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| **PROVIDER REPORT FOR** |

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| **Nashoba Learning Group, Inc.10 Oak Park Drive Bedford, MA 01730**  |

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| **Version** |

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| **Public Provider Report** |

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| **Prepared by the Department of Developmental ServicesOFFICE OF QUALITY ENHANCEMENT** |

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| **SUMMARY OF OVERALL FINDINGS** |

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| **Provider** |

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| Nashoba Learning Group, Inc. |

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| **Review Dates** |

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| 3/23/2022 - 3/29/2022 |

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| **Service Enhancement Meeting Date** |

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| 4/12/2022 |

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| **Survey Team** |

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| John Downing (TL) |
| Cheryl Dolan |

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| **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)  | Targeted Review | DDS 13/14Provider 49 / 4962 / 63 2 Year License 04/12/2022- 04/12/2024 |  | DDS 5 / 8Provider 21 / 2126 / 29 Certified 04/12/2022 - 04/12/2024 |
| Employment Support Services | 1 location(s) 6 audit (s)  |  |  | DDS Targeted Review | 21 / 23 |
| Planning and Quality Management |   |  |  | DDS Targeted Review | 5 / 6 |

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| **EXECUTIVE SUMMARY :** |

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| Nashoba Learning Group (NLG) was founded in 2002 to provide support to individuals with Autism Spectrum disorders between the ages of 3 to 22. The agency expanded during March 2013 to serve an adult population with the focus to support the unique needs of adults significantly affected by autism and challenging behaviors. NLG provides Day Habilitation for individuals who also receive Employment Supports through the Massachusetts Department of Developmental Services (DDS). During the agency's 2019 survey, NLG met 93% of licensing indicators within their Employment Service program. As a result of the highly positive licensing outcome, the agency was eligible and elected to complete a self-assessment during this licensing review. The agency also deemed its most recent CARF accreditation for certification. The scope of this DDS licensing review was a Targeted Review limited to critical indicators, indicators receiving a rating of 'not met' during the 2019 survey, and any new or strengthened licensing and/or certification indicators since the last full review in 2019. The ratings from this survey process are a combination of the agency's self-assessment and DDS application of licensing and certification standards.The agency demonstrated success in the domain of healthcare; in-particular Physician Ordered Protocols and medication administration. The agency utilizes licensed professionals to administer all medications and to train all staff on individualized healthcare protocols. Staff had a demonstrated knowledge of health care protocols, and these were found to be implemented consistently. The agency's site was found to be clean, and with all required inspections completed. Fire safety in terms of equipment, functionality, inspection, and program evacuation times was notable. Surveyors, through record review and personal observations, witnessed the agency's use of respectful communication and implementation of privacy policies/practices at each location. In terms of individual interests and abilities, many of the individuals have been supported by NLG for many years prior to entering the agency's Adult program which provided a rich history of each person's abilities and challenges. Regardless, a Task Analysis Assessment and Interest Inventory was completed for each individual to pave their road to employment success. Some areas requiring further attention were identified during the survey. Specific to licensing, one area identified as requiring the agency's continued attention is the need to provide individuals with annual on-site training about the Disabled Persons Protection Commission (DPPC) and the reporting of alleged abuse or neglect. Specific to certification, the agency is encouraged to implement its plan to re-engage individuals back into their original places of employment or new jobs as soon as possible and support them to work in integrated settings. The agency can augment its current practice of evaluating staff performance based on the behavioral responses of individuals by identifying a means to solicit feedback directly from the individuals, and to involve them at the time of hire and during annual performance reviews of the staff that support them.Nashoba Learning Group met 98% of the licensing indicators reviewed, including all critical licensing indicators. The agency also met 90 % of certification indicators rated. As a result, the agency will receive a Two-Year License for Employment Supports. NLG will complete its own follow up on licensing indicators that received a rating of not met, within 60 days of the Service Enhancement Meeting |

