



**PROVIDER REPORT
FOR
COMMUNITY SYSTEMS INC
3 Cedarhill Park Drive
Plymouth, MA 02360**

March 20, 2026

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	COMMUNITY SYSTEMS INC
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Review Dates	2/18/2026 - 2/27/2026
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Service Enhancement Meeting Date	3/13/2026
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Survey Team	Katherine Gregory Tina Napolitan Scott Nolan Linda Griffith Roberto Polanco-Santana William Muguro Gina Ford (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	17 location (s) 17 audit (s)	Full Review	70/89 2 Year License with Mid-Cycle Review 03/13/2026 - 03/13/2028		62 / 67 Certified 03/13/2026 - 03/13/2028
Residential Services	6 location(s) 6 audit (s)			Full Review	19 / 20
Placement Services	8 location(s) 8 audit (s)			Full Review	19 / 20
Individual Home Supports	3 location(s) 3 audit (s)			Full Review	20 / 21
Planning and Quality Management (For all service groupings)				Full Review	4 / 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) 4 audit (s)	Full Review	28/42 Defer Licensure		12 / 21 Certified with Progress Report
Community Based Day Services	1 location(s) 4 audit (s)			Full Review	8 / 15
Planning and Quality Management (For all service groupings)				Full Review	4 / 6

EXECUTIVE SUMMARY :

Community Systems, Inc. (CSI) is a non-profit organization that operates in the states of Connecticut, Delaware, Virginia, and Massachusetts. CSI Massachusetts was established in 1988 and offers residential supports, community- Based Day services (CBDS) as well as case management services to individuals with Developmental and Intellectual Disabilities residing on Cape Cod and the Islands, and the Greater Plymouth area.

The scope of this 2026 survey conducted by the Department of Developmental Services (DDS) Southeast Office of Quality Enhancement included a full review of all licensing and certification indicators for services offered in the agency's 24/7 Residential, Placement, Individual Supports services (IHS), and Community-Based Day services.

Within the Residential Services Grouping, strengths were identified in several licensing areas. All required inspections were completed annually, all locations had working and interconnected smoke detectors and homes were observed to be well maintained, clean and in good repair. In IHS services, communication was observed to be respectful and appropriate. In some instances, individuals were also supported to receive prompt medical treatment when needed.

Within Certification for residential services, individuals were supported to maintain regular contact with family and friends, and personal spaces in the home were individualized and decorated to reflect personal preferences. Individuals were also offered a wide range of community activities. Within IHS, individuals were supported to exercise choice and control in their daily activities, and observed to be a part of their neighborhoods. For example, one individual regularly played cards with others in the apartment complex.

Within CBDS services licensing requirements related to restrictive practices and written behavioral plans were in place. Staff were knowledgeable about the plans and the interventions used to reduce risk.

Within certification for CBDS, individuals were supported to revisit decisions with staff such as daily activities and chores and were provided transportation for community outings, helping to support access to community-based activities and choice in day-to-day experiences

Several areas for improvement were identified within the Residential Services grouping. In the licensing area, the primary themes involved healthcare follow-through, the completeness of critical health and safety documentation, and documentation of informed consent practices. The agency needs to strengthen systems to ensure that preventive screenings, testing, and specialist follow-up occur in accordance with DDS guidelines, that Emergency Fact Sheets and Health Care Records contain complete and current information, and that photo consent documentation clearly identifies the intended use of images.

Several areas for improvement were identified within the CBDS service grouping. The primary themes involved the completeness of emergency information, staff competency in health-related supports, and oversight of specialized training. The agency needs to strengthen its systems to ensure that Emergency Fact Sheets contain complete information and that staff receive the training and ongoing support needed to recognize signs and symptoms of illness, implement health-related protocols, and follow specialized dietary requirements.

