



**PROVIDER REPORT  
FOR**

**ARC OF GREATER  
PLYMOUTH (THE)  
52 Armstrong Road  
Plymouth, MA 02360**

**January 06, 2026**

**Version**

**Public Provider Report**

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

# **SUMMARY OF OVERALL FINDINGS**

**Provider** ARC OF GREATER PLYMOUTH (THE)

**Review Dates** 12/2/2025 - 12/8/2025

**Service Enhancement Meeting Date** 12/22/2025

**Survey Team** Katherine Gregory  
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**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
<b>Residential and Individual Home Supports</b>	5 location(s) 9 audit (s)	Full Review	59/88 Defer Licensure		46 / 60 Certified with Progress Report
ABI-MFP Residential Services	2 location(s) 6 audit (s)			Full Review	14 / 20
Placement Services	2 location(s) 2 audit (s)			Full Review	19 / 20
Individual Home Supports	1 location(s) 1 audit (s)			Full Review	13 / 14
Planning and Quality Management (For all service groupings)				Full Review	0 / 6

**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>	3 location(s) 13 audit (s)	Full Review	51/56 2 Year License 12/22/2025 - 12/22/2027		28 / 42 Certified with Progress Report 12/22/2025 - 12/22/2027
Community Based Day Services	2 location(s) 7 audit (s)			Full Review	12 / 15
Employment Support Services	1 location(s) 6 audit (s)			Full Review	16 / 21
Planning and Quality Management (For all service groupings)				Full Review	0 / 6

## **EXECUTIVE SUMMARY :**

The Arc of Greater Plymouth and Upper Cape Cod, established in 1966, provides a variety of supports and services to individuals with intellectual and developmental disabilities (I/DD), Autism, and brain injuries. This includes residential services, day services, and agency with choice. The agency directly supports nearly 200 people across over 15 communities throughout Southeastern Massachusetts and the Upper Cape area.

The Department of Developmental Services (DDS) Office of Quality Enhancement (OQE) conducted a full licensing and certification review of The Arc of Greater Plymouth and Upper Cape Cod's Residential and Individual Home Supports (IHS) and Employment and Day Service Groupings. The review included 24-Hour ABI/MFP Residential Supports, Individual Home Supports (IHS), Shared Living, Employment Supports, and Community-Based Day Supports (CBDS). All applicable licensing and certification indicators were reviewed by DDS/OQE as part of this survey.

Positive practices were noted within the agency's Residential Services. All locations had approved safety plans in place, staff were trained on their proper implementation, and fire drills occurred as required. All locations were clean, well maintained, and had smoke and carbon monoxide detectors as mandated. Across all locations, a variety of nutritional food options were available. Individuals were supported to maintain healthy and balanced diets, and physician ordered dietary requirements were followed when applicable. Individuals were able to make phone calls and visit with family and friends. Individuals were able to freely access all their personal possessions and had adequate privacy.

The certification review also demonstrated positive outcomes. Individuals exercised choice and control over their daily routines, including what and when they ate, when they went to bed, and how they spent their leisure time. A notable strength was the extent to which individuals were able to decorate their homes and bedrooms. Homes were well decorated and reflected the preferences of the individuals living there. Individuals proudly showed their rooms, which featured personal photos, preferred sports team merchandise, and bedding of their choosing.

The employment and CBDS programs also showed strengths across several licensing areas. Within the health domain, medications were given as ordered and all staff were certified to administer the medications. When individuals had significant medical needs that required a healthcare protocol, staff were trained on the required actions steps. Individuals with unique dietary needs were supported to follow all healthcare (HCP) recommendations. Within the domain of human rights, all individuals and guardians had received information on human rights, how to report abuse/neglect, and how to file a grievance. All written and oral communication was respectful. Staff were trained in signs and symptoms of illness. Staff were aware of individuals' unique needs resulting in quality supports that were individualized to each person.

Within the certification indicators the agency demonstrated strong practices at the employment and CBDS sites. Individuals participated in meaningful and satisfying activities, with several in-house and community-based options available each day based on their interests and preferences. Community activities were varied, person-centered, and supported individuals in building connections with others. The individuals were also supported to explore potential career and employment paths. The agency developed strong relationships with community partners such as local food banks, nursing homes, local TV, and food service providers. This afforded the individuals opportunities to try different experiences and allowed one individual to work toward their Serve-Safe certificate to meet their goal of working in a kitchen.

The review also identified several areas that need strengthening. Organizationally, the agency needs to ensure that all staff receive the mandated DDS trainings, which includes CPR, First Aid, mandated reporting and human rights. Restraints reports need to be submitted and finalized within the required

timelines. Additionally, the agency needs to have systems to collect and analyze data. The data needs to be used to create programmatic goals that improve the quality of services for the individuals served and to plan for future of the agency. Feedback from stakeholders needs to be analyzed and corrective actions steps taken when needed. Across all service groupings individuals need to be provided the opportunity to give feedback on the staff that support them at the time of hire, and on an on-going basis.

