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|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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|  | |  |  | | --- | --- | |  |  | | |  | | --- | | **EXECUTIVE SUMMARY :** | |  | |  |  | | |  | | --- | | The New England Center for Children (NECC) is a private non-profit organization based in Southborough, Massachusetts. The agency has international ties that supports its mission of serving people on the autism spectrum in the United States, as well as in other countries. The agency serves individuals beginning from childhood and extending into adulthood. NECC currently operates two twenty-four-hour residential homes for DDS adults with autism and intellectual disabilities.  For this 2022 DDS Licensing and Certification review, NECC was offered and elected to perform a self-assessment of both licensing and certification indicators. Therefore, a targeted review was conducted by the DDS Office of Quality Enhancement. This DDS evaluation focused on all critical licensing indicators and licensing and certification indicators that were determined to be not met from the agency's previous DDS review of February 2019. This survey report details the cumulative findings of both the agency's self-assessment process and the DDS targeted review.  The results of the DDS review showed that the agency continues to affirm people's human rights, and supported individuals to make strides and remain safe in their home. The agency had an effective Human Rights Committee that maintained the required membership; it met regularly with a full quorum to review matters under its purview. It was also evident that individuals and guardians were trained and provided with information relative to human rights/ abuse and neglect reporting. In the area of personal and environmental safety, individuals were evaluated relative to the use of household machinery and equipment; required inspections at the residences were current; and, emergency evacuation drills were conducted in accordance with the DDS authorized safety plan. In response to the Covid 19 pandemic, the agency implemented safety protocols that included screening/contact tracing measures and enhanced cleaning procedures in accordance with guidance provided by Massachusetts state government.   Relative to medication administration, the agency administered medication and maintained documentation in accordance with Physician orders and MAP policies. In addition, medical treatment protocols when required were in place, and staff were trained to implement them correctly.   NECC ensured through its site layout and processes that individuals had privacy when discussing personal matters and taking care of personal needs. The home was spacious and had different areas for individuals to have private conversations, including a staff office. In addition, everyone had their own bedroom which had a locking door. Staff were also observed communicating with people in a respectful manner.  NECC will receive a Two-Year License for its Residential Services grouping with 100% of licensing indicators met. The agency is also Certified with 100% of certification indicators in its Residential Service Grouping met. The provider's self-assessment process and ratings are outlined below. | | | |  |

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|  | |  |  | | --- | --- | |  |  | | |  | | --- | | **Description of Self Assessment Process:** | |  | |  |  | | |  | | --- | | The New England Center for Children (NECC®) is committed to ongoing data-based assessment and review of all services provided. The agency is in the second year of a strategic plan which identifies specific goals that have been implemented agency-wide and measures our performance toward those goals. All NECC program directors set goals for their department and evaluate their performance towards those goals. Directors review progress with Executive Committee as well as review with teams. Changes are implemented based on performance on the objectives.   Scientifically validated data-based decision making is a fundamental principal of NECC and is implemented at all levels of the organization.   The New England Center for Children operates two adult group homes and implements systems to ensure all standards are followed and reviewed regularly.   The residences are directly supervised by program coordinators who are supervised by Clinical Program Specialist and the Director of Adult Services through weekly scheduled meetings, as well as daily check-ins. Team meetings occur weekly with the program staff. During the evening and overnight hours, the program is formally supervised by the Residential Services Department under the supervision of the Director of Residential Services who reports to the Director of Administration. The Residential Services Department provides daily supervision and support to all areas of the program between the hours of 3:00 p.m. and 7:00 a.m. (24 hours during weekends). This department visits teams at residences each evening or overnight and provides support and supervision for routine reporting and clinical and administrative issues through a beeper system and nightly reporting summary system.   NECC ensures standards developed by DDS are met through ongoing system management. The Director of Adult Services and Director of Facilities ensure that maintenance technicians complete a monthly safety checklist reviewing items such as water temperature, dryer vents, and CO detector batteries. Fire drills are scheduled through the Residential Services Department and implemented by the program coordinator and Residential Services specialists. Drills are reviewed in supervision with program coordinator, specialist, and director to identify success as well as areas for remediation. The program coordinator then reviews the drill in the next team meeting with staff. Safety/change of shift checklists are completed daily at 8:00 a.m. and 9:00 p.m. by the staff leaving and entering their shift and reviewed by program coordinator. Nightly shift summaries are emailed to the program supervisors, as well as Residential Services and Nursing. This system is effective in managing all aspects of the residence including safety, programming, maintenance and home life and, allows for immediate follow-up on any issue that may arise as well as effective communication between staff at the residences across all shifts.   