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|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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| |  |  |  | | --- | --- | --- | |  |  |  | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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** | 10 location(s) 10 audit (s) | Full Review | 80/86 2 Year License 11/26/2019 - 11/26/2021 |  | 25 / 28 Certified 11/26/2019 - 11/26/2021 | | Residential Services | 10 location(s) 10 audit (s) |  |  | Full Review | 19 / 22 | | Planning and Quality Management (For all service groupings) |  |  |  | Full Review | 6 / 6 | | **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) 4 audit (s) | Full Review | 60/63 2 Year License 11/26/2019 - 11/26/2021 |  | 20 / 20 Certified 11/26/2019 - 11/26/2021 | | Community Based Day Services | 1 location(s) 4 audit (s) |  |  | Full Review | 14 / 14 | | Planning and Quality Management (For all service groupings) |  |  |  | Full Review | 6 / 6 | |  | |

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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  |
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|  | |  | | --- | | Amego, Inc., is a non-profit human agency founded in 1971, that provides supports to individuals with disabilities in the Southeast, Metro Boston, and Central West regions of Massachusetts. The agency provides Residential and Community Based Day Services (CBDS) to children and adults diagnosed with Autism Spectrum Disorder (ASD) and other intellectual and developmental disabilities. The agency specializes in supporting people with social and behavioral challenges by providing a variety of individualized supports and clinical approaches throughout their lives.  A full Licensure and Certification survey was conducted by the Department of Developmental Services (DDS). The agency provides residential services to 176 adults and 56 adults participate in Community Based Day Supports. The scope of the review included a full licensure and certification review of a sample of services including twenty four hour residential services and Community Based Day Supports (CBDS).  Across all services, an ongoing strength of the agency was staff knowledge and ability to support the unique needs of people served. Staff participated in specialized training based on the complex behavioral support needs of the individuals receiving services, including opportunities to become Registered Behavior Technicians. It was noted that staff were well-informed of behavioral interventions and implemented these in a consistent and respectful manner. Additionally, in the area of clinical services, a combination of behavioral intervention, data collection across service types and collaboration between managers and direct support professionals led to positive individual outcomes such as reducing or eliminating restrictive interventions. Several individuals participating in the survey were successfully supported to no longer need environmental or other restrictions. In addition, a clinical team report was completed prior to meeting with an individual's psychiatrist and shared with the health practitioner to review data and assess the efficacy of medications. In some instances, this led to a reduction or a change in medications based on a behavioral data.   Additionally, staff's knowledge of individual's communication styles to recognize and respond to their needs at home and day settings supported individuals' to effectively express their needs. Staff was observed to use gestures, pictures and non-verbal cues to foster communication. At the day program, staff was observed to establish eye contact and gesture individuals who did not vocalize their wants by allowing time for them to process and respond to yes/no questions.   Within the agency's residential supports, practices promoted a healthy lifestyle for individuals. Staff assisted individuals to complete annual exams; followed specialized health management protocols when required and implemented dietary recommendations as ordered by health practitioners. For example, one individual was supported to follow a specific diet which included being gluten, dairy and nut free. For this individual, a flip book with pictures of preferred and meals cards for his favorite restaurants were made to help with making food choices that met his dietary needs. Individuals were encouraged and assisted to maintain a healthy lifestyle by exercising regularly at home and utilizing community resources such as walking at local parks or hiking trails.  Within the agency's CBDS program, the location was safe, secure and well maintained. Staff was knowledgeable of specialized health protocols. The kitchen was licensed by the local board of health, staff and individuals were certified in Safe-Serve to prepare over 140 meals for lunch.  In the certification areas, positive practices and outcomes were present across residential and day services. In residential, individuals were supported to exercise control and made choices on a daily basis. They were offered opportunities to select activities from visual charts placed on walls or by staff who communicated using gestures to offer individual choices. For example, one individual was able to review and select options for chores, meals and activities. He would create his own chore chart to follow. Staff was also aware of individual preferences and offered alternate meals at times of their choosing.   