Within the Residential services, additional healthcare oversight is needed. Individuals were not consistently supported to obtain recommended immunizations, preventative screenings or timely specialist follow-ups. Systems need to be strengthened to ensure all medical appointments are tracked and completed. For individuals with significant medical conditions, staff were not trained on their healthcare protocols to manage those conditions. Where health-related equipment or medical monitor devices are used, HCP orders must be present and safety checks need to occur as outlined. Medication administration must follow prescriber parameters, and self-medication requires adequate oversight to ensure individuals remain capable and receive additional support as needs change.

Additional attention is needed to ensure a skilled and competent workforce. Staff were not aware of individuals unique needs including medical diagnoses and use of hearing aids, and dentures. Required training in recognizing signs and symptoms of illness, the proper use, care, and cleaning of individuals' health related equipment, and implementing restrictive practices was not consistently provided. A system for ongoing and consistent supervision of staff needs to be implemented.

Within the domain of human rights, medication treatment plans must be in place for all behavior modifying medications an individual takes and data on the targeted behaviors needs to be consistently tracked. Relating to finances, all financial transactions need to be tracked, and receipts present for all expenditures.

Strengthening of some certification areas is also required. In the domain of choice and control, individuals need support to explore their interests, build meaningful friendships, and purchase personal belongings. Opportunities for community participation must be increased, ensuring individuals have regular access to local resources such as banks, hair salons, and libraries. Community integration should occur consistently and reflect each individual's preferences and interests.

Additional supports related to licensing and certification indicators are needed within the agency's employment and CBDS program. Emergency fact sheets must be current, have correct contact information, and all relevant medical diagnoses. All incidents must be reported and finalized within the required timelines.

Within the domain of career planning and development, for individuals who are actively seeking employment or are employed, each individual requires a written plan that address their career goals and potential support needs. Ongoing efforts to obtain employment in the individuals' area of interest needs to occur. Individuals were not consistently educated on benefits and worker rights related to their jobs. For individuals who are on a pathway to employment, there needs to be a written plan that describes their employment goals, their strengths and support needs, and have specific habilitative and behavioral goals that support the person to move towards employment.

As a result of this review, The Arc of Greater Plymouth and Upper Cape Cod's Residential and IHS service group met 67% of licensing indicators with two critical indicators not met (L38 and L46). The license for this service group is deferred until they can meet at least 80% of the licensure indicators and demonstrate successful correction to the critical indicators during the Follow Up Review; sanctions on accepting new business with DDS are in place. If the agency is able to meet 80% of indicators including correction of the two critical indicators, the service grouping will receive a Two Year with Mid-Cycle Review license, and sanctions will be lifted. The DDS Office of Quality Enhancement will conduct a follow-up review within 60 days of the Service Enhancement Meeting

(SEM) on all licensing indicators rated as Not Met, including the critical indicators. This service grouping is Certified with a progress report, with 77% of certification indicators met.

The agency's Employment and Day Supports service grouping will receive a Two-Year License, having met 91% of licensing indicators. The agency will conduct it's own follow-up review within 60 days of the SEM on all indicators rated as Not Met. This service grouping is also Certified with a progress report, with 67% of certification indicators met.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	7/10	3/10	
<b>Residential and Individual Home Supports</b>	52/78	26/78	
ABI-MFP Residential Services Individual Home Supports Placement Services			
<b>Critical Indicators</b>	6/8	2/8	
<b>Total</b>	59/88	29/88	67%
<b>Defer Licensure</b>			
<b># indicators for 60 Day Follow-up</b>		29	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	7/10	3/10	
<b>Employment and Day Supports</b>	44/46	2/46	
Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	51/56	5/56	91%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		5	

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

Indicator #	Indicator	Area Needing Improvement
L65	Restraint reports are submitted within required timelines.	Restraint reporting did not meet required timeline. The agency needs to ensure that all restraint reports are completed within the mandatory timeline.
L76	The agency has and utilizes a system to track required trainings.	Three of sixteen staff did not have First Aid and/or CPR. Four staff did not have any of the DDS mandated trainings such as fire safety, universal precautions, and incident reporting. The agency needs to ensure staff receive the required trainings and that there is a system in place to track that trainings have been completed for all staff