As a result of this review, CSI received a rating of Met in 79% of licensing indicators for its Residential and Individual Home Supports service grouping, including all critical indicators. This service grouping will be issued a Two-Year License with a mid-cycle review, with sanctions in place at this time. DDS OQE will conduct a follow-up review within 60 days of the Service Enhancement Meeting (SEM) on all licensing indicators rated as Not Met. If the agency demonstrates 80% or greater compliance at

follow-up, the sanctions will be lifted. This service grouping is Certified, with 93% of certification indicators met.

For the Community-Based Day Supports service grouping, CSI met 67% of licensing indicators overall. This service grouping is also Deferred due to a rating of Not Met on critical licensing indicator L38. DDS OQE will conduct a follow-up review within 60 days of the Service Enhancement Meeting (SEM) on all licensing indicators rated as Not Met, and will also conduct a mid-cycle review. If the agency demonstrates 80% or greater compliance at follow-up, the sanctions will be lifted. In Certification, this service grouping is Certified with a Progress Report, with 57% of certification indicators met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	5/10	5/10	
Residential and Individual Home Supports	65/79	14/79	
Residential Services Individual Home Supports Placement Services			
Critical Indicators	8/8	0/8	
Total	70/89	19/89	79%
2 Year License with Mid-Cycle Review			
# indicators for 60 Day Follow-up		19	

	Met / Rated	Not Met / Rated	% Met
Organizational	5/10	5/10	
Employment and Day Supports	23/32	9/32	
Community Based Day Services			
Critical Indicators	1/2	1/2	
Total	28/42	14/42	67%
Defer Licensure			
# indicators for 60 Day Follow-up		14	

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

Indicator #	Indicator	Area Needing Improvement
L4	Action is taken when an individual is subject to abuse or neglect.	26 out of 53 action plans were not completed and submitted within the required timeframe. The agency needs to ensure that action plans are completed and submitted by the designated target date for each investigation.
L48	The agency has an effective Human Rights Committee.	The agency's committee was not operating in full accordance with requirements. The agency needs to ensure it convenes in full accordance with requirements.
L65	Restraint reports are submitted within required timelines.	Three out of three restraint reports were not submitted and/or finalized within the required 3-day and 5-day timeframe. The agency needs to ensure the timely submission and finalization of restraint reports.

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

Indicator #	Indicator	Area Needing Improvement
L66	All restraints are reviewed by the Human Rights Committee.	One out of two restraints had not been reviewed by the human rights committee within the 120-day timeframe. The agency needs to ensure that all restraints are reviewed by the HRC within 120 days of occurrence.
L76	The agency has and utilizes a system to track required trainings.	The agency's system for tracking required trainings was not effective in ensuring mandated trainings were completed within required timeframes. The agency needs to ensure that its tracking system effectively identifies, monitors, and ensures completion of all DDS-required trainings within established timelines.

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

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	Five of seventeen emergency fact sheets (EFS) reviewed did not contain all required information, including medical diagnoses and significant behavioral characteristics. The agency needs to ensure that the EFS contain all required and relevant information.
L35	Individuals receive routine preventive screenings.	The agency had not utilized the preventative screening process for four of fifteen individuals reviewed. The agency needs to ensure that the health screening checklist is completed and reviewed with the HCP at individuals' annual visits.
L36	Recommended tests and appointments with specialists are made and kept.	Four of seventeen individuals had not been supported to follow through with recommended tests and appointments with specialists. The agency needs to ensure that medical appointments are scheduled in accordance with recommendations and kept.
L43	The health care record is maintained and updated as required.	The health care record for five of sixteen individuals did not contain updated information such as relevant diagnoses and/or medical screenings. The agency needs to ensure that health care records are maintained and updated as required.
L55	Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.	Consents for the release of photographs did not include the purpose of the photo for three of twelve individuals. The agency needs to ensure to clearly identify the purpose of the publication of all photographic images.

