



**PROVIDER REPORT
FOR**

**NEXUS
888 Main Street
Woburn, MA 01801**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	NEXUS
Review Dates	1/10/2024 - 1/16/2024
Service Enhancement Meeting Date	1/30/2024
Survey Team	Raquel Rodriguez (TL) John Hazelton John Downing Cheryl Dolan
Citizen Volunteers	

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	4 location(s) 9 audit (s)	Full Review	78/85 2 Year License 01/30/2024 - 01/30/2026		45 / 47 Certified 01/30/2024 - 01/30/2026
Residential Services	2 location(s) 6 audit (s)			Full Review	19 / 20
Individual Home Supports	2 location(s) 3 audit (s)			Full Review	21 / 21
Planning and Quality Management				Full Review	5 / 6

EXECUTIVE SUMMARY :

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 6 individuals. During the 2021 survey, Nexus Inc met over 90% of licensing indicators within their Residential Services and thus were eligible to complete a self-assessment. However, Nexus requested a full licensing and certification review of both Residential and IHS. OQE audited two residential homes completing six full audits, and three IHS reviews.

On an organizational level Nexus had a strong oversight system in place for staff training and knowledge. In the area of training, all mandated trainings were in place and location-based trainings had occurred with all staff. Support staff as well as administrative staff were intricately familiar with individual's unique needs, had received individualized trainings where appropriate, and were able to demonstrate their knowledge. Nexus demonstrated a vested commitment in providing opportunities for individuals to increase personal relationships and social contacts and were actively working towards their goal of increasing community outings for all individuals served.

Many positive practices were noted within residential supports. Financial oversight included monthly audits of rep payee accounts. There was regular oversight of cash on hand, spending, and receipt collection. Individuals had both funds management and training plans in place when appropriate. Individuals' homes were found to be well maintained, with all required inspections having occurred and all fire systems functioning. Individuals received their annual human rights training and components were reviewed at regular intervals throughout the year. Human rights training was also individualized to a person's learning style and understanding. All staff were noted to be engaging in respectful communication both verbally and in log notes and individuals were observed to have choices in such things as their personal and household schedules, as well as what and where and with whom they would like to eat.

Within IHS services, the agency demonstrated a strong commitment to connecting individuals with other agencies, groups, community resources and natural supports when necessary to assist individuals to manage and maintain their independence. This assisted one individual in obtaining and retaining a new job, and assisted with connecting individuals to more social, recreational, and physical activity events, including connecting individuals with The Ride, Uber and Lyft. Individuals were being actively supported in their ISP goals as well as their informal goals. Individuals were also supported to increase their independence utilizing a home binder where they can look up their utility account information, rent due dates, medical chart log ins, and other pertinent information.

Both residentially and in IHS, individuals were involved in the hiring of new staff and providing feedback on staff. All individuals reported being satisfied with their supports and were complimentary of their staff.

A few areas requiring further attention in licensure were identified during the survey. On an organizational level, the Human Rights Committee needs to ensure the review of all Investigations. Residentially, 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, HCSIS timelines for ISP support strategy submissions and incident report management would benefit from further review.

In the area of certification; On an organizational level the agency would benefit from having a process to measure progress towards achieving service improvement goals. Within residential services, transportation for accessing community activities was noted as a barrier, and at one location, supports had not been put in place to assist individuals with being part of the neighborhood.

