



**PROVIDER REPORT
FOR**

**Massachusetts Mentor, LLC
350 Myles Standish Blvd
Suite 202 Taunton, MA 02780**

September 11, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	Massachusetts Mentor, LLC
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Review Dates	8/9/2023 - 8/15/2023
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Service Enhancement Meeting Date	8/28/2023
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Survey Team	Katherine Gregory Elsa Adorno (TL) Margareth Larrieux Melanie McNamara Melanie Hutchison
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Citizen Volunteers	
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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	15 location (s) 15 audit (s)	Full Review	46/71 Defer Licensure		Certified
Placement Services	14 location (s) 14 audit (s)			Deemed	
Individual Home Supports	1 location(s) 1 audit (s)			Deemed	
Planning and Quality Management				Deemed	

EXECUTIVE SUMMARY :

Massachusetts Mentor is nonprofit organization that was founded on 1980 to support children and adolescence to live in a family-like environment. The agency is a part of the Mentor Network that operates in Massachusetts and several other states across the country. The agency has supported individuals with DD/ID support needs in placement services since 1983. Massachusetts Mentor provides a wide range of services such as foster care for adults and children and mental health clinics. Massachusetts Mentor currently provides placement services as well as individual home support services (IHS).

Mass Mentor received CRAF accreditation. This allows for deemed status of the DDS certification process. The current survey, therefore, focused solely on DDS standards for licensing. This licensing review was a hybrid model of surveying, where most tasks were conducted in-person while some were conducted through remote technologies. For this survey, interviews with key administrative and supervisory staff occurred virtually through Microsoft (MS) Teams. Observations, interviews with individuals and staff, review of environmental safety, and review of relevant documentation occurred on-site.

There were positive findings identified as a result of the licensing review. Among these was the agency's consistency in promoting human rights. The agency's human rights committee was effectively supported to perform all its oversight responsibilities and remained in compliance with all membership and quarterly meeting requirements. The agency also demonstrated a commitment to supporting individuals to exercise their rights in several areas, including rights to visit and communicate with family and friends, control personal possessions, and maintain privacy in bedrooms and personal spaces. Additionally, individuals who were able to be interviewed indicated general satisfaction with their home, homelife and supporters.

In addition to the positive findings in the review, there are several areas that require the agency's focused attention in placement services. The agency needs to strengthen safeguards related to environmental and personal safety, healthcare supports, funds management procedures, and ISP responsibilities. This includes maintaining safe hot water temperatures in care provider homes and ensuring that homes are equipped with operational smoke and carbon monoxide detectors. Healthcare supports must ensure that all individuals receive annual physical and dental exams, including preventative health screenings, testing, and follow-up appointments. Care providers must be knowledgeable of individuals' medical protocols and special dietary requirements. Greater oversight of medication administration is also needed, along with updates of Emergency Fact Sheets and HCSIS Health Care Records when needed. Specific requirements and documentation must be addressed for supportive devices and equipment and for administration of behavior modifying medication. The agency also needs to ensure that shared living providers have the required mandatory trainings.

In the area of funds management supports, the agency must implement effective safeguards of money belonging to individuals and controlled by care providers to ensure that all transactions are tracked, and receipts are retained for review by coordinators. Further training and oversight of the role of coordinators in safeguarding individuals' funds is also necessary. Annual training in reporting alleged abuse and neglect to DPPC must occur for all individuals, along with annual dissemination of information on mandated reporting to guardians. Additionally, the agency must address its responsibilities for ISP development by improving its response time to requests made by DDS Service Coordinators for ISP assessments and provider support strategies as well as ensure that ISP goals are implemented and data on progress is collected by care providers. Also, individuals must be assessed to identify any assistive technology that may be of benefit in promoting independence. Finally, the agency needs to take proactive steps to strengthen its supervision and staff development practices, including documentation of monthly visits to home providers and training provided to staff in healthcare oversight, environmental safety, and other unique needs of individuals.

