



**PROVIDER REPORT
FOR**

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

November 26, 2025

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

Review Dates 10/22/2025 - 10/28/2025

**Service Enhancement
Meeting Date** 11/12/2025

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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	6 location(s) 12 audit (s)	Full Review	63/81 2 Year License with Mid-Cycle Review 11/12/2025 - 11/12/2027		Certified 11/12/2025 - 11/12/2027
Residential Services	2 location(s) 4 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 variety of services to individuals with Intellectual and Developmental Disabilities, Brain Injury, Cerebral Palsy and Spinal Cord injuries in the Greater Boston area. UCP operates 24-hour Residential group homes, Individualized Home Supports, and 24-hour ABI/MFP group homes. The agency offers additional services in the community including day habilitation services, family support, personal care attendant services, and adult family care.

For this 2025 Department of Developmental Services (DDS) survey, the DDS Metro Office of Quality Enhancement (OQE) conducted a full licensing review of UCP's Residential Services grouping. As the agency is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), it elected to use the results of its CARF review to meet certification requirements.

The results of this review yielded many positive results. At the organizational level, UCP demonstrated several effective practices relating to licensing. Its Human Rights Committee was active and met both membership composition and meeting frequency requirements. The committee regularly asked questions and requested additional information, and the agency provided prompt responses. The agency demonstrated that it hired qualified new staff and supported professional staff to maintain their licenses.

Relative to licensing, UCP maintained clean and safe homes for individuals receiving residential supports and individual home supports. All locations surveyed had current inspections, and the smoke and carbon monoxide detectors were functional and placed where required. The agency trained both individuals and staff in fire safety, and staff received monthly training at staff meetings on how to respond to various emergency events.

The agency's healthcare oversight system was largely effective. Individuals were supported to receive annual physical and dental examinations. Support staff assisted individuals to receive recommended medical testing and to attend follow-up appointments. Support staff were trained and knowledgeable about how to respond to medical emergencies and how to obtain treatment for any episodic medical conditions.

The agency ensured that individuals were afforded privacy in their bedrooms and during personal care. Communication with and about individuals was respectful, and staff provided support to help individuals understand verbal and written information when needed. The agency also promoted individuals' increased independence using assistive technology devices, and support staff were trained and knowledgeable about their use.

In addition to these positive findings, several areas were identified for the agency to further focus its attention.

Organizationally, the agency should support its staff to complete the required DDS mandated reporter training annually. At each location, the agency should ensure that incident reports are completed within required timelines.

Relative to licensing at the individual level, the agency is required to train individuals annually in how to report abuse and neglect, DPPC, and the agency's grievance policy. The agency also must provide information about these topics to individuals' guardians. When individuals require a medication treatment plan and/or a funds management plan, the agency is encouraged to review these plans to verify they include all required components. The agency also needs to ensure that individuals' health related supports and devices are authorized and have written instructions for safe use, cleaning, and maintenance.

As a result of this licensing review, UCP met 78% of licensing indicators, including all critical indicators; the agency will receive a Two-Year license with Mid-Cycle Review for its residential service grouping. The DDS Metro Office of Quality Enhancement will conduct follow-up on all not met licensure indicators within 60 days following the Service Enhancement Meeting.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Residential and Individual Home Supports	56/73	17/73	
Residential Services Individual Home Supports ABI-MFP Residential Services			
Critical Indicators	8/8	0/8	
Total	63/81	18/81	78%
2 Year License with Mid-Cycle Review			
# indicators for 60 Day Follow-up		18	

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

Indicator #	Indicator	Area Needing Improvement
L83	Support staff are trained in human rights.	All fourteen staff had not been trained in the current DDS mandated reporter curriculum. The agency needs to ensure that all staff are trained in the current mandated reporter curriculum and that all staff receive annual refresher training using the current DDS/DDS approved curriculum.

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

Indicator #	Indicator	Area Needing Improvement
L1	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	For three individuals, annual training had not been provided on how to report allegations of abuse and neglect to the Disabled Persons Protection Commission (DPPC). The agency needs to ensure that all individuals are trained annually on how to report abuse and neglect to DPPC.
L7	Fire drills are conducted as required.	At two of four locations, fire drills were conducted using more than the minimum staffing ratios specified within location safety plans. The agency needs to ensure that fire drills are conducted utilizing staffing ratios as detailed in approved location safety plans.
L8	Emergency fact sheets are current and accurate and available on site.	For six of twelve individuals, their emergency fact sheets were not current. The agency needs to ensure that emergency fact sheets contain all required components, including diagnoses and allergies.

