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|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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|  | |  |  | | --- | --- | |  |  | | |  | | --- | | **EXECUTIVE SUMMARY :** | |  | |  |  | | |  | | --- | | Opportunities for Inclusion (Formerly Greater Waltham Arc) is a human services agency based in Waltham MA; the agency offers Community Based Day Supports (CBDS) and Employment Supports to adults with Intellectual and Developmental Disabilities. Opportunities for Inclusion also offers Day Habilitation and Adult Family Care as part of its service offerings to the community.  For this 2022 Licensing review the agency was offered and elected to perform a self-assessment for both licensing and certification indicators. A targeted review was performed by the Department of Developmental Services (DDS) Office of Quality Enhancement, and the review encompassed all critical indicators as well as the licensing indicators that were not met during the agency's last review. The agency was deemed for certification indicators in lieu of its CARF accreditation. This survey report details the cumulative findings of the agency's self-assessment process and the DDS targeted review.  The findings of the targeted review highlighted agency practices that promoted support and participation of individuals across the CBDS and Employment Supports, as it related to the protection of individual's rights, and abuse and neglect reporting. Individuals had privacy when taking care of personal needs and written and oral communication regarding the individuals was respectful. Individuals who were interviewed expressed satisfaction with both the supports received and the staff supporting them.   In the area of environmental safety, the CBDS/ employment program site was clean, and inspections were conducted as required. The agency also had enhanced protocols in place, in response to the Covid-19 pandemic. Additionally, individuals in both programs were assessed for the safe use of frequently utilized equipment. CBDS also provided effective supports in healthcare; medication administration as well as the implementation of medical protocols were done in accordance with Doctor's orders.   This targeted review also revealed some areas in need of focused attention from the agency. The agency must develop a fully constituted and functioning Human Rights Committee that maintains the required meeting frequency and reviews all matters under its purview (or affiliate itself with another agency's' committee within the Metro region). Individuals should be supported to work on and achieve goals and objectives as written in provider support plans; these goals should be modified where applicable to promote success based on the individual's unique circumstances. In addition, the agency could benefit from increased supervision and oversight to ensure that various standards, expectations, and regulatory compliance items are consistently monitored, and addressed when needed. For example, staff need to be knowledgeable in the areas of DDS fire safety and evacuations standards, i.e., the development of safety plans, and the conduct and documentation of evacuation drills. The agency also needs to ensure that staff understand their role in supporting individuals by assessing employment needs and interests, developing objectives and supporting them to gain skills, and implementing and documenting individual's successes.   Opportunities for Inclusion will receive a Two-Year License for its Employment/Day Services Grouping with 95% of licensing indicators met. The agency is also certified for the Employment/Day Service grouping. As a result of this score, the agency will perform its own follow-up of licensing indicators that were not met within 60 days of the Service Enhancement Meeting and submit the findings to the DDS Office of Quality Enhancement. | | | |  |

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|  | |  |  | | --- | --- | |  |  | | |  | | --- | | **Description of Self Assessment Process:** | |  | |  |  | | |  | | --- | | The mission of OFI is to serve individuals with intellectual, developmental and physical disabilities, frail elders, and their families. Our programs promote independence, inclusion, self-advocacy, cultural diversity and the overall dignity and welfare of our participants and staff. To fulfill this mission, OFI is committed to a comprehensive process to evaluate our effectiveness in providing the highest quality of services to our participants  For the past 2 years, OFI, like many other organizations, has dealt with the impact of the COVID pandemic on daily operations to our community-based day program and employment programs.  