



**PROVIDER REPORT
FOR**

**NORTH SUFFOLK MHA
301 Broadway St
Chelsea, MA 02150**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	NORTH SUFFOLK MHA
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Review Dates	6/8/2022 - 6/14/2022
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Service Enhancement Meeting Date	6/28/2022
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Survey Team	John Downing (TL) Jennifer Conley-Sevier Cheryl Dolan John Hazelton Raquel Rodriguez
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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	9 location(s) 11 audit (s)	Full Review	70/85 Defer Licensure		56 / 66 Certified
Residential Services	6 location(s) 6 audit (s)			Full Review	18 / 20
ABI-MFP Residential Services	1 location(s) 3 audit (s)			Full Review	13 / 20
Individual Home Supports	2 location(s) 2 audit (s)			Full Review	19 / 20
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

The North Suffolk Mental Health Association (NSMHA) 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 provides residential supports to more than 100 individuals living in 24/7 programs, an Acquired Brain Injury (ABI) program, and Individual Home Supports (IHS) collectively.

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/ABI Services and Individual Home Supports programs.

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 timely, and requested follow-up actions plans were followed. 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 in terms of equipment, functionality, inspection, and program evacuation times was noteworthy. Hot water temperatures at all required locations were maintained within required guidelines.

Individuals were supported to follow healthy diets by having adequate amounts of nutritional food on-hand, and to engage in physical activity. One individual, diagnosed with quadriplegia, was supported to lose weight and achieved a loss of 50 pounds through self-selected changes in food types and portions.

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. One individual benefited from the use of a communication book to assist in his level of independence with completing household chores, and furthered his independence and improved his oral hygiene with the aid of an electric tooth brush.

Although the agency had a system to ensure individuals received annual physical and dental exams, systems ensuring that required reviews and/or staff training occurred concerning, for example, people's medications, health related supports, diagnoses, and treatment protocols were less effective. Specifically, the agency needs to improve the current system to ensure physicians' orders and treatment protocols are followed, prescribed medications are administered correctly and documented properly, and to ensure recommended appointments with specialists are made and attended.

Systems to ensure that time sensitive documentation such as ISP related materials, Restraint Reports, and Incident Reports are submitted within required timelines also need to be improved. The agency has a system for tracking individuals' feedback regarding their satisfaction on supports and services received by location, however the system did not identify individual involvement/participation in the process.

Within the domain of Human Right's, the use of "House Rules" in people's homes unduly restricted individuals without a written rationale, a mitigation plan and the review and approval by the agency's Human Rights Committee. Any restrictive practices should be individualized based on the needs of individuals, and not a general practice throughout.

Within the domain of Access and Integration, the agency's system of supporting individuals to explore

discover and connect with their cultural, social, recreational and spiritual interests did not extend unilaterally into the ABI Residential Services. The agency is encouraged to review the factors, including transportation, that are impacting or preventing individuals from developing additional relationships and greater connections within their own neighborhoods and communities.

As a result of this survey, NSMHA met 82% of the licensing indicators rated. However, two of the indicators with an overall rating not met were critical indicators, L38 (treatment protocols) and L46 (prescription medications), resulting in the license being deferred. As a result of the deferred status, the agency is unable to accept new business from the Department during this period. Follow-up on all not met licensing indicators, including the two critical indicators, will be conducted by DDS/OQE within 60 days. Upon completion of the follow-up, provided the agency receives a score of 80% or greater in the two critical indicators, and overall, the sanction will be lifted, and NSMHA will receive a two-year license, with a mid-cycle review.

The agency met 85% of all certification indicators rated and is certified

LICENSURE FINDINGS



	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Residential and Individual Home Supports	62/75	13/75	
Residential Services ABI-MFP Residential Services Individual Home Supports			
Critical Indicators	6/8	2/8	
Total	70/85	15/85	82%
Defer Licensure			
# indicators for 60 Day Follow-up		15	

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 quorum was not occurring at two or more meetings during the period reviewed. 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.
L65	Restraint reports are submitted within required timelines.	Four restraint reports sampled were not filed and approved within the required timeframes. The agency needs to ensure all restraint reports are created and submitted within 3 days of the incident and approved by the restraint manager within 5 days of the incident.

