



**PROVIDER REPORT  
FOR**

**The Guild for Human  
Services  
521 Virginia Rd.  
Concord, MA 01742**

**Version**

**Public Provider Report**

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

# **SUMMARY OF OVERALL FINDINGS**

**Provider** The Guild for Human Services

**Review Dates** 10/4/2022 - 10/7/2022

**Service Enhancement Meeting Date** 10/25/2022

**Survey Team** John Hazelton  
Cheryl Dolan (TL)

**Citizen Volunteers**

**Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	3 location(s) 7 audit (s)	Full Review	80/90 Defer Licensure		Certified
Residential Services	3 location(s) 7 audit (s)			Deemed	
Planning and Quality Management				Deemed	

## **EXECUTIVE SUMMARY :**

The Guild for Human Services was incorporated in 1952 as the Protestant Guild for the Blind, providing services to visually impaired youth in the Boston area. The agency has continued to evolve and expand. It now offers both day and residential services to children and adults with intellectual and developmental disabilities who have complex needs, including ASD, mental health diagnoses, and challenging behaviors. In 2014, The Guild developed its residential homes for young adults turning 22 and currently operates 12 residential homes in communities within Eastern Massachusetts.

The scope of this survey conducted by the Office of Quality Enhancement (OQE) was a review of all licensing indicators within the agency's Residential services. As CARF also accredits the agency, the agency elected to deem CARF scores in lieu of a DDS OQE review of the certification indicators.

Several positive practices leading to improved individual outcomes were observed during the survey; one area in which the agency excelled was in the domain of Human Rights, which they demonstrated in several ways. The agency maintained an active and engaged Human Rights Committee (HRC). Discussions occurred among committee members that were thoughtful and respectful of the individuals. The HRC met regularly, had all required members with consistent attendance, and reviewed all required materials. Additionally, even during the pandemic, the committee continued monthly monitoring visits allowing the committee to develop and maintain relationships with the individuals they are elected to support. All Individuals, guardians, and staff receive training regarding Human Rights and DPPC. Training for individuals occurred monthly and covered required topics in depth. The agency has created and delivered a presentation for its Board of Directors to ensure all board members are also educated in this area. The agency's commitment to human rights further safeguards individuals and ensures that those supporting them are fully trained in this area.

Organizationally, the agency had a robust system for ensuring that allegations of abuse and/or neglect are reported as mandated as well as consistently taking steps to protect the immediate health and safety of the individuals following an allegation. The agency also demonstrated it follows through with any recommendations or action plans promptly.

The agency has fully committed to implementing Positive Behavioral Support (PBS). All staff are certified in Crisis Prevention. Using a PBS framework, Staff were observed to be well-trained to recognize and support individuals' unique behavioral needs. Any restrictive practices in place had received all the required reviews. All support plans were developed in accordance with PBS standards, and staff were found to be implementing them correctly and consistently. Additionally, the agency provided strong clinical oversight of the plans to determine their efficacy or evaluate the need for revision based on the thorough data collection from the support staff.

Healthcare oversight was another area of strength for the agency. Recommended tests and appointments with specialists were completed, and individuals received prompt treatment for acute and episodic healthcare conditions. All Staff are trained in recognizing the signs and symptoms of illness and other health conditions as they pertain to the people they support, and Individuals are supported to follow a healthy diet and participate in regular exercise.

The agency also demonstrated effective systems are in place related to ISPs; all assessments were submitted within the required frames in preparation for the ISP. People were supported to work on their ISP goals, and progress on goals was well documented.

Although the survey highlighted strengths in several licensing domains, the agency is encouraged to focus efforts on some areas needing strengthening. Where the agency has shared or delegated money management responsibilities, money management plans should be individualized, describing skills and support needs, and be agreed to by individuals or their guardians. Additionally, the agency needs to ensure that when staff holds people's money and supports them in using funds,

expenditures are correctly tracked.

In medication administration, the agency must ensure that only staff with a current MAP certification are administering medication. In addition, the agency must ensure that when Behavior Modifying Medication Treatment Plans are developed, they include all the required components (including data collection of target behaviors listed within the plan).

Regarding environmental safety, the agency needs to ensure that all annual inspections are completed as required. In addition, systems relating to the timely submission of restraint reports into HCSIS should be assessed as the agency is not currently meeting the standard.