As a result of the current review, the Residential and Individual Home Support group operated by Massachusetts Mentor received an overall score of 65% of licensure indicators met. The service group's level of licensure will be Deferred, pending follow-up conducted by OQE within sixty days on twenty-five licensing indicators, including three critical indicators, that received a rating of Not Met. This service group is Certified through deeming the agency's CRAF accreditation.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	6/7	1/7	
Residential and Individual Home Supports	40/64	24/64	
Placement Services Individual Home Supports			
Critical Indicators	4/7	3/7	
Total	46/71	25/71	65%
Defer Licensure			
# indicators for 60 Day Follow-up		25	

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

Indicator #	Indicator	Area Needing Improvement
L76	The agency has and utilizes a system to track required trainings.	For six out of eighteen staff and home care providers, required training documentation was incomplete, including missing First Aid and CPR certifications. The agency needs to ensure that staff and care providers are current in all mandated trainings and certifications.

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

Indicator #	Indicator	Area Needing Improvement
L1	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	Five individuals reviewed were not supported to receive annual training in how to file a complaint with DPPC. The agency must ensure that individuals receive annual training on how to file a complaint with DPPC.
L8	Emergency fact sheets are current and accurate and available on site.	Emergency Fact Sheets for seven individuals did not include all required information. The agency needs to ensure that Emergency Fact Sheets are current and accurate, including current diagnoses, health conditions and medication needs as well as information on the individual's general capabilities and likely response to search efforts, among others.

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

Indicator #	Indicator	Area Needing Improvement
Ⓡ 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.	For five of fourteen homes, a smoke and/or carbon monoxide detector were not present where required. The agency needs to ensure that smoke detectors and carbon monoxide detectors are located where required and are fully operational.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	For six of fourteen locations, hot water temperature exceeded the required range. The agency needs to ensure that hot water temperature is maintained between 110 and 120 degrees F..
L33	Individuals receive an annual physical exam.	Five individuals had not received physical exams within 15 -month intervals. The agency needs to ensure individuals receive a physical exam at least every 15 months.
L35	Individuals receive routine preventive screenings.	Nine individuals did not receive routine preventive health screenings. The agency needs to ensure that preventative health screenings and immunizations corresponding to individuals' age and gender are addressed with their primary care physicians. If healthcare screenings are deferred, the PCP's rationale for deferring this care needs to be documented.
L36	Recommended tests and appointments with specialists are made and kept.	Seven of fifteen individuals were not supported to attend follow-up appointments or be seen by specialists as recommended by their primary care physicians. The agency needs to ensure that recommended specialty referrals are made and that all health-related appointments are kept.
Ⓡ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For four individuals, health care protocols did not contain all required components, including instructions for home care providers to assist individuals with managing significant medical conditions. For one individual, health care protocols were not being implemented. Health management protocols need to be developed individuals with health conditions or health treatments which require ongoing monitoring and/or intervention, including instructions for home care providers to help individuals manage these health conditions and when to contact the physician or 911. Home care providers and staff working directly with individuals need to be knowledgeable of the protocol's procedures and implement them as written.
L39	Special dietary requirements are followed.	For one individual with special dietary requirements, the special diet was not being followed. The agency needs to ensure that recommended specialized diets are being followed and that care providers are trained and knowledgeable in providing needed supports.

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

Indicator #	Indicator	Area Needing Improvement
L43	The health care record is maintained and updated as required.	For six individuals, the health care record did not include significant changes and accurate medical information. The agency needs to ensure that individuals' health care records are accurate and current, with updates in HCSIS within 30 days for new diagnoses, immunization, or hospitalization.
℞ L46	All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.	For four individuals, current, signed medication orders were not present in the home. For two individuals, daily medications prescribed by a physician were not present in the home. For one individual, medication was not administered consistent with physician's orders. One individual was not receiving medication administration support consistent with her documented support needs. The agency needs to strengthen its oversight of medication administration to ensure that current, signed medication orders are present at the home for individuals who receive assistance from care providers with medication administration; medications prescribed by a physician are present in the home; care providers are knowledgeable about individuals' medication administration support needs; and that care providers administer medications consistent with physicians' orders.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For two individuals who used supportive devices and equipment, there was no authorization outlining the frequency and duration of their use, as well as procedures for care, maintenance, and safety checks. The agency needs to ensure that when an individual requires the use of a health-related supportive equipment, it needs to be authorized by a healthcare professional and must identify the need for the device, the indications for use, the frequency and duration of use, and procedures for safety checks and maintenance.
L63	Medication treatment plans are in written format with required components.	The medication treatment plans for three individuals did not include all required elements, while a fourth person taking behavior modifying medication did not have a medication treatment plan developed. The agency needs to ensure that for individuals who are prescribed behavior modifying medications and are not able to self-administer medications, a medication treatment plan is developed to include observable and measurable descriptions of the behaviors targeted for treatment; clinical indications for adjusting medications; specific procedures necessary to minimize risks; and, when a medication has been prescribed to reduce anxiety prior to scheduled appointments, strategies are developed to help the person reduce or eliminate the need for medication.