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| **Description of Self Assessment Process:** |

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| The self-assessment process completed by Nashoba Learning Group was completed by looking at regularly occurring checks in place and by spot checking certain other indicators. In order to complete this self-assessment form, the Director of Clinical Practice, reviewed each indicator and identified if it was an item that is part of a regular review process, or if it was something that needed to be specifically evaluated for the purposes of this assessment. For Personal Safety, the Director of Clinical Practice worked with the Program Administrator and the Training and Development Coordinator to ensure that indicators were met. As well as, completed a specific review of the documentation of several of the items. For Environmental Safety, the Director of Clinical Practice worked closely with our facilities department to get all required documentation and ensure that regular building checks were being consistently completed and documented. For Communication, the Director of Clinical Practice reviewed member's DHSP objectives on an ongoing basis, and interviewed Clinical/Team Leaders to ensure indicators are being met. For Health, the Director of Clinical Practice worked closely with NLG's Health Care Supervisor and nursing department to ensure all necessary documentation was in order. Our nursing department completes regular checks and has an electronic monitoring system to record all necessary information. For Human Rights, the Director of Clinical Practice also serves as the agencies Human Rights Coordinator and one of the Human Rights Officer, so is closely involved in the completion of many of these indicators. Information was obtained from the Training and Development Coordinator to ensure trainings were offered and completed and other areas were reviewed as part of the individuals' annual DHSP completion and consent process. For Competent Workforce, the Director of Clinical Practice worked with our Human Rights Department and Recruiting Department to ensure each indicator was consistently carried out and fulfilled. For Goal and Development Implementation, the Director of Clinical Practice worked with the Program Director (who submits all final HCSIS documentation) to assess our best estimate on the completion of these indicators. For Personal Safety, the Director of Clinical Practice worked with our Training and Development Coordinator to ensure staff are reliably trained in this area. There were no active DPPC cases towards our organization. Many of the indicators have processes in place that consistently are monitored and checked throughout the year to ensure they are being met, such as regular building checks, recurring trainings, processes around annual DHSP/ISP creation, etc. This self-assessment was completed by reviewing many of the pre-existing systems in place to ensure we are meeting the needs of the individuals we serve. |

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| **LICENSURE FINDINGS** |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **10/10** | **0/10** |  |
| **Employment and Day Supports** | **52/53** | **1/53** |  |
|  Employment Support Services |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **62/63** | **1/63** | **98%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **1** |  |
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|  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:From DDS review:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L1 | Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect. | None of the individuals had received annual training in how to report alleged abuse or neglect. The agency needs to ensure all individuals receive training on an annual basis, and continue to ensure guardians are provided with information on how to report alleged abuse/neglect. |

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| **CERTIFICATION FINDINGS** |

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|  | **Reviewed By** | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **DDS 1/2Provider 4/4** | **5/6** | **1/6** |  |
| **Employment and Day Supports** | **DDS 4/6Provider 17/17** | **21/23** | **2/23** |  |
| Employment Support Services | DDS 4/6Provider 17/17 | 21/23 | 2/23 |  |
| **Total** |  | **26/29** | **3/29** | **90%** |
| **Certified** |  |  |  |  |

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|  | **Planning and Quality Management Areas Needing Improvement on Standards not met From DDS Review:** |
|  | **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 with strategies to be implemented to actualize the agency's future directions in service delivery. |
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|  | **Employment Support Services- Areas Needing Improvement on Standards not met From DDS Review:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |  |
|  |  C7 | Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them. | Individuals did not have opportunities to provide feedback either at the time of hire or on an ongoing basis of staff that support them. The agency needs to implement a system to obtain feedback from individuals regarding the performance of staff that support them, both at the time of hire and on an ongoing basis. |  |
|  |  C30 | Individuals are supported to work in integrated job settings. | Four individuals had not returned to work or obtained employment in an integrated job setting. The agency needs to ensure all individuals are supported to work in integrated settings. |  |
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| **MASTER SCORE SHEET LICENSURE** |

