



**PROVIDER REPORT  
FOR  
COOPERATIVE FOR HUMAN  
SERVICES  
420 Bedford St, Ste. 100  
Lexington, MA 02420**

**April 20, 2021**

**Version**

**FINAL PROVIDER REPORT**

**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>	3/24/2021 - 3/30/2021
<b>Service Enhancement Meeting Date</b>	4/13/2021
<b>Survey Team</b>	Anne Carey (TL) Raquel Rodriguez Meagan Caccioppoli John Hazelton John Downing Michelle Stomboly-Lorenzo (TL) Jennifer Conley-Sevier
<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>	17 location (s) 20 audit (s)	Full Review	81/89 2 Year License 04/13/2021 - 04/13/2023		92 / 95 Certified 04/13/2021 - 04/13/2023
Residential Services	9 location(s) 9 audit (s)			Full Review	21 / 22
ABI-MFP Residential Services	1 location(s) 3 audit (s)			Full Review	22 / 22
Placement Services	4 location(s) 4 audit (s)			Full Review	21 / 22
Individual Home Supports	3 location(s) 4 audit (s)			Full Review	22 / 23
Planning and Quality Management				Full Review	6 / 6

## **EXECUTIVE SUMMARY :**

Founded in 1981, the Cooperative for Human Services Inc. (CHS) is a multi-service organization that provides residential, ABI residential, day, family support, and individual support services in over 40 eastern Massachusetts communities and corporate guardianship services throughout Massachusetts.

For this 2021 DDS Licensing and Certification evaluation, CHS received a full licensing and certification review of its residential services, which consisted of audits conducted at twenty-four-hour homes, ABI homes, Individual Home Supports, and Placement Services. Cooperative for Human Services, Inc., was one of the first agencies to be evaluated since the resumption of licensing and certification surveys after surveys were on hold for a full year due to the pandemic and state of emergency.

Within the realm of licensing, CHS's ensured individuals' well-being; this was evident in many areas during the survey. At an organizational level, the agency had an effective staff training system that ensured that its staff received all mandated training and supplemental/staff development training at various sites to understand individuals' unique needs fully. Noteworthy was the agency's staff actions to ensure individual's health and safety during and through the pandemic.

The agency supported people to have good quality lives across all residential service models in homes that were well maintained and portrayed a sense of value and ownership by the individuals that resided there. Staff supported individuals to accomplish their identified ISP goals and understood how to interact with and effectively assist people to build skills and accomplish desired objectives. For those requiring clinical support necessitating behavior or PBS plans, the agency ensured that plans included all the necessary components. Staff had received the training required to implement PBS plans effectively and assured all required reviews had occurred.

There were many positive examples of staff supporting individuals to live healthy lifestyles by remaining physically active and being offered nutritious diets. For example, staff assisted one person with making healthier lifestyle choices in several ways. Staff created a personalized picture plate to use as a visual aid to encourage him to make healthy food choices. They also supported him in maintaining his rigorous physical activity schedule with frequent walks at the local track. When he could not be physically active outside, staff found various physical activities and routines online to do while at home. One individual was supported by staff to lose over 30 lbs. over the past year and was encouraged to find ways to stay active throughout the pandemic. For another individual, who required PT, the staff made a concerted effort to continue her PT at home during the pandemic to help with muscle constriction and maintain physical health.

In the area of certification, organizationally, CHS measured its progress toward meeting its strategic planning initiatives and solicited input from all its stakeholders to ensure satisfaction with its services. It also made mid-course corrections and modifications to address the pandemic. Residentially, people were supported to have a choice in their daily living situations, including meal planning and preparation, personal hobbies, and other ways in which they chose to spend their free time. Individuals were supported to acquire and maintain skills to maximize their independence.

The agency ensured that individuals were able to keep in touch with family and friends in various ways and demonstrated the importance of maintaining connections to loved ones. For example, for one individual, for whom typical communication through telephones or video conferences is not adequate, the agency supported the family to visit outside the home and wave through the window. One noteworthy initiative included a sibling support initiative which fostered connecting individuals to their siblings and communities, while building and maintaining close relationships. The sibling events are one example of the various agency occurrences it hosts at its farm to further support family members and their loved ones and friends to get together.

