

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**DDS FOLLOW-UP REPORT**

Provider COMMUNITY SYSTEMS INC Provider Address 3 Cedarhill Park Drive , Plymouth  
 Survey Team Boyd, Michelle; Ford, Gina; Nolan, Scott; Date(s) of Review 30-MAY-24 to 05-JUN-24

<b>Follow-up Scope and results :</b>						
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 13 Locations 16 Audits	2 Year License		6/17	<input checked="" type="checkbox"/> Eligible for new business (Two Year License) <input type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License	<input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met) <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)
Employment and Day Supports 1 Locations 3 Audits	2 Year License		2/5	<input checked="" type="checkbox"/> Eligible for new business (Two Year License) <input type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License	<input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met) <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)

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**Summary of Ratings**

**Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L67
<b>Indicator</b>	Money mgmt. plan
<b>Area Need Improvement</b>	For one individual a training plan was not in place for shared money management. The agency needs to ensure a written plan is in place when the agency has shared or delegated money management responsibility.
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L70
<b>Indicator</b>	Charges for care calc.
<b>Area Need Improvement</b>	A review of the charges for care letter for one individual was not appropriately calculated based on monthly earnings, while the second letter did not include all the individual's entitlements to reflect the monthly room and board fee. The agency needs to ensure charges for care are calculated appropriately.
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

**Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L9 (07/21)
<b>Indicator</b>	Safe use of equipment
<b>Area Need Improvement</b>	Six of 12 individuals had not been assessed to determine their ability to safely utilize the location's appliances/ equipment. The agency needs to ensure that all individuals have been assessed to determine their ability to utilize equipment and machinery safely.
<b>Status at follow-up</b>	

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#met /# rated at followup	
Rating	Not Rated

Indicator #	L15
Indicator	Hot water
Area Need Improvement	The tested water temperature at two locations were below 100 degrees. The agency needs to ensure that water temperatures test between 110 and 120 degrees.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

Indicator #	L16
Indicator	Accessibility
Area Need Improvement	The location's ramped front egress did not have the required hand railings. The agency needs to ensure that all locations are adapted and accessible to the needs of individuals.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

Indicator #	L39
Indicator	Dietary requirements
Area Need Improvement	Staff had not been trained on one individual's special dietary requirements. Th agency needs to ensure that special dietary requirements are being followed.
Status at follow-up	
#met /# rated at followup	
Rating	Not Rated

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<b>Indicator #</b>	L56
<b>Indicator</b>	Restrictive practices
<b>Area Need Improvement</b>	Two individuals' restrictive practices were either lacking all required components and/or had not been reviewed by the agency's Human Rights Committee. The agency needs to ensure that all restrictive practices have a written rationale that is reviewed as required and, if appropriate, have provisions to mitigate their impact on the rights of others.
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L64
<b>Indicator</b>	Med. treatment plan rev.
<b>Area Need Improvement</b>	The Medication Treatment Plan which included an antipsychotic medication that the agency administered was not included in the ISP process for notification to the area office to pursue the required Rogers Guardianship.
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L67
<b>Indicator</b>	Money mgmt. plan
<b>Area Need Improvement</b>	For one individual a money management training plan was not in place as recommended by the ISP team. The agency needs to ensure a training plan is in place when the agency has shared or delegated money management responsibility.
<b>Status at follow-up</b>	
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

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<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	One incident report was submitted to HCSIS outside of the required 3-day timeline. The agency needs to ensure that all incidents are reported and reviewed as mandated by regulation.
<b>Status at follow-up</b>	Incidents were reported and reviewed as mandated. Staff were also knowledgeable as to what incidents need to be reported and when.
<b>#met /# rated at followup</b>	1/1
<b>Rating</b>	Met

<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	One incident report was submitted to HCSIS outside of the required 3-day timeline. The agency needs to ensure that all incidents are reported and reviewed as mandated by regulation.
<b>Status at follow-up</b>	Incidents were reported and reviewed as mandated. Staff were also knowledgeable as to what incidents need to be reported and when.
<b>#met /# rated at followup</b>	1/1
<b>Rating</b>	Met

<b>Indicator #</b>	L94 (05/22)
<b>Indicator</b>	Assistive technology
<b>Area Need Improvement</b>	Four of twelve individuals either had not been assessed or had been assessed identifying areas of need where assistive technology could potentially enhance their independence. None were making use of any assistive technology, and there were no plans in place to help them to explore assistive technology options.
<b>Status at follow-up</b>	Individuals have been assessed to determine if assistive technology can be utilized to increase their independence.
<b>#met /# rated at followup</b>	3/3
<b>Rating</b>	Met

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<b>Status at follow-up</b>	Individuals have been assessed to determine if assistive technology can be utilized to increase their independence.
<b>#met /# rated at followup</b>	3/3
<b>Rating</b>	Met

**Administrative Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L48
<b>Indicator</b>	HRC
<b>Area Need Improvement</b>	The agency's Human Rights Committee lacked requisite expertise members from 4/2022-2/2024, including a legal expert and a clinician. One DPPC complaint and a restrictive practice at the CBDS program was not reviewed by the Human Rights Committee. and the committee's meeting minutes did not reflect discussions that occurred, or recommendations made. The agency needs to ensure that their Human Rights Committee consists of members with requisite expertise, and that the committee is reviewing required materials.
<b>Status at follow-up</b>	The agency held an HRC meeting in April in which the committee approved the membership of a nurse. The agency invited the DDS Human Rights Officer to attend the meeting and consult with the committee. The agency has not voted in a lawyer, The agency needs to continue its efforts to ensure that the Human Rights Committee maintain requisite membership with required expertise for the review of required materials
<b>#met /# rated at followup</b>	0/1
<b>Rating</b>	Not Met

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<b>Indicator</b>	HRC
<b>Area Need Improvement</b>	The agency's Human Rights Committee lacked requisite expertise members from 4/2022-2/2024, including a legal expert and a clinician. One DPPC complaint and a restrictive practice at the CBDS program was not reviewed by the Human Rights Committee. and the committee's meeting minutes did not reflect discussions that occurred, or recommendations made. The agency needs to ensure that their Human Rights Committee consists of members with requisite expertise, and that the committee is reviewing required materials.
<b>Status at follow-up</b>	The agency held an HRC meeting in April in which the committee approved the membership of a nurse. The agency invited the DDS Human Rights Officer to attend the meeting and consult with the committee. The agency has not voted in a lawyer, The agency needs to continue its efforts to ensure that the Human Rights Committee maintain requisite membership with required expertise for the review of required materials
<b>#met /# rated at followup</b>	0/1
<b>Rating</b>	Not Met