



**PROVIDER REPORT
FOR**

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

September 29, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	NFI, Massachusetts, Inc
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Review Dates	8/2/2023 - 8/8/2023
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Service Enhancement Meeting Date	8/22/2023
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Survey Team	Raquel Rodriguez (TL)
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Citizen Volunteers	
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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	1 location(s) 3 audit (s)	Targeted Review	DDS 16/22 Provider 70 / 71 86 / 93 2 Year License 08/22/2023-08/22/2025		No Review Conducted
ABI-MFP Residential Services	1 location(s) 3 audit (s)			Deemed	0/0(Provider)
Planning and Quality Management				Deemed	0/0(Provider)

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 24-hour residential supports to individuals with Acquired Brain Injuries (ABI).

During the 2020 survey, NFI met 91% of licensing indicators within their Residential programs and thus were eligible to complete a self-assessment during this licensing review. As a result, the scope of the DDS licensing review was limited to critical indicators, and indicators receiving a rating of not met during the 2020 survey. In addition, indicators that were newly revised were also reviewed by DDS. The ratings from this survey process are a combination of DDS and NFI's application of licensing standards; any instances where different rating decisions were reached resulted in the use of the DDS rating. The scope of the DDS targeted survey included review of one ABI residence. The agency is accredited by COA and certification indicators were "deemed" for this survey and not reviewed by OQE.

Several areas of strength were identified within the ABI residence reviewed. Communication to and about the individuals was respectful as evidenced by observation and reviewing notes; furthermore, all individuals interviewed reported having privacy both in their homes and in their interactions with staff. Individuals were receiving their preventative medical care in accordance with the health screening guidelines. Medication was administered with strict adherence to MAP regulations and medical protocols were being followed by staff. The home was in good repair, all inspections were up to date, and the water was regulated within guidelines.

The survey did capture some areas in need of improvement. Both the Human Rights Committee and Incident Report Timelines were areas indicated by the agency as needing improvement during their self assessment process. Fire drill documentation and charges for care documentation were noted by OQE as well as the assessment for assistive technology.

Within the ABI Residential Services, NFI received a rating of met in 92% of licensing indicators; all critical indicators were met. As a result, the agency will receive a Two Year License for ABI Residential Services. Follow-up on all not met licensing indicators will be conducted by NFI within 60 days.

Below is a description of the self-assessment process completed by the provider.

Description of Self Assessment Process:

Accredited by the Council on Accreditation, NFI has a well-established quality/ risk management and monitoring processes, consisting of safety, client incident, and staff-related items. NFI's quality department works closely with the operations team to evaluate services and collect and analyze data to ensure excellent quality of care. NFI's director of quality and development facilitates a monthly quality and risk management (QMRM) meetings with the director of operations and division directors. These senior leaders review aggregated reports on client, staff- and program-level data; quarterly outcomes; safety committee compliance; recent program monitoring reports; results from satisfaction surveys; program and agency fiscal reports; investigation results; and HR recruitment and retention data. The quality department analyzes data from incident reports that are entered Netsmart Evolv, its electronic health record, to issue the above client related reports. The team analyzes the data and directs resources, policy and/or training to address trends at both the program, division and agency level and develop plans to improve client care. In addition, NFI quality and compliance manager analyzes a variety of measures as needed by programs, such as goal completion, and provides valuable accessible reports to the operations team and programs to monitor and evaluate effectiveness of services. NFI's quality department assists each division in the development of logic model and analyzes outcomes quarterly and annually. As a result of NFI's focus on outcomes in 2022, the adult division reduced hospitalizations, emergency department visits and medication errors. NFI administers client and family satisfaction surveys and staff surveys annually. Results are analyzed and result in improvement activities. The Adult division director monitors compliance with DDS licensing standards by client and program site. She reviews each standard and indicators against the client or program documentation to measure compliance and report areas in need of improvement. During monthly division meetings, the division director reviews review licensing standards, and medication management, surveys and other compliance and improvement initiatives with program managers so expectations are clear and best practices can be shared.