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

Indicator #	Indicator	Area Needing Improvement
L35	Individuals receive routine preventive screenings.	Three of twelve individuals did not receive recommended preventative screenings. The agency should ensure that all individuals receive preventative screenings as recommended for their age and sex.
L43	The health care record is maintained and updated as required.	Seven of twelve individuals' health care records were not current. The agency needs to ensure that health care records are updated within thirty days of new diagnoses, allergies, vaccinations, and in-patient hospitalizations.
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	For three individuals, annual training in human rights and in the agency's grievance procedures was not provided. The agency needs to ensure that all individuals are trained annually in human rights and in how to file a grievance.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	For one individual, the clinical data collected did not align with the targeted behaviors in the positive behavior support (PBS) plan. The agency should ensure that data collected is consistent with the PBS plan.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For five individuals who required the use of health related supports, their devices were not authorized and/or did not have written instructions for proper use, cleaning and maintenance. When individuals require health-related devices, the use of these devices must be authorized by a medical professional. This authorization must include instructions for applying and using the device, instructions for the care and cleaning of the device and the frequency of safety checks.
L63	Medication treatment plans are in written format with required components.	For two individuals, their medication treatment plans did not define target behaviors. One individual was prescribed behavior modifying medication, and the agency did not develop a medication treatment plan. When individuals are prescribed medication to change their behavior, the agency is responsible for developing a medication treatment plan with all required components.
L64	Medication treatment plans are reviewed by the required groups.	Four of ten individuals did not have their medication treatment plan incorporated into their ISP. The agency needs to ensure that medication treatment plans are uploaded to the HCSIS ISP dashboard or forwarded to the Service Coordinator.
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 individuals, the agency assisted them with funds management and did not develop a funds management plan. For one individual, the funds management plan did not include required components. When the agency assists with funds management, it must develop individualized plans that outline its roles and responsibilities in supporting individuals to manage and spend their personal funds.

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

Indicator #	Indicator	Area Needing Improvement
L69	Individual expenditures are documented and tracked.	For five individuals for whom the agency is representative payee, their bank account balances exceeded \$2,000. When the agency is the representative payee for individuals, it must maintain balances at a level to not interfere with entitlements.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For four of nine individuals who used health-related devices, staff were not trained in the proper use, care, and cleaning of the equipment. The agency needs to ensure that staff are trained and knowledgeable in the safe use, application, proper care, and cleaning of health-related devices.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For six of seven individuals, the agency did not submit ISP assessments within DDS timelines. The agency needs to ensure that ISP assessments are submitted to DDS fifteen days prior to the ISP.
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 seven individuals, the agency did not submit their support strategies within DDS timelines. The agency needs to ensure that support strategies are submitted to DDS fifteen days prior to the ISP.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For four of twelve individuals, their ISP objectives were not implemented or were implemented incorrectly. The agency needs to ensure that individuals' ISP objectives are implemented in accordance with their provider support strategies and that information and data are consistently collected on individuals' progress toward personal goal accomplishment.
L91	Incidents are reported and reviewed as mandated by regulation.	At two of six locations, incident reports were not submitted and/or finalized within required timelines. The agency must submit and finalize all incident reports within required timelines.

MASTER SCORE SHEET LICENSURE

Organizational: UNITED CEREBRAL PALSY OF METRO BOSTON

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
PE L2	Abuse/neglect reporting	6/6	Met
L3	Immediate Action	15/15	Met
L4	Action taken	19/23	Met(82.61 %)
L48	HRC	1/1	Met
L74	Screen employees	1/1	Met
L75	Qualified staff	4/4	Met
L76	Track trainings	14/14	Met
L83	HR training	0/14	Not Met(0 %)

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	4/4	2/2			3/6		9/12	Not Met (75.00%)
L5	Safety Plan	L	1/2	2/2			2/2		5/6	Met (83.33%)
℞ L6	Evacuation	L	2/2	2/2			2/2		6/6	Met
L7	Fire Drills	L	2/2				0/2		2/4	Not Met (50.0%)
L8	Emergency Fact Sheets	I	2/4	1/2			3/6		6/12	Not Met (50.0%)
L9 (07/21)	Safe use of equipment	I	4/4	2/2			6/6		12/12	Met
℞ L11	Required inspections	L	2/2	2/2			2/2		6/6	Met
℞ L12	Smoke detectors	L	2/2	2/2			2/2		6/6	Met
℞ L13	Clean location	L	2/2	2/2			2/2		6/6	Met
L14	Site in good repair	L	1/1				2/2		3/3	Met
L15	Hot water	L	2/2	2/2			2/2		6/6	Met
L16	Accessibility	L	2/2	2/2			2/2		6/6	Met
L17	Egress at grade	L	2/2	2/2			2/2		6/6	Met
L19	Bedroom location	L	2/2	1/1			2/2		5/5	Met
L20	Exit doors	L	2/2	2/2			2/2		6/6	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	2/2	2/2			2/2		6/6	Met
L22	Well-maintained appliances	L	2/2	2/2			2/2		6/6	Met
L23	Egress door locks	L	2/2	2/2			2/2		6/6	Met
L24	Locked door access	L	1/2	2/2			1/1		4/5	Met (80.0%)
L25	Dangerous substances	L	2/2	2/2			2/2		6/6	Met
L26	Walkway safety	L	2/2	2/2			2/2		6/6	Met
L28	Flammables	L	1/1	2/2			1/1		4/4	Met
L29	Rubbish/combustibles	L	2/2	2/2			1/2		5/6	Met (83.33%)
L30	Protective railings	L	2/2	2/2			2/2		6/6	Met
L31	Communication method	I	4/4	2/2			6/6		12/12	Met
L32	Verbal & written	I	4/4	2/2			6/6		12/12	Met
L33	Physical exam	I	4/4	2/2			5/6		11/12	Met (91.67%)
L34	Dental exam	I	2/2	2/2			5/6		9/10	Met (90.0%)

