

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

Mid-Cycle Review Final Report

Provider WESTERN MASS TRAINING CONSORTIUM Provider Address 187 High St Suite 202, Holyoke

Survey Team Adorno,Elsa; McNamara,Melanie; Himes,Marisa; Date(s) of Review 04-AUG-25 to 07-AUG-25

Mid-Cycle Scope and results :					
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated at Mid-Cycle	Sanction status prior to Mid-Cycle	Combined Results post-Mid-Cycle;	Sanction status post Mid-Cycle
Residential and Individual Home Supports 9 Locations 13 Audits	Defer Licensure	6/8	<input checked="" type="checkbox"/> Eligible for new business <input type="checkbox"/> Ineligible for new business.	2 Year License with Mid-Cycle Review 86/89 (96.63%)	<input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met) <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)

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Summary of Ratings

Organizational Areas Needing Improvement on Standards not met:

Indicator #	L48
Indicator	HRC
Area Need Improvement	The agency's human rights committee (HRC) did not meet membership criteria due to a nurse or medical professional not attending the required number of meetings. The agency needs to ensure that required HRC members are regular attendees and active participants in human rights committee meetings.
Status at mid-cycle	Not Met (0/1). The agency's Human Rights Committee did not meet membership requirements as it did not include at least three individuals receiving supports, and/or parents/ guardians/ advocates. Additionally, a nurse or medical professional did not attend the required number of meetings, missing five meetings over the past year. The agency needs to ensure that requisite HRC members are in place and attend meetings regularly to actively participate in human rights committee deliberations.
#met /# rated at mid-cycle	0/1
Rating	NOT MET

Indicator #	L65
Indicator	Restraint report submit
Area Need Improvement	There were ten total restraint reports that were documented in HCSIS. Of the ten restraint reports, five restraint reports were submitted within the required timelines. The agency needs to ensure that all restraint reports are submitted to DDS and finalized within the required timelines.

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Status at mid-cycle	Not Rated. There were reportedly no restraints that occurred over the past year.
#met /# rated at mid-cycle	
Rating	NOT RATED

Residential and Individual Home Supports Areas Needing Improvement on Standards not met:

Indicator #	L12
Indicator	Smoke detectors
Area Need Improvement	At one location the smoke detector system was not interconnected when tested and there was not a carbon monoxide detector located within 10 feet of the bedrooms of the home. At another location the carbon monoxide detector located within 10 feet of the individual's bedroom was not working. The agency needs to ensure that all locations have a properly working, interconnected smoke detector system and that all locations have properly working carbon monoxide detectors within 10 feet of all bedrooms.
Status at mid-cycle	Met (5/6). At five locations, smoke detectors and carbon monoxide detectors were present where required and fully operational. At one location the smoke and CO detection system was not fully interconnected and operational per requirement.
#met /# rated at mid-cycle	5/6
Rating	MET

Indicator #	L33
Indicator	Physical exam

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Area Need Improvement	For two of eight individuals reviewed, there had not been a physical examination within the past 15 months. The agency needs to ensure that all individuals receive physical examinations within 15 months of their last physical examination.
Status at mid-cycle	Met (10/12). For 10 out of 12 individuals, annual physicals records were present and had occurred within 15 months of the previous physical examinations. Two individuals did not receive annual physicals within 15 months of their last examination.
#met /# rated at mid-cycle	10/12
Rating	MET

Indicator #	L56
Indicator	Restrictive practices
Area Need Improvement	For one home reviewed, there were environmental restrictions in place (door and window chimes). For the individuals in the home who did not require the restriction, there was no mitigation plan in place to ensure that individual's rights were not unduly restricted, for example, turning the door chimes off when the individual they are in place for is not home. The agency needs to ensure that all restrictive practices have plans in place that address the mitigation strategies for the other individuals living in the home.
Status at mid-cycle	Met (5/5). For five individuals, restrictive practices in place, including a buckle guard, door/window chimes, locked basement, and locked sharps were included in written plans with all required components in place.
#met /# rated at mid-cycle	5/5
Rating	MET

Indicator #	L86
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Indicator	Required assessments
Area Need Improvement	For three individuals, ISP assessments were not completed within the required timelines. The agency needs to ensure that provider support strategies are submitted to DDS at least 15 days prior to the ISP.
Status at mid-cycle	Met (6/6). For six individuals, the ISP assessments were completed and submitted within the required timeframes.
#met /# rated at mid-cycle	6/6
Rating	MET

Indicator #	L87
Indicator	Support strategies
Area Need Improvement	For three individuals, ISP support strategies were not completed within the required timelines. The agency needs to ensure that provider support strategies are submitted to DDS at least 15 days prior to the ISP.
Status at mid-cycle	Met (6/6). For six individuals, the ISP support strategies were completed and submitted within the required timeframes.
#met /# rated at mid-cycle	6/6
Rating	MET

Indicator #	L88
Indicator	Strategies implemented

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Area Need Improvement	For seven individuals services and support strategies identified and agreed upon in the ISP for which the provider had responsibility for implementing were not being consistently tracked or documented. The agency needs to ensure that individual's ISP goals and support strategies are being consistently implemented and data demonstrating progress is documented for all individuals.
Status at mid-cycle	Met (13/13). For all individuals reviewed, the support strategies identified and agreed upon in the ISP were being implemented with data tracked and documented.
#met /# rated at mid-cycle	13/13
Rating	MET

Indicator #	L91
Indicator	Incident management
Area Need Improvement	At two locations, reportable incidents were not submitted within required timelines. The agency needs to ensure that incident reports are submitted to DDS and finalized within required timelines.
Status at mid-cycle	Not Met (7/9). At two locations, incidents were not submitted and/or finalized within the required timeframes. The agency needs to ensure that incident reports are submitted to DDS and finalized within required timelines in HCSIS.
#met /# rated at mid-cycle	7/9
Rating	NOT MET