



**PROVIDER REPORT
FOR**

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

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	Palaemon, Inc.
Review Dates	10/5/2022 - 10/11/2022
Service Enhancement Meeting Date	10/25/2022
Survey Team	Tina Napolitan (TL) Linda Griffith
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) 3 audit (s)	Full Review	50/60 2 Year License 10/25/2022 - 10/25/2024		26 / 27 Certified 10/25/2022 - 10/25/2024
Individual Home Supports	1 location(s) 3 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) was a review of all licensing and certification indicators.

Several positives practices across the agency were identified. Within the domain of competent and skilled workforce the agency showed a strong system to ensure that all mandated trainings, such as human rights and mandated reporting, were completed by all staff. Across all services, environmental controls were in place to ensure that all locations were clean, well maintained, and all fire safety systems were functioning.

Within the residential services the agency showed positive outcomes regarding several licensing areas. Within the domain of health, annual physicals and dentals occurred for all individuals. The location had nutritional food available and physical activity was encouraged. Human rights were upheld and promoted. Individuals and guardians were made aware of how to file a grievance with the agency, what their human rights are, and how to report potential abuse/neglect.

Within the agency, all communication about individuals was respectful and individuals were afforded privacy when discussing personal matters. Within the healthcare domain, the agency worked collaboratively and effectively with families and guardians to ensure annual physicals, dental care and visits with medical specialists were kept as scheduled with recommendations being followed. Within the goal accomplishment domain, individuals' unique needs were known and honored; for example, one individual with anxiety was supported with respectful verbal cueing.

Strengths were displayed within the certification indicators as well. Within the individualized home supports, individuals were supported to have choice and control. Individuals were able to decide what they ate and where. They had control over their daily schedules and determined how they filled their leisure time at home. Within the area of communication, all individuals were provided the opportunity to give feedback regarding the staff that support them. Communication with guardians/family was open and frequent. Individuals are supported to develop relationships with reciprocity. Guardians report they felt supported by the agency. Individuals' personal spaces were individualized, tastefully decorated, and reflected the individuals' unique personalities. The location of the home offers the individuals many opportunities that they take advantage of to become a member of the larger community. For example, the individuals are known, called by name, offered free coffees on their birthdays at local coffee shop and are volunteering to help at the annual village stroll.

There are also areas identified within licensing that need to be strengthened. With the area of human rights, the agency does not have a human rights committee. Within the area of healthcare, additional oversight is needed to ensure that medication treatment plans are developed with data being tracked regarding observable symptoms. Health care records need to be up to date with the most recent exam dates, diagnoses, and current healthcare providers noted. Individuals that are self-medicating need to be assessed with support plans in place. Additional oversight within the domain of goal development is required for residential and day services. ISP assessments and support strategies should be submitted within required timelines.

The agency will receive a two-year License for its Residential Services with 83% of indicators being met. Residential Services are Certified receiving a met for 96%. DDS will conduct follow up within 60 days for any licensing indicators rated Not Met within Residential Services.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	4/5	1/5	
Residential and Individual Home Supports	46/55	9/55	
Individual Home Supports			
Critical Indicators	4/4	0/4	
Total	50/60	10/60	83%
2 Year License			
# indicators for 60 Day Follow-up		10	

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 did not meet in the past two years. The agency needs to ensure that the Human Rights Committee meets no less than on a quarterly basis.

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

Indicator #	Indicator	Area Needing Improvement
L9 (07/21)	Individuals are able to utilize equipment and machinery safely.	One of three individuals was not assessed for home safety skills. The agency needs to ensure that the safety skills of each individual are assessed.
L30	Every porch, balcony, deck or roof used as a porch or deck has a wall or protective railing in good repair.	The upper porch area had a slippery surface. The agency needs to ensure that all surfaces are well-maintained and usable.
L43	The health care record is maintained and updated as required.	One of two individuals health care record was inaccurate and outdated. The agency needs to ensure that health care records are updated at least annually.
L47	Individuals are supported to become self medicating when appropriate.	One of three individuals who self-administers medication was not assessed. All individuals who self-medicate needs an assessment of skills.

