



**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	2/10/2026 - 2/17/2026
Service Enhancement Meeting Date	3/3/2026
Survey Team	Jennifer Conley-Sevier Chloe Browning (TL) Makayla Gallant
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	5 location(s) 9 audit (s)	Full Review	67/87 Defer Licensure		45 / 46 Certified
Residential Services	2 location(s) 6 audit (s)			Full Review	19 / 20
Individual Home Supports	3 location(s) 3 audit (s)			Full Review	20 / 20
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

NEXUS is a small human services agency based out of Woburn, Ma. They have been providing residential support services to adults with Intellectual and Developmental disabilities since 1972. Services include 24-hour Residential Supports and Individual Home Supports (IHS), including an IHS program for individuals on the autism spectrum.

Since the last survey cycle the agency has had some significant changes in management structure, most notably changes in leadership roles due to the retirement at the Executive Director level and the addition of a full time BCBA.

The DDS Office of Quality Enhancement (OQE) conducted a full licensing and certification review of Nexus's Residential and Individual Home Supports (IHS) service group. All applicable licensing and certification indicators were reviewed by DDS/OQE as part of this survey.

At an organizational level, the agency had a strong and effective Human Rights Committee, which met regularly and reviewed all the required areas. Nexus has developed systems for collecting internal data that are comprehensive and there are mechanisms in place to analyze the data collected to identify patterns and trends. The agency demonstrated an effective system for ensuring staff meet general training requirements, were screened at the time of hire and had the necessary qualifications in line with their job duties.

Within the licensing domain, various positive practices were noted within Residential and Individual Home Supports. Within the domain of personal safety, safety plans were updated to reflect current evacuation procedures and individuals were able to safely evacuate within the required timeframes. All locations were found to be in good repair, with the required inspections and fire safety systems in place. Individuals all had received annual physical and dental exams, and the agency supported healthy food choices and physical exercise. Medication Treatment Plans were found to have all the necessary components. Additionally, ISP assessments and support strategies were submitted within the required timeframes and individuals had been assessed in the area of assistive technology support needs.

Within the certification domain, the agency had numerous areas of strength. The agency demonstrated commitment to support individuals to be active members of their community, in such areas as developing relationships with others and providing community service in their neighborhoods. Individuals were also fully supported around personal relationships, with examples noted of staff providing assistance to ensure that connections and relationships were supported, including ensuring one individual's relationship with his wife was maintained despite a change in living situation.

The agency demonstrated an ability to support individuals' goals and needs in relation to intimacy/companionship and sexuality. At one of the residential homes and within IHS the agency had utilized Impact Ability video curriculum training, which they adapted to the learning style and preferences of each individual. The agency also ensured individuals were supported to develop social skills, with positive practices especially noted in the IHS program. For one individual, the agency's BCBA had developed a social story that was very individualized and actively encouraged social skill development. Individuals also had choice and control over their lives. They were involved in decisions with their homes and supported to be as independent as possible.

Several areas of improvement were also identified. Significant deficits were noted within the medical domain. The provision of ongoing medical care was lacking as evidenced by instances of preventive screenings not occurring, and the lack of scheduling of follow-up appointments with specialists. Medical protocols were not in place when required, staff were not trained in their implementation, and one protocol was not being followed. The internal medication monitoring system also needs to be

evaluated as there were numerous issues with ongoing and unresolved medication errors of which the agency was not aware. The agency must also ensure that authorization and directions for use, as well as accompanying staff training, are in place when individuals use supportive and protective equipment.

Regarding financial support, the agency needs to ensure that money management plans clearly outline the supports the agency is delivering and have agreement to these from the individual and/or guardian. Charges for care also need to be accurate and include the right to appeal. The agency also needs to address supervision of programs, as several environmental issues were noted, medical and financial oversight was lacking, and systems to monitor the implementation of ISP goals and development of behavior plans were ineffective.

Nexus's Residential and Individual Home Supports service group met 77% of licensing indicators and did not meet two critical indicators (L38 medical protocols; L46 medication administration). As a result, the agency license has been deferred, and sanctions on accepting new business with DDS are in place. To be issued a Two-Year License with a mid-cycle review, the agency must demonstrate at least 80% compliance within the critical indicators and achieve an overall licensing rating above 80% during the follow-up review, to be conducted by OQE within 60 days of the SEM. This service grouping is Certified, with 98% of certification indicators met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Residential and Individual Home Supports	57/77	20/77	
Residential Services Individual Home Supports			
Critical Indicators	6/8	2/8	
Total	67/87	20/87	77%
Defer Licensure			
# indicators for 60 Day Follow-up		20	

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

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	For four of nine individuals, emergency fact sheets did not contain all required components such as the height and weight of the individual and medical diagnoses that could affect emergency medical care. The agency needs to ensure all emergency fact sheets are complete and contain required information.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At one of two locations the hot water temperatures were not within the required 110 to 120 degrees Fahrenheit range. The agency needs to ensure that hot water is delivered between 110 and 120 degrees.
L24	Locks on doors not providing egress can be opened by the individuals from the inside and staff carry a key to open in an emergency.	In one of two locations, locks on bedroom doors not providing access to an egress could not be disengaged from the outside in a timely manner in case of an emergency. The agency needs to ensure that bedroom door locks may be easily opened by the individuals from the inside and unlocked by staff from the outside in the event of an emergency.
L35	Individuals receive routine preventive screenings.	For two out of seven individuals, preventive screenings were not scheduled or performed. The agency needs to ensure that all individuals receive required preventive screenings based on recommendations within the DDS Healthcare Screening Checklists.