Staff development and training is a priority for NECC. The agency has a comprehensive 2 1/2 week training program for new staff. This training time includes 52 hours of competency-based, lecture/didactic training time and 48.5 hours of on-the-job training. New staff must complete all required training before they assume their duties on shift. Each year, staff also receive a minimum of 24 hours of refresher training. NECC offers on-site graduate training in Severe Special Education through Simmons University and a master in Applied Behavior Analysis through Western New England University. A doctoral program in Applied Behavior Analysis is also offered through Western New England University.  New staff receive a total of 18 hours of CALM® physical and verbal training. This program has been reviewed and approved by DDS (3/17/2020). The goal of this curriculum is to teach the skills necessary to deescalate potential emergency situations and/ or safely manage an aggressive individual when the least restrictive options have been exhausted. All trainees are required to demonstrate mastery of the trained skills when presented in isolation as well as in the context of a role-play. All trainers have completed a trainer's course, and then assist a senior trainer with a course before being qualified as a trainer. In addition, all staff receive 8 hours of CALM refresher training each year.  Throughout the course of the year, teachers receive trainings in specific curriculum areas, instructed by the program coordinator and/or program specialist. Topics included in this format range from implementing task analyses to overnight guidelines. Much of this training is carried out in the context of the weekly team staff meeting. The programs are explained, modeled and then role-played. Staff are given feedback on their performance and all questions are answered. The training is followed up by direct observations of staff performance working with the individual on shift. In addition, all staff receive annual training/review in Human Rights, DPPC, EO509, PBS Universal supports, Safety Plan, Incident Management, Values, Restraint Authorization, and other required DDS trainings. This includes mandated reporting procedures and the agency's response protocols. Additionally, staff receive ongoing training/review of individual specific guidelines (eg. communication, medical, behavior). All staff receive initial training on COVID and cleaning/disinfection protocols, as well as regular refreshers/updates.  Staff receives evaluations at 90 days and annually. Evaluations include on shift observations of interactions with individuals, implementation of task analysis and discrete trial teaching as well as ensuring all training is up to date.  Health Services are monitored and scheduled by the program coordinator, specialist, and Director of Adult Services with the Adult Services nurse consultant at NECC. The Program Coordinator schedules all appointments. Meetings occur monthly, and as needed to review cases and necessary medical follow-up as well as future planning.   Individual's human rights are safeguarded through a variety of systems and training. Behavior guidelines are developed by the program coordinator and Clinical Program Specialist, who is a Board Certified Behavior Analyst. Behavior plans that meet the criteria for level 2 interventions (targeted and intensive BSP) are reviewed by NECC's internal Peer Review Committee consisting of masters and PhD-level clinicians. Data are reviewed weekly in supervision to address any needed changes in guidelines. Money management is completed nightly with each individual to balance and account for personal funds on hand. Monthly, financial records are compiled and audited by case managers. Audits are submitted for review to program coordinator and director. On a semi-annual basis, the Business Office at NECC will request records for individuals at random to be reviewed and audited.   Each house has a weekly house meeting during which the individuals decide on the menu, activities, and community trips they want to take that week. There is a book to supplement and assist some individuals in choosing with lists/pictures of local restaurants, places to visit, and activities (e.g. Autism Alliance Open Gym, state parks, Glow in the Dark Mini Golf, etc.). Individuals can use this book to help them make choices if they want. New items are added to the books as they become known. One-time events (such as a play, or a Christmas light festival) are presented to the individuals as they occur. New items are added from searches of the Internet, parent suggestions, local flyers, other sources for activities and information. Our individuals are supported to participate fully in their local community, through their place of employment and/or at local events and restaurants/shopping areas. During COVID, Individuals have been supported to explore more options for outdoor based activities. Individuals also receive quarterly training in Human Rights including how/when to contact DPPC.  In addition to these systems, which enable self-assessment within the adult program, the New England Center for Children has a number of agency-wide safety systems to monitor and improve our service delivery as a whole. These systems include an agency- wide peer review system to evaluate the effectiveness of clinical programming and monitor restrictive interventions; a Staff Injury Committee to review injuries and make recommendations for improved safety; a Vehicle Safety Committee and a Medication Error Review Committee. Recommendations from the committees are reviewed by the Executive Committee. Committees disseminate information and recommendations for change at the weekly agency wide program directors' meetings. Any changes that are implemented are trained first at the supervisor level and then on the team level. Follow-up is then completed by team supervisors to ensure that changes are effective. A consumer satisfaction survey is completed each year with all consumers and their families about the services they receive at NECC.   The ratings below were determined through director observation, program review and system analysis. For example, maintenance checklists for the past three months were reviewed as well as a site visit conducted by the Director of Adult Services, Executive Advisor and Director of Facilities on January 28, 2021. At this time, the hot water was tested and was found to be within stated range at both the kitchen sink and bathroom for both residences. Financial reviews are completed monthly and audits completed semi-annually by the Business Office and were used for self-evaluation. Financial audits were completed by the Business Office at for 2 of the individuals in August 2021, and for 2 of the individuals in January 2021. Medical systems and indicators were reviewed in October 2021 by program coordinators and the consulting nurse ensuring systems were in place and effective. All systems that are in place for licensing indicators are reviewed monthly during regular supervisions. Licensing indicators were determined to be met through reviews of data from October, 2021-January, 2022. | | | |  |

