



**PROVIDER REPORT  
FOR**

**COOPERATIVE FOR HUMAN  
SERVICES**

**420 Bedford St, Ste. 100  
Lexington, MA 02420**

**Version**

**PROVIDER REPORT- with  
findings from targeted review  
and self-assessment processes**

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

## SUMMARY OF OVERALL FINDINGS

<b>Provider</b>	COOPERATIVE FOR HUMAN SERVICES
<b>Review Dates</b>	3/13/2014 - 3/18/2014
<b>Service Enhancement Meeting Date</b>	3/27/2014
<b>Survey Team</b>	Steve Goldberg (TL) Alejandra Guzman Joyce Herrmann
<b>Citizen Volunteers</b>	

### **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>	12 location(s) 12 audit (s)	Targeted Review	DDS 9 / 9 Provider 76 / 76  85 / 85 2 Year License 03/27/2014 - 03/27/2016		
Residential Services	8 location(s) 8 audit (s)			Provider Targeted Review	0 / 0 Certified
Individual Home Supports	4 location(s) 4 audit (s)			Provider Targeted Review	0 / 0 Certified

### **Survey scope and findings for Planning and Quality Management**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
Planning and Quality Management	N/A	N/A	N/A	Provider Targeted Review	0/0 Certified

## **EXECUTIVE SUMMARY :**

The Cooperative for Human Services, Inc. (CHS) is a not for profit organization providing residential support options to developmentally disabled individuals. Agency supports are primarily funded by the Massachusetts Department of Developmental Services (DDS) and are located in its Northeast region. The range of residential options includes twenty-four hour homes, less than 24 hour supports, and individual home supports (IHS).

Due to the very positive outcome of the agency's previous DDS survey (March, 2012), CHS was able to choose to complete a comprehensive self-assessment. Paired with this self-assessment, DDS Quality Enhancement staff also completed a review of eight critical indicators at eight (8) CHS residential sites, as well as with four people receiving Individual Home Supports (IHS). The results of this combined survey process are described below.

The DDS survey of 24-hour homes was focused primarily on the safety and maintenance of people's homes and health. All eight homes were found to be clean and well maintained, required inspections were in place, and fire drills were held as required and exceeded DDS standards in terms of frequency (monthly as opposed to four times annually). The agency utilized a single pharmacy to supply medication to all its homes. There was a consistency of practice, procedure and documentation in regards to medication. At all eight homes, all critical indicators reviewed received a rating of "met".

Four individuals receiving individualized residential supports were also surveyed. Their records were reviewed at the CHS drop-in center in Malden. Individuals live independently in their own apartment and as such can choose to not be visited by surveyors. However, three of the four individuals came to the drop-in center and were interviewed. Supporting documentation indicated that all were self-medicating, that they participated in two fire drills per year, that support staff had regular contact and assisted or helped to ensure that apartments were safe and well maintained. Relevant indicators were all "met" for these four individuals

CHS managers have continued to focus on how to most effectively utilize technology in support of the agency's mission. Significant time and resources went into the development of management systems specifically geared to meet the agency's needs, while mirroring practices and expectations reflective of DDS OQE standards. Currently, staff at all locations have access to this system, allowing them to complete shift notes, receive email and information on training, agency policies and procedures, and even access ISP related documents and forms. Managers can access information remotely from any location on everything from restrictive practices, to fire drill information, safety protocols, and behavior plans, and can access a computer grid providing information on staff training in 21 different areas, including mandated training as well as individual specific protocols from dietary plans to the use of supportive devices. Technology enables managers to communicate more effectively with staff, put well trained supporters where they are needed, and better manage schedules. CHS also developed sites for staff to utilize to obtain human resource related information, as well as training resources on a variety of health related topics including Alzheimer's disease, GERD, fall prevention, swallowing and food textures (including a video so staff can actually see what textures should look like). Surveyors had the opportunity to see the system in action in the course of the survey process. The system's effectiveness and usefulness is an excellent example of the use of technology as a best practice in the provision of human services.

As a result of this review, the Cooperative for Human Services has received a Two-Year License having met standards for 100% of the licensing indicators reviewed. In two years, OQE will complete a full licensing and certification review. Congratulations and thank you to all CHS staff, and the people they support, for such a positive outcome. The agency's self-assessment report follows below.

