



**PROVIDER REPORT  
FOR**

**Victory Human Services  
P.O.BOX 240934  
Dorchester, MA 02124**

**December 21, 2023**

**Version**

**Public Provider Report**

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

# **SUMMARY OF OVERALL FINDINGS**

**Provider** Victory Human Services

**Review Dates** 10/17/2023 - 10/23/2023

**Service Enhancement Meeting Date** 11/6/2023

**Survey Team** Margareth Larrieux (TL)  
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**Citizen Volunteers**

**Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	8 location(s) 11 audit (s)	Full Review	58/79 Defer Licensure		Certified
Residential Services	2 location(s) 5 audit (s)			Deemed	
Placement Services	3 location(s) 3 audit (s)			Deemed	
Individual Home Supports	3 location(s) 3 audit (s)			Deemed	
Planning and Quality Management				Deemed	

## **EXECUTIVE SUMMARY :**

Founded in 2000, Victory Human Services (VHS) is a non-profit human services agency based in Boston, MA. The agency provides services to individuals with Intellectual and Developmental Disabilities and Acquired Brain Injuries in Greater Boston and surrounding areas. VHS operates 24-hour Residential Supports, Individual Home Supports (IHS), and Placement Services (Shared Living); it also offers other community services such as Adult Foster Care and MRC transitional assistance services.

For the 2023 survey, The Department of Developmental Services (DDS) Metro Office of Quality Enhancement, conducted a full licensing review of VHS's organizational system and supports offered in its 24/7 residential, IHS, and placement services. The agency was deemed for certification due to its Council on Accreditation (COA) accreditation.

Organizationally, as it relates to staff competency, the screening of potential employees of VHS occurred at hire, and credentialed staff licenses were found to be current. In the area of human rights, immediate action was taken to protect people when complaints were filed, and action plans were implemented as recommended.

Across residential services, Victory Human Services had some effective systems and processes. Environmentally, locations visited had current emergency evacuation safety and back-up plans, and individuals were supported to evacuate homes within 2.5 minutes during emergency preparedness fire drill. Additionally, annual inspections were current and safety requirements such as functional smoke and carbon monoxide detectors were in place. Individuals had lockable doors for privacy and bedrooms were decorated to suit their individual preferences and taste.

In the area of healthcare, individual's emergency fact sheets were current, and people were supported to attend annual physical and dental appointments. When needed, physician orders and treatment protocols were well implemented. In the area of financial, when Victory had shared or delegated money management responsibilities, plans were in place and agreed upon. Additionally, charges for care were correctly calculated and agreements were obtained from competent individuals and legal guardians; people were also informed of their appeal rights for the charges.

Survey results showed that in the human rights domain, individuals were informed, and guardian notified of their human rights; people were also aware of the procedures relative to abuse and neglect reporting. VHS promoted communication, visitation and relationships between individuals, family members and friends. Relative to assistive technology, individuals were assessed for assistive technology that would promote independence, and staff were familiar with supporting individuals with technology devices that were in use. Overall, incident reporting was occurring in line with requirements.

The survey revealed several licensure areas where additional attention is needed from the agency to meet requirements. Organizationally, staff training was an area of concern; Victory staff did not receive all the DDS mandated trainings. In the area of human rights, the agency's human rights committee did not meet several mandates including those for membership and meeting attendance. In the area of the ISP, assessments and support strategies submission did not meet expectations, and ISP goals were not implemented as agreed upon (modifications to the ISP were also not supported when needed). In the area of money management, when the agency had shared or delegated money management responsibilities, expenditure tracking was not maintained in line with requirements; additionally, some individual's funds were maintained at levels that exceeded SSI asset requirements and could affect their health insurance and other entitlements. Relative to staff development, issues uncovered in various domains and at different sites reflected lax supervision and oversight.

Based on the finding of this survey, Victory Human Services met 73% of licensing indicators in the residential service grouping; and the agency did not meet the required standard for one critical indicator (L46: medication administration). The agency is thus, in Deferred license status for the residential service grouping. The DDS Metro office of Quality Enhancement will conduct a follow-up review of licensing indicators that were not met in residential within 60 days of the SEM meeting. If the agency meets standards, including for the one critical indicator at follow-up, it will then earn a two-year license with mid-cycle review for that service grouping. The residential service grouping is certified based on the application of the agencies accreditation by COA.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	5/8	3/8	
<b>Residential and Individual Home Supports</b>	53/71	18/71	
Residential Services Individual Home Supports Placement Services			
<b>Critical Indicators</b>	7/8	1/8	
<b>Total</b>	58/79	21/79	73%
<b>Defer Licensure</b>			
<b># indicators for 60 Day Follow-up</b>		21	

### **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 (HRC) did not meet regulatory mandates including for membership and meeting attendance. The agency needs to ensure that its human rights committee meets all regulatory mandates.
L76	The agency has and utilizes a system to track required trainings.	The agency did not have an effective staff training tracking system; all six staff that were sampled were missing training on DDS mandated topics. The agency needs to ensure that staff receive training and are current on all DDS mandated training topics.
L83	Support staff are trained in human rights.	All six Victory staff that were sampled were not trained on abuse and neglect reporting, a component of human rights. The agency needs to ensure that staff are trained on all DDS mandated trainings, including abuse and neglect reporting.

