



**PROVIDER REPORT
FOR**

**CADMUS LIFESHARING
ASSOCIATION
80 Maple Ave.
Great Barrington, MA 01230**

August 08, 2025

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider CADMUS LIFESHARING ASSOCIATION

Review Dates 6/4/2025 - 6/10/2025

Service Enhancement Meeting Date 6/26/2025

Survey Team Stephanie Baldwin
Ken Jones (TL)

Citizen Volunteers

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	3 location(s) 4 audit (s)	Full Review	65/70 Defer Licensure		24 / 26 Certified
Placement Services	3 location(s) 4 audit (s)			Full Review	19 / 20
Planning and Quality Management (For all service groupings)				Full Review	5 / 6

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	1 location(s) 5 audit (s)	Full Review	46/50 Defer Licensure		19 / 21 Certified
Community Based Day Services	1 location(s) 5 audit (s)			Full Review	14 / 15
Planning and Quality Management (For all service groupings)				Full Review	5 / 6

EXECUTIVE SUMMARY :

Founded in 1989, Cadmus Lifesharing Association (Cadmus) is a small nonprofit organization, located in Great Barrington, Massachusetts that provides shared living/placement services and community-based day services (CBDS) to individuals with Developmental and Intellectual Disabilities, and Autism Spectrum Disorder. Cadmus provide these services through a network of shared living providers (householders), paid staff and volunteers who are recruited internationally for a yearlong commitment. The agency operated five households within the southern Berkshire County area at the time of this review. The agency's CBDS provides the majority of the daily programming in and around the Great Barrington area and surrounding communities.

The scope of this 2025 survey conducted by the DDS Central West Office of Quality Enhancement was a full licensure and certification review of the agency's residential service grouping which included placement services, and the employment and day service grouping which included the community-based day services (CBDS).

Organizationally, Cadmus demonstrated effective oversight in meeting licensure requirements in many areas including the maintenance of a competent workforce. The review of the staff sample and the agency's tracking system showed that all staff were current in the mandatory training requirements including the latest mandated training for universal precautions, transmission prevention, and incident reporting. A review of training at each location showed that staff were trained in the signs and symptoms of illness. Of particular note, was the depth of knowledge staff possessed regarding the unique needs of individuals that contributed to individuals experiencing personal growth. Regarding certification, survey findings showed that over the previous eighteen months, Cadmus underwent a change in administrative leadership team and case management functions that further enhanced supports within the programs. This led to greater attention being given to overall operations, standardization of provision of services and supports to individuals, supervision, and the updating of many support tools. The new management team proactively developed strategies for addressing new and previously identified areas needing improvement and made incremental changes to stabilize services and supports. These action steps lead to greater organizational coherence, consistency in the provision of services, and improve the quality of services that it offers.

Outcomes for individuals showed that Cadmus had effective oversight practices across the placement service. This ensured that individuals had an active, healthy lifestyle and maintained overall good health. Individuals were supported to attend all scheduled healthcare appointments; this included annual physical, dentals, and appointments with specialists. Individuals were also well-supported to make healthy food choices and to engage in different forms of exercise including walking on area trails and public spaces, and swimming. Home providers were knowledgeable of individuals' health care needs, dietary requirements, and procedures to follow for prompt treatment for health conditions. Healthcare protocols including seizure protocols and use of Epi-pen were implemented as required. Medication administration practices within placement services were largely in compliance, and staff were knowledgeable of individuals medications and health care support needs.

Cadmus recognized the importance of connections with family and friends as individuals were fully supported in a variety of ways to maintain and enhance relationships with family members, guardians, and friends on an on-going basis. Individuals were supported to spend meaningful time with friends at different activities such as potluck dinners, special events, or activities in the community. Communications with guardians/family occurred regularly as evidenced by surveyors' discussion with guardians. Survey findings also showed that individuals received consistent support to exercise choice and control over their daily routines. Home décor and individuals' personal space reflected their interests and personal taste. Individuals were supported to decide how and when they participated in household routines, daily menus and how they spent their personal time. It was also found that individuals were supported to develop skills to maximize independence with their personal

routines and preferred activities in the community.