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

Indicator #	Indicator	Area Needing Improvement
L64	Medication treatment plans are reviewed by the required groups.	Six medication treatment plans had not been incorporated into the ISP. The agency needs to share individuals' medication treatment plans with DDS Service Coordinators to ensure they are incorporated into the ISP.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	Funds management plans for three individuals did not address all required elements. When the agency assumes shared or delegated responsibility for managing an individual's funds, a plan needs to be developed that fully describes the agency's role in managing those funds. The agency needs to ensure that money management plans fully outline the agency/Mentor's role in assisting individuals in the management and expenditure of funds. Agreement to the funds-management plan needs to be obtained from the individual or his/her guardian. Where identified, a training plan must be developed that will promote the individual's ability to manage more of their funds independently, over time.
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.	For four individuals who received support from home care providers to manage their personal funds, no financial record keeping practices were in place to ensure expenditures directly benefited the individuals. The agency needs to develop oversight mechanisms to ensure that individuals are not paying for goods or services that are the obligation of the home provider or placement agency to provide.
L69	Individual expenditures are documented and tracked.	Tracking of expenditures was not occurring for five individuals who received support from their care providers to manage their funds. The agency needs to strengthen its oversight practices regarding the protection of individual's funds. There is a need to ensure that all required documentation of expenditures and tracking of funds complies with regulatory requirements and as described within specific funds management plans.
L80	Support staff are trained to recognize signs and symptoms of illness.	Four home care providers were not trained in signs and symptoms of illness. The agency needs to provide signs and symptoms of illness training to all home care providers.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For two individuals with support and health-related supports there was no documentation to verify that care providers had been trained in the proper use of supportive devices or equipment. The agency needs to ensure that care providers are trained in individuals' supportive device or equipment.

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

Indicator #	Indicator	Area Needing Improvement
L85	The agency provides ongoing supervision, oversight and staff development.	In eight placement service locations, supervision and oversight were not adequate to ensure effective supports in safeguard areas relating to environmental safety, healthcare supports, funds management procedures, and human rights and DPPC education. The agency needs to strengthen its oversight and supervision of care providers and the supports they provide to individuals in these areas.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For five individuals, ISP assessments had not been submitted to DDS fifteen days prior to the ISP meeting. The agency needs to ensure that assessments are submitted within the required timelines.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For eight individuals, provider support strategies had not been submitted to DDS fifteen days prior to the ISP meeting. The agency needs to ensure that provider support strategies are submitted within the required timelines.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For five individuals, ISP goals were not being implemented and/or tracked for progress. The agency needs to ensure that ISP goals are being implemented as designed and that documentation regarding progress towards accomplishing ISP goals is collected by the home provider in a manner that can be reported by the agency to the DDS Service Coordinator when required.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Six individuals had not been assessed to establish the benefits assistive technology may provide. The agency needs to ensure that all individuals it supports are assessed for ways assistive technology may benefit and enhance their independence.

