



**PROVIDER REPORT
FOR**

**The Price Center
25-27 Christina Street
Newton Highlands, MA
02461**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	The Price Center
Review Dates	1/8/2024 - 1/12/2024
Service Enhancement Meeting Date	1/25/2024
Survey Team	Cheryl Hampton (TL) Lisa MacPhail David Bullard
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	3 location(s) 7 audit (s)	Full Review	60/82 Defer Licensure		Certified
Residential Services	2 location(s) 6 audit (s)			Deemed	
Individual Home Supports	1 location(s) 1 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	2 location(s) 16 audit (s)	Full Review	53/59 2 Year License 01/25/2024 - 01/25/2026		Certified 01/25/2024 - 01/25/2026
Community Based Day Services	1 location(s) 9 audit (s)			Deemed	
Employment Support Services	1 location(s) 7 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	

EXECUTIVE SUMMARY :

The Price Center based in Newton MA, is a multi-service agency that provides services to people with Intellectual and Developmental Disabilities. The Price Center supports people in twenty-four-hour Residential homes, and Individual Home Supports (IHS). The agency also serves individuals in its Community Based Day Services (CBDS) and Employment Supports.

For this 2024 Licensing and Certification survey, the Department of Developmental Services (DDS) Metro Office of Quality Enhancement conducted a full licensing review of the agency's twenty-four-hour residential services, individual home supports (IHS), CBDS, and Employment services. The agency was allowed a deemed status for certification for both residential and Day/Employment due to its three-year CARF accreditation.

Organizationally, survey finding showed that The Price Center had effective organizational systems for ensuring abuse and neglect reporting. Staff were trained on human rights and abuse and neglect reporting and immediate action was taken to protect people when alleged abuse and neglect was reported. The agency also effected agreed upon action plans aimed at maintaining the rights of individuals. Regarding competent workforce, new employee screening occurred prior to hire, and licenses were current for staff whose positions required them. Most staff reviewed were trained and current for DDS mandated trainings.

Several positive outcomes were noted for individuals supported in Price's residential services. In the area of environmental, homes were found to be clean, in good repair, and current for inspections. In the area of health care, supportive and protective devices were well outlined with required components in place. For individuals who are prescribed behavior-modifying medications, medication treatment plans were present and contained all required components. Staff were trained on the signs and symptoms of illness and knew what to do in a medical emergency. Additionally, medication was administered by staff who had current MAP certifications. Survey findings also showed that people were supported to do physical activities including exercise to the best of their abilities. Across the residences, written and oral communication with and about individuals was observed to be respectful.

In Day services, including CBDS and Employment, numerous positive licensure outcomes were noted. Environmentally, the day service site was clean, in good repair, and current for inspections. In the area of safety, emergency evacuation drills were conducted in line with the DDS approved Safety plans. For the few people who needed medication during day hours, the medications were administered at the programs as prescribed. In the area of the ISP, people were supported to work on meaningful and measurable goals, including those that supported a pathway to gainful employment. Day staff were familiar with peoples' unique needs, and activity preferences were well supported in both CBDS and Employment.

The survey revealed several areas within residential services where additional attention is warranted from the agency. In the area of safety, fire drills must be conducted in accordance with approved Safety Plans, and fire detection systems must be fully operational. In the area of healthcare, special dietary recommendations must be properly implemented, and individual's emergency fact sheets and health care records, must be updated regularly to ensure that they are current and include all required components. In addition, the agency would benefit from ensuring that each program uses the DDS Health Screening tool, since routine and recommended preventative screenings were not well supported. In the area of financial, for individuals with whom the agency had shared or delegated funds management responsibility, funds management plans must be in place, and guardian agreement obtained when applicable. The agency must review its oversight and monitoring of homes to ensure that it identifies issues in a timely manner and provides the support that the staff and individuals need. It must ensure that supervision and staff development occur consistently. Finally, The Price Center must revisit its current Residential House Rules to ensure that it does not unduly infringe on the rights of individuals as it relates to visitation.