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

Indicator #	Indicator	Area Needing Improvement
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.	In one home, there were restrictive practices in use that had not been reviewed by the agency HRC. The agency needs to ensure that restrictive practices are reviewed by the HRC
L63	Medication treatment plans are in written format with required components.	For four out of fifteen individuals, the agency was not recording data for their target behaviors identified in their Medication Treatment Plans to share with their prescribing physicians. The agency needs to ensure that target data is recorded and shared with the prescribing practitioner.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For five out of fifteen individuals, money management plans were incomplete, as some did not include a written training plan and others did not have required written agreements. The agency needs to ensure that all money management plans include a written training plan to support skill development and that written agreements are in place, as required.
L69	Individual expenditures are documented and tracked.	For three out of fourteen individuals, individual's expenditures were not tracked accurately to reflect all transactions. The agency needs to ensure that all individuals expenditures are tracked.
L80	Support staff are trained to recognize signs and symptoms of illness.	The agency's Signs and Symptoms training curriculum did not include the required topics of Health Observation Guidelines and Just Not Right. The agency needs to ensure that its curriculum includes both required components.
L85	The agency provides ongoing supervision, oversight and staff development.	The agency did not demonstrate adequate ongoing supervision, oversight, and staff development across its residential services. Issues identified across locations included healthcare follow-through, incomplete health documentation, lack of required staff training, and missed HCSIS timelines, indicating that agency systems were not operating effectively to ensure consistent implementation of expectations across residential locations. The agency needs to ensure that effective systems for supervision, oversight, and staff development are in place across residential locations so that staff receive the guidance and training needed and issues affecting individuals' health and safety are identified and addressed in a timely manner.

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

Indicator #	Indicator	Area Needing Improvement
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Required assessments concerning individual needs and abilities for 3 of 7 individuals were not completed within required timelines for ISP. The agency needs to ensure that required assessments are submitted within required timelines.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Support strategies necessary to assist an individual to meet their goals and objectives for 3 of 8 individuals were not submitted within required timelines for ISP. The agency needs to ensure that support strategies are submitted within required timelines.
L91	Incidents are reported and reviewed as mandated by regulation.	Incident reports for 5 of 17 locations were not reported and reviewed within required timelines. The agency needs to ensure that incident reports are reported and reviewed as mandated by regulation.

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

Indicator #	Indicator	Area Needing Improvement
L1	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	For 2 of 4 individuals, training on how to report alleged abuse/neglect had not been provided. The agency needs to ensure that individuals are trained and guardians are provided with information in how to report abuse/neglect.
L8	Emergency fact sheets are current and accurate and available on site.	For 2 of 3 individuals, emergency fact sheets did not include current and accurate information. The agency needs to ensure that Emergency fact sheets are current and accurate.
Ⓡ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For one of three individuals, staff had not been trained in the individual's medical protocol. The agency needs to ensure that staff are trained and knowledgeable regarding all health-related protocols.
L39	Special dietary requirements are followed.	For one out of two individuals, staff were not trained in the special dietary requirements including dairy restrictions. The agency needs to ensure staff are trained to follow individuals' special dietary requirements as ordered.

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

Indicator #	Indicator	Area Needing Improvement
L55	Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.	For two out of two individuals, media consent documentation was incomplete. Although consent forms had been signed by guardians, the forms did not clearly identify the types of photos or the purposes for which they could be used. The agency needs to ensure guardians are informed of how photos will be used when consent is given and that they have the right to withdraw consent.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	For two out of two individuals, staff did not maintain shift notes or collect data for behavioral interventions in the implementation of Targeted Positive Behavioral Support Plans (PBS). The agency needs to ensure that staff are collecting data on target behaviors in order to determine the effectiveness of behavioral interventions.
L80	Support staff are trained to recognize signs and symptoms of illness.	The agency's Signs and Symptoms training curriculum did not include the required topics of Health Observation Guidelines and Just Not Right. The agency needs to ensure that its curriculum includes both required components.
L85	The agency provides ongoing supervision, oversight and staff development.	Staff were not being provided with monthly supervision in accordance with agency procedures. The agency needs to ensure staff are provided with ongoing supervision, oversight and staff development.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Support strategies for one individual were not being implemented as written. The agency needs to ensure that services and support strategies identified and agreed upon in the ISP for which the provider had designated responsibility are being implemented.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	4/6	2/6	
Residential and Individual Home Supports	58/61	3/61	
Residential Services	19/20	1/20	
Individual Home Supports	20/21	1/21	
Placement Services	19/20	1/20	
Total	62/67	5/67	93%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	4/6	2/6	
Employment and Day Supports	8/15	7/15	
Community Based Day Services	8/15	7/15	
Total	12/21	9/21	57%
Certified with Progress Report			