As a result of this review, the agency has received a score of 89% of indicators Met in licensing; the license is deferred because 2 critical indicators are Not Met. This licensure status will remain deferred pending a follow-up review, which DDS will conduct within 60 days. If the critical indicators are determined as Met through the follow-up review, the agency will receive a Two Year with Mid-cycle license.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	9/10	1/10	
<b>Residential and Individual Home Supports</b>	71/80	9/80	
Residential Services			
<b>Critical Indicators</b>	6/8	2/8	
<b>Total</b>	80/90	10/90	89%
<b>Defer Licensure</b>			
<b># indicators for 60 Day Follow-up</b>		10	

### **Organizational Commendations on Standards Met:**

Indicator #	Indicator	Commendations
L48	The agency has an effective Human Rights Committee.	The agency is commended for its commitment to maintaining a strong and committed Human Rights Committee. The Guild has an active and engaged Human Rights Committee. The committee maintains all required membership and has 100% attendance by its members. The HRC demonstrated its commitment to knowing the individuals and programs by continuing with monthly site visits, either remotely at the start of the pandemic or in person once able to do so. The Human Rights Committee is thoughtful in its discussions when presented with plans and offers constructive feedback. They understand their role in safeguarding the human rights of the individuals that are served by the agency and work collaboratively with the agency to ensure the best possible outcomes for people.

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

Indicator #	Indicator	Area Needing Improvement
L65	Restraint reports are submitted within required timelines.	16 of 41 restraint reports were not submitted within the required timelines, either at the time of the initial incident and/or at the finalization level within HCSIS. The agency needs to ensure that restraint reports are submitted and finalized within the required timelines.

**Residential 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.	The agency is commended for its efforts to ensure that staff are trained to understand and support the unique needs of the individuals. The Guild supports many individuals with complex needs, including some challenging behaviors that require consistent and appropriate levels of support. Before staff work in any of The Guild's programs, they must become certified in CPI, which is aimed at crisis prevention and managing behavior before it escalates. The PBS leadership team works with clinicians to develop support plans aimed at giving people choices, reinforcing positive behaviors, and reducing the need for physical interventions. Clinicians oversee the plans to ensure staff are consistently trained and implemented correctly. Staff were observed following the plans during the survey, and during interviews, it was evident how well staff knew the individuals they supported and were able to respond to their needs. All plans were written using positive and respectful language and focused on people's strengths and skills.

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

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	For three individuals, the emergency fact sheets did not contain the required medical diagnoses. The agency needs to ensure emergency fact sheet contain all required components.
L11	All required annual inspections have been conducted.	The heating system at one location had not been inspected within the past 15 months. The agency needs to ensure that all inspections occur within the required timeframes.
L20	Exit doors are easily operable by hand from inside without the use of keys.	An exit door at one location was potentially not operable without the use of a key. The agency needs to ensure that all exit doors are easily operable without the use of keys.
L52	Individuals can make and receive phone calls and use other communication technology.	At one location, two individuals had restricted access to make and receive calls due to the needs of another individual in the home. The agency needs to ensure that there is a mitigation plan to minimize the impact on those who are affected by the restriction and ensure there are opportunities to access the phone as desired.
L63	Medication treatment plans are in written format with required components.	The medication treatment plans for three individuals identified target behaviors for which no data was being collected. The agency needs to ensure that data collection occurs for each behavior identified within medication treatment plans.

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

Indicator #	Indicator	Area Needing Improvement
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	Money management plans did not contain sufficient individualized detail to accurately describe the agency's role in managing the individuals' funds, and individuals/guardians had not given agreement to money management plans. When the agency has shared/delegated money management responsibilities, it must ensure that money management plans include specific and individualized descriptions of how the individuals' funds will be managed, inclusive of such details as typical amounts of money received and spent each month, what funds are typically used for, whether or not a community bank account is being utilized, and how funds are accessed by the individual. The agency must also ensure that individuals/guardians give agreement to money management plans.
L69	Individual expenditures are documented and tracked.	In two instances, funds tracking was not accurate and small amounts of funds were not accounted for. The agency needs to ensure that funds tracking is accurate, and that if there is change from a purchase, it is either deposited back into the individual's home account, or noted that the individual has kept the change.
L82	Medications are administered by licensed professional staff or by MAP certified staff (or by PCAs) for individuals unable to administer their own medications.	At one location, Medications were administered by a staff without a current MAP certification. The agency needs to ensure all staff administering medication have a current MAP certification or applicable license.
L91	Incidents are reported and reviewed as mandated by regulation.	At one location surveyed, Incident reports were not finalized within the required timelines. The agency needs to ensure that all incidents are submitted and finalized in accordance with HCSIS timelines.



