



**PROVIDER REPORT
FOR**

**ADVOCATES INC
1881 Worcester Road
Framingham, MA 01701**

May 05, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	ADVOCATES INC
Review Dates	3/6/2023 - 3/10/2023
Service Enhancement Meeting Date	3/24/2023
Survey Team	Raymond Edi-Osagie John Downing Mark Boghoian Cheryl Hampton (TL) Scott Nolan Margareth Larrieux Lisa MacPhail Cheryl Dolan Danielle Robidoux Raymond Obeng David Bullard
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	27 location (s) 31 audit (s)	Full Review	83/92 2 Year License 03/24/2023 - 03/24/2025		Certified 03/24/2023 - 03/24/2025
Residential Services	10 location (s) 10 audit (s)			Deemed	
ABI-MFP Residential Services	3 location(s) 7 audit (s)			Deemed	
Placement Services	11 location (s) 11 audit (s)			Deemed	
Individual Home Supports	3 location(s) 3 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	1 location(s) 14 audit (s)	Full Review	64/67 2 Year License 03/24/2023 - 03/24/2025		Certified 03/24/2023 - 03/24/2025
Community Based Day Services	1 location(s) 7 audit (s)			Deemed	
Employment Support Services	0 location(s) 7 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	

EXECUTIVE SUMMARY :

Advocates Inc. is a non-profit human services agency based in Framingham MA; the agency provides services to people with Intellectual and Developmental Disabilities, Acquired brain Injury (ABI), Autism, Deaf and Hard of Hearing, Mental Health, Addiction and Recovery, Counseling and Psychiatry Services. Advocates supports individuals in twenty-four-hour residential homes (including Acquired brain Injury ABI), individual home supports (IHS), and Placement homes. The agency also serves individuals in its Community Based Day Services (CBDS) and Employment Supports.

For this 2023 Licensing and Certification survey, the Department of Developmental Services (DDS) Metro Office of Quality Enhancement conducted a full licensing review of the agency's twenty-four-hour residential services (including Acquired Brain Injury - ABI), individual home supports (IHS), Placement services, CBDS, and employment services. The agency was allowed a deemed status for certification for both residential and Day/Employment due to its three-year CARF accreditation.

Survey findings showed that Advocates had effective organizational systems including for abuse and neglect reporting; staff were trained on human rights and abuse and neglect reporting. The agency took immediate actions when complaints occurred, and it effected action plans to protect individuals served when necessary. As it relates to competent workforce, new employees screening occurred prior to hire, and licenses were current for staff whose positions required them.

Residential licensure findings (including ABI 24/7 residential, IHS and Placement) showed positive outcomes for the individuals Advocates serves. As it relates to safety, safe evacuation drills for individuals were conducted in accordance with DDS approved Safety Plans. Homes that were visited were clean and in good repair. In the area of health care, individuals were supported to have annual physical and dental examinations, and follow-up and recommended tests were equally supported. Survey results also showed that physician ordered medical treatment protocols were well implemented, and people were supported to have healthy diets and maintain a physical lifestyle to the degree possible. In the area of human rights, individuals and guardians were oriented to their human rights and abuse and neglect reporting. For people who had restrictive practices in their homes, these restrictions were well outlined and approved by the agency's human rights committee. When needed for behavioral support, PBS plans were in place, received the necessary reviews, and data was being collected on the frequency of the behaviors. At all sites, it was noteworthy that oral and written communication with and about individuals was respectful.

In CBDS/employment several licensure outcomes were evident. In the area of safety, safe evacuation drills were conducted in line with the approved Safety plans. The day site was clean and in good repair, and current for inspections. All individuals/guardians received information on human rights and abuse/ neglect reporting. When medication administration was necessary, it was administered as prescribed by MAP certified staff. It was evident during the licensing review that individuals were supported to have meaningful and measurable goals that fostered the development of new skills or was the pathway to gainful employment. Many individuals had goals of filling out an online job application monthly; and information relevant to people's progress towards goal accomplishment was consistent from month to month. People were supported to have resumes with which to seek jobs, and people were employed in jobs at places like Marshalls and Home Depot. Individuals interviewed in CBDS, articulated that they participated in groups, 1:1 session. People were supported to earn minimum wage or better. Agency staff were familiar with individuals' unique needs and desires, and the needs were well supported in both CBDS and Employment.