In CBDS, licensure findings showed that staff were knowledgeable of and trained in individuals' healthcare supports, medications, and unique needs. The agency operated a unique model where many of the CBDS staff also worked within the agency's Residential placement service; they were well-informed of individuals' support needs. A review of staff training validated that staff were trained in individuals' physician ordered treatments including seizure protocols and use of Epi-pen, dietary requirements, use of individual health-related protection device, and procedures for prompt treatment for health conditions.

Similarly, in the area of certification, participants in the CBDS program were supported to explore, identify, and participate in a variety of community-based activities and resources throughout the southern Berkshire area. People were able to choose from several activities that were set up for different days of the week that included music sessions, yoga and meditation classes, painting, walking on area trails, therapeutic horseback riding. People also volunteered at the local food pantry, attended swimming classes at Berkshire South, dance, theater and drumming at Community Access to the Arts classes, field trips to area museums and attractions. Lastly, Cadmus began assessing and supporting participants to develop work-related interest and skill building in preparation for pathways leading to employment opportunities. As part of this initiative, one individual was successfully placed at an area Tea House.

In addition to the positive findings highlighted above, results of the licensing review found that aspects of the organization's oversight systems must be strengthened within certain service domains and service types. In residential services, the agency needs to ensure that smoke and carbon monoxide detectors are placed where required and operational. Improved oversight and monitoring are necessary to ensure that all required components are in place for medication treatment and funds management plans that accurately reflect the agency's support. Within certification domains, areas that would benefit from further attention include developing a long-range strategic plan and measurable goals for service improvement; it should also implement processes to incorporate input from individuals into the performance evaluation of their supporters (including shared-living providers, staff, and volunteers).

Within Day and Employment services, a DDS approved site-specific safety plan must be developed and in place at the agency's CBDS space. Fire drill requirements must also be addressed in accordance with the approved safety plan, and individuals must be assessed for their ability to evacuate within reasonable timeframes. Additionally, the agency must address accessibility modifications for the CBDS bathroom. Cadmus also needs to develop a long-range strategic plan and measurable goals for service improvement; it should also implement processes to incorporate input from individuals into the performance evaluation of their supporters (including shared-living providers, staff, and volunteers).

As a result of the current review, the Residential and Individual Home Supports service grouping operated by Cadmus, received an overall score of 93% of licensure indicators met. The service grouping's license will be Deferred, pending follow-up on the not met critical indicator (L12). A follow-up review will be conducted by OQE within sixty days on all licensing indicators that received a rating of Not Met. This service group is Certified with an overall score of 92% of certification indicators met.

The Employment and Day Supports service grouping received an overall score of 92% of licensure indicators met. The Day service grouping's license will also be Deferred pending follow-up on the one not met critical indicator (L6). The follow-up review for this service will also be conducted by OQE within sixty days on all licensing indicators that received a rating of Not Met. This service group is Certified with an overall score of 90% of certification indicators met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Residential and Individual Home Supports	57/62	5/62	
Placement Services			
Critical Indicators	6/7	1/7	
Total	65/70	5/70	93%
Defer Licensure			
# indicators for 60 Day Follow-up		5	

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Employment and Day Supports	38/42	4/42	
Community Based Day Services			
Critical Indicators	5/6	1/6	
Total	46/50	4/50	92%
Defer Licensure			
# indicators for 60 Day Follow-up		4	

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

Indicator #	Indicator	Area Needing Improvement
L10	The provider implements interventions to reduce risk for individuals whose behaviors may pose a risk to themselves or others.	For one individual who utilized a GPS device in the community due to risk of wandering, there was no plan in place that outlined the parameters for its use, less restrictive alternatives that have been tried, and agreement by the guardian. The agency needs to ensure that the use of such devices to monitor individual movement must meet regulatory requirements and be included in the ISP.