As a result of this review, Nexus's Residential Services/Individual Home Supports Program received a rating of met in 91% 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 94% 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.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Residential and Individual Home Supports	71/77	6/77	
Residential Services Individual Home Supports			
Critical Indicators	8/8	0/8	
Total	78/85	7/85	92%
2 Year License			
# indicators for 60 Day Follow-up		7	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The Human Rights Committee did not review three of six DPPC complaints. The agency needs to ensure the committee reviews and makes recommendations in mandated areas

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

Indicator #	Indicator	Area Needing Improvement
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At one location the water temperature tested at 123.3. The agency needs to ensure water temperature tests within the acceptable range of 100-120 degrees.
L57	All behavior plans are in a written plan.	For one individual, A Behavior Modification Plan which included restrictive practices had not been updated to meet the regulatory requirements for Positive Behavioral Support Plans (PBSP). The agency needs to ensure a written Positive Behavioral Support Plan that incorporates all of the DDS required elements are developed whenever restrictive practices are in place.
L63	Medication treatment plans are in written format with required components.	Four medication treatment plans were not written with the required components. The agency needs ensure medication treatment plans are in a written format with all required components.

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.	Two medication treatment plans had not been uploaded to HCSIS for review by the ISP team. The agency needs to ensure all medication treatment plans are reviewed by the required groups.
L78	Staff are trained to safely and consistently implement restrictive interventions.	For one individual, restrictive practices outlined in a support plan were not being consistently followed. In addition, the support plan did not provide any information or training about safely using a "gentle guide" when "time outs" are occurring. The agency needs to ensure that staff are trained and consistently implementing restrictive practices as described in the plan,
L91	Incidents are reported and reviewed as mandated by regulation.	At two locations incident reports had not been submitted and/or finalized within timelines. The agency needs to ensure incidents are reported and reviewed as mandated by regulation.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	5/6	1/6	
Residential and Individual Home Supports	40/41	1/41	
Individual Home Supports	21/21	0/21	
Residential Services	19/20	1/20	
Total	45/47	2/47	96%
Certified			

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 has identified areas for service improvement and is currently working towards achieving quality increases in these areas. However, they have not established a measurement criteria for each of these areas, and are not measuring progress towards achieving these goals. Once the agency has established areas in which they wish to make quality improvement, clear measurable goals should be identified for each of these areas. Progress towards achieving these measurement criteria should be monitored throughout the year; as obstacles to success are noted, the agency needs to make mid-course corrections to strategies geared towards goal achievement.

Individual Home Supports Commendations on Standards Met:

Indicator #	Indicator	Commendations
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	<p>For IHS, the agency is commended for demonstrating a strong commitment to supporting individuals' goals and needs in relation to intimacy/companionship and sexuality. Each individual is assessed on an annual basis to determine their particular needs in this area. The agency utilizes Impact Ability video curriculum training to provide individuals with a basic understanding of sexuality, intimacy, and relationships. The curriculum is broken down into manageable sections with comprehension follow up. Staff were familiar with and could speak to individual's desires and preferences in this area. And when an individual expresses a desire for support in obtaining a relationship, staff have gone above and beyond to put those supports in place. Specifically, for one individual interviewed and for whom a relationship is his goal, staff have introduced him to the show "Love on the Spectrum." During each episode staff pause at key moments to open discussion on what occurred and how this individual could respond in a similar situation. When the show announced casting calls in the area staff supported him in signing up and auditioning. At social events he is encouraged to make connections, ask for contact information, and then reminded to reach out to the person of interest. He's been supported to ask someone on a date and staff have helped him navigate a soft rejection due to age differences. And most recently, staff found a very new dating app "Hi it's me" specifically geared towards individuals on the spectrum. Staff helped the individual download it, taught him how to navigate it, and review safe dating app practices on an ongoing basis.</p>

Residential Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C48	Individuals are a part of the neighborhood.	For four individuals, the agency had not provided supports necessary to establish a connection or relationships within their neighborhood. The agency needs to ensure efforts and support is provided to allow individuals to become part of their neighborhood.

