



**PROVIDER REPORT
FOR
SOCIAL SERVICE CENTERS
15 Depot Sq.
Lexington, MA 02420**

January 11, 2019

Version

FINAL PROVIDER REPORT

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

SUMMARY OF OVERALL FINDINGS

Provider SOCIAL SERVICE CENTERS

Review Dates 12/17/2018 - 12/19/2018

Service Enhancement Meeting Date 1/7/2019

Survey Team Anne Carey (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	1 location(s) 3 audit (s)	Full Review	69 / 73 2 Year License 01/07/2019 - 01/07/2021		28 / 28 Certified 01/07/2019 - 01/07/2021
Residential Services	1 location(s) 3 audit (s)			Full Review	22 / 22
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

Social Service Centers (SSC) is a for-profit agency which was founded in 1985. SSC has four homes which provide 24 hour residential services with the capacity to serve approximately 20 adults with developmental disabilities, many of whom also have complex physical and/or medical needs.

The scope of this review was a full survey of all licensing and certification indicators for the 24 hours residential service type. Many positive practices and outcomes were observed within the agency's residential services. In the realm of Health, the agency demonstrated a strong commitment to working to reduce hospitalizations where possible and promote optimal health for all served. Individuals' medication was found to be administered as prescribed, medical protocols and special dietary requirements were well known and adhered to by support staff. Behavior modifying medication treatment plans were concise and data collection present, leading to medication changes in some cases to the benefit of individuals.

The agency has adapted in supporting the medical needs of an aging population without detriment to quality of life, for example, dietary or medical changes did not interfere in individuals' getting together with family and friends or being supported to be contributing members of their local community. One individual was supported to improve his overall health which led to being discharged from hospice care. Additionally, this year, the agency has supported two individuals through end of life care while remaining in their homes, surrounded by familiar people.

In the realm of Supporting and Enhancing Relationships, the agency staff, most of whom who have longevity with their employer, were observed to have very positive relationships with individuals' family members. The home surveyed promoted an 'open door' policy to family and friends visiting. Individuals were routinely supported to spend holidays with family, or invite family to spend holidays with them, go out regularly, with or without support staff also present, to send cards and gifts to friends and family on special occasions in some cases vacation with family. Family members in the home surveyed were active Human Rights Committee members and involved in agency events and activities. Individuals were also supported to engage in giving back to local community throughout the year, for example, donating food to a food pantry, preparing a meal for a family shelter and planning and participating in a bingo fundraiser for an organization which helps feed hungry families in the state of Massachusetts. Individuals were supported to engage in some or all portions of these activities from grocery shopping, to food preparation, creating gift basket prizes and attending an event.

In the realm of Meaningful Activities, the agency had made improvements in the data collection and analysis of activities which individuals participated in regularly, in order to ensure that activities were more individualized and people were being supported to try new things as well as continue to do things they'd previously enjoyed. The agency utilized a "personal interests/hobby data sheet" which provided evidence of activities tried, individual's reaction and whether they'd like to do them again. Staff knowledge of individuals and observation of behavior played a great role in collecting this data with the non-verbal individuals at the home surveyed. Additionally, individuals were also supported via ISP objectives to explore new activities.

A few requiring attention were identified during the survey. With regard to licensing, the agency Human Rights Committee (HRC) required membership was identified as an area in which continued efforts should be made. The HRC was an active forum for all required reviews as well as incident reports, however, the membership did not include a nurse/physician.

A new indicator had been added to the licensing process since the agency's previous survey. L91 requires agencies to meet required timelines regarding the submission of incident reports. A review of incidents via HCSIS identified that the agency was not consistently meeting the required incident report

submission timelines. The agency needs to ensure that all initial minor incident reports are submitted within 3 business days of the incident date, within one business day for major incidents, and finalized within 7 days.

The home surveyed has served individuals in shared bedroom settings for many years and currently two women still share a bedroom. The agency is encouraged to creatively foster increased privacy for these two people, particularly when providing personal care.

As a result of this review, the agency reviewed a rating of met in 95% of licensing indicators with all critical indicators being met. The agency received a rating of met in 100% of certification indicators reviewed. As a result, the agency will receive a Two Year License for Residential Services and is Certified. Follow up on all not met licensing indicators will be conducted by the agency, and submitted to the DDS OQE within 60 days.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	5/6	1/6	
Residential and Individual Home Supports	64/67	3/67	
Residential Services			
Critical Indicators	8/8	0/8	
Total	69/73	4/73	95%
2 Year License			
# indicators for 60 Day Follow-up		4	

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 Human Rights Committee (HRC) did not contain a nurse/physician as required within its membership. The agency needs to ensure that HRC required membership is maintained.