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

Indicator #	Indicator	Area Needing Improvement
PE L12	Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.	At one of three placement locations, a newly installed smoke/carbon monoxide detector system did not include a carbon monoxide detector within ten feet of one of the bedroom areas. The agency needs to ensure that smoke and carbon monoxide detectors
L56	Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.	At one home, the refrigerator and pantry doors were locked due to an individual's propensity to eat food throughout the day and night. The plan that was in place did not include strategies and criteria to fade the restriction on access to food over time. When restrictions within a home environment are implemented for the health or safety of an individual, there needs to be a documented rationale for the intervention and a plan to reduce its use over time. Additionally, all restrictive interventions must be reviewed by the human rights committee and incorporated into the individual's record/ISP.
L63	Medication treatment plans are in written format with required components.	The medication treatment plans for three individuals did not include required elements including procedures to minimize risk for the prescribed medications and requirements for pre-medication prior to medical treatment. The agency needs to ensure that for individuals who are administered behavior modifying medications, a medication treatment plan has been developed to include observable and measurable descriptions of the behaviors targeted for treatment and specific procedures necessary to minimize risks. Additionally, when a medication has been prescribed to reduce anxiety prior to medical and or dental appointments, strategies must be developed to help the person reduce or eliminate the need for medication over time.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For four individuals, funds management plans did not outline information including how the individual will be supported to access their funds, and procedures for safeguarding and securing their funds, as necessary. The agency needs to ensure that funds management plans accurately describe the nature of assistance that the agency will provide, including amounts of money the person can manage independently as well as procedures for security, individual access to spending money, and oversight by the agency for the use of debit cards. The funds management agreement also needs to include the arrangements between Camus and the guardian/representative payee on the responsibility of reconciling bank accounts that are not under the agency's control.

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

Indicator #	Indicator	Area Needing Improvement
L5	There is an approved safety plan in home and work locations.	The agency did not have a current DDS approved safety plan at this location. The agency needs to ensure that a site-specific safety plan is developed and receives DDS Area Office Director or designee approval.
P L6	All individuals are able to evacuate homes in 2.5 minutes with or without assistance and workplaces within a reasonable amount of time.	Consistent with DDS requirements, the agency did not assure that evacuation strategies were used to assure that individuals could evacuate within a reasonable timeframe at this location. The agency must ensure that evacuation strategies as articulated in a DDS approved safety plan are used to assure that individuals can evacuate within a reasonable timeframe in the event of a fire emergency.
L7	Fire drills are conducted as required.	Consistent with the safety plan requirements, the agency did not ensure that fire drills are conducted in accordance with a DDS approved safety plan. The agency needs to ensure that the methods for conduct of required fire drills are articulated in a DDS approved safety plan.
L16	The location is adapted and accessible to the needs of the individuals.	Consistent with the environmental requirements for CBDS locations, bathroom facilities within the CBDS site were not accessible for individuals that needed that standard. The agency needs to ensure that it utilizes strategies to modify bathroom(s) to comply with accessibility requirements.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	5/6	1/6	
Residential and Individual Home Supports	19/20	1/20	
Placement Services	19/20	1/20	
Total	24/26	2/26	92%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	5/6	1/6	
Employment and Day Supports	14/15	1/15	
Community Based Day Services	14/15	1/15	
Total	19/21	2/21	90%
Certified			

Planning and Quality Management Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C6	The provider has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans.	The provider's mechanism for planning for future directions in service delivery was not evident. The provider needs to develop a mechanism for planning for and implementing strategies for the future direction of service delivery.

Placement Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	Four individuals were not offered opportunities to provide feedback on the performance of the care provider or staff who support them. The agency needs to establish a process that provides opportunities for individuals to offer input in the ongoing performance evaluations of the care providers and staff who support them.

Community Based Day Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	Five individuals were not offered opportunity to provide feedback on the hiring and ongoing performance evaluation staff who supported them. The agency needs to establish a process that provides opportunities for individuals to have offer the hiring and ongoing performance evaluations of staff who support them.

