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|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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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** | 5 location(s)  9 audit (s) | Full Review | 79/83 2 Year License 02/08/2022 - 02/08/2024 |  | 49 / 51 Certified 02/08/2022 - 02/08/2024 | | Residential Services | 2 location(s)  6 audit (s) |  |  | Full Review | 22 / 22 | | Individual Home Supports | 3 location(s)  3 audit (s) |  |  | Full Review | 23 / 23 | | Planning and Quality Management |  |  |  | Full Review | 4 / 6 | |  | |

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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  |
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|  | |  | | --- | | Nexus, Inc. is a small nonprofit agency located in Woburn, MA. Nexus provides residential and In Home Support (IHS) services to the individuals it serves. In May of 2021, Nexus expanded its services to provide IHS supports for those receiving ASD services, and currently serves 4 young men. For the purpose of this review, the DDS OQE completed a full review of all licensing and certification indicators of the agency's Residential/Individual Home Supports program, including the new ASD IHS program .   Nexus has recently reorganized its management structure, which has provided more consistency in the oversight of its systems. Every home now has a standardized weekly staff meeting agenda, and administrators are present in each home weekly. HCSIS reports are run weekly to ensure timely submission of ISP goals, assessments, progress summaries, etc. This oversight has strengthened the area of goal development and implementation, as well as personal and environmental safety.  Nexus utilizes various community resources and consultants to assist with oversight of health, medication administration and to provide trainings for all staff in MAP. Two RN consultants are currently utilized, and a pharmacy that conducts medication audits. DDS MAP consultants and the REACH team are also accessed, to provide trainings and recertifications. Such trainings have proven vital to ensuring the health and safety of all individuals, particularly for those are who aging.  Staff training was an area of strength for the agency, particularly throughout the ongoing COVID pandemic. Nexus ensures that all staff are up to date on certifications and trainings. The 24 hour homes also have introductory binders to familiarize new and unfamiliar staff with the individuals and their routines to ensure all of their needs are communicated.   The agency has a strong and effective Human Rights Committee, which continued to meet regularly despite the COVID pandemic. All required members attended each meeting, with the committee meeting quorum each time. The agency has also put together a checklist for future meetings to ensure that all topics are covered and that future minutes are sent to the DDS Human Rights Coordinator .  The agency demonstrated a strong commitment to supporting individuals' goals and needs in relation to intimacy/companionship and sexuality. The agency utilizes Impact Ability video curriculum training, which can be adapted to the learning style of the individual. In addition, each individual is assessed on an annual basis to determine their particular needs in the area of intimacy. The agency also provides training and assessment of staff biases to provide staff with the knowledge, understanding and tools needed to effectively support individuals in this area.  The agency demonstrated an on-going commitment to supporting individuals to develop and maintain long lasting friendships and invested neighbors. Individuals were supported to be active members of their neighborhoods. Each home shared examples of individuals interacting with their neighbors, whether it be sending a Christmas card or attending sports events for the neighborhood children, and developing great relationships with their neighbors. In addition, the agency staff act as bridge builders and provide opportunities for individuals to develop or increase personal relationships. Some examples included relationships with the local barber, librarian, and other people within the community. These opportunities further enriched individuals' lives.  There were a few areas requiring attention within the agency's residential services that were identified during the Insurvey. In the area of licensure, the agency needs to focus on ensuring that all components of medication treatment plans are in place. This includes maintaining data that is compiled and shared with the prescribing physician, as well as identifying a plan to decrease or discontinue the medication. In addition, further focus should be placed on money management plans and ensuring all components are present for each individual. This includes where money is stored, how much is kept in a home, how much the individual can hold on their person, etc.   