



**PROVIDER REPORT
FOR**

**R&G Healthcare Services
9 Osborne Hill Dr.
Salem, MA 01970**

January 06, 2026

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	R&G Healthcare Services
Review Dates	12/3/2025 - 12/9/2025
Service Enhancement Meeting Date	12/23/2025
Survey Team	Dumitru Condratchi (TL) Jennifer Conley-Sevier
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	3 location(s) 3 audit (s)	Full Review	22/36 2 Year License with Mid-Cycle Review 12/23/2025 - 12/23/2027		17 / 24 Certified with Progress Report 12/23/2025 - 12/23/2027
Individual Home Supports	3 location(s) 3 audit (s)			Full Review	15 / 18
Planning and Quality Management				Full Review	2 / 6

EXECUTIVE SUMMARY :

R&G Healthcare Services Inc. is a nonprofit organization that has been providing Individual Home Supports (IHS) to individuals with developmental disabilities since 2022 in the Northeast region of the Commonwealth of Massachusetts. These services, funded by the Massachusetts Department of Developmental Services (DDS), are provided to individuals living with family members as well as those residing in community homes.

For this 2025 DDS Licensing and Certification Survey, the agency underwent a review conducted by the DDS Northeast Region Office of Quality Enhancement (OQE). The survey included a full licensing and certification review of the agency's administrative processes, as well as a review of three individuals receiving at least 15 hours per week of Individual Home Supports.

Organizationally, R&G Healthcare Services Inc. maintained an effective process for recruiting and onboarding qualified staff, including those requiring licenses or certifications. Staff holding licenses or certifications (such as Health Care Aides or Certified Nurse Assistants) maintained them as required. Additionally, the agency had a comprehensive strategic plan in place to guide the overall direction of the agency.

Within the agency's residential programs, several positive practices were observed during the survey. Staff demonstrated a thorough understanding of each individual's unique needs and personal preferences, were knowledgeable in communication methods, familiar with emergency procedures, and able to recognize signs of illness or challenging behaviors. For example, during the survey, staff were observed using skilled de-escalation and redirection techniques to support an individual exhibiting heightened emotions or challenging behaviors. These outcomes were further supported by the agency's practice of assigning consistent staff to work with the same individuals, helping to build trust and enhance staff knowledge of individual needs.

Some areas requiring further attention were also identified during the survey. Within licensing indicators, organizationally, the agency needs to ensure that the Human Rights Committee (HRC) holds meetings at the intervals outlined in the by-laws and DDS regulations, and that it is fully constituted with all members possessing the required expertise regularly attending. The agency should also ensure that all staff complete required trainings in a timely manner and prior to expiration.

Across the agency's residential programs, individuals must receive annual training on human rights and complaint filing, including use of the DPPC Hotline. Safety Plans should include all required information and reflect current practices, and Emergency Fact Sheets must be fully completed. The agency should also ensure that individuals who may present potential risks are properly assessed, that appropriate support strategies are in place, and that staff are trained to implement them. The agency must ensure financial management plans are in place when holding an individual's funds, with consent from the individual or their guardian/conservator, as applicable.

Within the health domain, when concerns arise, the agency should assist individuals in obtaining medical evaluations and, when indicated, develop medical protocols or guidelines based on health care provider recommendations. When individuals require the use of supportive or health-related equipment and the agency is responsible for oversight, it must have health care provider authorization for the device, including instructions for use, cleaning, and maintenance, and ensure staff are trained in their proper use.

The agency should also strengthen systems to ensure that all incident reports and ISP assessments are submitted within required timelines. Additionally, when responsible for oversight, individuals should be assessed for assistive technology needs and provided with necessary support to enhance independence.

Within the certification domain at the organizational level, the agency should establish an agency-wide data collection system to support program quality, analyze data to determine patterns and trends, use feedback from individuals and families to guide program quality improvements, and set measurable goals with progress tracked.

Across the agency's residential programs and within the certification domain, the agency must ensure individuals provide feedback on staff at the time of hire and on an ongoing basis, with this feedback documented and included in performance evaluations. When responsible for oversight, the agency should support individuals in exploring their interests and, once identified, participate regularly in community, cultural, social, recreational, and spiritual activities.

R&G Healthcare Services met 61% of licensing indicators, including all critical indicators, and will receive a Two-Year License with a Mid-Cycle Review. The agency is also Certified with a One-Year Progress Report, meeting 71% of certification indicators reviewed.