There were a few licensing areas in residential where additional attention is needed from the agency. In the area of medical, supports and health-related equipment use was not fully outlined for some individuals. For individuals with whom the agency has joint or delegated money management responsibilities, money management plans were either lacking a training plan/goal specific to the individual, had inaccurate information in the plan, and/or lacked agreement from the legal guardian. At

several sites, the submission and finalization timelines for the reporting of incidents in HCSIS was not met. Ongoing issues identified at some sites along with inconsistent staff meetings and supervision pointed to a need for enhanced supervision and oversight.

In day/employment, environmental restrictions needed to protect some individuals were not clearly outlined with mitigations for others affected, it was also not communicated in writing to individuals and their guardians.

Advocates will receive a Two-Year License for its Residential service grouping with a score of 90% met in licensing indicators. The agency will conduct its own follow-up of licensing indicators that were not met in residential within 60 days of the service enhancement meeting and submit the results to the DDS Metro Office of Quality Enhancement.

The agency will receive a Two-Year License for its Day/Employment service grouping with a score of 96% met in licensing indicators; it will conduct its own follow of licensing indicators that were not met in day services within 60 days of the service enhancement meeting and submit the results to the DDS Metro Office of Quality Enhancement.

The agency is certified for both service groupings due to its CARF accredited status.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Residential and Individual Home Supports	74/82	8/82	
Residential Services Individual Home Supports Placement Services ABI-MFP Residential Services			
Critical Indicators	8/8	0/8	
Total	83/92	9/92	90%
2 Year License			
# indicators for 60 Day Follow-up		9	

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Employment and Day Supports	55/57	2/57	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	64/67	3/67	96%
2 Year License			
# indicators for 60 Day Follow-up		3	

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 meet the mandate for required membership and meeting attendance. The agency needs to ensure that its Human Rights Committee is fully comprised of all requisite membership, and meeting attendance is consistent.

Residential Commendations on Standards Met:

Indicator #	Indicator	Commendations
L27	If applicable, swimming pools and other bodies of water are safe and secure according to policy.	In IHS, while individuals were reportedly not using the swimming pool located at their apartment complex, assessments regarding water safety were completed however. The pool is fenced and locked year-round and staffed with a lifeguard during the summer months.

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

Indicator #	Indicator	Area Needing Improvement
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At six of twenty-six locations, hot water temperature tested outside the required range of 110-120 degrees for the kitchen faucets and 110-112 for showers/baths. The agency needs to ensure water temperatures is maintained to be within the required range.
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 one of two individuals, consent for media release was not secured in accordance with current DDS requirements. The agency needs to support individuals to understand what they are consenting to and make choices from available options when securing consent for media.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For four of nineteen individuals, supports and health-related outlines were either not in place, or did not include all devices being used by individuals. The agency needs to ensure that supports and health-related outlines are developed to include all devices being used by individuals.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For seven of twenty-six individuals, money management plans were lacking components including a training plan, had inaccurate information, and/or had no agreement from guardians. The agency needs to ensure that money management plans are developed to include all components.
L85	The agency provides ongoing supervision, oversight and staff development.	At six of twenty-seven locations, issues were uncovered highlighted an absence of consistent staff and supervisory meetings, and oversight. The agency needs to provide consistent staff supervision, development and oversight to staff.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For five of twenty-four individuals, support strategies for goals were not submitted with the required timeframe for ISP meetings. The agency needs to ensure that support strategies are submitted within the required timeframes for ISP meeting.

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

Indicator #	Indicator	Area Needing Improvement
L89	The provider has a complaint and resolution process that is effectively implemented at the local level.	At one of three ABI locations, a complaint and resolution process (Grievance Procedure) and logs was not in place. A grievance procedure and logs that staff and individuals are trained on are required to be in place at all ABI homes.
L91	Incidents are reported and reviewed as mandated by regulation.	At ten of twenty-six locations, incidents were not submitted and/or finalized within the required timelines in HCSIS. The agency needs to ensure that incidents are submitted and finalized with the required timelines in HCSIS.

