



**PROVIDER REPORT
FOR**

**NORTH SUFFOLK
COMMUNITY SERVICES,
INC.**

**301 Broadway St
Chelsea, MA 02150**

August 16, 2024

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	NORTH SUFFOLK COMMUNITY SERVICES, INC.
Review Dates	6/12/2024 - 6/18/2024
Service Enhancement Meeting Date	7/2/2024
Survey Team	Meagan Caccioppoli Jennifer Conley-Sevier Cheryl Dolan John Downing (TL)
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	6 location(s) 6 audit (s)	Full Review	83/89 2 Year License 07/02/2024 - 07/02/2026		26 / 26 Certified 07/02/2024 - 07/02/2026
Residential Services	6 location(s) 6 audit (s)			Full Review	20 / 20
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

North Suffolk Community Services (NSCS), formerly North Suffolk Mental Health Association, is a multi service non-profit agency serving individuals with mental health and developmental disabilities primarily in the Department of Developmental Services (DDS) Metro Region. The agency, founded in 1959, continues to provide residential supports to more than 100 adult individuals who are living in 24/7 residential programs and served by the DDS.

The scope of this survey conducted by the DDS Office of Quality Enhancement (OQE) was a full review of all licensing and certification indicators within the agency's Residential Services programs.

There were numerous positive practices and outcomes observed during the review. The agency demonstrated overall strength in the domain of Personal and Environmental Safety. Allegations of abuse were reported as mandated, immediate protective measures were implemented, and requested follow-up actions plans were completed. Comprehensive assessments had been completed for individuals, evaluating each person's skills and abilities to ensure their safe use of equipment within their homes. Sites surveyed were found to be clean, and with all required inspections completed. Fire safety measures were noteworthy; all site inspections had occurred, fire drills were completed in accordance with safety plans, and program evacuation times were within required timeframes. Hot water temperatures at all locations were maintained within required ranges.

The agency's three year Strategic Plan focused on the acquisition of a few homes previously leased by the agency, the rehabilitation of certain homes, and the development of new housing. The plan secures individuals' ability to remain in their current homes despite changing needs due to age and health.

Within the health domain, the agency had an overall effective system to ensure individuals received annual physical and dental exams, as well as ensuring recommended appointments with specialists were made and attended. Required reviews and/or staff training occurred relative to individuals' medications, health related supports, physician's orders and treatment protocols. Overall health was promoted as individuals were supported to follow healthy diets and to engage in physical activity. One individual was supported to lose weight and achieved desired weight loss and improved overall health.

In the domain of having a Competent and Skilled workforce, the agency had well maintained systems for tracking new hire training and annual training requirements. Staff meetings were occurring on a regular basis and 1:1 supervision was effectively utilized and documented. The agency's effort to improve timely submission of documentation such as ISP related materials and Restraint Reports was effective.

The agency also demonstrated strength in the area of promoting independence through the use of Assistive Technology. Every individual surveyed had an assessment completed, and for each person determined to have a need, their needs were fulfilled. Many of the individuals utilized tablets and iPads for learning and communication aids. The use of color coded modifications to appliances such as the clothes washer and dryer enabled individuals to perform laundry tasks with greater independence.

Several licensing indicators were identified during the survey as requiring additional attention. The agency needs to ensure that all incident reports are submitted and finalized in HCSIS within the required timelines. Within the domain of Human Rights, the agency's Human Rights Committee lacked a required membership position to be fully constituted. Restrictive practices require a mitigation plan to address when the restriction is not needed and notice of the presence of a restriction to all individuals and/or guardians is required. The agency's healthcare monitoring system needs to include the ability to identify all routine preventative screenings are completed as

recommended, and alternatives are explored and documented when traditional screenings are not viable or desired options.

