



PROVIDER REPORT FOR

**Thrive Support & Advocacy
65 Boston Post Rd. West
Suite 220 Marlborough, MA
01752**

November 23, 2022

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	Thrive Support & Advocacy
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Review Dates	9/21/2022 - 9/27/2022
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Service Enhancement Meeting Date	10/7/2022
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Survey Team	Cheryl Hampton (TL) Margareth Larrieux Lisa MacPhail
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Citizen Volunteers	
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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	4 location(s) 8 audit (s)	Full Review	71/86 Defer Licensure		45 / 46 Certified
Residential Services	2 location(s) 6 audit (s)			Full Review	19 / 20
Individual Home Supports	2 location(s) 2 audit (s)			Full Review	20 / 20
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

Thrive Support and Advocacy is a multi-service human services agency based in Marlborough Massachusetts. Thrive supports adults with Developmental and Intellectual Disabilities, as well as the Autism Spectrum in 42 communities across the Metro-West area of Massachusetts. Thrive offers 24-hour residential supports, and Individual Home Support (IHS) services to adults aged 22 and over. The agency also offers a recreation program, family supports, support to children and after school programs for youth.

For the 2022 survey, The Department of Developmental Services (DDS) Metro Office of Quality Enhancement conducted a full Licensing and Certification review of services rendered in the agency's 24 hour residential and Individual Home Support programs.

Organizationally, policies and procedures were in place for many support areas, including the reporting of alleged abuse and neglect. It was determined that appropriate action was taken when abuse and neglect was reported. The screening of potential employees and the tracking of staff training was seen to be occurring. Thrive was working on a three-year strategic plan and strategic goal accomplishment was reviewed quarterly, and bi-monthly with the board of directors. Regarding satisfaction with services, input was solicited through the satisfaction survey process from various stakeholders including individuals, families and guardians, employees, and the business community; including prior to the development of goals. THRIVE endorsed inclusivity as an IHS participant was sitting in on board of directors' meetings; random individuals were also invited to the board meetings to brief them regarding the impact of agency initiatives. The Human Rights Committee, however, did not meet its mandate for requisite member attendance; it needs to be fully comprised of required members when meeting whether in-person or virtually.

Within residential and IHS services, efforts by staff to provide effective supports was evident. In the area of human rights, individuals and guardians received training/information regarding human rights and abuse and neglect reporting, and residency/lease attestations showed steps aimed at protecting individuals from arbitrary eviction. In the area of healthcare, people were supported with routine and preventative medical care as well as follow-up and episodic medical care. The agency's nursing consultant provided daily oversight during the height of the Covid 19 epidemic, and ongoing medical oversight at various sites. In the area of funds management, expenditure was well tracked. In the area of maintenance, all homes that are owned/leased by the agency were current for inspection. Additionally, relative to evacuation, fire drills were conducted in accordance with approved safety plans, and timely and safe evacuations during fire drills was supported.

The survey noted effective supports in some areas of Certification; Thrive individuals maintained a visible presence in the Marlboro and surrounding communities during and post pandemic. The agency interfaced with the Marlboro and Worcester social-recreation departments, hosted agency sponsored events such as cookouts and prom for all ages. Individuals were also supported to utilize community resources and participate in community activities based on assessed interests, attending church, shopping, and dining out. Individuals were also supported to get together with family and friends. One individual had 150 pen pals and wrote them letters monthly. Thrive community interests' assessment tool was pictorialized to enhance people's understanding of the activities of their preference. The agency also supported people to be involved in the hiring and evaluation of staff who support them.

The survey uncovered areas within licensing and certification that need attention for the agency to meet required standards. Thrive staff need to be trained on the proper implementation of physician ordered medical treatment protocols. Also, the agency needs to be more proactive in applying for MAP registration certificate renewals for its medication storage sites. Regarding restrictive practices, the agency needs to ensure that outlines are clear regarding who restrictive practices are intended for. The outlines also need to include the criteria for discontinuance, mitigations for others impacted

by the restrictions, and staff need to be trained. As it relates to behavior modifying medications, medication and treatment plans (MTP's) need to be developed when applicable, to be inclusive of all required components and submitted to the ISP team. For individuals who utilize support and health-related equipment, the use, maintenance, and repair of the equipment need to be included in the outline and training provided to staff. Regarding funds management plans and charges for care, agreement needs to be obtained from legal guardians for non-competent people prior to implementation.

Incident reporting was another area of concern for Thrive; incidents when they occur need to be submitted and finalized in HCSIS within required timelines. For people who would benefit from assistive technologies, the agency needs to provide supports for the use of the technologies based on assessment of needs and abilities. The agency also needs to assess people and provide any needed education and support in the areas of sexuality and companionship.

Thrive met 83% of licensing indicators in its residential service grouping (including IHS) but did not meet the standards required for one critical indicator; the agency is therefore, in deferred status and will not receive its license until it meets the critical indicator. The DDS Metro Office of Quality Enhancement will conduct a follow-up review of all not met licensing indicators within 60 days of the SEM meeting. The agency met 98% of certification indicators for the residential service grouping and is certified for that service.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Residential and Individual Home Supports	64/78	14/78	
Residential Services Individual Home Supports			
Critical Indicators	7/8	1/8	
Total	71/86	15/86	83%
Defer Licensure			
# indicators for 60 Day Follow-up		15	

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 agency's Human Rights Committee did not meet its mandate for requisite member attendance. The agency needs to support its human rights committee to meet all mandated requirements including consistent requisite member attendance.

Residential 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 one of two homes water temperature exceeded allowable limits. The agency needs to maintain water temperature to be between 110 and 120 degrees.
R L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For two of six individuals, medical treatment protocols were not trained on and implemented consistently. The agency needs to ensure that medical treatment protocols are trained to staff and implemented properly.
L44	The location where MAP certified staff is administering medication is registered by DPH.	At one of two locations the MAP registration certificate present was expired. The agency needs to maintain current MAP registration certificates at all medication storage sites where they are required.

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

Indicator #	Indicator	Area Needing Improvement
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 three individuals who lived at locations where restrictive practices existed, it was either unclear to staff who the restriction/s were intended for, and/or the outline did not include all required components for the practices. The agency needs to ensure that restrictive practices intended for one individual that affect all individuals has a written rationale and provisions so as not to unduly restrict the rights of others and is reviewed by the Human Rights Committee.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For one of two individuals, who uses supports and health-related equipment, information regarding the tracking of the use, maintenance and repairs were not clearly outlined. The agency needs to ensure that for people who use supports and health-related equipment, information regarding the tracking of use, maintenance and repairs of the devices is clearly outlined.
L63	Medication treatment plans are in written format with required components.	Medication treatment plans for four of seven individuals were either not developed in written format or lacked required components. The agency needs to ensure that Medication treatment plans are developed in written format and contain all the required components.
L64	Medication treatment plans are reviewed by the required groups.	For three of seven people, medication treatment plans were not made available to the ISP team. The agency needs to ensure that medication treatment plans are developed and submitted to the ISP team.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For two of six individuals, funds management plans were not signed off on by the legal guardians. The agency needs to ensure when they assume shared and/or delegated money management responsibility, agreements for funds management are sought from legal guardians.
L70	Charges for care are calculated appropriately.	For two of six individuals, charges for care were not properly agreed upon by legal guardians. The agency needs to ensure that charges for care agreements are made with the legal guardians of non-competent people.
L71	Individuals are notified of their appeal rights for their charges for care.	For all six individuals, the charges for care letter did not include the contact and phone number for when people elected to appeal their calculated charges. The agency needs to ensure that the charges for care letters include the contact and phone number of the responsible person for when people elect to appeal their calculated charges.
L78	Staff are trained to safely and consistently implement restrictive interventions.	At one location where a restricted practice existed, staff were not versed as to the intent and continuing need for the restriction. The agency needs to ensure that staff are trained to safely and consistently implement restrictive interventions.

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

Indicator #	Indicator	Area Needing Improvement
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For two individuals, it was not evident that staff training regarding the use and maintenance of the supports and health related equipment had occurred. The agency needs to ensure that staff / care providers are trained on the correct utilization of health-related protections per regulation.
L91	Incidents are reported and reviewed as mandated by regulation.	At two of four locations incidents were not submitted and finalized within the required timelines in HCSIS. The agency needs to ensure that when incidents occur, they are reported and finalized within the required timelines in HCSIS.
L94 (05/22)	Individuals have assistive technology to maximize independence.	For two of eight individuals. the agency had not conducted complete assessments of how they would benefit from assistive technology that would promote independence, nor were they provided much support in this area. The agency needs to conduct complete assessments of how people they support would benefit from assistive technology that would promote independence and provide needed support in this area.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	39/40	1/40	
Individual Home Supports	20/20	0/20	
Residential Services	19/20	1/20	
Total	45/46	1/46	98%
Certified			

Residential Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	Three of six individuals had not been supported to explore, define, and express their need for intimacy and companionship. The agency needs to assess people for their preferences, and support them to fully explore, define, and express their need for intimacy and companionship

MASTER SCORE SHEET LICENSURE

Organizational: Thrive Support & Advocacy

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	4/4	Met
L3	Immediate Action	7/7	Met
L4	Action taken	7/7	Met
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	2/2	Met
L75	Qualified staff	4/4	Met
L76	Track trainings	9/9	Met
L83	HR training	9/9	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	6/6	2/2					8/8	Met
L5	Safety Plan	L	2/2	1/1					3/3	Met
R L6	Evacuation	L	2/2	2/2					4/4	Met
L7	Fire Drills	L	2/2						2/2	Met
L8	Emergency Fact Sheets	I	6/6	2/2					8/8	Met
L9 (07/21)	Safe use of equipment	I	6/6	2/2					8/8	Met
L10	Reduce risk interventions	I	3/3						3/3	Met
R L11	Required inspections	L	1/1						1/1	Met
R L12	Smoke detectors	L	1/1						1/1	Met
R L13	Clean location	L	2/2						2/2	Met
L14	Site in good repair	L	1/1						1/1	Met
L15	Hot water	L	1/2						1/2	Not Met (50.0 %)
L16	Accessibility	L	2/2						2/2	Met
L17	Egress at grade	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
L18	Above grade egress	L	2/2						2/2	Met
L19	Bedroom location	L	2/2						2/2	Met
L20	Exit doors	L	2/2						2/2	Met
L21	Safe electrical equipment	L	2/2						2/2	Met
L22	Well-maintained appliances	L	2/2						2/2	Met
L23	Egress door locks	L	2/2						2/2	Met
L24	Locked door access	L	1/1						1/1	Met
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	1/1						1/1	Met
L31	Communication method	I	6/6	2/2					8/8	Met
L32	Verbal & written	I	6/6	2/2					8/8	Met
L33	Physical exam	I	6/6	2/2					8/8	Met
L34	Dental exam	I	6/6	2/2					8/8	Met

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	6/6	2/2					8/8	Met
L36	Recommended tests	I	6/6	2/2					8/8	Met
L37	Prompt treatment	I	5/5	2/2					7/7	Met
Ⓡ L38	Physician's orders	I	4/6						4/6	Not Met (66.67 %)
L39	Dietary requirements	I	5/5						5/5	Met
L40	Nutritional food	L	1/1						1/1	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	6/6	2/2					8/8	Met
L44	MAP registration	L	1/2						1/2	Not Met (50.0 %)
L45	Medication storage	L	2/2						2/2	Met
Ⓡ L46	Med. Administration	I	5/6						5/6	Met (83.33 %)
L47	Self medication	I		1/1					1/1	Met
L49	Informed of human rights	I	6/6	2/2					8/8	Met
L50 (07/21)	Respectful Comm.	I	6/6	2/2					8/8	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
L51	Possessions	I	6/6	2/2					8/8	Met
L52	Phone calls	I	6/6	2/2					8/8	Met
L53	Visitation	I	6/6	2/2					8/8	Met
L54 (07/21)	Privacy	I	6/6	2/2					8/8	Met
L55	Informed consent	I	4/4						4/4	Met
L56	Restrictive practices	I	0/3						0/3	Not Met (0 %)
L57	Written behavior plans	I	2/2						2/2	Met
L58	Behavior plan component	I	1/1						1/1	Met
L59	Behavior plan review	I	1/1						1/1	Met
L60	Data maintenance	I	1/1						1/1	Met
L61	Health protection in ISP	I	1/2						1/2	Not Met (50.0 %)
L62	Health protection review	I	1/1						1/1	Met
L63	Med. treatment plan form	I	3/6	0/1					3/7	Not Met (42.86 %)
L64	Med. treatment plan rev.	I	4/6	0/1					4/7	Not Met (57.14 %)