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

Indicator #	Indicator	Area Needing Improvement
L10	The provider implements interventions to reduce risk for individuals whose behaviors may pose a risk to themselves or others.	For one of three individual, effective risk management was not occurring as the individual was not supervised outside of the home by agency staff during daily medical appointments. The agency needs to develop strategies to meet the individual's medical needs, while also providing the level of supervision required in accordance with DDS Regional ABI/MFP Office policies.

L36	Recommended tests and appointments with specialists are made and kept.	For 4 of 11 individuals surveyed, recommended 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.
 L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	The medical protocols for three individuals were either not being followed or were not accurately written with accompanying staff training. The agency needs to ensure that when medical diagnoses rise to the level of requiring a medical protocol, these protocols are individualized, written in accordance with the physician's orders, and that all support staff are trained in their implementation.
 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 individuals, medications were not being administered in accordance with physician's orders. 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 instances where this is not occurring.
L53	Individuals can visit with family and friends.	For seven individuals, there were parameters on visitation with family and friends. The agency needs to ensure that all individuals are afforded the opportunity to have free access to family and friends without restriction absent required reviews.
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.	For all individuals, restrictive practices were embodied in house rules without the requisite rationale or plan for mitigation or elimination. For one individual, there was also a restrictive protocol in place without a mitigation component. The agency needs to ensure that when restrictive practices are in place, all required elements are present, including having a written rationale, the appropriate reviews, and mitigation plans.
L63	Medication treatment plans are in written format with required components.	For four of nine individuals, medication treatment plans lacked at least one required component. For some individuals prescribed behavior modifying medications, medication treatment plans were not in place. For those individuals who had medication treatment plans in place, plans did not include all of the required components, including current data and the clinical course for use of the medication, such as criteria for terminating the medication based on the treatment data. The agency needs to ensure that there is a plan in place for all individuals prescribed behavior modifying medications, and these plans need to include all the required components.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For two individuals, staff had not been fully trained on the use of health-related protections in place for individuals. The agency needs to ensure that staff are trained on all components of health-related protections per regulation.

L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For 5 of 11 individuals surveyed, required assessments had not been completed and submitted to DDS by the required due date. The agency needs to ensure that required assessments are completed and submitted to DDS a minimum of 15 days prior to the ISP date.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For 6 of 11 individuals surveyed, support strategies had not been completed and submitted to DDS by the required due date. The agency needs to ensure that support strategies are completed in preparation for the ISP and submitted to DDS a minimum of 15 days prior to the ISP date.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For 3 individuals, ISP objectives were either not being implemented, or data collection was not occurring. The agency needs to ensure that ISP objectives are implemented as described within support strategies and that data relating to ISP objectives is collected.
L89	The provider has a complaint and resolution process that is effectively implemented at the local level.	At the one ABI/MFP location, several complaints have been made by an individual, however the complaint resolution process has not been followed by the agency, and the issues raised continue to be unresolved. The agency needs to ensure that the complaint resolution process is utilized in fully resolving complaints.
L91	Incidents are reported and reviewed as mandated by regulation.	At 4 locations, incident reports were not created or finalized within the required HCSIS time frames. The agency must ensure all incident reports are filed and finalized within the required timeframe.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	50/60	10/60	
ABI-MFP Residential Services	13/20	7/20	
Individual Home Supports	19/20	1/20	
Residential Services	18/20	2/20	
Total	56/66	10/66	85%
Certified			

ABI-MFP Residential Services- Areas Needing Improvement on Standards not met:


Indicator #	Indicator	Area Needing Improvement
C9	Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	Two individuals have not been provided with staff support to develop or increase personal relationships or social contacts. While individuals may engage in this activity on their own, support staff also need to be aware of the individuals' interests in this area, consistently provide support to develop or increase opportunities for social contact and have strategies with specific steps being taken towards this goal.
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	For one individual the only support and opportunity to explore, discover and connect with their interest in cultural, social, recreational and spiritual activities was an interest inventory. The agency needs to broaden the means and opportunities for individuals to explore, discover and connect with their interests in varied activities.
C17	Community activities are based on the individual's preferences and interests.	None of the individuals were participating in community activities based on previous or newly discovered preferences and interests. The agency needs to ensure all individuals are provided opportunities to participate in community activities that are based on each individual's preference or interest.

C46	Staff (Home Providers) support individuals to learn about and use generic community resources.	For 2 of 3 individuals surveyed, the agency had not supported individuals to learn and avail of generic community resources. The agency needs to provide education around community resources to allow individuals full access and integration into their community and ensure community resources are accessible to the individuals they support.
C47	Individuals have full access to the community through transportation available and/or provided.	Two individuals were impacted by the lack of available transportation within the home. The agency needs to ensure that transportation is available, provided, or arranged on a regular and frequent basis.
C48	Individuals are a part of the neighborhood.	Two of three individuals did not know their neighbors or have a connection to their neighborhood. There had not been any attempts or opportunities to foster a neighborly relationship or friendships with others in the neighborhood. The agency needs to explore and provide opportunities for all individuals to establish a connection within the neighborhood/community in which they live.
C51	Staff (Home Providers) are knowledgeable about individuals' satisfaction with services and supports and support individuals to make changes as desired.	None of the individuals had been afforded the opportunity to express their satisfaction with current services and supports so that changes or improvements could be made as indicated. The agency needs to implement a system whereby each individual is given the opportunity to express and rate their satisfaction with supports and services and a mechanism to address dissatisfaction and desire for change
C51	Staff (Home Providers) are knowledgeable about individuals' satisfaction with services and supports and support individuals to make changes as desired.	None of the individuals had been afforded the opportunity to express their satisfaction with current services and supports so that changes or improvements could be made as indicated. The agency needs to implement a system whereby each individual is given the opportunity to express and rate their satisfaction with supports and services and a mechanism to address dissatisfaction and desire for change

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.	2 of the 6 individuals surveyed did not have the opportunity to be involved in either the hiring of staff or provide feedback on staff working directly with them. The agency needs to ensure they solicit input from all individuals about the staff supporting them at the time of hire and on an ongoing basis .
C51	Staff (Home Providers) are knowledgeable about individuals' satisfaction with services and supports and support individuals to make changes as desired.	None of the individuals had been afforded the opportunity to express their satisfaction with current services and supports so that changes or improvements could be made as indicated. The agency needs to implement a system whereby each individual is given the opportunity to express and rate their satisfaction with supports and services and a mechanism to address dissatisfaction and desire for change.