In the area of certification, although the individual sites surveyed met 100% of all certification indicators, Nexus did not meet some indicators at the administrative level. The agency needs to implement a strategic plan to set forth future goals and objectives that can be measured and altered if needed. While some short term goals were identified and met previously, longer term goals for the future need to be formalized in a measurable format.  As a result of this review, Nexus's Residential Services/Individual Home Supports Program received a rating of met in 95% of licensing indicators with all critical indicators met. The agency will receive a Two Year License for its Residential/Individual Home Supports program. The agency met 96% of certification indicators and is certified. The agency will conduct its own follow-up in 60 days, of those licensing indicators that were not met. | | |  |

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|  | |  |  |  | | --- | --- | --- | |  | |  | | |  | | --- | | **LICENSURE FINDINGS** | | |  | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **7/7** | **0/7** |  | | **Residential and Individual Home Supports** | **72/76** | **4/76** |  | | Residential Services  Individual Home Supports |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **79/83** | **4/83** | **95%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **4** |  | |  |  |  |  | |  | | |  | |  | | |  |  |
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|  | |  | | --- | | **CERTIFICATION FINDINGS** | | | |  |  |  |
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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Planning and Quality Management Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C5 | | | The provider has a process to measure progress towards achieving service improvement goals. | The agency does not have a process to measure progress towards achieving service improvement goals. | |  | 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 strategic plan or other mechanism to set goals/objectives and track progress towards service improvement goals. | |  |  | | |  |  | |  |  | | |  |
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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Residential Services Commendations on Standards Met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Commendations** | |  | C9 | | | Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts. | The agency is commended for its efforts to provide opportunities to develop or increase personal relationships and social contacts, especially in light of the Global Covid 19 Pandemic. The agency has maintained its commitment to ensuring people live enriched and meaningful social lives, examples of this include supporting a relationship with a librarian which has developed into a friendship, maintaining contact with childhood friends, and ensuring that social activities are an integral part of the programming for the newly developed ASD IHS program. Thorough relationship assessments and agency wide participation in the IMPACT curriculum further illustrates the agency's commitment to ensuring people have the skills and supports needed to develop and maintain relationships. | |  | C48 | | | Individuals are a part of the neighborhood. | At each location surveyed, it was noted that there had been tremendous effort made to ensure that the individuals were immersed in the neighborhood and relationships made with neighbors. In an apartment building, efforts had been made to connect people with others in the building and new relationships formed. In another location, relationships with neighbors had blossomed into friendships, people were invited and attending football games of children or visiting's neighbor at their work and being given tours of the fire station. In another home, where the neighbors had been more reluctant to develop relationships, there were continued efforts to build pathways such as sending holiday cards. | |  |  | | |  |  | |  |  | | |  |

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|  | |  | | --- | | **Residential and Individual Home Supports:** | | | | |  |  |  |  |