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L83	Support staff are trained in human rights.	Four of sixteen staff had not received training in human rights and mandated reporting. The agency needs to ensure all staff are aware of what the individuals' human rights are and how to report abuse and neglect.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L8	Emergency fact sheets are current and accurate and available on site.	For six of nine individuals, Emergency fact sheets did include all of the required information, the agency needs to ensure that emergency fact sheets are current and complete with all required information.
L31	Staff understand and can communicate with individuals in their primary language and method of communicating.	For three of nine individuals, agency staff were not able to communicate with individuals in their primary language/method of communication. The agency needs to ensure that staff who work in the homes have the ability to communicate in the individuals' language.
L35	Individuals receive routine preventive screenings.	Five out of nine individuals had not had routine preventative screening as recommended by the DDS adult screening checklist. The agency needs to ensure that individuals receive key preventative screenings as recommended.
L36	Recommended tests and appointments with specialists are made and kept.	For seven of nine individuals, recommended follow-up tests and/or specialist medical appointments had not occurred as recommended. The agency needs to ensure that recommended tests and appointments with specialists are made and kept.
PL L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For four of six individuals, medical protocols were not being followed in accordance with the physicians' orders and/or written protocols. There were gaps and inaccuracies in documentation related to protocols, as well as a lack of staff training. The agency needs to ensure that physicians' orders and treatment protocols are followed, appropriately documented, and staff have been trained.
L43	The health care record is maintained and updated as required.	For five of nine individuals, the health care record had not been updated to include current health information of the individuals. The agency needs to ensure that health care record is updated at least annually, and when significant changes occurred.

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

Indicator #	Indicator	Area Needing Improvement
L46	All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.	For three of seven individuals, medications were not being administered according to physicians' orders. The agency needs to ensure that medications are administered according to the written orders of the doctor, and that they are properly documented on the medication administration sheets.
L47	Individuals are supported to become self medicating when appropriate.	Two of three individuals had not been supported to safely self-medicate. The agency needs to ensure that individuals receive the proper supports when self-medicating and that their ability to continue to self-medicate is assessed when needed.
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 of nine individuals, photo consents were either expired or not consented to by the guardian. The agency needs to ensure that informed consents are current and are completed as required.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	For two individuals, targeted behaviors identified in their behavior plans were not being tracked. The agency needs to ensure that targeted behaviors are being accurately and consistently tracked as outlined in the individuals' respective plans
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	Safety checks had not been occurring at the frequency that was requested by the healthcare provider (HCP) for five individuals. Two of those individuals also had health related supportive equipment that had not been authorized by the HCP. The agency needs to ensure that all health-related supportive equipment has the proper HCP authorizations and the safety checks occur at the frequency noted on a consistent basis.
L63	Medication treatment plans are in written format with required components.	For four of six individuals, their data on target symptoms needed for health care providers to make informed decisions was either not being collected or was inconsistently collected. The agency needs to ensure that all data identified target symptoms is collected consistently.
L64	Medication treatment plans are reviewed by the required groups.	For one individual, the Medication Treatment Plan was not shared with the ISP team, and for a second individual, an outdated and inaccurate version was provided. The agency must ensure that current and accurate Medication Treatment Plans are consistently shared with the ISP team for their review.

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

Indicator #	Indicator	Area Needing Improvement
L69	Individual expenditures are documented and tracked.	Three individuals' funds were not being properly managed, including expenditures not being accurately tracked, missing or inaccurate receipts, and lack of accurate tracking cash transactions, resulting in unaccounted for funds for all three individuals. The agency needs to ensure that expenditures for all individuals where the agency has shared or delegated funds management responsibilities are accurately and timely documented and tracked.
L77	The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals.	For four of nine individuals, staff had not been trained on the individuals' unique need including knowledge around significant specific medical diagnoses and the use of hearing aids. The agency needs to ensure that staff and care providers are knowledgeable and trained to support the unique needs of the individuals in their care.
L78	Staff are trained to safely and consistently implement restrictive interventions.	Staff at one home have not been trained on the correct safe implementation of two individuals' restrictive interventions. The agency needs to ensure that all staff are trained to correctly and safely implement individuals' restrictive interventions as outlined in their respective behavior plans.
L80	Support staff are trained to recognize signs and symptoms of illness.	For two of five locations, staff had not been trained to recognize signs and symptoms of illness. Agency needs to ensure that all support staff are trained to recognize signs and symptoms of illness.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	Staff had not been trained on the individuals health related protective equipment for six individuals. The agency needs to ensure that staff are trained and knowledgeable of individuals' equipment.
L85	The agency provides ongoing supervision, oversight and staff development.	For three of five locations, the agency did not develop a system to address and correct issues identified in individual's supports needs. The agency needs to ensure that the agency monitoring system is effective and that changes are made as a result of the monitoring.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For three of six individuals, required assessments concerning individual needs and abilities 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.	For two of eight individuals, support strategies necessary to assist an individual to meet their goals and objectives were not submitted within required timelines. The agency needs to ensure that support strategies are submitted withing required timelines for ISP.