Follow-up on all licensing indicators rated Not Met during the survey will be conducted by the OQE within 60 days of the Service Enhancement Meeting.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	4/6	2/6	
Residential and Individual Home Supports	18/30	12/30	
Individual Home Supports			
Critical Indicators	2/2	0/2	
Total	22/36	14/36	61%
2 Year License with Mid-Cycle Review			
# indicators for 60 Day Follow-up		14	

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 have a member with legal expertise regularly attend the meetings. In addition, the designated member with medical expertise had a financial interest in the agency and was therefore disqualified as a voting member of the committee. Lastly, meetings were not being held at quarterly intervals as outlined in the by-laws and as required by DDS regulation. The agency needs to ensure that its HRC is fully constituted with all members with requisite expertise, that no members have a financial or administrative interest in any agencies belonging to the HRC, and meetings need to be held at least quarterly with required member attendance in accordance with regulatory requirements.
L76	The agency has and utilizes a system to track required trainings.	Two of the four staff sampled did not receive timely First Aid training. The agency must ensure that all staff receive required trainings within the designated timeframes.

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

Indicator #	Indicator	Area Needing Improvement
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Residential 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.	One of the three individuals did not receive training on reporting abuse and neglect (DPPC/mandated reporter training) in the past 12 months. The agency must ensure that all individuals receive at least annual training on how to file a complaint, including information about the DPPC Hotline, and that this training is properly documented.
L5	There is an approved safety plan in home and work locations.	One safety plan did not include all required elements, such as specifying the level of assistance individuals require for evacuation (independent, verbal prompt, physical prompt, physical escort, or full assistance), did not reflect current evacuation practices during asleep hours, and did not have documented staff training on the safety plan. The agency must ensure that whenever a safety plan is required, it includes all required information, accurately reflects current practices, and is supported by appropriate staff training.
L8	Emergency fact sheets are current and accurate and available on site.	Three Emergency Fact Sheets were missing required information, including a complete list of medical diagnoses, the individual's full legal name, and the type of guardianship (e.g. full or limited guardianship). The agency must ensure that all Emergency Fact Sheets are fully completed and contain all required information.
L10	The provider implements interventions to reduce risk for individuals whose behaviors may pose a risk to themselves or others.	For one of the two individuals, the agency did not conduct an assessment or outline strategies to address behaviors that may place the individual and/or others at risk. The agency must ensure that individuals who may exhibit behaviors, actions, or have conditions that pose a potential risk to themselves or others are properly assessed, that appropriate strategies are outlined, and that staff are trained to implement them correctly.
L39	Special dietary requirements are followed.	One individual who was assisted by staff during meal preparation had a potential need for special dietary requirements due to reported swallowing and chewing concerns that had not been evaluated by a health care provider. The agency must ensure that when they are responsible for oversight of potential special dietary requirements, they assist individuals in obtaining a medical evaluation and, when indicated, obtain a medical protocol based on the health care provider's recommendations following the results of the assessment.
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.	One of three individuals did not receive training on their human rights and the process for filing a grievance within the past twelve months. The agency must ensure that all individuals receive training on human rights and the grievance filing process annually, and that this training is properly documented.

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

Indicator #	Indicator	Area Needing Improvement
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For one individual, health related supports and protective equipment in use did not have the required a supportive and protective device form/authorization in place, outlining the criteria for use, maintenance and care. The agency must ensure that when they are responsible for oversight, any health-related supports and protective equipment are used according to the written health care provider's authorization.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For one individual, a written shared and delegated money management plan was not in place when the agency was holding the individual's funds. The agency must ensure that financial management plans are in place whenever it holds an individual's funds and that agreement to these plans is obtained from the individual if they are not under guardianship or conservatorship, or from the guardian or conservator, if applicable.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For one individual, staff had not been trained in the correct use of health-related protections. The agency must ensure that when they are responsible for oversight, all staff are trained, knowledgeable, and capable of safely implementing any health-related protections.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For two of three individuals, ISP assessments were not submitted at least 15 days prior to the ISP meeting. The agency must ensure that all required assessments are completed and submitted within the mandated timelines.
L91	Incidents are reported and reviewed as mandated by regulation.	For one of the three individuals, incident reports were not submitted and/or finalized within the required regulatory timeframes. The agency must ensure that all incidents are submitted and finalized according to regulatory timelines: for major incidents, the initial report within 1 business day and the final report within 7 business days; for minor incidents, the initial report within 3 business days and the final report within 7 business days.
L94 (05/22)	Individuals have assistive technology to maximize independence.	One of the three individuals had not been assessed to identify any assistive technology that may be beneficial. The agency must ensure that when they are responsible for oversight, individuals are assessed to determine any assistive technology needs, and that assistive technology and modifications to maximize independence are provided when necessary.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	2/6	4/6	
Residential and Individual Home Supports	15/18	3/18	
Individual Home Supports	15/18	3/18	
Total	17/24	7/24	71%
Certified with Progress Report			

