



**PROVIDER REPORT
FOR**

**NORTH SUFFOLK
COMMUNITY SERVICES,
INC.**

**301 Broadway St
Chelsea, MA 02150**

July 20, 2026

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	NORTH SUFFOLK COMMUNITY SERVICES, INC.
Review Dates	6/10/2026 - 6/15/2026
Service Enhancement Meeting Date	6/30/2026
Survey Team	John Downing (TL) Dumitru Condratchi Jennifer Conley-Sevier
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	6 location(s) 6 audit (s)	Full Review	73/85 2 Year License 06/30/2026 - 06/30/2028		25 / 26 Certified 06/30/2026 - 06/30/2028
Residential Services	6 location(s) 6 audit (s)			Full Review	19 / 20
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

North Suffolk Community Services (NSCS) is a multi- service non-profit agency serving individuals with mental health challenges and developmental disabilities primarily in the Department of Developmental Services (DDS) Metro Region. The agency, founded in 1959, continues to provide residential support to more than 100 adult individuals who are living in 24/7 residential programs and served by the DDS.

The scope of this survey conducted by the DDS Office of Quality Enhancement (OQE) was a full review of all licensing and certification indicators within the agency's Residential Services programs.

There were many positive practices and outcomes observed during the review. The agency demonstrated overall strength in the domain of Personal and Environmental Safety. Allegations of abuse were reported as mandated, immediate protective measures were implemented, and requested follow-up action plans were completed. Comprehensive assessments were completed for individuals, evaluating each person's skills and abilities to ensure their safe use of equipment within their homes. Sites surveyed were generally found to be clean, and with all required inspections completed. Several of the homes visited were beneficiaries of the agency's strategic plan to purchase and renovate or rebuild the homes, with one home having increased accessibility features. Fire safety measures were in place and program evacuation times were within required timeframes. Hot water temperatures at all locations were maintained within required ranges.

Within the Competent and Skilled workforce domain, the agency had well maintained systems for tracking training requirements. Software systems and Applications acquired by the agency have enhanced its tracking ability and provided unilateral communication between various departments to expeditiously identify and resolve training and other human resource issues. Staff meetings were occurring on a regular basis and 1:1 supervision was effectively utilized and documented. Staff were knowledgeable of the individuals' unique needs and health-related support devices. The agency's ability to retain dedicated staff was evident by a fewer number of new hires compared to last cycle and the number of employees with decades of employment with NSCS.

Within the health domain, the agency had a generally effective system to ensure individuals received annual physical and dental exams. Required reviews and/or staff training occurred relative to individuals' medications, physician orders and treatment protocols. Individuals were supported to follow healthy diets and to engage in physical activity[JH2.1].

The agency also demonstrated strength in the area of promoting independence through the use of Assistive Technology. Every individual surveyed had an assessment completed, and for those with identified needs, their needs were fulfilled. Many of the individuals utilized tablets and iPads for learning and communication aids.

Several licensing indicators were identified during the survey as requiring additional attention. The agency needs to evaluate its current systems to improve timeliness when submitting and finalizing time sensitive materials, such as incident reports, physical restraint reports, and submission of ISP related documentation, and to ensure Emergency Fact Sheets (EFS) are accurate and complete.

Within the domain of Human Rights, the agency's Human Rights Committee lacked required membership to be fully constituted. Medication treatment plans did not have all required components and reviews. The agency, having shared or delegated money management responsibility, would benefit from a review of the funds management tracking systems as some expenditures were not accurately tracked, and some accounts were significantly over asset limits.

The agency's healthcare monitoring system did not ensure routine preventative screenings were completed for all individuals as recommended by the DDS Adult Healthcare Screening

Recommendations, and that alternatives are explored and documented when traditional screenings are not viable or desired options. Additional review is needed of the agency's system to ensure all follow-up and recommended appointments with specialists are made and attended.

