



**PROVIDER REPORT  
FOR**

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

**October 16, 2019**

**Version**

**Public Provider Report**

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

## **SUMMARY OF OVERALL FINDINGS**

<b>Provider</b>	The Guild for Human Services
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<b>Review Dates</b>	8/22/2019 - 8/28/2019
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<b>Service Enhancement Meeting Date</b>	9/11/2019
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<b>Survey Team</b>	John Hazelton (TL) Jennifer Conley-Sevier
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<b>Citizen Volunteers</b>	
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**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	75/87 Defer Licensure		27 / 28 Certified
Residential Services	3 location(s) 7 audit (s)			Full Review	21 / 22
Planning and Quality Management				Full Review	6 / 6

## **EXECUTIVE SUMMARY :**

The Guild for Human Services was founded in 1946 as the Protestant Guild for the Blind, providing services to visually impaired youth residing in the Boston area. In the early 1970's The Guild opened their Learning Center to provide day and residential services to youths with multiple disabilities which expanded to include students with autism, intellectual disabilities, emotional, mental health and behavioral challenges. In 2014 The Guild opened residential programs for adults turning 22 years old. A full DDS licensing and certification review of the agency was conducted in the combined areas of Residential Services/Individual Home Supports service group.

Many positive practices were identified during the survey. On an organizational level, the agency has solicited input from individuals and family served using both traditional mechanisms such as satisfaction surveys as well as other mechanisms. Additionally the agency has created a Parent Advisory Group to give feedback to the agency regarding the provision of its services, as well as changes to the satisfaction survey itself. Also, individuals from across the agency have been involved in not only the hiring of staff that provide direct support to them, but also senior management positions within the agency, thus allowing increased stakeholder input in the selection of agency personnel.

All homes were found to be adapted to the needs of the individuals. At one location the agency worked to provide such modifications as tinted windows and low voltage light bulbs to better support an individual with visual impairments. Individuals in another home utilized Velcro picture schedules, and were supported to develop and review their daily schedules. Independence was also fostered through the use of staff picture schedules and daily written schedules, enabling individuals to independently be knowledgeable of their personal and support staff schedules.

Within the medical domain, individuals were found to be receiving needed medication and medical care, and staff responded to medical situations in accordance with written health care protocols. All homes visited emphasized physical activity, supporting individuals to attend the local YMCA regularly, and take walks in their neighborhoods and local parks.

Individuals were supported to be socially active, maintaining existing relationships, and developing new ones. Not only were peer friendships fostered and maintained through attendance of various agency sponsored parties and events, but individuals were also supported to expand their social circles by attending local community dinners, becoming "regulars", and meeting members of their extended communities. Many individuals were supported to show appreciation to their local fire and police departments by baking and delivering cookies and cakes. Neighborhood connections were formed by supporting individuals to send their neighbors invitations to holiday parties and summer cookouts; in some instances, neighbors attended these events and individuals were supported to develop relationships that included exchanging gifts and cards.

Individuals were also supported to have reciprocal relationships with family members, being encouraged to call loved ones on birthdays and holidays, as well as send cards and purchase gifts. Agency sponsored "pot luck dinners" provided a forum to not only socialize with peers, but also create cards and gifts for family members.

Several areas requiring further attention were identified during the survey. The agency needs to improve its system for the identification and timely reporting of significant events such as instances of abuse/neglect, restraint, and events meeting the DDS criteria for incident reporting. The agency also needs to strengthen some safety items within the homes such as ensuring fire drills occur as required, and that homes are properly maintained and in good repair. Further attention is required in the area of human rights, such as ensuring that media releases are obtained prior to the agency releasing individuals' pictures, and that individuals not requiring environmental restrictions are not unduly affected by them. The agency also needs to ensure ISP documents are submitted and

reviewed as required as a number of support strategies and assessments were not submitted to DDS in accordance with ISP timelines, and several medication treatment plans were not included in the ISP.

Within the Residential Services/Individual Home Supports service group, The Guild for Human Services received a rating of met in 86% of licensing indicators, including a rating of not met in one critical indicator relating to the mandatory reporting of abuse, neglect, or mistreatment of individuals supported by the agency. As a result, the agency is in a deferred status until the critical indicator is again evaluated during the follow-up review and determined to be met; this review will also evaluate the status of correction on all licensing indicators rated not met. The agency is also certified within this service grouping, meeting 96% of certification indicators in the Residential Services/Individual Home Supports service group. The agency will receive a follow-up review conducted by the DDS OQE within 60 days, and once the critical indicator is corrected, the agency will receive a Two Year License with a Mid-Cycle review of its Residential/Individual Home Supports programs.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>7/10</b>	<b>3/10</b>	
<b>Residential and Individual Home Supports</b>	<b>68/77</b>	<b>9/77</b>	
Residential Services			
<b>Critical Indicators</b>	<b>7/8</b>	<b>1/8</b>	
<b>Total</b>	<b>75/87</b>	<b>12/87</b>	<b>86%</b>
<b>Defer Licensure</b>			
<b># indicators for 60 Day Follow-up</b>		<b>12</b>	