Our robust safety committee, led by a trained safety officer at each site, ensures facility safety measures are inspected and reported to the agency safety officer who issues a report monthly to the director of quality and development. The safety officer briefs staff monthly on seasonal safety protocols. Any site safety or repair needs are reported immediately to the facilities department and monitored for completion monthly. For example, the safety checklist measures fire extinguisher and fire sprinkler inspections and expirations to ensure they are current. Expirations are reported in monthly QM/RM for resolution. Program managers complete a privacy checklist monthly to ensure confidential practices are in place. These reports are reviewed during monthly QM/RM meetings. Safety officers attend 6 in person meetings per year and respond to 6 email safety briefings per years in safety.

The quality department conducts program monitoring activities annually for each program. NFI evaluates program against: agency and best practice standards on program leadership, client care and safety; contract and policy compliance, including staff training and supervision; and feedback from individuals, family and the funding source on service delivery. NFI issues a comprehensive monitoring report. The division and program directors develop a corrective action plan which is monitored for completion. In addition to quality and risk management, NFI is dedicated to quality improvement and uses the Model for Improvement as its framework. Each program develops a quality improvement plans using data from above processes, external licensing and other relevant sources. Measurable goals are reviewed twice annually by the quality department and operations leadership and by the executive director at the year's end.

The NFI training department oversees all aspects of agency required staff training. Program Directors and registered nurses are responsible for program/individual specific training. Program managers utilize the DDS learning website to ensure staff are trained in specific DDS mandatory trainings. NFI complies with state incident reporting policies and procedures and utilizes the HCSIS system and Netsmart Evolv to capture and report on client, program and staff related incidents. The program manager reports all incidents in real time to the division director of adult services who reviews and finalizes all incident reports in HCSIS . As mentioned earlier, during the monthly QM/RM, data from these incident reports are aggregated and analyzed to address trends.

The impact of NFI's quality management strategies are evaluated monthly and quarterly through QM/RM and annually through the following separate reports: Performance Quality Improvement, Outcomes, Client and Family Satisfaction and Annual Plan.

NFI promotes PBS through training and all aspects of service provision and formally through its PBS

committee team which consists of the division director, program directors, registered nurse, PBS-qualified clinician and participating individual. This group meets quarterly to review PBS Action plans and universal supports and to modify, increase or decrease supports as needed. Each PBS plan consists of a referral plan and functional behavioral assessment.

NFI partners with Lahey Health quarterly to conduct a Human Rights meeting review. The committee consists of a HR coordinator, registered nurse, attorney, clinician, committee members and officers. HR officers are responsible for training program staff, individuals and guardians annually. Committee members conduct site visits annually. NFI utilizes a complaint resolution and investigation process to resolve all HR complaints.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Residential and Individual Home Supports	78/83	5/83	
ABI-MFP Residential Services			
Critical Indicators	8/8	0/8	
Total	86/93	7/93	92%
2 Year License			
# indicators for 60 Day Follow-up		7	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The Human Rights Committee did not have the attendance nor the appointed positions as required by their by-laws. The agency needs to ensure they have an effective Human Rights Committee.

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

Indicator #	Indicator	Issue identified	Action planned to address
L74	The agency screens prospective employees per requirements.	Due to the global pandemic medical providers were in a state of emergency affecting NFI's ability to track TB and new hire physicals for new hires and existing employees.	NFI's human resource department tracks TB vaccines and pre-hire physicals during agency orientation and annually when background are updated for employees.

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

Indicator #	Indicator	Area Needing Improvement
L7	Fire drills are conducted as required.	At the location surveyed, fire drills were not capturing the required information. The agency needs to ensure fire drills are conducted and documented as required.

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

Indicator #	Indicator	Area Needing Improvement
L70	Charges for care are calculated appropriately.	The res hab agreements utilized by the agency to inform the individuals/guardians of the charges for care do not include the charges for care calculation. The agency needs to ensure the charges for care are calculated and documented as required.
L91	Incidents are reported and reviewed as mandated by regulation.	At the location reviewed an incident report had not been submitted within timelines. The agency needs to ensure incidents are reported and reviewed as mandated by regulation.
L93 (05/22)	The provider has emergency back up plans to assist individuals to plan for emergencies and/or disasters.	One of three back up plans reviewed did not contain the necessary information. The agency needs to ensure emergency back up plans are in place to assist individuals to plan for emergencies and/or disasters.
L94 (05/22)	Individuals have assistive technology to maximize independence.	One individual reviewed has not been assessed for areas where she may benefit from the use of assistive technology to maximize independence. The agency needs to ensure individuals have assistive technology to maximize independence.

