



**PROVIDER REPORT
FOR
WESTPORT ASSOCIATES
P.O. Box N565
Westport, MA 02790**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	WESTPORT ASSOCIATES
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Review Dates	3/27/2024 - 4/1/2024
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Service Enhancement Meeting Date	4/16/2024
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Survey Team	Kayla Condon (TL)
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Citizen Volunteers	
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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	2 location(s) 3 audit (s)	Full Review	59/74 Defer Licensure		26 / 26 Certified
Residential Services	2 location(s) 3 audit (s)			Full Review	20 / 20
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

Westport Associates Incorporated, established in 1980, is a non-profit human service agency providing 24 hour residential supports to thirteen individuals in the greater Fall River area. 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.

Organizationally, the agency demonstrated strengths in several areas. All staff have received training regarding human rights and mandated reporting. Upon hire, all staff meet the agency's minimum requirements. When a DPPC was filed, swift action was taken by the agency to ensure the individual's safety.

Within licensing, several strengths were noted. Within the domain of health, the menus and food offerings were focused on providing balanced meals with a variety of options. This commitment to balanced nutrition was exemplified by the successful weight loss achieved by one individual. All individuals had received annual physical and dental exams. They also attended appointment follow-ups as recommended by their healthcare provider such as visits with dermatology, neurology and GI. Within the domain of goal development and implementation, all individuals were supported to meet their goals, which were developed based on individuals' aspirations and areas of importance. Environmentally, all locations had the required inspections and smoke/carbon monoxide detectors were present and functioning. Homes reflected each individuals' personal tastes and had many photos of family and friends present throughout.

There were several areas of strength identified within certification. Within the domain of choice, control, and growth, a focus on the individuals' preferences was present. Individuals were supported to be active and valued members of their community. The activities were customized to suit each person's interests, providing a wide variety of experiences in different locations and events. The agency is commended for its strengths within this area. In the domain of supporting and enhancing relationships, special attention was made to ensure the individuals maintained valuable relationships with friends and families. Individuals would send cards/gifts to loved ones. Phone calls and visits with family regularly occurred both in the community and within their home. At one home, individuals were invited to celebrate Easter with their families, and they actively participated in creating the menu for the special meal. Lastly, individuals were afforded the opportunity to provide feedback related to the staff and supports that they received. Feedback was utilized to help create professional goals for staff to help better support the individuals.

The licensing review revealed several areas that require additional strengthening. Within the domain of competent and skilled workforce all staff must be properly trained to utilize ancillary MAP practices and must only administer medication within the scope of MAP. Additional oversights are needed to ensure that all healthcare management protocols are implemented, and that staff are knowledgeable regarding actions steps. When health related supportive equipment is required, a physician's authorization must occur that details when and how to use the equipment. Within the realm of money management, The agency needs to ensure it obtains agreement for all money management plans, and that it ensures that individuals are not paying for expenses that are the agency's responsibility.

Westport Associates Inc. met 78% of licensing indicators, with two critical indicators receiving an overall rating of not met. The agency is thus in deferred license status and is prohibited from accepting any new business from DDS during this period. Follow-up on all not met licensing indicators, including the two critical indicators, will be conducted by DDS Southeast OQE within 60 days of the SEM. If the agency meets 80% or greater of licensing indicators and the two critical indicators at follow-up, the agency will receive a two-year license with a mid-cycle review, and the sanction on new business will be lifted. The agency has received a two-year certification, achieving a 'Met' rating for all 28 indicators, resulting in a score of 100%.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	5/7	2/7	
Residential and Individual Home Supports	54/67	13/67	
Residential Services			
Critical Indicators	6/8	2/8	
Total	59/74	15/74	80%
Defer Licensure			
# indicators for 60 Day Follow-up		15	

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 HRC did not have a medical representative present for six of eight meetings. The agency needs to ensure the HRC has all required committee members.
L76	The agency has and utilizes a system to track required trainings.	Three of four staff reviewed did not have the required incident reporting training. The agency needs to ensure all staff have the mandated trainings.

