



**PROVIDER REPORT  
FOR**

**Crossroads Continuum  
43 Broad St, Suite C300  
Hudson, MA 01749**

**March 17, 2026**

**Version**

**Public Provider Report**

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

# **SUMMARY OF OVERALL FINDINGS**

**Provider** Crossroads Continuum

**Review Dates** 2/10/2026 - 2/17/2026

**Service Enhancement Meeting Date** 3/3/2026

**Survey Team** Melanie Hutchison  
Melanie Cruz (TL)

**Citizen Volunteers**

**Survey scope and findings for Employment and Day Supports**

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
<b>Employment and Day Supports</b>	1 location(s) 7 audit (s)	Targeted Review	DDS 7/7 Provider 44 / 48  51 / 55 2 Year License 03/03/2026-03/03/2028		DDS 0 / 0 Provider 21 / 21  21 / 21 Certified 03/03/2026 - 03/03/2028
Community Based Day Services	1 location(s) 7 audit (s)			DDS Targeted Review	15 / 15
Planning and Quality Management				DDS Targeted Review	6 / 6

## **EXECUTIVE SUMMARY :**

Crossroads Continuum is a non-profit agency based in Hudson, MA. Founded in 2002, the agency provides educational and related services to children with autism between the ages of 3-22. In March 2023, the agency opened Crossroads Continuum Commons, a Community-Based Day Services (CBDS) program in Marlborough, MA which serves Department of Developmental Services (DDS)-eligible adults.

The agency was eligible for and received approval from the DDS Regional Office to conduct a self-assessment of its quality management processes for the 2026 Licensing and Certification review of its Employment and Day Supports. This occurred in conjunction with a targeted Licensing and Certification review completed by the DDS Office of Quality Enhancement (OQE). The final survey results reflect a combination of ratings from the self-assessment process conducted by Crossroads Continuum and the targeted review conducted by DDS, with ratings from DDS prevailing where indicators were rated by both entities.

The survey showed Crossroads Continuum had effective systems in place that promoted positive outcomes for the individuals served. At the organizational level, in the area of licensing, the agency followed systemic procedures for reporting alleged abuse and neglect, and restraint reports were submitted and finalized within required timelines. Within the agency's employment and day support services, a review of licensing indicators revealed that all locations were clean and had current required inspections, fire safety systems were operational, and individuals were supported to evacuate within the required timeframes in emergency drills. In the area of medical support, Physicians' Orders and treatment protocols were followed.

As a result of this review, Crossroads Continuum will receive a Two-Year License for its day and employment supports grouping having met 93% of licensing indicators; it is Certified with 100% of the certification indicators having received an overall rating of Met.

The following is a description of the agency's self-assessment process.

## **Description of Self Assessment Process:**

### **Crossroads Continuum - Commons Program**

Crossroads Continuum maintains a structured, ongoing self-assessment system to ensure compliance with DDS licensure and certification standards and to support high-quality service delivery within the Commons Program. The self-assessment process is integrated into daily operations and is used to verify that required protections, supports, and program practices are consistently implemented across individuals, staff, and community-based settings. The self-assessment was directed by program leadership. Indicators were evaluated using multiple sources of evidence to determine whether standards are systemically in place and functioning as intended.

### **Self-Assessment Methods**

Compliance was evaluated through a combination of the following methods:

- Targeted review of individual records, including ISP documentation, health-related protections, emergency fact sheets, and behavior support documentation
- Review of incident reports, trend data, and corrective actions
- Review of staff training completion, supervision records, and competency documentation
- Review of safety plans, evacuation procedures, fire drill logs, and environmental safety records
- Direct observation of service delivery in both program-based and community settings
- Review of Human Rights Committee oversight materials
- Review of guardian survey

### **Scope and Rating Determination**

A representative sample of individual and program documentation were reviewed. For indicators related to health, safety, and human rights, expanded review was conducted to confirm consistency. Indicators were rated "Met" when systems demonstrated substantial and reliable implementation across the program, consistent with DDS standards.

### **Personal Safety**

The Commons Program maintains a structured, proactive approach to personal safety that is embedded throughout daily operations. All staff receive training in abuse prevention and mandatory reporting, incident management, and emergency response procedures. Individual safety plans, evacuation procedures, and emergency documentation are maintained and reviewed on a routine basis to ensure accuracy and relevance. Staff are intentionally assigned throughout the day to individual clients to ensure consistent supervision, individualized support, and immediate response to safety needs as they arise. Leadership regularly reviews incident data to identify trends, assess risk, and implement preventative strategies or system adjustments when needed. Given the community-based nature of the program, safety extends beyond the program site. Clients and staff receive training specific to volunteer and community locations.