MASTER SCORE SHEET LICENSURE

Organizational: NORTH SUFFOLK MHA

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
 L2	Abuse/neglect reporting	8/10	Met(80.0 %)
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	0/1	Not Met(0 %)
L65	Restraint report submit	6/10	Not Met(60.0 %)
L66	HRC restraint review	10/10	Met
L74	Screen employees	4/4	Met
L75	Qualified staff	2/2	Met
L76	Track trainings	20/20	Met
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	5/6	2/2			3/3		10/11	Met (90.91 %)
L5	Safety Plan	L	5/6	2/2			1/1		8/9	Met (88.89 %)
Ⓟ L6	Evacuation	L	5/6	2/2			1/1		8/9	Met (88.89 %)
L7	Fire Drills	L	5/6				1/1		6/7	Met (85.71 %)
L8	Emergency Fact Sheets	I	4/6	2/2			3/3		9/11	Met (81.82 %)
L9 (07/21)	Safe use of equipment	I	5/6	2/2			3/3		10/11	Met (90.91 %)
L10	Reduce risk interventions	I	1/1				1/2		2/3	Not Met (66.67 %)
Ⓟ L11	Required inspections	L	6/6				1/1		7/7	Met
Ⓟ L12	Smoke detectors	L	6/6				1/1		7/7	Met
Ⓟ L13	Clean location	L	6/6				1/1		7/7	Met
L14	Site in good repair	L	6/6				1/1		7/7	Met
L15	Hot water	L	6/6				1/1		7/7	Met
L16	Accessibility	L	6/6				1/1		7/7	Met
L17	Egress at grade	L	5/5				1/1		6/6	Met
L18	Above grade egress	L	4/4						4/4	Met
L19	Bedroom location	L	5/5				1/1		6/6	Met
L20	Exit doors	L	6/6				1/1		7/7	Met
L21	Safe electrical equipment	L	6/6				1/1		7/7	Met
L22	Well-maintained appliances	L	6/6				1/1		7/7	Met

L23	Egress door locks	L	4/4				1/1		5/5	Met
L24	Locked door access	L	6/6				1/1		7/7	Met
L25	Dangerous substances	L	6/6				1/1		7/7	Met
L26	Walkway safety	L	6/6				1/1		7/7	Met
L28	Flammables	L	6/6				1/1		7/7	Met
L29	Rubbish/combustibles	L	6/6				1/1		7/7	Met
L30	Protective railings	L	6/6	2/2			1/1		9/9	Met
L31	Communication method	I	6/6	2/2			3/3		11/11	Met
L32	Verbal & written	I	6/6	2/2			3/3		11/11	Met
L33	Physical exam	I	4/5	2/2			2/2		8/9	Met (88.89 %)
L34	Dental exam	I	5/6	2/2			1/1		8/9	Met (88.89 %)
L35	Preventive screenings	I	6/6	2/2			0/2		8/10	Met (80.0 %)
L36	Recommended tests	I	4/6	2/2			1/3		7/11	Not Met (63.64 %)
L37	Prompt treatment	I	5/5	2/2			1/2		8/9	Met (88.89 %)
Ⓟ L38	Physician's orders	I	3/5				0/1		3/6	Not Met (50.0 %)
L39	Dietary requirements	I	3/3						3/3	Met
L40	Nutritional food	L	6/6	2/2			1/1		9/9	Met
L41	Healthy diet	L	6/6	2/2			1/1		9/9	Met
L42	Physical activity	L	6/6	2/2			1/1		9/9	Met
L43	Health Care Record	I	6/6	2/2			2/3		10/11	Met (90.91 %)
L44	MAP registration	L	6/6				1/1		7/7	Met
L45	Medication storage	L	6/6				1/1		7/7	Met
Ⓟ L46	Med. Administration	I	6/6	1/1			0/3		7/10	Not Met

										(70.0 %)
L47	Self medication	I	2/2						2/2	Met
L49	Informed of human rights	I	5/6	2/2			3/3		10/11	Met (90.91 %)
L50 (07/21)	Respectful Comm.	I	6/6	2/2			3/3		11/11	Met
L51	Possessions	I	6/6	2/2			3/3		11/11	Met
L52	Phone calls	I	6/6	2/2			3/3		11/11	Met
L53	Visitation	I	2/6	2/2			0/3		4/11	Not Met (36.36 %)
L54 (07/21)	Privacy	I	6/6	2/2			3/3		11/11	Met
L56	Restrictive practices	I	0/5				0/3		0/8	Not Met (0 %)
L61	Health protection in ISP	I	5/5				3/3		8/8	Met
L62	Health protection review	I	5/5				3/3		8/8	Met
L63	Med. treatment plan form	I	4/6				1/3		5/9	Not Met (55.56 %)
L64	Med. treatment plan rev.	I	5/6				3/3		8/9	Met (88.89 %)
L67	Money mgmt. plan	I	6/6	2/2			1/2		9/10	Met (90.0 %)
L68	Funds expenditure	I	6/6	2/2			2/2		10/10	Met
L69	Expenditure tracking	I	5/6	2/2			2/2		9/10	Met (90.0 %)
L70	Charges for care calc.	I	5/6				3/3		8/9	Met (88.89 %)
L71	Charges for care appeal	I	6/6				3/3		9/9	Met
L77	Unique needs training	I	6/6	2/2			3/3		11/11	Met
L80	Symptoms of illness	L	6/6	2/2			1/1		9/9	Met

