



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

April 25, 2025

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider SHORE COLLABORATIVE

Review Dates 3/26/2025 - 4/1/2025

Service Enhancement Meeting Date 4/15/2025

Survey Team John Downing (TL)
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Citizen Volunteers

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)	Targeted Review	DDS 8/16 Provider 58 / 58 66 / 74 Defer Licensure		No Review Conducted
Community Based Day Services	3 location(s) 9 audit (s)			Deemed	0/0(Provider)
Planning and Quality Management				Deemed	0/0(Provider)

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 nearly 400 adults with Developmental Disability (DD) across three counties: Suffolk, Essex and Middlesex. Shore traditionally supports individuals who also require a significant level of medical and/or behavioral support.

During the agency's 2023 survey, Shore met over 90% of licensing indicators within their Employment and Day Support service grouping. As a result, the agency was eligible and elected to complete a Self-Assessment for the 2025 survey cycle. The agency also holds CARF accreditation which meant that the scope of the DDS Office of Quality Enhancement (OQE) survey was limited to a targeted review of all critical indicators and those licensing indicators that were rated 'not met' during the previous survey. The ratings from this survey process are a combination of the agency's self-assessment and DDS application of licensing standards.

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. These techniques assisted in lessening anxiety and minimizing the use of PRN medications for those to whom they were prescribed.

All sites visited were clean, clinically safe and equipped with personal protective equipment (PPE). The fire alarm system and carbon monoxide detectors were inspected and operational. Individuals were able to be evacuated safely and within the time identified on Emergency Evacuation Safety Plans.

A number of Licensing indicators were identified as requiring the continued attention of the agency to achieve resolution. Organizationally, the agency needs to ensure their Human Rights Committee (HRC) meets at least quarterly, and restraint reports are reviewed and approved by the agency's restraint manager according to DDS timelines.

Further attention is required to ensure safety within sites as fire drill documentation did not include all required information, and several sinks tested outside of the acceptable water temperature ranges.

Additional focus is also required within the domain of healthcare to ensure physician orders and treatment protocols are updated and accurate, and that medication treatment plans contain all required components; when plans are authored by the agency, the agency is responsible for ensuring inclusion in the ISP.

The survey results indicate the agency has met the standards for 89% of the Employment and Day Supports Services licensing indicators, however one critical indicator was not met. As a result, the agency's license is deferred until such time as it can be demonstrated that the indicator is met; once this occurs, the agency will receive a Two-Year with Mid-Cycle Review License. The DDS OQE will conduct a Follow Up Review within sixty days of the Service Enhancement Meeting for the licensing - indicators which were not met during this review. Sanctions on accepting new business with DDS are in place pending demonstration of meeting the critical indicator during the Follow Up Review. The agency is CARF accredited in lieu of being DDS certified.

Description of Self Assessment Process:

Shore Educational Collaborative completed its self-assessment using the DDS Licensure Tool and the Day/Employment Services Survey Worksheet to guide the review of each of its three day program locations (Chelsea, Peabody, and Woburn). The self-assessment was led by the Director of Adult Services, who collaborated with each site's Program Director, administrative assistant, program nurses, and CBDS Program Manager to evaluate compliance with all applicable licensing indicators. The assessment was conducted between February 26 and March 21, 2025.

A comprehensive record review was completed for all participants receiving CBDS services (approximately 105 individuals). Shore applied the same standards used by DDS OQE for rating indicators, with substantial and consistent compliance (80%) considered "Met." In addition to reviewing participant records, the Director of Adult Services examined HCSIS reports for ISP timelines, incident and restraint report compliance, and investigations covering the period from March 2023 to February 2025. She also collaborated with Shore's Human Rights Coordinator to review Human Rights Committee (HRC) meeting minutes for the same two-year period, cross-referencing them with HCSIS to ensure compliance with relevant licensing indicators.

Additionally, the assessment included an audit of mandatory training compliance for all direct support staff, verification of current professional licenses, and a review of building safety inspections, emergency procedures, and drills to ensure regulatory adherence. A building safety checklist was completed in a physical survey of each program location. Interviews with program participants and staff were also conducted to assess knowledge and gather feedback.

Overall, the Shore Adult Administrative team found the self-assessment process to be a valuable tool that will inform our ongoing quality assurance practices. We appreciate the recognition of our successful CARF survey in August 2024 and the opportunity to engage in this self-assessment and targeted review with your team.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Employment and Day Supports	58/64	6/64	
Community Based Day Services			
Critical Indicators	6/8	2/8	
Total	66/74	8/74	89%
Defer Licensure			
# indicators for 60 Day Follow-up		8	

**Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:
From DDS review:**

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The agency's Human Rights Committee did not hold 4 quarterly meetings in 2024. The agency needs to ensure its Human Rights Committee maintains quarterly meetings annually.
L65	Restraint reports are submitted within required timelines.	Four of nine restraint reports reviewed were not approved by the agency's restraint manager within 5 days of the initial restraint. The agency needs to ensure restraint reports are reviewed and approved within 5 days of the initial restraint.

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

Indicator #	Indicator	Area Needing Improvement
L7	Fire drills are conducted as required.	None of the three sites were conducting fire drills in accordance with the locations Safety Plan; documentation did not include such information as the number of staff participating in drills, level of assistance provided, and adaptive equipment used. The agency needs to ensure tracking of all required information is contained within the drill report.

