



**PROVIDER REPORT
FOR**

**AMEGO
33 Perry Avenue
Attleboro, MA 02703**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

| | |
|---|--|
| Provider | AMEGO |
| Review Dates | 12/1/2022 - 12/7/2022 |
| Service Enhancement Meeting Date | 12/20/2022 |
| Survey Team | Michael Marchese Katherine Gregory (TL) Tina Napolitan Barbara Mazzella Scott Nolan Michelle Boyd Kayla Condon Linda Griffith |
| 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 | 18 location (s) 19 audit (s) | Full Review | 82/90 2 Year License 12/20/2022 - 12/20/2024 | | 42 / 47 Certified 12/20/2022 - 12/20/2024 |
| Residential Services | 16 location (s) 16 audit (s) | | | Full Review | 16 / 20 |
| Individual Home Supports | 2 location(s) 3 audit (s) | | | Full Review | 20 / 21 |
| 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 | 2 location(s) 7 audit (s) | Full Review | 63/66 2 Year License 12/20/2022 - 12/20/2024 | | 21 / 21 Certified 12/20/2022 - 12/20/2024 |
| Community Based Day Services | 2 location(s) 7 audit (s) | | | Full Review | 15 / 15 |
| Planning and Quality Management (For all service groupings) | | | | Full Review | 6 / 6 |

EXECUTIVE SUMMARY :

Amego, Inc., founded in 1971, provides supports to individuals with disabilities in the Southeast, Metro Boston, and Central West regions of Massachusetts. The agency provides residential, clinical, educational, Day Habilitation, and Community Based Day Services (CBDS) to adults and children diagnosed with Autism Spectrum Disorder (ASD) and other intellectual and developmental disabilities. The first residential homes for adults were opened in the 1980's, and their services have expanded to include over 70 residential homes and apartments serving over 300 individuals and 2 CBDS programs with around 65 participants. The agency specializes in supporting people with behavioral challenges and provides individualized clinical approaches throughout their lives using applied behavioral analysis and evidence-based practices.

This full Licensure and Certification survey was conducted by the Department of Developmental Services (DDS) for Amego's Adult Residential Services and Community Based Day Supports (CBDS). Based on the previous survey, the agency earned the option of conducting a Self-Assessment but chose to have DDS Office of Quality Enhancement (OQE) conduct a full review. The scope of this review included a full licensure and certification review of both the agency's Residential and Individual Home Supports, and its Day and Employment Supports programs.

In the licensing arena, the survey identified several accomplishments on the part of the agency which resulted in positive outcomes for individuals served. At an organizational level, the agency had an effective staff training system that ensured its staff received all mandated trainings, and all licensed employee's credentials were appropriate and current. Amego's Applied Behavioral Analysis Training has been enhanced to include additional supportive techniques. The agency's data analysis demonstrated that there has been a correlation with reduction in the number of emergency restraints agency wide since the implementation of the expanded training. In addition, the agency has been able to significantly reduce the number of behavioral support plans with planned restrictive holds. Finally, Amego has 3 active Human Rights Committees (HRC) that are fully constituted and conducting regular meetings as outlined in the by-laws. Meeting minutes demonstrated a thorough review of restrictive practices and behavior plans and quorum requirements were in place.

Residentially, the agency regularly conducted audits of the medications administered by staff, and medication audits revealed medications were properly labeled, administered according to doctor's orders, and the documentation of administration was accurate. The agency's focus on healthy lifestyles was evident throughout services. Individuals were given multiple opportunities for exercise both in their homes and in the community. Exercise equipment was present in homes and used frequently, individuals participated in hikes and walks in their community parks and neighborhoods, and many individuals took advantage of a YMCA membership and frequented the facilities. Emergency back up plans were in place and included emergency contact information and comprehensive planning that addressed a number of potential disasters. Information pertinent to individuals such as Health Care Protocols was also included in the plans.

In the certification realm, the agency staff frequently communicated with guardians and families regarding emerging issues and for general updates. Individuals were supported to develop skills that would allow for maximum independence during their routines, and staff supported individuals to actively participate in choice making. Some examples included encouraging individuals to pick out their own clothes, supporting an individual to organize his bedroom, and involving an individual in selecting his new mattress and pillow by allowing him to try out a variety of options while shopping.