Residential Commendations on Standards Met:

Indicator #	Indicator	Commendations
L39	Special dietary requirements are followed.	In the home surveyed, individuals had a variety of special dining protocols and dietary requirements, including two individuals who took nutrition via G-tube, another individual who required a pureed diet with normal liquids and yet another individual who was prescribed a pureed diet with nectar thick liquids. One individual was being supported to try to gain weight with the addition of Ensure, while another was being supported to lose weight through healthy eating in addition to regular exercise. Written protocols were clear and concise, staff training was comprehensive and available, and all staff interviewed proved knowledgeable of each individual's needs. In addition, staff were extremely thoughtful and respectful regarding meal times and dining arrangements for each person. Staff were also able to support individuals in dining out at community restaurants when they wished while following the medically prescribed diets for each person.
L53	Individuals can visit with family and friends.	In the home surveyed, individuals' family members, extended family and friends were regular visitors to their loved ones and vice versa. The program management and staff team demonstrated that they had built positive relationships with family members/Guardians and facilitated family visits to a high degree, including to important life events such as weddings and funerals. Annual holidays were noted to be events where if individuals did not go to a family members home, family members would come to spend the festive time at the individual's home, for example, sharing dessert on Thanksgiving. Staffing schedules were devised so that if a family member needed support with the direct care involved in their loved one, a staff person could be available and thus facilitate family involved day trips, activities and vacations. Another example of note is the family of an individual who passed away earlier this year, wish to maintain a close relationship with two people at the house, and are supported by staff to get together near Rhode Island. Another individual is supported by the program manager to visit his mother's graveside every few months with his sister.

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

Indicator #	Indicator	Area Needing Improvement
L54	Individuals have privacy when taking care of personal needs and discussing personal matters.	At the home surveyed, two individuals share one bedroom and thus have decreased privacy, particularly when being supported with personal care (dressing/undressing etc.). The agency needs to ensure that privacy is further promoted for these two individuals and other individuals who may share a bedroom in the future.

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

Indicator #	Indicator	Area Needing Improvement
L55	Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.	The media/photo consent forms were for two individuals were too broad in their description of where each individual's photograph would be displayed. The agency needs to ensure that consents are specific to the audience/forum each image will be used.
L91	Incidents are reported and reviewed as mandated by regulation.	HCSIS review of incident reports for the agency indicated several incident reports which had not been submitted/finalized within the required time frames. The agency needs to ensure that all initial minor incident reports are submitted within 3 days of the incident date and finalized within 7 days of the incident date. Major incident reports should be submitted within 1 day of the incident and finalized within 7 days.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	22/22	0/22	
Residential Services	22/22	0/22	
TOTAL	28/28	0/28	100%
Certified			

Residential Services Commendations on Standards Met:

Indicator #	Indicator	Commendations
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	In the home surveyed, all individuals were supported to develop an ISP objective regarding trying new activities in the community as well as continue with established preferred activities. The agency had created a new data tracking form, "personal interests/hobby data sheet" which captured what activity an individual tried, who they tried it with (e.g. staff, peer, family member etc.) and whether they appeared to enjoy it. Individuals within the home surveyed were primarily non-verbal, however, support staff were able to observe and report on their behavior, demeanor and engagement in each activity and environment. This system of observation and tracking has led to individuals being routinely supported to explore more individualized activities and try new things, for example, attending local concerts, going to church including attending coffee hour after the service, taking day trips to various locations, going to the theater, listening to rock and roll music at various venues, visiting local farms, ponds and walking paths, and going to the movies.

Survey Detail Report

Back-up documentation

Licensure Organizational:

Issues on Not Met Indicators

Indicator	Source	Issue
L48* The agency has an effective Human Rights Committee.	Document	The agency Human Rights Committee does not have a nurse/physician in its membership.
	Staff	

* Indicators subject to follow-up within 60 days

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
<p>L54*</p> <p>Individuals have privacy when taking care of personal needs and discussing personal matters.</p>	Residential Services	76 Concord Ave Lexington MA 02421		Two individuals at the home surveyed share a bedroom which diminished their privacy when being supported with personal care, for example dressing, undressing, going to bed.
<p>L55*</p> <p>Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.</p>	Residential Services	76 Concord Ave Lexington MA 02421	EW	The media/photo consent form for this individual was very broad in its description of where the individual's photograph would be displayed, i.e. lists agency website as well as "various trainings... or other venues".
<p>L55*</p> <p>Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.</p>	Residential Services	76 Concord Ave Lexington MA 02421	LG	The media/photo consent form for this individual was very broad in its description of where the individual's photograph would be displayed, i.e. lists agency website as well as "various trainings... or other venues".

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L91* Incidents are reported and reviewed as mandated by regulation.	Residential Services	76 Concord Ave Lexington MA 02421		During a 13 month period reviewed on HCSIS, there were several incident reports which were not reported or finalized within the required time frames. Event ID: 648860 was an event which occurred 03-30/2018, incident report was created 04/19/2018 and finalized 04/19/2018. Event ID: 673112 was an event which occurred 09/23/2018, incident report created 09/27/2018, finalized 09/28/2018. Event ID: 671339 was an event which occurred 06/09/2018, an individual was hospitalized, discharge date was 07/07/2018, incident report was created 09/17/2018 and finalized 09/17/2018.

