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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** | 6 location(s)  9 audit (s) | Full Review | 70/75 2 Year License 10/08/2021 - 10/08/2023 |  | Certified 10/08/2021 - 10/08/2023 | | Residential Services | 1 location(s)  3 audit (s) |  |  | Deemed |  | | Placement Services | 3 location(s)  3 audit (s) |  |  | Deemed |  | | Individual Home Supports | 2 location(s)  3 audit (s) |  |  | Deemed |  | | Planning and Quality Management |  |  |  | Deemed |  | |  | |

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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  |
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|  | |  | | --- | | Victory Human Services has been operating in the Boston area since 2000. The agency provides services to individuals with Intellectual and Developmental Disabilities and Acquired Brain Injury. Recently, the agency moved its main office from Dorchester to Brockton MA and has expanded its service area. The agency operates 24-hour Residential Supports, Individual Home Supports, and Placement Services (Shared Living) options. Victory Human Services also provides a variety of other services including Adult Foster Care.    This 2021 Department of Developmental Services (DDS) Office of Quality Enhancement survey included a full review of all licensing indicators applicable to adult services in 24-hour residential, individualized home supports, and placement homes. The agency elected to use its Council on Accreditation (COA) accreditation for deeming in lieu of a DDS certification review. The licensing review covered domains such as personal and environmental safety, communication, health, human rights, competent and skilled workforce, goal development and implementations and COVID 19 Safety practices.    Victory Human Services showed demonstrative improvement in the quality of services it provides. Staff competency was evident, as the agencies systems for staff training, development and supervision was seen to be robust and effective. The agencies policies for Human Rights and DPPC reporting were effective as gleamed from record reviews and interviews. The agency also had good systems for environmental oversight, as evident from the effective practices observed across the agency.   Across all residential settings, the agency successfully met several of the indicators relating to licensing. In the area of medical, healthcare was well supported; medical and dental appointments were mostly up to date, and medication was well administered with clear and accurate records kept. In addition, health care records and emergency fact sheets were well-maintained. Funds management was another area of strength for Victory; individual expenditure was observed to be appropriately supported and documented. In the area of the ISP, assessments and goals submission was timely, and goals were consistently being implemented. The survey also showed that staff and home Providers were well-informed about the individuals they served, with a concerted focus on individual's medical and unique needs training. This was further confirmation of the effective staff training and tracking system Surveyors noted. There was consistent training on individual medical and other unique needs. Staff, individuals, and their guardians received training on Human Rights & Abuse and Neglect.  Staff knowledge was also highly evident within placement homes; Placement providers were well-matched to the individuals living with them and were very familiar with their needs. Staff across the agency was very responsive to the needs of individuals, especially during the pandemic. Records showed that measures were taken to reassure individuals, and communication showed respect, patience and understanding. The agency was proactive about instituting covid 19 safety measures; these included strict measures aimed at preventing the virus spread like restricting staff flow across the agency and other agencies. The strict measures, strict cleaning policies and covid screenings resulted in the agency's success in keeping its individuals safe during the pandemic  The individuals the agency supports would benefit from additional focus in a few areas where requirements were not met. The Human Rights Committee was one such area; the committee did not meet the required number of times over the past 2 years, and therefore did not meet its mandate. The agency should also ensure that in the medical area, preventative medical screenings are scheduled and supported according to medical recommendations, and that medication treatment plans are submitted to the ISP teams. Environmentally, hot water temperature was an issue; the agency will need to conduct regular inspections at residential and Placement homes and maintain temperatures to be within the required parameters. Additionally, when in place, individuals and guardians need to be informed of any restrictive practices that affect an individual.   Based on the findings of this survey, Victory Human Services has earned a Two-Year License for the Residential Service Grouping (including Individual Home Supports and Placement Services) with 93% of licensing indicators receiving a rating of Met. Based on this result, the agency will conduct its own follow-up for the licensing indicators that rated Not Met and submit the results to the Office of Quality Enhancement within 60 days of the service enhancement meeting. The agency is also certified for its Residential Service Grouping in consideration of its COA accreditation. | | |  |