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

Indicator #	Indicator	Area Needing Improvement
C1	The provider collects data regarding program quality including but not limited to incidents, investigations, restraints, and medication occurrences.	The agency does not have a comprehensive system to collect internal data regarding program quality. The agency needs to ensure that it establishes a data collection system that captures information in all of the identified areas for each service type and agency-wide on an ongoing basis to inform overall program quality.
C2	The provider analyzes information gathered from all sources and identifies patterns and trends.	The agency does not have a mechanism to analyze collected data to identify trends and patterns. The agency needs to ensure that information gathered from all sources is analyzed to identify patterns and trends.
C3	The provider actively solicits and utilizes input from the individuals and families regarding satisfaction with services.	The agency does not have a system for gathering and documenting ongoing feedback from individuals and families regarding satisfaction with services. The agency needs to ensure that it has a system for obtaining and utilizing feedback from individuals and families to inform service improvement goals.
C5	The provider has a process to measure progress towards achieving service improvement goals.	The agency has not formulated measurable service improvement goals with associated benchmarks based on data collection and analysis efforts. The provider needs to establish quantifiable quality improvement goals and develop a process for measuring and monitoring progress towards achieving them.

Individual Home Supports- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	None of the individuals audited had the opportunity to provide feedback on the staff who support them at the time of hire and on an ongoing basis. The agency must ensure that every individual, or a representative from the individual's service group, is afforded the opportunity to provide feedback at the time of hire and that every individual is provided the opportunity to provide feedback on an ongoing basis regarding the performance and actions of the staff who support them. This feedback must be documented in staff performance evaluations, and used for training and evaluation purposes.
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	One of the three individuals was not fully supported to explore, discover, and connect with their interests in cultural, social, recreational, and spiritual activities. The agency must ensure that when they are responsible for providing support in this area, staff are knowledgeable about the individual's interests and support exploration, discovery, and participation in integrated cultural, social, recreational, and spiritual activities on a consistent and sustained basis.
C17	Community activities are based on the individual's preferences and interests.	One of the three individuals did not participate in varied and frequent community activities based on their preferences and interests. The agency must ensure that when they are responsible for providing support in this area, individuals are regularly offered opportunities to participate in community activities based on each individual's preferences and interests.

MASTER SCORE SHEET LICENSURE

Organizational: R&G Healthcare Services

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	3/3	Met
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	3/4	Met(75.00 %)
L75	Qualified staff	4/4	Met
L76	Track trainings	2/4	Not Met(50.0 %)
L83	HR training	4/4	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		2/3					2/3	Not Met (66.67 %)
L5	Safety Plan	L		0/1					0/1	Not Met (0 %)
L6	Evacuation	L		1/1					1/1	Met
L8	Emergency Fact Sheets	I		0/3					0/3	Not Met (0 %)
L9 (07/21)	Safe use of equipment	I		3/3					3/3	Met
L10	Reduce risk interventions	I		1/2					1/2	Not Met (50.0 %)
L31	Communication method	I		3/3					3/3	Met
L32	Verbal & written	I		3/3					3/3	Met
L37	Prompt treatment	I		3/3					3/3	Met
L39	Dietary requirements	I		0/1					0/1	Not Met (0 %)
L49	Informed of human rights	I		2/3					2/3	Not Met (66.67 %)
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

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L53	Visitation	I		3/3					3/3	Met
L54 (07/21)	Privacy	I		3/3					3/3	Met
L61	Health protection in ISP	I		0/1					0/1	Not Met (0 %)
L67	Money mgmt. plan	I		0/1					0/1	Not Met (0 %)
L77	Unique needs training	I		3/3					3/3	Met
L80	Symptoms of illness	L		3/3					3/3	Met
L81	Medical emergency	L		3/3					3/3	Met
L84	Health protect. Training	I		0/1					0/1	Not Met (0 %)
L85	Supervision	L		3/3					3/3	Met
L86	Required assessments	I		1/3					1/3	Not Met (33.33 %)
L87	Support strategies	I		3/3					3/3	Met
L88	Strategies implemented	I		2/2					2/2	Met
L91	Incident management	L		2/3					2/3	Not Met (66.67 %)
L93 (05/22)	Emergency back-up plans	I		2/2					2/2	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	1		2/3					2/3	Not Met (66.67 %)
L96 (05/22)	Staff training in devices and applications	1		2/2					2/2	Met
#Std. Met/# 30 Indicator									18/30	
Total Score									22/36	
									61.11%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	0/1	Not Met (0 %)
C2	Data analysis	0/1	Not Met (0 %)
C3	Service satisfaction	0/1	Not Met (0 %)
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	0/3	Not Met (0 %)

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	2/2	Met
C10	Social skill development	3/3	Met
C11	Get together w/family & friends	3/3	Met
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	2/2	Met
C16	Explore interests	2/3	Not Met (66.67 %)
C17	Community activities	2/3	Not Met (66.67 %)
C18	Purchase personal belongings	1/1	Met
C19	Knowledgeable decisions	3/3	Met
C21	Coordinate outreach	1/1	Met
C46	Use of generic resources	2/2	Met
C47	Transportation to/ from community	2/2	Met
C48	Neighborhood connections	1/1	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	2/2	Met
C53	Food/ dining choices	2/2	Met