Amego's day supports had effective systems in place in the domains of Medication and Healthcare, Goal Acquisition and Integration, and Access and Integration. Medical systems were present ensuring accurate administration of medications, staff knowledge of individual medical protocols and dietary requirements for those they supported. For those with behavioral support plans in place, there was

evidence of consistent collection of behavioral data. Staff were trained and knowledgeable of individuals' unique needs and individuals were supported and assisted to have maximum independence throughout their day. A variety of community activities were offered to individuals which allowed for them to connect with others in the community with similar interests. Examples of this included active memberships at the local YMCA, and frequent trips to the botanical garden.

While there were many areas of strength found during this survey, there were also some licensure and certification areas that would benefit from additional attention.

Organizationally, the agency needs to review its current process for soliciting individual's input and feedback relative to staff hiring and staff performance to ensure individuals are fully participating in the selection and feedback of the staff that work with them.

Within the agency's residential supports, the agency needs to ensure that all recommended health screenings are being discussed with individuals' health care practitioners, and follow through on recommendations made are completed. For those who are self-medicating, the agency needs to provide on-going oversight and assessment of the changing needs of individuals and develop self-medication plans as appropriate, including access to medication. Lastly, the agency needs to focus on assessing the needs for intimacy, sexuality and companionship on an individualized basis and that staff demonstrate knowledge of those needs and be afforded a mechanism with which to assist individuals in meeting their support needs.

Within the agency's day services, it needs to ensure that it follows the water safety requirements for those who are supported to participate in water activities. For those who are administered behavior modifying medications while at day program, review of the medication plans needs to occur through the ISP process.

Based on the findings of this report, Amego Inc. has earned a Two-Year License for Residential Supports with 91% 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. The agency will conduct a review of all licensing indicators not met in their residential and day services and submit to the OQE in 60 days.

LICENSURE FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|--|--------------|-----------------|------------|
| Organizational | 10/10 | 0/10 | |
| Residential and Individual Home Supports | 72/80 | 8/80 | |
| Residential Services Individual Home Supports | | | |
| Critical Indicators | 8/8 | 0/8 | |
| Total | 82/90 | 8/90 | 91% |
| 2 Year License | | | |
| # indicators for 60 Day Follow-up | | 8 | |

| | Met / Rated | Not Met / Rated | % Met |
|--|--------------|-----------------|------------|
| Organizational | 10/10 | 0/10 | |
| Employment and Day Supports | 53/56 | 3/56 | |
| Community Based Day Services | | | |
| Critical Indicators | 8/8 | 0/8 | |
| Total | 63/66 | 3/66 | 95% |
| 2 Year License | | | |
| # indicators for 60 Day Follow-up | | 3 | |

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

| Indicator # | Indicator | Area Needing Improvement |
|-------------|-----------|--------------------------|
|-------------|-----------|--------------------------|

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

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|--|--|
| L35 | Individuals receive routine preventive screenings. | Four of nineteen individuals had not received routine recommended medical screenings and vaccinations. In some cases this was due to non-compliance from the person receiving supports or their guardian. However, in these instances communication around this was not clear, nor were there mechanisms in place to ensure that assessments of screening needs were occurring. The agency needs to ensure that individuals receive preventative health screenings recommended for their age and gender and the rationale for the absence or deferral of screening in consultation with the HCP has been documented. |
| L43 | The health care record is maintained and updated as required. | Six out of nineteen individual's healthcare records did not accurately contain diagnoses and/or pertinent medical information. The agency needs to ensure health care records are updated with current diagnoses and relevant medical information. |
| L47 | Individuals are supported to become self medicating when appropriate. | For four individuals assessed to be self-medicating, medications were kept locked and not accessible to them. In two instances, individuals were not consistently taking medication as prescribed. The agency needs to ensure all individuals who are self-medicating have access to their medications. The agency also needs to take action when it determines that an individual is not taking medications as prescribed including the development of a medication support plan, and re-assessment of people's skills. |
| L63 | Medication treatment plans are in written format with required components. | For four of seventeen individuals prescribed behavior modifying medications, medication plans were either not in place, or were missing required components including; plans to decrease the need for prn's for medical appointments and observable descriptions of behaviors/diagnosis. The agency needs to ensure that medication treatment plans include all medications prescribed to modify behaviors, adequately describe target behaviors in observable terms, and for prn's prescribed for medical appointment, Medication Treatment Plans include a plan to fade or reduce the need for the medication. |
| L64 | Medication treatment plans are reviewed by the required groups. | Five of seventeen medication treatment plans had not been reviewed by the required groups; the ISP team. The agency needs to ensure that all medication treatment plan are reviewed by all the required groups, including the ISP team. |
| L91 | Incidents are reported and reviewed as mandated by regulation. | At six of eighteen locations, incident reports were submitted and/or finalized late. The agency needs to ensure that incident reports and submitted and finalized within the required timelines. |