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

Indicator #	Indicator	Area Needing Improvement
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For four of nine individuals, support strategies identified and agreed upon in the ISP were not being implemented as required. The agency needs to ensure that support strategies and agreed upon in the ISP for which the provider has designated responsibility are implemented as agreed in the ISP.
L91	Incidents are reported and reviewed as mandated by regulation.	At four of five locations incident reports were submitted and/or finalized outside of the required timelines. One location had an incident that was not reported. The agency needs to ensure all incident are submitted and finalized within the mandated timelines
L94 (05/22)	Individuals have assistive technology to maximize independence.	For two individuals, Assistive Technology assessments had not been completed. For one individual there was no plan in place to help them acquire or introduce assistive technology for the areas of need identified in their assessment. The agency needs to ensure they conduct Assistive Technology Assessments for all individuals in a timely manner. The agency needs develop and carry out plans to address identified areas in which individuals could experience increased independence through the acquisition and application of assistive technology.
L96 (05/22)	Staff is competent and knowledgeable in the use of the individual's technology devices and applications.	For two individuals, their staff did not have an understanding of the technology that these individuals used to enhance their independence.
L99 (05/22)	Medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately. (eg seizure watches; fall sensors).	For three of four individuals, medical monitoring devices were not implemented according to physicians' orders, and data collection related to use, care, and maintenance of these devices were not being accurately completed. A protocol for use and care of nebulizer equipment was not available to staff who were responsible for its implementation, and staff had not been trained on its use. The agency needs to ensure that all medical monitoring devices are authorized, have clear protocols for use and care, data is collected appropriately, and that all staff are trained in the correct use of the device and its related documentation.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L8	Emergency fact sheets are current and accurate and available on site.	For four individuals, their Emergency Fact Sheet packets were missing information including diagnosis, contact information, and resuscitation status. The agency needs to ensure that all required information is present on the Emergency Fact Sheet or contained within the packet to ensure emergency services have accurate information.
L91	Incidents are reported and reviewed as mandated by regulation.	One of three programs did not finalize incident reports in HCSIS within the required timelines. The agency needs to ensure that all required timelines for incident reporting are adhered to.

## **CERTIFICATION FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>0/6</b>	<b>6/6</b>	
<b>Residential and Individual Home Supports</b>	<b>46/54</b>	<b>8/54</b>	
Individual Home Supports	13/14	1/14	
ABI-MFP Residential Services	14/20	6/20	
Placement Services	19/20	1/20	
<b>Total</b>	<b>46/60</b>	<b>14/60</b>	<b>77%</b>
<b>Certified with Progress Report</b>			

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>0/6</b>	<b>6/6</b>	
<b>Employment and Day Supports</b>	<b>28/36</b>	<b>8/36</b>	
Community Based Day Services	12/15	3/15	
Employment Support Services	16/21	5/21	
<b>Total</b>	<b>28/42</b>	<b>14/42</b>	<b>67%</b>
<b>Certified with Progress Report</b>			

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C1	The provider collects data regarding program quality including but not limited to incidents, investigations, restraints, and medication occurrences.	The agency was not collecting data that could be used to support programmatic quality improvements. The agency needs to ensure that a system is developed and implemented that tracks data from a variety of sources that can be used to improve the quality of services.
C2	The provider analyzes information gathered from all sources and identifies patterns and trends.	Data had not been analyzed by the agency to identify patterns and trends. The agency needs to ensure there is a system in place to analyze data that has been collected and then create measurable and attainable goals based on the analysis.

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

Indicator #	Indicator	Area Needing Improvement
C3	The provider actively solicits and utilizes input from the individuals and families regarding satisfaction with services.	The agency's efforts to solicit information from families and guardians was not sufficient to determine satisfaction with services, and the agency did not make additional efforts to garner additional input from them. When one method of feedback gathering is not effective, the agency needs to employ alternative methods to ensure they are gathering a sufficient amount of feedback from all stakeholders to ensure reliable data on which to base directional planning.
C4	The provider receives and utilizes input received from DDS and other stakeholders to inform service improvement efforts.	The agency had not used feedback from DDS and other stakeholders to improve their services. The agency needs to ensure they solicit input from stakeholders and then create an action plan to improve identified areas of concerns.
C5	The provider has a process to measure progress towards achieving service improvement goals.	The agency had not developed service improvement goals based on data collection and had not established goals for addressing critical areas needing improvement. The agency needs to develop effective systems for data review and planned response with goal development when critical needs are identified and to develop service improvement goals for addressing the identified areas of need. Benchmarks for service improvement goals must be set, and regular data collection and review should occur to ensure correction is occurring or determine if goal revision is needed.
C6	The provider has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans.	Strategic goals in place were not effective in improving conditions such as healthcare. The agency needs to ensure that strategies for improvement are effective when addressing challenges. When it is determined that strategies are not effective, the agency needs to re-evaluate and mid-course corrections must be made to ensure desired outcomes.

