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| Provider | COMMUNITY SYSTEMS INC |  | Provider Address | 3 Cedarhill Park Drive , Plymouth |
| Survey Team | Condon, Kayla; Marchese, Michael; Napolitan, Tina; Savage, Jamie;  |  | Date(s) of Review | 17-MAY-22 to 20-MAY-22 |

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| **Follow-up Scope and results :** |
| Service Grouping | Licensure level and duration | # Critical Indicators std. met/ std. rated at follow-up  |  # Indicators std. met/ std. rated at follow-up | Sanction status prior to Follow-up | Combined Results post- Follow-up; for Deferred, License level | Sanction status post Follow-up |
| Residential and Individual Home Supports | 2 Year License | 1/1 | 8/18 | x | Eligible for new business(Two Year License) | 2 Year License with Mid-Cycle Review | x | Eligible for New Business(80% or more std. met; no critical std. not met) |
| 17 Locations 23 Audits  |  |  |  | o | Ineligible for new business. (Deferred Status: Two year mid-cycle review License) |  | o | Ineligible for New Business(<=80% std met and/or more critical std. not met) |
| Employment and Day Supports |  |  | 6/7 | o | Eligible for new business(Two Year License) | 2 Year License | x | Eligible for New Business(80% or more std. met; no critical std. not met) |
| 1 Locations 4 Audits  |  |  |  | x | Ineligible for new business. (Deferred Status: Two year mid-cycle review License) |  | o | Ineligible for New Business(<=80% std met and/or more critical std. not met) |

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| **Summary of Ratings** |

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| **Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS** |
| **Indicator #** | L15 |
| **Indicator** | Hot water |
| **Area Need Improvement** | Hot water temperature at one home location exceeded the maximum of 120 degrees. The agency needs to ensure that water temperatures are between 110 and 120 degrees. |
| **Status at follow-up** |  |
| **#met /# rated at followup** |  |
| **Rating** | Not Rated |
|  |
| **Indicator #** | L47 |
| **Indicator** | Self medication |
| **Area Need Improvement** | One individual who is self-medicating has not demonstrated the ability to store the medications in a safe and secure manner. The agency needs to ensure that that individuals self-administering their medications are capable of safely storing and securing their medications. |
| **Status at follow-up** |  |
| **#met /# rated at followup** |  |
| **Rating** | Not Rated |
|  |
| **Indicator #** | L64 |
| **Indicator** | Med. treatment plan rev. |
| **Area Need Improvement** | One medication treatment plan had not been included in the individual's ISP. The agency needs to ensure that medication treatment plans are reviewed by all required groups. |
| **Status at follow-up** |  |
| **#met /# rated at followup** |  |
| **Rating** | Not Rated |
|  |
| **Indicator #** | L68 |
| **Indicator** | Funds expenditure |
| **Area Need Improvement** | One individual utilized personal funds to purchase home items that were the responsibility of the agency. The agency needs to ensure that all individual's expenditures are for the purpose that directly benefits the individual. |
| **Status at follow-up** |  |
| **#met /# rated at followup** |  |
| **Rating** | Not Rated |
|  |
| **Indicator #** | L84 |
| **Indicator** | Health protect. Training |
| **Area Need Improvement** | Staff at one home had not been trained on an individual's health related support. The agency needs to ensure that staff are trained on all supports/health related protections. |
| **Status at follow-up** |  |
| **#met /# rated at followup** |  |
| **Rating** | Not Rated |
|  |  |
| **Indicator #** | L86 |
| **Indicator** | Required assessments |
| **Area Need Improvement** | One individual's assessment was not submitted within required timelines in preparation for the ISP. The agency needs to ensure that assessment submission timelines are met as required. |
| **Status at follow-up** | For five of eight individuals who had an ISP's within the past 60 days, the ISP assessments were not submitted within the required timeline. |
| **#met /# rated at followup** | 3/8 |
| **Rating** | Not Met |
|  |  |
| **Administrative Areas Needing Improvement on Standard not met - Identified by DDS** |  |
| **Indicator #** | L48 |
| **Indicator** | HRC |
| **Area Need Improvement** | The Human Rights Committee (HRC) has lacked legal expertise for the past year, and five of the last eight meetings attendance has lacked all expertise representation. The agency needs to ensure that HRC membership and attendance meets expertise representation. |
| **Status at follow-up** |  |
| **#met /# rated at followup** |  |
| **Rating** | Not Rated |
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