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

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|---|---|
| L94 (05/22) | Individuals have assistive technology to maximize independence. | The use of assistive technology to increase independence was not explored for five of nineteen individuals. They agency needs to ensure that individuals are supported to increase their independence through the use of assistive technology. |
| 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). | One individual had a camera for monitoring seizures with no consideration for alternative monitoring devices that were less restrictive. The agency needs to ensure that the rationale for use of medical monitoring devices can be supported by the exploration of least restricted devices. |

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

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|--|---|
| L27 | If applicable, swimming pools and other bodies of water are safe and secure according to policy. | Individuals that use the pool at the YMCA were not assessed to determine their swimming capabilities. They agency needs to ensure that individuals that utilize pools have swim assessments completed and that staff who accompany them have water safety training. |
| L64 | Medication treatment plans are reviewed by the required groups. | Four out of five individuals with medication treatment plans had not been reviewed by the required groups; the ISP team. The agency needs to ensure that all medication treatment plan are reviewed by all the required groups. |
| L91 | Incidents are reported and reviewed as mandated by regulation. | The agency needs to ensure incidents are reviewed and submitted within required timelines. |

CERTIFICATION FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|--|--------------------|------------------------|--------------|
| Certification - Planning and Quality Management | 6/6 | 0/6 | |
| Residential and Individual Home Supports | 36/41 | 5/41 | |
| Residential Services | 16/20 | 4/20 | |
| Individual Home Supports | 20/21 | 1/21 | |
| Total | 42/47 | 5/47 | 89% |
| Certified | | | |

| | Met / Rated | Not Met / Rated | % Met |
|--|--------------------|------------------------|--------------|
| Certification - Planning and Quality Management | 6/6 | 0/6 | |
| Employment and Day Supports | 15/15 | 0/15 | |
| Community Based Day Services | 15/15 | 0/15 | |
| Total | 21/21 | 0/21 | 100% |
| Certified | | | |

Individual Home Supports- 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. | The agency had not provided individuals opportunities to express their feedback of staff at the time of hire nor on an ongoing basis. The agency needs to provide individuals with an opportunity to express their feedback both at the time of hire and on an ongoing and routine 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. | The agency had not provided individuals opportunities to express their feedback of staff at the time of hire nor on an ongoing basis. The agency needs to provide individuals with an opportunity to express their feedback both at the time of hire and on an ongoing and routine basis. |
| C9 | Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts. | Four of sixteen individuals were not provided opportunities to develop or increase personal relationships and/or social contacts. The agency needs to provide individuals with opportunities to develop and/or increase personal relationships and social contacts with others. |
| C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | Nine of fifteen individuals were not supported to explore, define, and express their interest in developing companion and/or intimate relationships. The agency needs to support individuals to explore, define and explore opportunities to express their need for intimacy and companionship. |
| C16 | Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities. | Four out of sixteen individuals were not supported to explore, discover and connect with their personal interests for social, recreational and spiritual activities. The agency needs to ensure are supported to explore their individual interests in cultural, social, recreational and spiritual activities. |

MASTER SCORE SHEET LICENSURE

Organizational: AMEGO

| Indicator # | Indicator | Met/Rated | Rating(Met,Not Met,NotRated) |
|-------------|-------------------------|-----------|------------------------------|
| L2 | Abuse/neglect reporting | 20/20 | Met |
| L3 | Immediate Action | 14/14 | Met |
| L4 | Action taken | 15/15 | Met |
| L48 | HRC | 3/3 | Met |
| L65 | Restraint report submit | 132/160 | Met(82.50 %) |
| L66 | HRC restraint review | 1/1 | Met |
| L74 | Screen employees | 10/10 | Met |
| L75 | Qualified staff | 10/10 | Met |
| L76 | Track trainings | 20/20 | Met |
| L83 | HR training | 20/20 | Met |