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|  | |  |  |  | | --- | --- | --- | |  |  |  | | |  | | --- | | **LICENSURE FINDINGS** | |  |  | |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **7/8** | **1/8** |  | | **Residential and Individual Home Supports** | **63/67** | **4/67** |  | | Residential Services  Individual Home Supports  Placement Services |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **70/75** | **5/75** | **93%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **5** |  | |  |  |  |  | | |  | |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | **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 human rights committee did not meet the required number of times over the past 2 years, and therefore did not meet its mandate. The agency needs to ensure that its human rights committee meets the required number of times each year and meet all its mandates. | | | | |  |
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|  | |  | | --- | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  | |  | |  | **Residential Commendations on Standards Met:** | | | |  | **Indicator #** | **Indicator** | **Commendations** | |  | L77 | The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals. | The agency demonstrated good systems for the training of staff in the mandated areas and unique needs of individual served. In addition, documentation of training was well maintained. | |  |  | |  | |  | **Residential 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 three of the five locations, water temperature measured outside of the required range.  The agency needs to ensure that water temperature is maintained to be within the required range. | |  | L35 | Individuals receive routine preventive screenings. | Two of the seven individuals did not receive the required preventative screenings.  The agency needs to ensure that individuals that they serve receive the recommended medical screenings. | |  | 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 one individual, there was no information developed to inform the guardian of a restrictive practice intended for another individual that affected all individuals in the home. The agency needs to ensure that guardians are informed of any restrictive practices within the home that may affect all individuals living there. | |  | L64 | Medication treatment plans are reviewed by the required groups. | For four of six individuals, the medication treatment plan had not been submitted to the ISP team for review.  The agency needs to ensure that Medication Treatments plans are submitted to the ISP team. | | |  | |  |

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|  | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | |  |  |  |
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|  | |  | | --- | | **Organizational: Victory Human Services** | | |  |  |
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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **6/6** | **Met** | |  | L3 | Immediate Action | **2/2** | **Met** | |  | L4 | Action taken | **2/2** | **Met** | |  | L48 | HRC | **0/1** | **Not Met(0 % )** | |  | L74 | Screen employees | **3/3** | **Met** | |  | L75 | Qualified staff | **2/2** | **Met** | |  | L76 | Track trainings | **1/1** | **Met** | |  | L83 | HR training | **6/6** | **Met** | | | |  |

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|  | |  | | --- | | **Residential and Individual Home Supports:** | |  |  |  |
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Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | 3/3 | 3/3 | 3/3 |  |  |  | **9/9** | **Met** | |  | L5 | Safety Plan | L | 1/1 | 2/2 | 3/3 |  |  |  | **6/6** | **Met** | | O | L6 | Evacuation | L | 1/1 | 2/2 | 3/3 |  |  |  | **6/6** | **Met** | |  | L7 | Fire Drills | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L8 | Emergency Fact Sheets | I | 3/3 | 3/3 | 3/3 |  |  |  | **9/9** | **Met** | |  | L9 (07/21) | Safe use of equipment | I | 3/3 | 3/3 |  |  |  |  | **6/6** | **Met** | |  | L10 | Reduce risk interventions | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | | O | L11 | Required inspections | L | 1/1 | 1/1 | 2/3 |  |  |  | **4/5** | **Met (80.0 %)** | | O | L12 | Smoke detectors | L | 1/1 | 1/1 | 3/3 |  |  |  | **5/5** | **Met** | | O | L13 | Clean location | L | 1/1 | 2/2 | 3/3 |  |  |  | **6/6** | **Met** | |  | L14 | Site in good repair | L | 1/1 | 1/1 | 3/3 |  |  |  | **5/5** | **Met** | |  | L15 | Hot water | L | 1/1 | 0/1 | 1/3 |  |  |  | **2/5** | **Not Met (40.0 %)** | |  | L16 | Accessibility | L | 1/1 | 1/1 | 3/3 |  |  |  | **5/5** | **Met** | |  | L17 | Egress at grade | L | 1/1 | 1/1 | 3/3 |  |  |  | **5/5** | **Met** | |  | L18 | Above grade egress | L |  | 1/1 | 3/3 |  |  |  | **4/4** | **Met** | |  | L20 | Exit doors | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L21 | Safe electrical equipment | L | 1/1 | 1/1 | 3/3 |  |  |  | **5/5** | **Met** | |  | L22 | Well-maintained appliances | L | 1/1 | 1/1 | 3/3 |  |  |  | **5/5** | **Met** | |  | L24 | Locked door access | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L25 | Dangerous substances | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L26 | Walkway safety | L | 1/1 | 1/1 | 3/3 |  |  |  | **5/5** | **Met** | |  | L29 | Rubbish/combustibles | L | 1/1 | 1/1 | 2/2 |  |  |  | **4/4** | **Met** | |  | L30 | Protective railings | L | 1/1 | 1/1 | 3/3 |  |  |  | **5/5** | **Met** | |  | L31 | Communication method | I | 3/3 | 3/3 | 3/3 |  |  |  | **9/9** | **Met** | |  | L32 | Verbal & written | I | 3/3 | 3/3 | 3/3 |  |  |  | **9/9** | **Met** | |  | L33 | Physical exam | I | 3/3 | 3/3 | 3/3 |  |  |  | **9/9** | **Met** | |  | L34 | Dental exam | I | 3/3 | 3/3 | 2/3 |  |  |  | **8/9** | **Met (88.89 %)** | |  | L35 | Preventive screenings | I | 1/2 | 2/2 | 2/3 |  |  |  | **5/7** | **Not Met (71.43 %)** | |  | L36 | Recommended tests | I | 2/2 | 2/2 | 3/3 |  |  |  | **7/7** | **Met** | |  | L37 | Prompt treatment | I | 2/2 | 2/2 | 3/3 |  |  |  | **7/7** | **Met** | | O | L38 | Physician's orders | I | 2/2 | 1/1 | 1/1 |  |  |  | **4/4** | **Met** | |  | L39 | Dietary requirements | I |  | 1/1 | 1/1 |  |  |  | **2/2** | **Met** | |  | L40 | Nutritional food | L | 1/1 | 2/2 |  |  |  |  | **3/3** | **Met** | |  | L41 | Healthy diet | L | 1/1 | 2/2 | 3/3 |  |  |  | **6/6** | **Met** | |  | L42 | Physical activity | L | 1/1 | 2/2 | 3/3 |  |  |  | **6/6** | **Met** | |  | L43 | Health Care Record | I | 3/3 | 3/3 | 3/3 |  |  |  | **9/9** | **Met** | |  | L44 | MAP registration | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L45 | Medication storage | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | | O | L46 | Med. Administration | I | 2/2 |  | 3/3 |  |  |  | **5/5** | **Met** | |  | L47 | Self medication | I |  |  | 1/1 |  |  |  | **1/1** | **Met** | |  | L49 | Informed of human rights | I | 3/3 | 3/3 | 3/3 |  |  |  | **9/9** | **Met** | |  | L50 (07/21) | Respectful Comm. | I | 3/3 | 3/3 | 3/3 |  |  |  | **9/9** | **Met** | |  | L51 | Possessions | I | 3/3 | 3/3 | 3/3 |  |  |  | **9/9** | **Met** | |  | L52 | Phone calls | I | 3/3 | 3/3 | 3/3 |  |  |  | **9/9** | **Met** | |  | L53 | Visitation | I | 3/3 | 3/3 | 3/3 |  |  |  | **9/9** | **Met** | |  | L54 (07/21) | Privacy | I | 3/3 | 3/3 | 3/3 |  |  |  | **9/9** | **Met** | |  | L56 | Restrictive practices | I |  |  | 0/1 |  |  |  | **0/1** | **Not Met (0 %)** | |  | L61 | Health protection in ISP | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L62 | Health protection review | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L63 | Med. treatment plan form | I | 1/1 | 2/2 | 3/3 |  |  |  | **6/6** | **Met** | |  | L64 | Med. treatment plan rev. | I | 1/1 | 0/2 | 1/3 |  |  |  | **2/6** | **Not Met (33.33 %)** | |  | L67 | Money mgmt. plan | I | 1/2 | 2/2 | 3/3 |  |  |  | **6/7** | **Met (85.71 %)** | |  | L68 | Funds expenditure | I | 2/2 | 2/2 | 3/3 |  |  |  | **7/7** | **Met** | |  | L69 | Expenditure tracking | I | 2/2 | 2/2 | 2/3 |  |  |  | **6/7** | **Met (85.71 %)** | |  | L70 | Charges for care calc. | I | 3/3 | 1/1 | 3/3 |  |  |  | **7/7** | **Met** | |  | L71 | Charges for care appeal | I | 3/3 | 1/1 | 3/3 |  |  |  | **7/7** | **Met** | |  | L77 | Unique needs training | I | 3/3 | 3/3 | 3/3 |  |  |  | **9/9** | **Met** | |  | L80 | Symptoms of illness | L | 1/1 | 1/1 | 3/3 |  |  |  | **5/5** | **Met** | |  | L81 | Medical emergency | L | 1/1 | 2/2 | 3/3 |  |  |  | **6/6** | **Met** | | O | L82 | Medication admin. | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L84 | Health protect. Training | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L85 | Supervision | L | 1/1 | 2/2 | 3/3 |  |  |  | **6/6** | **Met** | |  | L86 | Required assessments | I |  | 3/3 | 3/3 |  |  |  | **6/6** | **Met** | |  | L87 | Support strategies | I | 1/1 | 3/3 | 3/3 |  |  |  | **7/7** | **Met** | |  | L88 | Strategies implemented | I | 3/3 | 3/3 | 3/3 |  |  |  | **9/9** | **Met** | |  | L90 | Personal space/ bedroom privacy | I | 2/3 | 3/3 | 3/3 |  |  |  | **8/9** | **Met (88.89 %)** | |  | L91 | Incident management | L | 0/1 | 2/2 | 3/3 |  |  |  | **5/6** | **Met (83.33 %)** | |  | **#Std. Met/# 67 Indicator** |  |  |  |  |  |  |  |  | **63/67** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **70/75** |  | |  |  |  |  |  |  |  |  |  |  | **93.33%** |  | | | |  |
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