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

Indicator #	Indicator	Area Needing Improvement
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At one day location, hot water temperature was below allowable limits of 110 degrees. The agency needs to maintain water temperature at the day site to be within allowable limits.
L56	Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.	For twelve individuals, restrictive practices of a locked refrigerator and cabinets did not have an outline with mitigations for others affected, and guardian notification. The agency needs to ensure that restrictive practices are well outlined and guardians of those affected are notified of the impact and mitigations.

MASTER SCORE SHEET LICENSURE

Organizational: ADVOCATES INC

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	28/28	Met
L3	Immediate Action	14/14	Met
L4	Action taken	12/12	Met
L48	HRC	0/1	Not Met(0 %)
L65	Restraint report submit	29/33	Met(87.88 %)
L66	HRC restraint review	32/32	Met
L74	Screen employees	5/5	Met
L75	Qualified staff	9/9	Met
L76	Track trainings	16/19	Met(84.21 %)
L83	HR training	17/19	Met(89.47 %)

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	8/10	3/3	10/11		7/7		28/31	Met (90.32 %)
L5	Safety Plan	L	10/10	3/3	11/11		3/3		27/27	Met
℞ L6	Evacuation	L	10/10	3/3	11/11		3/3		27/27	Met
L7	Fire Drills	L	10/10				3/3		13/13	Met
L8	Emergency Fact Sheets	I	9/10	3/3	11/11		4/7		27/31	Met (87.10 %)
L9 (07/21)	Safe use of equipment	I	10/10	3/3			7/7		20/20	Met
L10	Reduce risk interventions	I	4/4		1/1		5/5		10/10	Met
℞ L11	Required inspections	L	10/10	3/3	9/10		3/3		25/26	Met (96.15 %)
℞ L12	Smoke detectors	L	10/10	3/3	11/11		3/3		27/27	Met
℞ L13	Clean location	L	10/10	3/3	11/11		3/3		27/27	Met
L14	Site in good repair	L	8/8	1/1	11/11		3/3		23/23	Met
L15	Hot water	L	8/10	2/2	8/11		2/3		20/26	Not Met (76.92 %)
L16	Accessibility	L	9/9	1/1	7/7		3/3		20/20	Met
L17	Egress at grade	L	10/10	3/3	11/11		2/2		26/26	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L18	Above grade egress	L	5/5		2/2		1/1		8/8	Met
L19	Bedroom location	L	8/8		3/3		3/3		14/14	Met
L20	Exit doors	L	10/10	3/3			3/3		16/16	Met
L21	Safe electrical equipment	L	10/10	3/3	11/11		3/3		27/27	Met
L22	Well- maintained appliances	L	7/10	3/3	11/11		3/3		24/27	Met (88.89 %)
L23	Egress door locks	L	8/8	2/2			2/2		12/12	Met
L24	Locked door access	L	10/10	1/1	11/11		3/3		25/25	Met
L25	Dangerous substances	L	10/10	3/3			3/3		16/16	Met
L26	Walkway safety	L	10/10	3/3	11/11		3/3		27/27	Met
L27	Pools, hot tubs, etc.	L		2/2					2/2	Met
L28	Flammables	L	9/10	3/3			3/3		15/16	Met (93.75 %)
L29	Rubbish /combustibles	L	10/10	3/3	10/10		3/3		26/26	Met
L30	Protective railings	L	8/8	1/1	10/10		3/3		22/22	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L31	Communication method	I	10/10	3/3	11/11		7/7		31/31	Met
L32	Verbal & written	I	10/10	3/3	11/11		7/7		31/31	Met
L33	Physical exam	I	10/10	3/3	11/11		7/7		31/31	Met
L34	Dental exam	I	10/10	3/3	11/11		6/7		30/31	Met (96.77 %)
L35	Preventive screenings	I	10/10	3/3	8/9		7/7		28/29	Met (96.55 %)
L36	Recommended tests	I	8/10	2/2	9/10		5/6		24/28	Met (85.71 %)
L37	Prompt treatment	I	10/10	3/3	11/11		7/7		31/31	Met
℞ L38	Physician's orders	I	8/8	1/1	5/5		6/7		20/21	Met (95.24 %)
L39	Dietary requirements	I	1/1		9/9		3/4		13/14	Met (92.86 %)
L40	Nutritional food	L	10/10	2/2			3/3		15/15	Met
L41	Healthy diet	L	10/10	3/3	11/11		3/3		27/27	Met
L42	Physical activity	L	10/10	3/3	11/11		3/3		27/27	Met
L43	Health Care Record	I	9/10	3/3	11/11		5/7		28/31	Met (90.32 %)
L44	MAP registration	L	10/10	3/3			3/3		16/16	Met
L45	Medication storage	L	10/10	3/3			3/3		16/16	Met
℞ L46	Med. Administration	I	10/10	3/3	9/11		7/7		29/31	Met (93.55 %)