**ABI-MFP 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.	Six individuals had not been provided with opportunities to provide feedback on new hires or current staff. The agency needs to ensure that feedback from individuals on the staff that support them is solicited at the time of hire and on an ongoing basis.
C9	Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	Two individuals have not been supported to explore opportunities to develop and/or increase personal relationships and social contacts. The agency needs to implement strategies to support individuals to develop, and/or increase personal relationships and social contacts.
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	Three individuals have not been supported to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities. The agency needs to implement strategies to support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.
C17	Community activities are based on the individual's preferences and interests.	Three individuals have not been provided with regular opportunities to participate in community-based activities of their interests and preferences, due in part to staff availability issues. The agency needs to ensure that adequate resources and strategies to support individuals to regularly participate in community-based activities of their interests and preferences
C46	Staff (Home Providers) support individuals to learn about and use generic community resources.	Three individuals have not been supported to learn about and use generic resources in their community. The agency needs to implement strategies to support individuals learn about and utilize generic community resources.

**ABI-MFP Residential Services- Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C48	Individuals are a part of the neighborhood.	Three individuals have not been provided with opportunities to connect with neighbors and become part of their neighborhood. The agency needs to implement strategies to support individuals connect with neighbors and become part of their neighborhood.
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.	One individual had not been provided with opportunities to provide feedback on new hires or current staff. The agency needs to ensure that feedback from individuals on the staff that support them is solicited 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.	Two individuals had not been provided with opportunities to provide feedback on new hires or current staff. The agency needs to ensure that feedback from individuals on the staff that support them is solicited at the time of hire and on an ongoing basis.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
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 individuals had not been provided with opportunities to provide feedback on new hires or current staff. The agency needs to ensure that feedback from individuals on the staff that support them is solicited at the time of hire and on an ongoing basis.
C38 (07/21)	Specific habilitative and behavioral goals necessary to prepare individuals for work are identified.	For four individuals, habilitative and behavioral goals had not been developed. The agency must ensure that habilitative and behavioral goals are developed based on all the information obtained that will help prepare the individual for work.

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

Indicator #	Indicator	Area Needing Improvement
C39 (07/21)	There is a plan developed to identify job goals and support needs that would lead to movement into supported employment.	For four individuals, there was not a detailed written plan in place that addressed the individuals' goals and support needs. The agency must ensure that there is a detailed written plan in place that addresses the individuals' goals and support needs, and the individuals have been presented with employment as an option.
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 individuals had not been provided with opportunities to provide feedback on new hires or current staff. The agency needs to ensure that feedback from individuals on the staff that support them is solicited at the time of hire and on an ongoing basis.
C24	There is a plan developed to identify job goals and support needs.	Based on the individual's current interests, strengths and needs, no goals and support needs had been developed for the individual. The agency must ensure that job goals and support needs are created and that a written plan addressing those goals and support needs are in place.
C27	Individuals and families are encouraged and supported to understand the benefits of integrated employment.	One individual, (or their families) had not been provided with information on the benefits of supported employment. The agency must ensure that the agency presents information to families and individuals on the benefits of supported employment using a multiplicity of means.
C29	Individuals are supported to obtain employment that matches their skills and interests.	One individual did not obtain employment within a reasonable amount of time based on the individual's preferences. The agency must ensure that it is making ongoing efforts to secure employment within a reasonable time frame.
C33	Employee benefits and rights are clearly explained to the individual.	For two individuals, the agency did not offer information regarding employee benefits and rights and there was no information available outlining those rights and benefits. The agency must ensure that information on employee benefits and rights is presented to the individuals.

## MASTER SCORE SHEET LICENSURE

### Organizational: ARC OF GREATER PLYMOUTH (THE)

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	7/8	Met(87.50 % )
L3	Immediate Action	14/15	Met(93.33 % )
L4	Action taken	12/12	Met
L48	HRC	1/1	Met
L65	Restraint report submit	0/1	Not Met(0 % )
L66	HRC restraint review	1/1	Met
L74	Screen employees	5/5	Met
L75	Qualified staff	3/3	Met
L76	Track trainings	9/16	Not Met(56.25 % )
L83	HR training	12/16	Not Met(75.00 % )