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

Indicator #	Indicator	Area Needing Improvement
L7	Fire drills are conducted as required.	At two locations awake fire drills were not conducted at the minimum staffing ratio noted in the Safety Plan. The agency needs to ensure all fire drill are conducted with the noted minimum staff to individual ratios.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	The hot water exceeded 120 degrees at one location. The agency needs to ensure hot water temperature tests between 110 and 120 degrees.
L16	The location is adapted and accessible to the needs of the individuals.	The toilet was not accessible via Hoyer lift or physical transfer to one of the individuals at one of the two locations reviewed. The agency needs to ensure that the home is accessible to each individual's needs.

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

Indicator #	Indicator	Area Needing Improvement
L35	Individuals receive routine preventive screenings.	Two of three individuals had not received or have preventative screenings/vaccinations discussed with their HCP. The agency needs to ensure that preventative screenings and vaccinations are discussed with the HCP and occur based on their recommendations.
℞ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For one of two individuals, staff were not knowledgeable regarding a healthcare management protocol. The agency needs to ensure that when a healthcare management plan is necessary, that all staff are trained and knowledgeable.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	There was not authorization for health-related protective equipment for three individuals. The agency needs to ensure that when health related protective equipment is required that it is authorized by a licensed provider.
L64	Medication treatment plans are reviewed by the required groups.	The medication treatment plan was not included in the ISP. The agency needs to ensure medication treatment plans are reviewed by the required groups.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	The agency had not obtained agreement from the guardian or individuals for three money management plans. For one plan, it did not describe the system for supporting the individual with their funds. The agency needs to ensure that there is a written plan in place when the agency has shared or delegated money management responsibility and that it obtains agreement for these plans by the guardian/individual.
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.	For one of three individuals, funds were used for household expenses. The agency needs to ensure expenditures of an individual's funds are made only for purposes that directly benefit the individual.
L69	Individual expenditures are documented and tracked.	A gift card was not tracked for one of three individuals. The agency needs to ensure that all funds, including gift card, are documented and tracked.
℞ L82	Medications are administered by licensed professional staff or by MAP certified staff (or by PCAs) for individuals unable to administer their own medications.	At one of two locations non-licensed staff were administering insulin. Additionally, staff were utilizing a glucometer and had not been trained per MAP policy. The agency needs to ensure that medications are administered by licensed professional staff or by MAP certified staff with additional trainings provided as needed.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	Staff were not trained in the correct utilization of individuals health-related protective equipment. The agency needs to ensure staff are trained in the correct utilization of all health-related protections.

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

Indicator #	Indicator	Area Needing Improvement
L94 (05/22)	Individuals have assistive technology to maximize independence.	One of three individuals had not been assessed to determine if assistive technology (AT) could be used to maximize their independence, nor was any AT being implemented. The agency needs to ensure individuals have assistive technology to maximize independence.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	20/20	0/20	
Residential Services	20/20	0/20	
Total	26/26	0/26	100%
Certified			

Residential Services Commendations on Standards Met:

Indicator #	Indicator	Commendations
C17	Community activities are based on the individual's preferences and interests.	Activities were based on each person's unique interests and preferences. Individuals determined when, where, and with whom they would attend community events with. Staff were aware of each individual's likes and dislikes for activities and whom they prefer to attend activities with. Activities included sporting events, concerts, visiting loved one's gravesites, going to local restaurants, church, attending community holiday parties, the beach, museums and vacations of varying lengths including cruises. Individuals were supported to explore their community both individually and with friends. The agency is commended for its efforts to provide person centered supports that promote an active community presence that is based on the individuals' preferences.