MASTER SCORE SHEET LICENSURE

Organizational: Massachusetts Mentor, LLC

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	15/16	Met(93.75 %)
L3	Immediate Action	6/6	Met
L48	HRC	1/1	Met
L74	Screen employees	3/3	Met
L75	Qualified staff	4/4	Met
L76	Track trainings	12/18	Not Met(66.67 %)
L83	HR training	18/18	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I		1/1	10/14				11/15	Not Met (73.33 %)
L5	Safety Plan	L		1/1	11/14				12/15	Met (80.0 %)
R L6	Evacuation	L		1/1	14/14				15/15	Met
L8	Emergency Fact Sheets	I		1/1	7/14				8/15	Not Met (53.33 %)
L9 (07/21)	Safe use of equipment	I		1/1					1/1	Met
L10	Reduce risk interventions	I		1/1	4/4				5/5	Met
R L11	Required inspections	L			12/12				12/12	Met
R L12	Smoke detectors	L			9/14				9/14	Not Met (64.29 %)
R L13	Clean location	L			12/14				12/14	Met (85.71 %)
L14	Site in good repair	L			12/14				12/14	Met (85.71 %)
L15	Hot water	L			8/14				8/14	Not Met (57.14 %)
L16	Accessibility	L			14/14				14/14	Met
L17	Egress at grade	L			11/11				11/11	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	Met
L19	Bedroom location	L			4/4				4/4	Met
L21	Safe electrical equipment	L			14/14				14/14	Met
L22	Well-maintained appliances	L			13/14				13/14	Met (92.86 %)
L24	Locked door access	L			13/14				13/14	Met (92.86 %)
L26	Walkway safety	L			13/14				13/14	Met (92.86 %)
L29	Rubbish/combustibles	L			12/14				12/14	Met (85.71 %)
L30	Protective railings	L			14/14				14/14	Met
L31	Communication method	I		1/1	14/14				15/15	Met
L32	Verbal & written	I		1/1	14/14				15/15	Met
L33	Physical exam	I		1/1	10/14				11/15	Not Met (73.33 %)
L34	Dental exam	I		1/1	11/13				12/14	Met (85.71 %)
L35	Preventive screenings	I		0/1	7/14				7/15	Not Met (46.67 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L36	Recommended tests	I		0/1	9/14				9/15	Not Met (60.0 %)
L37	Prompt treatment	I		1/1	14/14				15/15	Met
L38	Physician's orders	I		1/1	3/7				4/8	Not Met (50.0 %)
L39	Dietary requirements	I		1/1	1/2				2/3	Not Met (66.67 %)
L40	Nutritional food	L		1/1					1/1	Met
L41	Healthy diet	L		1/1	14/14				15/15	Met
L42	Physical activity	L		1/1	14/14				15/15	Met
L43	Health Care Record	I		0/1	9/14				9/15	Not Met (60.0 %)
L46	Med. Administration	I			4/8				4/8	Not Met (50.0 %)
L47	Self medication	I			5/6				5/6	Met (83.33 %)
L49	Informed of human rights	I		1/1	11/14				12/15	Met (80.0 %)
L50 (07/21)	Respectful Comm.	I		1/1	14/14				15/15	Met
L51	Possessions	I		1/1	14/14				15/15	Met
L52	Phone calls	I		1/1	14/14				15/15	Met
L53	Visitation	I		1/1	14/14				15/15	Met
L54 (07/21)	Privacy	I		1/1	13/14				14/15	Met (93.33 %)

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L61	Health protecti on in ISP	I			0/2				0/2	Not Met (0 %)
L62	Health protecti on review	I			1/1				1/1	Met
L63	Med. treatme nt plan form	I		0/1	2/5				2/6	Not Met (33.33 %)
L64	Med. treatme nt plan rev.	I		0/1	0/5				0/6	Not Met (0 %)
L67	Money mgmt. plan	I			4/6				4/6	Not Met (66.67 %)
L68	Funds expendi ture	I			2/6				2/6	Not Met (33.33 %)
L69	Expendi ture tracking	I			1/6				1/6	Not Met (16.67 %)
L70	Charges for care calc.	I			13/14				13/14	Met (92.86 %)
L71	Charges for care appeal	I			14/14				14/14	Met
L77	Unique needs training	I		1/1	13/14				14/15	Met (93.33 %)
L80	Sympto ms of illness	L		1/1	10/14				11/15	Not Met (73.33 %)
L81	Medical emerg ency	L		1/1	13/14				14/15	Met (93.33 %)
L84	Health protect. Training	I			1/2				1/2	Not Met (50.0 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L85	Supervision	L		1/1	6/14				7/15	Not Met (46.67 %)
L86	Required assessments	I			4/9				4/9	Not Met (44.44 %)
L87	Support strategies	I		0/1	5/12				5/13	Not Met (38.46 %)
L88	Strategies implemented	I		1/1	9/14				10/15	Not Met (66.67 %)
L90	Personal space/bedroom privacy	I		1/1	11/14				12/15	Met (80.0 %)
L91	Incident management	L		0/1	14/14				14/15	Met (93.33 %)
L93 (05/22)	Emergency back-up plans	I		1/1	13/14				14/15	Met (93.33 %)
L94 (05/22)	Assistive technology	I		0/1	9/14				9/15	Not Met (60.0 %)
L96 (05/22)	Staff training in devices and applications	I			5/5				5/5	Met
#Std. Met/# 64 Indicator									40/64	
Total Score									46/71	
									64.79%	