In response to the pandemic, all operations were shut down from March 2020 to August 2020. Upon reopening our Chestnut Street location, all operations from our Woodland Road location were moved to the Chestnut Street location. The CBDS program is now meeting in person at Chestnut Street and the employment participants have returned to work on campus at Bentley and Brandeis universities. Under the leadership of our Manager of Clinical Services and Training, we instituted strict COVID guidelines and protocols consistent with recommendations from the CDC and the state. The guidelines included organizational policies on mask wearing, screening participants before entry, hand hygiene, social distancing, regular COVID testing and staying home from work if exposed or symptomatic. These interventions were successful in keeping staff and participants safe. We currently still test direct support staff weekly for COVID and require masking wearing in classrooms. Now that the COVID pandemic is improving, organizationally we are even more committed and focused on prioritizing the services that we provide to our participants. We have received new referrals to our CBDS and employment programs and we have implemented new measures to modernize and improve our daily operations. We have also instituted a new training and professional development program for all staff including our direct support staff that will augment their skills and translate into better care that our participants receive. Our self-assessment process included the formation of an DDS Office of Quality Enhancement administrative committee that consisted of the following individuals:  -Gabriel Vonleh, CEO -Mark Beaumont, Interim Executive Director of Operations and Personnel -Leslie LeBlanc, Director of Employment, Community and Transition Services -Christine, Dressler, RN, Manager of Clinical Services and Training -Mary Leo, Quality Assurance Case Manager    This committee met regularly to review the DDS Licensure and Certification indicators in preparation for our upcoming review. Specifically, we reviewed the administrative review interview guide and the day/employment services survey worksheets. Domains were assigned to individuals on the team given their specific job responsibilities and a review of those key areas were performed with the goal of identifying gaps and/or areas of improvement. For example, individual participant files and records were reviewed for the implementation of safety protocols and behavioral treatment plans. Records related to staff trainings were also reviewed in addition to files on inspections, participant training and medication administration. The committee functioned to review a standard set of outcomes data and quality indicators to identify trends and respond proactively. If gaps were identified in how expectations were met for indicators, the team discussed an appropriate plan to resolve the issue then reconvene to assess the progress of the intervention. Our current audit process includes the Quality Assurance Case Manager and the Director of Employment,  Community and Transition Services also reviewing participant charts from the CBDS and Employment programs every quarter for compliance with key quality indicators and accreditation standards. Specific issues are targeted to tailor resources and initiatives to improve outcomes: develop data collection and reports on the use of outcomes in program planning, evaluation and adjustments at the program level. Monitoring systems and audit processes will also be implemented ensure accuracy of data. Annually each program manager engages all stakeholders in their department to review goals and information is gathered to guide the annual review process.   Personal Safety: Approved safety plans and emergency procedures are reviewed annually with participants. Evacuation drills are completed within all of our on site programs including CBDS. Fire Drills are reviewed by Site Supervisors. All sites have fire extinguishers which have been inspected annually and each site has smoke/CO detectors per building code. Heating systems are inspected annually, arranged by the Maintenance Dept., tagged and documented. The agency also has a Safety Committee which meets quarterly. Sites have thermometers to check water temperature (110-120 F) and notify the Chain of Command if there are any concerns. Every quarter participants at employment sites are trained by managers on the safe use of equipment used and interventions to reduce risk of injury to themselves and others.  OFI has a system for conducting internal investigations regarding allegations of abuse and neglect, mistreatment, and omissions. The Interim Executive Director of Operations and Personnel is the Team Leader and all investigations and summaries are reviewed by the CEO. Each classroom at OFI also has a QR code that can be scanned by a smart phone and allows individuals to fill out and submit incident reports promptly. There are also flyers in classrooms with the DPPC phone number. Any allegation of abuse or neglect are taken seriously, and immediate action is taken to investigate them. These reports are tracked and reported to the appropriate DDS Area Office.  