MASTER SCORE SHEET LICENSURE

Organizational: CADMUS LIFESHARING ASSOCIATION

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓜ L2	Abuse/neglect reporting	4/4	Met
L3	Immediate Action	2/2	Met
L4	Action taken	1/1	Met
L48	HRC	1/1	Met
L74	Screen employees	3/3	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	4/4	Met
L83	HR training	4/4	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I			4/4				4/4	Met
L5	Safety Plan	L			3/3				3/3	Met
℞ L6	Evacuation	L			3/3				3/3	Met
L8	Emergency Fact Sheets	I			4/4				4/4	Met
L10	Reduce risk interventions	I			0/1				0/1	Not Met (0 %)
℞ L11	Required inspections	L			3/3				3/3	Met
℞ L12	Smoke detectors	L			2/3				2/3	Not Met (66.67 %)
℞ L13	Clean location	L			3/3				3/3	Met
L14	Site in good repair	L			3/3				3/3	Met
L15	Hot water	L			3/3				3/3	Met
L16	Accessibility	L			3/3				3/3	Met
L17	Egress at grade	L			3/3				3/3	Met
L19	Bedroom location	L			3/3				3/3	Met
L21	Safe electrical equipment	L			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
L24	Locked door access	L			3/3				3/3	Met
L26	Walkway safety	L			3/3				3/3	Met
L27	Pools, hot tubs, etc.	L			2/2				2/2	Met
L29	Rubbish /combustibles	L			3/3				3/3	Met
L30	Protective railings	L			3/3				3/3	Met
L31	Communication method	I			4/4				4/4	Met
L32	Verbal & written	I			4/4				4/4	Met
L33	Physical exam	I			4/4				4/4	Met
L34	Dental exam	I			4/4				4/4	Met
L35	Preventive screenings	I			4/4				4/4	Met
L36	Recommended tests	I			4/4				4/4	Met
L37	Prompt treatment	I			4/4				4/4	Met
L38	Physician's orders	I			4/4				4/4	Met
L39	Dietary requirements	I			1/1				1/1	Met
L41	Healthy diet	L			3/3				3/3	Met
L42	Physical activity	L			3/3				3/3	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L43	Health Care Record	I			4/4				4/4	Met
L46	Med. Administration	I			4/4				4/4	Met
L47	Self medication	I			2/2				2/2	Met
L49	Informed of human rights	I			4/4				4/4	Met
L50 (07/21)	Respectful Comm.	I			4/4				4/4	Met
L51	Possessions	I			4/4				4/4	Met
L52	Phone calls	I			4/4				4/4	Met
L53	Visitation	I			4/4				4/4	Met
L54 (07/21)	Privacy	I			4/4				4/4	Met
L55	Informed consent	I			3/3				3/3	Met
L56	Restrictive practices	I			1/2				1/2	Not Met (50.0 %)
L61	Health protection in ISP	I			3/3				3/3	Met
L63	Med. treatment plan form	I			0/3				0/3	Not Met (0 %)
L64	Med. treatment plan rev.	I			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
L67	Money mgmt. plan	I			0/4				0/4	Not Met (0 %)
L68	Funds expenditure	I			4/4				4/4	Met
L69	Expenditure tracking	I			4/4				4/4	Met
L70	Charges for care calc.	I			4/4				4/4	Met
L71	Charges for care appeal	I			4/4				4/4	Met
L77	Unique needs training	I			4/4				4/4	Met
L80	Symptoms of illness	L			3/3				3/3	Met
L81	Medical emergency	L			3/3				3/3	Met
L84	Health protect. Training	I			3/3				3/3	Met
L85	Supervision	L			3/3				3/3	Met
L86	Required assessments	I			3/4				3/4	Met
L87	Support strategies	I			3/4				3/4	Met
L88	Strategies implemented	I			4/4				4/4	Met
L90	Personal space/bedroom privacy	I			4/4				4/4	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L91	Incident management	L			3/3				3/3	Met
L93 (05/22)	Emergency back-up plans	I			4/4				4/4	Met
L94 (05/22)	Assistive technology	I			4/4				4/4	Met
L96 (05/22)	Staff training in devices and applications	I			1/1				1/1	Met
#Std. Met/# 62 Indicator									57/62	
Total Score									65/70	
									92.86%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I			5/5	5/5	Met
L5	Safety Plan	L			0/1	0/1	Not Met (0 %)
L6	Evacuation	L			0/1	0/1	Not Met (0 %)
L7	Fire Drills	L			0/1	0/1	Not Met (0 %)
L8	Emergency Fact Sheets	I			5/5	5/5	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
℞ L11	Required inspections	L			1/1	1/1	Met
℞ L12	Smoke detectors	L			1/1	1/1	Met
℞ L13	Clean location	L			1/1	1/1	Met
L14	Site in good repair	L			1/1	1/1	Met
L15	Hot water	L			1/1	1/1	Met
L16	Accessibility	L			0/1	0/1	Not Met (0 %)
L17	Egress at grade	L			1/1	1/1	Met
L20	Exit doors	L			1/1	1/1	Met
L21	Safe electrical equipment	L			1/1	1/1	Met
L22	Well-maintained appliances	L			1/1	1/1	Met
L25	Dangerous substances	L			1/1	1/1	Met
L26	Walkway safety	L			1/1	1/1	Met
L28	Flammables	L			1/1	1/1	Met
L29	Rubbish/combustibles	L			1/1	1/1	Met
L30	Protective railings	L			1/1	1/1	Met
L31	Communication method	I			5/5	5/5	Met
L32	Verbal & written	I			5/5	5/5	Met
L37	Prompt treatment	I			5/5	5/5	Met
℞ L38	Physician's orders	I			3/3	3/3	Met
L49	Informed of human rights	I			5/5	5/5	Met
L50 (07/21)	Respectful Comm.	I			5/5	5/5	Met
L51	Possessions	I			5/5	5/5	Met
L52	Phone calls	I			5/5	5/5	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L54 (07/21)	Privacy	I			5/5	5/5	Met
L55	Informed consent	I			5/5	5/5	Met
L61	Health protection in ISP	I			4/5	4/5	Met (80.0 %)
L77	Unique needs training	I			5/5	5/5	Met
L80	Symptoms of illness	L			1/1	1/1	Met
L81	Medical emergency	L			1/1	1/1	Met
L84	Health protect. Training	I			5/5	5/5	Met
L85	Supervision	L			1/1	1/1	Met
L86	Required assessments	I			3/3	3/3	Met
L87	Support strategies	I			3/3	3/3	Met
L88	Strategies implemented	I			4/4	4/4	Met
L91	Incident management	L			1/1	1/1	Met
L93 (05/22)	Emergency back-up plans	I			5/5	5/5	Met
L94 (05/22)	Assistive technology	I			5/5	5/5	Met
#Std. Met/# 42 Indicator						38/42	
Total Score						46/50	
						92.00%	