## MASTER SCORE SHEET LICENSURE

### Organizational: The Guild for Human Services

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	3/3	Met
L3	Immediate Action	13/13	Met
L4	Action taken	13/13	Met
L48	HRC	1/1	Met
L65	Restraint report submit	25/41	Not Met(60.98 % )
L66	HRC restraint review	41/41	Met
L74	Screen employees	5/5	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	20/20	Met
L83	HR training	20/20	Met

**Residential and Individual Home Supports:**

Ind. #	Ind.	Loc. or Individ.	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						7/7	Met
L5	Safety Plan	L	3/3						3/3	Met
℞ L6	Evacuation	L	3/3						3/3	Met
L7	Fire Drills	L	3/3						3/3	Met
L8	Emergency Fact Sheets	I	5/7						5/7	Not Met (71.43%)
L9 (07/21)	Safe use of equipment	I	7/7						7/7	Met
L10	Reduce risk interventions	I	7/7						7/7	Met
℞ L11	Required inspections	L	2/3						2/3	Not Met (66.67%)
℞ 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	3/3						3/3	Met
L16	Accessibility	L	3/3						3/3	Met
L17	Egress at grade	L	3/3						3/3	Met
L18	Above grade egress	L	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
L19	Bedroom location	L	2/2						2/2	Met
L20	Exit doors	L	2/3						2/3	Not Met (66.67%)
L21	Safe electrical equipment	L	3/3						3/3	Met
L22	Well-maintained appliances	L	3/3						3/3	Met
L23	Egress door locks	L	3/3						3/3	Met
L24	Locked door access	L	3/3						3/3	Met
L25	Dangerous substances	L	3/3						3/3	Met
L26	Walkway safety	L	3/3						3/3	Met
L28	Flammables	L	3/3						3/3	Met
L29	Rubbish/combustibles	L	3/3						3/3	Met
L30	Protective railings	L	3/3						3/3	Met
L31	Communication method	I	7/7						7/7	Met
L32	Verbal & written	I	7/7						7/7	Met
L33	Physical exam	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
L34	Dental exam	I	7/7						7/7	Met
L35	Preventive screenings	I	7/7						7/7	Met
L36	Recommended tests	I	7/7						7/7	Met
L37	Prompt treatment	I	4/4						4/4	Met
Ⓡ L38	Physician's orders	I	5/5						5/5	Met
L39	Dietary requirements	I	4/4						4/4	Met
L40	Nutritional food	L	3/3						3/3	Met
L41	Healthy diet	L	3/3						3/3	Met
L42	Physical activity	L	3/3						3/3	Met
L43	Health Care Record	I	6/6						6/6	Met
L44	MAP registration	L	3/3						3/3	Met
L45	Medication storage	L	3/3						3/3	Met
Ⓡ L46	Med. Administration	I	6/7						6/7	Met (85.71%)
L49	Informed of human rights	I	7/7						7/7	Met
L50 (07/21)	Respectful Comm.	I	7/7						7/7	Met
L51	Possessions	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
L52	Phone calls	1	5/7						5/7	Not Met (71.43%)
L53	Visitation	1	7/7						7/7	Met
L54 (07/21)	Privacy	1	7/7						7/7	Met
L55	Informed consent	1	3/3						3/3	Met
L56	Restrictive practices	1	7/7						7/7	Met
L57	Written behavior plans	1	4/4						4/4	Met
L58	Behavior plan component	1	4/4						4/4	Met
L59	Behavior plan review	1	4/4						4/4	Met
L60	Data maintenance	1	4/4						4/4	Met
L61	Health protection in ISP	1	1/1						1/1	Met
L62	Health protection review	1	1/1						1/1	Met
L63	Med. treatment plan form	1	4/7						4/7	Not Met (57.14%)
L64	Med. treatment plan rev.	1	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
L67	Money mgmt. plan	I	0/7						0/7	Not Met (0 %)
L68	Funds expenditure	I	7/7						7/7	Met
L69	Expenditure tracking	I	5/7						5/7	Not Met (71.43 %)
L70	Charges for care calc.	I	6/6						6/6	Met
L71	Charges for care appeal	I	7/7						7/7	Met
L77	Unique needs training	I	7/7						7/7	Met
L78	Restrictive Int. Training	L	3/3						3/3	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
L82	Medication admin.	L	2/3						2/3	Not Met (66.67 %)
L84	Health protect. Training	I	1/1						1/1	Met
L85	Supervision	L	3/3						3/3	Met
L86	Required assessments	I	4/4						4/4	Met
L87	Support strategies	I	5/5						5/5	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	2/3						2/3	Not Met (66.67%)
L93 (05/22)	Emergency back-up plans	I	7/7						7/7	Met
L94 (05/22)	Assistive technology	I	7/7						7/7	Met
L96 (05/22)	Staff training in devices and applications	I	3/3						3/3	Met
L99 (05/22)	Medical monitoring devices	I	2/2						2/2	Met
<b>#Std. Met/# 80 Indicator</b>									<b>71/80</b>	
<b>Total Score</b>									<b>80/90</b>	
									<b>88.89%</b>	