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

Indicator #	Indicator	Area Needing Improvement
C2	The provider analyzes information gathered from all sources and identifies patterns and trends.	The agency did not have an identifiable system for analyzing data collected from various sources, including but not limited to internal audits and feedback from DDS stakeholders, with a view to identifying patterns and trends. The agency needs to develop and implement a mechanism to review service quality information on an ongoing basis so that patterns and trends may be identified and key areas for service improvement and initiatives can be targeted.

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

Indicator #	Indicator	Area Needing Improvement
C4	The provider receives and utilizes input received from DDS and other stakeholders to inform service improvement efforts.	The agency does not have an effective system for evaluating information received from all major stakeholders including data gathered on program quality, to determine the process for utilizing this information in service improvement efforts. The agency needs to establish clear methodology for soliciting and responding to input received from internal data collection, DDS, CMS and other major stakeholders, and incorporating information received into the design of service improvement efforts in a timely manner.

Individual Home Supports- 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.	Three out of three individuals reviewed were not given the opportunity to provide feedback on incoming staff or on staff on an ongoing basis. The agency needs to ensure that individuals are given the opportunity to provide their input on staff both at the time of hire and on an ongoing basis.
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.	Seven out of eight individuals reviewed were not given the opportunity to provide feedback on incoming staff or on staff on an ongoing basis. The agency needs to ensure that individuals are given the opportunity to provide their input on staff both at the time of hire and on an ongoing basis.
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.	Six out of six individuals were not given the opportunity to provide feedback on incoming staff or on staff on an ongoing basis. The agency needs to ensure that individuals are given the opportunity to provide their input on staff both at the time of hire and on an ongoing basis.

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.	Four out of four individuals were not given the opportunity to provide feedback on incoming staff or on staff on an ongoing basis. The agency needs to ensure that individuals are given the opportunity to provide their input on staff both at the time of hire and on an ongoing basis.
C37	There is support to develop appropriate work related interpersonal skills.	For two of four individuals, there was no evidence they had been supported to develop appropriate work-related interpersonal skills. The agency must ensure there is a plan for developing these skills and documentation showing the support provided.
C38 (07/21)	Specific habilitative and behavioral goals necessary to prepare individuals for work are identified.	For four out of four individuals, specific habilitative or behavioral goals to prepare them for work had not been developed. The agency must ensure that there are specific, measurable habilitative and/or behavioral goals to prepare individuals for work.
C39 (07/21)	There is a plan developed to identify job goals and support needs that would lead to movement into supported employment.	Four out of four individuals had no plans to identify job goals and support needs that would lead to employment. The agency must ensure there is a written plan in place that identifies job goals and what supports are needed to work towards employment.
C40	Individuals are supported to explore, discover and connect with their personal interest and options for community involvement, personal interest and hobbies.	Two out of four individuals were not supported to explore, discover or connect with their personal interest and options for community involvement, personal interest and hobbies. The agency must ensure that there is an opportunity to explore, discover and connect with their personal interest and options for community involvement, personal interest and hobbies.
C43	Staff act as bridge builders to support individuals to develop, sustain, and enhance relationships with others.	Two of four individuals had not been supported to develop, sustain, and enhance relationships with others. The agency needs to ensure there is an opportunity to support individuals to develop, sustain, and enhance relationships with others.