North Suffolk Community Services received a rating of met in 93% of licensing indicators with all critical indicators met. As a result of this positive outcome, the agency will receive a Two-Year License for Residential and Individual Home Supports service group. The agency received a rating of met in 100% of certification indicators reviewed. As a result, the agency is Certified. Follow-up on all not met licensing indicators will be conducted by North Suffolk and submitted to the DDS OQE within 60 days of the Service Enhancement Meeting.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Residential and Individual Home Supports	74/79	5/79	
Residential Services			
Critical Indicators	8/8	0/8	
Total	83/89	6/89	93%
2 Year License			
# indicators for 60 Day Follow-up		6	

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 agency's Human Rights Committee (HRC) did not have a member with medical expertise, and medical representation at HRC meetings. The agency needs to ensure that its HRC is fully constituted with all members with requisite expertise.

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 two individuals, their Emergency Fact Sheets (EFS) were missing required components. The agency needs to ensure every individuals' EFS contains all required and accurate information.
L35	Individuals receive routine preventive screenings.	For two individuals, routine preventative screenings were not completed as recommended in the DDS Annual Healthcare Screening Tool. The agency needs to ensure routine preventative screenings for every individual is presented to their physician for discussion and either completed or have an explanation for why the physician did not conduct the screening.

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

Indicator #	Indicator	Area Needing Improvement
L56	Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.	At one location, there was a restrictive practice in place for one person that affected the other residents of the home. There was one guardian that did not receive notice of the restriction, and there was no mitigation plan to remove the restriction when the intended individual was not at the home. The agency needs to ensure all individuals and/or their guardians are informed when a restrictive practice is implemented and how the restriction is mitigated when not needed.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For two individuals, the agency was not fully implementing the goal or collecting the required data to demonstrate implementation of the support strategies. The agency needs to ensure services and support strategies identified and agreed upon in the ISP are being fully implemented, and there is data collection for every measurement criteria in the objective.
L91	Incidents are reported and reviewed as mandated by regulation.	At four locations, there was at least one Incident Report that had not been submitted and/or finalized within the required timelines. The agency needs to ensure all Incident reports are submitted and finalized by the required timelines based on the classification of incident type.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	20/20	0/20	
Residential Services	20/20	0/20	
Total	26/26	0/26	100%
Certified			

