



**PROVIDER REPORT
FOR**

**MAY INSTITUTE (THE)
41 Pacella Park Drive
Randolph, MA 02368**

June 06, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider MAY INSTITUTE (THE)

Review Dates 5/3/2023 - 5/9/2023

Service Enhancement Meeting Date 5/23/2023

Survey Team

Melanie McNamara
Katherine Gregory (TL)
Michael Marchese
William Muguro
Tina Napolitan
Michelle Boyd
Linda Griffith
Meagan Caccioppoli
Raquel Rodriguez
Kayla Condon

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	22 location (s) 22 audit (s)	Full Review	82/91 2 Year License 05/23/2023 - 05/23/2025		Certified 05/23/2023 - 05/23/2025
Residential Services	19 location (s) 19 audit (s)			Deemed	
Placement Services	1 location(s) 1 audit (s)			Deemed	
Individual Home Supports	2 location(s) 2 audit (s)			Deemed	
Planning and Quality Management				Deemed	

EXECUTIVE SUMMARY :

The May Institute is a non-profit organization founded 1955, that provides services to adults and children with intellectual disabilities across Massachusetts and other states as well. The May provides residential, behavioral, educational, and rehabilitative services to individuals with autism spectrum disorder, brain injury, and intellectual challenges. The May's Massachusetts residential services support over 325 people.

The Department of Developmental Services (DDS), Office of Quality Enhancement (OQE) conducted a deemed licensure review for The May's residential services due to The May Institute maintaining a current CARF Accreditation. The accreditation was applied in lieu of DDS completing a review of certification standards. This licensing review included the evaluation of 24-Hour Residential Supports, In Home Supports, and Shared Living Services.

Positive trends were evident at the organizational level. In the domain of Personal Safety, the agency's system for identifying and addressing allegations of abuse and mistreatment ensured that individuals' well-being was paramount, and that action plans were implemented where required. In an effort to maintain a competent and skilled workforce, the agency had increased the size of their recruitment team to confront workforce challenges and ensured competent personnel was procured. The agency was found to have screened all prospective employees and ensured that licenses were up to date for positions that required them. Staff received regular support and supervision.

Within the residential division all required inspections, such as for heating and sprinklers, were current. In the domain of health, positive practices were present that maximized opportunities for preventative health. Individuals were offered a variety of healthy options for meals and snacks and were supported to engage in their preferred form of exercise regularly. Routine and preventative care was being provided. Individuals received annual physical and dental visits. The agency's nurses completed the DDS Recommended Screening Tool prior to annual physicals enabling staff to advocate during the exams resulting in recommended screenings and tests for prostate cancer, cholesterol, bone density, diabetes and others being completed. Staff were trained in Signs and Symptoms and sought medical attention for emerging medical concerns such as a potential bowel obstruction and bronchitis. Efforts were made to reduce possible inaccuracies with medication administration. The agency has worked collaboratively with a pharmacy to ensure improved communication and accuracy of labels on medications. This resulted in more precise labels and medication charts saving time and effort and preventing potential medication errors. All medications were administered accurately according to physicians' orders. The agency had well-designed emergency back-up plans for individuals, personalized for those who had more independence in the community.

In the area of human rights, the agency has implemented a consistent process for informing and educating individuals and guardians of human rights and the agency's grievance procedure, and individuals were able to articulate to whom they would bring their concerns.

In addition to positive trends, areas needing the agency's increased attention emerged during the review. Additional efforts will be needed to ensure the agency's Human Rights Committees have requisite membership in attendance at meetings making certain that all factions are represented, and that expertise is available for the review of clinical materials. During the review, it was revealed that a number of employees lacked mandated trainings. The agency needs to evaluate the effectiveness of its tracking system to ensure staff receive all DDS required trainings.

Additional attention is needed to ensure the identification of restrictive practices, to ensure plans are in place, and that they receive required review by the Human Rights Committee and guardian agreement. The agency needs to ensure that Medication Treatment Plans include all required components, and for those who are prescribed pre-sedation medications, a plan to reduce or eliminate the reliance on medication should be included.

The agency's system of tracking balances of funds for those for whom it is rep-payee needs to be strengthened to assure that benefits are not affected. Proactive measures are needed to ensure individuals are aided to explore assistive technology specific to their needs that could potentially increase their autonomy.