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| **Organizational: Nashoba Learning Group, Inc.** |

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|  | **Indicator #** | **Indicator** | **Reviewed by** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **DDS** | **1/1** | **Met** |
|  |  L3 | Immediate Action | **Provider** | **-** | **Met** |
|  |  L4 | Action taken | **Provider** | **-** | **Met** |
|  |  L48 | HRC | **DDS** | **1/1** | **Met** |
|  |  L65 | Restraint report submit | **Provider** | **-** | **Met** |
|  |  L66 | HRC restraint review | **Provider** | **-** | **Met** |
|  |  L74 | Screen employees | **Provider** | **-** | **Met** |
|  |  L75 | Qualified staff | **Provider** | **-** | **Met** |
|  |  L76 | Track trainings | **Provider** | **-** | **Met** |
|  |  L83 | HR training | **DDS** | **4/4** | **Met** |

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| **Employment and Day Supports:** |

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|  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Reviewed by** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** |
|  |  L1 | Abuse/neglect training | I | **DDS** | 0/6 |  |  | **0/6** | **Not Met(0 %)** |
|  |  L5 | Safety Plan | L  | **Provider** |  | - |  | **-** | **Met** |
| O |  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 | **DDS** | 6/6 |  |  | **6/6** | **Met** |
|  |  L10 | Reduce risk interventions | I  | **Provider** |  | - |  | **-** | **Met** |
| O |  L11 | Required inspections | L | **DDS** | 1/1 |  |  | **1/1** | **Met** |
| O |  L12 | Smoke detectors | L | **DDS** | 1/1 |  |  | **1/1** | **Met** |
| O |  L13 | Clean location | L | **DDS** | 1/1 |  |  | **1/1** | **Met** |
|  |  L14 | Site in good repair | L  | **Provider** |  | - |  | **-** | **Met** |
|  |  L15 | Hot water | L  | **Provider** |  | - |  | **-** | **Met** |
|  |  L16 | Accessibility | L  | **Provider** |  | - |  | **-** | **Met** |
|  |  L17 | Egress at grade  | L  | **Provider** |  | - |  | **-** | **Met** |
|  |  L18 | Above grade egress | L  | **Provider** |  | - |  | **-** | **Met** |
|  |  L20 | Exit doors | L  | **Provider** |  | - |  | **-** | **Met** |
|  |  L21 | Safe electrical equipment | L  | **Provider** |  | - |  | **-** | **Met** |
|  |  L22 | Well-maintained appliances | L  | **Provider** |  | - |  | **-** | **Met** |
|  |  L25 | Dangerous substances | L  | **Provider** |  | - |  | **-** | **Met** |
|  |  L26 | Walkway safety | L  | **Provider** |  | - |  | **-** | **Met** |
|  |  L27 | Pools, hot tubs, etc. | L  | **Provider** |  | - |  | **-** | **Met** |
|  |  L28 | Flammables | L  | **Provider** |  | - |  | **-** | **Met** |
|  |  L29 | Rubbish/combustibles | 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** |
| O |  L38 | Physician's orders | I | **DDS** | 2/2 |  |  | **2/2** | **Met** |
|  |  L39 | Dietary requirements | I  | **Provider** |  | - |  | **-** | **Met** |
|  |  L45 | Medication storage | L  | **Provider** |  | - |  | **-** | **Met** |
| O |  L46 | Med. Administration | I | **DDS** | 2/2 |  |  | **2/2** | **Met** |
|  |  L49 | Informed of human rights | I  | **Provider** |  | - |  | **-** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | **DDS** | 6/6 |  |  | **6/6** | **Met** |
|  |  L51 | Possessions | I  | **Provider** |  | - |  | **-** | **Met** |
|  |  L52 | Phone calls | I  | **Provider** |  | - |  | **-** | **Met** |
|  |  L54 (07/21) | Privacy | I | **DDS** | 6/6 |  |  | **6/6** | **Met** |
|  |  L55 | Informed consent | I  | **Provider** |  | - |  | **-** | **Met** |
|  |  L63 | Med. treatment plan form | I  | **Provider** |  | - |  | **-** | **Met** |
|  |  L64 | Med. treatment plan rev. | I  | **Provider** |  | - |  | **-** | **Met** |
|  |  L67 | Money mgmt. plan | I  | **Provider** |  | - |  | **-** | **Met** |
|  |  L68 | Funds expenditure | I  | **Provider** |  | - |  | **-** | **Met** |
|  |  L69 | Expenditure tracking | I  | **Provider** |  | - |  | **-** | **Met** |
|  |  L77 | Unique needs training | I  | **Provider** |  | - |  | **-** | **Met** |
|  |  L78 | Restrictive Int. Training | L  | **Provider** |  | - |  | **-** | **Met** |
|  |  L79 | Restraint training | L  | **Provider** |  | - |  | **-** | **Met** |
|  |  L80 | Symptoms of illness | L  | **Provider** |  | - |  | **-** | **Met** |
|  |  L81 | Medical emergency | L  | **Provider** |  | - |  | **-** | **Met** |
| O |  L82 | Medication admin. | L | **DDS** | 1/1 |  |  | **1/1** | **Met** |
|  |  L84 | Health protect. Training | I  | **Provider** |  | - |  | **-** | **Met** |
|  |  L85 | Supervision  | L  | **Provider** |  | - |  | **-** | **Met** |
|  |  L86 | Required assessments | I  | **Provider** |  | - |  | **-** | **Met** |
|  |  L87 | Support strategies | I  | **Provider** |  | - |  | **-** | **Met** |
|  |  L88 | Strategies implemented | I  | **Provider** |  | - |  | **-** | **Met** |
|  |  L91 | Incident management | L  | **Provider** |  | - |  | **-** | **Met** |
|  | **#Std. Met/# 53 Indicator** |  |  |  |  |  |  | **52/53** |  |
|  | **Total Score** |  |  |  |  |  |  | **62/63** |  |
|  |  |  |  |  |  |  |  | **98.41%** |  |

