in, the agency's Safety Plan. Licensure indicators previously found not met were Hot Water, Symptoms of Illness, Incident Management, HRC, and HR Training. Certification indicators which were previously found not met included Future Directions Planning, Support Needs for Employment, Community Involvement Interest, Activities Participation, Connection to Others, Job Exploration, and Use of Generic Resources. Steps have been taken by the agency to make corrections, modify policies, procedures, and protocols, to resume compliance and/or move towards compliance.

A review of each of the previously Unmet licensure indicators has demonstrated that ongoing monthly checks of the hot water temperature are conducted, all staff have been trained on Symptoms of Illness (3/3 and documentation in manual), 3/3 staff have been trained on Incident Management (documentation in manual). The agency has consistently participated in all HRC meetings with the exception of one (the link to the meeting was not correctly sent by the host), and 3/3 of staff have participated in HR training (documentation in manual). Thus, the agency has reached compliance in these areas.

A review of certification indicators previously rated as Unmet found that the agency has a current and updated Systems for Strategic Planning, Support for Employment for those individuals who have been

identified as interested in work and/or work-related activities were present, and Pathway to Employment Assessments for these Individuals have been completed. 80% of individuals were consistently participating in activities that connect them to others either onsite or within the community, 80% of individuals were being exposed to jobs, places of work, types of work, etc., whether through community outings or through the use of technology such as content found on YouTube or the internet, and 80% of individuals were consistently using generic community resources such as parks, walking trails, beaches, libraries, local coffee shops/restaurants (Dunkin Donuts), supermarkets, a local gym, and shopping malls.

LICENSURE FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|--|--------------------|------------------------|--------------|
| Organizational | 4/4 | 0/4 | |
| Employment and Day Supports | 42/42 | 0/42 | |
| Community Based Day Services | | | |
| Critical Indicators | 6/6 | 0/6 | |
| Total | 46/46 | 0/46 | 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 1/1 Provider 5/5 | 6/6 | 0/6 | |
| Employment and Day Supports | DDS 2/6 Provider 9/9 | 11/15 | 4/15 | |
| Community Based Day Services | DDS 2/6 Provider 9/9 | 11/15 | 4/15 | |
| Total | | 17/21 | 4/21 | 81% |
| Certified | | | | |

Community Based Day Services- Areas Needing Improvement on Standards not met From DDS Review:

| 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 two of five individuals, the agency did not develop written plans for individuals to identify job goals, barriers to employment, and support needs. The agency needs to develop these job-related plans so that individuals can be fully supported on the pathway to employment. |
| C41 | Individuals participate in activities, including those in the community, that reflect their interests and preferences. | Five out of six individuals were not supported to regularly participate in community-based activities that aligned with their identified interests and preferences. The agency must ensure that individuals are supported to participate in preferred activities on a regular basis once their interests have been assessed. |
| C42 | Individuals are involved in activities that connect them to other people in the community. | Two of six individuals were not regularly participating in activities that connected them with others in the community. The agency needs to ensure that opportunities are provided for individuals to participate in activities in the community that connect them with others. |
| C46 | Staff (Home Providers) support individuals to learn about and use generic community resources. | Two of six individuals were not offered sufficient opportunities to learn and access generic community resources on a regular basis. The agency needs to broaden its community activities and make greater use of generic resources. This would ensure that individuals have maximum access to the same community resources as others. |

MASTER SCORE SHEET LICENSURE

Organizational: Living Hope Services Inc.

| Indicator # | Indicator | Reviewed by | Met/Rated | Rating(Met,Not Met,NotRated) |
|-------------|-------------------------|-------------|-----------|------------------------------|
| Ⓜ L2 | Abuse/neglect reporting | DDS | 1/1 | Met |
| L48 | HRC | DDS | 1/1 | Met |
| L76 | Track trainings | Provider | - | Met |
| L83 | HR training | DDS | 3/3 | Met |

Employment and Day Supports:

| Ind. # | Ind. | Loc. or Individ. | Reviewed by | Emp. Sup. | Cent. Based Work | Com. Based Day | 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 | Met |
| L7 | Fire Drills | L | Provider | | | - | - | 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 | Met |
| Ⓜ L12 | Smoke detectors | L | DDS | | | 1/1 | 1/1 | Met |
| Ⓜ L13 | Clean location | L | DDS | | | 1/1 | 1/1 | Met |
| L15 | Hot water | L | DDS | | | 1/1 | 1/1 | Met |
| L16 | Accessibility | L | Provider | | | - | - | Met |
| L17 | Egress at grade | L | Provider | | | - | - | Met |
| L20 | Exit doors | L | Provider | | | - | - | Met |
| L21 | Safe electrical equipment | L | Provider | | | - | - | Met |

| Ind. # | Ind. | Loc. or Individ. | Reviewed by | Emp. Sup. | Cent. Based Work | Com. Based Day | Total Met / Rated | Rating |
|---------------|----------------------------|-------------------------|--------------------|------------------|-------------------------|-----------------------|--------------------------|---------------|
| L22 | Well-maintained appliances | L | Provider | | | - | - | Met |
| L25 | Dangerous substances | L | Provider | | | - | - | Met |
| L26 | Walkway safety | L | Provider | | | - | - | Met |
| L28 | Flammables | L | Provider | | | - | - | Met |
| L29 | Rubbish/com bustibles | L | Provider | | | - | - | Met |
| L30 | Protective railings | L | Provider | | | - | - | Met |
| L31 | Communication method | I | Provider | | | - | - | Met |
| L32 | Verbal & written | I | Provider | | | - | - | Met |
| L37 | Prompt treatment | I | Provider | | | - | - | Met |
| Ⓜ L38 | Physician's orders | I | DDS | | | 2/2 | 2/2 | Met |
| L39 | Dietary requirements | 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 |
| L54 (07/21) | Privacy | I | Provider | | | - | - | Met |
| L61 | Health protection in ISP | I | Provider | | | - | - | Met |
| L77 | Unique needs training | I | Provider | | | - | - | Met |
| L80 | Symptoms of illness | L | DDS | | | 1/1 | 1/1 | Met |
| L81 | Medical emergency | L | Provider | | | - | - | Met |
| L85 | Supervision | L | Provider | | | - | - | Met |
| L86 | Required assessments | I | Provider | | | - | - | Met |
| L87 | Support strategies | I | Provider | | | - | - | Met |

| Ind. # | Ind. | Loc. or Individ. | Reviewed by | Emp. Sup. | Cent. Based Work | Com. Based Day | Total Met / Rated | Rating |
|---------------------------------|--|------------------|-------------|-----------|------------------|----------------|-------------------|--------|
| L88 | Strategies implemented | I | Provider | | | - | - | Met |
| L91 | Incident management | L | DDS | | | 1/1 | 1/1 | Met |
| L93 (05/22) | Emergency back-up plans | I | DDS | | | 6/6 | 6/6 | Met |
| L94 (05/22) | Assistive technology | I | DDS | | | 6/6 | 6/6 | Met |
| L96 (05/22) | Staff training in devices and applications | I | DDS | | | 3/3 | 3/3 | Met |
| #Std. Met/# 42 Indicator | | | | | | | 42/42 | |
| Total Score | | | | | | | 46/46 | |
| | | | | | | | 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 | DDS | 1/1 | Met |

Community Based Day Services

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|-------------|---|-------------|-----------|--------|
| C7 | Feedback on staff / care provider performance | Provider | - | Met |
| C8 | Family/guardian communication | Provider | - | Met |
| C13 | Skills to maximize independence | Provider | - | Met |

Community Based Day Services

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|-------------|--|-------------|-----------|--------------------------|
| C37 | Interpersonal skills for work | Provider | - | Met |
| C38 (07/21) | Habilitative & behavioral goals | Provider | - | Met |
| C39 (07/21) | Support needs for employment | DDS | 3/5 | Not Met (60.0 %) |
| C40 | Community involvement interest | DDS | 6/6 | Met |
| C41 | Activities participation | DDS | 1/6 | Not Met (16.67 %) |
| C42 | Connection to others | DDS | 4/6 | Not Met (66.67 %) |
| C43 | Maintain & enhance relationship | Provider | - | Met |
| C44 | Job exploration | DDS | 6/6 | Met |
| C45 | Revisit decisions | Provider | - | Met |
| C46 | Use of generic resources | DDS | 4/6 | Not Met (66.67 %) |
| C47 | Transportation to/ from community | Provider | - | Met |
| C51 | Ongoing satisfaction with services/ supports | Provider | - | Met |