Based on the findings of this report, The May Institute has earned a Two-Year License for its Residential Supports with 90% of all licensing indicators receiving a rating of met. In addition to receiving a Two-Year License from DDS, the agency is CARF accredited. The agency will submit a follow-up report to the DDS OQE in 60 days for any indicators that received a not met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Residential and Individual Home Supports	74/81	7/81	
Residential Services Individual Home Supports Placement Services			
Critical Indicators	8/8	0/8	
Total	82/91	9/91	90%
2 Year License			
# indicators for 60 Day Follow-up		9	

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.	Two of the agency's three Human Rights Committees (HRC) did not meet all required criteria, including mandated quarterly meetings, required attendance and requisite expertise present at the meetings during reviews. The agency needs to ensure that all three HRCs are meeting at least quarterly and required attendance and requisite expertise is present when conducting reviews.
L76	The agency has and utilizes a system to track required trainings.	Six of twenty staff had not completed one or more of the required trainings, including Incident Reporting, Universal Precautions, Restraint Management, Human Rights, and/or Mandated Reporting/DPPC. The agency must ensure that staff are trained in all mandatory training topics.

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

Indicator #	Indicator	Area Needing Improvement
L59	Behavior plans have received all the required reviews.	Two interventions with restrictive practices were not reviewed by the agency's Human Rights Committee. The agency needs to ensure that all restrictive practices are reviewed by the Human Rights Committee.

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

Indicator #	Indicator	Area Needing Improvement
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For four out of thirteen individuals prescribed supportive devices, safety checks were not occurring, or there was no written plan for authorization, parameters, and frequency for use. The agency need to make sure that healthcare related supports and protective equipment are authorized with completion of components for use and are used appropriately.
L63	Medication treatment plans are in written format with required components.	Six of nineteen Medication Treatment Plans did not include all required components such as all behavioral medications or side effects. Four Medication Treatment Plans included plans for pre-sedation which did not contain strategies for supporting individuals to learn alternative coping methods to reduce anxiety during appointments.
L69	Individual expenditures are documented and tracked.	The agency was not monitoring all assets for 5 individuals for whom they were rep payee. The agency needs to ensure they account for all funds and total balances for individuals for whom they are rep payee and ensure their benefits are not effected by a balance that is over limit.
L91	Incidents are reported and reviewed as mandated by regulation.	Eleven out of twenty-two incident reports were not completed within timelines. The agency needs to ensure timely submission and finalization of incident reports.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Eleven of twenty-two individuals were not making use of assistive technology. The agency needs to continue to review assistive technology assessments to determine areas of need and interest, and to support individuals to explore related devices or applications that could potentially enhance individuals' independence.
L99 (05/22)	Medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately. (eg seizure watches; fall sensors).	For one of three individuals, staff were not trained on the use of their medical monitoring device. The agency needs to ensure that staff are trained and knowledgeable on the instructions for use, correct implementation, and guidelines for cleaning and maintenance of all individuals' medical monitoring devices.

MASTER SCORE SHEET LICENSURE

Organizational: MAY INSTITUTE (THE)

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	21/22	Met(95.45 %)
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	1/3	Not Met(33.33 %)
L65	Restraint report submit	122/142	Met(85.92 %)
L66	HRC restraint review	128/142	Met(90.14 %)
L74	Screen employees	20/20	Met
L75	Qualified staff	4/4	Met
L76	Track trainings	14/20	Not Met(70.0 %)
L83	HR training	19/20	Met(95.00 %)