While the survey highlighted the agency's support to individuals to actualize their goals, preferences, and ambitions in many areas, some areas require further concentrated efforts. Timelines for submissions were one such area; the agency needs to ensure the timely submission of ISP assessments, restraint reports, and incident reports. In the area of money management, funds management training plans should be in place and agreed to by the individual/guardian. The agency needs to ensure that all staff receive the required restraint training before implementing emergency restraints. In the area of certification, the presence of staff's knowledge regarding individuals' unique interests and needs and the provision of support/resources relative to intimacy and companionship were not always known. Staff need to evaluate and be able to articulate each individual's needs and interests in this area and ensure that individuals are fully supported.

Based on the findings of this survey review, CHS met 91% of the licensing indicators, including all critical indicators and will receive a Two-Year License for its Residential/Individual Home Supports Services. The agency met 97% of the certification indicators and is certified within this service grouping. CHS will conduct its own follow up on the licensing indicators that were rated not met, within 60 days of the Service Enhancement Meeting.

## **LICENSURE FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Organizational</b>	<b>8/10</b>	<b>2/10</b>	
<b>Residential and Individual Home Supports</b>	<b>73/79</b>	<b>6/79</b>	
Residential Services ABI-MFP Residential Services Placement Services Individual Home Supports			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>81/89</b>	<b>8/89</b>	<b>91%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>8</b>	

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L48	The agency has an effective Human Rights Committee.	The Human Rights Committee lacked consistent attendance from members with legal and medical expertise. The agency needs to ensure that all Human Rights Committee Meetings function effectively by ensuring that input is consistently garnered from all mandated members, including members with legal and medical expertise.
L65	Restraint reports are submitted within required timelines.	Of the 10 restraint reports reviewed over the previous 13 months, three had been created outside of the required 3-day timeline, and five restraint reports had not been reviewed and finalized by management within the required 5 day timeline. The agency needs to ensure that all restraint reports are created, reviewed, and finalized within the required timelines.

**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.	Three medication treatment plans for those prescribed behavior modifying medications were missing baseline and/or historical data, and for some, current data for review by the treating clinician to assess the efficacy of the plan and a process to reduce or eliminate the need for the medication. The agency needs to ensure that the plans include data, both historical and current, from which to measure the success of the medication over time, and some criteria for re-evaluation, including a measure of success, and a plan to fade or discontinue the medication based on the re-evaluation.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	Some individuals for whom the agency had delegated or shared financial management oversight did not have a financial training plan, and for others, agreement from the guardian for the financial management plan had not been obtained. The agency needs to establish a detailed written plan of how support is being provided to each individual so that each person is supported to actively develop skills with regard to money management. The agency also needs to ensure that it obtains agreement from the guardians for these money management plans.
L79	Staff are trained in safe and correct administration of restraint.	There were instances at three locations of untrained staff having utilized emergency physical restraints. The agency needs to ensure that all applicable staff are trained in a DDS approved emergency restraint curriculum and prepared for potential emergencies requiring the implementation of physical restraints.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For 4 individuals, assessments had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that assessments are completed in preparation for the ISP and submitted in accordance with regulatory requirements.
L89	The provider has a complaint and resolution process that is effectively implemented at the local level.	The required complaint resolution process was not being followed. In particular, a complaint log in the home was not being utilized. The agency needs to ensure that the expectations for reporting and responding to complaints is occurring, including documentation of all complaints within the log as required.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L91	Incidents are reported and reviewed as mandated by regulation.	Incident reports at 9 sites were not created and/or submitted within the required timelines. The agency needs to ensure that all incident reports are created, reviewed, and submitted within the required timelines.



## **CERTIFICATION FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>6/6</b>	<b>0/6</b>	
<b>Residential and Individual Home Supports</b>	<b>86/89</b>	<b>3/89</b>	
ABI-MFP Residential Services	22/22	0/22	
Individual Home Supports	22/23	1/23	
Residential Services	21/22	1/22	
Placement Services	21/22	1/22	
<b>TOTAL</b>	<b>92/95</b>	<b>3/95</b>	<b>97%</b>
<b>Certified</b>			