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	0/1	Not Met (0 %)

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/4	Not Met (0 %)
C8	Family/guardian communication	4/4	Met
C9	Personal relationships	4/4	Met
C10	Social skill development	4/4	Met
C11	Get together w/family & friends	4/4	Met
C12	Intimacy	4/4	Met
C13	Skills to maximize independence	4/4	Met
C14	Choices in routines & schedules	4/4	Met
C15	Personalize living space	3/3	Met
C16	Explore interests	4/4	Met
C17	Community activities	4/4	Met
C18	Purchase personal belongings	4/4	Met
C19	Knowledgeable decisions	4/4	Met
C46	Use of generic resources	4/4	Met
C47	Transportation to/ from community	4/4	Met
C48	Neighborhood connections	4/4	Met
C49	Physical setting is consistent	3/3	Met
C51	Ongoing satisfaction with services/ supports	4/4	Met
C52	Leisure activities and free-time choices /control	4/4	Met
C53	Food/ dining choices	4/4	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/5	Not Met (0 %)
C8	Family/guardian communication	5/5	Met
C13	Skills to maximize independence	5/5	Met
C37	Interpersonal skills for work	5/5	Met
C38 (07/21)	Habilitative & behavioral goals	5/5	Met
C39 (07/21)	Support needs for employment	5/5	Met
C40	Community involvement interest	5/5	Met
C41	Activities participation	5/5	Met
C42	Connection to others	5/5	Met
C43	Maintain & enhance relationship	5/5	Met
C44	Job exploration	5/5	Met
C45	Revisit decisions	5/5	Met
C46	Use of generic resources	5/5	Met
C47	Transportation to/ from community	5/5	Met
C51	Ongoing satisfaction with services/ supports	5/5	Met