



**PROVIDER REPORT
FOR**

**Templeton Community
Services
184 FREIGHT SHED RD
BALDWINVILLE, MA 01436**

December 22, 2022

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

| | |
|-----------------|------------------------------|
| Provider | Templeton Community Services |
|-----------------|------------------------------|

| | |
|---------------------|-------------------------|
| Review Dates | 11/16/2022 - 11/22/2022 |
|---------------------|-------------------------|

| | |
|---|-----------|
| Service Enhancement Meeting Date | 12/8/2022 |
|---|-----------|

| | |
|--------------------|---|
| Survey Team | Elsa Adorno Carole Black (TL) Ken Jones |
|--------------------|---|

| | |
|---------------------------|--|
| 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 | 8 location(s) 9 audit (s) | Full Review | 84/90 2 Year License 12/08/2022 - 12/08/2024 | | 26 / 26 Certified 12/08/2022 - 12/08/2024 |
| Residential Services | 7 location(s) 7 audit (s) | | | Full Review | 20 / 20 |
| Respite Services | 1 location(s) 2 audit (s) | | | No Review | No Review |
| Planning and Quality Management | | | | Full Review | 6 / 6 |

EXECUTIVE SUMMARY :

Templeton Community Services (TCS) is a state-operated cluster of twenty-eight homes located in North Central Massachusetts. This program provides twenty-four-hour residential services to adults with developmental and intellectual disabilities and is part of a larger system of residential supports administered by Department of Developmental Services (DDS) Central West Regional Office. Recently the state-operated residential program had a change in leadership, reorganized, and added positions to strengthen oversight of its services.

The scope of this survey was a full licensure and certification review. Licensure and certification resumed the conduct of in-person surveys in July 2021. This licensing review was a hybrid model of surveying, where most tasks were conducted in-person while some were conducted using remote technology. For this survey, interviews with key administrative and supervisory staff occurred virtually through Microsoft (MS) Teams. Observations, interviews with individuals and staff, review of environmental safety, and review of relevant documentation occurred on-site.

The review demonstrated the presence of effective oversight systems and beneficial outcomes for individuals in several areas subject to licensure, including management of healthcare, personal safety, and a competent workforce. Review of findings demonstrated TCS's oversight of healthcare, directed by residential supervisors with nursing support in 24-hour and respite locations, had been effective in ensuring sampled individuals received preventive healthcare screenings, prompt treatment for episodic conditions, support to attend specialist appointments when required, and attended annual physical and dental exams at required intervals. Findings showed individuals in residences and respite were effectively supported to take prescribed medications in a manner compliant with MAP procedures and policies, including the need for staff competency training in ancillary supports related to medication administration. The review also showed the agency consistently developed, reviewed, implemented, and revised individuals' dining guidelines as their medical status and support needs changed.

The review demonstrated effectiveness in the agency's oversight of personal safety. Each individual sampled had been trained in and their guardians informed about how to report allegations of mistreatment or abuse and how to file a grievance. TCS's oversight of such complaints demonstrated it had promptly implemented protective actions, and action plans generated by DDS Area Offices were implemented promptly once received. At each sampled location, the agency was found to have developed accurate safety plans with required elements; individuals' abilities and evacuation support needs were reflective of their current status; fire drills occurred at required intervals; and individuals' safety needs were consistently assessed through ISPs.

TCS managed and demonstrated the competency of its staff by implementing a comprehensive orientation process focused on mandated trainings, followed by training at assigned locations and shifts in which staff shadowed experienced staff. Organizationally, the review found each sampled staff had completed DDS mandated trainings. Staff training in site- and individual-specific trainings was substantially complete in such topics as individuals' unique needs, supportive and protective devices, restrictive interventions, and what to do in medical emergencies.

For the certification review, survey findings verified the presence of several effective practices. Individuals had opportunities to get together with family and friends regularly and to reflect upon the performance of staff supporting them. The review demonstrated individuals were supported by staff in purchasing personal belongings and using generic resources available to other members of their communities. Findings also indicate individuals' interests are assessed and considered for community activities, they exercise choice and control in leisure activities, connections with neighbors and other community members, and choose those household routines for which they take responsibility.