Residential and Individual Home Supports:

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|------------|---------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|---------------|
| L1 | Abuse/neglect training | I | 16/16 | 3/3 | | | | | 19/19 | Met |
| L5 | Safety Plan | L | 13/15 | 2/2 | | | | | 15/17 | Met (88.24 %) |
| R L6 | Evacuation | L | 16/16 | 2/2 | | | | | 18/18 | Met |
| L7 | Fire Drills | L | 15/16 | | | | | | 15/16 | Met (93.75 %) |
| L8 | Emergency Fact Sheets | I | 14/16 | 2/3 | | | | | 16/19 | Met (84.21 %) |
| L9 (07/21) | Safe use of equipment | I | 16/16 | 3/3 | | | | | 19/19 | Met |
| L10 | Reduce risk interventions | I | 7/7 | 1/1 | | | | | 8/8 | Met |
| R L11 | Required inspections | L | 16/16 | 2/2 | | | | | 18/18 | Met |
| R L12 | Smoke detectors | L | 16/16 | 2/2 | | | | | 18/18 | Met |
| R L13 | Clean location | L | 16/16 | 2/2 | | | | | 18/18 | Met |
| L14 | Site in good repair | L | 15/16 | 1/2 | | | | | 16/18 | Met (88.89 %) |
| L15 | Hot water | L | 16/16 | 2/2 | | | | | 18/18 | Met |
| L16 | Accessibility | L | 16/16 | 2/2 | | | | | 18/18 | Met |
| L17 | Egress at grade | L | 16/16 | 1/1 | | | | | 17/17 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|----------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|---------------|
| L18 | Above grade egress | L | 15/15 | 1/1 | | | | | 16/16 | Met |
| L19 | Bedroom location | L | 7/7 | | | | | | 7/7 | Met |
| L20 | Exit doors | L | 16/16 | 2/2 | | | | | 18/18 | Met |
| L21 | Safe electrical equipment | L | 15/16 | 2/2 | | | | | 17/18 | Met (94.44 %) |
| L22 | Well-maintained appliances | L | 15/16 | 2/2 | | | | | 17/18 | Met (94.44 %) |
| L23 | Egress door locks | L | 8/8 | 1/1 | | | | | 9/9 | Met |
| L24 | Locked door access | L | 16/16 | 2/2 | | | | | 18/18 | Met |
| L25 | Dangerous substances | L | 15/16 | 2/2 | | | | | 17/18 | Met (94.44 %) |
| L26 | Walkway safety | L | 16/16 | 2/2 | | | | | 18/18 | Met |
| L27 | Pools, hot tubs, etc. | L | 1/2 | 2/2 | | | | | 3/4 | Met |
| L28 | Flammables | L | 16/16 | 2/2 | | | | | 18/18 | Met |
| L29 | Rubbish/combustibles | L | 16/16 | 2/2 | | | | | 18/18 | Met |
| L30 | Protective railings | L | 13/15 | 2/2 | | | | | 15/17 | Met (88.24 %) |
| L31 | Communication method | I | 16/16 | 3/3 | | | | | 19/19 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|-----------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|-------------------|
| L32 | Verbal & written | I | 16/16 | 3/3 | | | | | 19/19 | Met |
| L33 | Physical exam | I | 15/15 | 3/3 | | | | | 18/18 | Met |
| L34 | Dental exam | I | 13/14 | 3/3 | | | | | 16/17 | Met (94.12 %) |
| L35 | Preventive screenings | I | 12/16 | 3/3 | | | | | 15/19 | Not Met (78.95 %) |
| L36 | Recommended tests | I | 14/15 | 3/3 | | | | | 17/18 | Met (94.44 %) |
| L37 | Prompt treatment | I | 16/16 | 3/3 | | | | | 19/19 | Met |
| ℞ L38 | Physician's orders | I | 16/16 | 3/3 | | | | | 19/19 | Met |
| L39 | Dietary requirements | I | 10/12 | | | | | | 10/12 | Met (83.33 %) |
| L40 | Nutritional food | L | 16/16 | 2/2 | | | | | 18/18 | Met |
| L41 | Healthy diet | L | 16/16 | 2/2 | | | | | 18/18 | Met |
| L42 | Physical activity | L | 16/16 | 2/2 | | | | | 18/18 | Met |
| L43 | Health Care Record | I | 11/16 | 2/3 | | | | | 13/19 | Not Met (68.42 %) |
| L44 | MAP registration | L | 16/16 | | | | | | 16/16 | Met |
| L45 | Medication storage | L | 16/16 | | | | | | 16/16 | Met |
| ℞ L46 | Med. Administration | I | 15/15 | 2/2 | | | | | 17/17 | Met |
| L47 | Self medication | I | 3/4 | 0/3 | | | | | 3/7 | Not Met (42.86 %) |