### **Environmental Safety**

Environmental safety is monitored through a combination of routine inspections, documentation review, and ongoing leadership oversight. Fire drills and evacuation procedures are conducted regularly and reviewed to confirm that individuals can evacuate safely, with supports tailored to their mobility, communication, and supervision needs. Emergency procedures are adjusted as needed based on drill outcomes, changes in participant needs, or environmental factors. The Commons Program operates within a leased facility, creating a shared responsibility model for building safety. The building owner's facilities team is responsible for scheduling and completing all required building inspections, including fire, life safety, and systems inspections. Crossroads Continuum's internal facilities team works in close coordination with the building owner to track inspection status, review documentation, and ensure compliance with DDS and licensing requirements. Both the building owner's facilities team and Crossroads Continuum's facilities staff are available to respond promptly to facility-related concerns or emergencies, ensuring timely communication and corrective action.

### **Communication and Dignity**

Individual communication needs are identified through the ISP process and supported through individualized strategies, ongoing staff training, and daily practice within the program. The Commons

Program emphasizes respectful, person-centered communication that promotes choice, autonomy, self-advocacy, and meaningful participation across all activities. Communication needs are reviewed not only through formal planning but also routinely during staff meetings to determine whether adjustments are needed to communication strategies, AAC devices, or staff supports. This allows the team to respond proactively as needs evolve rather than waiting for annual reviews. When assistive or augmentative communication is used, supports are reviewed regularly to ensure they remain effective and appropriate.

#### Health Supports

Health-related supports are monitored through ongoing review of medical documentation, individualized health protocols, and staff training. While clients in the Commons Program do not have high medical needs, clear systems are in place to ensure health and safety are maintained consistently across the program. Staff are trained to recognize signs and symptoms of illness and to respond appropriately to medical concerns and emergencies. Health protections are reviewed regularly to ensure alignment with current medical provider recommendations and individual needs. When a client is seen in the emergency room or hospitalized, the program requires documentation from the medical provider confirming that the individual is cleared to return to the program. This ensures continuity of care and reduces the risk of re-injury or illness. The program maintains clear policies outlining when clients should not attend due to illness, including symptoms that may impact the individual or pose a risk to others. These expectations are communicated to families and guardians and applied consistently. Given that some clients have profound autism and may not be able to independently identify or communicate when they are feeling unwell, staff closely monitor changes in behavior, affect, energy level, or routine participation that may indicate illness. If there is an observed increase in illness within the program, leadership proactively communicates with families and guardians to share relevant information so they can monitor for symptoms at home and coordinate care as needed.

#### Human Rights Oversight

Crossroads Continuum maintains active oversight to ensure the protection of individual rights across all program activities. Staff and individuals receive training on human rights, informed consent, and complaint and grievance processes, ensuring shared understanding of rights, responsibilities, and available protections. The Human Rights Committee (HRC) provides ongoing review of relevant incidents, restrictive practices, and behavior support plans to ensure compliance with regulations and alignment with person-centered values. Since the most recent review, the Commons Program has encountered new situations that were outside the direct experience of program leadership. In these instances, leadership proactively consults with the Human Rights Coordinator to obtain guidance and support. This collaboration ensures that individual rights are protected while appropriate supports are put in place, particularly when navigating complex or novel circumstances.

Human Rights training is viewed as especially important for families and guardians. Individuals in the program often demonstrate strong self-advocacy skills, regularly requesting new activities, increased independence, and opportunities to explore unfamiliar experiences. Families and guardians, particularly those transitioning from children's services, may initially seek to maintain higher levels of supervision and control than is typical in adult services. The Program Director addresses this proactively by discussing the concept of dignity of risk during tours with prospective families and continuing these conversations upon program acceptance. This includes clear explanations of how the program balances safety with autonomy, independence, and personal growth.

#### Competent Workforce

Staff qualifications, required trainings, and supervision practices are actively monitored by program leadership. Training compliance is tracked centrally, and supervision is used to support skill development, adherence to procedures, and responsiveness to individual needs. Clinical oversight is provided as appropriate based on participant support levels and the complexity of individual supports. Individualized staff trainings related to specific clients are routinely conducted during staff meetings. This structure allows for shared problem-solving, consistency across staff, and increased confidence in supporting individual needs, communication styles, and safety protocols. These discussions also provide an opportunity to review changes in support strategies and reinforce expectations. New staff participate in a structured two- to three-week onboarding program that utilizes behavioral skills training (BST). This onboarding includes instruction, modeling, observation, and feedback to ensure staff understand program expectations, safety procedures, and person-centered practices. A significant

portion of onboarding is dedicated to direct observation of clients and their daily routines, allowing new staff to build familiarity before assuming independent responsibilities. For clients with specialized protocols or higher support needs, additional safeguards are in place. These protocols are supported by written checklists, and staff must demonstrate competency through observation and sign-off by designated, trained staff prior to working independently with those clients. This layered approach ensures staff readiness, promotes consistency, and supports safe, high-quality service delivery.