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

Indicator #	Indicator	Area Needing Improvement
R L2	Allegations of abuse/neglect are reported as mandated by regulation.	At one location, a reportable condition of neglect was present, but not reported to the DPPC. The agency needs to ensure that all events meeting these criteria are reported to DPPC.
L65	Restraint reports are submitted within required timelines.	Over the past year, 11 of 28 restraints were not submitted or finalized within the required timelines. The agency needs to ensure that restraint reports are submitted and finalized within the required timelines.
L66	All restraints are reviewed by the Human Rights Committee.	Over the past year, 7 of 24 restraints were not reviewed by the agency's Human Rights Committee within the required timelines. The agency needs to ensure that restraints receive review by the agency HRC within the required timelines.

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

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L7	Fire drills are conducted as required.	For one location asleep fire drills were not conducted in accordance with DDS standards. The agency needs to ensure that all fire drills are held at a minimum of once per quarter, inclusive of two overnight drills per year, and with staffing patterns that match the safety plan.
L14	Handrails, balusters, stairs, and stairways are in good repair.	At one location, handrails were found to be in need of repair. The agency needs to ensure that all handrails, balusters, stairs, and stairways are in good repair.
L54	Individuals have privacy when taking care of personal needs and discussing personal matters.	In one location, information pertaining to individuals' personal needs was posted in public/common areas of the home. The agency needs to ensure that all individuals are afforded privacy with regard to their personal information.
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.	For two individuals, photos were posted on the agency's website without a signed release by the guardian. The agency needs to ensure that media releases are obtained prior to posting, and that the form outlines what picture will be released, to whom, and for what purpose.
L56	Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.	In five instances, restrictive practices were in place for one individual in the home, and affected others in the home for whom the restriction was not necessary. In these cases, no provisions were in place to lessen the impact of these restrictions on those for whom they were not necessary, and not all guardians received written notice of the presence of the restrictions. The agency needs to ensure that when restrictive practices are present, mitigation plans are in place to lessen the impact on those for whom the restriction is not necessary, and individuals/guardians are informed of the presence of the restriction.
L64	Medication treatment plans are reviewed by the required groups.	For three of seven individuals, there was no evidence of the required review for their medication treatment plan. The agency needs to ensure that medication treatment plans are submitted to the individual's ISP team.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	The ISP assessments for three individuals were not submitted to the DDS Area Office within the required timeframe. ISP assessments must be submitted to the DDS Area Office at least 15 days prior to the ISP meeting.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	The ISP support strategies for two individuals were not submitted to the DDS Area Office within the required timeframe. ISP support strategies must be submitted to the DDS Area Office at least 15 days prior to the ISP meeting.
L91	Incidents are reported and reviewed as mandated by regulation.	For three locations, incident reports were neither submitted nor finalized within the required time frame. The agency needs to ensure that incident reports are submitted and finalized within required time frames.



## **CERTIFICATION FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>6/6</b>	<b>0/6</b>	
<b>Residential and Individual Home Supports</b>	<b>21/22</b>	<b>1/22</b>	
Residential Services	21/22	1/22	
<b>TOTAL</b>	<b>27/28</b>	<b>1/28</b>	<b>96%</b>
<b>Certified</b>			

**Residential Services Commendations on Standards Met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Commendations</b>
C48	Individuals are a part of the neighborhood.	The agency is commended for its efforts to support individuals in developing relationships with their immediate and extended neighbors. Individuals were active in their neighborhoods, taking walks and introducing themselves to neighbors, and helping out by taking in trash or recycle barrels. Formal invitations were sent to neighbors, inviting them to holiday and summer cookouts; in one instance a neighbor attended several parties and exchanged gifts and thank you cards. Several individuals met their "extended neighbors" working at the local police and fire station; cookies and cupcakes were baked and brought, and individuals were supported to introduce themselves by name and "fist bump" with firemen. Individuals also attended local community dinners, and have become "regulars" at these events, sitting with old acquaintances and also making new friends.

**Residential Services- Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For six individuals, the agency had not assessed the individuals' needs and desires in the area of intimacy and companionship or the agency was not providing support once the individuals' needs became known. The agency needs to ensure that it assesses the needs of each individual to determine the interests, goals, and support needs of individuals, and that support is provided relative to these needs. The provider must also ensure that support provided utilizes methods and models of delivery that are consistent with the individuals' learning style.

