



**PROVIDER REPORT
FOR**

**Opportunities for Inclusion
56 Chestnut St
Waltham, MA 02453**

June 28, 2024

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider Opportunities for Inclusion

Review Dates 4/23/2024 - 4/29/2024

Service Enhancement Meeting Date 5/13/2024

Survey Team Margareth Larrieux (TL)
David Bullard

Citizen Volunteers

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	3 location(s) 13 audit (s)	Full Review	35/53 Defer Licensure		Certified
Community Based Day Services	2 location(s) 7 audit (s)			Deemed	
Employment Support Services	1 location(s) 6 audit (s)			Deemed	
Planning and Quality Management				Deemed	

EXECUTIVE SUMMARY :

Opportunities for Inclusion (Formerly Greater Waltham Arc) is a human services agency located in Waltham Massachusetts. The agency offers Community Based Day Supports (CBDS) and Employment Services to individuals diagnosed with Intellectual and Developmental Disabilities. The agency also provides Day Habilitation, Adult Family Care, and School to Work Transitions Programs as part of its service to the community. Working with an affiliate partner, the agency also offers opportunities for employment training in a Laundromat and an Arcade that it runs.

For this 2024 survey cycle, The Department of Developmental Services (DDS) Metro Office of Quality Enhancement, conducted a full licensing review of Opportunities for Inclusion's organizational systems, Community Based Day Supports, and Employment Services. The agency was deemed for certification due to its CARF accreditation.

Organizationally, Opportunities for Inclusion had systems for ensuring that allegations of abuse and neglect are reported as mandated; and immediate action was taken to protect individuals when complaints were filed. Additionally, corrective action plans were implemented when recommended by DDS. Relative to staff competency, the screening of potential employees of OFI occurred at the time of hire, and credentialed staff licenses were found to be current.

Across both CBDS and employment services, Opportunities for Inclusion had some effective systems and processes. Relative to environmental safety, required annual inspections of furnace was current, and individuals were supported to evacuate within a reasonable timeframe during fire drills. The OFI locations that were visited were clean and in good repair. The survey also found written and verbal communication with and about individuals by staff to be respectful, and people at the various sites communicated that they had privacy when taking care of and discussing personal matters. OFI also diligently obtained photo and media consents from individuals and/ or their guardians when people's pictures were used in the agency's annual report and other mediums.

In employment supports, many positive outcomes were noted for individuals. The agency supported several individuals to have integrated employment within the community. Individuals that were interviewed voiced satisfaction with their current employment and supports offered by the agency; many wanted to continue working at their current jobs. Overall findings showed that individuals were supported to be part of their workplace cultures, enjoying same breaks and meal gatherings with their co-workers. Individuals were regularly invited and supported to participate in special work events.

The survey revealed several licensure areas where urgent attention is needed from the agency to meet compliance with DDS standards. Organizationally, staff training fell short of requirements: Opportunities for Inclusion staff did not receive all the DDS mandated trainings. In the area of human rights, OFI's joint human rights committee did not reflect consistent attendance by OFI representatives and discussion of OFI individual matters. Additionally, individuals were not trained on Human Rights and DPPC reporting. In the domain of healthcare, OFI staff were not trained on the proper implementation of physician ordered medical treatment protocols, health-related protections, and signs and symptoms of illness. In addition, emergency fact sheets did not include required information including allergies, medications, and diagnoses. Relative to the ISP, assessments and support strategies submission did not occur within required timelines, and objectives agreed upon in the ISP were not implemented and tracked as agreed. Lastly, individual's needs for assistive technology that could help increase their independence were not assessed.