MASTER SCORE SHEET LICENSURE

Organizational: NEXUS

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	4/4	Met
L3	Immediate Action	6/6	Met
L4	Action taken	1/1	Met
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	4/4	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	9/9	Met
L83	HR training	9/9	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	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	2/2	2/2					4/4	Met
℞ L6	Evacuation	L	2/2	2/2					4/4	Met
L7	Fire Drills	L	2/2						2/2	Met
L8	Emergency Fact Sheets	I	6/6	3/3					9/9	Met
L9 (07/21)	Safe use of equipment	I	6/6	3/3					9/9	Met
L10	Reduce risk interventions	I	2/2						2/2	Met
℞ L11	Required inspections	L	1/1						1/1	Met
℞ L12	Smoke detectors	L	1/1						1/1	Met
℞ L13	Clean location	L	2/2						2/2	Met
L14	Site in good repair	L	1/1						1/1	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

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L18	Above grade egress	L	2/2						2/2	Met
L19	Bedroom location	L	2/2						2/2	Met
L20	Exit doors	L	1/1						1/1	Met
L21	Safe electrical equipment	L	1/1						1/1	Met
L22	Well-maintained appliances	L	1/1						1/1	Met
L23	Egress door locks	L	1/1						1/1	Met
L24	Locked door access	L	1/1						1/1	Met
L25	Dangerous substances	L	1/1						1/1	Met
L26	Walkway safety	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

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L33	Physical exam	I	5/5	3/3					8/8	Met
L34	Dental exam	I	5/5	3/3					8/8	Met
L35	Preventive screenings	I	4/5	2/2					6/7	Met (85.71%)
L36	Recommended tests	I	6/6	2/2					8/8	Met
L37	Prompt treatment	I	5/5	3/3					8/8	Met
℞ L38	Physician's orders	I	5/5						5/5	Met
L39	Dietary requirements	I	1/1	1/1					2/2	Met
L40	Nutritional food	L	2/2	1/1					3/3	Met
L41	Healthy diet	L	2/2	2/2					4/4	Met
L42	Physical activity	L	2/2	2/2					4/4	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
℞ L46	Med. Administration	I	6/6						6/6	Met
L47	Self medication	I	1/1	3/3					4/4	Met
L49	Informed of human rights	I	6/6	3/3					9/9	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
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	4/4	2/2					6/6	Met
L57	Written behavior plans	I	0/1						0/1	Not Met (0 %)
L60	Data maintenance	I	1/1						1/1	Met
L61	Health protection in ISP	I	4/4						4/4	Met
L62	Health protection review	I	3/3						3/3	Met
L63	Med. treatment plan form	I	2/6						2/6	Not Met (33.33 %)
L64	Med. treatment plan rev.	I	4/6						4/6	Not Met (66.67 %)
L67	Money mgmt. plan	I	6/6	2/2					8/8	Met
L68	Funds expenditure	I	6/6	2/2					8/8	Met
L69	Expenditure tracking	I	6/6						6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
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	0/1						0/1	Not Met (0 %)
L79	Restraint training	L	1/1						1/1	Met
L80	Symptoms of illness	L	2/2	2/2					4/4	Met
L81	Medical emergency	L	2/2	2/2					4/4	Met
L82	Medication admin.	L	2/2						2/2	Met
L84	Health protect. Training	I	3/3	1/1					4/4	Met
L85	Supervision	L	2/2	2/2					4/4	Met
L86	Required assessments	I	2/2						2/2	Met
L87	Support strategies	I	2/2						2/2	Met
L88	Strategies implemented	I	6/6	1/1					7/7	Met
L90	Personal space/bedroom privacy	I	6/6	3/3					9/9	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L91	Incident management	L	0/2	2/2					2/4	Not Met (50.0%)
L93 (05/22)	Emergency back-up plans	I	6/6	3/3					9/9	Met
L94 (05/22)	Assistive technology	I	6/6	3/3					9/9	Met
L96 (05/22)	Staff training in devices and applications	I	4/4	3/3					7/7	Met
#Std. Met/# 77 Indicator									71/77	
Total Score									78/85	
									91.76%	

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	1/1	Met

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	5/6	Met (83.33 %)
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
C46	Use of generic resources	6/6	Met
C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	2/6	Not Met (33.33 %)
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

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

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	1/1	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
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