| 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 | 16/16 | 3/3 | | | | | 19/19 | Met |
| L50 (07/21) | Respect ful Comm. | I | 16/16 | 3/3 | | | | | 19/19 | Met |
| L51 | Possess ions | I | 16/16 | 3/3 | | | | | 19/19 | Met |
| L52 | Phone calls | I | 16/16 | 3/3 | | | | | 19/19 | Met |
| L53 | Visitatio n | I | 16/16 | 3/3 | | | | | 19/19 | Met |
| L54 (07/21) | Privacy | I | 15/16 | 1/3 | | | | | 16/19 | Met (84.21 %) |
| L55 | Informe d consent | I | 1/1 | | | | | | 1/1 | Met |
| L56 | Restricti ve practice s | I | 8/10 | | | | | | 8/10 | Met (80.0 %) |
| L57 | Written behavio r plans | I | 12/12 | | | | | | 12/12 | Met |
| L60 | Data mainten ance | I | 12/12 | | | | | | 12/12 | Met |
| L61 | Health protecti on in ISP | I | 8/9 | | | | | | 8/9 | Met (88.89 %) |
| L62 | Health protecti on review | I | 7/7 | | | | | | 7/7 | Met |
| L63 | Med. treatme nt plan form | I | 13/16 | 0/1 | | | | | 13/17 | Not Met (76.47 %) |
| L64 | Med. treatme nt plan rev. | I | 12/16 | 0/1 | | | | | 12/17 | Not Met (70.59 %) |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|---------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|---------------|
| L67 | Money mgmt. plan | I | 14/15 | 2/2 | | | | | 16/17 | Met (94.12 %) |
| L68 | Funds expenditure | I | 14/14 | | | | | | 14/14 | Met |
| L69 | Expenditure tracking | I | 14/14 | | | | | | 14/14 | Met |
| L70 | Charges for care calc. | I | 15/15 | 1/1 | | | | | 16/16 | Met |
| L71 | Charges for care appeal | I | 14/14 | 1/1 | | | | | 15/15 | Met |
| L77 | Unique needs training | I | 15/16 | 2/2 | | | | | 17/18 | Met (94.44 %) |
| L78 | Restrictive Int. Training | L | 10/10 | | | | | | 10/10 | Met |
| L79 | Restraint training | L | 11/11 | | | | | | 11/11 | Met |
| L80 | Symptoms of illness | L | 15/16 | 2/2 | | | | | 17/18 | Met (94.44 %) |
| L81 | Medical emergency | L | 16/16 | 2/2 | | | | | 18/18 | Met |
| L82 | Medication admin. | L | 16/16 | | | | | | 16/16 | Met |
| L84 | Health protect. Training | I | 8/9 | | | | | | 8/9 | Met (88.89 %) |
| L85 | Supervision | L | 16/16 | 2/2 | | | | | 18/18 | Met |
| L86 | Required assessments | I | 10/12 | 1/1 | | | | | 11/13 | Met (84.62 %) |
| L87 | Support strategies | I | 11/12 | 2/2 | | | | | 13/14 | Met (92.86 %) |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------------------------|--|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|-------------------|
| L88 | Strategies implemented | I | 15/15 | 3/3 | | | | | 18/18 | Met |
| L90 | Personal space/ bedroom privacy | I | 15/15 | 3/3 | | | | | 18/18 | Met |
| L91 | Incident management | L | 11/16 | 1/2 | | | | | 12/18 | Not Met (66.67 %) |
| L93 (05/22) | Emergency back-up plans | I | 16/16 | 3/3 | | | | | 19/19 | Met |
| L94 (05/22) | Assistive technology | I | 11/16 | 3/3 | | | | | 14/19 | Not Met (73.68 %) |
| L96 (05/22) | Staff training in devices and applications | I | 9/9 | 2/2 | | | | | 11/11 | Met |
| L99 (05/22) | Medical monitoring devices | I | 1/2 | | | | | | 1/2 | Not Met (50.0 %) |
| #Std. Met/# 80 Indicator | | | | | | | | | 72/80 | |
| Total Score | | | | | | | | | 82/90 | |
| | | | | | | | | | 91.11% | |

