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|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | | |  |  |
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|  | |  | | --- | | Westport Associates Incorporated, established in 1980, is a non-profit human service agency providing intensive residential supports to thirteen individuals with intellectual disabilities living in the greater Fall River area. The agency continues to pride itself as purposefully very small and personalized, and despite recent changes in leadership and management, the agency's mission remains unchanged. The scope of this survey conducted by the Department of Developmental Services (DDS) Office of Quality Enhancement (OQE) was a full review of all licensing and certification indicators.   Agency has cultivated well established relationships with the individuals supported, their families and guardians, and other community resources such as day service, employment, and health care providers. Despite the challenges of the COVID-19 pandemic, the agency demonstrated a continued commitment to supporting individuals to live a healthy, active, and self-directed lifestyles. This was evidenced by the provision of prompt medical care and thorough oversight of medical coordination and medication administration. Individuals were supported to make informed decisions regarding healthy lifestyle options, such as well-balanced meal planning and a variety of physical activities in their homes and community.  Organizationally, the agency demonstrated strengths in several areas. The agency has an accurate and effective system for maintaining an accurate database for all required staff trainings. In the area of human rights, the agency has effective mechanisms in place to ensure key safeguards related to individual's human rights, including the reporting and follow-up of allegations of abuse/neglect and staff training on human rights and mandated reporting. Individuals supported by Westport Associates Inc. are encouraged to lead valued and dignified and inclusive lifestyles. This was evidenced by both staff and individuals' knowledge of human rights, as well as individuals' active participation in agency governance and human rights advocacy activities. For example, one of the individuals included in this review serves on the agency's Board of Directors, and the agency's Human Rights Committee includes four supported individuals (one of which is the Committee's Chairperson).   In the licensure domain the agency demonstrated several areas of strength, including, but not limited to the following. Across all service types, individuals and their guardians had been trained/informed of their human rights, including information and training on how to file a complaint of abuse or neglect. Individuals' homes were found to be clean, safe, in good repair, and accessible to individuals living in them. In the area of medication administration, effective systems were in place for monitoring the safe administration of medications and for assessing individuals' ability to self-administer their medication. Healthcare management was another area where the agency displayed competency in ensuring that individuals' healthcare needs were being provided in an effective and timely manner, including recommended tests and appointments with specialists and prompt treatment for acute and episodic health care conditions.  Within the certification domain, staff interactions were observed to be genuinely respectful, characterized by staff's efforts to work collaboratively with the individual to ensure that their interests and preferences were identified and supported. Additionally, individuals were supported to be as independent as possible with their self-care activities, daily routines, etc. Individuals reviewed were active in their respective communities, attending various spiritual, social, and recreational activities. Staff supported one individual attend weekly religious services and attend professional sporting events. Another individual attended weekly Zumba classes in the community, and to local hair and nail salons. As a result of these activities, both individuals had established social contacts/relationships within the community where people acknowledge them by name. Individual choice was promoted and respected through individuals' and their guardian/family's participation in an annual satisfaction survey, along with more often spontaneous, informal dialogue with their staff.  Finally, it was observed that individuals are encouraged to maintain ongoing personal relationships. For example, both individuals and their staff have access to a list of important dates such as birthdays and anniversaries of significant people in their lives. Staff support them to acknowledge these dates/events by scheduling get togethers, making phone calls, or sending cards.   The agency would benefit from strengthening its Human Rights Committee, specifically ensuring that membership, and meeting attendance regularly includes members with all areas of required expertise. Other areas that require attention include that when medication treatment plans are required, that unique behavioral data is collected, and that the plans are included in the individual's ISP. For individuals who are self-medicating, the agency needs to access and their ability and implement a process for them to safely secure their medications, as well as ensure that staff have been trained in all of individual's supports and health related protections. Within certification domain, the agency will benefit from a further assessment of individuals' assistive technology needs and develop plans to support them in this area.   The outcome of this licensing and certification has resulted in Westport Associates Inc. receiving a two-year license for their Residential Services. The agency achieved a 'Met' rating for 64 of 71 licensing indicators for a score of 90%. The agency also received a two-year certification, achieving a 'Met' rating for 27 of 28 indicators, resulting in a score of 96%. | |  | |  |