MASTER SCORE SHEET LICENSURE

Organizational: NORTH SUFFOLK COMMUNITY SERVICES, INC.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
R L2	Abuse/neglect reporting	6/6	Met
L3	Immediate Action	15/15	Met
L4	Action taken	5/5	Met
L48	HRC	0/1	Not Met(0 %)
L65	Restraint report submit	3/3	Met
L66	HRC restraint review	3/3	Met
L74	Screen employees	4/4	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	19/20	Met(95.00 %)
L83	HR training	20/20	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	6/6						6/6	Met
L5	Safety Plan	L	6/6						6/6	Met
R L6	Evacuation	L	6/6						6/6	Met
L7	Fire Drills	L	6/6						6/6	Met
L8	Emergency Fact Sheets	I	4/6						4/6	Not Met (66.67 %)
L9 (07/21)	Safe use of equipment	I	6/6						6/6	Met
L10	Reduce risk interventions	I	4/4						4/4	Met
R L11	Required inspections	L	6/6						6/6	Met
R L12	Smoke detectors	L	5/6						5/6	Met (83.33 %)
R L13	Clean location	L	6/6						6/6	Met
L14	Site in good repair	L	6/6						6/6	Met
L15	Hot water	L	6/6						6/6	Met
L16	Accessibility	L	6/6						6/6	Met
L17	Egress at grade	L	5/5						5/5	Met
L18	Above grade egress	L	5/5						5/5	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	3/3						3/3	Met
L20	Exit doors	L	6/6						6/6	Met
L21	Safe electrical equipment	L	6/6						6/6	Met
L22	Well-maintained appliances	L	6/6						6/6	Met
L23	Egress door locks	L	3/3						3/3	Met
L24	Locked door access	L	6/6						6/6	Met
L25	Dangerous substances	L	6/6						6/6	Met
L26	Walkway safety	L	6/6						6/6	Met
L28	Flammables	L	6/6						6/6	Met
L29	Rubbish/combustibles	L	6/6						6/6	Met
L30	Protective railings	L	6/6						6/6	Met
L31	Communication method	I	6/6						6/6	Met
L32	Verbal & written	I	6/6						6/6	Met
L33	Physical exam	I	6/6						6/6	Met
L34	Dental exam	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
L35	Preventive screenings	I	4/6						4/6	Not Met (66.67 %)
L36	Recommended tests	I	5/6						5/6	Met (83.33 %)
L37	Prompt treatment	I	6/6						6/6	Met
℞ L38	Physician's orders	I	4/4						4/4	Met
L39	Dietary requirements	I	5/5						5/5	Met
L40	Nutritional food	L	6/6						6/6	Met
L41	Healthy diet	L	6/6						6/6	Met
L42	Physical activity	L	6/6						6/6	Met
L43	Health Care Record	I	5/6						5/6	Met (83.33 %)
L44	MAP registration	L	6/6						6/6	Met
L45	Medication storage	L	6/6						6/6	Met
℞ L46	Med. Administration	I	6/6						6/6	Met
L47	Self medication	I	1/1						1/1	Met
L49	Informed of human rights	I	6/6						6/6	Met
L50 (07/21)	Respectful Comm.	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/Rat ed	Rating
L51	Possessions	I	6/6						6/6	Met
L52	Phone calls	I	6/6						6/6	Met
L53	Visitation	I	6/6						6/6	Met
L54 (07/21)	Privacy	I	6/6						6/6	Met
L55	Informed consent	I	2/2						2/2	Met
L56	Restrictive practices	I	0/1						0/1	Not Met (0 %)
L57	Written behavior plans	I	2/2						2/2	Met
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	4/4						4/4	Met
L63	Med. treatment plan form	I	5/6						5/6	Met (83.33 %)
L64	Med. treatment plan rev.	I	5/6						5/6	Met (83.33 %)
L67	Money mgmt. plan	I	5/5						5/5	Met
L68	Funds expenditure	I	3/3						3/3	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L69	Expendi ture tracking	I	5/5						5/5	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						6/6	Met
L78	Restricti ve Int. Training	L	1/1						1/1	Met
L79	Restrain t training	L	4/4						4/4	Met
L80	Sympto ms of illness	L	6/6						6/6	Met
L81	Medical emerg ency	L	6/6						6/6	Met
L82	Medicati on admin.	L	6/6						6/6	Met
L84	Health protect. Training	I	4/4						4/4	Met
L85	Supervi sion	L	6/6						6/6	Met
L86	Require d assess ments	I	4/5						4/5	Met (80.0 %)
L87	Support strategi es	I	5/6						5/6	Met (83.33 %)
L88	Strategi es implem ented	I	4/6						4/6	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
L90	Personal space/bedroom privacy	I	6/6						6/6	Met
L91	Incident management	L	2/6						2/6	Not Met (33.33 %)
L93 (05/22)	Emergency back-up plans	I	6/6						6/6	Met
L94 (05/22)	Assistive technology	I	6/6						6/6	Met
L96 (05/22)	Staff training in devices and applications	I	4/4						4/4	Met
L99 (05/22)	Medical monitoring devices	I	2/2						2/2	Met
#Std. Met/# 79 Indicator									74/79	
Total Score									83/89	
									93.26%	

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	6/6	Met
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	5/5	Met
C10	Social skill development	5/5	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	6/6	Met
C16	Explore interests	6/6	Met
C17	Community activities	6/6	Met
C18	Purchase personal belongings	5/5	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	6/6	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met
C52	Leisure activities and free-time choices /control	6/6	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C53	Food/ dining choices	6/6	Met