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

Indicator #	Indicator	Area Needing Improvement
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	Two of the three locations had water temperatures that fluctuated below and above required temperatures. The agency needs to ensure all sources of hot water utilized by individuals are maintained at 110 degrees F for sinks and 110-112 degrees for showers.
P L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For two of six individuals, physician orders and treatment protocols were not updated, accurate and being implemented; missing information included identification of the diagnosis and/or clear definitions of the presentation of the diagnosis, preventative measures to be taken, and inclusion of PRN medications. The agency needs to ensure physician orders and treatment protocols are current and accurate.
L63	Medication treatment plans are in written format with required components.	For two individuals, their medication treatment plans did not contain all required components such as defining behaviors/symptoms in observable terms, and data collection for all target behaviors/symptoms. The agency needs to ensure every individual who is being administered behavior modifying medications at the program has a behavior medication treatment plan (BMTP) with all required components.
L64	Medication treatment plans are reviewed by the required groups.	For one individual for whom the agency authored their BMTP, review of the plan by the ISP team did not occur. The agency needs to ensure such BMTPs are either specifically noted in the ISP or uploaded into HCSIS.
L91	Incidents are reported and reviewed as mandated by regulation.	At one location, there was an Incident Report that was not submitted and finalized within the required timelines. The agency needs to ensure all Incident reports are submitted and finalized by the required timelines.

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	Provider (also Deemed)	0/0	0/0	
Employment and Day Supports	Provider	0/0	0/0	
Community Based Day Services	Provider (also Deemed)	0/0	0/0	
Total		0/0	0/0	
No Review Conducted				

MASTER SCORE SHEET LICENSURE

Organizational: SHORE COLLABORATIVE

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

Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	Provider			-	-	Met
L5	Safety Plan	L	Provider			-	-	Met
Ⓜ L6	Evacuation	L	DDS			3/3	3/3	Met
L7	Fire Drills	L	DDS			0/3	0/3	Not Met (0 %)
L8	Emergency Fact Sheets	I	Provider			-	-	Met
L9 (07/21)	Safe use of equipment	I	Provider			-	-	Met
L10	Reduce risk interventions	I	Provider			-	-	Met
Ⓜ L11	Required inspections	L	DDS			3/3	3/3	Met
Ⓜ L12	Smoke detectors	L	DDS			3/3	3/3	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
☒ L13	Clean location	L	DDS			3/3	3/3	Met
L14	Site in good repair	L	Provider			-	-	Met
L15	Hot water	L	DDS			1/3	1/3	Not Met (33.33 %)
L16	Accessibility	L	Provider			-	-	Met
L17	Egress at grade	L	Provider			-	-	Met
L18	Above grade egress	L	Provider			-	-	Met
L20	Exit doors	L	Provider			-	-	Met
L21	Safe electrical equipment	L	Provider			-	-	Met
L22	Well-maintained appliances	L	Provider			-	-	Met
L25	Dangerous substances	L	Provider			-	-	Met
L26	Walkway safety	L	Provider			-	-	Met
L28	Flammables	L	Provider			-	-	Met
L29	Rubbish/com bustibles	L	Provider			-	-	Met
L30	Protective railings	L	Provider			-	-	Met
L31	Communication method	I	Provider			-	-	Met
L32	Verbal & written	I	Provider			-	-	Met
L37	Prompt treatment	I	Provider			-	-	Met
☒ L38	Physician's orders	I	DDS			4/6	4/6	Not Met (66.67 %)
L39	Dietary requirements	I	Provider			-	-	Met
L45	Medication storage	L	Provider			-	-	Met
☒ L46	Med. Administration	I	DDS			8/8	8/8	Met
L49	Informed of human rights	I	Provider			-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L50 (07/21)	Respectful Comm.	I	Provider			-	-	Met
L51	Possessions	I	Provider			-	-	Met
L52	Phone calls	I	Provider			-	-	Met
L54 (07/21)	Privacy	I	Provider			-	-	Met
L55	Informed consent	I	Provider			-	-	Met
L56	Restrictive practices	I	Provider			-	-	Met
L57	Written behavior plans	I	Provider			-	-	Met
L58	Behavior plan component	I	Provider			-	-	Met
L59	Behavior plan review	I	Provider			-	-	Met
L60	Data maintenance	I	Provider			-	-	Met
L61	Health protection in ISP	I	Provider			-	-	Met
L62	Health protection review	I	Provider			-	-	Met
L63	Med. treatment plan form	I	DDS			4/6	4/6	Not Met (66.67 %)
L64	Med. treatment plan rev.	I	DDS			1/2	1/2	Not Met (50.0 %)
L67	Money mgmt. plan	I	Provider			-	-	Met
L68	Funds expenditure	I	Provider			-	-	Met
L69	Expenditure tracking	I	Provider			-	-	Met
L77	Unique needs training	I	Provider			-	-	Met
L78	Restrictive Int. Training	L	Provider			-	-	Met
L79	Restraint training	L	Provider			-	-	Met
L80	Symptoms of illness	L	Provider			-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L81	Medical emergency	L	Provider			-	-	Met
L82	Medication admin.	L	DDS			3/3	3/3	Met
L84	Health protect. Training	I	Provider			-	-	Met
L85	Supervision	L	Provider			-	-	Met
L86	Required assessments	I	Provider			-	-	Met
L87	Support strategies	I	Provider			-	-	Met
L88	Strategies implemented	I	Provider			-	-	Met
L91	Incident management	L	DDS			2/3	2/3	Not Met (66.67 %)
L93 (05/22)	Emergency back-up plans	I	Provider			-	-	Met
L94 (05/22)	Assistive technology	I	Provider			-	-	Met
L96 (05/22)	Staff training in devices and applications	I	Provider			-	-	Met
L99 (05/22)	Medical monitoring devices	I	Provider			-	-	Met
#Std. Met/# 64 Indicator							58/64	
Total Score							66/74	
							89.19%	

MASTER SCORE SHEET CERTIFICATION