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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | |  |  | | |  | | --- | | **LICENSURE FINDINGS** | | | |  |  | |  | | |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **6/7** | **1/7** |  | | **Residential and Individual Home Supports** | **58/64** | **6/64** |  | | Residential Services |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **64/71** | **7/71** | **90%** | | **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 Human Rights Committee (HRC) has lacked legal expertise for the past year, and five of the last eight meetings attendance has lacked all expertise representation. The agency needs to ensure that HRC membership and attendance meets expertise representation. | |  |  | | | |  |
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|  | |  | | --- | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **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). | Hot water temperature at one home location exceeded the maximum of 120 degrees.  The agency needs to ensure that water temperatures are between 110 and 120 degrees. | |  | L47 | | | Individuals are supported to become self medicating when appropriate. | One individual who is self-medicating has not demonstrated the ability to store the medications in a safe and secure manner. The agency needs to ensure that that individuals self-administering their medications are capable of safely storing and securing their medications. | |  | L64 | | | Medication treatment plans are reviewed by the required groups. | One medication treatment plan had not been included in the individual's ISP. The agency needs to ensure that medication treatment plans are reviewed by all required groups. | |  | L68 | | | Expenditures of individual's funds are made only for purposes that directly benefit the individual. | One individual utilized personal funds to purchase home items that were the responsibility of the agency. The agency needs to ensure that all individual's expenditures are for the purpose that directly benefits the individual. | |  | L84 | | | Staff / care providers are trained in the correct utilization of health related protections per regulation. | Staff at one home had not been trained on an individual's health related support. The agency needs to ensure that staff are trained on all supports/health related protections. | |  | L86 | | | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | One individual's assessment was not submitted within required timelines in preparation for the ISP. The agency needs to ensure that assessment submission timelines are met as required. | | |  | |  |

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|  | |  | | --- | | **CERTIFICATION FINDINGS** | | | |  |  |  |
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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Planning and Quality Management Commendations on Standards Met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Commendations** | |  | C3 | | | The provider actively solicits and utilizes input from the individuals and families regarding satisfaction with services. | It is noted that the agency has made extraordinary efforts to include people served in its organizational structure and processes for their input and involvement when making decisions regarding agency service goals and improvements. This is exemplified by one of the individuals surveyed serving on the agency's Board of Directors, and the agency's Human Rights Committee includes four supported individuals (one of which is the Committee's Chairperson). The agency is to be commended for their efforts to provide people served with an active voice in organization's governance and oversight functions. | |  |  | | |  |  | |  |  | | |  |
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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Residential Services- Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | One individual's assistive technology assessment lacked a plan that identified areas of needed assistance and a strategy to introduce assistive technology to maximize his independence. The agency needs to ensure that all individuals have been assessed to identify any assistive technology that may be of benefit. | |  |  | | |  |  | |  |  | | |  |

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|  | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | | | |  |  |  |
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|  | |  | | --- | | **Organizational: WESTPORT ASSOCIATES** | |  | | |  |  |
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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **2/2** | **Met** | |  | L3 | Immediate Action | **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 | **3/4** | **Met(75.00 % )** | |  | L83 | HR training | **4/4** | **Met** | |  |  | | |  |

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|  | |  | | --- | | **Residential and Individual Home Supports:** | | | | |  |  |  |  |
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|  | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **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 | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L5 | Safety Plan | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L6 | Evacuation | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L7 | Fire Drills | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L8 | Emergency Fact Sheets | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L9 (07/21) | Safe use of equipment | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L11 | Required inspections | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L12 | Smoke detectors | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L13 | Clean location | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L14 | Site in good repair | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L15 | Hot water | L | 1/2 |  |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L16 | Accessibility | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L17 | Egress at grade | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L20 | Exit doors | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L21 | Safe electrical equipment | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L22 | Well-maintained appliances | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L24 | Locked door access | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L25 | Dangerous substances | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L26 | Walkway safety | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L27 | Pools, hot tubs, etc. | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L29 | Rubbish/combustibles | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L31 | Communication method | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L32 | Verbal & written | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L33 | Physical exam | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L34 | Dental exam | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L35 | Preventive screenings | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L36 | Recommended tests | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L37 | Prompt treatment | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L38 | Physician's orders | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L40 | Nutritional food | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L41 | Healthy diet | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L42 | Physical activity | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L43 | Health Care Record | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L44 | MAP registration | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L45 | Medication storage | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | | O | L46 | Med. Administration | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L47 | Self medication | I | 0/1 |  |  |  |  |  | **0/1** | **Not Met (0 %)** | |  | L49 | Informed of human rights | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L50 (07/21) | Respectful Comm. | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L51 | Possessions | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L52 | Phone calls | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L53 | Visitation | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L54 (07/21) | Privacy | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L55 | Informed consent | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | 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 |  |  |  |  |  | **1/1** | **Met** | |  | L64 | Med. treatment plan rev. | I | 0/1 |  |  |  |  |  | **0/1** | **Not Met (0 %)** | |  | L67 | Money mgmt. plan | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L68 | Funds expenditure | I | 1/2 |  |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L69 | Expenditure tracking | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L70 | Charges for care calc. | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L71 | Charges for care appeal | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L77 | Unique needs training | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L80 | Symptoms of illness | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L81 | Medical emergency | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L82 | Medication admin. | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L84 | Health protect. Training | I | 0/1 |  |  |  |  |  | **0/1** | **Not Met (0 %)** | |  | L85 | Supervision | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L86 | Required assessments | I | 1/2 |  |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L87 | Support strategies | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L88 | Strategies implemented | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L90 | Personal space/ bedroom privacy | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L91 | Incident management | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | **#Std. Met/# 64 Indicator** |  |  |  |  |  |  |  |  | **58/64** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **64/71** |  | |  |  |  |  |  |  |  |  |  |  | **90.14%** |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | |  | | | |  |  |  |
|  |  | | | |  |  |  |  |
|  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Certification - Planning and Quality Management** |  |  |  | | | | |  | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | |  | C1 | | | | Provider data collection | 1/1 | **Met** | |  | C2 | | | | Data analysis | 1/1 | **Met** | |  | C3 | | | | Service satisfaction | 1/1 | **Met** | |  | C4 | | | | Utilizes input from stakeholders | 1/1 | **Met** | |  | C5 | | | | Measure progress | 1/1 | **Met** | |  | C6 | | | | Future directions planning | 1/1 | **Met** | |  |  | | | |  |  |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Residential Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 2/2 | **Met** | | C8 | | | | Family/guardian communication | 2/2 | **Met** | | C9 | | | | Personal relationships | 2/2 | **Met** | | C10 | | | | Social skill development | 2/2 | **Met** | | C11 | | | | Get together w/family & friends | 2/2 | **Met** | | C12 | | | | Intimacy | 2/2 | **Met** | | C13 | | | | Skills to maximize independence | 2/2 | **Met** | | C14 | | | | Choices in routines & schedules | 2/2 | **Met** | | C15 | | | | Personalize living space | 2/2 | **Met** | | C16 | | | | Explore interests | 2/2 | **Met** | | C17 | | | | Community activities | 2/2 | **Met** | | C18 | | | | Purchase personal belongings | 2/2 | **Met** | | C19 | | | | Knowledgeable decisions | 2/2 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 2/2 | **Met** | | C46 | | | | Use of generic resources | 2/2 | **Met** | | C47 | | | | Transportation to/ from community | 2/2 | **Met** | | C48 | | | | Neighborhood connections | 2/2 | **Met** | | C49 | | | | Physical setting is consistent | 2/2 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 2/2 | **Met** | | C52 | | | | Leisure activities and free-time choices /control | 2/2 | **Met** | | C53 | | | | Food/ dining choices | 2/2 | **Met** | | C54 | | | | Assistive technology | 1/2 | **Not Met (50.0 %)** | |  | | | |  |  |  | |  |  | | | |  |  |