



**PROVIDER REPORT
FOR**

**TURNING POINT
5 Perry Way POB 548
Newburyport, MA 01950**

August 09, 2024

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	TURNING POINT
Review Dates	7/8/2024 - 7/12/2024
Service Enhancement Meeting Date	7/26/2024
Survey Team	Cheryl Dolan (TL) Jennifer Conley-Sevier John Downing Raquel Rodriguez
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	9 location(s) 9 audit (s)	Full Review	74/90 2 Year License 07/26/2024 - 07/26/2026		26 / 26 Certified 07/26/2024 - 07/26/2026
Residential Services	9 location(s) 9 audit (s)			Full Review	20 / 20
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

Established in 1971, Turning Point Inc. offers 24-hour Residential support to individuals receiving services from the Department of Developmental Services (DDS) across the North Shore and Merrimac Valley areas. Within its Residential Services, the agency also provides specialized services for individuals who are deaf or hard of hearing and those with forensic or intensive behavioral support needs.

The scope of the survey conducted by the Office of Quality Enhancement (OQE) was a full Licensing and Certification review of the agency's Residential and Individual Home Supports Service group.

Throughout the survey, many positive practices and outcomes were noted. One area of strength for the organization is its Strategic Planning and Quality Improvement efforts. The agency solicited feedback from stakeholders, service recipients, and their families and hosted town hall meetings to obtain staff input regarding satisfaction with services to develop its recently approved strategic plan. Along with analyzing internal data, the agency was able to set measurable goals, and has mechanisms in place to monitor its progress toward achieving them.

The agency has several effective systems in place to safeguard Human Rights. They have a fully constituted and effective Human Rights Committee and ensure that all individuals, guardians, and staff receive training in Human Rights and Mandated Reporting. The agency was found to take immediate action to protect the health and safety of individuals when complaints occurred and to ensure that all follow-up actions were completed. By implementing Positive Behavioral Supports (PBS) throughout the agency, there has been a significant decrease in the need for restraints and a reduction in the number of intensive Positive Behavior Support plans.

Several areas of strength were noted within Licensing. The agency demonstrated overall strength in the domain of Environmental Safety. All required inspections had been completed, individuals were supported to evacuate within the required timelines, and drills were conducted as required. Staff were trained in the agency's Emergency and Disaster plans and how to recognize the signs and symptoms of illness. The agency has created decision tree fridge magnets located in each home to assist staff in knowing who to contact in an emergency.

Within the Health and Wellness domain, individuals were supported to have annual physicals and dental examinations and received prompt medical treatment when required. All medications were given as ordered by the physician and administered by Map-certified staff. When required, comprehensive Medication Treatment Plans (MTP) were developed, which included behaviors defined in observable terms, consistent data collection, and individualized targets for when to approach the prescriber to consider a medication adjustment. Health and Wellness is further promoted by encouraging individuals to follow a healthy diet and engage in physical exercise.

Several other areas of accomplishment were noted. When required, written PBS support plans were in place, and data was consistently tracked and analyzed. ISP goals were implemented in accordance with support strategies, and data on progress towards achieving the goal was tracked. Throughout the survey, written and oral communication with or about the individuals was found to be respectful, and the agency ensured communication was accessible to all the people they support, including when needed, staff could communicate using ASL and that communication devices such as video phones were provided. Additionally, staff have been trained in the unique needs of the individuals, and it was observed that they were knowledgeable about the needs and preferences of the individuals they are supporting.

During the review of the Certification areas, several positive practices were identified. Individuals were seen to have control over their lives, with an emphasis on the development of skills for independent living at home. The agency assesses and supports individuals' needs and preferences

regarding companionship and intimacy and also helps them connect with friends and family and participate in community activities that connect them with others.

During the survey, several areas requiring further attention were identified. Organizationally, the agency needs to ensure that all staff receive the DDS-required mandatory training. In addition, the agency needs to improve its systems related to the timely submission of DDS-required documentation in HCSIS to ensure that restraint and incident reports are submitted and reviewed within the required timelines and that ISP documentation is completed in preparation for the ISP.

Within the medical realm, the agency needs to ensure individuals receive routine preventive screenings and that all specialty appointments and tests occur as ordered. In addition, whenever a health-related device is used, the agency is required to obtain directions from the prescriber for safe and appropriate use and provide training for staff in the correct application of such devices. Within the Human Rights arena, when environmental restrictions are in place for one person, mitigation plans should be developed and implemented for others impacted by the restrictions to ensure their rights are not unduly affected.

Turning Point Inc. received a rating of Met in 82% of Licensing indicators, with all critical indicators Met. The agency will receive a Two-Year License for its Residential and Individual Home Supports Service group. The agency met 100% of Certification indicators and is Certified. DDS will conduct follow-up within 60 days of the SEM for those licensing indicators that were not met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Residential and Individual Home Supports	66/80	14/80	
Residential Services			
Critical Indicators	8/8	0/8	
Total	74/90	16/90	82%
2 Year License			
# indicators for 60 Day Follow-up		16	

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.	Five of 21 restraint reports were not submitted and/or finalized in HCSIS within the required timeline, and one restraint was not reported into HCSIS. The agency needs to ensure all restraints are entered into HCSIS within three days of the event and finalized by the restraint manager within five days.
L76	The agency has and utilizes a system to track required trainings.	Six out of 20 staff have not received all the Mandatory trainings required by DDS. The agency needs to ensure all staff receive the required training.

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

Indicator #	Indicator	Area Needing Improvement
L22	All appliances and equipment are operational and properly maintained.	At two locations, appliances were not adequately maintained. The agency needs to ensure that all appliances are properly maintained.
L29	No rubbish or other combustibles are accumulated within the location including near heating equipment and exits.	At two locations, combustible items were stored next to the furnace. The agency needs to ensure that combustible items are stored away from heating equipment.

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

Indicator #	Indicator	Area Needing Improvement
L35	Individuals receive routine preventive screenings.	Three out of 9 individuals did not undergo routine preventative screenings as recommended in the DDS Annual Healthcare Screening Tool. The agency must ensure that routine preventative screenings are reviewed with the individual's physician annually and that they are either completed or have a documented explanation for why the physician did not conduct the screening.
L36	Recommended tests and appointments with specialists are made and kept.	For two individuals, recommended tests or appointments with specialists were not completed. The agency needs to ensure that all specialty appointments are made and kept and all recommended tests are completed.
L43	The health care record is maintained and updated as required.	Three individuals' DDS Health Care Records had not been updated to reflect new immunizations and/or Health-Related Support devices used by the individual. The agency needs to ensure the DDS Health Care Record is updated annually at the ISP and within 30 days of a significant health change.
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.	At three locations where restrictive practices were in place, no mitigation plan was developed to avoid unnecessary restrictions on other residents of the home, for whom the restrictions do not apply. Additionally, in one of the locations, the individual had met the criteria to no longer require the restriction developed by the agency, but the agency had not started the process to remove the restriction. The agency needs to ensure that mitigation plans are developed whenever there are restrictive practices in place that affect others for whom these restrictions are not necessary, and plans to phase out restrictions are implemented for individuals who no longer require them.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For two individuals, Health-Related Supports and Protective equipment in use did not have authorization from the prescribing clinician, including the purpose and duration of use. The agency needs to ensure that any supports and Health-Related Supports and Protective equipment are being used correctly according to the Health Care Provider's authorization.
L64	Medication treatment plans are reviewed by the required groups.	For two individuals, Medication Treatment Plans had not received the required reviews either through the ISP process or court order when a Rodgers plan is required. The agency must ensure Medication Treatment Plans are uploaded into HCSIS as part of the ISP and notify the DDS Area Office when individuals under guardianship are prescribed antipsychotic medications.

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

Indicator #	Indicator	Area Needing Improvement
L70	Charges for care are calculated appropriately.	For two of 9 individuals, the amount the agency charged differed from what was indicated in the Charges for Care notification and /or was incorrectly calculated. The agency needs to ensure that Charges for care are calculated and documented as required by regulations.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	Staff had not received training on the Health-Related Support devices in use for two of the six Health-Related Supports reviewed. The agency must ensure staff are trained and knowledgeable in safely implementing ordered health related support devices.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For two of 9 individuals, assessments were not submitted to DDS for the ISP within the required timelines. The agency needs to ensure that required assessments are completed in preparation for the ISP and submitted per regulatory requirements.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For three of 9 individuals, support strategies had not been submitted within the required timelines in preparation for the ISP. The agency needs to ensure that support strategies are completed in preparation for the ISP and submitted per regulatory requirements.
L91	Incidents are reported and reviewed as mandated by regulation.	At seven locations, incidents were not reported or reviewed as required by DDS regulation. The agency needs to ensure all reportable incidents are submitted and finalized in HCSIS within the required timelines.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Three of 9 individuals had areas identified through an assessment where Assistive Technology could lead to greater independence and autonomy, but they had not been supported to identify, obtain, or trial any AT that may be of benefit. The agency needs to ensure that, once assessed, Assistive Technology and modifications to maximize independence are identified and provided when needed.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	20/20	0/20	
Residential Services	20/20	0/20	
Total	26/26	0/26	100%
Certified			

MASTER SCORE SHEET LICENSURE

Organizational: TURNING POINT

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
R L2	Abuse/neglect reporting	8/9	Met(88.89 %)
L3	Immediate Action	15/15	Met
L4	Action taken	14/14	Met
L48	HRC	1/1	Met
L65	Restraint report submit	16/22	Not Met(72.73 %)
L66	HRC restraint review	1/1	Met
L74	Screen employees	1/1	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	14/20	Not Met(70.0 %)
L83	HR training	1/1	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	9/9						9/9	Met
L5	Safety Plan	L	8/9						8/9	Met (88.89 %)
R L6	Evacuation	L	9/9						9/9	Met
L7	Fire Drills	L	9/9						9/9	Met
L8	Emergency Fact Sheets	I	8/9						8/9	Met (88.89 %)
L9 (07/21)	Safe use of equipment	I	8/9						8/9	Met (88.89 %)
L10	Reduce risk interventions	I	3/3						3/3	Met
R L11	Required inspections	L	9/9						9/9	Met
R L12	Smoke detectors	L	8/9						8/9	Met (88.89 %)
R L13	Clean location	L	9/9						9/9	Met
L14	Site in good repair	L	9/9						9/9	Met
L15	Hot water	L	8/9						8/9	Met (88.89 %)
L16	Accessibility	L	9/9						9/9	Met
L17	Egress at grade	L	9/9						9/9	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	6/6						6/6	Met
L19	Bedroom location	L	8/8						8/8	Met
L20	Exit doors	L	9/9						9/9	Met
L21	Safe electrical equipment	L	9/9						9/9	Met
L22	Well- maintained appliances	L	7/9						7/9	Not Met (77.78 %)
L23	Egress door locks	L	8/8						8/8	Met
L24	Locked door access	L	9/9						9/9	Met
L25	Dangerous substances	L	9/9						9/9	Met
L26	Walkway safety	L	8/9						8/9	Met (88.89 %)
L28	Flammables	L	9/9						9/9	Met
L29	Rubbish /combustibles	L	7/9						7/9	Not Met (77.78 %)
L30	Protective railings	L	9/9						9/9	Met
L31	Communication method	I	9/9						9/9	Met
L32	Verbal & written	I	9/9						9/9	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	8/8						8/8	Met
L34	Dental exam	I	9/9						9/9	Met
L35	Preventive screenings	I	6/9						6/9	Not Met (66.67 %)
L36	Recommended tests	I	7/9						7/9	Not Met (77.78 %)
L37	Prompt treatment	I	9/9						9/9	Met
℞ L38	Physician's orders	I	3/4						3/4	Met
L39	Dietary requirements	I	4/4						4/4	Met
L40	Nutritional food	L	9/9						9/9	Met
L41	Healthy diet	L	9/9						9/9	Met
L42	Physical activity	L	9/9						9/9	Met
L43	Health Care Record	I	6/9						6/9	Not Met (66.67 %)
L44	MAP registration	L	9/9						9/9	Met
L45	Medication storage	L	9/9						9/9	Met
℞ L46	Med. Administration	I	9/9						9/9	Met
L47	Self medication	I	1/1						1/1	Met
L49	Informed of human rights	I	9/9						9/9	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
L50 (07/21)	Respect ful Comm.	I	9/9						9/9	Met
L51	Possess ions	I	9/9						9/9	Met
L52	Phone calls	I	9/9						9/9	Met
L53	Visitation	I	9/9						9/9	Met
L54 (07/21)	Privacy	I	9/9						9/9	Met
L55	Informed consent	I	1/1						1/1	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	2/2						2/2	Met
L60	Data maintenance	I	3/3						3/3	Met
L61	Health protection in ISP	I	5/7						5/7	Not Met (71.43 %)
L62	Health protection review	I	1/1						1/1	Met
L63	Med. treatment plan form	I	8/9						8/9	Met (88.89 %)
L64	Med. treatment plan rev.	I	7/9						7/9	Not Met (77.78 %)

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L67	Money mgmt. plan	I	8/9						8/9	Met (88.89 %)
L68	Funds expendi ture	I	8/9						8/9	Met (88.89 %)
L69	Expendi ture tracking	I	9/9						9/9	Met
L70	Charges for care calc.	I	6/9						6/9	Not Met (66.67 %)
L71	Charges for care appeal	I	9/9						9/9	Met
L77	Unique needs training	I	9/9						9/9	Met
L78	Restricti ve Int. Training	L	4/4						4/4	Met
L79	Restrain t training	L	2/2						2/2	Met
L80	Sympto ms of illness	L	9/9						9/9	Met
L81	Medical emerge ncy	L	9/9						9/9	Met
L82	Medicati on admin.	L	9/9						9/9	Met
L84	Health protect. Training	I	4/6						4/6	Not Met (66.67 %)
L85	Supervi sion	L	8/9						8/9	Met (88.89 %)
L86	Require d assess ments	I	7/9						7/9	Not Met (77.78 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L87	Support strategies	I	6/9						6/9	Not Met (66.67 %)
L88	Strategies implemented	I	9/9						9/9	Met
L90	Personal space/ bedroom privacy	I	9/9						9/9	Met
L91	Incident management	L	2/9						2/9	Not Met (22.22 %)
L93 (05/22)	Emergency back-up plans	I	9/9						9/9	Met
L94 (05/22)	Assistive technology	I	6/9						6/9	Not Met (66.67 %)
L96 (05/22)	Staff training in devices and applications	I	6/6						6/6	Met
L99 (05/22)	Medical monitoring devices	I	1/1						1/1	Met
#Std. Met/# 80 Indicator									66/80	
Total Score									74/90	
									82.22%	

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	8/9	Met (88.89 %)
C8	Family/guardian communication	9/9	Met
C9	Personal relationships	9/9	Met
C10	Social skill development	9/9	Met
C11	Get together w/family & friends	9/9	Met
C12	Intimacy	9/9	Met
C13	Skills to maximize independence	9/9	Met
C14	Choices in routines & schedules	9/9	Met
C15	Personalize living space	9/9	Met
C16	Explore interests	9/9	Met
C17	Community activities	8/9	Met (88.89 %)
C18	Purchase personal belongings	9/9	Met
C19	Knowledgeable decisions	9/9	Met
C46	Use of generic resources	8/9	Met (88.89 %)
C47	Transportation to/ from community	9/9	Met
C48	Neighborhood connections	8/9	Met (88.89 %)
C49	Physical setting is consistent	9/9	Met
C51	Ongoing satisfaction with services/ supports	9/9	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C52	Leisure activities and free-time choices /control	9/9	Met
C53	Food/ dining choices	9/9	Met