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

Indicator #	Indicator	Area Needing Improvement
L36	Recommended tests and appointments with specialists are made and kept.	For three of nine individuals surveyed, recommended follow-up tests or appointments with specialists were not completed. The agency needs to ensure that all recommended tests and appointments are conducted as ordered and occur within a reasonable time frame.
P L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For two individuals medical protocols were either not in place, not being implemented as written or staff had not been trained. The agency needs to ensure that when medical diagnoses rise to the level of requiring a medical protocol, individualized protocols are developed in accordance with the physician's orders and that all support staff are trained in their implementation.
L43	The health care record is maintained and updated as required.	Two out of nine health care records had not been updated when significant changes occurred. The agency needs to ensure health care records are updated when significant changes occur throughout the year in accordance with current DDS standards. The agency must also ensure the health care record contains all the needed information in accordance with regulations and is updated at the time of the ISP.
P L46	All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.	For three of six individuals, medication administration records and logs indicated numerous discrepancies that appear ongoing and unresolved, resulting in medication errors. The agency's internal medication monitoring system did not detect these issues. The agency needs to ensure that medications are administered in accordance with doctor's orders and that an effective system is in place to discover and respond to documentation errors and discrepancies.
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	Three out of nine individuals had not received annual human rights training and/or the individuals or their guardians had not been informed on how to file a grievance. The agency needs to ensure that individuals receive annual human rights training and both the individuals, and their guardians are informed of how to file a human rights grievance.
L57	All behavior plans are in a written plan.	One individual had a restrictive practice in place that was not outlined in a written behavior plan. The agency needs to ensure that all restrictive practices are included in a written behavior plan.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	One individual had a restrictive practice in place and data has not been collected on target behaviors. The agency needs to ensure they are collecting data on target behaviors when there is a restriction in place that warrants a behavior plan and ensure that this data is reviewed as required.

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

Indicator #	Indicator	Area Needing Improvement
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	Two out of seven individuals were utilizing supportive and protective devices without documentation that described such things as the specific device or support in use, the medical or behavioral condition being addressed, when and how often the equipment is to be used, and/or what to inspect and how often the devices are checked for safety. The agency needs to ensure that there is documentation present that contains all the required components when an individual is utilizing a supportive and protective device.
L64	Medication treatment plans are reviewed by the required groups.	Three out of five individuals had medication treatment plans that were not reviewed during their ISP meeting. The agency needs to ensure they submit medication treatment plans for review at the ISP meeting.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	Three out of six individuals did not have money management plans that outlined how the agency assists individuals in utilizing the company credit card to purchase large items online and the process for reimbursement to the credit card; in some cases there was no agreement to the plan from the individual's guardian. The agency needs to ensure money management plans clearly outline what supports the provider is delivering and that agreement to the plans has been obtained from the individual and/or their guardian.
L71	Individuals are notified of their appeal rights for their charges for care.	Three individuals had not been notified of their appeal rights for their charges for care. The agency needs to ensure individuals are notified of their appeal rights with an explanation of the appeal process and who to contact.
L78	Staff are trained to safely and consistently implement restrictive interventions.	At one location, there was a restrictive practice in place that staff had not been trained to implement. The agency needs to ensure staff are trained to safely and consistently implement restrictive interventions.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For two out of seven individuals the majority of staff scheduled had not been trained in the correct utilization of health-related protections. The agency needs to ensure all care providers are trained in the correct utilization of health-related protections per regulation.
L85	The agency provides ongoing supervision, oversight and staff development.	For two of five locations, further oversight was needed in areas such as medication administration, medical protocols, appointments with specialists being made and kept, individuals receiving human rights training and/or guardians being informed of how to file a grievance, emergency fact sheets containing the required materials, consistent data collection on ISP objectives, etc. The agency needs to ensure they have a mechanism that effectively identifies areas for improvement and follows through with improvement practices.

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

Indicator #	Indicator	Area Needing Improvement
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For three individuals, data collection on ISP objectives was either inconsistent or not occurring. The agency needs to ensure that data relating to ISP objectives is collected.
L91	Incidents are reported and reviewed as mandated by regulation.	For two locations, incident reports had not been submitted within required time frames. The agency needs to ensure that timelines are followed for both minor and major incidents and that all reportable events are entered into HCSIS.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	39/40	1/40	
Individual Home Supports	20/20	0/20	
Residential Services	19/20	1/20	
Total	45/46	1/46	98%
Certified			

Residential Services- Areas Needing Improvement on Standards not met:

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.	For six individuals the agency could not demonstrate how they incorporated individuals' feedback into the employees' performance reviews. The agency needs to ensure that the feedback individuals have given on staff performance are shared with staff for training and evaluation purposes.