Environmental Safety: OFI contracts with local vendors to maintain the safety, repair, renovations, and timely upkeep of our buildings which includes all physical plant issues and the heating and electrical systems. Required inspections are done as recommended and certificates are kept on file and reviewed quarterly for compliance. Work locations are cleaned daily and free or rodent infestation. The sites are in good repair and adapted and accessible for all participants. Appliances are checked quarterly by staff to ensure that they are well maintained and have safe electrical equipment.  Health and Medication Review: OFI currently employs 1 Registered Nurse who provides prompt treatment for onsite health related conditions. The nurse conducts regular Medication Administration Audits to ensure that all MAP Regulations are being followed. The nurse provides in-house trainings for health-related supports and protections, nutrition, special diets and medical Protocols, where prescribed. She attends team meetings for participants and reviews all medical paperwork. Medications are administered only by the nurse or MAP Certified staff. Since the CBDS program moved to Chestnut Street, the nurse monitors the MAP certified staff for compliance. Certifications are tracked by Human Resources to ensure they are current. 10 medical charts were reviewed for the completion of health records including the presence of emergency fact sheets, the accuracy of medication administration and the following of physician order and treatment protocols and they were accurate 100% of the time.   Quality Assurance: Opportunities for Inclusion has a self-monitoring and quality assurance program led by a designated Case Manager who is involved in the various divisions and departments within the agency. The agency conducted satisfaction surveys with the individuals and families we support and incorporated their feedback into the support we provide. OFI completed performance satisfaction reviews in 2019 from a sampling of Employment/Day sites.   Program Supports and Implementation/ ISP: Approximately 10 participant charts and individual service plans are reviewed quarterly by the Director of Employment, Community and Transition Services (CBDS and employment programs), Quality Assurance Case Manager and Behaviorist. Chart reviews included assessing participant goals and the submission to HCSIS in the appropriate amount of time. Goal implementation and the successful submission occurred in the required amount of time 100% of the time. Data has been consistently maintained and to determine the efficacy of behavioral interventions. These written plans have the required components Only two of our participants were on behaviors plan prior to our closure for COVID. 1 returned in August 2020 and the other returned this month.  OFI has implemented new measures to ensure the quality of the ISP process and the integrity of  data collection. Additional training has been implemented to train managers and direct support staff in ISP requirements on a yearly basis. OFI established a tracking system to monitor and document submission of assessments and support strategies to meet required timelines. To ensure ISP Data Collection is easily understood and manageable by all staff, OFI plans to implement a system to have all Data Collection placed in Therap (electronic data collection) and reviewed monthly by the Supervisor. This is an area that needs ongoing supervisory oversight, training, and follow through. To ensure consistency and training regarding ISP implementation all Supervisors are required to take part in ISP Training.   Staff Training and Development: OFI highly values staff training, oversight, and development to ensure a professional and caring workforce. OFI Case Managers perform daily 1:1 staff supervision meetings called "huddles" with Direct Support staff where staff can receive feedback and guidance of ongoing systems and practices.  All newly hired OFI employees must complete a new hire orientation which includes DDS trainings on Human Rights and Mandated Reporter training. Additional CORE Training is required within the first 30 days of work. OFI also utilizes the educational platform called Relias where employees can complete trainings at their own pace and receive credit for their work. These trainings ensure all staff are well informed of OFI's mission and values, important policies and procedures, and job expectations. Through monthly training assignments on Relias, staff at all sites receive ongoing annual review and training in required and essential topics, including OFI's Policies and Procedures on: 1. Strategic Plan, Organizational Chart 2. History of intellectual and physical disabilities 3. Human Rights and DPPC Mandated Reporting 4. Community Membership 5. Safety Procedures 6. Choice and Decision Making 7. Health and Safety 8. HIPPA, Confidentiality and Privacy  9. Friends and Relationships 10. Job Duties and Daily Routines 11. Emergency Procedures, Safety Plans, and Informal Fire Safety Training All trainings and certificates of completion are documented on the Relias platform and results are sent to the Interim Director of Operations and Personnel. All necessary Training Certifications (First Aid, CPR, MAP, SAFETY CARE) are located at the Chestnut Street location in Personnel Files. | | | |  |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | |  | | --- | | **LICENSURE FINDINGS** | | |  | |  |  | |  | |  | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **7/8** | **1/8** |  | | **Employment and Day Supports** | **49/51** | **2/51** |  | | Community Based Day Services  Employment Support Services |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **56/59** | **3/59** | **95%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **3** |  | |  |  |  |  | |  | | |  |  | |  | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  | | |  |  | |  | **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 agency's Human Rights Committee has disbanded since their last meeting in December 2019. The agency must develop and maintain an effective Human Rights Committee. | |  | | |  |  | |  | |  |
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|  | | | | | | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | |  | | | | | |  |  |  |  |
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|  | | | | | | |  | | --- | | **Organizational: Opportunities for Inclusion** | |  |  | | | | | |  |  |  |
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|  | | | | | | |  | | --- | | **Employment and Day Supports:** | | | | | | |  |  |  |  |  |
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|  | | | | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Reviewed by** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | **Provider** |  | - | - | **-** | **Met** | |  | L5 | Safety Plan | L | **Provider** |  | - | - | **-** | **Met** | | O | L6 | Evacuation | L | **DDS** |  |  | 1/1 | **1/1** | **Met** | |  | L7 | Fire Drills | L | **Provider** |  | - | - | **-** | **Met** | |  | L8 | Emergency Fact Sheets | I | **Provider** |  | - | - | **-** | **Met** | |  | L9 (07/21) | Safe use of equipment | I | **DDS** | 6/6 |  | 5/6 | **11/12** | **Met (91.67 %)** | |  | L10 | Reduce risk interventions | I | **Provider** |  | - | - | **-** | **Met** | | O | L11 | Required inspections | L | **DDS** |  |  | 1/1 | **1/1** | **Met** | | O | L12 | Smoke detectors | L | **DDS** |  |  | 1/1 | **1/1** | **Met** | | O | 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** | |  | L20 | Exit doors | L | **Provider** |  | - | - | **-** | **Met** | |  | L21 | Safe electrical equipment | L | **Provider** |  | - | - | **-** | **Met** | |  | L22 | Well-maintained appliances | L | **Provider** |  | - | - | **-** | **Met** | |  | L25 | Dangerous substances | L | **Provider** |  | - | - | **-** | **Met** | |  | L26 | Walkway safety | 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** | |  | L37 | Prompt treatment | I | **Provider** |  | - | - | **-** | **Met** | | O | L38 | Physician's orders | I | **DDS** |  |  | 1/1 | **1/1** | **Met** | |  | L39 | Dietary requirements | I | **Provider** |  | - | - | **-** | **Met** | |  | L44 | MAP registration | L | **Provider** |  | - | - | **-** | **Met** | |  | L45 | Medication storage | L | **Provider** |  | - | - | **-** | **Met** | | O | L46 | Med. Administration | I | **DDS** |  |  | 1/1 | **1/1** | **Met** | |  | L49 | Informed of human rights | I | **Provider** |  | - | - | **-** | **Met** | |  | L50 (07/21) | Respectful Comm. | I | **DDS** | 6/6 |  | 6/6 | **12/12** | **Met** | |  | L51 | Possessions | I | **Provider** |  | - | - | **-** | **Met** | |  | L52 | Phone calls | I | **Provider** |  | - | - | **-** | **Met** | |  | L54 (07/21) | Privacy | I | **DDS** | 6/6 |  | 6/6 | **12/12** | **Met** | |  | L55 | Informed consent | 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** | |  | L77 | Unique needs training | I | **Provider** |  | - | - | **-** | **Met** | |  | L80 | Symptoms of illness | L | **Provider** |  | - | - | **-** | **Met** | |  | L81 | Medical emergency | L | **Provider** |  | - | - | **-** | **Met** | | O | L82 | Medication admin. | L | **DDS** |  |  | 1/1 | **1/1** | **Met** | |  | L84 | Health protect. Training | I | **Provider** |  | - | - | **-** | **Met** | |  | L85 | Supervision | L | **DDS** | 0/1 |  | 0/1 | **0/2** | **Not Met (0 %)** | |  | L86 | Required assessments | I | **Provider** |  | - | - | **-** | **Met** | |  | L87 | Support strategies | I | **Provider** |  | - | - | **-** | **Met** | |  | L88 | Strategies implemented | I | **DDS** | 2/6 |  | 2/6 | **4/12** | **Not Met (33.33 %)** | |  | L91 | Incident management | L | **Provider** |  | - | - | **-** | **Met** | |  | **#Std. Met/# 51 Indicator** |  |  |  |  |  |  | **49/51** |  | |  | **Total Score** |  |  |  |  |  |  | **56/59** |  | |  |  |  |  |  |  |  |  | **94.92%** |  | |  |  |  |  |  | | | | | |