In addition to the positive findings highlighted above, the review identified licensure outcomes in need

of further attention. In relation to protection of human rights, TCS needs to support its human rights committees to meet no less frequently than quarterly. Medication treatment plans must address requirements related to measurable clinical criteria which prompt consideration of reducing or discontinuing the medication, while plans to administer pre-sedation for medical procedures need to include strategies for reducing this need. Funds management plans must consistently outline how individuals can access their spending money as well as specify amounts individuals can independently manage themselves. Also, agreement to funds management plans must be obtained from individuals or their guardians. Finally, incident reports must be submitted and reviewed within required timelines.

As a result of this review, Templeton Community Services will receive a Two-Year License for its Residential Support service group with a score of 93% of licensure indicators met. In addition, this service group is certified with an overall certification score of 100% of indicators met. Follow-up will be conducted by TCS and reported to OQE within 60 days on those licensing indicators that received a rating of not met.

LICENSURE FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|---|--------------|-----------------|------------|
| Organizational | 9/10 | 1/10 | |
| Residential and Individual Home Supports | 75/80 | 5/80 | |
| Residential Services Respite Services | | | |
| Critical Indicators | 8/8 | 0/8 | |
| Total | 84/90 | 6/90 | 93% |
| 2 Year License | | | |
| # indicators for 60 Day Follow-up | | 6 | |

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. | Templeton Community Services has two human rights committees charged with oversight of three geographic regions. One of the two committees had not met for twelve of the twenty-four months reviewed. The agency needs to ensure that its human rights committees meet quarterly. |

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

| Indicator # | Indicator | Area Needing Improvement |
|-------------|---|---|
| L22 | All appliances and equipment are operational and properly maintained. | For four residential locations, certain appliances, including stove exhaust fans and microwave oven, were not in good working order and clean. The agency needs to ensure that all household appliances are clean and in good working order. |
| L43 | The health care record is maintained and updated as required. | For two individuals, Health Care Records were not updated when significant medical information changed. The agency needs to ensure that Health Care Records are updated within thirty days of an individual's hospitalization, vaccination, or new diagnoses. |

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

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|--|---|
| L63 | Medication treatment plans are in written format with required components. | For six individuals, medication treatment plans did not include measurable criteria for consulting with the prescriber about medication adjustment. For an additional individual, strategies to reduce use of sedative medication prior to medical appointments had not been developed. The agency needs to ensure that medication treatment plans address all required components, including measurable criteria that will prompt discussion about medication adjustment with the prescriber. In addition, strategies need to be developed that will assist in reducing individuals' reliance on sedative medication prior to medical treatment. |
| L67 | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | For three individuals, the agency had not obtained agreement from the individual or his/her guardian to the funds management plan or the plan did not outline how the individual could access spending money as well as the amount the person could manage independently. The agency needs to ensure that the funds management plans address all required components. In addition, the agency must obtain annual signed agreement to the funds-management plan from the individual or the individual's guardian. |
| L91 | Incidents are reported and reviewed as mandated by regulation. | At three locations, incidents were not submitted or reviewed within required timelines. The agency needs to ensure that incident reports are submitted and reviewed within required timelines. |

CERTIFICATION FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|--|--------------|-----------------|-------------|
| Certification - Planning and Quality Management | 6/6 | 0/6 | |
| Residential and Individual Home Supports | 20/20 | 0/20 | |
| Residential Services | 20/20 | 0/20 | |
| Total | 26/26 | 0/26 | 100% |
| Certified | | | |