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

Indicator #	Indicator	Area Needing Improvement
L63	Medication treatment plans are in written format with required components.	One individual took psychotropic medication requiring a medication treatment plan. There was no medication treatment plan and no data being collected to report to prescriber. The agency needs to ensure that medication treatment plans are developed and tracked with the collected data being reported to prescriber of medications.
L64	Medication treatment plans are reviewed by the required groups.	As the medication treatment plan was not developed thus had not been reviewed by the ISP team. The agency needs to ensure that the medication treatment plan is reviewed by the ISP team.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	The agency did not meet required timelines for two individuals. The agency needs to ensure that ISP assessments are submitted at least 15 days prior to the scheduled ISP meeting date.
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 were not submitted within required time frames for one of two individuals. The agency needs to ensure that support strategies are submitted at least 15 days prior to the scheduled ISP meeting date.
L94 (05/22)	Individuals have assistive technology to maximize independence.	One of three individuals did not have an assistive technology assessment to assist with maximizing his independence, nor was there any assistive technology in place. The agency needs to ensure that individuals are assessed and assistive technology is explored.

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 has not developed a plan with accompanying goals. The agency needs to ensure that it develops service improvement goals and measures progress on an ongoing basis and makes mid-course corrections to continually enhance services

Individual Home Supports Commendations on Standards Met:

Indicator #	Indicator	Commendations
C9	Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	Individuals are encouraged and supported to build relationships with others in the community that share a common interest and explore opportunities to belong to a group by having a valued role. Individuals nominated themselves to volunteer for a popular community event and staff are supportive of the process and will join the individuals. Individuals take on valued roles such as being a manager within Special Olympics, singing in various choir groups in the community and attending local events which expose them to opportunities to develop and/or increase their personal relationships.
C48	Individuals are a part of the neighborhood.	Individuals have the opportunity to go into the village often and as they wish. They have developed relationships with local merchants and neighbors. A local coffee shop calls individuals by name and offers them free coffee on their birthdays. Others in the community have approached staff to inquire about a persons well-being. Reciprocal relationships are well-established.

MASTER SCORE SHEET LICENSURE

Organizational: Palaemon, Inc.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	1/1	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	1/1	Met
L83	HR training	1/1	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		3/3					3/3	Met
L5	Safety Plan	L		1/1					1/1	Met
R L6	Evacuation	L		1/1					1/1	Met
L8	Emergency Fact Sheets	I		3/3					3/3	Met
L9 (07/21)	Safe use of equipment	I		2/3					2/3	Not Met (66.67 %)
R L11	Required inspections	L		1/1					1/1	Met
R L12	Smoke detectors	L		1/1					1/1	Met
R L13	Clean location	L		1/1					1/1	Met
L14	Site in good repair	L		1/1					1/1	Met
L15	Hot water	L		1/1					1/1	Met
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
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
L23	Egress door locks	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		0/1					0/1	Not Met (0 %)
L31	Communication method	I		3/3					3/3	Met
L32	Verbal & written	I		3/3					3/3	Met
L33	Physical exam	I		3/3					3/3	Met
L34	Dental exam	I		3/3					3/3	Met
L35	Preventive screenings	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/Rated	Rating
L36	Recommended tests	I		2/2					2/2	Met
L37	Prompt treatment	I		3/3					3/3	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		1/2					1/2	Not Met (50.0 %)
L47	Self medication	I		2/3					2/3	Not Met (66.67 %)
L49	Informed of human rights	I		3/3					3/3	Met
L50 (07/21)	Respectful Comm.	I		3/3					3/3	Met
L51	Possessions	I		3/3					3/3	Met
L52	Phone calls	I		3/3					3/3	Met
L53	Visitation	I		3/3					3/3	Met
L54 (07/21)	Privacy	I		3/3					3/3	Met
L63	Med. treatment plan form	I		0/1					0/1	Not Met (0 %)
L64	Med. treatment plan rev.	I		0/1					0/1	Not Met (0 %)
L77	Unique needs training	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/Rated	Rating
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		0/2					0/2	Not Met (0 %)
L87	Support strategies	I		1/2					1/2	Not Met (50.0 %)
L88	Strategies implemented	I		3/3					3/3	Met
L90	Personal space/bedroom privacy	I		3/3					3/3	Met
L91	Incident management	L		1/1					1/1	Met
L93 (05/22)	Emergency back-up plans	I		3/3					3/3	Met
L94 (05/22)	Assistive technology	I		2/3					2/3	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
L96 (05/22)	Staff training in devices and applications	I		2/2					2/2	Met
#Std. Met/# 55 Indicator									46/55	
Total Score									50/60	
									83.33%	

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	3/3	Met
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	3/3	Met
C10	Social skill development	3/3	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
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	3/3	Met
C17	Community activities	3/3	Met
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	3/3	Met
C21	Coordinate outreach	3/3	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	3/3	Met
C49	Physical setting is consistent	1/1	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	3/3	Met
C53	Food/ dining choices	3/3	Met