### **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 four of the seven locations, hot water temperature tested outside allowable limits. The agency needs to ensure that water temperature is maintained within acceptable limit at all sites.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L21	Electrical equipment is safely maintained.	At two of eight locations, electrical equipment was not maintained as required. The agency needs to ensure that electrical equipment is safely maintained at all sites.
L28	Flammables are stored appropriately.	At one of three locations, flammable materials were not appropriately stored. The agency needs to ensure that flammable materials are stored appropriately.
L30	Every porch, balcony, deck or roof used as a porch or deck has a wall or protective railing in good repair.	At two of eight locations, parts of the home's structure that are crucial to safe navigation were not in good repair. The agency needs to ensure that all parts of the home are maintained to be in good repair.
L35	Individuals receive routine preventive screenings.	For four of eleven individuals, preventive screenings for medical conditions were not supported. The agency needs to ensure that routine and preventive screenings are made, and appointments are kept.
L36	Recommended tests and appointments with specialists are made and kept.	For three of the nine individuals, recommended test and appointments with specialist had not occurred. The agency needs to ensure that recommended test with specialty referrals and follow up appointments are made and kept.
L43	The health care record is maintained and updated as required.	Six of eleven individual's health care records were not updated and accurate. The agency needs to ensure that health care records are maintained and updated as required.
L45	Medications are stored in a locked container or area in which nothing except such medications are stored.	At one of two locations, medication was not stored appropriately. The agency needs to ensure that medication is stored in a locked container or area where nothing but medication is stored.
℞ L46	All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.	For two of nine individuals, medication was not administered in accordance with medication administration policy (MAP). The agency needs to ensure that all prescription medications are administered according to MAP.
L50 (07/21)	Written and oral communication with and about individuals is respectful.	For three of eleven individuals, written and/or oral communication with and about individuals was not respectful. The agency needs to ensure that written and oral communication with and about individuals is respectful.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For two individuals, supports health-related equipment outline was not in place for some equipment being used. The agency needs to ensure that a supports and health-related outline with all components included is maintained for all equipment being used by individuals.

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

Indicator #	Indicator	Area Needing Improvement
L63	Medication treatment plans are in written format with required components.	For all six individuals, medication treatment plans were either inaccurate or were missing required components. The agency needs to ensure that medication treatment plan when needed are developed to contain all required components including data that is tracked and shared with prescribing physicians.
L69	Individual expenditures are documented and tracked.	For all seven individuals with whom the agency has shared or delegated funds management responsibilities, individual expenditure was not being tracked appropriately. The agency needs to ensure that expenditure is appropriately tracked for all individuals with whom the agency has shared or delegated money management responsibilities.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For two individuals, staff were not trained on the correct utilization of the health-related protections that were in use. The agency needs to ensure that staff are trained on the utilization of health-related protections per regulation.
L85	The agency provides ongoing supervision, oversight and staff development.	At three of eight locations, ongoing supervision, oversight and staff development was inevident. The agency needs to ensure that it consistently provides ongoing supervision, oversight and staff development in all its programs.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For one of three individuals, required assessments for the ISP were not developed and submitted within the required timeframe in preparation for the ISP meeting. The agency needs to ensure that required assessments are developed and submitted in HCSIS at least 15 days prior to scheduled ISP meetings.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For one of three individuals, support strategies were not developed and submitted within the required timeframe in preparation for the ISP meeting. The agency needs to ensure that support strategies are submitted in HCSIS at least 15 days prior to scheduled ISP meetings.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For five of eleven individuals, goals were not being implemented as agreed to in the ISP support strategies. The agency needs to ensure that support strategies agreed upon in the individual's ISPs are consistently and fully implemented.



## MASTER SCORE SHEET LICENSURE

Organizational: Victory Human Services

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
PE L2	Abuse/neglect reporting	8/10	Met(80.0 % )
L3	Immediate Action	6/6	Met
L4	Action taken	6/6	Met
L48	HRC	0/1	Not Met(0 % )
L74	Screen employees	3/3	Met
L75	Qualified staff	2/2	Met
L76	Track trainings	0/6	Not Met(0 % )
L83	HR training	0/6	Not Met(0 % )

