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|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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| |  |  |  | | --- | --- | --- | |  |  |  | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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** | 24 location(s) 24 audit (s) | Full Review | 77/88 2 Year License 05/24/2021 - 05/24/2023 |  | Certified 05/24/2021 - 05/24/2023 | | Residential Services | 20 location(s) 20 audit (s) |  |  | Deemed |  | | Placement Services | 1 location(s) 1 audit (s) |  |  | Deemed |  | | Individual Home Supports | 3 location(s) 3 audit (s) |  |  | Deemed |  | | Planning and Quality Management |  |  |  | Deemed |  | |  | |

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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  |
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|  | |  | | --- | | The May Institute is a non-profit organization founded 1955 in Chatham MA, that provides services to adults and children with intellectual disabilities across Massachusetts and other states as well. Residential, behavioral, educational, and rehabilitative services are offered to 741 adults with intellectual disabilities, brain injury or Autism Spectrum Disorder living in Massachusetts.  The Department of Developmental Services (DDS), Office of Quality Enhancement (OQE) conducted a licensure review only, as The May Institute attained a three-year CARF Accreditation and selected to use in lieu of the DDS completing a review of certification standards. This review included the evaluation of 24-Hour Residential Supports, In Home Supports, and Shared Living Services. The selected sample included 20 individuals receiving 24-hour residential services, 3 individuals receiving less than 24 hour supports, and 1 individual receiving Shared Living Services.  This licensing review, which was conducted virtually, revealed several positive practices across the services evaluated. Efforts were in place to ensure the agency maintained a competent workforce. The agency screened employees and ensured that licenses were up to date for positions that required them. All Staff were trained in Human Rights. On-line platforms were utilized to conduct portions of the onboarding process for new staff and for offering teaching modules to ensure initial and re-certification/review in required trainings. Tablets were distributed to prepare for remote connectivity. The use of video conferencing was implemented to conduct meetings to maintain communication among staff and administration. Additionally, the agency implemented and revised as needed strategies for preventing the spread of COVID-19 within its service system.  In an effort to promote individuals to have optimal health, during the past year, the agency has created a partnership with CVS to allow those that wished to have access to the COVID-19 vaccine ease of access. Individuals were supported to receive annual physicals and receive episodic health care. Medications were administered according to physicians' orders and were given by certified staff.   In the area of human rights, all individuals had received training regarding their rights. Organizationally, the agency's three Human Rights Committees operated effectively with required membership.   Where the agency had shared or delegated responsibility for assisting individuals to manage their funds, the system in place to track the expenditures and the distribution of money between accounts was accurate.  There were several areas identified that could benefit from the increased attention of the agency. Increased efforts should be made to ensure individuals are afforded routine and preventative health care in accordance with the DDS recommendations. Additionally, improvement in environmental safety could be achieved through enhanced oversight for the maintenance of appliances and equipment.  In regard to human rights, while for some restrictive practices in place there were written plans and requisite reviews were completed, increased recognition of what constitutes a restrictive practice would safeguard individuals' rights. Additional oversight and guidance would ensure these practices are documented in a written plan with all components such as written rationale, less restrictive practices attempted, and would ensure a review by the Human Rights Committee. There was not a consistent process in place to train individuals in the agency's grievance policy, and many were unaware one existed, or who they should contact if they had a complaint.  Medication Treatment Plans (MTP) for those prescribed behavior modifying medications could benefit from increased attention. In several instances a medication Treatment Plan was not in place when needed, or all applicable medications were not included in a plan. Additionally, there were instances that MTP's in place did not consistently contain the required components or were not fully implemented.  