Another area of strength was assisting individuals to maintain relationships with their families and friends. For example, an individual was assisted to Skype with a family member who lived in another state and the agency provided transportation and support for individuals to visit their family regularly. Family members routinely visited with their adult children at their homes to spend time, go out for dinner or take them home for the weekend. The agency regularly communicated with family members.    Within day services, the agency had made a focused effort to add employment options to identify individual's interests, explore career options, and participate in paid employment opportunities on and off site. For example, one individual was assisted to make and sell dog bones. Some individuals were offered onsite training using the kitchen to learn how to prepare food which led to the opportunity to learn to sell grilled cheese sandwiches from an agency operated food truck.   In both residential and day services, individuals were provided opportunities to access and participate in their communities. In residential, individuals accessed local restaurants, stores, and parks. Within day services, individuals were offered a variety of options to participate in community and volunteering opportunities. These options included: volunteering to deliver local Meals on Wheels, or to make children's lunches during the summer through the Kids Summer Café program, going to restaurants, walks, hiking trails, and attending yoga classes.  The review also identified licensing indicators that need to be strengthened focusing on the following, meeting timelines for the submission of assessments. Over the past two review cycles the agency has experienced challenges with membership attendance in its Metro Boston Human Rights Committee (HRC). The agency needs to concentrate its efforts in meeting composition requirements to benefits from the active involvement of member with the required expertise.  Within residential, the agency needs to strengthen its efforts ensure in the areas of intimacy and companionship and exploring strategies to foster the use of assistive technology or other modifications to maximize individual independence at home. The agency has embarked on enhancing supports in this area by providing staff training and the utilization of a curriculum to support and educate individuals, with the intent of fostering positing outcomes. As the agency goes forth, a focus should be placed on ensuring that there is an awareness of what the individual's desires and needs are in regards to education, and having opportunities to meet others and developing those relationships further. In the area of assistive technology, the agency had assessed and identified goals; however these were not consistently followed thorough. Furthermore, feedback from individuals on staff performance needs to be shared with staff for evaluation and training purposes.  Based on the findings of this report, Amego Inc. has earned a Two Year License for Residential Supports with 93% of all licensing indicators receiving a rating of met and is Certified achieving 89% of the certification indicators. The agency also achieved a Two Year license for its Day Supports with 95% of all licensing indicators receiving a rating of Met and is Certified achieving 100% of all certification indicators. | | |  |

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|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | | | |  |  |  | | |  | | --- | | **LICENSURE FINDINGS** | | | | |  |  |  | |  | | | |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **8/10** | **2/10** |  | | **Residential and Individual Home Supports** | **72/76** | **4/76** |  | | Residential Services |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **80/86** | **6/86** | **93%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **6** |  | |  | | | |  | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **8/10** | **2/10** |  | | **Employment and Day Supports** | **52/53** | **1/53** |  | | Community Based Day Services |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **60/63** | **3/63** | **95%** | | **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 member with clinical expertise on the Central Human Rights Committee (HRC) did not attend any meetings in person or through an electronic method. Additionally, this member is the chairperson and the HRC bylaws state that the chairperson "shall preside at all meetings of the Committee." The agency needs to ensure it has an effective Human Rights Committee. | |  | L65 | | | Restraint reports are submitted within required timelines. | Twenty-seven restraint reports were not submitted within required timelines. The agency needs to ensure restraint reports are submitted within required timelines. | |  |  |  | | | | |  |
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|  | |  | | --- | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **Residential Commendations on Standards Met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Commendations** | |  | L78 | | | Staff are trained to safely and consistently implement restrictive interventions. | Staff understanding of behavioral interventions, data collection across service types and collaboration with clinical staff led to positive individual outcomes such as reducing or eliminating restrictive interventions. The agency is commended for ensuring staff are knowledgeable and trained in the unique behavioral needs of individuals. | |  |  |  | | |  | |  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L29 | | | No rubbish or other combustibles are accumulated within the location including near heating equipment