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|  | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **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 | 6/6 | 3/3 |  |  |  |  | **9/9** | **Met** | |  | L5 | Safety Plan | L | 1/2 | 3/3 |  |  |  |  | **4/5** | **Met (80.0 %)** | | O | L6 | Evacuation | L | 1/2 | 3/3 |  |  |  |  | **4/5** | **Met (80.0 %)** | |  | L7 | Fire Drills | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L8 | Emergency Fact Sheets | I | 5/6 | 3/3 |  |  |  |  | **8/9** | **Met (88.89 %)** | |  | L9 (07/21) | Safe use of equipment | I | 6/6 | 3/3 |  |  |  |  | **9/9** | **Met** | | O | L11 | Required inspections | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L12 | Smoke detectors | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L13 | Clean location | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L14 | Site in good repair | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L15 | Hot water | L | 1/2 |  |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L16 | Accessibility | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L17 | Egress at grade | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L18 | Above grade egress | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L19 | Bedroom location | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L20 | Exit doors | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L21 | Safe electrical equipment | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L22 | Well-maintained appliances | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L23 | Egress door locks | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L24 | Locked door access | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L25 | Dangerous substances | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L26 | Walkway safety | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L27 | Pools, hot tubs, etc. | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L28 | Flammables | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L29 | Rubbish/combustibles | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L30 | Protective railings | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L31 | Communication method | I | 6/6 | 3/3 |  |  |  |  | **9/9** | **Met** | |  | L32 | Verbal & written | I | 6/6 | 3/3 |  |  |  |  | **9/9** | **Met** | |  | L33 | Physical exam | I | 6/6 | 3/3 |  |  |  |  | **9/9** | **Met** | |  | L34 | Dental exam | I | 6/6 | 3/3 |  |  |  |  | **9/9** | **Met** | |  | L35 | Preventive screenings | I | 5/6 | 1/1 |  |  |  |  | **6/7** | **Met (85.71 %)** | |  | L36 | Recommended tests | I | 6/6 | 2/2 |  |  |  |  | **8/8** | **Met** | |  | L37 | Prompt treatment | I | 5/5 | 2/2 |  |  |  |  | **7/7** | **Met** | | O | L38 | Physician's orders | I | 4/4 | 1/1 |  |  |  |  | **5/5** | **Met** | |  | L39 | Dietary requirements | I | 4/4 | 3/3 |  |  |  |  | **7/7** | **Met** | |  | L40 | Nutritional food | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L41 | Healthy diet | L | 2/2 | 3/3 |  |  |  |  | **5/5** | **Met** | |  | L42 | Physical activity | L | 2/2 | 3/3 |  |  |  |  | **5/5** | **Met** | |  | L43 | Health Care Record | I | 6/6 | 3/3 |  |  |  |  | **9/9** | **Met** | |  | L44 | MAP registration | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L45 | Medication storage | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L46 | Med. Administration | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L47 | Self medication | I | 3/3 | 2/2 |  |  |  |  | **5/5** | **Met** | |  | L49 | Informed of human rights | I | 6/6 | 3/3 |  |  |  |  | **9/9** | **Met** | |  | L50 (07/21) | Respectful Comm. | I | 6/6 | 3/3 |  |  |  |  | **9/9** | **Met** | |  | L51 | Possessions | I | 6/6 | 3/3 |  |  |  |  | **9/9** | **Met** | |  | L52 | Phone calls | I | 6/6 | 3/3 |  |  |  |  | **9/9** | **Met** | |  | L53 | Visitation | I | 6/6 | 3/3 |  |  |  |  | **9/9** | **Met** | |  | L54 (07/21) | Privacy | I | 6/6 | 3/3 |  |  |  |  | **9/9** | **Met** | |  | L55 | Informed consent | I | 3/3 | 3/3 |  |  |  |  | **6/6** | **Met** | |  | L56 | Restrictive practices | I | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L57 | Written behavior plans | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L58 | Behavior plan component | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L59 | Behavior plan review | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L60 | Data maintenance | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L61 | Health protection in ISP | I | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L62 | Health protection review | I | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L63 | Med. treatment plan form | I | 2/5 |  |  |  |  |  | **2/5** | **Not Met (40.0 %)** | |  | L64 | Med. treatment plan rev. | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L67 | Money mgmt. plan | I | 4/6 |  |  |  |  |  | **4/6** | **Not Met (66.67 %)** | |  | L68 | Funds expenditure | I | 6/6 | 1/1 |  |  |  |  | **7/7** | **Met** | |  | L69 | Expenditure tracking | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L70 | Charges for care