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|  | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | | |  |  |  |  |
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|  | |  | | --- | | **Organizational: NE CENTER FOR CHILDREN.** | | | |  |  |  |
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|  | |  | | --- | | **Residential and Individual Home Supports:** | |  |  |  |  |  |
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Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | **DDS** | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L5 | Safety Plan | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | | O | L6 | Evacuation | L | **DDS** | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L7 | Fire Drills | L | **DDS** | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L8 | Emergency Fact Sheets | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L9 (07/21) | Safe use of equipment | I | **DDS** | 3/3 |  |  |  |  |  | **3/3** | **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** | |  | L19 | Bedroom location | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L20 | Exit doors | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L21 | Safe electrical equipment | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L22 | Well-maintained appliances | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L24 | Locked door access | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L25 | Dangerous substances | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L26 | Walkway safety | 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** | |  | L33 | Physical exam | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L34 | Dental exam | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L35 | Preventive screenings | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L36 | Recommended tests | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L37 | Prompt treatment | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | | O | L38 | Physician's orders | I | **DDS** | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L40 | Nutritional food | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L41 | Healthy diet | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L42 | Physical activity | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L43 | Health Care Record | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L44 | MAP registration | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L45 | Medication storage | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | | O | L46 | Med. Administration | I | **DDS** | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L47 | Self medication | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L49 | Informed of human rights | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L50 (07/21) | Respectful Comm. | I | **DDS** | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L51 | Possessions | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L52 | Phone calls | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L53 | Visitation | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L54 (07/21) | Privacy | I | **DDS** | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L56 | Restrictive practices | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L57 | Written behavior plans | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L58 | Behavior plan component | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L59 | Behavior plan review | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L60 | Data maintenance | 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** | |  | L70 | Charges for care calc. | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L71 | Charges for care appeal | 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** | |  | L85 | Supervision | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L86 | Required assessments | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L87 | Support strategies | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L88 | Strategies implemented | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L90 | Personal space/ bedroom privacy | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L91 | Incident management | L | **DDS** | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | **#Std. Met/# 70 Indicator** |  |  |  |  |  |  |  |  |  | **70/70** |  | |  | **Total Score** |  |  |  |  |  |  |  |  |  | **80/80** |  | |  |  |  |  |  |  |  |  |  |  |  | **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 | Provider | - | **Met** | |  |  |  |  |  |  | | | | | | |
|  |  |  |  |  |  |  |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Residential Services** | | | | | | **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | | C7 | Feedback on staff / care provider performance | Provider | - | **Met** | | C8 | Family/guardian communication | Provider | - | **Met** | | C9 | Personal relationships | Provider | - | **Met** | | C10 | Social skill development | Provider | - | **Met** | | C11 | Get together w/family & friends | Provider | - | **Met** | | C12 | Intimacy | Provider | - | **Met** | | C13 | Skills to maximize independence | Provider | - | **Met** | | C14 | Choices in routines & schedules | Provider | - | **Met** | | C15 | Personalize living space | Provider | - | **Met** | | C16 | Explore interests | Provider | - | **Met** | | C17 | Community activities | Provider | - | **Met** | | C18 | Purchase personal belongings | Provider | - | **Met** | | C19 | Knowledgeable decisions | Provider | - | **Met** | | C20 (07/21) | Emergency back-up plans | DDS | 3/3 | **Met** | | C46 | Use of generic resources | Provider | - | **Met** | | C47 | Transportation to/ from community | Provider | - | **Met** | | C48 | Neighborhood connections | Provider | - | **Met** | | C49 | Physical setting is consistent | Provider | - | **Met** | | C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** | | C52 | Leisure activities and free-time choices /control | Provider | - | **Met** | | C53 | Food/ dining choices | Provider | - | **Met** | | C54 | Assistive technology | Provider | - | **Met** | |  |  |  |  |  | | | | |  |  |