#### Goal Development and Implementation

Goals are developed collaboratively with the individual as the primary driver of the ISP process, with guardians engaged as secondary partners. The program intentionally prioritizes the individual's vision, preferences, and goals, recognizing that this often requires education and ongoing dialogue with families particularly for those transitioning from children's services to adult programming. Once an ISP goal is implemented, it is carried out consistently across the program. Data collection procedures are established at the time of implementation to ensure fidelity and meaningful measurement of progress. Over the past year, the program transitioned to a fully electronic data collection system for all ISP goals. This system supports real-time data entry, ongoing progress monitoring, and timely evaluation of outcomes. The use of electronic data collection allows leadership and clinical staff to review trends, identify when adjustments are needed, and respond quickly to changes in individual performance or support needs. This approach strengthens accountability, improves data accuracy, and supports continuous improvement while keeping the individual's goals and vision at the center of service delivery.

#### Planning and Quality Improvement

The Commons Program uses data, satisfaction feedback, and routine monitoring to inform planning and continuous quality improvement. Input from individuals and families is reviewed and used to guide program adjustments, ensuring services remain responsive and person-centered. Leadership reviews trends in participation, incidents, and service delivery to identify areas for improvement and to support future program development. Staff meetings are a structured forum for reviewing new program-wide procedures as well as individual client needs. These meetings provide dedicated time for staff to discuss what is working well and what aspects of current systems require adjustment. This collaborative process supports consistency, early identification of challenges, and timely refinement of practices. As the program grows, leadership recognizes that systems effective at a smaller scale may require modification to remain effective and sustainable. Ongoing evaluation allows procedures to evolve intentionally in response to increased enrollment and program complexity. Families and guardians are encouraged to maintain open communication with the program. Parent and guardian feedback is actively welcomed through surveys and during the ISP process, where families are specifically asked if there are areas in which the program can better support their family member. Social skills groups are regularly updated and adjusted based on client interests, skill development needs, and group dynamics, ensuring offerings remain relevant, engaging, and responsive to participant goals.

#### Use of Self-Assessment Findings

Self-assessment findings are used to guide staff training, system refinements, and corrective actions across the program. As assessments occur throughout the year, leadership is able to identify emerging program needs and respond proactively rather than waiting for formal review cycles. This ongoing process has supported timely planning and targeted improvements. Program responses have included creating new roles and adding or refining responsibilities within job descriptions to strengthen oversight, distribute workload appropriately, and support compliance as the program grows. When areas of concern are identified, leadership intentionally evaluates whether the issue reflects a training gap or a system-level problem. This distinction allows for more effective and efficient solutions. This approach supports ongoing "mini assessments" when challenges arise, enabling the program to address issues early and prevent them from becoming larger or systemic concerns. For any indicator rated "Not Met," the agency documents the specific issue identified, actions taken or planned, and timelines for achieving substantial compliance. Together, these practices support continuous improvement, accountability, and sustainable program operations.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	9/10	1/10	
<b>Employment and Day Supports</b>	42/45	3/45	
Community Based Day Services			
<b>Critical Indicators</b>	6/6	0/6	
<b>Total</b>	51/55	4/55	93%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		4	

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

Indicator #	Indicator	Issue identified	Action planned to address
L48	The agency has an effective Human Rights Committee.	Lawyer was not present	Actions occurred/ planned to address issues. We have reached out to board members and families looking for connections to a lawyer or paralegal. In two years we have had one lawyer interview, and he stated the request was beyond his scope.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Issue identified</b>	<b>Action planned to address</b>
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	12% (8/41) of the assessments were submitted late	Up until January 2026 the Program Director was in charge of checking incident reports and ISPs. We have since created new positions that will allow the Program Director to pass on this responsibility to Case Managers that will have designated time during the day work and track this information.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	(5/41) of the assessments were submitted late	Up until January 2026 the Program Director was in charge of checking incident reports and ISP's. We have since created new positions that will allow the Program Director to pass on this responsibility to Case Managers that will have designated time during the day work and track this information.
L91	Incidents are reported and reviewed as mandated by regulation.	15% (3/20) minor incident reports were filed late	Up until January 2026 the Program Director was in charge of checking incident reports and ISPs. We have since created new positions that will allow the Program Director to pass on this responsibility to Case Managers that will have designated time during the day work and track this information.

## CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	DDS 0/0 Provider 6/6	6/6	0/6	
<b>Employment and Day Supports</b>	DDS 0/0 Provider 15/15	15/15	0/15	
Community Based Day Services	DDS 0/0 Provider 15/15	15/15	0/15	
<b>Total</b>		<b>21/21</b>	<b>0/21</b>	<b>100%</b>
<b>Certified</b>				

## MASTER SCORE SHEET LICENSURE

### Organizational: Crossroads Continuum

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓜ L2	Abuse/neglect reporting	DDS	1/1	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	Provider	-	Not Met
L65	Restraint report submit	DDS	22/23	Met(95.65 % )
L66	HRC restraint review	Provider	-	Met
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Met
L83	HR training	Provider	-	Met

### Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	Provider			-	-	Met
L5	Safety Plan	L	Provider			-	-	Met
Ⓜ L6	Evacuation	L	DDS			1/1	1/1	Met
L7	Fire Drills	L	Provider			-	-	Met
L8	Emergency Fact Sheets	I	Provider			-	-	Met
L9 (07/21)	Safe use of equipment	I	Provider			-	-	Met
Ⓜ L11	Required inspections	L	DDS			1/1	1/1	Met
Ⓜ L12	Smoke detectors	L	DDS			1/1	1/1	Met
Ⓜ L13	Clean location	L	DDS			1/1	1/1	Met

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Individ.</b>	<b>Reviewed by</b>	<b>Emp. Sup.</b>	<b>Cent. Based Work</b>	<b>Com. Based Day</b>	<b>Total Met / Rated</b>	<b>Rating</b>
L14	Site in good repair	L	Provider			-	-	Met
L15	Hot water	L	Provider			-	-	Met
L16	Accessibility	L	Provider			-	-	Met
L17	Egress at grade	L	Provider			-	-	Met
L20	Exit doors	L	Provider			-	-	Met
L21	Safe electrical equipment	L	Provider			-	-	Met
L22	Well-maintained appliances	L	Provider			-	-	Met
L25	Dangerous substances	L	Provider			-	-	Met
L26	Walkway safety	L	Provider			-	-	Met
L28	Flammables	L	Provider			-	-	Met
L29	Rubbish/com bustibles	L	Provider			-	-	Met
L30	Protective railings	L	Provider			-	-	Met
L31	Communication method	I	Provider			-	-	Met
L32	Verbal & written	I	Provider			-	-	Met
L37	Prompt treatment	I	Provider			-	-	Met
Ⓜ L38	Physician's orders	I	DDS			7/7	7/7	Met
L49	Informed of human rights	I	Provider			-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider			-	-	Met
L51	Possessions	I	Provider			-	-	Met
L52	Phone calls	I	Provider			-	-	Met
L54 (07/21)	Privacy	I	Provider			-	-	Met
L55	Informed consent	I	Provider			-	-	Met
L57	Written behavior plans	I	Provider			-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L60	Data maintenance	I	Provider			-	-	Met
L77	Unique needs training	I	Provider			-	-	Met
L79	Restraint training	L	Provider			-	-	Met
L80	Symptoms of illness	L	Provider			-	-	Met
L81	Medical emergency	L	Provider			-	-	Met
L85	Supervision	L	Provider			-	-	Met
L86	Required assessments	I	Provider			-	-	Not Met
L87	Support strategies	I	Provider			-	-	Not Met
L88	Strategies implemented	I	Provider			-	-	Met
L91	Incident management	L	Provider			-	-	Not Met
L93 (05/22)	Emergency back-up plans	I	Provider			-	-	Met
L94 (05/22)	Assistive technology	I	Provider			-	-	Met
L96 (05/22)	Staff training in devices and applications	I	Provider			-	-	Met
<b>#Std. Met/# 45 Indicator</b>							<b>42/45</b>	
<b>Total Score</b>							<b>51/55</b>	
							<b>92.73%</b>	

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C1	Provider data collection	Provider	-	Met
C2	Data analysis	Provider	-	Met
C3	Service satisfaction	Provider	-	Met

	C4	Utilizes input from stakeholders	Provider	-	<b>Met</b>
	C5	Measure progress	Provider	-	<b>Met</b>
	C6	Future directions planning	Provider	-	<b>Met</b>

### Community Based Day Services

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C37	Interpersonal skills for work	Provider	-	<b>Met</b>
C38 (07/21)	Habilitative & behavioral goals	Provider	-	<b>Met</b>
C39 (07/21)	Support needs for employment	Provider	-	<b>Met</b>
C40	Community involvement interest	Provider	-	<b>Met</b>
C41	Activities participation	Provider	-	<b>Met</b>
C42	Connection to others	Provider	-	<b>Met</b>
C43	Maintain & enhance relationship	Provider	-	<b>Met</b>
C44	Job exploration	Provider	-	<b>Met</b>
C45	Revisit decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>