and exits. | At three out of ten homes, combustibles were stored near heating equipment. The agency needs to ensure that no rubbish or other combustibles are accumulated near heating equipment and exits. | |  | L61 | | | Supports and health related protections are included in ISP assessments and the continued need is outlined. | Three individuals used support and health related protections. A process for documenting safety was not in place for two individuals The agency needs to ensure staff conduct and document safety checks of support and health related protections | |  | L64 | | | Medication treatment plans are reviewed by the required groups. | Two out of nine Medication Treatment Plans (MTP) were not reviewed by the required groups. | |  | L91 | | | Incidents are reported and reviewed as mandated by regulation. | At three locations incident reports were not submitted and/or finalized within the required time frames. The agency needs to ensure that all incidents are submitted and finalized within the required timelines. | | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L91 | | | Incidents are reported and reviewed as mandated by regulation. | Five out of thirty-three incidents were not submitted and/or finalized within the required time frames. The agency needs to ensure that all incidents are submitted and finalized within the required timelines. | | |  |

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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Residential Services Commendations on Standards Met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Commendations** | |  | C11 | | | Staff (Home Providers) support individuals to get together with families and friends. | Staff supported individuals to get together with family and friends. Staff assisted individuals to Skype with family members in another state, facilitated visits with family and friends, and promoted an open door policy for families to visit at any time. Staff are commended for being knowledgeable and supportive of individuals desires to get together with family and friends. | |  | C14 | | | Staff (Home Providers) support individuals to make choices regarding daily household routines and schedules. | Staff were knowledgeable about individual choices by offering options that reflected individual preferences and assisting individuals to have control over daily routines. Individuals were observed to make choices regarding their daily chores using visual charts, meal choices based on their particular tastes and meal times, and changing schedules daily determined by personal routines (e.g., leisure activity or chore). The agency is commended for supporting individuals to make choices based on their determined routines and schedules. | |  |  | | |  |  | |  | **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. | Five out of ten individuals were not afforded the opportunity to provide input regarding the hiring of new staff and/or current staff. The agency needs to ensure that the individuals at the specific location where the staff work or will be potentially hired have their feedback solicited. | |  | C12 | | | Individuals are supported to explore, define, and express their need for intimacy and companionship. | Three out of ten individuals, three were not fully supported to explore their need for intimacy and companionship. Issues identified included staff not being aware of potential areas where individuals could benefit from further education, as well as not supporting individuals to continue to explore their needs. The agency needs to ensure that all individuals' unique wants/needs in regards to intimacy and companionship are explored and supported. | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | For four of ten individuals, the use of assistive technology was not fully explored. The agency needs to ensure that any area of identified need is examined and opportunities to maximize independence and overcome functional limitations are promoted. | |  |  | | |  |  | |  |  |  | | | |  |

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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **11/11** | **Met** | |  | L3 | Immediate Action | **8/8** | **Met** | |  | L4 | Action taken | **11/11** | **Met** | |  | L48 | HRC | **1/2** | **Not Met(50.0 % )** | |  | L65 | Restraint report submit | **55/82** | **Not Met(67.07 % )** | |  | L66 | HRC restraint review | **75/75** | **Met** | |  | L74 | Screen employees | **18/20** | **Met(90.0 % )** | |  | L75 | Qualified staff | **7/7** | **Met** | |  | L76 | Track trainings | **20/20** | **Met** | |  | L83 | HR training | **20/20** | **Met** | |  |  | | |  |

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Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | 9/10 |  |  |  |  |  | **9/10** | **Met (90.0 %)** | |  | L5 | Safety Plan | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | | O | L6 | Evacuation | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L7 | Fire Drills | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L8 | Emergency Fact Sheets | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L9 | Safe use of equipment | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L10 | Reduce risk interventions | I | 8/8 |  |  |  |  |  | **8/8** | **Met** | | O | L11 | Required inspections | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | | O | L12 | Smoke detectors | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | | O | L13 | Clean location | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L14 | Site in good repair | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L15 | Hot water | L | 9/10 |  |  |  |  |  | **9/10** | **Met (90.0 %)** | |  | L16 | Accessibility | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L17 | Egress at grade | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L18 | Above grade egress | L | 9/9 |  |  |  |  |  | **9/9** | **Met** | |  | L19 | Bedroom location | L | 4/4 |  |  |  |  |  | **4/4** | **Met** | |  | L20 | Exit doors | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L21 | Safe electrical equipment | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L22 | Well-maintained appliances | L | 8/10 |  |  |  |  |  | **8/10** | **Met (80.0 %)** | |  | L23 | Egress door locks | L | 4/4 |  |  |  |  |  | **4/4** | **Met** | |  | L24 | Locked door access | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L25 | Dangerous substances | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L26 | Walkway safety | L | 9/10 |  |  |  |  |  | **9/10** | **Met (90.0 %)** | |  | L28 | Flammables | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L29 | Rubbish/combustibles | L | 7/10 |  |  |  |  |  | **7/10** | **Not Met (70.0 %)** | |  | L30 | Protective railings | L | 9/9 |  |  |  |  |  | **9/9** | **Met** | |  | L31 | Communication method | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L32 | Verbal & written | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L33 | Physical exam | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L34 | Dental exam | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L35 | Preventive screenings | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L36 | Recommended tests | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L37 | Prompt treatment | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | | O | L38 | Physician's orders | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L39 | Dietary requirements | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L40 | Nutritional food | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L41 | Healthy diet | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L42 | Physical activity | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L43 | Health Care Record | I | 9/10 |  |  |  |  |  | **9/10** | **Met (90.0 %)** | |  | L44 | MAP registration | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L45 | Medication storage | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | | O | L46 | Med. Administration | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L47 | Self medication | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L49 | Informed of human rights | I | 9/10 |  |  |  |  |  | **9/10** | **Met (90.0 %)** | |  | L50 | Respectful Comm. | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L51 | Possessions | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L52 | Phone calls | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L53 | Visitation | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L54 | Privacy | L | 9/10 |  |  |  |  |  | **9/10** | **Met (90.0 %)** | |  | L56 | Restrictive practices | I | 4/4 |  |  |  |  |  | **4/4** | **Met** | |  | L57 | Written behavior plans | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L58 | Behavior plan component | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L59 | Behavior plan review | I | 4/4 |  |  |  |  |  | **4/4** | **Met** | |  | L60 | Data maintenance | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L61 | Health protection in ISP | I | 1/3 |  |  |  |  |  | **1/3** | **Not Met (33.33 %)** | |  | L62 | Health protection review | I | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L63 | Med. treatment plan form | I | 9/10 |  |  |  |  |  | **9/10** | **Met (90.0 %)** | |  | L64 | Med. treatment plan rev. | I | 7/9 |  |  |  |  |  | **7/9** | **Not Met (77.78 %)** | |  | L67 | Money mgmt. plan | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L68 | Funds expenditure | I | 9/10 |  |  |  |  |  | **9/10** | **Met (90.0 %)** | |  | L69 | Expenditure tracking | I | 9/10 |  |  |  |  |  | **9/10** | **Met (90.0 %)** | |  | L70 | Charges for care calc. | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L71 | Charges for care appeal | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L77 | Unique needs training | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L78 | Restrictive Int. Training | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L79 | Restraint training | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L80 | Symptoms of illness | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L81 | Medical emergency | L | 9/10 |  |  |  |  |  | **9/10** | **Met (90.0 %)** | | O | L82 | Medication admin. | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L84 | Health protect. Training | I | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L85 | Supervision | L | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L86 | Required assessments | I | 9/10 |  |  |  |  |  | **9/10** | **Met (90.0 %)** | |  | L87 | Support strategies | I | 9/10 |  |  |  |  |  | **9/10** | **Met (90.0 %)** | |  | L88 | Strategies implemented | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L90 | Personal space/ bedroom privacy | I | 10/10 |  |  |  |  |  | **10/10** | **Met** | |  | L91 | Incident management | L | 7/10 |  |  |  |  |  | **7/10** | **Not Met (70.0 %)** | |  | **#Std. Met/# 76 Indicator** |  |  |  |  |  |  |  |  | **72/76** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **80/86** |  | |  |  |  |  |  |  |  |  |  |  | **93.02%** |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  | | --- | | **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 |  |  | 4/4 | **4/4** | **Met** | |  | L5 | Safety Plan | L |  |  | 1/1 | **1/1** | **Met** | | O | L6 | Evacuation | L |  |  | 1/1 | **1/1** | **Met** | |  | L7 | Fire Drills | L |  |  | 1/1 | **1/1** | **Met** | |  | L8 | Emergency Fact Sheets | I |  |  | 4/4 | **4/4** | **Met** | |  | L9 | Safe use of equipment | L |  |  | 1/1 | **1/1** | **Met** | |  | L10 | Reduce risk interventions | I |  |  | 2/2 | **2/2** | **Met** | | O | L11 | Required inspections | L |  |  | 1/1 | **1/1** | **Met** | | O | L12 | Smoke detectors | L |  |  | 1/1 | **1/1** | **Met** | | O | L13 | Clean location | L |  |  | 1/1 | **1/1** | **Met** | |  | L14 | Site in good repair | L |  |  | 1/1 | **1/1** | **Met** | |  | L15 | Hot water | L |  |  | 1/1 | **1/1** | **Met** | |  | L16 | Accessibility | L |  |  | 1/1 | **1/1** | **Met** | |  | 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 |  |  | 4/4 | **4/4** | **Met** | |  | L32 | Verbal & written | I |  |  | 4/4 | **4/4** | **Met** | |  | L37 | Prompt treatment | I |  |  | 4/4 | **4/4** | **Met** | | O | L38 | Physician's orders | I |  |  | 4/4 | **4/4** | **Met** | |  | L39 | Dietary requirements | I |  |  | 2/2 | **2/2** | **Met** | |  | L44 | MAP registration | L |  |  | 1/1 | **1/1** | **Met** | |  | L45 | Medication storage | L |  |  | 1/1 | **1/1** | **Met** | | O | L46 | Med. Administration | I |  |  | 4/4 | **4/4** | **Met** | |  | L49 | Informed of human rights | I |  |  | 4/4 | **4/4** | **Met** | |  | L50 | Respectful Comm. | L |  |  | 1/1 | **1/1** | **Met** | |  | L51 | Possessions | I |  |  | 4/4 | **4/4** | **Met** | |  | L52 | Phone calls | I |  |  | 4/4 | **4/4** | **Met** | |  | L54 | Privacy | L |  |  | 1/1 | **1/1** | **Met** | |  | L55 | Informed consent | I |  |  | 1/1 | **1/1** | **Met** | |  | L57 | Written behavior plans | I |  |  | 4/4 | **4/4** | **Met** | |  | L58 | Behavior plan component | I |  |  | 1/1 | **1/1** | **Met** | |  | L59 | Behavior plan review | I |  |  | 1/1 | **1/1** | **Met** | |  | L60 | Data maintenance | I |  |  | 4/4 | **4/4** | **Met** | |  | L63 | Med. treatment plan form | I |  |  | 4/4 | **4/4** | **Met** | |  | L64 | Med. treatment plan rev. | I |  |  | 4/4 | **4/4** | **Met** | |  | L77 | Unique needs training | I |  |  | 4/4 | **4/4** | **Met** | |  | L78 | Restrictive Int. Training | L |  |  | 1/1 | **1/1** | **Met** | |  | L79 | Restraint 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** | | O | L82 | Medication admin. | L |  |  | 1/1 | **1/1** | **Met** | |  | L85 | Supervision | L |  |  | 1/1 | **1/1** | **Met** | |  | L86 | Required assessments | I |  |  | 3/3 | **3/3** | **Met** | |  | L87 | Support strategies | I |  |  | 3/3 | **3/3** | **Met** | |  | L88 | Strategies implemented | I |  |  | 4/4 | **4/4** | **Met** | |  | L91 | Incident management | L |  |  | 0/1 | **0/1** | **Not Met (0 %)** | |  | **#Std. Met/# 53 Indicator** |  |  |  |  |  | **52/53** |  | |  | **Total Score** |  |  |  |  |  | **60/63** |  | |  |  |  |  |  |  |  | **95.24%** |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | |  | | | |  |  |  |
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|  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **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** | |  |  | | | |  |  |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Community Based Day Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 4/4 | **Met** | | C8 | | | | Family/guardian communication | 4/4 | **Met** | | C13 | | | | Skills to maximize independence | 4/4 | **Met** | | C37 | | | | Interpersonal skills for work | 4/4 | **Met** | | C40 | | | | Community involvement interest | 4/4 | **Met** | | C41 | | | | Activities participation | 4/4 | **Met** | | C42 | | | | Connection to others | 4/4 | **Met** | | C43 | | | | Maintain & enhance relationship | 4/4 | **Met** | | C44 | | | | Job exploration | 4/4 | **Met** | | C45 | | | | Revisit decisions | 4/4 | **Met** | | C46 | | | | Use of generic resources | 4/4 | **Met** | | C47 | | | | Transportation to/ from community | 4/4 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 4/4 | **Met** | | C54 | | | | Assistive technology | 4/4 | **Met** | | **Residential Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 5/10 | **Not Met (50.0 %)** | | C8 | | | | Family/guardian communication | 10/10 | **Met** | | C9 | | | | Personal relationships | 10/10 | **Met** | | C10 | | | | Social skill development | 10/10 | **Met** | | C11 | | | | Get together w/family & friends | 10/10 | **Met** | | C12 | | | | Intimacy | 7/10 | **Not Met (70.0 %)** | | C13 | | | | Skills to maximize independence | 10/10 | **Met** | | C14 | | | | Choices in routines & schedules | 10/10 | **Met** | | C15 | | | | Personalize living space | 10/10 | **Met** | | C16 | | | | Explore interests | 9/10 | **Met (90.0 %)** | | C17 | | | | Community activities | 10/10 | **Met** | | C18 | | | | Purchase personal belongings | 10/10 | **Met** | | C19 | | | | Knowledgeable decisions | 10/10 | **Met** | | C20 | | | | Emergency back-up plans | 10/10 | **Met** | | C46 | | | | Use of generic resources | 10/10 | **Met** | | C47 | | | | Transportation to/ from community | 10/10 | **Met** | | C48 | | | | Neighborhood connections | 10/10 | **Met** | | C49 | | | | Physical setting is consistent | 10/10 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 10/10 | **Met** | | C52 | | | | Leisure activities and free-time choices /control | 10/10 | **Met** | | C53 | | | | Food/ dining choices | 10/10 | **Met** | | C54 | | | | Assistive technology | 7/10 | **Not Met (70.0 %)** | |  | | | |  |  |  | |  |  | | | |  |  |