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	4/6						4/6	Not Met (66.67 %)
L68	Funds expenditure	I	6/6						6/6	Met
L69	Expenditure tracking	I	6/6						6/6	Met
L70	Charges for care calc.	I	4/6						4/6	Not Met (66.67 %)
L71	Charges for care appeal	I	0/6						0/6	Not Met (0 %)
L77	Unique needs training	I	6/6	2/2					8/8	Met
L78	Restrictive Int. Training	L	0/1						0/1	Not Met (0 %)
L80	Symptoms of illness	L	2/2	2/2					4/4	Met
L81	Medical emergency	L	1/2	2/2					3/4	Met
L82	Medication admin.	L	2/2						2/2	Met
L84	Health protect. Training	I	0/2						0/2	Not Met (0 %)
L85	Supervision	L	1/2	2/2					3/4	Met
L86	Required assessments	I	3/3	2/2					5/5	Met
L87	Support strategies	I	3/4	2/2					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
L88	Strategies implemented	I	5/6	2/2					7/8	Met (87.50 %)
L90	Personal space/ bedroom privacy	I	6/6	2/2					8/8	Met
L91	Incident management	L	0/2	2/2					2/4	Not Met (50.0 %)
L93 (05/22)	Emergency back-up plans	I	6/6	2/2					8/8	Met
L94 (05/22)	Assistive technology	I	4/6	2/2					6/8	Not Met (75.00 %)
L96 (05/22)	Staff training in devices and applications	I	1/1	1/1					2/2	Met
#Std. Met/# 78 Indicator									64/78	
Total Score									71/86	
									82.56%	

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	6/6	Met
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	6/6	Met
C10	Social skill development	6/6	Met
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	3/6	Not Met (50.0 %)
C13	Skills to maximize independence	6/6	Met
C14	Choices in routines & schedules	6/6	Met
C15	Personalize living space	2/2	Met
C16	Explore interests	6/6	Met
C17	Community activities	6/6	Met
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met
C46	Use of generic resources	6/6	Met
C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	6/6	Met
C49	Physical setting is consistent	2/2	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met
C52	Leisure activities and free-time choices /control	6/6	Met
C53	Food/ dining choices	6/6	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	2/2	Met
C8	Family/guardian communication	2/2	Met
C9	Personal relationships	2/2	Met
C10	Social skill development	2/2	Met
C11	Get together w/family & friends	2/2	Met
C12	Intimacy	2/2	Met
C13	Skills to maximize independence	2/2	Met
C14	Choices in routines & schedules	2/2	Met
C16	Explore interests	2/2	Met
C17	Community activities	2/2	Met
C18	Purchase personal belongings	2/2	Met
C19	Knowledgeable decisions	2/2	Met
C21	Coordinate outreach	2/2	Met
C46	Use of generic resources	2/2	Met
C47	Transportation to/ from community	2/2	Met
C48	Neighborhood connections	2/2	Met
C49	Physical setting is consistent	2/2	Met
C51	Ongoing satisfaction with services/ supports	2/2	Met
C52	Leisure activities and free-time choices /control	2/2	Met
C53	Food/ dining choices	2/2	Met