North Suffolk Community Services received a rating of met in 86% of licensing indicators with all critical indicators met. As a result, the agency will receive a Two-Year License for Residential and Individual Home Supports service group. The agency received a rating of met in 96% of certification indicators reviewed. As a result, the agency is Certified. Follow-up on all not met licensing indicators will be conducted by DDS OQE within 60 days of the Service Enhancement Meeting.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Residential and Individual Home Supports	65/75	10/75	
Residential Services			
Critical Indicators	8/8	0/8	
Total	73/85	12/85	86%
2 Year License			
# indicators for 60 Day Follow-up		12	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The agency's Human Rights Committee did not have a member with the required medical credentials. The agency needs to ensure its Human Right Committee has all required memberships.
L65	Restraint reports are submitted within required timelines.	There was one restraint report that was not submitted and reviewed within the required timelines. The agency needs to ensure all restraint reports are submitted and reviewed within the required 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.	For two of six individuals, their emergency fact sheets were missing required components or updated information. The agency needs to ensure all emergency fact sheets are updated, contain all required components and are accurate.
L29	No rubbish or other combustibles are accumulated within the location including near heating equipment and exits.	At two locations, there were combustibles accumulated near heating equipment. The agency needs to ensure combustibles are not allowed to accumulate within three feet of heating equipment.

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

Indicator #	Indicator	Area Needing Improvement
L35	Individuals receive routine preventive screenings.	Three of six individuals did not receive all routine preventive screenings as outlined in the DDS Adult Healthcare Screening Recommendations. The agency needs to ensure all individuals receive routine preventive screens as outlined in the DDS Adult Healthcare Screening Recommendations.
L36	Recommended tests and appointments with specialists are made and kept.	Two of six individuals did not receive recommended follow-up medical care. The agency needs to ensure recommended tests and appointments with specialists are made and kept.
L63	Medication treatment plans are in written format with required components.	Four of the six medication treatment plans did not have all required components such as target behaviors being clearly defined in measurable and objective terms. The agency needs to ensure all medication treatment plans have all required components.
L64	Medication treatment plans are reviewed by the required groups.	Four of the six medication treatment plans were not identified or uploaded into HCSIS for review by the required groups. The agency needs to ensure all medication treatments are included in the individual's ISP or uploaded into HCSIS for review by the ISP team.
L69	Individual expenditures are documented and tracked.	For three of six individuals, there were expenditures that were not documented and tracked, and/or funds were not effectively being managed to remain within asset limitations. The agency needs to ensure all individuals' expenditures are documented and tracked.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For two of four individuals, required ISP assessments were not submitted at least 15 days prior to the ISP date. The agency needs to ensure all required assessments are submitted at least 15 days prior to the individual's ISP.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For two of five individuals, required support strategies were not submitted at least 15 days prior to the ISP date. The agency needs to ensure all required support strategies are submitted at least 15 days prior to the individual's ISP date.
L91	Incidents are reported and reviewed as mandated by regulation.	At two of six locations, incident reports were not reported and reviewed within required timeframes. The agency needs to ensure all incident reports are reported and reviewed within the required timelines.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	19/20	1/20	
Residential Services	19/20	1/20	
Total	25/26	1/26	96%
Certified			

Residential 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.	Two of six individuals did not have the opportunity to provide feedback at the time of hire and on an ongoing basis on the performance of staff that support them. The agency needs to ensure all individuals are provided the opportunity to provide feedback at the time of hire and on an ongoing basis for the staff that support them.