Opportunities for Inclusion met 66% of licensing indicators for the Employment and Day Service grouping; the agency did not meet the required standard for scores and two critical indicators (L12 fire detection and L38 Physicians orders and treatment protocols). The agency is thus, in Deferred license status. The DDS Metro office of Quality Enhancement will conduct a follow-up review of the licensing indicators that were not met in day/employment supports within 60 days of the SEM meeting. If the agency meets the scoring and critical indicator standards at follow-up, OFI would then earn a Two-Year license with Mid-Cycle review.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	6/8	2/8	
Employment and Day Supports	29/45	16/45	
Community Based Day Services Employment Support Services			
Critical Indicators	4/6	2/6	
Total	35/53	18/53	66%
Defer Licensure			
# indicators for 60 Day Follow-up		18	

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.	Opportunities for Inclusion was affiliated with another agency's Human Rights committee, but the minutes did not reflect consistent attendance by OFI staff at meetings, and discussion of OFI individual matters. The agency must ensure that it's individuals are better represented on the human rights committee.
L76	The agency has and utilizes a system to track required trainings.	The agency did not have an effective staff training tracking system, a way to ensure that all staff are current in all mandated DDS trainings. The agency must develop and utilize an effective system to track staff compliance with DDS mandated trainings.

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

Indicator #	Indicator	Area Needing Improvement
L1	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	Three of the thirteen individuals were not trained on how to report alleged abuse or neglect. The agency needs to ensure that all individuals are trained, and guardians are provided with information on how to report alleged abuse/neglect.

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

Indicator #	Indicator	Area Needing Improvement
L5	There is an approved safety plan in home and work locations.	At one of the two locations, an approved safety plan was not present, and staff were not trained. The agency needs to ensure that a DDS approved safety plan is in place at all locations and staff are trained on them.
L8	Emergency fact sheets are current and accurate and available on site.	For four of thirteen individuals, emergency fact sheets were not current and accurate. The agency must ensure that individual's emergency fact sheets are current and accurate.
℞ L12	Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.	There was no current fire safety inspection at one of two locations. The agency needs to ensure that smoke detectors and carbon monoxide detectors and other essential elements of the fire alarm systems required for evacuation are inspected and operational.
℞ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For one person, staff were not trained/knowledgeable on the person's specific treatment protocol. The provider must ensure that physicians' orders and medical treatment protocols are familiar to staff and implemented as required.
L39	Special dietary requirements are followed.	Staff were not trained on the person's specific dining protocols. The agency needs to ensure that all staff are trained, and special dietary requirements are followed.
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 of the thirteen individuals were not trained on human rights and grievance procedures. The agency must ensure that all individuals are trained, and guardians are provided with information on human rights and how to file a grievance.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For two individuals, supportive devices and equipment outlines did not contain all required components, and/or were not authorized by a healthcare professional. The agency needs to ensure that supportive devices and equipment used by individuals are properly outlined and authorized by a healthcare practitioner.
L80	Support staff are trained to recognize signs and symptoms of illness.	The training the agency offered to staff on the signs and symptoms of illness did not incorporate the full "health observations guidelines" and "just not right" information. The agency needs to ensure all staff are trained on the signs of symptoms of illness using curriculums that include information in DDS's Health Observation Guidelines as well as Just Not Right.

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

Indicator #	Indicator	Area Needing Improvement
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For two individuals, staff were not trained on the correct utilization of health-related protections and supports. The agency must ensure that staff who work with individuals who utilize health-related equipment and supports, are trained on the correct utilization of the devices.
L85	The agency provides ongoing supervision, oversight and staff development.	At all three locations, issues uncovered in different domains pointed to a lack of consistent oversight, supervision, and staff development. The agency needs to provide consistent oversight, supervision, and staff development to ensure effective supports.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For two of three individuals, the agency did not submit ISP assessments within the required timeframe. The agency must ensure that required assessments are submitted at least 15 days in advance of the ISP meeting.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For two of three individuals, the agency did not submit provider support strategies within the required timeframe. The agency must ensure that provider support strategies are submitted at least 15 days in advance of the ISP meeting.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For four of eight individuals, agreed upon objectives as part of their ISP goals were not properly and consistently implemented. The agency must ensure that individual's ISP objectives for which it has responsibility are properly and consistently implemented.
L91	Incidents are reported and reviewed as mandated by regulation.	At two of the three sites, incidents were not submitted and/or finalized within the mandated timelines. The agency must ensure that incidents are submitted and finalized within the mandated timelines
L94 (05/22)	Individuals have assistive technology to maximize independence.	All thirteen individuals reviewed were not assessed for assistive technologies that could help promote their independence. The agency needs to ensure that all individuals are assessed and supported to have assistive technologies that could maximize their independence.

