



**PROVIDER REPORT
FOR
SHORE COLLABORATIVE
201 Crescent Avenue
Chelsea, MA 02150**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	SHORE COLLABORATIVE
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Review Dates	3/8/2023 - 3/14/2023
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Service Enhancement Meeting Date	3/28/2023
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Survey Team	Raquel Rodriguez John Hazelton (TL) Jennifer Conley-Sevier
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Citizen Volunteers	
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Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	3 location(s) 9 audit (s)	Full Review	62/70 2 Year License 03/28/2023 - 03/28/2025		Certified 03/28/2023 - 03/28/2025
Community Based Day Services	3 location(s) 9 audit (s)			Deemed	
Planning and Quality Management				Deemed	

EXECUTIVE SUMMARY :

Shore Educational Collaborative (Shore) was founded in 1975, originally providing services for special needs students from pre-school through 22 years of age. In addition to providing educational services to over 150 students, Shore now provides Community Based Day Services (CBDS) and Day Habilitation Services to over 300 adults with Developmental Disability (DD) across three counties: Suffolk, Essex and Middlesex. Shore traditionally supports individuals who in addition to DD, also require a significant level of medical and/or behavioral support.

The agency holds CARF accreditation which meant that the scope of the DDS Office of Quality Enhancement (OQE) survey was limited to a full licensing review of CBDS services at three locations.

Within the agency's CBDS services, several positive practices were noted. Individuals surveyed across day services were all found to be routinely trained in a Human Rights Curriculum and their Guardians had been regularly provided with the same information. Interactions and communication about and among those supported was observed to be respectful and in line with people's mode of communication; in several instances, communication devices were in place and being effectively utilized by individuals and support staff.

The agency also provided many adaptive devices and assistive technologies to assist individuals in being less dependent on staff support. Rooms were filled with Velcro picture schedules, and individuals requiring assistive dining equipment had raised plates and large handled utensils. Enlarged game pieces for activities such as bowling and connect four were present allowing individuals to set up games with minimal staff assistance. Supporters also displayed a thorough understanding of each individual's unique needs in areas such as dining supports.

The agency continues to employ the tenants and principles of Positive Behavior Supports, many of which were observed during the survey. Supporters were noted to be employing de-escalation techniques such as using a soft tone of voice, and offering choices when individuals appeared to become frustrated with current activities. PBS plans reviewed all emphasized a focus on reinforcing positive behavior with not only verbal feedback, but through the use of tangible reinforcers. Individuals benefited from PBS plans as evidenced by a decrease in target behaviors and restraints since the inception of these plans.

A number of Licensing indicators were identified as requiring further attention. Organizationally, the agency needs to ensure that Human Rights Committee (HRC) meets at least quarterly and with the required composition and that restraint reports are submitted and reviewed as required. Oversight of fire drill frequency also requires attention as all programs had not conducted fire drills at the required frequency.

As a result of this review, the agency has met the standards for 89% of the Employment and Day Supports Services licensing indicators reviewed and will receive a Two Year License. OQE will conduct a follow up review within sixty days of the Service Enhancement Meeting for the licensing indicators which were identified as not met. In addition to receiving a Two Year License from DDS, the agency is CARF accredited.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/10	3/10	
Employment and Day Supports	55/60	5/60	
Community Based Day Services			
Critical Indicators	7/7	0/7	
Total	62/70	8/70	89%
2 Year License			
# indicators for 60 Day Follow-up		8	

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 did not meet quarterly. The agency needs to ensure the committee meets at the frequency described in the HRC Bi-laws.
L65	Restraint reports are submitted within required timelines.	Several restraint reports were not created or finalized within the required timeframe. The agency needs to ensure that restraint reports are created/submitted for every restraint that occurs, and that they are finalized within the required timeframe.
L66	All restraints are reviewed by the Human Rights Committee.	Several restraint reports were not reviewed by the HRC. The agency needs to ensure that all restraint reports are reviewed by the HRC.

Employment/Day Commendations on Standards Met:

Indicator #	Indicator	Commendations
L77	The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals.	Throughout the survey it was evident that support staff were familiar with the individualized and unique needs of those served, such as challenges faced in expressive language; staff utilized a total communication approach to determine such things as the individuals' enjoyment with activities, frustrations, or expressions of need. For one individual, it was observed that his room was overstimulating, and he was moved to a room that better suited his sensory needs. For another individual, staff were aware of certain commonly used phrases that can be perceived by the individual in such a way as to provoke a behavioral response; supporters were intentional in not using those phrases. For another individual, heavy furniture was utilized to accommodate minor self-stimulation behavior. The agency uses dining placemats with individualized support direction for staff to ensure safe dining practices such as focus on meals and maintaining a distraction free environment at mealtime. The agency is commended for its knowledge of the unique needs of those it supports.