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L49	Informe d of human rights	I	10/10	3/3	10/11		7/7		30/31	Met (96.77 %)
L50 (07/21)	Respect ful Comm.	I	10/10	3/3	11/11		7/7		31/31	Met
L51	Possess ions	I	10/10	3/3	11/11		7/7		31/31	Met
L52	Phone calls	I	10/10	3/3	10/11		7/7		30/31	Met (96.77 %)
L53	Visitatio n	I	10/10	3/3	11/11		7/7		31/31	Met
L54 (07/21)	Privacy	I	10/10	3/3	11/11		7/7		31/31	Met
L55	Informe d consent	I	0/1		1/1				1/2	Not Met (50.0 %)
L56	Restricti ve practice s	I	5/5				6/6		11/11	Met
L57	Written behavio r plans	I	4/4				1/1		5/5	Met
L58	Behavio r plan compon ent	I	2/2				1/1		3/3	Met
L59	Behavio r plan review	I	2/2						2/2	Met
L60	Data mainten ance	I	4/4						4/4	Met
L61	Health protecti on in ISP	I	4/7	1/1	4/4		6/7		15/19	Not Met (78.95 %)
L62	Health protecti on review	I	3/3	1/1	2/2		3/3		9/9	Met

Ind. #	Ind.	Loc. or Indiv	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L63	Med. treatme nt plan form	I	8/9	1/1	6/10		7/7		22/27	Met (81.48 %)
L64	Med. treatme nt plan rev.	I	9/9	1/1	6/9		7/7		23/26	Met (88.46 %)
L67	Money mgmt. plan	I	7/10		5/9		7/7		19/26	Not Met (73.08 %)
L68	Funds expendi ture	I	9/10		7/9		6/6		22/25	Met (88.00 %)
L69	Expendi ture tracking	I	9/9		8/9		3/3		20/21	Met (95.24 %)
L70	Charges for care calc.	I	8/9		11/11		7/7		26/27	Met (96.30 %)
L71	Charges for care appeal	I	9/9		11/11		7/7		27/27	Met
L77	Unique needs training	I	9/10	3/3	11/11		7/7		30/31	Met (96.77 %)
L78	Restricti ve Int. Training	L	5/5				2/2		7/7	Met
L79	Restrain t training	L	5/5						5/5	Met
L80	Sympto ms of illness	L	7/10	3/3	11/11		1/3		22/27	Met (81.48 %)
L81	Medical emerge ncy	L	10/10	3/3	11/11		2/3		26/27	Met (96.30 %)
RE L82	Medicati on admin.	L	10/10	3/3			3/3		16/16	Met
L84	Health protect. Training	I	5/6	1/1	5/5		6/7		17/19	Met (89.47 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L85	Supervision	L	7/10	3/3	10/11		1/3		21/27	Not Met (77.78 %)
L86	Required assessments	I	7/8	3/3	5/8		5/5		20/24	Met (83.33 %)
L87	Support strategies	I	7/8	3/3	5/8		4/5		19/24	Not Met (79.17 %)
L88	Strategies implemented	I	7/10	3/3	10/11		6/7		26/31	Met (83.87 %)
L89	Complaint and resolution process	L					2/3		2/3	Not Met (66.67 %)
L90	Personal space/bedroom privacy	I	9/10	3/3	9/11		7/7		28/31	Met (90.32 %)
L91	Incident management	L	5/10	3/3	8/10		0/3		16/26	Not Met (61.54 %)
L93 (05/22)	Emergency back-up plans	I	10/10	3/3	11/11		7/7		31/31	Met
L94 (05/22)	Assistive technology	I	9/10	2/3	11/11		6/7		28/31	Met (90.32 %)
L96 (05/22)	Staff training in devices and applications	I	6/6	2/2	8/8		4/4		20/20	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L99 (05/22)	Medical monitoring devices	I	0/1	1/1	2/2		3/3		6/7	Met (85.71 %)
#Std. Met/# 82 Indicator									74/82	
