



**PROVIDER REPORT
FOR
WESTERN MASS TRAINING
CONSORTIUM
187 High St Suite 202
Holyoke, MA 01040**

July 24, 2024

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	WESTERN MASS TRAINING CONSORTIUM
Review Dates	6/20/2024 - 6/26/2024
Service Enhancement Meeting Date	7/9/2024
Survey Team	Susan Dudley-Oxx Ken Jones Marisa Himes Eric Lunden Danielle Chiaravallotti (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	9 location(s) 11 audit (s)	Full Review	80/89 Defer Licensure		63 / 65 Certified
Residential Services	4 location(s) 6 audit (s)			Full Review	19 / 20
Placement Services	2 location(s) 2 audit (s)			Full Review	19 / 20
Individual Home Supports	3 location(s) 3 audit (s)			Full Review	19 / 19
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

Western Massachusetts Training Consortium (WMTTC) is a multifaceted, nonprofit organization with a well-established history of providing a range of public services within the western Massachusetts area. The agency provides residential services to individuals with intellectual disabilities and autism through its Home and Community Connections division. These services include 24-hour residential, placement and individual home supports. The scope of the survey conducted by the Office of Quality Enhancement (OQE) was a full licensing and certification review of its Residential Services.

Organizationally, the agency showed strength in the area of competent workforce. Sampled staff reviewed organizationally had been trained in all DDS mandated trainings, and at locations, staff

were trained in signs and symptoms of illness. Both training evidence and staff interviews confirmed staff were familiar with individuals' unique needs.

In the domain of healthcare, the agency ensured that individuals had preventative healthcare screenings appropriate to their age and that recommended tests and follow up with specialty physicians had occurred. Additionally, the agency showed that all individuals had appropriate medical protocols in place as well as physician ordered diets and that all staff were trained and knowledgeable in those protocols.

Among the outcomes associated with certification, WMTC showed across all service types that individuals were supported to provide feedback on staff or care provider performance, complete satisfaction surveys annually, develop personal relationships, increase social skills development, and make knowledgeable decisions. Additionally, individuals were supported to develop their own schedules and participate in community and leisure activities that they were interested in.

There were several licensing areas identified that the agency should focus on making improvements. The agency needs to ensure that all smoke detector systems are interconnected and working appropriately and that all carbon monoxide detectors are working properly and located within 10 feet of all bedrooms. The agency will need to ensure that all individuals attend physical appointments within 15 months of the previous physical examination. In addition, all restrictive practices require mitigation strategies for the individuals the restriction does not apply to. Additionally, the agency needs to adhere to the documentation timeline requirements for ISP assessments, support strategies, incident reports, and restraint reports. In the area of ISP data collection, the agency needs to ensure that all services and support strategies identified in the ISP are being implemented and tracked consistently across all services.

As a result of the current review, Western Massachusetts Training Consortium received a licensing score of 90%. One critical indicator received a rating of Not Met resulting in the residential license being deferred, pending OQE follow up within 60 days of the service enhancement meeting. Western Massachusetts Training Consortium is certified with an overall score of 97%.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	9/11	2/11	
Residential and Individual Home Supports	71/78	7/78	
Residential Services Individual Home Supports Placement Services			
Critical Indicators	7/8	1/8	
Total	80/89	9/89	90%
Defer Licensure			
# indicators for 60 Day Follow-up		9	

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 meet membership criteria due to a nurse or medical professional not attending the required number of meetings. The agency needs to ensure that required HRC members are regular attendees and active participants in human rights committee meetings.
L65	Restraint reports are submitted within required timelines.	There were ten total restraint reports that were documented in HCSIS. Of the ten restraint reports, five restraint reports were submitted within the required timelines. The agency needs to ensure that all restraint reports are submitted to DDS and finalized within the required timelines.

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

Indicator #	Indicator	Area Needing Improvement
Pa 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.	At one location the smoke detector system was not interconnected when tested and there was not a carbon monoxide detector located within 10 feet of the bedrooms of the home. At another location the carbon monoxide detector located within 10 feet of the individual's bedroom was not working. The agency needs to ensure that all locations have a properly working, interconnected smoke detector system and that all locations have properly working carbon monoxide detectors within 10 feet of all bedrooms.
L33	Individuals receive an annual physical exam.	For two of eight individuals reviewed, there had not been a physical examination within the past 15 months. The agency needs to ensure that all individuals receive physical examinations within 15 months of their last physical examination.
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 one home reviewed, there were environmental restrictions in place (door and window chimes). For the individuals in the home who did not require the restriction, there was no mitigation plan in place to ensure that individual's rights were not unduly restricted, for example, turning the door chimes off when the individual they are in place for is not home. The agency needs to ensure that all restrictive practices have plans in place that address the mitigation strategies for the other individuals living in the home.
L86	Required assessments concerning individual needs and abilities are	For three individuals, ISP assessments were not completed within the required timelines. The agency needs to ensure that provider support strategies are submitted to DDS at least 15 days prior to the ISP.