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

Indicator #	Indicator	Area Needing Improvement
L7	Fire drills are conducted as required.	For all locations, building wide fire drills were not conducted at the required frequency, and were missing required data associated with drills. The agency needs to ensure that building wide fire drills are conducted at least quarterly, and record required data such as the total evacuation time, the names of individuals present, the number of staff present, the level of assistance provided to each individual, and any adaptive equipment used by each individual. Drills must be run using the minimum staffing ratio identified within the EESP.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At one location, water temperatures were outside the acceptable range. The agency must ensure water temperatures measure 110 degrees.
L63	Medication treatment plans are in written format with required components.	In one instance, a behavior modifying medication was being administered at the program, however a medication treatment plan was not in place. The agency needs to ensure that when behavior modifying medication is administered at the program, the agency either obtains a copy of an existing plan (i.e. from a community residence), and if one is not already in existence, create its own plan. At a minimum, plans must define treated behaviors in observable terms, and data must be collected and shared with the prescriber.

Employment/Day 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 did not receive the required reviews. The agency needs to ensure that medication treatment plans are submitted to the DDS Area Office for inclusion in the ISP.
L91	Incidents are reported and reviewed as mandated by regulation.	At one location incidents occurred that met the criteria for submission to the DDS Area Office, however incident reports were not submitted. The agency needs to ensure that incident reports are submitted for each incident meeting criteria.

MASTER SCORE SHEET LICENSURE

Organizational: SHORE COLLABORATIVE

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	3/3	Met
L3	Immediate Action	2/2	Met
L4	Action taken	1/1	Met
L48	HRC	0/1	Not Met(0 %)
L65	Restraint report submit	5/9	Not Met(55.56 %)
L66	HRC restraint review	4/8	Not Met(50.0 %)
L74	Screen employees	3/3	Met
L75	Qualified staff	2/2	Met
L76	Track trainings	11/11	Met
L83	HR training	1/1	Met

Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I			9/9	9/9	Met
L5	Safety Plan	L			2/2	2/2	Met
℞ L6	Evacuation	L			3/3	3/3	Met
L7	Fire Drills	L			0/3	0/3	Not Met (0 %)
L8	Emergency Fact Sheets	I			8/9	8/9	Met (88.89 %)
L9 (07/21)	Safe use of equipment	I			9/9	9/9	Met
L10	Reduce risk interventions	I			6/6	6/6	Met
℞ L11	Required inspections	L			3/3	3/3	Met
℞ L12	Smoke detectors	L			3/3	3/3	Met
℞ L13	Clean location	L			3/3	3/3	Met
L14	Site in good repair	L			3/3	3/3	Met
L15	Hot water	L			2/3	2/3	Not Met (66.67 %)
L16	Accessibility	L			3/3	3/3	Met
L17	Egress at grade	L			3/3	3/3	Met
L18	Above grade egress	L			2/2	2/2	Met
L20	Exit doors	L			3/3	3/3	Met
L21	Safe electrical equipment	L			3/3	3/3	Met
L22	Well-maintained appliances	L			3/3	3/3	Met
L25	Dangerous substances	L			3/3	3/3	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L26	Walkway safety	L			3/3	3/3	Met
L28	Flammables	L			3/3	3/3	Met
L29	Rubbish/comb ustibles	L			3/3	3/3	Met
L30	Protective railings	L			2/2	2/2	Met
L31	Communicatio n method	I			9/9	9/9	Met
L32	Verbal & written	I			9/9	9/9	Met
L37	Prompt treatment	I			7/7	7/7	Met
℞ L38	Physician's orders	I			4/5	4/5	Met (80.0 %)
L39	Dietary requirements	I			4/4	4/4	Met
L44	MAP registration	L			1/1	1/1	Met
L45	Medication storage	L			3/3	3/3	Met
℞ L46	Med. Administration	I			7/8	7/8	Met (87.50 %)
L49	Informed of human rights	I			9/9	9/9	Met
L50 (07/21)	Respectful Comm.	I			9/9	9/9	Met
L51	Possessions	I			9/9	9/9	Met
L52	Phone calls	I			9/9	9/9	Met
L54 (07/21)	Privacy	I			9/9	9/9	Met
L55	Informed consent	I			5/5	5/5	Met
L57	Written behavior plans	I			6/6	6/6	Met
L60	Data maintenance	I			6/6	6/6	Met
L61	Health protection in ISP	I			6/6	6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L62	Health protection review	I			6/6	6/6	Met
L63	Med. treatment plan form	I			1/2	1/2	Not Met (50.0 %)
L64	Med. treatment plan rev.	I			1/2	1/2	Not Met (50.0 %)
L67	Money mgmt. plan	I			5/5	5/5	Met
L68	Funds expenditure	I			5/5	5/5	Met
L69	Expenditure tracking	I			5/5	5/5	Met
L77	Unique needs training	I			9/9	9/9	Met
L79	Restraint training	L			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			6/6	6/6	Met
L85	Supervision	L			3/3	3/3	Met
L86	Required assessments	I			7/7	7/7	Met
L87	Support strategies	I			7/8	7/8	Met (87.50 %)
L88	Strategies implemented	I			9/9	9/9	Met
L91	Incident management	L			2/3	2/3	Not Met (66.67 %)
L93 (05/22)	Emergency back-up plans	I			9/9	9/9	Met
L94 (05/22)	Assistive technology	I			9/9	9/9	Met
L96 (05/22)	Staff training in devices and applications	I			8/8	8/8	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L99 (05/22)	Medical monitoring devices	I			1/1	1/1	Met
#Std. Met/# 60 Indicator						55/60	
Total Score						62/70	
						88.57%	