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 | | | 7/7 | 7/7 | Met |
| 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 | | | 7/7 | 7/7 | Met |
| L9 (07/21) | Safe use of equipment | I | | | 7/7 | 7/7 | Met |
| L10 | Reduce risk interventions | I | | | 4/4 | 4/4 | 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 | | | 2/2 | 2/2 | 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 |
| L18 | Above grade egress | L | | | 1/1 | 1/1 | 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 |
| L27 | Pools, hot tubs, etc. | L | | | 0/1 | 0/1 | Not Met (0 %) |
| L28 | Flammables | L | | | 2/2 | 2/2 | Met |
| L29 | Rubbish/combustibles | L | | | 2/2 | 2/2 | Met |

| Ind. # | Ind. | Loc. or Individ. | Emp. Sup. | Cent. Based Work | Com. Based Day | Total Met / Rated | Rating |
|-------------|---------------------------|------------------|-----------|------------------|----------------|-------------------|------------------|
| L30 | Protective railings | L | | | 1/1 | 1/1 | Met |
| L31 | Communication method | I | | | 7/7 | 7/7 | Met |
| L32 | Verbal & written | I | | | 7/7 | 7/7 | Met |
| L37 | Prompt treatment | I | | | 7/7 | 7/7 | Met |
| Ⓡ L38 | Physician's orders | I | | | 7/7 | 7/7 | Met |
| L39 | Dietary requirements | I | | | 4/4 | 4/4 | Met |
| L44 | MAP registration | L | | | 2/2 | 2/2 | Met |
| L45 | Medication storage | L | | | 2/2 | 2/2 | Met |
| Ⓡ L46 | Med. Administration | I | | | 7/7 | 7/7 | Met |
| L49 | Informed of human rights | I | | | 7/7 | 7/7 | Met |
| L50 (07/21) | Respectful Comm. | I | | | 7/7 | 7/7 | Met |
| L51 | Possessions | I | | | 7/7 | 7/7 | Met |
| L52 | Phone calls | I | | | 7/7 | 7/7 | Met |
| L54 (07/21) | Privacy | I | | | 7/7 | 7/7 | Met |
| L56 | Restrictive practices | I | | | 2/2 | 2/2 | Met |
| L57 | Written behavior plans | I | | | 7/7 | 7/7 | Met |
| L60 | Data maintenance | I | | | 7/7 | 7/7 | Met |
| L63 | Med. treatment plan form | I | | | 6/6 | 6/6 | Met |
| L64 | Med. treatment plan rev. | I | | | 1/5 | 1/5 | Not Met (20.0 %) |
| L77 | Unique needs training | I | | | 6/7 | 6/7 | Met (85.71 %) |
| L78 | Restrictive Int. Training | L | | | 1/1 | 1/1 | Met |
| L79 | Restraint training | L | | | 1/1 | 1/1 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Emp. Sup. | Cent. Based Work | Com. Based Day | Total Met / Rated | Rating |
|--------------------------|--|----------------|-----------|------------------|----------------|-------------------|---------------|
| L80 | Symptoms of illness | L | | | 2/2 | 2/2 | Met |
| L81 | Medical emergency | L | | | 2/2 | 2/2 | Met |
| L82 | Medication admin. | L | | | 2/2 | 2/2 | Met |
| L85 | Supervision | L | | | 2/2 | 2/2 | Met |
| L86 | Required assessments | I | | | 6/7 | 6/7 | Met (85.71 %) |
| L87 | Support strategies | I | | | 6/7 | 6/7 | Met (85.71 %) |
| L88 | Strategies implemented | I | | | 7/7 | 7/7 | Met |
| L91 | Incident management | L | | | 0/2 | 0/2 | Not Met (0 %) |
| L93 (05/22) | Emergency back-up plans | I | | | 7/7 | 7/7 | Met |
| L94 (05/22) | Assistive technology | I | | | 7/7 | 7/7 | Met |
| L96 (05/22) | Staff training in devices and applications | I | | | 3/3 | 3/3 | Met |
| #Std. Met/# 56 Indicator | | | | | | 53/56 | |
| Total Score | | | | | | 63/66 | |
| | | | | | | 95.45% | |