Within Price's Day and Employment services, the agency must endeavor to consistently meet required timelines relative to ISP's and incident reporting submissions in HCSIS.

The Price Center met 73% of licensing indicators in its Residential Service Grouping, with two critical indicators receiving an overall rating of not met. The residential service grouping is thus in deferred license status for this survey cycle. The agency is prohibited from accepting any new business from DDS during this period. Follow-up on all not met licensing indicators, including the two critical indicators, will be conducted by DDS Metro OQE within 60 days of the SEM. If the agency meets 80% or greater of licensing indicators and the two critical indicators at follow-up, the agency will receive a two-year license with a mid-cycle review and the sanction on new business will be lifted.

For the CBDS and Employment Service Grouping, the agency met 90% of all licensing indicators including all critical indicators and will therefore, receive a Two-Year License for that service. The agency will complete its own follow-up of not met licensing indicators and submit the results to the DDS Metro Office of Quality Enhancement within 60 days of the SEM.

The agency is certified for both the Residential and Day service groupings due to its CARF accredited status.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Residential and Individual Home Supports	52/72	20/72	
Residential Services Individual Home Supports			
Critical Indicators	6/8	2/8	
Total	60/82	22/82	73%
Defer Licensure			
# indicators for 60 Day Follow-up		22	

	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Employment and Day Supports	45/49	4/49	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	53/59	6/59	90%
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.	The Human Rights Committee did not meet the mandates for membership composition and attendance. The agency needs to pursue obtaining a licensed clinician, and a paralegal, law student or alternative attorney for the committee.
L65	Restraint reports are submitted within required timelines.	One of three restraint reports did not meet submission timeline requirements. The agency needs to ensure timeline submission of all restraint report in HCSIS.

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

Indicator #	Indicator	Area Needing Improvement
L5	There is an approved safety plan in home and work locations.	At one of three locations (IHS), the Safety Plan was missing the DDS area office approval on the provider assurance form. The agency needs to ensure all Safety Plans are approved by the DDS area office.
L7	Fire drills are conducted as required.	At the two locations, fire drills were not conducted in line with required standards. The agency needs to conduct fire drills in accordance with DDS standards and the expectations in the Safety Plans.
L8	Emergency fact sheets are current and accurate and available on site.	The emergency fact sheets (EFS) for five of seven people was missing required information. The agency needs to ensure that emergency fact sheets are current and inclusive of all required information.
L9 (07/21)	Individuals are able to utilize equipment and machinery safely.	For three of seven individuals, information in assessments were not an accurate reflection of people's skills. The agency needs to ensure information in assessments are reflective of people's skills and abilities.
L12	Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.	At one of two locations, elements of the fire system were not functioning properly. The agency needs to ensure that fire detection systems including interconnected alarms are always operational. (Corrected).
L22	All appliances and equipment are operational and properly maintained.	At one home, an appliance was not fully functional. The agency needs to ensure that appliances are properly maintained at all sites.
L24	Locks on doors not providing egress can be opened by the individuals from the inside and staff carry a key to open in an emergency.	At one of two locations, keys to people's bedrooms were not easily accessible. Staff must ensure that bedroom keys are always easily accessible.
L35	Individuals receive routine preventive screenings.	For three of seven individuals, routine and preventative screenings were not well supported. The agency should follow the DDS Annual Health Screening Checklist in consultation with Physicians to ensure that individuals receive the required health screenings.
L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For one of three individuals, a medical treatment protocol was not in place for a condition that warranted one. The agency needs to ensure that medical protocols are developed and in place when warranted, and that all staff are trained on the implementation.