MASTER SCORE SHEET LICENSURE

Organizational: WESTPORT ASSOCIATES

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	3/3	Met
L3	Immediate Action	1/1	Met
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	1/1	Met
L75	Qualified staff	3/3	Met
L76	Track trainings	1/4	Not Met(25.00 %)
L83	HR training	4/4	Met

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	3/3						3/3	Met
L5	Safety Plan	L	2/2						2/2	Met
R L6	Evacuation	L	2/2						2/2	Met
L7	Fire Drills	L	0/2						0/2	Not Met (0 %)
L8	Emergency Fact Sheets	I	3/3						3/3	Met
L9 (07/21)	Safe use of equipment	I	3/3						3/3	Met
R L11	Required inspections	L	2/2						2/2	Met
R L12	Smoke detectors	L	2/2						2/2	Met
R 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	1/2						1/2	Not Met (50.0 %)
L17	Egress at grade	L	2/2						2/2	Met
L18	Above grade egress	L	1/1						1/1	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L19	Bedroom location	L	1/1						1/1	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
L28	Flammables	L	2/2						2/2	Met
L29	Rubbish/combustibles	L	2/2						2/2	Met
L30	Protective railings	L	2/2						2/2	Met
L31	Communication method	I	3/3						3/3	Met
L32	Verbal & written	I	3/3						3/3	Met
L33	Physical exam	I	3/3						3/3	Met
L34	Dental exam	I	3/3						3/3	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L35	Preventive screenings	I	1/3						1/3	Not Met (33.33 %)
L36	Recommended tests	I	3/3						3/3	Met
L37	Prompt treatment	I	3/3						3/3	Met
R L38	Physician's orders	I	1/2						1/2	Not Met (50.0 %)
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	3/3						3/3	Met
L44	MAP registration	L	2/2						2/2	Met
L45	Medication storage	L	2/2						2/2	Met
R L46	Med. Administration	I	3/3						3/3	Met
L49	Informed of human rights	I	3/3						3/3	Met
L50 (07/21)	Respectful Comm.	I	3/3						3/3	Met
L51	Possessions	I	3/3						3/3	Met
L52	Phone calls	I	3/3						3/3	Met
L53	Visitation	I	3/3						3/3	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L54 (07/21)	Privacy	I	3/3						3/3	Met
L61	Health protection in ISP	I	0/3						0/3	Not Met (0 %)
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	0/3						0/3	Not Met (0 %)
L68	Funds expenditure	I	2/3						2/3	Not Met (66.67 %)
L69	Expenditure tracking	I	2/3						2/3	Not Met (66.67 %)
L70	Charges for care calc.	I	3/3						3/3	Met
L71	Charges for care appeal	I	3/3						3/3	Met
L77	Unique needs training	I	3/3						3/3	Met
L80	Symptoms of illness	L	2/2						2/2	Met
L81	Medical emergency	L	2/2						2/2	Met
L82	Medication admin.	L	1/2						1/2	Not Met (50.0 %)
L84	Health protect. Training	I	0/3						0/3	Not Met (0 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L85	Supervision	L	2/2						2/2	Met
L86	Required assessments	I	3/3						3/3	Met
L87	Support strategies	I	3/3						3/3	Met
L88	Strategies implemented	I	3/3						3/3	Met
L90	Personal space/bedroom privacy	I	3/3						3/3	Met
L91	Incident management	L	2/2						2/2	Met
L93 (05/22)	Emergency back-up plans	I	3/3						3/3	Met
L94 (05/22)	Assistive technology	I	2/3						2/3	Not Met (66.67 %)
L96 (05/22)	Staff training in devices and applications	I	1/1						1/1	Met
#Std. Met/# 67 Indicator									54/67	
Total Score									59/74	
									79.73%	

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	3/3	Met
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	3/3	Met
C10	Social skill development	3/3	Met
C11	Get together w/family & friends	3/3	Met
C12	Intimacy	3/3	Met
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	2/2	Met
C16	Explore interests	3/3	Met
C17	Community activities	3/3	Met
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	3/3	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	3/3	Met
C49	Physical setting is consistent	2/2	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	3/3	Met
C53	Food/ dining choices	3/3	Met