* Indicators subject to follow-up within 60 days

Planning and Quality Management

MASTER SCORE SHEET LICENSURE

Organizational: SOCIAL SERVICE CENTERS

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
R L2	Abuse/neglect reporting	1/1	Met

L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	1/1	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	5/5	Met
L83	HR training	5/5	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	3/3						3/3	Met
L5	Safety Plan	L	1/1						1/1	Met
R L6	Evacuation	L	1/1						1/1	Met
L7	Fire Drills	L	1/1						1/1	Met
L8	Emergency Fact Sheets	I	3/3						3/3	Met
L9	Safe use of equipment	L	1/1						1/1	Met
R L11	Required inspections	L	1/1						1/1	Met
R L12	Smoke detectors	L	1/1						1/1	Met
R L13	Clean location	L	1/1						1/1	Met
L14	Site in good repair	L	1/1						1/1	Met
L15	Hot water	L	1/1						1/1	Met
L16	Accessibility	L	1/1						1/1	Met
L17	Egress at grade	L	1/1						1/1	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L19	Bedroom location	L	1/1						1/1	Met
L20	Exit doors	L	1/1						1/1	Met
L21	Safe electrical equipment	L	1/1						1/1	Met
L22	Well-maintained appliances	L	1/1						1/1	Met
L24	Locked door access	L	1/1						1/1	Met
L25	Dangerous substances	L	1/1						1/1	Met
L26	Walkway safety	L	1/1						1/1	Met
L28	Flammables	L	1/1						1/1	Met
L29	Rubbish/combustibles	L	1/1						1/1	Met
L30	Protective railings	L	1/1						1/1	Met
L31	Communication method	I	3/3						3/3	Met
L32	Verbal & written	I	3/3						3/3	Met
L33	Physical exam	I	3/3						3/3	Met
L34	Dental exam	I	3/3						3/3	Met
L35	Preventive screenings	I	3/3						3/3	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L36	Recommended tests	I	3/3						3/3	Met
L37	Prompt treatment	I	3/3						3/3	Met
R L38	Physician's orders	I	3/3						3/3	Met
L39	Dietary requirements	I	3/3						3/3	Met
L40	Nutritional food	L	1/1						1/1	Met
L41	Healthy diet	L	1/1						1/1	Met
L42	Physical activity	L	1/1						1/1	Met
L43	Health Care Record	I	3/3						3/3	Met
L44	MAP registration	L	1/1						1/1	Met
L45	Medication storage	L	1/1						1/1	Met
R L46	Med. Administration	I	3/3						3/3	Met
L47	Self medication	I	3/3						3/3	Met
L49	Informed of human rights	I	3/3						3/3	Met
L50	Respectful Comm.	L	1/1						1/1	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	Privacy	L	0/1						0/1	Not Met (0 %)
L55	Informed consent	I	0/2						0/2	Not Met (0 %)
L61	Health protection in ISP	I	3/3						3/3	Met
L62	Health protection review	I	3/3						3/3	Met
L63	Med. treatment plan form	I	3/3						3/3	Met
L64	Med. treatment plan rev.	I	3/3						3/3	Met
L67	Money mgmt. plan	I	3/3						3/3	Met
L68	Funds expenditure	I	3/3						3/3	Met
L69	Expenditure tracking	I	3/3						3/3	Met
L70	Charges for care calc.	I	3/3						3/3	Met
L71	Charges for care appeal	I	3/3						3/3	Met
L77	Unique needs training	I	3/3						3/3	Met
L80	Symptoms of illness	L	1/1						1/1	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L81	Medical emergency	L	1/1						1/1	Met
R L82	Medication admin.	L	1/1						1/1	Met
L84	Health protect. Training	I	3/3						3/3	Met
L85	Supervision	L	1/1						1/1	Met
L86	Required assessments	I	2/2						2/2	Met
L87	Support strategies	I	2/2						2/2	Met
L88	Strategies implemented	I	3/3						3/3	Met
L90	Personal space/bedroom privacy	I	3/3						3/3	Met
L91	Incident management	L	0/1						0/1	Not Met (0 %)
#Std. Met/ # 67 Indicator									64/67	
Total Score									69/73	
									94.52 %	

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	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
C15	Personalize living space	1/1	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
C20	Emergency back-up plans	1/1	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	3/3	Met
C49	Physical setting is consistent	1/1	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	3/3	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C53	Food/ dining choices	3/3	Met
C54	Assistive technology	3/3	Met

ADDENDUM OF ISSUES BEYOND THE PROVIDER'S CONTROL:

Licensure:

Residential and Individual Home Supports				
Indicator	Service Type	Location	Individual	Issue
L86 Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Residential Services	76 Concord Ave Lexington MA 02421	LG	ISP meeting was 04/04/2018, the request for assessments was due 03/05/2018. The date of actual request was 03/14/2018. The assessments were due for submission 03/20/2018. Actual date of submission was 03/21/2018.
L87 Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.		76 Concord Ave Lexington MA 02421	LG	ISP meeting was 04/04/2018, the request for support strategies was due 03/05/2018. The date of actual request was 03/14/2018. The support strategies were due for submission 03/20/2018. Actual date of submission was 03/21/2018.

Certification:

N/A

GUARDIAN/FAMILY MEMBER/CITIZEN FEEDBACK ADDENDUM: