



**PROVIDER REPORT
FOR**

**Palaemon, Inc.
3401 Main St.
Barnstable, MA 02630**

November 05, 2024

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

| | |
|---|------------------------|
| Provider | Palaemon, Inc. |
| Review Dates | 10/2/2024 - 10/8/2024 |
| Service Enhancement Meeting Date | 10/22/2024 |
| Survey Team | Katherine Gregory (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 | 1 location(s) 1 audit (s) | Full Review | 59/66 Defer Licensure | | 26 / 27 Certified |
| Individual Home Supports | 1 location(s) 1 audit (s) | | | Full Review | 21 / 21 |
| Planning and Quality Management | | | | Full Review | 5 / 6 |

EXECUTIVE SUMMARY :

Palaemon Incorporated, established in 2008, is a non-profit human service agency providing residential supports for individuals with intellectual disabilities. The agency provides Individualized Home Supports (IHS) to six people who live in Barnstable, Massachusetts. The scope of this survey conducted by the Department of Developmental Services (DDS) Office of Quality Enhancement (OQE) included a full review of all licensing and certification indicators.

Several areas of strength were identified across the agency. Organizationally, had a system in place for ensuring reportable events would be submitted, notifications would be made and immediate action would be taken. Within the licensing domain of Competent and Skilled Workforce the agency had a system in place to ensure that current and potential future employees met job qualifications, and all staff had completed Human Rights training. Overall, the location where services took place was clean and well-maintained.

Within the residential services the agency showed positive outcomes regarding several licensing areas. Within the domain of health, annual physicals and dental visits were occurring regularly, and all recommended screenings and appointments with specialists were completed. Individuals were supported to successfully self-administer their medications. Nutritional meals were offered with encouragement for healthy alternative snacks. Individuals had personal trainers with tailor-made exercise programs they were committed to with enthusiasm. Individuals enjoyed a variety of physical activities including tennis, pickle ball, basketball, softball, and trail or track walking.

In the domain of Choice, Communication and Control, individuals and guardians were informed of Human Rights and were aware of how to report suspected abuse or neglect. Guardians and individuals were also made aware of how to file a grievance with the agency. Individuals had privacy in their own personal spaces, were able to keep their own possessions and had access to multiple rooms within their home in which to conduct private conversations. Individuals were afforded choice and control over their schedules, meals and leisure activities.

Within the domain of goal accomplishment, individuals received assessment, training and support for the use of equipment in their home. One individual had been assisted to learn to use a leaf-blower to support his desire to help with yard clean-up, and also received assistance learning to operate the treadmill at his home. Individuals' unique needs were well-understood, allowing for tailor-made approaches to be developed in support of them achieving their objectives. Information was available for special diagnosis, and staff knew the individuals' specific preferences and personal tastes. ISP goals were being addressed as a natural part of the home's routines.

Strengths were displayed within the certification indicators as well. Within the individualized home supports, individuals were supported to have choice and control over what they ate as well as what time. They were able to choose how they spent their leisure time and what chores they preferred to participate in and determined the scheduling of their multiple activities. One individual chose to help with yard work, taking out the trash and dump runs because it allowed him time with the other men who chose to participate in these chores as well. The same individual exercised autonomy when determining his schedule for his multiple activities that included participating in several sports, chorale practices, tennis lessons, and his exercise routine. He balanced his multiple community activities through review of the schedule with staff and maintaining an electronic schedule. Within the area of communication, individuals were provided the opportunity to give feedback regarding the staff that support them, and the services provided. Communication with guardians/family was frequent and open for opportunities for improvement. Individuals are supported to develop relationships in the community and to develop natural supports. One individual had been a long-standing member of a community chorale group and had strong ties to the group and one couple supported him to be able to attend the group without staff. The individuals were supported to decorate their rooms in their own tastes and have many family photos, sports memorabilia, and other personal items.

In addition to areas of strength, there were areas identified within licensing that needed additional attention. A training tracking system is needed to ensure that all mandated trainings occur as

needed. The Human Rights Committee was lacking one individual or guardian, and the committee would benefit from representation by Palaemon members who receive services or their guardians. The agency would benefit from stronger systems of oversight to ensure that hot water falls within the required temperature range and heating inspections are conducted as required. Within the area of healthcare, additional oversight is needed to ensure that medication treatment plans are to the IPS team prior to the ISP meeting to ensure review. Additional oversight is needed to ensure that ISP assessments and support strategies are submitted within the required timelines.

The agency met 89% of licensing indicators and its license is in deferment pending the outcome of the follow-up review to be conducted by DDS OQE in 60 days. Palaemon's Residential Services are Certified receiving a met for 96%.

LICENSURE FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|---|-------------|-----------------|-------|
| Organizational | 3/5 | 2/5 | |
| Residential and Individual Home Supports | 56/61 | 5/61 | |
| Individual Home Supports | | | |
| Critical Indicators | 5/6 | 1/6 | |
| Total | 59/66 | 7/66 | 89% |
| Defer Licensure | | | |
| # indicators for 60 Day Follow-up | | 7 | |

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 Human Rights Committee lacked full representation by individuals and or family members. The agency needs to ensure that the Human Rights Committee has requisite representation. |
| L76 | The agency has and utilizes a system to track required trainings. | Two staff lacked 3 required trainings including PBS, Incident Reporting and Universal Precautions. The agency needs to ensure that all staff receive DDS mandated trainings. |

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

| Indicator # | Indicator | Area Needing Improvement |
|-------------|---|--|
| Ⓡ L11 | All required annual inspections have been conducted. | An inspection of the furnace and hot water system had not occurred in the past 15 months. The agency needs to ensure that all annual inspections are conducted in a timely manner including fuel-burning furnaces and hot water tanks. |
| L15 | Hot water temperature tests between 110 and 120 degrees (as of 1/2014). | The hot water at both the kitchen sink and the shower exceeded the allowable range. The agency needs to ensure that hot water at all faucets and tubs or showers needs to measure between 110 and 120 degrees Fahrenheit. |

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

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|---|--|
| L64 | Medication treatment plans are reviewed by the required groups. | A Medication Treatment Plan had not been submitted for review to the ISP team. The agency needs to ensure that all Medication Treatment Plans are submitted prior to the ISP meeting for review by the team. |
| L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | Assessments for an ISP were submitted after the due date. The agency needs to ensure that all ISP assessments are submitted within the required timelines. |
| L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | Support Strategies for an ISP were submitted after the due date. The agency needs to ensure that all ISP Support Strategies are submitted within the required timelines. |

CERTIFICATION FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|--|--------------|-----------------|------------|
| Certification - Planning and Quality Management | 5/6 | 1/6 | |
| Residential and Individual Home Supports | 21/21 | 0/21 | |
| Individual Home Supports | 21/21 | 0/21 | |
| Total | 26/27 | 1/27 | 96% |
| Certified | | | |

Planning and Quality Management Areas Needing Improvement on Standards not met:

| Indicator # | Indicator | Area Needing Improvement |
|-------------|---|--|
| C5 | The provider has a process to measure progress towards achieving service improvement goals. | The agency had not developed service improvement goals and progress was not being measured. The agency needs to develop a plan to address measurable service improvements and track progress on the goals supporting this improvement. |

MASTER SCORE SHEET LICENSURE

Organizational: Palaemon, Inc.

| Indicator # | Indicator | Met/Rated | Rating(Met,Not Met,NotRated) |
|-------------|-------------------------|-----------|------------------------------|
| L2 | Abuse/neglect reporting | 1/1 | Met |
| L48 | HRC | 0/1 | Not Met(0 %) |
| L75 | Qualified staff | 2/2 | Met |
| L76 | Track trainings | 0/2 | Not Met(0 %) |
| L83 | HR training | 2/2 | Met |

Residential and Individual Home Supports:

| Ind. # | Ind. | Loc. or Individ. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|------------|------------------------|------------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|---------------|
| L1 | Abuse/neglect training | I | | 1/1 | | | | | 1/1 | Met |
| L5 | Safety Plan | L | | 1/1 | | | | | 1/1 | Met |
| ℞ L6 | Evacuation | L | | 1/1 | | | | | 1/1 | Met |
| L8 | Emergency Fact Sheets | I | | 1/1 | | | | | 1/1 | Met |
| L9 (07/21) | Safe use of equipment | I | | 1/1 | | | | | 1/1 | Met |
| ℞ L11 | Required inspections | L | | 0/1 | | | | | 0/1 | Not Met (0 %) |
| ℞ L12 | Smoke detectors | L | | 1/1 | | | | | 1/1 | Met |
| ℞ L13 | Clean location | L | | 1/1 | | | | | 1/1 | Met |
| L14 | Site in good repair | L | | 1/1 | | | | | 1/1 | Met |
| L15 | Hot water | L | | 0/1 | | | | | 0/1 | Not Met (0 %) |
| L16 | Accessibility | L | | 1/1 | | | | | 1/1 | Met |
| L17 | Egress at grade | L | | 1/1 | | | | | 1/1 | Met |
| L18 | Above grade egress | L | | 1/1 | | | | | 1/1 | Met |
| L19 | Bedroom location | L | | 1/1 | | | | | 1/1 | Met |
| L20 | Exit doors | L | | 1/1 | | | | | 1/1 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|----------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|--------|
| L21 | Safe electrical equipment | L | | 1/1 | | | | | 1/1 | Met |
| L22 | Well-maintained appliances | L | | 1/1 | | | | | 1/1 | Met |
| L24 | Locked door access | L | | 1/1 | | | | | 1/1 | Met |
| L25 | Dangerous substances | L | | 1/1 | | | | | 1/1 | Met |
| L26 | Walkway safety | L | | 1/1 | | | | | 1/1 | Met |
| L28 | Flammables | L | | 1/1 | | | | | 1/1 | Met |
| L29 | Rubbish/combustibles | L | | 1/1 | | | | | 1/1 | Met |
| L30 | Protective railings | L | | 1/1 | | | | | 1/1 | Met |
| L31 | Communication method | I | | 1/1 | | | | | 1/1 | Met |
| L32 | Verbal & written | I | | 1/1 | | | | | 1/1 | Met |
| L33 | Physical exam | I | | 1/1 | | | | | 1/1 | Met |
| L34 | Dental exam | I | | 1/1 | | | | | 1/1 | Met |
| L35 | Preventive screenings | I | | 1/1 | | | | | 1/1 | Met |
| L36 | Recommended tests | I | | 1/1 | | | | | 1/1 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|-------------|--------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|---------------|
| L37 | Prompt treatment | I | | 1/1 | | | | | 1/1 | Met |
| L38 | Physician's orders | I | | 1/1 | | | | | 1/1 | Met |
| L40 | Nutritional food | L | | 1/1 | | | | | 1/1 | Met |
| L41 | Healthy diet | L | | 1/1 | | | | | 1/1 | Met |
| L42 | Physical activity | L | | 1/1 | | | | | 1/1 | Met |
| L43 | Health Care Record | I | | 1/1 | | | | | 1/1 | Met |
| L44 | MAP registration | L | | 1/1 | | | | | 1/1 | Met |
| L47 | Self medication | I | | 1/1 | | | | | 1/1 | Met |
| L49 | Informed of human rights | I | | 1/1 | | | | | 1/1 | Met |
| L50 (07/21) | Respectful Comm. | I | | 1/1 | | | | | 1/1 | Met |
| L51 | Possessions | I | | 1/1 | | | | | 1/1 | Met |
| L52 | Phone calls | I | | 1/1 | | | | | 1/1 | Met |
| L53 | Visitation | I | | 1/1 | | | | | 1/1 | Met |
| L54 (07/21) | Privacy | I | | 1/1 | | | | | 1/1 | Met |
| L63 | Med. treatment plan form | I | | 1/1 | | | | | 1/1 | Met |
| L64 | Med. treatment plan rev. | I | | 0/1 | | | | | 0/1 | Not Met (0 %) |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|-------------|--------------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|---------------|
| L67 | Money mgmt. plan | I | | 1/1 | | | | | 1/1 | Met |
| L68 | Funds expenditure | I | | 1/1 | | | | | 1/1 | Met |
| L69 | Expenditure tracking | I | | 1/1 | | | | | 1/1 | Met |
| L77 | Unique needs training | I | | 1/1 | | | | | 1/1 | Met |
| L80 | Symptoms of illness | L | | 1/1 | | | | | 1/1 | Met |
| L81 | Medical emergency | L | | 1/1 | | | | | 1/1 | Met |
| L85 | Supervision | L | | 1/1 | | | | | 1/1 | Met |
| L86 | Required assessments | I | | 0/1 | | | | | 0/1 | Not Met (0 %) |
| L87 | Support strategies | I | | 0/1 | | | | | 0/1 | Not Met (0 %) |
| L88 | Strategies implemented | I | | 1/1 | | | | | 1/1 | Met |
| L90 | Personal space/bedroom privacy | I | | 1/1 | | | | | 1/1 | Met |
| L91 | Incident management | L | | 1/1 | | | | | 1/1 | Met |
| L93 (05/22) | Emergency back-up plans | I | | 1/1 | | | | | 1/1 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|---------------------------------|--|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|--------|
| L94 (05/22) | Assistive technology | I | | 1/1 | | | | | 1/1 | Met |
| L96 (05/22) | Staff training in devices and applications | I | | 1/1 | | | | | 1/1 | Met |
| L99 (05/22) | Medical monitoring devices | I | | 1/1 | | | | | 1/1 | Met |
| #Std. Met/# 61 Indicator | | | | | | | | | 56/61 | |
| Total Score | | | | | | | | | 59/66 | |
| | | | | | | | | | 89.39% | |

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 | 0/1 | Not Met (0 %) |
| C6 | Future directions planning | 1/1 | Met |

Individual Home Supports

| Indicator # | Indicator | Met/Rated | Rating |
|--------------------|---|------------------|---------------|
| C7 | Feedback on staff / care provider performance | 1/1 | Met |
| C8 | Family/guardian communication | 1/1 | Met |
| C9 | Personal relationships | 1/1 | Met |
| C10 | Social skill development | 1/1 | Met |
| C11 | Get together w/family & friends | 1/1 | Met |
| C12 | Intimacy | 1/1 | Met |
| C13 | Skills to maximize independence | 1/1 | Met |
| C14 | Choices in routines & schedules | 1/1 | Met |
| C15 | Personalize living space | 1/1 | Met |
| C16 | Explore interests | 1/1 | Met |
| C17 | Community activities | 1/1 | Met |
| C18 | Purchase personal belongings | 1/1 | Met |
| C19 | Knowledgeable decisions | 1/1 | Met |
| C21 | Coordinate outreach | 1/1 | Met |
| C46 | Use of generic resources | 1/1 | Met |
| C47 | Transportation to/ from community | 1/1 | Met |
| C48 | Neighborhood connections | 1/1 | Met |
| C49 | Physical setting is consistent | 1/1 | Met |
| C51 | Ongoing satisfaction with services/ supports | 1/1 | Met |
| C52 | Leisure activities and free-time choices /control | 1/1 | Met |
| C53 | Food/ dining choices | 1/1 | Met |