**Residential and Individual Home Supports:**

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Individ.</b>	<b>Res. Sup.</b>	<b>Ind. Home Sup.</b>	<b>Place.</b>	<b>Resp.</b>	<b>ABI-MFP Res. Sup.</b>	<b>ABI-MFP Place.</b>	<b>Total Met/Rated</b>	<b>Rating</b>
L1	Abuse/neglect training	I		1/1	2/2		5/6		8/9	Met (88.89%)
L5	Safety Plan	L		1/1	2/2		2/2		5/5	Met
℞ L6	Evacuation	L		1/1	2/2		2/2		5/5	Met
L7	Fire Drills	L					2/2		2/2	Met
L8	Emergency Fact Sheets	I		1/1	1/2		1/6		3/9	Not Met (33.33%)
L9 (07/21)	Safe use of equipment	I		1/1			6/6		7/7	Met
L10	Reduce risk interventions	I			0/1		4/4		4/5	Met (80.0%)
℞ L11	Required inspections	L			2/2		2/2		4/4	Met
℞ L12	Smoke detectors	L			2/2		2/2		4/4	Met
℞ L13	Clean location	L			2/2		2/2		4/4	Met
L14	Site in good repair	L			1/1		2/2		3/3	Met
L15	Hot water	L			2/2		2/2		4/4	Met
L16	Accessibility	L			1/1		2/2		3/3	Met
L17	Egress at grade	L			2/2		2/2		4/4	Met
L18	Above grade egress	L			1/1		1/1		2/2	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L19	Bedroom location	L					2/2		2/2	Met
L20	Exit doors	L					2/2		2/2	Met
L21	Safe electrical equipment	L			1/1		2/2		3/3	Met
L22	Well-maintained appliances	L			1/1		2/2		3/3	Met
L23	Egress door locks	L					2/2		2/2	Met
L24	Locked door access	L			1/1		2/2		3/3	Met
L25	Dangerous substances	L					2/2		2/2	Met
L26	Walkway safety	L			2/2		2/2		4/4	Met
L28	Flammables	L					2/2		2/2	Met
L29	Rubbish/combustibles	L			2/2		2/2		4/4	Met
L30	Protective railings	L			2/2		1/1		3/3	Met
L31	Communication method	I		1/1	2/2		3/6		6/9	Not Met (66.67%)
L32	Verbal & written	I		1/1	2/2		6/6		9/9	Met
L33	Physical exam	I		1/1	2/2		6/6		9/9	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L34	Dental exam	I		1/1	2/2		5/6		8/9	Met (88.89 %)
L35	Preventive screenings	I		1/1	0/2		3/6		4/9	Not Met (44.44 %)
L36	Recommended tests	I		0/1	0/2		2/6		2/9	Not Met (22.22 %)
L37	Prompt treatment	I		1/1	2/2		6/6		9/9	Met
℞ L38	Physician's orders	I					2/6		2/6	Not Met (33.33 %)
L39	Dietary requirements	I					2/2		2/2	Met
L40	Nutritional food	L					2/2		2/2	Met
L41	Healthy diet	L		1/1	1/1		2/2		4/4	Met
L42	Physical activity	L		1/1	1/1		2/2		4/4	Met
L43	Health Care Record	I		1/1	1/2		2/6		4/9	Not Met (44.44 %)
L44	MAP registration	L					2/2		2/2	Met
L45	Medication storage	L					2/2		2/2	Met
℞ L46	Med. Administration	I			0/1		4/6		4/7	Not Met (57.14 %)
L47	Self medication	I		1/1	0/2				1/3	Not Met (33.33 %)
L49	Informed of human rights	I		1/1	2/2		5/6		8/9	Met (88.89 %)

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		1/1	2/2		5/6		8/9	Met (88.89%)
L51	Possessions	I		1/1	2/2		6/6		9/9	Met
L52	Phone calls	I		1/1	2/2		6/6		9/9	Met
L53	Visitation	I		1/1	2/2		6/6		9/9	Met
L54 (07/21)	Privacy	I		1/1	2/2		6/6		9/9	Met
L55	Informed consent	I		1/1	2/2		4/6		7/9	Not Met (77.78%)
L56	Restrictive practices	I					1/1		1/1	Met
L57	Written behavior plans	I					3/3		3/3	Met
L60	Data maintenance	I					1/3		1/3	Not Met (33.33%)
L61	Health protection in ISP	I					1/6		1/6	Not Met (16.67%)
L63	Med. treatment plan form	I			0/1		2/5		2/6	Not Met (33.33%)
L64	Med. treatment plan rev.	I			0/1		4/5		4/6	Not Met (66.67%)
L67	Money mgmt. plan	I					3/4		3/4	Met
L68	Funds expenditure	I					4/4		4/4	Met
L69	Expenditure tracking	I					1/4		1/4	Not Met (25.00%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L70	Charges for care calc.	I					6/6		6/6	Met
L71	Charges for care appeal	I					6/6		6/6	Met
L77	Unique needs training	I		1/1	2/2		2/6		5/9	Not Met (55.56 %)
L78	Restrictive Int. Training	L					1/2		1/2	Not Met (50.0 %)
L80	Symptoms of illness	L		1/1	2/2		0/2		3/5	Not Met (60.0 %)
L81	Medical emergency	L		1/1	2/2		2/2		5/5	Met
L82	Medication admin.	L					2/2		2/2	Met
L84	Health protect. Training	I					0/6		0/6	Not Met (0 %)
L85	Supervision	L		1/1	1/2		0/2		2/5	Not Met (40.0 %)
L86	Required assessments	I			0/2		3/4		3/6	Not Met (50.0 %)
L87	Support strategies	I		1/1	1/2		4/5		6/8	Not Met (75.00 %)
L88	Strategies implemented	I		1/1	1/2		3/6		5/9	Not Met (55.56 %)
L89	Complaint and resolution process	L					2/2		2/2	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L90	Personal space/bedroom privacy	I		1/1	1/2		6/6		8/9	Met (88.89%)
L91	Incident management	L		1/1	0/2		0/2		1/5	Not Met (20.0%)
L93 (05/22)	Emergency back-up plans	I		1/1	2/2		6/6		9/9	Met
L94 (05/22)	Assistive technology	I		1/1	2/2		3/6		6/9	Not Met (66.67%)
L96 (05/22)	Staff training in devices and applications	I		1/1			3/5		4/6	Not Met (66.67%)
L99 (05/22)	Medical monitoring devices	I			0/1		1/3		1/4	Not Met (25.00%)
<b>#Std. Met/# 78 Indicator</b>									<b>52/78</b>	
<b>Total Score</b>									<b>59/88</b>	
									<b>67.05%</b>	