The agency has shared or delegated responsibility of funds for several individuals. The individuals would benefit from Money Management Plans that incorporate all required components including the accurately identified type of assistance the individual needs, and the staffs' role in ensuring the proper level of assistance to be provided. Additionally, where it is determined beneficial in the individual's ISP, a training plan to assist individuals to enhance their skills should be in place.  Based on the findings of this report, The May Institute has earned a Two-Year License for its Residential Supports with 88% of all licensing indicators receiving a rating of met. The OQE will return in 60 days to conduct a follow up on all indicators receiving a not met rating. | | |  |

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|  | |  |  |  | | --- | --- | --- | |  |  |  | | |  | | --- | | **LICENSURE FINDINGS** | |  |  | |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **9/10** | **1/10** |  | | **Residential and Individual Home Supports** | **68/78** | **10/78** |  | | Residential Services  Placement Services  Individual Home Supports |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **77/88** | **11/88** | **88%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **11** |  | | |  | |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | **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. | Fifty out of eighty-five restraints reports were submitted and/or finalized beyond the required timelines. The agency needs to ensure that all restraints are submitted within the 3-day timeline and that the restraint reports are finalized by the agency within the 5-day timeline. | | | | |  |
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The agency needs to ensure that all routine and preventative medical screenings. | |  | L49 | Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern. | For nine individuals, information regarding how to file a grievance had not been provided. The agency needs to ensure that individuals and their guardians as applicable, are fully apprised of their rights to file a grievance and the process to submit a grievance. | |  | 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. | For eight of twelve individuals there were various concerns related to environmental restrictions. This included a lack of rationale for some of these practices, a lack of a plan to fade the practice, and not exploring less restrictive measures first. Some environmental restrictions had not been reviewed by the Human Rights Committee. Additionally, there were instances where environmental restrictions for one individual, did not have a mitigation plan to provide the least restrictive environment for the other individuals in the home and restrictive practices were still in place for individual who no longer resided in the home. The agency needs to ensure that all environmental restrictions have a clear rational, a plan to fade the practice, a mitigating plan for others in the home, are required based on the current individuals in the home, and that the less restrictive methods are explored prior to implementing. All environmental restrictions need to be approved by the Human Rights Committee. | |  | L63 | Medication treatment plans are in written format with required components. | Supporting individuals with the use of behavior modifying medications was reviewed for twenty one individuals. Three individuals used medications as pre-sedates. There was not a plan to assist these individuals with coping or desensitizing to help reduce/eliminate the need for the medication. In instances where pre-sedates are used, coping/desensitization strategies should be outlined. There were 3 instances where there was a lack of a MTP for individuals who used medication to sleep. The agency needs to ensure that when supporting individuals with medications that modify/control behaviors, including sleep, that a MTP is developed. | |  | L64 | Medication treatment plans are reviewed by the required groups. | There were six instances where the Medication Treatment Plan was not included in the ISP and one for which a court approved treatment plan had not been obtained. The agency needs to ensure that all medication treatment plans are included in the ISP and a court approved treatment plan is obtained for anti-psychotic medications. | |  | L67 | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | For nine individuals, Money Management Plans lacked details regarding how an individual would access their money, how much money an individual could safely keep on their person, an accurate portrayal if an individuals abilities, and the staff's role in assisting to help an individual manage their funds. Three Money Management Plans lacked