	completed in preparation for the ISP.	
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For three individuals, ISP support strategies were not completed within the required timelines. The agency needs to ensure that provider support strategies are submitted to DDS at least 15 days prior to the ISP.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For seven individuals services and support strategies identified and agreed upon in the ISP for which the provider had responsibility for implementing were not being consistently tracked or documented. The agency needs to ensure that individual's ISP goals and support strategies are being consistently implemented and data demonstrating progress is documented for all individuals.
L91	Incidents are reported and reviewed as mandated by regulation.	At two locations, reportable incidents were not submitted within required timelines. The agency needs to ensure that incident reports are submitted to DDS and finalized within required timelines.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	57/59	2/59	
Individual Home Supports	19/19	0/19	
Placement Services	19/20	1/20	
Residential Services	19/20	1/20	
Total	63/65	2/65	97%
Certified			

Placement Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C49	The physical setting blends in with and is a natural part of the neighborhood and community.	At one location, the outside of the home was cluttered with debris piled in front of the garage and along the driveway. The agency needs to ensure that all homes are free from clutter and debris to ensure that the home blends in with the neighborhood and community.

C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For two individuals the agency had not fully supported them to explore, define and express their needs for intimacy and companionship. The agency needs to ensure that all individuals are supported to explore their needs for intimacy and companionship through various conversations, assessments, and educational resources.
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MASTER SCORE SHEET LICENSURE

Organizational: WESTERN MASS TRAINING CONSORTIUM

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓜ L2	Abuse/neglect reporting	9/9	Met
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	0/1	Not Met(0 %)
L65	Restraint report submit	5/10	Not Met(50.0 %)
L66	HRC restraint review	10/10	Met
L74	Screen employees	5/5	Met
L75	Qualified staff	3/3	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	6/6	3/3	2/2				11/11	Met
L5	Safety Plan	L	3/4	3/3	2/2				8/9	Met (88.89 %)
Ⓜ L6	Evacuation	L	4/4	3/3	2/2				9/9	Met
L7	Fire Drills	L	4/4						4/4	Met

L8	Emergency Fact Sheets	I	4/6	3/3	2/2				9/11	Met (81.82 %)
L9 (07/21)	Safe use of equipment	I	6/6	2/2					8/8	Met
L10	Reduce risk interventions	I	3/3						3/3	Met
Ⓜ L11	Required inspections	L	4/4		2/2				6/6	Met
Ⓜ L12	Smoke detectors	L	3/4		1/2				4/6	Not Met (66.67 %)
Ⓜ L13	Clean location	L	4/4		2/2				6/6	Met
L14	Site in good repair	L	4/4		2/2				6/6	Met
L15	Hot water	L	4/4		2/2				6/6	Met
L16	Accessibility	L	4/4		2/2				6/6	Met
L17	Egress at grade	L	3/4		1/1				4/5	Met (80.0 %)
L18	Above grade egress	L	3/3						3/3	Met
L19	Bedroom location	L	4/4		2/2				6/6	Met
L20	Exit doors	L	4/4						4/4	Met
L21	Safe electrical equipment	L	4/4		2/2				6/6	Met
L22	Well-maintained appliances	L	4/4		2/2				6/6	Met
L23	Egress door locks	L	4/4						4/4	Met
L24	Locked door access	L	4/4		2/2				6/6	Met
L25	Dangerous substances	L	4/4						4/4	Met
L26	Walkway safety	L	4/4		2/2				6/6	Met
L28	Flammables	L	4/4						4/4	Met
L29	Rubbish/combustibles	L	4/4		2/2				6/6	Met
L30	Protective railings	L	4/4		2/2				6/6	Met
L31	Communication method	I	6/6	3/3	2/2				11/11	Met
L32	Verbal & written	I	6/6	3/3	2/2				11/11	Met
L33	Physical exam	I	4/6		2/2				6/8	Not Met (75.00 %)