## **Description of Self-Assessment Process:**

CHS, Inc. employs a multi-dimensional approach to managing and achieving quality on behalf of all of its stakeholders. Our foundation for quality management begins with our Strategic Plan; establishing the course and vision for agency-wide service quality through a combination of long term goals (3- 5 years) and short-term objectives (1- 2 years) that connect DDS service standards with operational initiatives and outcomes. CHS Inc. has developed and refined its interconnected systems that link the Strategic Planning Process to Agency-wide Program Evaluation & Tracking (incidents, investigations, MOR's restraints, etc.), Residential & Individual Supports Program Evaluation, Interdisciplinary Systems Auditing to ensure service quality. Our quality assurance systems effectively identify individual, programmatic, or systemic issues, patterns, and trends and create a formal means to ensure timely corrective action and continual re-assessment. The following outlines how CHS continuously ensures that all DDS licensure standards are met and sustained.

Our Program Evaluation and Tracking is a transparent, internet-based system that allows all managers to view and track the performance of their individual programs as programmatic audits are scheduled, conducted, and required monthly reporting is reviewed. Our tracking system incorporates measures that exceed the DDS licensure standards to ensure quality outcomes on behalf of all the people we serve. Each manager submits a Monthly Management Report (MMR in 24-hr Residential Services) or a Monthly Monitoring Form & Contact Sheet (MMF in Individual Home-based Supports). The MMR & MMF are based upon the DDS Licensure & Certification Standards, combined with the Site Inspection Form and the Vehicle Inspection Form all of the standards are reviewed. In addition, the medication administration systems (L8-L47), healthcare coordination systems (L8-L47) and financial management systems (L67-L71) are reviewed twice per year (approximately every six months) by our Healthcare Coordinator and the Business Office respectively. Division Managers complete quarterly compliance audits (one system per quarter at each location). CHS, Inc. uses our intranet to publish, share, collaborate and ensure quality standards are achieved. Each quarter, organizational outcomes, progress and compliance are reviewed during our regular executive management meetings.

Each quarter 25%, or approximately 8, residential homes and individual receiving home supports are selected for compliance checks. Our process ensures that each location is reviewed using the DDS QE Tool at least annually for a full quality and compliance audit. CHS used the DDS standard of 80% to determine if the indicator was met, however, any review in which the outcome was less than 100%, the program director is informed and a corrective action plan was developed to ensure ongoing compliance. Our 2014 DDS survey was scheduled for February 18th -21st. The survey dates were changed due to the needs of the survey team and CHS implement a full mock survey that week; selecting 8 residential homes, 8 individual receiving more than 15+ hours per week and 4 individual receiving 7-14 hours. Each survey resulted in 100% compliance in each service model and indicator.

### **Environmental Safety**

Each month Program Directors conduct a Site Inspection Form based upon the licensure standards (L5-L30) and our vision for a positive home environment. Once complete, it is submitted to the Division Manager for review. Urgent issues are reported directly to the Director of Facilities for immediate repair by maintenance staff or our external contractors. Non-urgent matters are logged in our Tracking System, prioritized for repair, and then tracked for completion. In addition to checks on the Site Inspection Form, CHS centrally manages the annual inspections (burner, furnace,

sprinkler, etc.) to ensure annual requirements are met. Vehicle Inspections are completed monthly by the Program Director and submitted to the CFO for entry into the Tracking System and are reviewed by the CFO for utilization benchmarks (i.e. mileage, gas, reported/unreported damage, and compliance with regulatory requirements). Routine vehicle maintenance is centralized and programs receive prior notification of upcoming service appointments. Urgent matters involving the program vehicles are reported to the Director of Facilities for scheduling and repair. The Safety Committee meets quarterly and reviews all injuries, accidents and any trends from the Site Inspection Form.

Fire Drills are conducted each month and submitted to the Director of Residential Services for review and compliance with the EEP. Safety Plans, with ratios and support needs, and Fire Drills are tracked on our intranet to monitor monthly drills and identify when overnight drills must be conducted for each location.