guardian agreement. Additionally, Funds Management Training Plans were absent for individuals who could benefit from them. The agency needs to ensure that Money Management plans contain required details to ensure that all aspects of an funds management are clearly defined and ensure guardian agreement. For those whose ISP indicates they would benefit from a training plan, the agency needs to develop Funds Management Training Plans to assist individuals to increase their independence in managing their funds. | |  | L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For nine individuals, ISP assessments had not been submitted within the required timeline. The agency needs to ensure that all assessments are submitted in preparation for the ISP, 15 days in advance of the scheduled meeting date. | |  | L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | For 11 individuals, support strategies had not been submitted within the required timeline. The agency needs to ensure that all support strategies are submitted as part of the ISP, 15 days in advance of the scheduled meeting date. | |  | L91 | Incidents are reported and reviewed as mandated by regulation. | For the time period starting 7/1/2020 through 4/12/21, eight(8) out of 22 locations did not submit incident reports within the required timeline. The agency needs to ensure that all incidents are submitted, reviewed, and finalized within the required timelines. | | |  | |  |

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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **24/24** | **Met** | |  | L3 | Immediate Action | **15/15** | **Met** | |  | L4 | Action taken | **14/15** | **Met(93.33 % )** | |  | L48 | HRC | **3/3** | **Met** | |  | L65 | Restraint report submit | **50/85** | **Not Met(58.82 % )** | |  | L66 | HRC restraint review | **80/94** | **Met(85.11 % )** | |  | L74 | Screen employees | **10/10** | **Met** | |  | L75 | Qualified staff | **5/5** | **Met** | |  | L76 | Track trainings | **16/20** | **Met(80.0 % )** | |  | L83 | HR training | **20/20** | **Met** | | | |  |

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|  | |  | | --- | | **Residential and Individual Home Supports:** | |  |  |  |  |
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|  | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **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 | 18/20 | 3/3 | 1/1 |  |  |  | **22/24** | **Met (91.67 %)** | |  | L5 | Safety Plan | L | 17/20 | 3/3 | 1/1 |  |  |  | **21/24** | **Met (87.50 %)** | | O | L6 | Evacuation | L | 19/20 | 2/2 | 1/1 |  |  |  | **22/23** | **Met (95.65 %)** | |  | L7 | Fire Drills | L | 16/20 |  |  |  |  |  | **16/20** | **Met (80.0 %)** | |  | L8 | Emergency Fact Sheets | I | 18/20 | 2/3 | 1/1 |  |  |  | **21/24** | **Met (87.50 %)** | |  | L9 | Safe use of equipment | L | 19/20 | 3/3 |  |  |  |  | **22/23** | **Met (95.65 %)** | |  | L10 | Reduce risk interventions | I | 11/11 | 1/1 |  |  |  |  | **12/12** | **Met** | | O | L11 | Required inspections | L | 18/20 | 2/2 | 1/1 |  |  |  | **21/23** | **Met (91.30 %)** | | O | L12 | Smoke detectors | L | 20/20 | 2/2 | 1/1 |  |  |  | **23/23** | **Met** | | O | L13 | Clean location | L | 18/20 | 2/2 | 1/1 |  |  |  | **21/23** | **Met (91.30 %)** | |  | L14 | Site in good repair | L | 19/20 |  | 1/1 |  |  |  | **20/21** | **Met (95.24 %)** | |  | L15 | Hot water | L | 18/20 |  | 1/1 |  |  |  | **19/21** | **Met (90.48 %)** | |  | L16 | Accessibility | L | 19/20 |  | 1/1 |  |  |  | **20/21** | **Met (95.24 %)** | |  | L17 | Egress at grade | L | 20/20 |  | 1/1 |  |  |  | **21/21** | **Met** | |  | L18 | Above grade egress | L | 15/15 |  | 1/1 |  |  |  | **16/16** | **Met** | |  | L19 | Bedroom location | L | 15/15 |  |  |  |  |  | **15/15** | **Met** | |  | L20 | Exit doors | L | 20/20 |  |  |  |  |  | **20/20** | **Met** | |  | L21 | Safe electrical equipment | L | 20/20 |  | 1/1 |  |  |  | **21/21** | **Met** | |  | L22 | Well-maintained appliances | L | 13/20 |  | 1/1 |  |  |  | **14/21** | **Not Met (66.67 %)** | |  | L23 | Egress door locks | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L24 | Locked door access | L | 18/20 |  |  |  |  |  | **18/20** | **Met (90.0 %)** | |  | L25 | Dangerous substances | L | 19/20 |  |  |  |  |  | **19/20** | **Met (95.00 %)** | |  | L26 | Walkway safety | L | 19/20 |  | 1/1 |  |  |  | **20/21** | **Met (95.24 %)** | |  | L27 | Pools, hot tubs, etc. | L | 3/3 |  | 1/1 |  |  |  | **4/4** | **Met** | |  | L28 | Flammables | L | 16/16 |  |  |  |  |  | **16/16** | **Met** | |  | L29 | Rubbish/combustibles | L | 20/20 |  | 1/1 |  |  |  | **21/21** | **Met** | |  | L30 | Protective railings | L | 20/20 |  | 1/1 |  |  |  | **21/21** | **Met** | |  | L31 | Communication method | I | 19/20 | 3/3 | 1/1 |  |  |  | **23/24** | **Met (95.83 %)** | |  | L32 | Verbal & written | I | 19/20 | 3/3 | 1/1 |  |  |  | **23/24** | **Met (95.83 %)** | |  | L33 | Physical exam | I | 16/16 | 3/3 | 1/1 |  |  |  | **20/20** | **Met** | |  | L34 | Dental exam | I | 15/17 | 1/3 | 1/1 |  |  |  | **17/21** | **Met (80.95 %)** | |  | L35 | Preventive screenings | I | 13/20 | 2/3 | 1/1 |  |  |  | **16/24** | **Not Met (66.67 %)** | |  | L36 | Recommended tests | I | 17/20 | 2/2 | 1/1 |  |  |  | **20/23** | **Met (86.96 %)** | |  | L37 | Prompt treatment | I | 20/20 | 3/3 | 1/1 |  |  |  | **24/24** | **Met** | | O | L38 | Physician's orders | I | 15/17 | 2/2 |  |  |  |  | **17/19** | **Met (89.47 %)** | |  | L39 | Dietary requirements | I | 10/11 |  |  |  |  |  | **10/11** | **Met (90.91 %)** | |  | L40 | Nutritional food | L | 20/20 | 1/1 |  |  |  |  | **21/21** | **Met** | |  | L41 | Healthy diet | L | 19/20 | 3/3 | 1/1 |  |  |  | **23/24** | **Met (95.83 %)** | |  | L42 | Physical activity | L | 20/20 | 3/3 | 1/1 |  |  |  | **24/24** | **Met** | |  | L43 | Health Care Record | I | 16/20 | 3/3 | 1/1 |  |  |  | **20/24** | **Met (83.33 %)** | |  | L44 | MAP registration | L | 20/20 | 1/1 |  |  |  |  | **21/21** | **Met** | |  | L45 | Medication storage | L | 20/20 | 1/1 |  |  |  |  | **21/21** | **Met** | | O | L46 | Med. Administration | I | 19/20 | 1/1 |  |  |  |  | **20/21** | **Met (95.24 %)** | |  | L47 | Self medication | I | 2/2 | 2/3 | 1/1 |  |  |  | **5/6** | **Met (83.33 %)** | |  | L49 | Informed of human rights | I | 17/20 | 1/3 | 1/1 |  |  |  | **19/24** | **Not Met (79.17 %)** | |  | L50 | Respectful Comm. | L | 18/20 | 3/3 | 1/1 |  |  |  | **22/24** | **Met (91.67 %)** | |  | L51 | Possessions | I | 20/20 | 3/3 | 1/1 |  |  |  | **24/24** | **Met** | |  | L52 | Phone calls | I | 20/20 | 3/3 | 1/1 |  |  |  | **24/24** | **Met** | |  | L53 | Visitation | I | 20/20 | 3/3 | 1/1 |  |  |  | **24/24** | **Met** | |  | L54 | Privacy | L | 17/20 | 2/3 | 1/1 |  |  |  | **20/24** | **Met (83.33 %)** | |  | L55 | Informed consent | I | 4/4 |  | 1/1 |  |  |  | **5/5** | **Met** | |  | L56 | Restrictive practices | I | 4/12 |  |  |  |  |  | **4/12** | **Not Met (33.33 %)** | |  | L57 | Written behavior plans | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L58 | Behavior plan component | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L59 | Behavior plan review | I | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L60 | Data maintenance | I | 8/8 |  |  |  |  |  | **8/8** | **Met** | |  | L61 | Health protection in ISP | I | 11/13 |  |  |  |  |  | **11/13** | **Met (84.62 %)** | |  | L62 | Health protection review | I | 14/14 |  |  |  |  |  | **14/14** | **Met** | |  | L63 | Med. treatment plan form | I | 14/20 | 1/1 |  |  |  |  | **15/21** | **Not Met (71.43 %)** | |  | L64 | Med. treatment plan rev. | I | 13/20 | 1/1 |  |  |  |  | **14/21** | **Not Met (66.67 %)** | |  | L67 | Money mgmt. plan | I | 12/20 | 0/1 |  |  |  |  | **12/21** | **Not Met (57.14 %)** | |  | L68 | Funds expenditure | I | 20/20 | 0/1 | 1/1 |  |  |  | **21/22** | **Met (95.45 %)** | |  | L69 | Expenditure tracking | I | 18/20 | 0/1 |  |  |  |  | **18/21** | **Met (85.71 %)** | |  | L70 | Charges for care calc. | I | 18/19 |  | 1/1 |  |  |  | **19/20** | **Met (95.00 %)** | |  | L71 | Charges for care appeal | I | 17/20 |  | 1/1 |  |  |  | **18/21** | **Met (85.71 %)** | |  | L77 | Unique needs training | I | 20/20 | 3/3 |  |  |  |  | **23/23** | **Met** | |  | L78 | Restrictive Int. Training | L | 8/10 |  |  |  |  |  | **8/10** | **Met (80.0 %)** | |  | L79 | Restraint training | L | 15/15 |  |  |  |  |  | **15/15** | **Met** | |  | L80 | Symptoms of illness | L | 19/20 | 3/3 | 1/1 |  |  |  | **23/24** | **Met (95.83 %)** | |  | L81 | Medical emergency | L | 20/20 | 3/3 | 1/1 |  |  |  | **24/24** | **Met** | | O | L82 | Medication admin. | L | 18/20 | 0/1 |  |  |  |  | **18/21** | **Met (85.71 %)** | |  | L84 | Health protect. Training | I | 14/15 |  |  |  |  |  | **14/15** | **Met (93.33 %)** | |  | L85 | Supervision | L | 17/20 | 3/3 | 1/1 |  |  |  | **21/24** | **Met (87.50 %)** | |  | L86 | Required assessments | I | 10/19 | 3/3 | 1/1 |  |  |  | **14/23** | **Not Met (60.87 %)** | |  | L87 | Support strategies | I | 10/20 | 2/3 | 1/1 |  |  |  | **13/24** | **Not Met (54.17 %)** | |  | L88 | Strategies implemented | I | 18/20 | 2/2 | 1/1 |  |  |  | **21/23** | **Met (91.30 %)** | |  | L90 | Personal space/ bedroom privacy | I | 17/20 | 3/3 | 1/1 |  |  |  | **21/24** | **Met (87.50 %)** | |  | L91 | Incident management | L | 11/18 | 3/3 | 0/1 |  |  |  | **14/22** | **Not Met (63.64 %)** | |  | **#Std. Met/# 78 Indicator** |  |  |  |  |  |  |  |  | **68/78** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **77/88** |  | |  |  |  |  |  |  |  |  |  |  | **87.50%** |  | | | | |  |
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|  | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | | |  |  |  |
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