## MASTER SCORE SHEET LICENSURE

### Organizational: The Guild for Human Services

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	2/3	Not Met(66.67 % )
L3	Immediate Action	15/15	Met
L4	Action taken	8/8	Met
L48	HRC	1/1	Met
L65	Restraint report submit	12/28	Not Met(42.86 % )
L66	HRC restraint review	17/24	Not Met(70.83 % )
L74	Screen employees	5/5	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	19/19	Met
L83	HR training	19/19	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	6/7						6/7	Met (85.71 %)
L5	Safety Plan	L	3/3						3/3	Met
R L6	Evacuation	L	3/3						3/3	Met
L7	Fire Drills	L	2/3						2/3	Not Met (66.67 %)
L8	Emergency Fact Sheets	I	7/7						7/7	Met
L9	Safe use of equipment	L	3/3						3/3	Met
L10	Reduce risk interventions	I	3/4						3/4	Met
R L11	Required inspections	L	3/3						3/3	Met
R L12	Smoke detectors	L	3/3						3/3	Met
R L13	Clean location	L	3/3						3/3	Met
L14	Site in good repair	L	2/3						2/3	Not Met (66.67 %)
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

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L18	Above grade egress	L	3/3						3/3	Met
L19	Bedroom location	L	3/3						3/3	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
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

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L33	Physical exam	I	7/7						7/7	Met
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	5/5						5/5	Met
℞ L38	Physician's orders	I	6/6						6/6	Met
L39	Dietary requirements	I	5/5						5/5	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	7/7						7/7	Met
L44	MAP registration	L	3/3						3/3	Met
L45	Medication storage	L	3/3						3/3	Met
℞ L46	Med. Administration	I	7/7						7/7	Met
L47	Self medication	I	7/7						7/7	Met
L49	Informed of human rights	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
L50	Respectful Comm.	L	3/3						3/3	Met
L51	Possessions	I	7/7						7/7	Met
L52	Phone calls	I	7/7						7/7	Met
L53	Visitation	I	7/7						7/7	Met
L54	Privacy	L	2/3						2/3	Not Met (66.67 %)
L55	Informed consent	I	0/2						0/2	Not Met (0 %)
L56	Restrictive practices	I	0/5						0/5	Not Met (0 %)
L57	Written behavior plans	I	2/2						2/2	Met
L58	Behavior plan component	I	2/2						2/2	Met
L59	Behavior plan review	I	2/2						2/2	Met
L60	Data maintenance	I	2/2						2/2	Met
L61	Health protection in ISP	I	2/2						2/2	Met
L62	Health protection review	I	2/2						2/2	Met
L63	Med. treatment plan form	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
L64	Med. treatment plan rev.	I	4/6						4/6	Not Met (66.67 %)
L67	Money mgmt. plan	I	7/7						7/7	Met
L68	Funds expenditure	I	7/7						7/7	Met
L69	Expenditure tracking	I	7/7						7/7	Met
L70	Charges for care calc.	I	7/7						7/7	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	2/2						2/2	Met
L79	Restraint training	L	2/2						2/2	Met
L80	Symptoms of illness	L	3/3						3/3	Met
L81	Medical emergency	L	3/3						3/3	Met
L82	Medication admin.	L	3/3						3/3	Met
L84	Health protect. Training	I	2/2						2/2	Met
L85	Supervision	L	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
L86	Required assessments	I	3/6						3/6	Not Met (50.0 %)
L87	Support strategies	I	4/6						4/6	Not Met (66.67 %)
L88	Strategies implemented	I	6/7						6/7	Met (85.71 %)
L90	Personal space/ bedroom privacy	I	7/7						7/7	Met
L91	Incident management	L	0/3						0/3	Not Met (0 %)
#Std. Met/# 77 Indicator									68/77	
Total Score									75/87	
									86.21%	

## 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	0/7	Not Met (0 %)
C13	Skills to maximize independence	7/7	Met
C14	Choices in routines & schedules	7/7	Met
C15	Personalize living space	3/3	Met
C16	Explore interests	7/7	Met
C17	Community activities	7/7	Met
C18	Purchase personal belongings	7/7	Met
C19	Knowledgeable decisions	7/7	Met
C20	Emergency back-up plans	3/3	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	3/3	Met
C51	Ongoing satisfaction with services/ supports	7/7	Met
C52	Leisure activities and free-time choices /control	7/7	Met
C53	Food/ dining choices	7/7	Met
C54	Assistive technology	7/7	Met