MASTER SCORE SHEET LICENSURE

Organizational: NORTH SUFFOLK COMMUNITY SERVICES, INC.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	6/6	Met
L3	Immediate Action	11/11	Met
L4	Action taken	15/15	Met
L48	HRC	0/1	Not Met(0 %)
L65	Restraint report submit	0/1	Not Met(0 %)
L66	HRC restraint review	1/1	Met
L74	Screen employees	2/2	Met
L75	Qualified staff	3/3	Met
L76	Track trainings	18/20	Met(90.0 %)
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	6/6						6/6	Met
L5	Safety Plan	L	6/6						6/6	Met
R L6	Evacuation	L	6/6						6/6	Met
L7	Fire Drills	L	5/6						5/6	Met (83.33 %)
L8	Emergency Fact Sheets	I	4/6						4/6	Not Met (66.67 %)
L9 (07/21)	Safe use of equipment	I	5/5						5/5	Met
L10	Reduce risk interventions	I	3/3						3/3	Met
R L11	Required inspections	L	6/6						6/6	Met
R L12	Smoke detectors	L	5/6						5/6	Met (83.33 %)
R L13	Clean location	L	5/6						5/6	Met (83.33 %)
L14	Site in good repair	L	6/6						6/6	Met
L15	Hot water	L	6/6						6/6	Met
L16	Accessibility	L	6/6						6/6	Met
L17	Egress at grade	L	5/5						5/5	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	5/5						5/5	Met
L19	Bedroom location	L	6/6						6/6	Met
L20	Exit doors	L	6/6						6/6	Met
L21	Safe electrical equipment	L	6/6						6/6	Met
L22	Well-maintained appliances	L	6/6						6/6	Met
L23	Egress door locks	L	5/5						5/5	Met
L24	Locked door access	L	5/5						5/5	Met
L25	Dangerous substances	L	6/6						6/6	Met
L26	Walkway safety	L	6/6						6/6	Met
L28	Flammables	L	6/6						6/6	Met
L29	Rubbish /combustibles	L	4/6						4/6	Not Met (66.67 %)
L30	Protective railings	L	5/5						5/5	Met
L31	Communication method	I	6/6						6/6	Met
L32	Verbal & written	I	6/6						6/6	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						6/6	Met
L34	Dental exam	I	5/5						5/5	Met
L35	Preventive screenings	I	3/6						3/6	Not Met (50.0 %)
L36	Recommended tests	I	4/6						4/6	Not Met (66.67 %)
L37	Prompt treatment	I	6/6						6/6	Met
℞ L38	Physician's orders	I	5/5						5/5	Met
L39	Dietary requirements	I	5/5						5/5	Met
L40	Nutritional food	L	6/6						6/6	Met
L41	Healthy diet	L	6/6						6/6	Met
L42	Physical activity	L	6/6						6/6	Met
L43	Health Care Record	I	6/6						6/6	Met
L44	MAP registration	L	6/6						6/6	Met
L45	Medication storage	L	6/6						6/6	Met
℞ L46	Med. Administration	I	6/6						6/6	Met
L49	Informed of human rights	I	5/5						5/5	Met
L50 (07/21)	Respectful Comm.	I	6/6						6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L51	Possessions	I	6/6						6/6	Met
L52	Phone calls	I	6/6						6/6	Met
L53	Visitation	I	6/6						6/6	Met
L54 (07/21)	Privacy	I	6/6						6/6	Met
L55	Informed consent	I	1/1						1/1	Met
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	5/5						5/5	Met
L62	Health protection review	I	1/1						1/1	Met
L63	Med. treatment plan form	I	2/6						2/6	Not Met (33.33 %)
L64	Med. treatment plan rev.	I	2/6						2/6	Not Met (33.33 %)
L67	Money mgmt. plan	I	5/6						5/6	Met (83.33 %)
L68	Funds expenditure	I	6/6						6/6	Met
L69	Expenditure tracking	I	3/6						3/6	Not Met (50.0 %)
L70	Charges for care calc.	I	5/5						5/5	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L71	Charges for care appeal	I	5/5						5/5	Met
L77	Unique needs training	I	6/6						6/6	Met
L80	Symptoms of illness	L	6/6						6/6	Met
L81	Medical emergency	L	6/6						6/6	Met
L82	Medication admin.	L	6/6						6/6	Met
L84	Health protect. Training	I	6/6						6/6	Met
L85	Supervision	L	6/6						6/6	Met
L86	Required assessments	I	2/4						2/4	Not Met (50.0 %)
L87	Support strategies	I	3/5						3/5	Not Met (60.0 %)
L88	Strategies implemented	I	5/6						5/6	Met (83.33 %)
L90	Personal space/ bedroom privacy	I	6/6						6/6	Met
L91	Incident management	L	4/6						4/6	Not Met (66.67 %)
L93 (05/22)	Emergency back-up plans	I	6/6						6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L94 (05/22)	Assistive technology	I	6/6						6/6	Met
L96 (05/22)	Staff training in devices and applications	I	6/6						6/6	Met
L99 (05/22)	Medical monitoring devices	I	2/2						2/2	Met
#Std. Met/# 75 Indicator									65/75	
Total Score									73/85	
									85.88%	

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	1/1	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	4/6	Not Met (66.67 %)
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	5/6	Met (83.33 %)
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