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|----------------------------------|-----------|--------|
| C1 | Provider data collection | 1/1 | Met |
| C2 | Data analysis | 1/1 | Met |
| C3 | Service satisfaction | 1/1 | Met |
| C4 | Utilizes input from stakeholders | 1/1 | Met |
| C5 | Measure progress | 1/1 | Met |

| | | | |
|----|----------------------------|-----|------------|
| C6 | Future directions planning | 1/1 | Met |
|----|----------------------------|-----|------------|

Residential Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|--------------------------|
| C7 | Feedback on staff / care provider performance | 1/16 | Not Met (6.25 %) |
| C8 | Family/guardian communication | 16/16 | Met |
| C9 | Personal relationships | 12/16 | Not Met (75.00 %) |
| C10 | Social skill development | 16/16 | Met |
| C11 | Get together w/family & friends | 16/16 | Met |
| C12 | Intimacy | 6/15 | Not Met (40.0 %) |
| C13 | Skills to maximize independence | 16/16 | Met |
| C14 | Choices in routines & schedules | 16/16 | Met |
| C15 | Personalize living space | 14/15 | Met (93.33 %) |
| C16 | Explore interests | 12/16 | Not Met (75.00 %) |
| C17 | Community activities | 15/16 | Met (93.75 %) |
| C18 | Purchase personal belongings | 14/15 | Met (93.33 %) |
| C19 | Knowledgeable decisions | 15/16 | Met (93.75 %) |
| C46 | Use of generic resources | 16/16 | Met |
| C47 | Transportation to/ from community | 15/16 | Met (93.75 %) |
| C48 | Neighborhood connections | 16/16 | Met |
| C49 | Physical setting is consistent | 16/16 | Met |
| C51 | Ongoing satisfaction with services/ supports | 16/16 | Met |
| C52 | Leisure activities and free-time choices /control | 16/16 | Met |
| C53 | Food/ dining choices | 16/16 | Met |

Individual Home Supports

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|----------------------|
| C7 | Feedback on staff / care provider performance | 0/3 | Not Met (0 %) |
| C8 | Family/guardian communication | 3/3 | Met |
| C9 | Personal relationships | 3/3 | Met |
| C10 | Social skill development | 3/3 | Met |
| C11 | Get together w/family & friends | 3/3 | Met |

Individual Home Supports

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|--------|
| C12 | Intimacy | 3/3 | Met |
| C13 | Skills to maximize independence | 3/3 | Met |
| C14 | Choices in routines & schedules | 3/3 | Met |
| C15 | Personalize living space | 2/2 | Met |
| C16 | Explore interests | 3/3 | Met |
| C17 | Community activities | 3/3 | Met |
| C18 | Purchase personal belongings | 3/3 | Met |
| C19 | Knowledgeable decisions | 3/3 | Met |
| C21 | Coordinate outreach | 3/3 | Met |
| C46 | Use of generic resources | 3/3 | Met |
| C47 | Transportation to/ from community | 3/3 | Met |
| C48 | Neighborhood connections | 3/3 | Met |
| C49 | Physical setting is consistent | 2/2 | Met |
| C51 | Ongoing satisfaction with services/ supports | 3/3 | Met |
| C52 | Leisure activities and free-time choices /control | 3/3 | Met |
| C53 | Food/ dining choices | 3/3 | Met |

Community Based Day Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|--------|
| C7 | Feedback on staff / care provider performance | 7/7 | Met |
| C8 | Family/guardian communication | 7/7 | Met |
| C13 | Skills to maximize independence | 7/7 | Met |
| C37 | Interpersonal skills for work | 6/6 | Met |
| C38 (07/21) | Habilitative & behavioral goals | 4/4 | Met |
| C39 (07/21) | Support needs for employment | 3/4 | Met |
| C40 | Community involvement interest | 7/7 | Met |
| C41 | Activities participation | 7/7 | Met |
| C42 | Connection to others | 7/7 | Met |
| C43 | Maintain & enhance relationship | 7/7 | Met |
| C44 | Job exploration | 4/4 | Met |

Community Based Day Services

| Indicator # | Indicator | Met/Rated | Rating |
|--------------------|--|------------------|---------------|
| 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 |