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

Indicator #	Indicator	Area Needing Improvement
C44	Staff have effective methods to assist individuals to explore their job interests if appropriate.	Four out of four individuals had not been supported to explore their job interests if appropriate. The agency needs to ensure there is an effective system in place to support individuals to explore their job interests if appropriate.

MASTER SCORE SHEET LICENSURE

Organizational: COMMUNITY SYSTEMS INC

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	18/18	Met
L3	Immediate Action	15/15	Met
L4	Action taken	27/53	Not Met(50.94 %)
L48	HRC	0/1	Not Met(0 %)
L65	Restraint report submit	0/3	Not Met(0 %)
L66	HRC restraint review	1/2	Not Met(50.0 %)
L74	Screen employees	14/14	Met
L75	Qualified staff	3/3	Met
L76	Track trainings	8/20	Not Met(40.0 %)
L83	HR training	20/20	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	5/6	3/3	7/8				15/17	Met (88.24 %)
L5	Safety Plan	L	6/6	3/3	6/8				15/17	Met (88.24 %)
℞ L6	Evacuation	L	6/6	3/3	8/8				17/17	Met
L7	Fire Drills	L	5/6						5/6	Met (83.33 %)
L8	Emergency Fact Sheets	I	6/6	1/3	5/8				12/17	Not Met (70.59 %)
L9 (07/21)	Safe use of equipment	I	6/6	3/3					9/9	Met
L10	Reduce risk interventions	I			2/2				2/2	Met
℞ L11	Required inspections	L	6/6	1/1	7/7				14/14	Met
℞ L12	Smoke detectors	L	6/6	1/1	8/8				15/15	Met
℞ L13	Clean location	L	6/6	1/1	8/8				15/15	Met
L14	Site in good repair	L	5/5	1/1	8/8				14/14	Met
L15	Hot water	L	5/6	1/1	6/8				12/15	Met (80.0 %)
L16	Accessibility	L	6/6	1/1	7/7				14/14	Met
L17	Egress at grade	L	6/6	1/1	8/8				15/15	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L18	Above grade egress	L	1/1	1/1					2/2	Met
L19	Bedroom location	L	5/5		5/5				10/10	Met
L20	Exit doors	L	6/6	1/1					7/7	Met
L21	Safe electrical equipment	L	6/6	1/1	8/8				15/15	Met
L22	Well-maintained appliances	L	6/6	1/1	2/2				9/9	Met
L23	Egress door locks	L	2/2						2/2	Met
L24	Locked door access	L	6/6		8/8				14/14	Met
L25	Dangerous substances	L	6/6	1/1					7/7	Met
L26	Walkway safety	L	5/6	1/1	8/8				14/15	Met (93.33 %)
L28	Flammables	L	5/5	1/1					6/6	Met
L29	Rubbish/combustibles	L	6/6	1/1	8/8				15/15	Met
L30	Protective railings	L	5/5	1/1	7/7				13/13	Met
L31	Communication method	I	6/6	3/3	8/8				17/17	Met
L32	Verbal & written	I	6/6	3/3	8/8				17/17	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L33	Physical exam	I	6/6	3/3	8/8				17/17	Met
L34	Dental exam	I	6/6	3/3	7/7				16/16	Met
L35	Preventive screenings	I	5/6	2/3	4/6				11/15	Not Met (73.33 %)
L36	Recommended tests	I	4/6	2/3	7/8				13/17	Not Met (76.47 %)
L37	Prompt treatment	I	6/6	3/3	8/8				17/17	Met
℞ L38	Physician's orders	I	6/6	3/3	5/6				14/15	Met (93.33 %)
L39	Dietary requirements	I	3/3	1/1	4/4				8/8	Met
L40	Nutritional food	L	6/6	1/1					7/7	Met
L41	Healthy diet	L	6/6	3/3	8/8				17/17	Met
L42	Physical activity	L	6/6	3/3	8/8				17/17	Met
L43	Health Care Record	I	5/6	1/3	5/7				11/16	Not Met (68.75 %)
L44	MAP registration	L	6/6						6/6	Met
L45	Medication storage	L	6/6						6/6	Met
℞ L46	Med. Administration	I	6/6		4/6				10/12	Met (83.33 %)
L47	Self medication	I		3/3	3/3				6/6	Met