#### Human Rights

CHS has created an informational Human Rights Brochure (covering L1, L49) for all family members and guardians. The brochure is mailed annually (October) and is also available on our website. Human Rights training for the people we serve is incorporated into the monthly house meetings and is formally conducted at the time of the ISP. The Program Director submits the Human Rights & Responsibilities Sign-off at the time of the ISP submission and the Division Manager uses the CHS ISP checklist to ensure that the training is conducted as mandated.

All allegations of abuse and neglect are reported externally as required and are also immediately reported to the Executive Director to ensure that immediate action is taken to protect the rights, health, and safety of the people we serve. The Director of Human Resources & Quality is responsible for the follow-up and ensuring any recommendations from an internal or external investigation is completed. The Executive Management Team formally reviews all incidents, investigations, MORs, and restraints on a quarterly basis.

The Human Rights Committee continues to meet the membership requirements and meets on a monthly basis. The HRC formally reviews all incidents, investigations, MORs, and restraints (all restraints were submitted within the required time-frame) as documented in the meeting minutes. Each quarter a member of the HRC conducts a site visit. Members of the HRC assist in training both the people we serve and the staff by planning and attending the Annual Human Rights Open House. The Committee also reviews all formal behavioral interventions (Behavior Guidelines and Behavior Support Plans Level I & Level II), Safety Protocols (limitations or restrictions for one person that may impact other housemates (i.e. choking protocol, phone restriction, etc.), and all Supportive Devices and Health Protections.

#### Medication & Healthcare

Our Healthcare Coordinator (HCC) conducts semi-annual MAP audits and healthcare systems reviews. The audit results are immediately and electronically sent to the Program Director, Division Manager, Director of Residential Services, and Director of Human Resources & Quality Assurance for review and then any corrective action is tracked until completed. In addition, to the semi-annual reviews, Division Managers check the medication and healthcare systems on a quarterly basis. The HCC is on-call 24 hours per day to the management team for consultation and assessment. Our HCC also attends team meetings, appointments, case conferences, hospital discharge planning meetings, referrals and intakes (into CHS, VNA Hospice, etc.) and serves as a liaison to other healthcare providers. As part of our assessment process, CHS revised its Health & Dental Report to ensure all follow-up appointments occur as recommended, created a new seizure log to improve data collection, revised its Weekly Medication Monitoring Form and Pharmacy Tracking Form to improve management's self-auditing processes and revised its Healthcare Audit Process to improve healthcare coordination as health issues emerge or progress. The HCC also regularly contributes health related information to our intranet training site.

### Clinical

As a part of managing the ISP process and implementing the goals, CHS not only tracks ISP dates and ISP completion, we track annual clinical reviews, individual behavior plans, individual communication plans, individual medication treatment plans that have a pre-medication, location based safety protocols, and PAC required locations. The effectiveness of these plans and site based designations are reviewed as part of the ISP planning process and also in relation to incident reports and restraint reports. The Clinical Director leads this process and ensures the plans are completed within the required timeframes.

### Competent Workforce

CHS continues to have effective, integrated recruitment, orientation, training, professional development, and performance evaluation systems. CHS conducts thorough background checks including CORIs, Federal Exclusions, employment verifications, employment references, and driver's license records prior to hire. At hire, all employees participate in an agency orientation (all mandatory trainings) and then participate in Program-Specific Orientation. Through our Millennium software, we track the expiration dates of driver's licenses, certifications (SFA, CPR, MAP, PAC), Program Orientation, Annual Mandatory Trainings, and Employee Performance Evaluations. Reports are uploaded to our intranet and are managed through the Human Resources Office to ensure a competent, engaged workforce.

CHS hired a developer to create a customized, comprehensive web-based system that manages time and labor, communications, the annual training calendar (with self-service access for all employees linking it both to their electronic schedule and time card), and schedules employees. Through the communication component both staff and managers receive messages regarding upcoming expiration dates and remind employees to register for upcoming classes or sessions. Through the scheduling component, program schedules are inputted and the system matches staff who have worked at the location and have the required certifications and training before assigning an employee to a particular shift or location. In addition, the system automatically suspends employees who allowed a mandatory certification (SFA, CPR, MAP, or PAC) to lapse. Our employees and managers are able to request time off, share open or available shifts, sign-up for shifts, manage certifications, register for training, communicate with all levels of management, more easily change their schedules, view open positions, etc. from any computer with internet access.