**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	5/5	3/3	3/3				11/11	Met
L5	Safety Plan	L	1/2	3/3	3/3				7/8	Met (87.50%)
R L6	Evacuation	L	2/2	3/3	3/3				8/8	Met
L7	Fire Drills	L	1/1						1/1	Met
L8	Emergency Fact Sheets	I	4/5	3/3	2/3				9/11	Met (81.82%)
L9 (07/21)	Safe use of equipment	I	5/5	3/3					8/8	Met
L10	Reduce risk interventions	I			1/1				1/1	Met
R L11	Required inspections	L	2/2	2/2	2/3				6/7	Met (85.71%)
R L12	Smoke detectors	L	2/2	2/2	3/3				7/7	Met
R L13	Clean location	L	2/2	1/2	3/3				6/7	Met (85.71%)
L14	Site in good repair	L	2/2	1/2	3/3				6/7	Met (85.71%)
L15	Hot water	L	1/2	0/2	2/3				3/7	Not Met (42.86%)
L16	Accessibility	L	2/2	3/3	3/3				8/8	Met
L17	Egress at grade	L	2/2	3/3	3/3				8/8	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L18	Above grade egress	L	1/1	3/3	3/3				7/7	Met
L19	Bedroom location	L		1/1	1/1				2/2	Met
L20	Exit doors	L	2/2	2/2					4/4	Met
L21	Safe electrical equipment	L	2/2	2/3	2/3				6/8	Not Met (75.00%)
L22	Well-maintained appliances	L	2/2	2/3	3/3				7/8	Met (87.50%)
L23	Egress door locks	L	1/1	2/2					3/3	Met
L24	Locked door access	L	1/1	2/2	3/3				6/6	Met
L25	Dangerous substances	L	2/2	3/3					5/5	Met
L26	Walkway safety	L	2/2	3/3	3/3				8/8	Met
L28	Flammables	L	1/2	1/1					2/3	Not Met (66.67%)
L29	Rubbish/combustibles	L	2/2	3/3	3/3				8/8	Met
L30	Protective railings	L	2/2	1/3	3/3				6/8	Not Met (75.00%)
L31	Communication method	I	5/5	3/3	3/3				11/11	Met
L32	Verbal & written	I	5/5	3/3	3/3				11/11	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L33	Physical exam	I	5/5	3/3	3/3				11/11	Met
L34	Dental exam	I	4/5	3/3	3/3				10/11	Met (90.91%)
L35	Preventive screenings	I	3/5	2/3	2/3				7/11	Not Met (63.64%)
L36	Recommended tests	I	2/5	3/3	1/1				6/9	Not Met (66.67%)
L37	Prompt treatment	I	5/5	3/3	3/3				11/11	Met
℞ L38	Physician's orders	I			2/2				2/2	Met
L40	Nutritional food	L	2/2	3/3					5/5	Met
L41	Healthy diet	L	2/2	3/3	3/3				8/8	Met
L42	Physical activity	L	2/2	3/3	3/3				8/8	Met
L43	Health Care Record	I	4/5	1/3	0/3				5/11	Not Met (45.45%)
L44	MAP registration	L	2/2						2/2	Met
L45	Medication storage	L	1/2						1/2	Not Met (50.0%)
℞ L46	Med. Administration	I	4/5	1/1	2/3				7/9	Not Met (77.78%)
L47	Self medication	I		2/2					2/2	Met
L49	Informed of human rights	I	5/5	3/3	3/3				11/11	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L50 (07/21)	Respectful Comm.	I	2/5	3/3	3/3				8/11	Not Met (72.73 %)
L51	Possessions	I	5/5	3/3	3/3				11/11	Met
L52	Phone calls	I	5/5	3/3	2/2				10/10	Met
L53	Visitation	I	5/5	3/3	3/3				11/11	Met
L54 (07/21)	Privacy	I	5/5	3/3	3/3				11/11	Met
L55	Informed consent	I	1/1	2/2	1/2				4/5	Met (80.0 %)
L61	Health protection in ISP	I		0/1	0/1				0/2	Not Met (0 %)
L63	Med. treatment plan form	I	0/3	0/1	0/2				0/6	Not Met (0 %)
L64	Med. treatment plan rev.	I	3/3	1/1	1/2				5/6	Met (83.33 %)
L67	Money mgmt. plan	I	3/3	3/3	2/3				8/9	Met (88.89 %)
L68	Funds expenditure	I	3/3	2/2	3/3				8/8	Met
L69	Expenditure tracking	I	0/3	0/1	0/3				0/7	Not Met (0 %)
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	2/3				6/7	Met (85.71 %)
L77	Unique needs training	I	5/5	3/3	3/3				11/11	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	3/3	3/3				8/8	Met
L81	Medical emergency	L	2/2	3/3	3/3				8/8	Met
L82	Medication admin.	L	2/2						2/2	Met
L84	Health protect. Training	I		0/1	0/1				0/2	Not Met (0 %)
L85	Supervision	L	1/2	2/3	2/3				5/8	Not Met (62.50 %)
L86	Required assessments	I		1/2	1/1				2/3	Not Met (66.67 %)
L87	Support strategies	I		1/2	1/1				2/3	Not Met (66.67 %)
L88	Strategies implemented	I	2/5	2/3	2/3				6/11	Not Met (54.55 %)
L90	Personal space/bedroom privacy	I	5/5	3/3	3/3				11/11	Met
L91	Incident management	L	2/2	2/3	1/1				5/6	Met (83.33 %)
L93 (05/22)	Emergency back-up plans	I	5/5	3/3	3/3				11/11	Met
L94 (05/22)	Assistive technology	I	5/5	2/2	2/3				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
L96 (05/22)	Staff training in devices and applications	1	2/2	1/1	1/1				4/4	Met
<b>#Std. Met/#</b>									53/71	
<b>Total Score</b>									58/79	
									73.42%	