



## **PROVIDER REPORT FOR**

**NFI, Massachusetts, Inc  
300 Rosewood Dr.  
Suite 101 Danvers, MA 01923**

**August 12, 2021**

**Version**

**Public Provider Report**

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

## **SUMMARY OF OVERALL FINDINGS**

<b>Provider</b>	NFI, Massachusetts, Inc
<b>Review Dates</b>	6/16/2021 - 6/22/2021
<b>Service Enhancement Meeting Date</b>	7/6/2021
<b>Survey Team</b>	Jennifer Conley-Sevier (TL)
<b>Citizen Volunteers</b>	

**Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	2 location(s) 4 audit (s)	Full Review	71/78 2 Year License 07/06/2021 - 07/06/2023		Certified 07/06/2021 - 07/06/2023
ABI-MFP Residential Services	1 location(s) 3 audit (s)			Deemed	
Individual Home Supports	1 location(s) 1 audit (s)			Deemed	
Planning and Quality Management				Deemed	

## **EXECUTIVE SUMMARY :**

NFI Massachusetts, Inc. (NFI), a subsidiary of the North American Family Institute Inc. (NAFI), is a non-profit agency providing supports and services to children, adults, and families, from a variety of state agencies. The Adult Services division provides Individual Home Supports (IHS), as well as 24-hour residential supports to individuals with Acquired Brain Injuries (ABI).

The Department of Developmental Services Office of Quality Enhancement (DDS OQE) completed a full licensing review of the agency's Residential/IHS services. These services were recently accredited by COA. The agency elected to "deem" COA scores in lieu of a DDS OQE review of the certification indicators for this service model. This survey was conducted through WebEx, document exchange, and virtual video conferencing interviews and environmental reviews.

The ABI/MFP location surveyed was found to be clean and well-maintained with appropriate adaptations for the needs of the individuals living in the home. Staff were well-trained and knowledgeable regarding medical protocols and the utilization and maintenance of supportive and protective devices. Within the IHS program, staff were supporting the individual in his financial budgeting goal and were successfully assisting him with managing his medical care, including transportation to appointments and assistance with telehealth during the pandemic.

In both residential service types, ISP submission timelines were being met and support strategies were being implemented toward achievement of ISP goals and objectives. Notably, agency staff were successfully evaluating and managing risk in a collaborative manner with the individuals, health care providers and guardians. Specifically, IHS support staff had identified challenges that the individual was facing with household maintenance during the pandemic. Staff intervened and established guidelines to limit the amount of recyclables stored in the garage to ensure that the individual stayed safe and the garage remained clean. Similarly, in the ABI-MFP home, staff had successfully identified and were managing potential risk to an individual's health due to medication refusals for blood pressure medication. The agency had instituted a covert medication protocol in conjunction with the individual's guardian, physician, and the Human Rights Committee, to ensure that he receives this lifesaving medication as prescribed.

Several areas needing improvement were identified during the survey. Organizationally, the agency needs to ensure that the Human Rights Committee has the required membership composition and attendance at meetings to consistently constitute a quorum. In the health and safety realm, individuals were generally found to be in good health and receiving annual physical and dental exams; however, the agency needs to place increased focus on its oversight systems to ensure that individuals receive preventative health screenings, as outlined in the Preventative Health Recommendations in the DDS Health Promotion and Coordination Initiative. Specifically for those individuals who refuse preventive screenings, the agency needs to support these individuals by offering education on the benefits of screening for early detection. The agency would also benefit from enhancing systems to ensure that health care records are maintained with timely information, such as vaccination status, current medications, and health care providers. In the financial management realm, charges for care calculations should be accurate and complete and include details on how to file an appeal for the charge for care, as required by regulation. Lastly, in ABI/MFP, the agency needs to improve systems to track incident reporting in HCSIS so that incidents are reported and reviewed within the required timelines.

As a result of the survey, within the Residential/Individual Home Supports services, NFI received a met rating in 91% of licensing indicators, inclusive of all critical indicators. As a result, the agency will receive a Two-Year License for Residential Services/Individual Home Supports. Follow-up on all not met licensing indicators will be conducted by NFI and reported to the Office for Quality Enhancement within 60 days of the Service Enhancement Meeting.

## **LICENSURE FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Organizational</b>	<b>7/8</b>	<b>1/8</b>	
<b>Residential and Individual Home Supports</b>	<b>64/70</b>	<b>6/70</b>	
ABI-MFP Residential Services Individual Home Supports			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>71/78</b>	<b>7/78</b>	<b>91%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>7</b>	