L81	Medical emergency	L	5/6	2/2			1/1		8/9	Met (88.89 %)
 L82	Medication admin.	L	6/6	2/2			1/1		9/9	Met
L84	Health protect. Training	I	3/5				3/3		6/8	Not Met (75.00 %)
L85	Supervision	L	6/6	2/2			0/1		8/9	Met (88.89 %)
L86	Required assessments	I	3/6	2/2			1/3		6/11	Not Met (54.55 %)
L87	Support strategies	I	3/6	2/2			0/3		5/11	Not Met (45.45 %)
L88	Strategies implemented	I	6/6	2/2			0/3		8/11	Not Met (72.73 %)
L89	Complaint and resolution process	L					0/1		0/1	Not Met (0 %)
L90	Personal space/ bedroom privacy	I	6/6	2/2			3/3		11/11	Met
L91	Incident management	L	3/6	2/2			0/1		5/9	Not Met (55.56 %)
L93 (05/22)	Emergency back-up plans	I	6/6	2/2			3/3		11/11	Met
L94 (05/22)	Assistive technology	I	6/6	2/2			3/3		11/11	Met
L96 (05/22)	Staff training in devices and applications	I	5/5	2/2			2/2		9/9	Met
L99 (05/22)	Medical monitoring devices	I	1/1						1/1	Met
#Std. Met/# 75 Indicator									62/75	
Total Score									70/85	
									82.35%	

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	4/6	Not Met (66.67 %)
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	5/6	Met (83.33 %)
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	6/6	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	6/6	Met
C51	Ongoing satisfaction with services/ supports	0/6	Not Met (0 %)
C52	Leisure activities and free-time choices /control	6/6	Met
C53	Food/ dining choices	6/6	Met

ABI-MFP Residential Services

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	1/3	Not Met (33.33 %)
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
C15	Personalize living space	1/1	Met
C16	Explore interests	2/3	Not Met (66.67 %)
C17	Community activities	0/3	Not Met (0 %)
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	3/3	Met
C46	Use of generic resources	1/3	Not Met (33.33 %)
C47	Transportation to/ from community	1/3	Not Met (33.33 %)
C48	Neighborhood connections	1/3	Not Met (33.33 %)
C49	Physical setting is consistent	1/1	Met
C51	Ongoing satisfaction with services/ supports	0/3	Not Met (0 %)
C52	Leisure activities and free-time choices /control	3/3	Met
C53	Food/ dining choices	3/3	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	2/2	Met

C8	Family/guardian communication	2/2	Met
C9	Personal relationships	2/2	Met
C10	Social skill development	2/2	Met
C11	Get together w/family & friends	2/2	Met
C12	Intimacy	2/2	Met
C13	Skills to maximize independence	2/2	Met
C14	Choices in routines & schedules	2/2	Met
C16	Explore interests	2/2	Met
C17	Community activities	2/2	Met
C18	Purchase personal belongings	2/2	Met
C19	Knowledgeable decisions	2/2	Met
C21	Coordinate outreach	2/2	Met
C46	Use of generic resources	2/2	Met
C47	Transportation to/ from community	2/2	Met
C48	Neighborhood connections	2/2	Met
C49	Physical setting is consistent	2/2	Met
C51	Ongoing satisfaction with services/ supports	0/2	Not Met (0 %)
C52	Leisure activities and free-time choices /control	2/2	Met
C53	Food/ dining choices	2/2	Met