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

Indicator #	Indicator	Area Needing Improvement
L39	Special dietary requirements are followed.	Dietary and dining protocols were not in place for two individuals for whom they were Physician ordered. The agency needs to ensure that dietary and dining protocols are developed when warranted and staff are trained on the implementation.
L43	The health care record is maintained and updated as required.	For six of seven individuals, health care records were not updated and inclusive of all required information. The agency needs to ensure that HCRs are updated annually at the time of the ISP, and within 30 days of any new diagnosis or significant health changes.
L53	Individuals can visit with family and friends.	For six of seven individuals, an agency policy imposed blanket restrictions on visitation for individuals it supports. The agency needs to eschew blanket restriction that infringe on the rights of individuals it supports.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For all six individuals, money management plans were either not developed or were missing required components and agreement from the guardian. The agency must develop money management plans for individuals for whom it has joint money management responsibilities and seek guardian approval for the plans.
L77	The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals.	Staff were not trained on two of seven individual's unique needs. The agency must ensure that staff are trained to support individuals' unique needs.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For one of three individuals, staff were trained on the use, care, maintenance, and cleaning of supports and health-related devices. The agency must ensure that staff are trained on the use, care, maintenance and cleaning of individual's supports and health-related devices.
L85	The agency provides ongoing supervision, oversight and staff development.	At two of three locations, oversight, staff supervision and staff development were not occurring on a consistent and ongoing basis. The agency needs to enhance its oversight and ensure that staff supervision and staff development occurs on a consistent and ongoing basis.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For three individuals, required assessments for the ISP were developed and submitted beyond the due date. The agency needs to ensure required assessments are developed and submitted within the required timeframe per DDS regulations.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For two of three individuals, support strategies for the ISP were submitted beyond the due date. The agency needs to ensure that support strategies for the are submitted within the required timeframe per DDS regulations.

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

Indicator #	Indicator	Area Needing Improvement
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For three of seven individuals, goals identified in the ISP were not being implemented as agreed by the ISP team. The agency needs that individual's goals are implemented as outlined in the ISP.
L91	Incidents are reported and reviewed as mandated by regulation.	At one of three locations, incident reporting in HCSIS did not meet required timelines for submission. The agency needs to ensure all incidents are submitted within the incident reporting timelines in HCSIS.

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

Indicator #	Indicator	Area Needing Improvement
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At the day site, the hot water exceeded the required temperature. The agency needs to ensure that hot water temperature at the Day/Employment site is maintained at 110 degrees.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For four of eleven individuals, required assessments for the ISP were submitted beyond the due date. The agency needs to ensure required assessments for the ISP are developed and submitted within the required timeframe in HCSIS per DDS regulations.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For four of eleven individuals, support strategies for the ISP were developed and submitted beyond the due date. The agency needs to ensure support strategies for the ISP are developed and submitted within the required timeframe in HCSIS per DDS regulations.
L91	Incidents are reported and reviewed as mandated by regulation.	At one location, incident reporting did not meet submission timelines in HCSIS per DDS regulation. The agency needs to ensure all incidents are submitted and finalized within the required timelines in HCSIS.

MASTER SCORE SHEET LICENSURE

Organizational: The Price Center

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	4/4	Met
L3	Immediate Action	8/8	Met
L4	Action taken	7/7	Met
L48	HRC	0/1	Not Met(0 %)
L65	Restraint report submit	2/3	Not Met(66.67 %)
L66	HRC restraint review	3/3	Met
L74	Screen employees	3/3	Met
L75	Qualified staff	8/8	Met
L76	Track trainings	9/10	Met(90.0 %)
L83	HR training	10/10	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	6/6	1/1					7/7	Met
L5	Safety Plan	L	2/2	0/1					2/3	Not Met (66.67 %)
℞ L6	Evacuation	L	2/2	1/1					3/3	Met
L7	Fire Drills	L	0/2						0/2	Not Met (0 %)
L8	Emergency Fact Sheets	I	2/6	0/1					2/7	Not Met (28.57 %)
L9 (07/21)	Safe use of equipment	I	3/6	1/1					4/7	Not Met (57.14 %)
℞ L11	Required inspections	L	2/2						2/2	Met
℞ L12	Smoke detectors	L	1/2						1/2	Not Met (50.0 %)
℞ L13	Clean location	L	2/2						2/2	Met
L14	Site in good repair	L	2/2						2/2	Met
L15	Hot water	L	2/2						2/2	Met
L16	Accessibility	L	2/2						2/2	Met
L17	Egress at grade	L	2/2						2/2	Met
L18	Above grade egress	L	1/1						1/1	Met
L19	Bedroom location	L	2/2						2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L20	Exit doors	L	2/2						2/2	Met
L21	Safe electrical equipment	L	2/2						2/2	Met
L22	Well-maintained appliances	L	1/2						1/2	Not Met (50.0%)
L23	Egress door locks	L	2/2						2/2	Met
L24	Locked door access	L	1/2						1/2	Not Met (50.0%)
L25	Dangerous substances	L	2/2						2/2	Met
L26	Walkway safety	L	2/2						2/2	Met
L28	Flammables	L	2/2						2/2	Met
L29	Rubbish/combustibles	L	2/2						2/2	Met
L30	Protective railings	L	2/2						2/2	Met
L31	Communication method	I	6/6	1/1					7/7	Met
L32	Verbal & written	I	6/6	1/1					7/7	Met
L33	Physical exam	I	6/6	1/1					7/7	Met
L34	Dental exam	I	6/6	0/1					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
L35	Preventive screenings	I	3/6	1/1					4/7	Not Met (57.14 %)
L36	Recommended tests	I	5/6	1/1					6/7	Met (85.71 %)
L37	Prompt treatment	I	6/6	1/1					7/7	Met
Ⓡ L38	Physician's orders	I	2/3						2/3	Not Met (66.67 %)
L39	Dietary requirements	I	0/2						0/2	Not Met (0 %)
L40	Nutritional food	L	2/2						2/2	Met
L41	Healthy diet	L	2/2	1/1					3/3	Met
L42	Physical activity	L	2/2	1/1					3/3	Met
L43	Health Care Record	I	0/6	1/1					1/7	Not Met (14.29 %)
L44	MAP registration	L	2/2	1/1					3/3	Met
L45	Medication storage	L	2/2	1/1					3/3	Met
Ⓡ L46	Med. Administration	I	4/5	1/1					5/6	Met (83.33 %)
L47	Self medication	I	1/1						1/1	Met
L49	Informed of human rights	I	6/6	1/1					7/7	Met
L50 (07/21)	Respectful Comm.	I	6/6	1/1					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
L51	Possessions	I	6/6	1/1					7/7	Met
L52	Phone calls	I	5/5	1/1					6/6	Met
L53	Visitation	I	0/6	1/1					1/7	Not Met (14.29 %)
L54 (07/21)	Privacy	I	6/6	1/1					7/7	Met
L55	Informed consent	I	3/3						3/3	Met
L61	Health protection in ISP	I	3/3						3/3	Met
L62	Health protection review	I	2/2						2/2	Met
L63	Med. treatment plan form	I	3/3						3/3	Met
L64	Med. treatment plan rev.	I	3/3						3/3	Met
L67	Money mgmt. plan	I	0/5	0/1					0/6	Not Met (0 %)
L68	Funds expenditure	I	5/6	1/1					6/7	Met (85.71 %)
L69	Expenditure tracking	I	6/6	1/1					7/7	Met
L70	Charges for care calc.	I	5/6						5/6	Met (83.33 %)
L71	Charges for care appeal	I	5/6						5/6	Met (83.33 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L77	Unique needs training	I	5/6	0/1					5/7	Not Met (71.43 %)
L80	Symptoms of illness	L	2/2	1/1					3/3	Met
L81	Medical emergency	L	2/2	1/1					3/3	Met
L82	Medication admin.	L	2/2	1/1					3/3	Met
L84	Health protect. Training	I	1/3						1/3	Not Met (33.33 %)
L85	Supervision	L	0/2	1/1					1/3	Not Met (33.33 %)
L86	Required assessments	I	0/2	0/1					0/3	Not Met (0 %)
L87	Support strategies	I	1/2	0/1					1/3	Not Met (33.33 %)
L88	Strategies implemented	I	4/6	0/1					4/7	Not Met (57.14 %)
L90	Personal space/bedroom privacy	I	5/6	1/1					6/7	Met (85.71 %)
L91	Incident management	L	1/2	1/1					2/3	Not Met (66.67 %)
L93 (05/22)	Emergency back-up plans	I	6/6	1/1					7/7	Met
L94 (05/22)	Assistive technology	I	6/6	0/1					6/7	Met (85.71 %)

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L96 (05/22)	Staff training in devices and applications	I	3/3						3/3	Met
#Std. Met/#									52/72	
Total Score									60/82	
									73.17%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	6/7		8/9	14/16	Met (87.50 %)
L5	Safety Plan	L			1/1	1/1	Met
☐ L6	Evacuation	L			1/1	1/1	Met
L7	Fire Drills	L			1/1	1/1	Met
L8	Emergency Fact Sheets	I	7/7		9/9	16/16	Met
L9 (07/21)	Safe use of equipment	I	6/6		9/9	15/15	Met
☐ L11	Required inspections	L			1/1	1/1	Met
☐ L12	Smoke detectors	L			1/1	1/1	Met
☐ L13	Clean location	L			1/1	1/1	Met
L14	Site in good repair	L			1/1	1/1	Met
L15	Hot water	L			0/1	0/1	Not Met (0 %)

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L16	Accessibility	L			1/1	1/1	Met
L17	Egress at grade	L			1/1	1/1	Met
L18	Above grade egress	L			1/1	1/1	Met
L20	Exit doors	L			1/1	1/1	Met
L21	Safe electrical equipment	L			1/1	1/1	Met
L22	Well-maintained appliances	L			1/1	1/1	Met
L25	Dangerous substances	L			1/1	1/1	Met
L26	Walkway safety	L			1/1	1/1	Met
L28	Flammables	L			1/1	1/1	Met
L29	Rubbish/combustibles	L			1/1	1/1	Met
L31	Communication method	I	7/7		9/9	16/16	Met
L32	Verbal & written	I	7/7		9/9	16/16	Met
L37	Prompt treatment	I	7/7		9/9	16/16	Met
℞ L38	Physician's orders	I	1/1		6/7	7/8	Met (87.50 %)
L39	Dietary requirements	I	1/1			1/1	Met
L44	MAP registration	L			1/1	1/1	Met
L45	Medication storage	L			1/1	1/1	Met
℞ L46	Med. Administration	I			4/4	4/4	Met
L49	Informed of human rights	I	6/7		8/9	14/16	Met (87.50 %)
L50 (07/21)	Respectful Comm.	I	7/7		9/9	16/16	Met
L51	Possessions	I	7/7		9/9	16/16	Met
L52	Phone calls	I	6/6		9/9	15/15	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L54 (07/21)	Privacy	I	7/7		9/9	16/16	Met
L55	Informed consent	I	3/3		9/9	12/12	Met
L57	Written behavior plans	I			6/6	6/6	Met
L60	Data maintenance	I			6/6	6/6	Met
L77	Unique needs training	I	7/7		9/9	16/16	Met
L80	Symptoms of illness	L	1/1		1/1	2/2	Met
L81	Medical emergency	L	1/1		1/1	2/2	Met
R L82	Medication admin.	L			1/1	1/1	Met
L85	Supervision	L	1/1		1/1	2/2	Met
L86	Required assessments	I	1/3		6/8	7/11	Not Met (63.64 %)
L87	Support strategies	I	1/3		6/8	7/11	Not Met (63.64 %)
L88	Strategies implemented	I	7/7		7/9	14/16	Met (87.50 %)
L91	Incident management	L			0/1	0/1	Not Met (0 %)
L93 (05/22)	Emergency back-up plans	I	7/7		9/9	16/16	Met
L94 (05/22)	Assistive technology	I	6/6		8/9	14/15	Met (93.33 %)
L96 (05/22)	Staff training in devices and applications	I	5/5		5/5	10/10	Met
#Std. Met/# 49 Indicator						45/49	
Total Score						53/59	
						89.83%	