Within our intranet, CHS created two employee websites; Human Resources and Training Resources. The HR Site allows employees to access almost all of the information and forms electronically. The TR Site hosts all of the curriculums for in-service trainings in a multimedia format to ensure standards are met and adhered to for all required trainings. Staff meetings are held on a monthly basis, mandatory in-services and person specific trainings (critical diagnoses, diet, seizure protocols, behavior support plans, communication plans, etc.) are conducted at that time by the manager, healthcare coordinator, clinical director, equipment supplier, or other providers as appropriate.

In addition to Pre-Service Orientation, Program Specific Orientation, Certification Training, and a 10-week New Manager Orientation Program, CHS offers monthly core competency training for all employees, monthly leadership training for our assistant program directors (core direct support workers), and monthly training for all managers focused on building leadership, supervisory and coaching skills.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	10/10	0/10	
<b>Residential and Individual Home Supports</b>	75/75	0/75	
Residential Services Individual Home Supports			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	85/85	0/85	100%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		0	

## CERTIFICATION FINDINGS

	Reviewe d by	Met / Rated	Not Met / Rated
<b>Certification - Planning and Quality Management</b>	Provider	0/0	0/0
<b>Residential and Individual Home Supports</b>			
Individual Home Supports	Provider	0/0	0/0
Residential Services	Provider	0/0	0/0

## Survey Detail Report

### Back-up documentation

Licensure Organizational:

N/A	
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Planning and Quality Management

N/A	
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**MASTER SCORE SHEET LICENSURE**

**Organizational: COOPERATIVE FOR HUMAN SERVICES**

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
P L2	Abuse/neglect reporting	DDS	6/6	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	Provider	-	Met
L65	Restraint report submit	DDS	11/11	Met
L66	HRC restraint review	Provider	-	Met
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Met
L83	HR training	Provider	-	Met

**Residential and Individual Home Supports:**

Indicator #	Indicator	Location or Individual indicator	Reviewed by	Residential Supports	Individual Home Support	Placement Support	Respite Support	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider	-	-			-	Met
L5	Safety Plan	L	Provider	-	-			-	Met
P L6	Evacuation	L	DDS	8/8	4/4			12/12	Met
L7	Fire Drills	L	Provider	-	-			-	Met
L8	Emergency Fact Sheets	I	Provider	-	-			-	Met
L9	Safe use of equipment	L	Provider	-	-			-	Met
L10	Reduce risk interventions	I	Provider	-	-			-	Met

Indicator #	Indicator	Location or Individual indicator	Reviewed by	Residential Supports	Individual Home Support	Placement Support	Respite Support	Total Met/Rated	Rating
℞ L11	Required inspections	L	DDS	8/8	4/4			12/12	Met
℞ L12	Smoke detectors	L	DDS	8/8				8/8	Met
℞ L13	Clean location	L	DDS	8/8				8/8	Met
L14	Site in good repair	L	Provider	-	-			-	Met
L15	Hot water	L	Provider	-	-			-	Met
L16	Accessibility	L	Provider	-	-			-	Met
L17	Egress at grade	L	Provider	-	-			-	Met
L18	Above grade egress	L	Provider	-	-			-	Met
L19	Bedroom location	L	Provider	-	-			-	Met
L20	Exit doors	L	Provider	-	-			-	Met
L21	Safe electrical equipment	L	Provider	-	-			-	Met
L22	Clean appliances	L	Provider	-	-			-	Met
L23	Egress door locks	L	Provider	-	-			-	Met
L24	Locked door access	L	Provider	-	-			-	Met
L25	Dangerous substances	L	Provider	-	-			-	Met
L26	Walkway safety	L	Provider	-	-			-	Met