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	Provider (also Deemed)	0/0	0/0	
Residential and Individual Home Supports	Provider	0/0	0/0	
ABI-MFP Residential Services	Provider (also Deemed)	0/0	0/0	
Total		0/0	0/0	
No Review Conducted				

MASTER SCORE SHEET LICENSURE

Organizational: NFI, Massachusetts, Inc

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	DDS	1/1	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	DDS	0/1	Not Met(0 %)
L65	Restraint report submit	Provider	-	Met
L66	HRC restraint review	Provider	-	Met
L74	Screen employees	Provider	-	Not Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Met
L83	HR training	Provider	-	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider		-			-	-	-	Met
L5	Safety Plan	L	Provider		-			-	-	-	Met
Ⓡ L6	Evacuation	L	DDS					1/1		1/1	Met
L7	Fire Drills	L	DDS					0/1		0/1	Not Met (0 %)
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

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
Ⓡ L11	Required inspections	L	DDS					1/1		1/1	Met
Ⓡ L12	Smoke detectors	L	DDS					1/1		1/1	Met
Ⓡ 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
L18	Above grade egress	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
L23	Egress door locks	L	Provider		-			-	-	-	Met
L24	Locked door access	L	Provider		-			-	-	-	Met
L25	Dangerous substances	L	Provider		-			-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L26	Walkway safety	L	Provider		-			-	-	-	Met
L27	Pools, hot tubs, etc.	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	DDS					3/3		3/3	Met
L36	Recommended tests	I	Provider		-			-	-	-	Met
L37	Prompt treatment	I	Provider		-			-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS					2/2		2/2	Met
L39	Dietary requirements	I	Provider		-			-	-	-	Met
L40	Nutritional food	L	Provider		-			-	-	-	Met
L41	Healthy diet	L	Provider		-			-	-	-	Met
L42	Physical activity	L	Provider		-			-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L43	Health Care Record	I	DDS					3/3		3/3	Met
L44	MAP registration	L	Provider		-			-	-	-	Met
L45	Medication storage	L	Provider		-			-	-	-	Met
℞ 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
L55	Informed consent	I	Provider		-			-	-	-	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

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L60	Data maintenance	I	Provider		-			-	-	-	Met
L61	Health protection in ISP	I	Provider		-			-	-	-	Met
L62	Health protection review	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	DDS					0/3		0/3	Not Met (0 %)
L71	Charges for care appeal	I	DDS					3/3		3/3	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

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L81	Medical emergency	L	Provider		-			-	-	-	Met
L82	Medication admin.	L	DDS					1/1		1/1	Met
L84	Health protect. Training	I	Provider		-			-	-	-	Met
L85	Supervision	L	Provider		-			-	-	-	Met
L86	Required assessments	I	Provider		-			-	-	-	Met
L87	Support strategies	I	Provider		-			-	-	-	Met
L88	Strategies implemented	I	Provider		-			-	-	-	Met
L89	Complaint and resolution process	L	Provider		-			-	-	-	Met
L90	Personal space/bedroom privacy	I	Provider		-			-	-	-	Met
L91	Incident management	L	DDS					0/1		0/1	Not Met (0 %)
L93 (05/22)	Emergency back-up plans	I	DDS					2/3		2/3	Not Met (66.67 %)
L94 (05/22)	Assistive technology	I	DDS					2/3		2/3	Not Met (66.67 %)

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L96 (05/22)	Staff training in devices and applications	I	DDS					3/3		3/3	Met
L99 (05/22)	Medical monitoring devices	I	DDS					1/1		1/1	Met
#Std. Met/# 83 Indicator										78/83	
Total Score										86/93	
										92.47%	

MASTER SCORE SHEET CERTIFICATION
