

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**DDS FOLLOW-UP REPORT**

Provider	<u>SEVEN HILLS FOUNDATION</u>	Provider Address	<u>81 HOPE AVE , WORCESTER</u>
Survey Team	<u>Adorno, Elsa; Baldwin, Stephanie; Comeau, Andrea; Dudley-Oxx, Susan; Edi-Osagie, Raymond; Himes, Marisa; Jones, Ken; Lunden, Eric; McNamara, Melanie;</u>	Date(s) of Review	<u>29-OCT-25 to 04-NOV-25</u>

<b>Follow-up Scope and results :</b>						
Service Grouping	Licensure level and duration	# Critical Indicators std. met/ std. rated at follow-up	# Indicators std. met/ std. rated at follow-up	Sanction status prior to Follow-up	Combined Results post-Follow-up; for Deferred, License level	Sanction status post Follow-up
Residential and Individual Home Supports 34 Locations 55 Audits	2 Year License		8/10	<input checked="" type="checkbox"/> Eligible for new business (Two Year License) <input type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License	<input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met) <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)
Employment and Day Supports 9 Locations 15 Audits	2 Year License		6/7	<input checked="" type="checkbox"/> Eligible for new business (Two Year License) <input type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License	<input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met) <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)

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**Summary of Ratings**

**Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L30
<b>Indicator</b>	Protective railings
<b>Area Need Improvement</b>	Two of the four sites were either in disrepair or were inadequate to meet the needs of the individuals that resided in the site/s. The agency needs to maintain its sites to be in good repair and to adequately meet the comfort/safety needs of the people that reside at the sites.
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L57
<b>Indicator</b>	Written behavior plans
<b>Area Need Improvement</b>	For three of the individuals reviewed, restrictive interventions that addressed specified target behaviors that posed a threat to the person's wellbeing and safety were not included in a formalized Positive Behavioral Support (PBS) plan. The agency needs to ensure that restrictive interventions and practices are included in a formal PBS plan that has been properly designated.
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

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<b>Indicator #</b>	L60
<b>Indicator</b>	Data maintenance
<b>Area Need Improvement</b>	For one of three individuals reviewed, the agency was not collecting data on the individual's target behaviors in relation to restrictive interventions that were being utilized. The agency needs to collect, maintain, and share data on individuals' target behaviors.
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L64
<b>Indicator</b>	Med. treatment plan rev.
<b>Area Need Improvement</b>	For two out of three individuals reviewed, the medication treatment plan had not been incorporated into the ISP. The agency needs to share the individual's medication treatment plan with DDS Service Coordinators to ensure that it is incorporated into the ISP.
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L67
<b>Indicator</b>	Money mgmt. plan
<b>Area Need Improvement</b>	Funds management plans for three of five individuals did not address required elements and/or current practices at the homes. When the agency assumes shared or delegated responsibility for managing an individual's funds, a plan needs to be developed that fully describes the agency's role in managing those funds. In these instances, the funds management agreement needs to include the arrangements between Life Needs Coop and the guardian/representative payee on the responsibility and liability of reconciling aspects of the bank accounts that are not under the agency's control (i.e. guardians direct involvement in bank withdrawals).
<b>Status at follow-up</b>	Met: Twenty-five of Twenty-eight individual's funds management plans were in place with guardian agreement, and inclusive of the current financial practices.
<b>#met /# rated at followup</b>	25/28

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<b>Rating</b>	Met
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<b>Indicator #</b>	L86
<b>Indicator</b>	Required assessments
<b>Area Need Improvement</b>	For four individuals reviewed, ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that ISP assessments are submitted to DDS at least 15 days prior to the ISP.
<b>Status at follow-up</b>	Met: Nine of Eleven individual's ISP assessments were developed and submitted within the required timeframe in preparation for the PSP meetings.
<b>#met /# rated at followup</b>	9/11
<b>Rating</b>	Met

<b>Indicator #</b>	L87
<b>Indicator</b>	Support strategies
<b>Area Need Improvement</b>	For four individuals, ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that ISP support strategies are submitted to DDS at least 15 days prior to the ISP.
<b>Status at follow-up</b>	Met: Nine of Eleven individual's ISP support strategies were developed and submitted within the required timeframe in preparation for the ISP meetings.
<b>#met /# rated at followup</b>	9/11
<b>Rating</b>	Met

<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	At four locations, incidents were not submitted or finalized within the required timelines. The agency needs to ensure that incident reports are submitted and finalized within required timelines in HCSIS.
<b>Status at follow-up</b>	Met: Incident reports were submitted within the required timelines in HCSIS at Twenty-six of Thirty-one locations.
<b>#met /# rated at followup</b>	26/31