**Employment and Day Supports:**

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	6/6		7/7	13/13	Met

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Individ.</b>	<b>Emp. Sup.</b>	<b>Cent. Based Work</b>	<b>Com. Based Day</b>	<b>Total Met / Rated</b>	<b>Rating</b>
L5	Safety Plan	L			2/2	2/2	Met
℞ L6	Evacuation	L			2/2	2/2	Met
L7	Fire Drills	L			2/2	2/2	Met
L8	Emergency Fact Sheets	I	4/6		5/7	9/13	Not Met (69.23 %)
L9 (07/21)	Safe use of equipment	I	6/6		7/7	13/13	Met
℞ L11	Required inspections	L			2/2	2/2	Met
℞ L12	Smoke detectors	L			2/2	2/2	Met
℞ L13	Clean location	L			2/2	2/2	Met
L14	Site in good repair	L			1/1	1/1	Met
L15	Hot water	L			2/2	2/2	Met
L16	Accessibility	L			2/2	2/2	Met
L17	Egress at grade	L			2/2	2/2	Met
L20	Exit doors	L			2/2	2/2	Met
L21	Safe electrical equipment	L			2/2	2/2	Met
L22	Well-maintained appliances	L			2/2	2/2	Met
L25	Dangerous substances	L			2/2	2/2	Met
L26	Walkway safety	L			2/2	2/2	Met
L29	Rubbish/combustibles	L			2/2	2/2	Met
L31	Communication method	I	6/6		7/7	13/13	Met
L32	Verbal & written	I	6/6		7/7	13/13	Met
L37	Prompt treatment	I	6/6		7/7	13/13	Met
℞ L38	Physician's orders	I			4/4	4/4	Met
L39	Dietary requirements	I			2/2	2/2	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L44	MAP registration	L			2/2	2/2	Met
L45	Medication storage	L			2/2	2/2	Met
℞ L46	Med. Administration	I			4/4	4/4	Met
L49	Informed of human rights	I	6/6		7/7	13/13	Met
L50 (07/21)	Respectful Comm.	I	6/6		7/7	13/13	Met
L51	Possessions	I	6/6		7/7	13/13	Met
L52	Phone calls	I	6/6		7/7	13/13	Met
L54 (07/21)	Privacy	I	6/6		7/7	13/13	Met
L55	Informed consent	I	6/6		6/7	12/13	Met (92.31 %)
L61	Health protection in ISP	I	1/1			1/1	Met
L77	Unique needs training	I	6/6		7/7	13/13	Met
L80	Symptoms of illness	L	1/1		2/2	3/3	Met
L81	Medical emergency	L	1/1		2/2	3/3	Met
℞ L82	Medication admin.	L			2/2	2/2	Met
L84	Health protect. Training	I	1/1			1/1	Met
L85	Supervision	L	1/1		2/2	3/3	Met
L86	Required assessments	I	1/1			1/1	Met
L87	Support strategies	I	1/1		1/1	2/2	Met
L88	Strategies implemented	I	5/5		5/5	10/10	Met
L91	Incident management	L	1/1		1/2	2/3	Not Met (66.67 %)
L93 (05/22)	Emergency back-up plans	I	6/6		7/7	13/13	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L94 (05/22)	Assistive technology	I	4/6		7/7	11/13	Met (84.62 %)
#Std. Met/# 46 Indicator						44/46	
Total Score						51/56	
						91.07%	