MASTER SCORE SHEET LICENSURE

Organizational: Opportunities for Inclusion

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
PE L2	Abuse/neglect reporting	3/3	Met
L3	Immediate Action	4/4	Met
L4	Action taken	4/4	Met
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	2/2	Met
L75	Qualified staff	2/2	Met
L76	Track trainings	0/4	Not Met(0 %)
L83	HR training	4/4	Met

Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	6/6		4/7	10/13	Not Met (76.92 %)
L5	Safety Plan	L			1/2	1/2	Not Met (50.0 %)
℞ L6	Evacuation	L			2/2	2/2	Met
L7	Fire Drills	L			2/2	2/2	Met
L8	Emergency Fact Sheets	I	4/6		5/7	9/13	Not Met (69.23 %)
L9 (07/21)	Safe use of equipment	I	4/6		5/5	9/11	Met (81.82 %)
℞ L11	Required inspections	L			2/2	2/2	Met
℞ L12	Smoke detectors	L			1/2	1/2	Not Met (50.0 %)
℞ L13	Clean location	L			2/2	2/2	Met
L14	Site in good repair	L			2/2	2/2	Met
L15	Hot water	L			2/2	2/2	Met
L16	Accessibility	L			2/2	2/2	Met
L17	Egress at grade	L			2/2	2/2	Met
L18	Above grade egress	L			1/1	1/1	Met
L20	Exit doors	L			2/2	2/2	Met
L21	Safe electrical equipment	L			2/2	2/2	Met
L22	Well-maintained appliances	L			2/2	2/2	Met
L25	Dangerous substances	L			2/2	2/2	Met
L26	Walkway safety	L			2/2	2/2	Met
L29	Rubbish/combustibles	L			2/2	2/2	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L30	Protective railings	L			1/1	1/1	Met
L31	Communication method	I	6/6		7/7	13/13	Met
L32	Verbal & written	I	6/6		7/7	13/13	Met
L37	Prompt treatment	I	5/5		5/5	10/10	Met
Ⓜ L38	Physician's orders	I			0/1	0/1	Not Met (0 %)
L39	Dietary requirements	I			0/1	0/1	Not Met (0 %)
L49	Informed of human rights	I	6/6		4/7	10/13	Not Met (76.92 %)
L50 (07/21)	Respectful Comm.	I	6/6		7/7	13/13	Met
L51	Possessions	I	6/6		7/7	13/13	Met
L52	Phone calls	I	6/6		7/7	13/13	Met
L54 (07/21)	Privacy	I	6/6		7/7	13/13	Met
L55	Informed consent	I	3/3		3/3	6/6	Met
L61	Health protection in ISP	I			0/2	0/2	Not Met (0 %)
L62	Health protection review	I			2/2	2/2	Met
L77	Unique needs training	I	4/5		7/7	11/12	Met (91.67 %)
L80	Symptoms of illness	L	0/1		0/2	0/3	Not Met (0 %)
L81	Medical emergency	L	1/1		2/2	3/3	Met
L84	Health protect. Training	I			0/2	0/2	Not Met (0 %)
L85	Supervision	L	0/1		0/2	0/3	Not Met (0 %)
L86	Required assessments	I	0/1		1/2	1/3	Not Met (33.33 %)
L87	Support strategies	I	0/1		1/2	1/3	Not Met (33.33 %)

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L88	Strategies implemented	I	1/4		3/4	4/8	Not Met (50.0 %)
L91	Incident management	L	0/1		1/2	1/3	Not Met (33.33 %)
L93 (05/22)	Emergency back-up plans	I	3/3		7/7	10/10	Met
L94 (05/22)	Assistive technology	I	0/6		0/7	0/13	Not Met (0 %)
#Std. Met/# 45 Indicator						29/45	
Total Score						35/53	
						66.04%	