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|  | | | | | | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | |  |  | | | | | |  |  |  |
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|  | | | | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Certification - Planning and Quality Management** |  |  |  |  | | | | | |  | **Indicator #** | | | | | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | |  | C1 | | | | | Provider data collection | Provider | - | **Met** | |  | C2 | | | | | Data analysis | Provider | - | **Met** | |  | C3 | | | | | Service satisfaction | Provider | - | **Met** | |  | C4 | | | | | Utilizes input from stakeholders | Provider | - | **Met** | |  | C5 | | | | | Measure progress | Provider | - | **Met** | |  | C6 | | | | | Future directions planning | Provider | - | **Met** | |  |  | | | | |  |  |  |  | |  |  |  |  |  | | | | | |
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|  | | | | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Community Based Day Services** |  |  |  |  | | | | | | **Indicator #** | | | | | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | | C7 | | | | | Feedback on staff / care provider performance | Provider | - | **Met** | | C8 | | | | | Family/guardian communication | Provider | - | **Met** | | C13 | | | | | Skills to maximize independence | Provider | - | **Met** | | C20 (07/21) | | | | | Emergency back-up plans | Provider | - | **Met** | | C37 | | | | | Interpersonal skills for work | Provider | - | **Met** | | C38 (07/21) | | | | | Habilitative & behavioral goals | Provider | - | **Met** | | C39 (07/21) | | | | | Support needs for employment | Provider | - | **Met** | | C40 | | | | | Community involvement interest | Provider | - | **Met** | | C41 | | | | | Activities participation | Provider | - | **Met** | | C42 | | | | | Connection to others | Provider | - | **Met** | | C43 | | | | | Maintain & enhance relationship | Provider | - | **Met** | | C44 | | | | | Job exploration | Provider | - | **Met** | | C45 | | | | | Revisit decisions | Provider | - | **Met** | | C46 | | | | | Use of generic resources | Provider | - | **Met** | | C47 | | | | | Transportation to/ from community | Provider | - | **Met** | | C51 | | | | | Ongoing satisfaction with services/ supports | Provider | - | **Met** | | C54 | | | | | Assistive technology | Provider | - | **Met** | | **Employment Support Services** |  |  |  |  | | | | | | **Indicator #** | | | | | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | | C7 | | | | | Feedback on staff / care provider performance | Provider | - | **Met** | | C8 | | | | | Family/guardian communication | Provider | - | **Met** | | C20 (07/21) | | | | | Emergency back-up plans | Provider | - | **Met** | | C22 | | | | | Explore job interests | Provider | - | **Met** | | C23 | | | | | Assess skills & training needs | Provider | - | **Met** | | C24 | | | | | Job goals & support needs plan | Provider | - | **Met** | | C25 | | | | | Skill development | Provider | - | **Met** | | C26 | | | | | Benefits analysis | Provider | - | **Met** | | C27 | | | | | Job benefit education | Provider | - | **Met** | | C28 | | | | | Relationships w/businesses | Provider | - | **Met** | | C29 | | | | | Support to obtain employment | Provider | - | **Met** | | C30 | | | | | Work in integrated settings | Provider | - | **Met** | | C31 | | | | | Job accommodations | Provider | - | **Met** | | C32 | | | | | At least minimum wages earned | Provider | - | **Met** | | C33 | | | | | Employee benefits explained | Provider | - | **Met** | | C34 | | | | | Support to promote success | Provider | - | **Met** | | C35 | | | | | Feedback on job performance | Provider | - | **Met** | | C36 | | | | | Supports to enhance retention | Provider | - | **Met** | | C37 | | | | | Interpersonal skills for work | Provider | - | **Met** | | C47 | | | | | Transportation to/ from community | Provider | - | **Met** | | C50 | | | | | Involvement/ part of the Workplace culture | Provider | - | **Met** | | C51 | | | | | Ongoing satisfaction with services/ supports | Provider | - | **Met** | | C54 | | | | | Assistive technology | Provider | - | **Met** | |  | | | | |  |  |  |  | |  |  |  | | | | | |  |  |