



**PROVIDER REPORT
FOR**

**Viability
60 Brookdale Drive
Springfield, MA 01104**

March 08, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	Viability
Review Dates	2/6/2023 - 2/10/2023
Service Enhancement Meeting Date	2/23/2023
Survey Team	Melanie Hutchison (TL) Ken Jones Janina Millet Denise Barci
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	4 location(s) 4 audit (s)	Full Review	59/67 2 Year License 02/23/2023 - 02/23/2025		Certified 02/23/2023 - 02/23/2025
Placement Services	4 location(s) 4 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	8 location(s) 22 audit (s)	Full Review	52/59 2 Year License 02/23/2023 - 02/23/2025		Certified 02/23/2023 - 02/23/2025
Community Based Day Services	3 location(s) 11 audit (s)			Deemed	
Employment Support Services	5 location(s) 11 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	

EXECUTIVE SUMMARY :

Viability, Inc. is a large nonprofit organization that provides employment, day and residential services to individuals diagnosed with a range of intellectual, physical and psychiatric disabilities. The agency's programs are located throughout Massachusetts, Connecticut, New York, Rhode Island, and Oklahoma.

This survey represented a full licensing review of the agency's placement services, community-based day supports (CBDS), and employment supports. Viability is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and has elected to deem CARF in lieu of DDS Certification for its day and residential service groups. Licensure was conducted using a hybrid model of surveying, where most tasks were conducted in-person while some were conducted through remote technologies. The administrative review of Viability consisted of interviews with key administrative staff conducted virtually through Microsoft Teams. Observations, interviews with individuals and staff, review of environmental safety, and review of relevant documentation occurred on-site.

Findings of the licensing review showed that Viability used effective methods to ensure a competent workforce across service types. A review of sampled employees indicated that staff had received all mandatory trainings, including four recently added trainings pertaining to universal precautions, transmission prevention, Positive Behavior Supports, and incident reporting. Staff were knowledgeable about how to respond if an individual was ill or experiencing a medical emergency. Additionally, both day and residential staff demonstrated an understanding of individuals' unique needs and provided individualized supports based on this understanding.

Viability's practices for ensuring environmental safety at both placement services and CBDS locations were largely effective. Locations had current inspections and were clean and well maintained. Environmental safety reviews were completed annually for placement services locations and monthly by a designated safety officer at CBDS locations.

Viability's system for promoting the rights of individuals was another area of strength across service types. Training in human rights and DPPC occurred annually for individuals, and guardians and families received relevant information on individuals' human rights, DPPC, and grievance procedures. Interviews with individuals confirmed that they understood their rights and knew who to talk to if they had concerns or grievances.

A positive finding for placement services was that individuals were supported to maintain a healthy lifestyle. Home care providers encouraged healthy food choices and portion control. They also supported individuals to engage in regular physical activity. For one individual reviewed, the support he received in this area resulted in the improvement of an ongoing medical condition.

For day and employment supports, there were positive findings in the areas of personal safety and communication. At CBDS locations, individuals and staff participated in monthly safety trainings, including fire safety, weather emergencies, and preventing workplace violence. Viability ensured that individuals had emergency back up plans, and both individuals and staff were knowledgeable about what individuals would do in the event of an emergency. The agency also ensured that individuals could communicate with others effectively. For those participants who did not primarily speak English, Viability employed staff who can communicate in Spanish and ASL and offered skills groups for individuals to learn these languages.

In addition to the positive findings noted above, there are licensing areas that would benefit from the agency's attention. For placement services, the agency needs to ensure that approved safety plans are present in the home. Medication treatment plans need to contain all required components and be submitted to the area office for incorporation into individuals' ISPs. Lastly, funds management plans

need to contain all required components, ensure that individuals' funds are used for their benefit, and have a mechanism to track home care provider-assisted transactions.

For day and employment supports, hot water temperature should be maintained no higher than 110F. Authorization from healthcare professionals is needed for use of supportive and protective equipment used by individuals, and all staff must be trained on its use and care. Additionally, ISP assessments, support strategies, and incident reports must be submitted within required timelines.