L34	Dental exam	I	6/6	1/1	2/2				9/9	Met
L35	Preventive screenings	I	6/6		2/2				8/8	Met
L36	Recommended tests	I	6/6	1/1	2/2				9/9	Met
L37	Prompt treatment	I	6/6	1/1	2/2				9/9	Met
Ⓜ L38	Physician's orders	I	5/5		2/2				7/7	Met
L39	Dietary requirements	I	6/6		1/1				7/7	Met
L40	Nutritional food	L	4/4						4/4	Met
L41	Healthy diet	L	4/4		2/2				6/6	Met
L42	Physical activity	L	4/4		2/2				6/6	Met
L43	Health Care Record	I	5/6	1/1	2/2				8/9	Met (88.89%)
L44	MAP registration	L	4/4						4/4	Met
L45	Medication storage	L	4/4						4/4	Met
Ⓜ L46	Med. Administration	I	6/6		1/2				7/8	Met (87.50%)
L47	Self medication	I	1/1	3/3	1/1				5/5	Met
L49	Informed of human rights	I	6/6	3/3	2/2				11/11	Met
L50 (07/21)	Respectful Comm.	I	6/6	3/3	2/2				11/11	Met
L51	Possessions	I	6/6	3/3	2/2				11/11	Met
L52	Phone calls	I	6/6	3/3	2/2				11/11	Met
L53	Visitation	I	6/6	3/3	2/2				11/11	Met
L54 (07/21)	Privacy	I	6/6	3/3	2/2				11/11	Met
L55	Informed consent	I	5/5	1/1					6/6	Met
L56	Restrictive practices	I	1/3						1/3	Not Met (33.33%)
L57	Written behavior plans	I	1/1						1/1	Met
L60	Data maintenance	I	1/1						1/1	Met
L61	Health protection in ISP	I	4/5		1/1				5/6	Met (83.33%)

L62	Health protection review	I	3/3							3/3	Met
L63	Med. treatment plan form	I	4/5							4/5	Met (80.0%)
L64	Med. treatment plan rev.	I	4/5							4/5	Met (80.0%)
L67	Money mgmt. plan	I	6/6	3/3	1/2					10/11	Met (90.91%)
L68	Funds expenditure	I	6/6	3/3	2/2					11/11	Met
L69	Expenditure tracking	I	5/6	3/3	1/2					9/11	Met (81.82%)
L70	Charges for care calc.	I	6/6		2/2					8/8	Met
L71	Charges for care appeal	I	6/6		2/2					8/8	Met
L77	Unique needs training	I	6/6	3/3	2/2					11/11	Met
L78	Restrictive Int. Training	L	2/2							2/2	Met
L80	Symptoms of illness	L	4/4	3/3	2/2					9/9	Met
L81	Medical emergency	L	4/4	3/3	2/2					9/9	Met
Pa L82	Medication admin.	L	4/4							4/4	Met
L84	Health protect. Training	I	4/5		1/1					5/6	Met (83.33%)
L85	Supervision	L	4/4	3/3	1/2					8/9	Met (88.89%)
L86	Required assessments	I	3/5	2/2	2/2					7/9	Not Met (77.78%)
L87	Support strategies	I	3/5	2/2	2/2					7/9	Not Met (77.78%)
L88	Strategies implemented	I	0/6	2/2	1/2					3/10	Not Met (30.0%)
L90	Personal space/ bedroom privacy	I	6/6	3/3	2/2					11/11	Met

L91	Incident management	L	2/4	3/3	2/2				7/9	Not Met (77.78%)
L93 (05/22)	Emergency back-up plans	I	6/6	3/3	2/2				11/11	Met
L94 (05/22)	Assistive technology	I	6/6	3/3	2/2				11/11	Met
L96 (05/22)	Staff training in devices and applications	I	4/4		2/2				6/6	Met
L99 (05/22)	Medical monitoring devices	I	2/2						2/2	Met
#Std. Met/# 78 Indicator									71/78	
Total Score									79/88	
									89.77%	

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	6/6	Met
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	6/6	Met
C10	Social skill development	6/6	Met
C11	Get together w/family & friends	6/6	Met

C12	Intimacy	4/6	Not Met (66.67 %)
C13	Skills to maximize independence	6/6	Met
C14	Choices in routines & schedules	6/6	Met
C15	Personalize living space	3/4	Met
C16	Explore interests	6/6	Met
C17	Community activities	6/6	Met
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	5/6	Met (83.33 %)
C49	Physical setting is consistent	4/4	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met
C52	Leisure activities and free-time choices /control	6/6	Met
C53	Food/ dining choices	6/6	Met

Placement Services

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
C15	Personalize living space	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

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	1/2	Not Met (50.0 %)
C51	Ongoing satisfaction with services/ supports	2/2	Met
C52	Leisure activities and free-time choices /control	2/2	Met
C53	Food/ dining choices	2/2	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
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
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
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