L49	Informed of human rights	I	6/6	3/3	7/8				16/17	Met (94.12 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L50 (07/21)	Respectful Comm.	I	6/6	3/3	8/8				17/17	Met
L51	Possessions	I	6/6	3/3	8/8				17/17	Met
L52	Phone calls	I	6/6	3/3	8/8				17/17	Met
L53	Visitation	I	6/6	3/3	8/8				17/17	Met
L54 (07/21)	Privacy	I	6/6	3/3	8/8				17/17	Met
L55	Informed consent	I	4/4	2/2	3/6				9/12	Not Met (75.00 %)
L56	Restrictive practices	I			1/2				1/2	Not Met (50.0 %)
L57	Written behavior plans	I			1/1				1/1	Met
L60	Data maintenance	I			1/1				1/1	Met
L61	Health protection in ISP	I	4/4						4/4	Met
L62	Health protection review	I	1/1						1/1	Met
L63	Med. treatment plan form	I	4/6	2/2	5/7				11/15	Not Met (73.33 %)
L64	Med. treatment plan rev.	I	6/6	0/2	7/7				13/15	Met (86.67 %)
L67	Money mgmt. plan	I	4/6	1/1	5/8				10/15	Not Met (66.67 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L68	Funds expendi ture	I	6/6	1/1	6/7				13/14	Met (92.86 %)
L69	Expendi ture tracking	I	6/6	1/1	4/7				11/14	Not Met (78.57 %)
L70	Charges for care calc.	I	6/6		8/8				14/14	Met
L71	Charges for care appeal	I	6/6		8/8				14/14	Met
L77	Unique needs training	I	6/6	3/3	8/8				17/17	Met
L78	Restricti ve Int. Training	L			2/2				2/2	Met
L79	Restrain t training	L			1/1				1/1	Met
L80	Sympto ms of illness	L	4/6	0/3	3/8				7/17	Not Met (41.18 %)
L81	Medical emerge ncy	L	6/6	3/3	8/8				17/17	Met
L82	Medicati on admin.	L	6/6						6/6	Met
L84	Health protect. Training	I	3/4						3/4	Met
L85	Supervi sion	L	6/6	3/3	4/8				13/17	Not Met (76.47 %)
L86	Require d assess ments	I	1/1	0/2	3/4				4/7	Not Met (57.14 %)
L87	Support strategi es	I	1/1	1/2	3/5				5/8	Not Met (62.50 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L88	Strategies implemented	I	5/6	2/3	8/8				15/17	Met (88.24 %)
L90	Personal space/ bedroom privacy	I	6/6	3/3	8/8				17/17	Met
L91	Incident management	L	3/6	3/3	6/8				12/17	Not Met (70.59 %)
L93 (05/22)	Emergency back-up plans	I	6/6	3/3	8/8				17/17	Met
L94 (05/22)	Assistive technology	I	4/6	3/3	7/8				14/17	Met (82.35 %)
L96 (05/22)	Staff training in devices and applications	I	1/1	2/2	2/2				5/5	Met
L99 (05/22)	Medical monitoring devices	I	1/1		1/1				2/2	Met
#Std. Met/# 79 Indicator									65/79	
Total Score									70/89	
									78.65%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I			2/4	2/4	Not Met (50.0 %)
L8	Emergency Fact Sheets	I			1/3	1/3	Not Met (33.33 %)
L9 (07/21)	Safe use of equipment	I			3/3	3/3	Met
L10	Reduce risk interventions	I			2/2	2/2	Met
L31	Communication method	I			4/4	4/4	Met
L32	Verbal & written	I			4/4	4/4	Met
L37	Prompt treatment	I			3/3	3/3	Met
R L38	Physician's orders	I			2/3	2/3	Not Met (66.67 %)
L39	Dietary requirements	I			1/2	1/2	Not Met (50.0 %)
L49	Informed of human rights	I			3/4	3/4	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
L54 (07/21)	Privacy	I			4/4	4/4	Met
L55	Informed consent	I			0/2	0/2	Not Met (0 %)
L56	Restrictive practices	I			2/2	2/2	Met
L57	Written behavior plans	I			2/2	2/2	Met
L60	Data maintenance	I			0/2	0/2	Not Met (0 %)
L77	Unique needs training	I			4/4	4/4	Met
L78	Restrictive Int. Training	L			1/1	1/1	Met
L79	Restraint training	L			1/1	1/1	Met
L80	Symptoms of illness	L			0/1	0/1	Not Met (0 %)