As a result of this review, Viability will receive a Two-Year License for its Residential service group with a service group score of 88% of licensure indicators met and a Two-Year License for its Employment and Day Support services with a service group score of 88% of licensure indicators met. Both service groups remain Certified as a result of the CARF accreditation. Follow-up will be conducted by OQE within 60 days on all licensing indicators that received a rating of Not Met in the Residential and Employment and Day Supports service groups.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	6/7	1/7	
Residential and Individual Home Supports	53/60	7/60	
Placement Services			
Critical Indicators	6/6	0/6	
Total	59/67	8/67	88%
2 Year License			
# indicators for 60 Day Follow-up		8	

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Employment and Day Supports	45/51	6/51	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	52/59	7/59	88%
2 Year License			
# indicators for 60 Day Follow-up		7	

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 lacked regular attendance of a member with legal expertise. The agency needs to support its human rights committee to meet composition and attendance requirements.

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

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

Indicator #	Indicator	Area Needing Improvement
L5	There is an approved safety plan in home and work locations.	For three placement service locations, an approved Emergency Evacuation Safety Plan was not present in the home. A safety plan approved by the local DDS Area Office where the home is geographically located needs to be present at the placement services location.
L43	The health care record is maintained and updated as required.	One individual did not have a current health care record. The agency needs to ensure that health care records are updated at least annually and within 30 days of a new diagnosis, immunization, or medical hospitalization.
L63	Medication treatment plans are in written format with required components.	For two individuals, medication treatment plans did not contain all required components, including defined target behaviors, measurable criteria to reduce or discontinue medication, data collection methods, and procedures to minimize risk. A third individual was prescribed behavior modifying medication and did not have a medication treatment plan. When medications are administered to control or modify behaviors, the agency needs to ensure that the medication treatment plan addresses all required elements, including a description of the behaviors targeted for treatment defined in observable and measurable terms; method of data collection; procedures to minimize risk, and measurable criteria to prompt discussion with the prescriber about reducing or discontinuing the medication.
L64	Medication treatment plans are reviewed by the required groups.	For two individuals, medication treatment plans were not incorporated into individuals' ISPs. The agency needs to ensure that the individual's medication treatment plan is shared with the DDS Service Coordinator for review by the ISP team and incorporation into the individual's ISP.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For one individual, the funds management plan did not address all required components. The agency needs to develop funds-management plans that outline the roles and responsibilities of the agency in supporting individuals to manage and spend their personal funds. These plans must be individualized and include the amount of money individuals can manage independently. Additionally, funds management plans are subject to annual written agreement from the individual or his/her guardian.
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.	For one individual, checks for personal spending were written to the home care provider. There was no mechanism in place to support that the individual's funds were used for his benefit. The agency needs to ensure that it employs an oversight mechanism to confirm that expenditures of individuals' funds are only made for their benefit.

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 one individual, there was no financial tracking in place to monitor provider-assisted transactions. The agency needs to ensure that a transaction record and receipts are kept documenting all home care provider-assisted transactions, including the date, amount received or dispersed, and the purpose of the transaction. Transaction records must be kept in a manner that can be readily followed, reviewed, and audited.

Employment/Day 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 location, the hot water temperature exceeded the acceptable range for public lavatory sinks. The agency needs to ensure that the hot water temperature at CBDS locations does not exceed 110F.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For one individual, use of health-related supports and protective equipment was not authorized, and there were no written instructions for their use and care. When individuals require health-related equipment and devices, the use of these devices must be authorized by a medical professional. This authorization must include instructions for applying and using the device, along with instructions for the care of the device as well as frequency of safety checks.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For one individual who used health-related equipment and 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 use and application of health-related equipment and devices authorized for individuals. This training must include the proper care of the device as well as the frequency of conducting safety checks.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For six individuals, ISP assessments were not submitted to DDS within required timelines. The agency needs to ensure that ISP assessments are submitted to DDS within 15 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 individuals, provider support strategies were not submitted to DDS within required timelines. The agency needs to ensure that provider support strategies are submitted to DDS within 15 days prior to the ISP.

