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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** | 4 location(s) 6 audit (s) | Full Review | 57/76 Defer Licensure |  | Certified | | Residential Services | 1 location(s) 1 audit (s) |  |  | Deemed |  | | ABI-MFP Residential Services | 1 location(s) 3 audit (s) |  |  | Deemed |  | | Individual Home Supports | 2 location(s) 2 audit (s) |  |  | Deemed |  | | Planning and Quality Management |  |  |  | Deemed |  | |  | |

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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  |
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|  | |  | | --- | | United Cerebral Palsy Metro Boston (UCP) founded in 1950 is part of over 105 affiliates located in the United States, Canada, and Australia. The agency provides a range of services to individuals with Intellectual and Acquired Disabilities, Brain Injury, Cerebral Palsy, and Spinal Cord injuries. United Cerebral Palsy of Metro Boston operates 24-hour residential group homes, Individualized Home Supports services (IHS), and ABI/MFP 24-hour residences. The agency also provides Family Support, Personal Care Attendant, Adult Family Care, and Day Habilitation Services in the Greater Boston area.  This 2021 Department of Developmental Services (DDS) Office of Quality Enhancement (OQE) survey included a full review of all licensing indicators applicable to adult services provided by UCP Metro Boston to individuals in the following service types: 24-hour Residential, Individualized Home Supports and ABI/MFP Residential. United Cerebral Palsy of Metro Boston elected to use a deeming process (CARF accreditation) to meet DDS certification standards. The licensing indicators that were reviewed by the DDS OQE survey team included domains such as personal and environmental safety, communication, health, human rights, competent and skilled workforce as well as goal development and implementations.   The survey results revealed some areas of strength that were observed across all agency locations. Environmental safety requirements, such as working smoke and carbon monoxide detectors and current inspection were found to be in place. Homes were in good repair; individuals were supported to safely use equipment in their homes; and individuals' rooms were decorated to reflect personalized interest and tastes. The agency had effective policies for the reporting of allegations of abuse and neglect and took immediate actions to protect the health and safety of the individuals when complaints were filed. In addition, staff were aware of their roles as reporters of neglect, abuse, and mistreatment, and articulated these responsibilities during staff interviews.   Survey finding further showed that individuals were encouraged to maintain healthy lifestyles by eating healthy foods and exercising, with some individuals being supported to maintain healthy weights. In response to the pandemic, the agency implemented strategies for preventing the spread of COVID-19 within its service delivery system. And to promote optimal health for individuals, during the ongoing pandemic, the agency collaborated with a pharmacy chain to host several COVID-19 vaccination clinics for individuals and staff.  The survey also revealed positive practices pertaining to relationships; people were supported to maintain relationships with family and friends and met regularly with family members as circumstances permitted. The maintenance and development of friendships was prioritized based on the individual's preferences. Individuals were supported to entertain and socialize with friends and families in manners that suited their interests and comfort level. Staff promoted respect and privacy in their day-to-day interactions and supported private outdoor/ indoor visits with family.    In addition to the positive findings, several licensing areas were identified that would benefit from further attention. The agency needs to strengthen its human rights committee (HRC) as it did not meet its mandates and requirements. Supervision was another area in need of attention; staff were seen to need greater oversight as some were not fully aware of individuals' ISP goals and treatment protocols. Also, staff meetings and 1:1 supervision was also inconsistent, and the agency needs to ensure thorough tracking that staff are trained on all mandated topics. It was also noted that a complaint resolution process and log were required to be maintained within the ABI home, but was not present.   Across all residential settings, practices that support individuals' medical care needs strengthening. Medical treatment protocols were missing for some individual and need to be developed, trained to staff members, and implemented as ordered when a significant medical condition requiring it exist. Medication treatment plans were also not in place when required for some individual's behavior modifying medications; and when in place, some did not contain all required components and undergo reviews by the required groups. In addition, data was not collected and shared with the prescribing physician. As it relates to medical device use, UCP needs to ensure that when medical devices and equipment are in use, plans are maintained, the devices are authorized for use by a healthcare professional, and staff are trained on the correct utilization of these devices.   The ISP is another area that needs concentrated attention; UCP needs to ensure that timelines for submitting provider support strategies to DDS are met, and support strategies for the ISPs are implemented as agreed upon for individuals. Other environmental safety requirements need further attention; fire drills must be conducted in line with regulatory requirements, and water temperatures at UCP sites must be maintained to be within the allowable limits.  Based on the findings of this review, the agency is in Deferred status for the residential services grouping due to one critical indicator being not met overall. DDS will conduct a follow-up within 60 days of the SEM meeting for any licensing indicators rated Not Met. The agency will receive a Two Year with Mid-cycle Review License once the one critical indicator that was not met is corrected at follow-up. The agency is also Certified for the residential service grouping due to its CARF/ deeming status. | | |  |

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|  | |  |  |  | | --- | --- | --- | |  |  |  | | |  | | --- | | **LICENSURE FINDINGS** | |  |  | |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **6/8** | **2/8** |  | | **Residential and Individual Home Supports** | **51/68** | **17/68** |  | | Residential Services  ABI-MFP Residential Services  Individual Home Supports |  |  |  | | **Critical Indicators** | **7/8** | **1/8** |  | | **Total** | **57/76** | **19/76** | **75%** | | **Defer Licensure** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **19** |  | | |  | |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | **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 was not effective in meeting its mandated responsibilities; Majority of the meetings held over the past two years lacked the required attendance/ membership of medical, legal, and clinical members. The HRC also did not conduct an annual review of the agency's policies and procedures that could potentially impact the rights of individuals served.  The agency needs to ensure that it maintains a fully constituted and effective human rights committee that meets all its responsibilities. | |  | L76 | The agency has and utilizes a system to track required trainings. | Five of the eleven staff did not have fire safety training.  The agency needs to implement an effective system for tracking required training and ensure that required trainings are completed for all staff. | | | | |  |
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|  | |  | | --- | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  | |  | |  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | L7 | Fire drills are conducted as required. | At the two 24/7 locations, fire drills were not conducted as required,  The agency needs to ensure that fire drills are conducted as required by regulations and documented appropriately. | |  | L8 | Emergency fact sheets are current and accurate and available on site. | Two of six individual's Emergency Fact Sheets were lacking pertinent medical diagnoses.  The agency needs to ensure that emergency fact sheets are current and contain all required information. | |  | L15 | Hot water temperature tests between 110 and 120 degrees (as of 1/2014). | At three of four locations, water temperature tested outside the required temperature range.  The agency needs to ensure that water temperature is maintained to be within the required range. | | O | L38 | Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team). | Two of four individual's medical treatment protocols were either not accurate or not in place. The agency needs to ensure that physician ordered medical and treatment protocols are in place and accurate | |  | L43 | The health care record is maintained and updated as required. | For two of five individuals, the health care records were inaccurate.  The agency needs to ensure that health care records are maintained and updated as required. | |  | L61 | Supports and health related protections are included in ISP assessments and the continued need is outlined. | For the five individuals, supports and health-related equipment plans were either not in place, or did not contain the required information.  The agency needs to ensure that for all supports and health related equipment plans, are in place and contain all the required components. | |  | L62 | Supports and health related protections are reviewed by the required groups. | For two of five individuals, support and health-related equipment did not receive the required ISP team review. The agency needs to ensure that support and health related equipment are reviewed by the required groups. | |  | L63 | Medication treatment plans are in written format with required components. | For three of the four individuals, medication treatment plans were either not in place, or did not contain all the required components including data tracking.  