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	19/19	2/2	1/1				22/22	Met
L5	Safety Plan	L	17/19	2/2	1/1				20/22	Met (90.91 %)
R L6	Evacuation	L	19/19	2/2	1/1				22/22	Met
L7	Fire Drills	L	18/19						18/19	Met (94.74 %)
L8	Emergency Fact Sheets	I	18/19	2/2	1/1				21/22	Met (95.45 %)
L9 (07/21)	Safe use of equipment	I	19/19	2/2					21/21	Met
L10	Reduce risk interventions	I	10/11	1/1					11/12	Met (91.67 %)
R L11	Required inspections	L	19/19		1/1				20/20	Met
R L12	Smoke detectors	L	18/19		1/1				19/20	Met (95.00 %)
R L13	Clean location	L	19/19		1/1				20/20	Met
L14	Site in good repair	L	17/18		1/1				18/19	Met (94.74 %)
L15	Hot water	L	15/19		1/1				16/20	Met (80.0 %)
L16	Accessibility	L	19/19		1/1				20/20	Met
L17	Egress at grade	L	19/19		1/1				20/20	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L18	Above grade egress	L	12/12		1/1				13/13	Met
L19	Bedroom location	L	14/14		1/1				15/15	Met
L20	Exit doors	L	18/19						18/19	Met (94.74 %)
L21	Safe electrical equipment	L	18/19		1/1				19/20	Met (95.00 %)
L22	Well-maintained appliances	L	16/19		1/1				17/20	Met (85.00 %)
L23	Egress door locks	L	9/9						9/9	Met
L24	Locked door access	L	19/19						19/19	Met
L25	Dangerous substances	L	19/19						19/19	Met
L26	Walkway safety	L	18/19		1/1				19/20	Met (95.00 %)
L27	Pools, hot tubs, etc.	L			1/1				1/1	Met
L28	Flammables	L	19/19						19/19	Met
L29	Rubbish/combustibles	L	19/19		1/1				20/20	Met
L30	Protective railings	L	16/17		1/1				17/18	Met (94.44 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L31	Communication method	I	19/19	2/2	1/1				22/22	Met
L32	Verbal & written	I	19/19	2/2	1/1				22/22	Met
L33	Physical exam	I	17/18	2/2	1/1				20/21	Met (95.24 %)
L34	Dental exam	I	19/19	2/2	1/1				22/22	Met
L35	Preventive screenings	I	18/19	2/2	1/1				21/22	Met (95.45 %)
L36	Recommended tests	I	17/19	2/2	1/1				20/22	Met (90.91 %)
L37	Prompt treatment	I	18/19	2/2	1/1				21/22	Met (95.45 %)
℞ L38	Physician's orders	I	17/18						17/18	Met (94.44 %)
L39	Dietary requirements	I	9/10						9/10	Met (90.0 %)
L40	Nutritional food	L	19/19						19/19	Met
L41	Healthy diet	L	19/19	2/2	1/1				22/22	Met
L42	Physical activity	L	19/19	2/2	1/1				22/22	Met
L43	Health Care Record	I	17/19	2/2	1/1				20/22	Met (90.91 %)
L44	MAP registration	L	19/19						19/19	Met
L45	Medication storage	L	19/19						19/19	Met
℞ L46	Med. Administration	I	19/19						19/19	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L47	Self medication	I	2/2	2/2	1/1				5/5	Met
L49	Informed of human rights	I	19/19	2/2	1/1				22/22	Met
L50 (07/21)	Respectful Comm.	I	18/19	2/2	1/1				21/22	Met (95.45 %)
L51	Possessions	I	18/19	2/2	1/1				21/22	Met (95.45 %)
L52	Phone calls	I	19/19	2/2	1/1				22/22	Met
L53	Visitation	I	19/19	2/2	1/1				22/22	Met
L54 (07/21)	Privacy	I	19/19	2/2	1/1				22/22	Met
L55	Informed consent	I	2/2	1/1	1/1				4/4	Met
L56	Restrictive practices	I	11/13						11/13	Met (84.62 %)
L57	Written behavior plans	I	13/13						13/13	Met
L59	Behavior plan review	I	0/2						0/2	Not Met (0 %)
L60	Data maintenance	I	12/12						12/12	Met
L61	Health protection in ISP	I	8/12	1/1					9/13	Not Met (69.23 %)
L62	Health protection review	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/Rat ed	Rating
L63	Med. treatme nt plan form	I	12/18	1/1					13/19	Not Met (68.42 %)
L64	Med. treatme nt plan rev.	I	11/12	1/1					12/13	Met (92.31 %)
L67	Money mgmt. plan	I	19/19	1/1	0/1				20/21	Met (95.24 %)
L68	Funds expendi ture	I	19/19	1/1	1/1				21/21	Met
L69	Expendi ture tracking	I	14/19	1/1	1/1				16/21	Not Met (76.19 %)
L70	Charges for care calc.	I	19/19		1/1				20/20	Met
L71	Charges for care appeal	I	18/18		1/1				19/19	Met
L77	Unique needs training	I	19/19	2/2	1/1				22/22	Met
L78	Restricti ve Int. Training	L	13/14	1/1					14/15	Met (93.33 %)
L79	Restrain t training	L	14/14						14/14	Met
L80	Sympto ms of illness	L	19/19	2/2	1/1				22/22	Met
L81	Medical emerge ncy	L	19/19	2/2	1/1				22/22	Met
RE L82	Medicati on admin.	L	19/19						19/19	Met
L84	Health protect. Training	I	11/12	1/1					12/13	Met (92.31 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L85	Supervision	L	19/19	2/2	1/1				22/22	Met
L86	Required assessments	I	12/15	1/1					13/16	Met (81.25 %)
L87	Support strategies	I	12/15						12/15	Met (80.0 %)
L88	Strategies implemented	I	18/19	2/2	1/1				21/22	Met (95.45 %)
L90	Personal space/bedroom privacy	I	19/19	2/2	1/1				22/22	Met
L91	Incident management	L	8/19	2/2	1/1				11/22	Not Met (50.0 %)
L93 (05/22)	Emergency back-up plans	I	19/19	2/2	1/1				22/22	Met
L94 (05/22)	Assistive technology	I	8/19	2/2	1/1				11/22	Not Met (50.0 %)
L96 (05/22)	Staff training in devices and applications	I	5/5		1/1				6/6	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
L99 (05/22)	Medical monitori ng devices	I	2/3						2/3	Not Met (66.67 %)
#Std. Met/# 81 Indicat or									74/81	
Total Score									82/91	
									90.11%	