MASTER SCORE SHEET LICENSURE

Organizational: Templeton Community Services

| Indicator # | Indicator | Met/Rated | Rating(Met,Not Met,NotRated) |
|-------------|-------------------------|----------------|------------------------------|
| R L2 | Abuse/neglect reporting | 8/8 | Met |
| L3 | Immediate Action | 7/7 | Met |
| L4 | Action taken | 12/12 | Met |
| L48 | HRC | 1/2 | Not Met(50.0 %) |
| L65 | Restraint report submit | 124/127 | Met(97.64 %) |
| L66 | HRC restraint review | 82/92 | Met(89.13 %) |
| L74 | Screen employees | 3/3 | Met |
| L75 | Qualified staff | 3/3 | Met |
| L76 | Track trainings | 20/20 | Met |
| L83 | HR training | 20/20 | 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 | 7/7 | | | 2/2 | | | 9/9 | Met |
| L3 | Immediate Action | L | | | | 1/1 | | | 1/1 | Met |
| L5 | Safety Plan | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| Ⓡ L6 | Evacuation | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L7 | Fire Drills | L | 7/7 | | | | | | 7/7 | Met |
| L8 | Emergency Fact Sheets | I | 7/7 | | | 2/2 | | | 9/9 | Met |
| L9 (07/21) | Safe use of equipment | I | 7/7 | | | 2/2 | | | 9/9 | Met |
| L10 | Reduce risk interventions | I | 1/1 | | | 2/2 | | | 3/3 | Met |
| Ⓡ L11 | Required inspections | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| Ⓡ L12 | Smoke detectors | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| Ⓡ L13 | Clean location | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L14 | Site in good repair | L | 6/6 | | | 1/1 | | | 7/7 | Met |
| L15 | Hot water | L | 6/7 | | | 1/1 | | | 7/8 | Met (87.50 %) |
| L16 | Accessibility | L | 7/7 | | | 1/1 | | | 8/8 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|----------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|------------------|
| L17 | Egress at grade | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L18 | Above grade egress | L | 1/1 | | | | | | 1/1 | Met |
| L19 | Bedroom location | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L20 | Exit doors | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L21 | Safe electrical equipment | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L22 | Well-maintained appliances | L | 4/7 | | | 0/1 | | | 4/8 | Not Met (50.0 %) |
| L23 | Egress door locks | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L24 | Locked door access | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L25 | Dangerous substances | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L26 | Walkway safety | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L28 | Flammables | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L29 | Rubbish/combustibles | L | 6/7 | | | 1/1 | | | 7/8 | Met (87.50 %) |
| L30 | Protective railings | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L31 | Communication method | I | 7/7 | | | 2/2 | | | 9/9 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|--------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|-------------------|
| L32 | Verbal & written | I | 7/7 | | | 2/2 | | | 9/9 | Met |
| L33 | Physical exam | I | 6/6 | | | | | | 6/6 | Met |
| L34 | Dental exam | I | 7/7 | | | | | | 7/7 | Met |
| L35 | Preventive screenings | I | 7/7 | | | | | | 7/7 | Met |
| L36 | Recommended tests | I | 6/7 | | | | | | 6/7 | Met (85.71 %) |
| L37 | Prompt treatment | I | 7/7 | | | 2/2 | | | 9/9 | Met |
| ℞ L38 | Physician's orders | I | 6/7 | | | 1/1 | | | 7/8 | Met (87.50 %) |
| L39 | Dietary requirements | I | 7/7 | | | 1/1 | | | 8/8 | Met |
| L40 | Nutritional food | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L41 | Healthy diet | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L42 | Physical activity | L | 7/7 | | | | | | 7/7 | Met |
| L43 | Health Care Record | I | 5/7 | | | | | | 5/7 | Not Met (71.43 %) |
| L44 | MAP registration | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L45 | Medication storage | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| ℞ L46 | Med. Administration | I | 7/7 | | | 2/2 | | | 9/9 | Met |
| L49 | Informed of human rights | I | 7/7 | | | 2/2 | | | 9/9 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|-------------|--------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|---------------|
| L50 (07/21) | Respectful Comm. | I | 7/7 | | | 2/2 | | | 9/9 | Met |
| L51 | Possessions | I | 7/7 | | | 2/2 | | | 9/9 | Met |
| L52 | Phone calls | I | 7/7 | | | 2/2 | | | 9/9 | Met |
| L53 | Visitation | I | 7/7 | | | 2/2 | | | 9/9 | Met |
| L54 (07/21) | Privacy | I | 7/7 | | | 2/2 | | | 9/9 | Met |
| L56 | Restrictive practices | I | 1/2 | | | 2/2 | | | 3/4 | Met |
| L57 | Written behavior plans | I | 3/3 | | | 1/1 | | | 4/4 | Met |
| L58 | Behavior plan component | I | 3/3 | | | 1/1 | | | 4/4 | Met |
| L59 | Behavior plan review | I | 3/3 | | | 1/1 | | | 4/4 | Met |
| L60 | Data maintenance | I | 3/3 | | | 1/1 | | | 4/4 | Met |
| L61 | Health protection in ISP | I | 6/6 | | | | | | 6/6 | Met |
| L62 | Health protection review | I | 3/3 | | | | | | 3/3 | Met |
| L63 | Med. treatment plan form | I | 0/7 | | | | | | 0/7 | Not Met (0 %) |
| L64 | Med. treatment plan rev. | I | 6/7 | | | | | | 6/7 | Met (85.71 %) |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|---------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|-------------------|
| L67 | Money mgmt. plan | I | 4/7 | | | | | | 4/7 | Not Met (57.14 %) |
| L68 | Funds expenditure | I | 7/7 | | | 2/2 | | | 9/9 | Met |
| L69 | Expenditure tracking | I | 7/7 | | | 2/2 | | | 9/9 | Met |
| L70 | Charges for care calc. | I | 7/7 | | | 2/2 | | | 9/9 | Met |
| L71 | Charges for care appeal | I | 7/7 | | | 2/2 | | | 9/9 | Met |
| L77 | Unique needs training | I | 7/7 | | | 2/2 | | | 9/9 | Met |
| L78 | Restrictive Int. Training | L | 4/4 | | | 1/1 | | | 5/5 | Met |
| L79 | Restrict training | L | 4/4 | | | 1/1 | | | 5/5 | Met |
| L80 | Symptoms of illness | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L81 | Medical emergency | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L82 | Medication admin. | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L84 | Health protect. Training | I | 6/6 | | | | | | 6/6 | Met |
| L85 | Supervision | L | 7/7 | | | 1/1 | | | 8/8 | Met |
| L86 | Required assessments | I | 6/7 | | | | | | 6/7 | Met (85.71 %) |
| L87 | Support strategies | I | 7/7 | | | | | | 7/7 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|---------------------------------|--|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|-------------------|
| L88 | Strategies implemented | I | 7/7 | | | | | | 7/7 | Met |
| L90 | Personal space/bedroom privacy | I | 7/7 | | | | | | 7/7 | Met |
| L91 | Incident management | L | 4/7 | | | 1/1 | | | 5/8 | Not Met (62.50 %) |
| L93 (05/22) | Emergency back-up plans | I | 7/7 | | | 2/2 | | | 9/9 | Met |
| L94 (05/22) | Assistive technology | I | 7/7 | | | 2/2 | | | 9/9 | Met |
| L96 (05/22) | Staff training in devices and applications | I | 5/5 | | | | | | 5/5 | Met |
| L99 (05/22) | Medical monitoring devices | I | 4/4 | | | | | | 4/4 | Met |
| #Std. Met/# 80 Indicator | | | | | | | | | 75/80 | |
| Total Score | | | | | | | | | 84/90 | |
| | | | | | | | | | 93.33% | |