Indicator #	Indicator	Location or Individual indicator	Reviewed by	Residential Supports	Individual Home Support	Placement Support	Respite Support	Total Met/Rated	Rating
L28	Flammables	L	Provider	-	-			-	Met
L29	Rubbish/combustibles	L	Provider	-	-			-	Met
L30	Protective railings	L	Provider	-	-			-	Met
L31	Communication method	I	Provider	-	-			-	Met
L32	Verbal & written	I	Provider	-	-			-	Met
L33	Physical exam	I	Provider	-	-			-	Met
L34	Dental exam	I	Provider	-	-			-	Met
L35	Preventive screenings	I	Provider	-	-			-	Met
L36	Recommended tests	I	Provider	-	-			-	Met
L37	Prompt treatment	I	Provider	-	-			-	Met
Ⓡ L38	Physician's orders	I	DDS	7/7				7/7	Met
L39	Dietary requirements	I	Provider	-	-			-	Met
L40	Nutritional food	L	Provider	-	-			-	Met
L41	Healthy diet	L	Provider	-	-			-	Met
L42	Physical activity	L	Provider	-	-			-	Met
L43	Health Care Record	I	Provider	-	-			-	Met
L44	MAP registration	L	Provider	-	-			-	Met

Indicator #	Indicator	Location or Individual indicator	Reviewed by	Residential Supports	Individual Home Support	Placement Support	Respite Support	Total Met/Rated	Rating
L45	Medication storage	L	Provider	-	-			-	Met
L46	Med. Administration	I	DDS	8/8				8/8	Met
L47	Self medication	I	Provider	-	-			-	Met
L49	Informed of human rights	I	Provider	-	-			-	Met
L50	Respectful Comm.	L	Provider	-	-			-	Met
L51	Possessions	I	Provider	-	-			-	Met
L52	Phone calls	I	Provider	-	-			-	Met
L53	Visitation	I	Provider	-	-			-	Met
L54	Privacy	L	Provider	-	-			-	Met
L55	Informed consent	I	Provider	-	-			-	Met
L56	Restrictive practices	I	Provider	-	-			-	Met
L57	Written behavior plans	I	Provider	-	-			-	Met
L58	Behavior plan component	I	Provider	-	-			-	Met
L59	Behavior plan review	I	Provider	-	-			-	Met
L60	Data maintenance	I	Provider	-	-			-	Met
L61	Health protection in ISP	I	Provider	-	-			-	Met

Indicator #	Indicator	Location or Individual indicator	Reviewed by	Residential Supports	Individual Home Support	Placement Support	Respite Support	Total Met/Rated	Rating
L62	Health protection review	I	Provider	-	-			-	Met
L63	Med. treatment plan form	I	Provider	-	-			-	Met
L64	Med. treatment plan rev.	I	Provider	-	-			-	Met
L67	Money mgmt. plan	I	Provider	-	-			-	Met
L68	Funds expenditure	I	Provider	-	-			-	Met
L69	Expenditure tracking	I	Provider	-	-			-	Met
L70	Charges for care calc.	I	Provider	-	-			-	Met
L71	Charges for care appeal	I	Provider	-	-			-	Met
L77	Unique needs training	I	Provider	-	-			-	Met
L78	Restrictive Int. Training	L	Provider	-	-			-	Met
L79	Restraint training	L	Provider	-	-			-	Met
L80	Symptoms of illness	L	Provider	-	-			-	Met
L81	Medical emergency	L	Provider	-	-			-	Met
Ⓡ L82	Medication admin.	L	DDS	8/8				8/8	Met
L84	Health protect. Training	I	Provider	-	-			-	Met

Indicator #	Indicator	Location or Individual indicator	Reviewed by	Residential Supports	Individual Home Support	Placement Support	Respite Support	Total Met/Rated	Rating
L85	Supervision	L	Provider	-	-			-	Met
L86	Required assessments	I	Provider	-	-			-	Met
L87	Support strategies	I	Provider	-	-			-	Met
L88	Strategies implemented	I	Provider	-	-			-	Met
<b>#Std. Met/# 75 Indicator</b>								<b>75/75</b>	
<b>Total Score</b>								<b>85/85</b>	
								<b>100%</b>	

**MASTER SCORE SHEET CERTIFICATION**

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**ADDENDUM OF ISSUES BEYOND THE PROVIDER'S CONTROL:**

**Certification:**

N/A

N/A
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**GUARDIAN/FAMILY MEMBER/CITIZEN FEEDBACK ADDENDUM:**