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	0/1	Not Met (0 %)
C2	Data analysis	0/1	Not Met (0 %)
C3	Service satisfaction	0/1	Not Met (0 %)
C4	Utilizes input from stakeholders	0/1	Not Met (0 %)
C5	Measure progress	0/1	Not Met (0 %)
C6	Future directions planning	0/1	Not Met (0 %)

### ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/6	Not Met (0 %)
C8	Family/guardian communication	5/6	Met (83.33 %)
C9	Personal relationships	4/6	Not Met (66.67 %)
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	2/2	Met
C16	Explore interests	4/6	Not Met (66.67 %)
C17	Community activities	3/6	Not Met (50.0 %)

### ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C18	Purchase personal belongings	4/5	<b>Met (80.0 %)</b>
C19	Knowledgeable decisions	6/6	<b>Met</b>
C46	Use of generic resources	3/6	<b>Not Met (50.0 %)</b>
C47	Transportation to/ from community	6/6	<b>Met</b>
C48	Neighborhood connections	3/6	<b>Not Met (50.0 %)</b>
C49	Physical setting is consistent	2/2	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	6/6	<b>Met</b>
C52	Leisure activities and free-time choices /control	6/6	<b>Met</b>
C53	Food/ dining choices	6/6	<b>Met</b>

### Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/2	<b>Not Met (0 %)</b>
C8	Family/guardian communication	2/2	<b>Met</b>
C9	Personal relationships	2/2	<b>Met</b>
C10	Social skill development	2/2	<b>Met</b>
C11	Get together w/family & friends	2/2	<b>Met</b>
C12	Intimacy	2/2	<b>Met</b>
C13	Skills to maximize independence	2/2	<b>Met</b>
C14	Choices in routines & schedules	2/2	<b>Met</b>
C15	Personalize living space	2/2	<b>Met</b>
C16	Explore interests	2/2	<b>Met</b>
C17	Community activities	2/2	<b>Met</b>
C18	Purchase personal belongings	2/2	<b>Met</b>
C19	Knowledgeable decisions	2/2	<b>Met</b>
C46	Use of generic resources	2/2	<b>Met</b>
C47	Transportation to/ from community	2/2	<b>Met</b>
C48	Neighborhood connections	2/2	<b>Met</b>
C49	Physical setting is consistent	2/2	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	2/2	<b>Met</b>

### Placement Services

Indicator #	Indicator	Met/Rated	Rating
C52	Leisure activities and free-time choices /control	2/2	Met
C53	Food/ dining choices	2/2	Met

### Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/1	Not Met (0 %)
C8	Family/guardian communication	1/1	Met
C9	Personal relationships	1/1	Met
C10	Social skill development	1/1	Met
C11	Get together w/family & friends	1/1	Met
C12	Intimacy	1/1	Met
C13	Skills to maximize independence	1/1	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	1/1	Met
C17	Community activities	1/1	Met
C18	Purchase personal belongings	1/1	Met
C19	Knowledgeable decisions	1/1	Met
C46	Use of generic resources	1/1	Met
C51	Ongoing satisfaction with services/ supports	1/1	Met

### Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/7	Not Met (0 %)
C8	Family/guardian communication	7/7	Met
C13	Skills to maximize independence	7/7	Met
C37	Interpersonal skills for work	2/2	Met
C38 (07/21)	Habilitative & behavioral goals	1/5	Not Met (20.0 %)
C39 (07/21)	Support needs for employment	1/5	Not Met (20.0 %)
C40	Community involvement interest	7/7	Met
C41	Activities participation	7/7	Met
C42	Connection to others	7/7	Met

### Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C43	Maintain & enhance relationship	7/7	Met
C44	Job exploration	6/6	Met
C45	Revisit decisions	7/7	Met
C46	Use of generic resources	7/7	Met
C47	Transportation to/ from community	7/7	Met
C51	Ongoing satisfaction with services/ supports	7/7	Met

### Employment Support 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
C22	Explore job interests	2/2	Met
C23	Assess skills & training needs	2/2	Met
C24	Job goals & support needs plan	0/1	Not Met (0 %)
C25	Skill development	2/2	Met
C26	Benefits analysis	4/5	Met (80.0 %)
C27	Job benefit education	1/2	Not Met (50.0 %)
C28	Relationships w/businesses	1/1	Met
C29	Support to obtain employment	1/2	Not Met (50.0 %)
C30	Work in integrated settings	6/6	Met
C31	Job accommodations	5/5	Met
C32	At least minimum wages earned	4/4	Met
C33	Employee benefits explained	2/4	Not Met (50.0 %)
C34	Support to promote success	4/4	Met
C35	Feedback on job performance	3/4	Met
C36	Supports to enhance retention	4/4	Met
C37	Interpersonal skills for work	5/5	Met
C47	Transportation to/ from community	6/6	Met
C50	Involvement/ part of the Workplace culture	4/4	Met

## Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C51	Ongoing satisfaction with services/ supports	6/6	Met