MASTER SCORE SHEET LICENSURE

Organizational: NEXUS

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	5/5	Met
L3	Immediate Action	6/6	Met
L4	Action taken	2/2	Met
L48	HRC	1/1	Met
L65	Restraint report submit	1/1	Met
L66	HRC restraint review	2/2	Met
L74	Screen employees	4/4	Met
L75	Qualified staff	2/2	Met
L76	Track trainings	12/12	Met
L83	HR training	12/12	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	5/6	3/3					8/9	Met (88.89%)
L5	Safety Plan	L	2/2	3/3					5/5	Met
℞ L6	Evacuation	L	2/2	3/3					5/5	Met
L7	Fire Drills	L	2/2						2/2	Met
L8	Emergency Fact Sheets	I	2/6	3/3					5/9	Not Met (55.56%)
L9 (07/21)	Safe use of equipment	I	6/6	3/3					9/9	Met
L10	Reduce risk interventions	I	1/1						1/1	Met
℞ L11	Required inspections	L	1/1						1/1	Met
℞ L12	Smoke detectors	L	2/2						2/2	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	1/1						1/1	Met
L19	Bedroom location	L	1/1						1/1	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	1/2						1/2	Not Met (50.0%)
L25	Dangerous substances	L	2/2						2/2	Met
L26	Walkway safety	L	2/2						2/2	Met
L28	Flammables	L	2/2						2/2	Met
L29	Rubbish/combustibles	L	1/1						1/1	Met
L30	Protective railings	L	1/1						1/1	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	3/5	2/2					5/7	Not Met (71.43%)
L36	Recommended tests	I	3/6	3/3					6/9	Not Met (66.67%)
L37	Prompt treatment	I	6/6	3/3					9/9	Met
℞ L38	Physician's orders	I	3/5						3/5	Not Met (60.0%)
L39	Dietary requirements	I	3/3	1/1					4/4	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	4/6	3/3					7/9	Not Met (77.78%)
L44	MAP registration	L	2/2						2/2	Met
L45	Medication storage	L	2/2						2/2	Met
℞ L46	Med. Administration	I	3/6						3/6	Not Met (50.0%)
L47	Self medication	I		2/2					2/2	Met
L49	Informed of human rights	I	3/6	3/3					6/9	Not Met (66.67%)

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	5/6	3/3					8/9	Met (88.89%)
L54 (07/21)	Privacy	I	6/6	3/3					9/9	Met
L55	Informed consent	I	6/6	3/3					9/9	Met
L56	Restrictive practices	I	2/2						2/2	Met
L57	Written behavior plans	I	0/1						0/1	Not Met (0%)
L60	Data maintenance	I	0/1						0/1	Not Met (0%)
L61	Health protection in ISP	I	4/6	1/1					5/7	Not Met (71.43%)
L62	Health protection review	I		1/1					1/1	Met
L63	Med. treatment plan form	I	6/6						6/6	Met
L64	Med. treatment plan rev.	I	2/5						2/5	Not Met (40.0%)
L67	Money mgmt. plan	I	3/6						3/6	Not Met (50.0%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L68	Funds expenditure	I	6/6						6/6	Met
L69	Expenditure tracking	I	6/6						6/6	Met
L70	Charges for care calc.	I	5/6						5/6	Met (83.33 %)
L71	Charges for care appeal	I	3/6						3/6	Not Met (50.0 %)
L77	Unique needs training	I	6/6	3/3					9/9	Met
L78	Restrictive Int. Training	L	0/1						0/1	Not Met (0 %)
L80	Symptoms of illness	L	2/2	3/3					5/5	Met
L81	Medical emergency	L	2/2	3/3					5/5	Met
L82	Medication admin.	L	2/2						2/2	Met
L84	Health protect. Training	I	4/6	1/1					5/7	Not Met (71.43 %)
L85	Supervision	L	0/2	3/3					3/5	Not Met (60.0 %)
L86	Required assessments	I	4/4	1/1					5/5	Met
L87	Support strategies	I	3/4	1/1					4/5	Met (80.0 %)
L88	Strategies implemented	I	2/5	1/1					3/6	Not Met (50.0 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L90	Personal space/bedroom privacy	I	6/6	3/3					9/9	Met
L91	Incident management	L	0/2	3/3					3/5	Not Met (60.0%)
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	6/6						6/6	Met
#Std. Met/# 77 Indicator									57/77	
Total Score									67/87	
									77.01%	

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	1/1	Met
C6	Future directions planning	1/1	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/6	Not Met (0 %)
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	5/6	Met (83.33 %)
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	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

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

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
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
C16	Explore interests	3/3	Met
C17	Community activities	3/3	Met
C18	Purchase personal belongings	2/2	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