calc. | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L71 | Charges for care appeal | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L77 | Unique needs training | I | 6/6 | 3/3 |  |  |  |  | **9/9** | **Met** | |  | L78 | Restrictive Int. Training | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L80 | Symptoms of illness | L | 2/2 | 3/3 |  |  |  |  | **5/5** | **Met** | |  | L81 | Medical emergency | L | 2/2 | 3/3 |  |  |  |  | **5/5** | **Met** | | O | L82 | Medication admin. | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L84 | Health protect. Training | I | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L85 | Supervision | L | 2/2 | 3/3 |  |  |  |  | **5/5** | **Met** | |  | L86 | Required assessments | I | 6/6 | 3/3 |  |  |  |  | **9/9** | **Met** | |  | L87 | Support strategies | I | 6/6 | 3/3 |  |  |  |  | **9/9** | **Met** | |  | L88 | Strategies implemented | I | 6/6 | 3/3 |  |  |  |  | **9/9** | **Met** | |  | L90 | Personal space/ bedroom privacy | I | 6/6 | 3/3 |  |  |  |  | **9/9** | **Met** | |  | L91 | Incident management | L | 0/2 | 2/2 |  |  |  |  | **2/4** | **Not Met (50.0 %)** | |  | **#Std. Met/# 76 Indicator** |  |  |  |  |  |  |  |  | **72/76** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **79/83** |  | |  |  |  |  |  |  |  |  |  |  | **95.18%** |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | |  | | | |  |  |  |
|  |  | | | |  |  |  |  |
|  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Certification - Planning and Quality Management** |  |  |  | | | | |  | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | |  | C1 | | | | Provider data collection | 1/1 | **Met** | |  | C2 | | | | Data analysis | 1/1 | **Met** | |  | C3 | | | | Service satisfaction | 1/1 | **Met** | |  | C4 | | | | Utilizes input from stakeholders | 1/1 | **Met** | |  | C5 | | | | Measure progress | 0/1 | **Not Met (0 %)** | |  | C6 | | | | Future directions planning | 0/1 | **Not Met (0 %)** | |  |  | | | |  |  |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Residential Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 6/6 | **Met** | | C8 | | | | Family/guardian communication | 6/6 | **Met** | | C9 | | | | Personal relationships | 6/6 | **Met** | | C10 | | | | Social skill development | 6/6 | **Met** | | C11 | | | | Get together w/family & friends | 6/6 | **Met** | | C12 | | | | Intimacy | 6/6 | **Met** | | C13 | | | | Skills to maximize independence | 6/6 | **Met** | | C14 | | | | Choices in routines & schedules | 6/6 | **Met** | | C15 | | | | Personalize living space | 2/2 | **Met** | | C16 | | | | Explore interests | 6/6 | **Met** | | C17 | | | | Community activities | 6/6 | **Met** | | C18 | | | | Purchase personal belongings | 6/6 | **Met** | | C19 | | | | Knowledgeable decisions | 6/6 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 6/6 | **Met** | | C46 | | | | Use of generic resources | 6/6 | **Met** | | C47 | | | | Transportation to/ from community | 6/6 | **Met** | | C48 | | | | Neighborhood connections | 6/6 | **Met** | | C49 | | | | Physical setting is consistent | 2/2 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 6/6 | **Met** | | C52 | | | | Leisure activities and free-time choices /control | 6/6 | **Met** | | C53 | | | | Food/ dining choices | 6/6 | **Met** | | C54 | | | | Assistive technology | 6/6 | **Met** | | **Individual Home Supports** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 3/3 | **Met** | | C8 | | | | Family/guardian communication | 3/3 | **Met** | | C9 | | | | Personal relationships | 3/3 | **Met** | | C10 | | | | Social skill development | 3/3 | **Met** | | C11 | | | | Get together w/family & friends | 3/3 | **Met** | | C12 | | | | Intimacy | 3/3 | **Met** | | C13 | | | | Skills to maximize independence | 3/3 | **Met** | | C14 | | | | Choices in routines & schedules | 3/3 | **Met** | | C15 | | | | Personalize living space | 3/3 | **Met** | | C16 | | | | Explore interests | 3/3 | **Met** | | C17 | | | | Community activities | 3/3 | **Met** | | C18 | | | | Purchase personal belongings | 3/3 | **Met** | | C19 | | | | Knowledgeable decisions | 3/3 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 3/3 | **Met** | | C21 | | | | Coordinate outreach | 3/3 | **Met** | | C46 | | | | Use of generic resources | 3/3 | **Met** | | C47 | | | | Transportation to/ from community | 3/3 | **Met** | | C48 | | | | Neighborhood connections | 3/3 | **Met** | | C49 | | | | Physical setting is consistent | 1/1 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 3/3 | **Met** | | C52 | | | | Leisure activities and free-time choices /control | 3/3 | **Met** | | C53 | | | | Food/ dining choices | 3/3 | **Met** | | C54 | | | | Assistive technology | 3/3 | **Met** | |  | | | |  |  |  | |  |  | | | |  |  |