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L48	The agency has an effective Human Rights Committee.	The agency's human rights committee (HRC) did not meet the DDS regulatory requirements. The agency needs to ensure that its HRC is fully constituted with all members with requisite expertise and that the quorum requirement is met in accordance with regulatory requirements.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L7	Fire drills are conducted as required.	At one location, the safety plan identified the need to complete four fire drills annually, including two asleep drills. The agency did not complete the second asleep drill. The agency needs to ensure it completes the required number of fire drills as outlined in the safety plan.
L35	Individuals receive routine preventive screenings.	Two individuals were noted to not have had all their recommended preventive screenings. The agency needs to ensure individuals receive routine and preventive screenings as outlined in the health recommendations and are supported to understand the benefits of routine screenings.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L43	The health care record is maintained and updated as required.	For four individuals, health care records had not been updated to reflect new vaccinations, current healthcare providers, and/or current medications. The agency needs to ensure health care records are updated at the ISP as well as within 30 days of a significant health care event.
L70	Charges for care are calculated appropriately.	For three individuals, the calculation showing how the charges for care were determined was not evident. The agency needs to ensure that the calculations for the charges for care are present as required by regulation.
L71	Individuals are notified of their appeal rights for their charges for care.	For three individuals, the appeal process for the charges for care was not outlined. The agency needs to ensure that the appeal process, including who the individual should contact to file an appeal, is clearly delineated in the charge for care.
L91	Incidents are reported and reviewed as mandated by regulation.	At one location, incident reports were not generated and submitted within the required HCSIS time frames. The agency needs to ensure all incident reports are generated and submitted by the required HCSIS due dates.

## MASTER SCORE SHEET LICENSURE

Organizational: NFI, Massachusetts, Inc

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	2/2	Met
L3	Immediate Action	10/10	Met
L4	Action taken	10/10	Met
L48	HRC	0/1	Not Met(0 % )
L74	Screen employees	2/2	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	6/6	Met
L83	HR training	6/6	Met

## Residential and Individual Home Supports:

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		1/1			3/3		4/4	Met
L5	Safety Plan	L		1/1			1/1		2/2	Met
℞ L6	Evacuation	L		1/1			1/1		2/2	Met
L7	Fire Drills	L					0/1		0/1	Not Met (0 %)
L8	Emergency Fact Sheets	I		0/1			3/3		3/4	Met
L9	Safe use of equipment	L		1/1			1/1		2/2	Met
L10	Reduce risk interventions	I		1/1			1/1		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					1/1		1/1	Met
L14	Site in good repair	L					1/1		1/1	Met
L15	Hot water	L					1/1		1/1	Met
L16	Accessibility	L					1/1		1/1	Met
L17	Egress at grade	L					1/1		1/1	Met
L18	Above grade egress	L					1/1		1/1	Met



Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
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					1/1		1/1	Met
L25	Dangerous substances	L					1/1		1/1	Met
L26	Walkway safety	L					1/1		1/1	Met
L28	Flammables	L					1/1		1/1	Met
L29	Rubbish/combustibles	L					1/1		1/1	Met
L30	Protective railings	L					1/1		1/1	Met
L31	Communication method	I		1/1			3/3		4/4	Met
L32	Verbal & written	I		1/1			3/3		4/4	Met
L33	Physical exam	I		1/1			3/3		4/4	Met
L34	Dental exam	I		1/1			3/3		4/4	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L35	Preventive screenings	I		1/1			1/3		2/4	Not Met (50.0 %)
L36	Recommended tests	I		1/1			3/3		4/4	Met
L37	Prompt treatment	I		1/1			3/3		4/4	Met
℞ L38	Physician's orders	I					3/3		3/3	Met
L39	Dietary requirements	I		1/1			3/3		4/4	Met
L40	Nutritional food	L					1/1		1/1	Met
L41	Healthy diet	L		1/1			1/1		2/2	Met
L42	Physical activity	L		1/1			1/1		2/2	Met
L43	Health Care Record	I		0/1			0/3		0/4	Not Met (0 %)
L44	MAP registration	L					1/1		1/1	Met
L45	Medication storage	L					1/1		1/1	Met
℞ L46	Med. Administration	I					3/3		3/3	Met
L47	Self medication	I		1/1					1/1	Met
L49	Informed of human rights	I		1/1			3/3		4/4	Met
L50	Respectful Comm.	L		1/1			1/1		2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L51	Possessions	I		1/1			3/3		4/4	Met
L52	Phone calls	I		1/1			3/3		4/4	Met
L53	Visitation	I		1/1			3/3		4/4	Met
L54	Privacy	L		1/1			1/1		2/2	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					2/2		2/2	Met
L64	Med. treatment plan rev.	I					2/2		2/2	Met
L67	Money mgmt. plan	I		1/1			2/2		3/3	Met
L68	Funds expenditure	I		1/1			2/2		3/3	Met
L69	Expenditure tracking	I		1/1			2/2		3/3	Met
L70	Charges for care calc.	I					0/3		0/3	Not Met (0 %)
L71	Charges for care appeal	I					0/3		0/3	Not Met (0 %)
L77	Unique needs training	I		1/1			3/3		4/4	Met
L80	Symptoms of illness	L		1/1			1/1		2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L81	Medical emergency	L		1/1			1/1		2/2	Met
L82	Medication admin.	L					1/1		1/1	Met
L84	Health protect. Training	I					3/3		3/3	Met
L85	Supervision	L		1/1			1/1		2/2	Met
L86	Required assessments	I		1/1			3/3		4/4	Met
L87	Support strategies	I		1/1			3/3		4/4	Met
L88	Strategies implemented	I		1/1			3/3		4/4	Met
L89	Complaint and resolution process	L					1/1		1/1	Met
L90	Personal space/bedroom privacy	I		1/1			3/3		4/4	Met
L91	Incident management	L		1/1			0/1		1/2	Not Met (50.0 %)
#Std. Met/# 70 Indicator									64/70	
Total Score									71/78	
									91.03%	

## MASTER SCORE SHEET CERTIFICATION

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