

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**DDS FOLLOW-UP REPORT**

Provider	<u>Massachusetts Mentor, LLC</u>	Provider Address	<u>350 Myles Standish Blvd Suite 202, Taunton</u>
Survey Team	<u>Dolan, Cheryl; Muguro, William; Hutchison, Melanie; Adorno, Elsa; McNamara, Melanie;</u>	Date(s) of Review	<u>23-OCT-23 to 25-OCT-23</u>

<b>Follow-up Scope and results :</b>						
Service Grouping	Licensure level and duration	# Critical Indicators std. met/ std. rated at follow-up	# Indicators std. met/ std. rated at follow-up	Sanction status prior to Follow-up	Combined Results post-Follow-up; for Deferred, License level	Sanction status post Follow-up
Residential and Individual Home Supports 15 Locations 15 Audits	Defer Licensure	2/3	14/25	<input type="checkbox"/> Eligible for new business (Two Year License)  <input checked="" type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	Recommendation to De-License	<input type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met)  <input checked="" type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)

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**Summary of Ratings**

**Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L12
<b>Indicator</b>	Smoke detectors
<b>Area Need Improvement</b>	At two homes, the interconnected smoke and CO detection system was not operating properly when tested. The agency needs to ensure that all smoke detectors and CO detectors are fully operational.
<b>Status at follow-up</b>	The agency had developed a mechanism for validating that smoke and CO detectors are tested as operable and located where required in placement locations.
<b>#met /# rated at followup</b>	12/14
<b>Rating</b>	Met

<b>Indicator #</b>	L43
<b>Indicator</b>	Health Care Record
<b>Area Need Improvement</b>	For two individuals, the health care records did not contain all the required information or were not updated within the required timelines. The agency needs to ensure that health care records are maintained and updated as required.
<b>Status at follow-up</b>	For four 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.
<b>#met /# rated at followup</b>	11/15
<b>Rating</b>	Not Met

<b>Indicator #</b>	L51
<b>Indicator</b>	Possessions
<b>Area Need Improvement</b>	Two individuals do not have access to some of their possessions. When restriction on access to personal possessions is necessary, the intervention must be outlined in a written plan includes individualized educational and/or training strategies that will reduce the need for the intervention over time as well as behavioral criteria for reducing or eliminating the restriction. In addition, the human rights committee must review these restrictive intervention plans.
<b>Status at follow-up</b>	

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#met /# rated at followup	
Rating	Not Rated

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	For one individual there was a restrictive practice in place based on the need to lock a linen closet and basement door where the laundry was located. When a restrictive practice is necessary for health and safety reasons, the agency must develop a written plan that outlines the rationale for the restriction. Criteria for fading and/or eliminating the individual's restriction must be included.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

Indicator #	L61
Indicator	Health protection in ISP
Area Need Improvement	For two individuals who required health-related supportive equipment, these supports lacked authorization from a qualified health care practitioner. The agency needs to ensure that when supportive equipment and devices are needed by an individual, these supports are authorized by a qualified practitioner. In addition, instructions outlining their proper use and application as well as for their care and maintenance must be developed to ensure consistency of practice.
Status at follow-up	For three individuals who used supportive devices and equipment, a health care provider had not authorized the device and its use. The agency needs to ensure that when an individual requires the use of health-related supportive equipment, it is authorized by a healthcare professional and must identify the need for the device and its use.
#met /# rated at followup	0/3
Rating	Not Met

Indicator #	L64
Indicator	Med. treatment plan rev.

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<b>Area Need Improvement</b>	Three of four medication plans reviewed were not included in the ISP or included in the completed ISP packet or uploaded into HCSIS. In addition, two individuals were administered antipsychotic medication and no Rogers orders were in place, nor had the agency notified the DDS Area Office of the need for this legal protection. Medication treatment plans need to be included in the ISP in one of the approved methods. Additionally, the agency needs to notify the DDS Area Office when individuals who have guardians and are not legally competent are prescribed antipsychotic medication.
<b>Status at follow-up</b>	Two 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.
<b>#met /# rated at followup</b>	3/5
<b>Rating</b>	Not Met

<b>Indicator #</b>	L68
<b>Indicator</b>	Funds expenditure
<b>Area Need Improvement</b>	For four of the five individuals who required support to manage and spend their funds, adequate documentation was lacking in order to verify that the items purchased were of direct benefit to the individual. The agency needs to have a system of financial monitoring and protection to demonstrate that purchases made were for the individual's benefit.
<b>Status at follow-up</b>	The agency has developed 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.
<b>#met /# rated at followup</b>	4/5
<b>Rating</b>	Met

<b>Indicator #</b>	L69
<b>Indicator</b>	Expenditure tracking
<b>Area Need Improvement</b>	For four of the five individuals who required support to manage and spend their funds, individual expenditures were not consistently tracked and documented. Purchases were made, and neither receipts nor invoices were available to verify how the money was spent. In addition, the agency was not following its own financial policies and procedures regarding documentation and tracking. The agency needs to ensure that individual expenditures are documented and tracked in accordance with DDS regulatory requirements as well as agency financial policies and procedures.

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<b>Status at follow-up</b>	The agency has strengthened its oversight practices regarding the protection of individual's funds. At follow-up, a system had been put in place to ensure that all required documentation of expenditures and tracking of funds is compliant with regulatory requirements and as described within individuals' funds management plans.
<b>#met /# rated at followup</b>	4/5
<b>Rating</b>	Met

**Administrative Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L48
<b>Indicator</b>	HRC
<b>Area Need Improvement</b>	The agency's human right committee did not meet quorum requirements at all meetings and multiple members missed two or more meetings. In addition, there was no meeting held for the last quarter of 2022. The agency needs to ensure that HRC meetings occur at least quarterly and that members with required expertise maintain regular attendance. The human rights committee also needs to review restrictive practices.
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated