



**PROVIDER REPORT
FOR
UNITED CEREBRAL PALSY
OF METRO BOSTON
71 Arsenal Street
Watertown, MA 02472**

November 14, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	UNITED CEREBRAL PALSY OF METRO BOSTON
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Review Dates	9/25/2023 - 9/29/2023
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Service Enhancement Meeting Date	10/16/2023
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Survey Team	Lisa MacPhail Melanie Cruz David Bullard (TL)
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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	5 location(s) 11 audit (s)	Full Review	71/84 2 Year License 10/16/2023 - 10/16/2025		Certified 10/16/2023 - 10/16/2025
Residential Services	1 location(s) 3 audit (s)			Deemed	
ABI-MFP Residential Services	2 location(s) 6 audit (s)			Deemed	
Individual Home Supports	2 location(s) 2 audit (s)			Deemed	
Planning and Quality Management				Deemed	

EXECUTIVE SUMMARY :

United Cerebral Palsy Metro Boston (UCP) is a human services agency that provides a wide range of services to individuals with Intellectual and Developmental Disabilities, Brain Injury, Cerebral Palsy and Spinal Cord injuries in the Greater Boston area. United Cerebral Palsy of Metro Boston operates 24-hour Residential group homes, Individualized Home Supports, and ABI/MFP 24-hour group homes. The agency offers other services in the community including day habilitation services, family support, personal care attendant services, and adult family care. Since the last Department of Developmental Services (DDS) survey, UCP of Metro Boston has opened four new group homes; it has plans in the works to open two more group homes over the next two years.

For this 2023 Department of Developmental Services (DDS) survey, the DDS Metro Office of Quality Enhancement conducted a review of all licensing indicators in 24-hour residential homes, ABI/MFP residential homes, and individualized home supports. UCP of Metro Boston was deemed for certification in lieu of its CARF accreditation.

Survey results showed that organization wide, UCP of Metro Boston had policies and systems for ensuring effective service delivery to individuals. This includes methods for the screening, hiring, and credentialing of employees. The agency utilized initial staff orientation and an online learning platform for conducting staff trainings; agency staff were trained on all DDS mandated topics including human rights and abuse and neglect reporting.

Within residential services, including 24/7 residential, ABI and IHS, around safety: locations were clean and in good repair, and required inspections were up to date. The sites had DDS Area Office approved safety plans, and individuals were supported to evacuate within the required timeframes in evacuation drills. In the area of healthcare, individuals were supported to undergo annual physical and dental appointments, and preventive screenings and recommended tests were scheduled and attended. Individuals were also supported to receive prompt treatment for episodic health conditions. In the area of medication administration, sites had current MAP registration and staff that administered medication had current MAP certificates. In the area of financial, charges for care were generally well calculated, and people were informed of their appeal rights relative to the charges.

Survey results pointed to UCP's diligence in promoting the human rights of individuals. People were trained on human rights and abuse and neglect reporting, and they knew who to contact if they had a grievance. House and bedrooms decorations reflected individual's personal interests and tastes, and the right to privacy was well protected. As it relates to relationships, people were supported to maintain family and friendship ties, and to entertain and socialize in line with their preferences.

The survey revealed several areas that would benefit from additional attention from UCP to meet requirements. On an organizational level, the agency's human rights committee (HRC) did not meet the mandates for membership and attendance.

In the area of Human Rights, in ABI homes, restrictive practices in place at homes were not properly outlined (and communicated to people impacted) with provisions so as not to unduly infringe on people's rights. In the area of medical, ABI staff were not consistently trained on the supports and protective equipment utilized by individuals, and the health care records were not consistently updated. Relative to money management, money management plans in IHS and ABI homes were not always signed by individual/guardians signifying agreement. Additionally, money management practices varied from agreements, and account balances showed overages to allowable limits that endangered people's benefits. As it relates to incident management, the agency was not compliant with the incident reporting policy and HCSIS incident reporting timelines. The survey also showed that UCP was not effective in supporting people to meet ISP requirements; in the ABI programs, required assessments and support strategies were not submitted within the required timeframe for the ISP; and across all service types, goal implementation and tracking was not well supported. In the

area of assistive technology, people were not fully assessed and supports to use assistive technology were inevident.