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

Indicator #	Indicator	Area Needing Improvement
L91	Incidents are reported and reviewed as mandated by regulation.	At three locations, incidents were not submitted within required timelines. The agency needs to ensure that incident reports are submitted and reviewed within required timelines.

MASTER SCORE SHEET LICENSURE

Organizational: Viability

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
PE L2	Abuse/neglect reporting	3/3	Met
L3	Immediate Action	4/4	Met
L4	Action taken	1/1	Met
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	4/4	Met
L76	Track trainings	9/9	Met
L83	HR training	9/9	Met
L92 (07/21)	Licensed Sub-locations (e/d).	1/1	Met

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				4/4	Met
L5	Safety Plan	L			1/4				1/4	Not Met (25.00%)
℞ L6	Evacuation	L			4/4				4/4	Met
L8	Emergency Fact Sheets	I			3/4				3/4	Met
L10	Reduce risk interventions	I			1/1				1/1	Met
℞ L11	Required inspections	L			4/4				4/4	Met
℞ L12	Smoke detectors	L			3/4				3/4	Met
℞ L13	Clean location	L			4/4				4/4	Met
L14	Site in good repair	L			4/4				4/4	Met
L15	Hot water	L			3/4				3/4	Met
L16	Accessibility	L			4/4				4/4	Met
L17	Egress at grade	L			4/4				4/4	Met
L19	Bedroom location	L			4/4				4/4	Met
L21	Safe electrical equipment	L			4/4				4/4	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L22	Well-maintained appliances	L			4/4				4/4	Met
L24	Locked door access	L			4/4				4/4	Met
L26	Walkway safety	L			4/4				4/4	Met
L27	Pools, hot tubs, etc.	L			3/3				3/3	Met
L29	Rubbish/combustibles	L			4/4				4/4	Met
L30	Protective railings	L			4/4				4/4	Met
L31	Communication method	I			4/4				4/4	Met
L32	Verbal & written	I			4/4				4/4	Met
L33	Physical exam	I			3/3				3/3	Met
L34	Dental exam	I			2/2				2/2	Met
L35	Preventive screenings	I			3/3				3/3	Met
L36	Recommended tests	I			3/3				3/3	Met
L37	Prompt treatment	I			4/4				4/4	Met
L39	Dietary requirements	I			1/1				1/1	Met
L41	Healthy diet	L			4/4				4/4	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L42	Physical activity	L			4/4				4/4	Met
L43	Health Care Record	I			2/3				2/3	Not Met (66.67 %)
L46	Med. Administration	I			2/2				2/2	Met
L47	Self medication	I			2/2				2/2	Met
L49	Informed of human rights	I			4/4				4/4	Met
L50 (07/21)	Respectful Comm.	I			4/4				4/4	Met
L51	Possessions	I			3/4				3/4	Met
L52	Phone calls	I			4/4				4/4	Met
L53	Visitation	I			4/4				4/4	Met
L54 (07/21)	Privacy	I			4/4				4/4	Met
L63	Med. treatment plan form	I			0/3				0/3	Not Met (0 %)
L64	Med. treatment plan rev.	I			0/2				0/2	Not Met (0 %)
L67	Money mgmt. plan	I			2/3				2/3	Not Met (66.67 %)
L68	Funds expenditure	I			2/3				2/3	Not Met (66.67 %)
L69	Expenditure tracking	I			2/3				2/3	Not Met (66.67 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L70	Charges for care calc.	I			4/4				4/4	Met
L71	Charges for care appeal	I			4/4				4/4	Met
L77	Unique needs training	I			4/4				4/4	Met
L78	Restrictive Int. Training	L			1/1				1/1	Met
L80	Symptoms of illness	L			4/4				4/4	Met
L81	Medical emergency	L			4/4				4/4	Met
L85	Supervision	L			4/4				4/4	Met