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	4/4	2/2			3/6		9/12	Not Met (75.00%)
L36	Recommended tests	I	3/4	1/1			6/6		10/11	Met (90.91%)
L37	Prompt treatment	I	4/4	2/2			6/6		12/12	Met
Ⓡ L38	Physician's orders	I	4/4	1/1			5/6		10/11	Met (90.91%)
L39	Dietary requirements	I	3/3				1/2		4/5	Met (80.0%)
L40	Nutritional food	L	2/2	2/2			2/2		6/6	Met
L41	Healthy diet	L	2/2	2/2			2/2		6/6	Met
L42	Physical activity	L	2/2	2/2			2/2		6/6	Met
L43	Health Care Record	I	3/4	0/2			2/6		5/12	Not Met (41.67%)
L44	MAP registration	L	2/2	2/2			2/2		6/6	Met
L45	Medication storage	L	2/2	2/2			2/2		6/6	Met
Ⓡ L46	Med. Administration	I	4/4	2/2			6/6		12/12	Met
L49	Informed of human rights	I	4/4	2/2			3/6		9/12	Not Met (75.00%)
L50 (07/21)	Respectful Comm.	I	4/4	2/2			6/6		12/12	Met
L51	Possessions	I	4/4	2/2			6/6		12/12	Met
L52	Phone calls	I	4/4	2/2			6/6		12/12	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L53	Visitation	I	4/4	2/2			6/6		12/12	Met
L54 (07/21)	Privacy	I	4/4	2/2			6/6		12/12	Met
L55	Informed consent	I	2/2				3/3		5/5	Met
L57	Written behavior plans	I					1/1		1/1	Met
L60	Data maintenance	I					0/1		0/1	Not Met (0 %)
L61	Health protection in ISP	I	3/3	1/1			0/5		4/9	Not Met (44.44 %)
L63	Med. treatment plan form	I	2/2	2/2			3/6		7/10	Not Met (70.0 %)
L64	Med. treatment plan rev.	I	0/2	1/2			5/6		6/10	Not Met (60.0 %)
L67	Money mgmt. plan	I	4/4				3/6		7/10	Not Met (70.0 %)
L68	Funds expenditure	I	4/4				4/4		8/8	Met
L69	Expenditure tracking	I	2/4				3/6		5/10	Not Met (50.0 %)
L70	Charges for care calc.	I	4/4				5/5		9/9	Met
L71	Charges for care appeal	I	4/4				5/5		9/9	Met
L77	Unique needs training	I	4/4	2/2			6/6		12/12	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L80	Symptoms of illness	L	2/2	2/2			1/2		5/6	Met (83.33%)
L81	Medical emergency	L	2/2	2/2			2/2		6/6	Met
L82	Medication admin.	L	2/2	2/2			2/2		6/6	Met
L84	Health protect. Training	I	3/3	1/1			1/5		5/9	Not Met (55.56%)
L85	Supervision	L	2/2	2/2			1/2		5/6	Met (83.33%)
L86	Required assessments	I	0/1	1/2			0/4		1/7	Not Met (14.29%)
L87	Support strategies	I	0/1	2/2			0/4		2/7	Not Met (28.57%)
L88	Strategies implemented	I	3/4	2/2			3/6		8/12	Not Met (66.67%)
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	2/2	2/2			0/2		4/6	Not Met (66.67%)
L93 (05/22)	Emergency back-up plans	I	4/4	2/2			6/6		12/12	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L94 (05/22)	Assistive technology	1	4/4	2/2			5/6		11/12	Met (91.67%)
L96 (05/22)	Staff training in devices and applications	1	4/4	2/2			5/5		11/11	Met
L99 (05/22)	Medical monitoring devices	1		2/2			1/1		3/3	Met
#Std. Met/#									56/73	
Indicator										
Total Score									63/81	
									77.78%	