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 | 7/7 | Met |
| C8 | Family/guardian communication | 7/7 | Met |
| C9 | Personal relationships | 7/7 | Met |
| C10 | Social skill development | 7/7 | Met |
| C11 | Get together w/family & friends | 7/7 | Met |
| C12 | Intimacy | 7/7 | Met |
| C13 | Skills to maximize independence | 7/7 | Met |
| C14 | Choices in routines & schedules | 7/7 | Met |
| C15 | Personalize living space | 6/7 | Met (85.71 %) |
| C16 | Explore interests | 7/7 | Met |
| C17 | Community activities | 6/7 | Met (85.71 %) |
| C18 | Purchase personal belongings | 7/7 | Met |
| C19 | Knowledgeable decisions | 7/7 | Met |
| C46 | Use of generic resources | 7/7 | Met |
| C47 | Transportation to/ from community | 7/7 | Met |
| C48 | Neighborhood connections | 7/7 | Met |
| C49 | Physical setting is consistent | 7/7 | Met |
| C51 | Ongoing satisfaction with services/ supports | 7/7 | Met |
| C52 | Leisure activities and free-time choices /control | 7/7 | Met |

Residential Services

| Indicator # | Indicator | Met/Rated | Rating |
|--------------------|----------------------|------------------|---------------|
| C53 | Food/ dining choices | 7/7 | Met |