The agency needs to ensure that medication treatment plans when needed are present, and contain all required components including data that is tracked and shared with the prescribing physician. | |  | L64 | Medication treatment plans are reviewed by the required groups. | For two of the three individuals, the medication treatment plans had not received the required reviews.  The agency needs to ensure that medication treatment plans receive reviews through the ISP process. | |  | 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 the three individuals who receive support with managing their funds, written money management plans were not in place or did not contain accurate information. The agency needs to ensure that for all individuals with whom the agency has shared or delegated money management responsibilities, a written plan is in place that contains all components of how the responsibilities are shared. | |  | L77 | The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals. | For two of the six individuals, staff were not trained on their unique needs. The agency needs to ensure that all staff are trained and familiar with how to support the unique needs of all individuals. | |  | L84 | Staff / care providers are trained in the correct utilization of health related protections per regulation. | Staff were not trained on five individuals heath-related equipment.  The agency needs to ensure that staff are trained on the correct utilization of health-related equipment. | |  | L85 | The agency provides ongoing supervision, oversight and staff development. | At two of four locations, adequate supervision and oversight was not provided as evidenced by systemic issues identified.  The agency needs to ensure consistent and ongoing supervision and oversight of staff. | |  | 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 the three individuals, Provider Support Strategies were not submitted to DDS within required timelines.  The agency needs to ensure that the submission of Provider Support Strategies occurs within 15 days of the ISP meeting date. | |  | L88 | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For two individuals, provider supports strategies were not being implemented. The agency needs to ensure that services and support strategies identified and agreed upon in the ISP are consistently implemented. | |  | L89 | The provider has a complaint and resolution process that is effectively implemented at the local level. | At one ABI/MFP location, there was no complaint resolution process and log in place.  The agency needs to ensure that it has a complaint and resolution process that is effectively implemented at each ABI/MFP site. | |  | L91 | Incidents are reported and reviewed as mandated by regulation. | At two out of four locations, incidents were either not reported or finalized within timelines. The agency needs to ensure that incidents are reported and finalized as mandated by regulations. | | |  | |  |

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|  | |  | | --- | | **Organizational: UNITED CEREBRAL PALSY OF METRO BOSTON** | |  | | |  |  |
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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **4/4** | **Met** | |  | L3 | Immediate Action | **6/6** | **Met** | |  | L4 | Action taken | **3/3** | **Met** | |  | L48 | HRC | **0/1** | **Not Met(0 % )** | |  | L74 | Screen employees | **4/4** | **Met** | |  | L75 | Qualified staff | **3/3** | **Met** | |  | L76 | Track trainings | **6/11** | **Not Met(54.55 % )** | |  | L83 | HR training | **11/11** | **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 | 1/1 | 2/2 |  |  | 2/3 |  | **5/6** | **Met (83.33 %)** | |  | L5 | Safety Plan | L | 1/1 | 2/2 |  |  | 0/1 |  | **3/4** | **Met** | | O | L6 | Evacuation | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | |  | L7 | Fire Drills | L | 0/1 |  |  |  | 0/1 |  | **0/2** | **Not Met (0 %)** | |  | L8 | Emergency Fact Sheets | I | 1/1 | 2/2 |  |  | 1/3 |  | **4/6** | **Not Met (66.67 %)** | |  | L9 (07/21) | Safe use of equipment | I | 1/1 | 2/2 |  |  | 2/2 |  | **5/5** | **Met** | | O | L11 | Required inspections | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | | O | L12 | Smoke detectors | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | | O | L13 | Clean location | L | 1/1 | 2/2 |  |  | 0/1 |  | **3/4** | **Met** | |  | L14 | Site in good repair | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | |  | L15 | Hot water | L | 0/1 | 1/2 |  |  | 0/1 |  | **1/4** | **Not Met (25.00 %)** | |  | L16 | Accessibility | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | |  | L17 | Egress at grade | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | |  | L19 | Bedroom location | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | |  | L20 | Exit doors | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | |  | L21 | Safe electrical equipment | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | |  | L22 | Well-maintained appliances | L | 1/1 | 2/2 |  |  | 0/1 |  | **3/4** | **Met** | |  | L23 | Egress door locks | L | 1/1 |  |  |  | 1/1 |  | **2/2** | **Met** | |  | L24 | Locked door access | L | 1/1 |  |  |  | 1/1 |  | **2/2** | **Met** | |  | L25 | Dangerous substances | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | |  | L26 | Walkway safety | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | |  | L28 | Flammables | L | 1/1 | 2/2 |  |  | 0/1 |  | **3/4** | **Met** | |  | L29 | Rubbish/combustibles | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | |  | L30 | Protective railings | L |  | 1/1 |  |  | 1/1 |  | **2/2** | **Met** | |  | L31 | Communication method | I | 1/1 | 2/2 |  |  | 3/3 |  | **6/6** | **Met** | |  | L32 | Verbal & written | I | 1/1 | 2/2 |  |  | 3/3 |  | **6/6** | **Met** | |  | L33 | Physical exam | I | 0/1 | 2/2 |  |  | 2/2 |  | **4/5** | **Met (80.0 %)** | |  | L34 | Dental exam | I |  | 2/2 |  |  | 1/2 |  | **3/4** | **Met** | |  | L35 | Preventive screenings | I | 1/1 | 2/2 |  |  | 2/2 |  | **5/5** | **Met** | |  | L36 | Recommended tests | I | 1/1 | 2/2 |  |  | 3/3 |  | **6/6** | **Met** | |  | L37 | Prompt treatment | I | 1/1 | 2/2 |  |  | 3/3 |  | **6/6** | **Met** | | O | L38 | Physician's orders | I | 1/1 | 0/1 |  |  | 1/2 |  | **2/4** | **Not Met (50.0 %)** | |  | L39 | Dietary requirements | I |  | 2/2 |  |  | 2/2 |  | **4/4** | **Met** | |  | L40 | Nutritional food | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | |  | L41 | Healthy diet | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | |  | L42 | Physical activity | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | |  | L43 | Health Care Record | I | 0/1 | 2/2 |  |  | 1/2 |  | **3/5** | **Not Met (60.0 %)** | |  | L44 | MAP registration | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | |  | L45 | Medication storage | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | | O | L46 | Med. Administration | I | 1/1 | 2/2 |  |  | 2/3 |  | **5/6** | **Met (83.33 %)** | |  | L49 | Informed of human rights | I | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | |  | L50 (07/21) | Respectful Comm. | I | 1/1 | 2/2 |  |  | 3/3 |  | **6/6** | **Met** | |  | L51 | Possessions | I | 1/1 | 2/2 |  |  | 3/3 |  | **6/6** | **Met** | |  | L52 | Phone calls | I | 1/1 | 2/2 |  |  | 3/3 |  | **6/6** | **Met** | |  | L53 | Visitation | I | 1/1 | 2/2 |  |  | 3/3 |  | **6/6** | **Met** | |  | L54 (07/21) | Privacy | I | 1/1 | 2/2 |  |  | 3/3 |  | **6/6** | **Met** | |  | L55 | Informed consent | I |  | 2/2 |  |  |  |  | **2/2** | **Met** | |  | L61 | Health protection in ISP | I | 0/1 | 0/2 |  |  | 0/2 |  | **0/5** | **Not Met (0 %)** | |  | L62 | Health protection review | I | 1/1 | 0/2 |  |  | 2/2 |  | **3/5** | **Not Met (60.0 %)** | |  | L63 | Med. treatment plan form | I |  | 0/2 |  |  | 1/2 |  | **1/4** | **Not Met (25.00 %)** | |  | L64 | Med. treatment plan rev. | I |  | 0/2 |  |  | 1/1 |  | **1/3** | **Not Met (33.33 %)** | |  | L67 | Money mgmt. plan | I | 0/1 |  |  |  | 1/2 |  | **1/3** | **Not Met (33.33 %)** | |  | L68 | Funds expenditure | I | 1/1 |  |  |  | 2/2 |  | **3/3** | **Met** | |  | L69 | Expenditure tracking | I | 1/1 |  |  |  | 2/2 |  | **3/3** | **Met** | |  | L70 | Charges for care calc. | I | 1/1 | 1/1 |  |  | 2/2 |  | **4/4** | **Met** | |  | L71 | Charges for care appeal | I | 1/1 | 1/1 |  |  | 2/2 |  | **4/4** | **Met** | |  | L77 | Unique needs training | I | 1/1 | 2/2 |  |  | 1/3 |  | **4/6** | **Not Met (66.67 %)** | |  | L80 | Symptoms of illness | L | 0/1 | 2/2 |  |  | 1/1 |  | **3/4** | **Met** | |  | L81 | Medical emergency | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | | O | L82 | Medication admin. | L | 1/1 | 2/2 |  |  | 1/1 |  | **4/4** | **Met** | |  | L84 | Health protect. Training | I | 0/1 | 0/2 |  |  | 0/2 |  | **0/5** | **Not Met (0 %)** | |  | L85 | Supervision | L | 0/1 | 2/2 |  |  | 0/1 |  | **2/4** | **Not Met (50.0 %)** | |  | L86 | Required assessments | I |  | 1/1 |  |  | 2/2 |  | **3/3** | **Met** | |  | L87 | Support strategies | I |  | 1/1 |  |  | 0/2 |  | **1/3** | **Not Met (33.33 %)** | |  | L88 | Strategies implemented | I | 1/1 | 2/2 |  |  | 0/2 |  | **3/5** | **Not Met (60.0 %)** | |  | L89 | Complaint and resolution process | L |  |  |  |  | 0/1 |  | **0/1** | **Not Met (0 %)** | |  | L90 | Personal space/ bedroom privacy | I | 1/1 | 2/2 |  |  | 3/3 |  | **6/6** | **Met** | |  | L91 | Incident management | L | 1/1 | 1/2 |  |  | 0/1 |  | **2/4** | **Not Met (50.0 %)** | |  | **#Std. Met/# 68 Indicator** |  |  |  |  |  |  |  |  | **51/68** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **57/76** |  | |  |  |  |  |  |  |  |  |  |  | **75.00%** |  | |  |  |  | | | |  |
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|  | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | |  | | | |  |  |  |
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