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| **MASTER SCORE SHEET CERTIFICATION** |

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|  | **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 | DDS | 1/1 | **Met** |
|  |  C6 | Future directions planning | DDS | 0/1 | **Not Met (0 %)** |
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| **Employment Support Services** |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | DDS | 0/6 | **Not Met (0 %)** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C20 (07/21) | Emergency back-up plans | DDS | 6/6 | **Met** |
|  C22 | Explore job interests | DDS | 6/6 | **Met** |
|  C23 | Assess skills & training needs | Provider | - | **Met** |
|  C24 | Job goals & support needs plan | Provider | - | **Met** |
|  C25 | Skill development | Provider | - | **Met** |
|  C26 | Benefits analysis | DDS | 5/5 | **Met** |
|  C27 | Job benefit education | Provider | - | **Met** |
|  C28 | Relationships w/businesses | Provider | - | **Met** |
|  C29 | Support to obtain employment | Provider | - | **Met** |
|  C30 | Work in integrated settings | DDS | 2/6 | **Not Met (33.33 %)** |
|  C31 | Job accommodations | Provider | - | **Met** |
|  C32 | At least minimum wages earned | Provider | - | **Met** |
|  C33 | Employee benefits explained | Provider | - | **Met** |
|  C34 | Support to promote success | Provider | - | **Met** |
|  C35 | Feedback on job performance | Provider | - | **Met** |
|  C36 | Supports to enhance retention | Provider | - | **Met** |
|  C37 | Interpersonal skills for work | Provider | - | **Met** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C50 | Involvement/ part of the Workplace culture | DDS | 2/2 | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C54 | Assistive technology | Provider | - | **Met** |
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