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L81	Medical emergency	L			1/1	1/1	Met
L85	Supervision	L			0/1	0/1	Not Met (0 %)
L86	Required assessments	I			1/1	1/1	Met
L87	Support strategies	I			1/1	1/1	Met
L88	Strategies implemented	I			0/1	0/1	Not Met (0 %)
L91	Incident management	L			1/1	1/1	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			2/2	2/2	Met
L99 (05/22)	Medical monitoring devices	I			1/1	1/1	Met
#Std. Met/# 32 Indicator						23/32	
Total Score						28/42	
						66.67%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	1/1	Met
C2	Data analysis	0/1	Not Met (0 %)
C3	Service satisfaction	1/1	Met
C4	Utilizes input from stakeholders	0/1	Not Met (0 %)
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	0/6	Not Met (0 %)
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	6/6	Met
C10	Social skill development	6/6	Met
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	6/6	Met
C13	Skills to maximize independence	6/6	Met
C14	Choices in routines & schedules	6/6	Met
C15	Personalize living space	6/6	Met
C16	Explore interests	6/6	Met
C17	Community activities	6/6	Met
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met
C46	Use of generic resources	6/6	Met
C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	6/6	Met
C49	Physical setting is consistent	6/6	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met
C52	Leisure activities and free-time choices /control	6/6	Met
C53	Food/ dining choices	6/6	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	1/8	Not Met (12.50 %)
C8	Family/guardian communication	8/8	Met
C9	Personal relationships	8/8	Met
C10	Social skill development	8/8	Met
C11	Get together w/family & friends	8/8	Met
C12	Intimacy	8/8	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C13	Skills to maximize independence	8/8	Met
C14	Choices in routines & schedules	8/8	Met
C15	Personalize living space	8/8	Met
C16	Explore interests	8/8	Met
C17	Community activities	8/8	Met
C18	Purchase personal belongings	8/8	Met
C19	Knowledgeable decisions	8/8	Met
C46	Use of generic resources	8/8	Met
C47	Transportation to/ from community	8/8	Met
C48	Neighborhood connections	8/8	Met
C49	Physical setting is consistent	8/8	Met
C51	Ongoing satisfaction with services/ supports	8/8	Met
C52	Leisure activities and free-time choices /control	8/8	Met
C53	Food/ dining choices	8/8	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/3	Not Met (0 %)
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	3/3	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

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C21	Coordinate outreach	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	1/1	Met
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

Community Based Day 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
C13	Skills to maximize independence	3/4	Met
C37	Interpersonal skills for work	2/4	Not Met (50.0 %)
C38 (07/21)	Habilitative & behavioral goals	0/4	Not Met (0 %)
C39 (07/21)	Support needs for employment	0/4	Not Met (0 %)
C40	Community involvement interest	2/4	Not Met (50.0 %)
C41	Activities participation	3/4	Met
C42	Connection to others	3/4	Met
C43	Maintain & enhance relationship	2/4	Not Met (50.0 %)
C44	Job exploration	0/4	Not Met (0 %)
C45	Revisit decisions	4/4	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	4/4	Met
C51	Ongoing satisfaction with services/ supports	4/4	Met