UCP met 85% of licensing indicators; the agency will therefore earn a Two-Year license for the residential service grouping. Based on this score, the DDS Metro Office of Quality Enhancement will conduct a follow-up on all not met licensure indicators from this survey within 60 days of the SEM. The agency's residential service grouping is Certified due to UCP's CARF accreditation.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Residential and Individual Home Supports	64/76	12/76	
Residential Services Individual Home Supports ABI-MFP Residential Services			
Critical Indicators	8/8	0/8	
Total	71/84	13/84	85%
2 Year License			
# indicators for 60 Day Follow-up		13	

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 the mandate for membership and attendance. The agency needs to ensure that it maintains an effective Human Rights Committee that meets all mandates.

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 of five locations, appliances and equipment were not properly maintained. The agency needs to ensure appliances and equipment are properly maintained at all sites.
L43	The health care record is maintained and updated as required.	For three of eleven individuals, the health care records were not updated as required. The agency needs to ensure that health care records are updated as 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, restrictive practices in place at their homes were not fully outlined with provisions so as not to unduly restrict people's rights. The agency needs to ensure that restrictive practices are fully outlined with provisions so as not to unduly restrict people's rights.
L63	Medication treatment plans are in written format with required components.	For two of five individuals, medication treatment plans were not developed with all required components in place. The agency needs to ensure that medication treatment plans are developed with all of the required components in place, including data collection.
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 eight individuals, there were either no plans, or agreement to plans accompanied by a training plan when the agency had shared and/or delegated money management responsibility. The agency needs to ensure that there is a plan developed and agreed to by individuals/guardians when money management responsibilities exist.
L69	Individual expenditures are documented and tracked.	For three of eight individuals, individual expenditures were not properly managed, documented and tracked as required. The agency needs to ensure that individual expenditures are properly managed, documented and tracked as required.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For three of eleven individuals, staff were not trained on the correct utilization of health-related equipment. The agency needs to ensure that staff are trained on the correct utilization of health-related equipment per regulation.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For five of seven individuals, required assessments for the ISP were not developed and submitted within required timeframes in preparation for the ISP meeting. The agency needs to ensure that required assessments for the ISP are developed and submitted within required timeframes in preparation for the ISP meeting.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For five of eight individuals, support strategies for the ISP were not developed and submitted as required in preparation for the ISP meeting. The agency needs to ensure that support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.

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 six of eleven individuals, goals agreed upon in the ISP for which the provider has designated responsibility were not being implemented. The agency needs to ensure that goals identified and agreed upon in the ISP are fully implemented.
L91	Incidents are reported and reviewed as mandated by regulation.	At four of five sites, incidents were not reported as mandated by regulation. The agency needs to ensure that incidents are reported as mandated by regulation.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Seven of eleven individuals were not assessed for assistive technology that could maximize independence. The agency needs to ensure that individuals are assessed and supported to use assistive technologies that could maximize independence.

MASTER SCORE SHEET LICENSURE

Organizational: UNITED CEREBRAL PALSY OF METRO BOSTON

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	5/5	Met
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	8/8	Met
L75	Qualified staff	3/3	Met
L76	Track trainings	18/20	Met(90.0 %)
L83	HR training	20/20	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	3/3	2/2			5/6		10/11	Met (90.91%)
L5	Safety Plan	L	1/1	2/2			2/2		5/5	Met
R L6	Evacuation	L	1/1	2/2			2/2		5/5	Met
L7	Fire Drills	L	1/1				2/2		3/3	Met
L8	Emergency Fact Sheets	I	3/3	2/2			5/6		10/11	Met (90.91%)
L9 (07/21)	Safe use of equipment	I	2/2	2/2			6/6		10/10	Met
R L11	Required inspections	L	1/1	2/2			2/2		5/5	Met
R L12	Smoke detectors	L	1/1	2/2			2/2		5/5	Met
R L13	Clean location	L	1/1	2/2			2/2		5/5	Met
L14	Site in good repair	L		1/1			2/2		3/3	Met
L15	Hot water	L	0/1	2/2			2/2		4/5	Met (80.0%)
L16	Accessibility	L	1/1	2/2			2/2		5/5	Met
L17	Egress at grade	L	1/1	2/2			2/2		5/5	Met
L19	Bedroom location	L	1/1	2/2			2/2		5/5	Met
L20	Exit doors	L	1/1	2/2			2/2		5/5	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L21	Safe electrical equipment	L	1/1	2/2			2/2		5/5	Met
L22	Well-maintained appliances	L	1/1	2/2			0/2		3/5	Not Met (60.0 %)
L23	Egress door locks	L	1/1	2/2			2/2		5/5	Met
L24	Locked door access	L	1/1	2/2			1/1		4/4	Met
L25	Dangerous substances	L	1/1	2/2			2/2		5/5	Met
L26	Walkway safety	L	1/1	2/2			1/2		4/5	Met (80.0 %)
L28	Flammables	L	1/1	2/2			1/1		4/4	Met
L29	Rubbish/combustibles	L	1/1	2/2			2/2		5/5	Met
L30	Protective railings	L	1/1	2/2			1/2		4/5	Met (80.0 %)
L31	Communication method	I	3/3	2/2			6/6		11/11	Met
L32	Verbal & written	I	3/3	2/2			6/6		11/11	Met
L33	Physical exam	I	3/3	2/2			6/6		11/11	Met
L34	Dental exam	I	3/3	2/2			5/6		10/11	Met (90.91 %)

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	3/3	2/2			5/6		10/11	Met (90.91%)
L36	Recommended tests	I	3/3	2/2			5/6		10/11	Met (90.91%)
L37	Prompt treatment	I	3/3	2/2			6/6		11/11	Met
℞ L38	Physician's orders	I	3/3	2/2			5/5		10/10	Met
L39	Dietary requirements	I		1/1			1/1		2/2	Met
L40	Nutritional food	L	1/1	2/2			1/2		4/5	Met (80.0%)
L41	Healthy diet	L	1/1	2/2			2/2		5/5	Met
L42	Physical activity	L	1/1	2/2			2/2		5/5	Met
L43	Health Care Record	I	3/3	2/2			3/6		8/11	Not Met (72.73%)
L44	MAP registration	L	1/1	2/2			2/2		5/5	Met
L45	Medication storage	L	1/1	2/2			2/2		5/5	Met
℞ L46	Med. Administration	I	3/3	2/2			4/5		9/10	Met (90.0%)
L47	Self medication	I					1/1		1/1	Met
L49	Informed of human rights	I	3/3	2/2			5/6		10/11	Met (90.91%)
L50 (07/21)	Respectful Comm.	I	3/3	2/2			5/6		10/11	Met (90.91%)

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	3/3	2/2			5/6		10/11	Met (90.91 %)
L52	Phone calls	I	3/3	2/2			6/6		11/11	Met
L53	Visitation	I	3/3	2/2			6/6		11/11	Met
L54 (07/21)	Privacy	I	3/3	2/2			6/6		11/11	Met
L55	Informed consent	I					2/2		2/2	Met
L56	Restrictive practices	I					0/3		0/3	Not Met (0 %)
L57	Written behavior plans	I					1/1		1/1	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	3/3	2/2			6/6		11/11	Met
L63	Med. treatment plan form	I		1/1			2/4		3/5	Not Met (60.0 %)
L64	Med. treatment plan rev.	I		1/1			3/4		4/5	Met (80.0 %)
L67	Money mgmt. plan	I	3/3	1/2			2/3		6/8	Not Met (75.00 %)

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L68	Funds expendi ture	I	3/3	2/2			3/3		8/8	Met
L69	Expendi ture tracking	I	2/3	1/2			2/3		5/8	Not Met (62.50 %)
L70	Charges for care calc.	I	3/3	2/2			6/6		11/11	Met
L71	Charges for care appeal	I	3/3	2/2			6/6		11/11	Met
L77	Unique needs training	I	3/3	2/2			4/6		9/11	Met (81.82 %)
L80	Sympto ms of illness	L	1/1	2/2			2/2		5/5	Met
L81	Medical emerge ncy	L	1/1	2/2			2/2		5/5	Met
L82	Medicati on admin.	L	1/1	2/2			2/2		5/5	Met
L84	Health protect. Training	I	3/3	2/2			3/6		8/11	Not Met (72.73 %)
L85	Supervi sion	L	1/1	2/2			1/2		4/5	Met (80.0 %)
L86	Require d assess ments	I	2/2				0/5		2/7	Not Met (28.57 %)
L87	Support strategi es	I	2/2	1/1			0/5		3/8	Not Met (37.50 %)
L88	Strategi es implem ented	I	1/3	1/2			3/6		5/11	Not Met (45.45 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L89	Complaint and resolution process	L					2/2		2/2	Met
L90	Personal space/bedroom privacy	I	3/3	2/2			6/6		11/11	Met
L91	Incident management	L	0/1	1/2			0/2		1/5	Not Met (20.0%)
L93 (05/22)	Emergency back-up plans	I	3/3	2/2			6/6		11/11	Met
L94 (05/22)	Assistive technology	I	0/3	1/2			3/6		4/11	Not Met (36.36%)
L96 (05/22)	Staff training in devices and applications	I	1/1	1/1			4/4		6/6	Met
#Std. Met/#76 Indicator									64/76	
Total Score									71/84	
									84.52%	