Total Score									83/92	
									90.22%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	7/7		7/7	14/14	Met
L5	Safety Plan	L			1/1	1/1	Met
℞ L6	Evacuation	L			1/1	1/1	Met
L7	Fire Drills	L			1/1	1/1	Met
L8	Emergency Fact Sheets	I	7/7		6/7	13/14	Met (92.86 %)
L9 (07/21)	Safe use of equipment	I	7/7		7/7	14/14	Met
L10	Reduce risk interventions	I	1/1			1/1	Met
℞ L11	Required inspections	L			1/1	1/1	Met
℞ L12	Smoke detectors	L			1/1	1/1	Met
℞ L13	Clean location	L			1/1	1/1	Met
L14	Site in good repair	L			1/1	1/1	Met
L15	Hot water	L			0/1	0/1	Not Met (0 %)
L16	Accessibility	L			1/1	1/1	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L17	Egress at grade	L			1/1	1/1	Met
L20	Exit doors	L			1/1	1/1	Met
L21	Safe electrical equipment	L			1/1	1/1	Met
L22	Well-maintained appliances	L			1/1	1/1	Met
L25	Dangerous substances	L			1/1	1/1	Met
L26	Walkway safety	L			1/1	1/1	Met
L28	Flammables	L			1/1	1/1	Met
L29	Rubbish/combustibles	L			1/1	1/1	Met
L30	Protective railings	L			1/1	1/1	Met
L31	Communication method	I	7/7		7/7	14/14	Met
L32	Verbal & written	I	7/7		7/7	14/14	Met
L37	Prompt treatment	I	3/3		7/7	10/10	Met
Ⓡ L38	Physician's orders	I			6/6	6/6	Met
L44	MAP registration	L			1/1	1/1	Met
L45	Medication storage	L			1/1	1/1	Met
Ⓡ L46	Med. Administration	I			1/1	1/1	Met
L49	Informed of human rights	I	7/7		7/7	14/14	Met
L50 (07/21)	Respectful Comm.	I	7/7		7/7	14/14	Met
L51	Possessions	I	7/7		7/7	14/14	Met
L52	Phone calls	I	7/7		7/7	14/14	Met
L54 (07/21)	Privacy	I	7/7		7/7	14/14	Met
L56	Restrictive practices	I	0/5		0/7	0/12	Not Met (0 %)

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
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	1/1		2/2	3/3	Met
L62	Health protection review	I	1/1			1/1	Met
L63	Med. treatment plan form	I			1/1	1/1	Met
L64	Med. treatment plan rev.	I			1/1	1/1	Met
L72	DOL requirements	I	1/1			1/1	Met
L77	Unique needs training	I	7/7		7/7	14/14	Met
L78	Restrictive Int. Training	L			1/1	1/1	Met
L80	Symptoms of illness	L			1/1	1/1	Met
L81	Medical emergency	L			1/1	1/1	Met
L82	Medication admin.	L			1/1	1/1	Met
L84	Health protect. Training	I	1/1		2/2	3/3	Met
L85	Supervision	L			1/1	1/1	Met
L86	Required assessments	I	5/5		5/6	10/11	Met (90.91 %)
L87	Support strategies	I	5/6		4/5	9/11	Met (81.82 %)
L88	Strategies implemented	I	7/7		7/7	14/14	Met
L91	Incident management	L			1/1	1/1	Met
L93 (05/22)	Emergency back-up plans	I	7/7		7/7	14/14	Met
L94 (05/22)	Assistive technology	I	7/7		6/7	13/14	Met (92.86 %)

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L96 (05/22)	Staff training in devices and applications	I	1/1		7/7	8/8	Met
L99 (05/22)	Medical monitoring devices	I	1/1			1/1	Met
#Std. Met/# 57 Indicator						55/57	
Total Score						64/67	
						95.52%	