L86	Required assessments	I			3/3				3/3	Met
L87	Support strategies	I			3/3				3/3	Met
L88	Strategies implemented	I			4/4				4/4	Met
L90	Personal space/bedroom privacy	I			3/4				3/4	Met
L91	Incident management	L			4/4				4/4	Met
L93 (05/22)	Emergency back-up plans	I			4/4				4/4	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L94 (05/22)	Assistive technology	I			4/4				4/4	Met
L96 (05/22)	Staff training in devices and applications	I			1/1				1/1	Met
L99 (05/22)	Medical monitoring devices	I			1/1				1/1	Met
#Std. Met/# 60 Indicator									53/60	
Total Score									59/67	
									88.06%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	11/11		11/11	22/22	Met
L5	Safety Plan	L			3/3	3/3	Met
L6	Evacuation	L			3/3	3/3	Met
L7	Fire Drills	L			3/3	3/3	Met
L8	Emergency Fact Sheets	I	10/11		10/11	20/22	Met (90.91 %)
L9 (07/21)	Safe use of equipment	I			10/10	10/10	Met
L10	Reduce risk interventions	I	1/1		3/3	4/4	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
℞ L11	Required inspections	L			3/3	3/3	Met
℞ L12	Smoke detectors	L			3/3	3/3	Met
℞ L13	Clean location	L			3/3	3/3	Met
L14	Site in good repair	L			2/2	2/2	Met
L15	Hot water	L			2/3	2/3	Not Met (66.67 %)
L16	Accessibility	L			3/3	3/3	Met
L17	Egress at grade	L			3/3	3/3	Met
L20	Exit doors	L			3/3	3/3	Met
L21	Safe electrical equipment	L			3/3	3/3	Met
L22	Well-maintained appliances	L			3/3	3/3	Met
L25	Dangerous substances	L			3/3	3/3	Met
L26	Walkway safety	L			3/3	3/3	Met
L28	Flammables	L			2/2	2/2	Met
L29	Rubbish/combustibles	L			3/3	3/3	Met
L30	Protective railings	L			3/3	3/3	Met
L31	Communication method	I	11/11		11/11	22/22	Met
L32	Verbal & written	I	11/11		11/11	22/22	Met
L37	Prompt treatment	I	11/11		11/11	22/22	Met
℞ L38	Physician's orders	I			1/1	1/1	Met
L39	Dietary requirements	I			1/1	1/1	Met
L44	MAP registration	L			2/2	2/2	Met
L45	Medication storage	L			1/1	1/1	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
℞ L46	Med. Administration	I			3/3	3/3	Met
L49	Informed of human rights	I	11/11		11/11	22/22	Met
L50 (07/21)	Respectful Comm.	I	11/11		11/11	22/22	Met
L51	Possessions	I	11/11		11/11	22/22	Met
L52	Phone calls	I	11/11		11/11	22/22	Met
L54 (07/21)	Privacy	I	11/11		11/11	22/22	Met
L61	Health protection in ISP	I			0/1	0/1	Not Met (0 %)
L63	Med. treatment plan form	I			1/1	1/1	Met
L64	Med. treatment plan rev.	I			1/1	1/1	Met
L77	Unique needs training	I	11/11		11/11	22/22	Met
L80	Symptoms of illness	L	3/3		3/3	6/6	Met
L81	Medical emergency	L	3/3		3/3	6/6	Met
℞ L82	Medication admin.	L			1/1	1/1	Met
L84	Health protect. Training	I			0/1	0/1	Not Met (0 %)
L85	Supervision	L	3/3		3/3	6/6	Met
L86	Required assessments	I	4/9		7/8	11/17	Not Met (64.71 %)
L87	Support strategies	I	5/9		7/8	12/17	Not Met (70.59 %)
L88	Strategies implemented	I	11/11		11/11	22/22	Met
L91	Incident management	L	2/3		1/3	3/6	Not Met (50.0 %)
L93 (05/22)	Emergency back-up plans	I	11/11		11/11	22/22	Met
L94 (05/22)	Assistive technology	I	11/11		11/11	22/22	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L96 (05/22)	Staff training in devices and applications	I	8/8		4/4	12/12	Met
#Std. Met/# 51 Indicator						45/51	
Total Score						52/59	
						88.14%	