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<b>Rating</b>	Met
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<b>Indicator #</b>	L93 (05/22)
<b>Indicator</b>	Emergency back-up plans
<b>Area Need Improvement</b>	For the five individuals reviewed, the agency had not developed emergency back-up plans to assist individuals in planning for emergencies or disasters. The agency needs to ensure that each individual has contact information and is knowledgeable of what to do in the event of an emergency or disaster.
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L94 (05/22)
<b>Indicator</b>	Assistive technology
<b>Area Need Improvement</b>	For two out of five individuals reviewed, support needs and the potential benefits of assistive technology had not been assessed and supported. The agency needs to ensure that all individuals are assessed to identify assistive technology to maximize independence and take steps to provide this support when a need is identified.
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

**Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L7
<b>Indicator</b>	Fire Drills
<b>Area Need Improvement</b>	Only one fire drill was conducted for the Weavery CBDS program site over the last twelve months. The agency needs to ensure that at least two fire drills are conducted annually at day service locations. These fire drills must be conducted in accordance with all provisions outlined within the DDS approved safety plan.
<b>Status at follow-up</b>	

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<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L15
<b>Indicator</b>	Hot water
<b>Area Need Improvement</b>	The bathroom hot water temperature at the main CBDS location exceeded 120 degrees when tested. The agency needs to ensure water temperatures test at 110° degrees Fahrenheit. Corrected
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L57
<b>Indicator</b>	Written behavior plans
<b>Area Need Improvement</b>	For three individuals reviewed, the agency utilized restrictive interventions to address specified target behaviors that posed a threat to the person's wellbeing and safety. These interventions were not included in a formalized Positive Behavioral Support (PBS) plan. The agency needs to ensure that restrictive interventions and practices are included in a formal PBS plan with HRC review and approval.
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L60
<b>Indicator</b>	Data maintenance
<b>Area Need Improvement</b>	For two individuals reviewed, the agency was not collecting data on the individuals' target behaviors in relation to restrictive interventions. The agency needs to collect, maintain, and share data on individuals' target behaviors.
<b>Status at follow-up</b>	

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#met /# rated at followup	
Rating	Not Rated

Indicator #	L86
Indicator	Required assessments
Area Need Improvement	For four out of five individuals reviewed, ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that ISP assessments are submitted to DDS at least 15 days prior to the ISP.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	For four out of five individuals reviewed, ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that ISP support strategies are submitted to DDS at least 15 days prior to the ISP.
Status at follow-up	Met: Two individual's ISP support strategies were developed and submitted within the required timeframe in preparation for the ISP meetings.
#met /# rated at followup	2/2
Rating	Met

Indicator #	L91
Indicator	Incident management
Area Need Improvement	Several incident reports were submitted and/or finalized late at this site. The agency needs to ensure that incident reports are submitted and finalized within the regulatory timelines in HCSIS.
Status at follow-up	Met: Incident reports were submitted within the required timelines in HCSIS at all five day-service locations.
#met /# rated at followup	5/5

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<b>Rating</b>	Met
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<b>Indicator #</b>	L93 (05/22)
<b>Indicator</b>	Emergency back-up plans
<b>Area Need Improvement</b>	For the six individuals reviewed, the agency had not developed emergency back-up plans to assist individuals in planning for emergencies or disasters. The agency needs to ensure each individual has contact information and is knowledgeable of what to do in the event of an emergency or disaster.
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L94 (05/22)
<b>Indicator</b>	Assistive technology
<b>Area Need Improvement</b>	For six individuals reviewed, support needs and the potential benefits of assistive technology had not been assessed. The agency needs to ensure that all individuals are assessed to identify assistive technology to maximize independence and take steps to provide this support when a need is identified.
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

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**Administrative Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L4
<b>Indicator</b>	Action taken
<b>Area Need Improvement</b>	The review of Life Needs Coop responses to DDS Area Office Decision and Action Plans and the Complaint Resolution Team showed that the agency did not submit any requested documentation to DDS within the prescribed timelines. The agency needs to develop an internal process for responding to DDS Decision and Action timelines, as required.
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L48
<b>Indicator</b>	HRC
<b>Area Need Improvement</b>	The Human Rights Committee did not meet attendance requirements due to the two advocates on the committee having attended 50% or less meetings. The HRC also did not conduct site visits or review agency policies related to human rights. Life Needs Co-op needs to support its human rights committee members, especially the requisite ones, to attend HRC meetings on a consistent basis and to fulfil their responsibilities in promoting and protecting the rights of individuals who receive services.
<b>Status at follow-up</b>	Not Met: Two of Seven-Hill's four Human Rights Committees did not meet the mandates for membership and attendance; they were missing legal representation. The agency must support its human rights committees to meet all mandates, including required membership and attendance.
<b>#met /# rated at followup</b>	2/4
<b>Rating</b>	Not Met