



**PROVIDER REPORT
FOR**

**AMERICAN TRAINING
6 Campanelli Drive
Andover, MA 01810**

March 05, 2025

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider AMERICAN TRAINING

Review Dates 1/29/2025 - 2/4/2025

Service Enhancement Meeting Date 2/19/2025

Survey Team

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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
Residential and Individual Home Supports	10 location(s) 13 audit (s)	Full Review	73/89 2 Year License 02/19/2025-02/19/2027		61 / 66 Certified 02/19/2025 - 02/19/2027
Residential Services	4 location(s) 6 audit (s)			Full Review	18 / 20
Placement Services	4 location(s) 5 audit (s)			Full Review	18 / 20
ABI-MFP Placement Services	1 location(s) 1 audit (s)			Full Review	19 / 20
Respite Services	1 location(s) 1 audit (s)			No Review	No Review
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	3 location(s) 20 audit (s)	Targeted Review	DDS 14/21 Provider 43 / 43 57 / 64 2 Year License 02/19/2025-02/19/2027		DDS 11 / 16 Provider 23 / 26 34 / 42 Certified 02/19/2025 - 02/19/2027
Community Based Day Services	3 location(s) 11 audit (s)			DDS Targeted Review	12 / 15
Employment Support Services	0 location(s) 9 audit (s)			DDS Targeted Review	16 / 21
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

EXECUTIVE SUMMARY :

American Training, Inc. (ATI) is a non-profit agency that serves adults and children with developmental and intellectual disabilities at 21 sites within 12 cities North of Boston. Services funded through the Department of Developmental Services (DDS) include 24-hour residential homes, placement services that also include ABI/MFP individuals, Community Based Day Services (CBDS) and Employment Services.

The scope of this survey conducted by the Office of Quality Enhancement (OQE) was a full licensing and certification review of ATI's Residential and Individual Home Supports service grouping. ATI was eligible and elected to perform a self-assessment of their Employment and Day Supports service group.

The survey identified a number of accomplishments within residential services. All the homes visited were clean and had updated inspections. Individuals were able to evacuate on time, and fire drills were conducted as outlined in safety plans. Physical exams and dental exams were scheduled and attended on time. Individuals were supported to eat healthy and nutritious meals, as well as encouraged to exercise regularly. Required ISP assessments and objectives were submitted within regulatory timelines.

Organizationally, the agency has an effective Human Rights Committee with full membership and regular meetings. Individuals are trained regularly in human rights, and guardians are informed as well. The agency also has a process to measure progress towards achieving quality improvement goals and a strategic plan to identify future goals and direction of the agency.

Within the agency's CBDS and Employment programs, several best practices were seen among the limited indicators being rated. Medical protocols were in place for a variety of diagnoses such as seizures, diabetes, and blood thinners. All staff were trained and knowledgeable about each protocol, and as a result, individuals' health was being safeguarded. Within Employment services, career plans were found to be extremely thorough and tailored to individual needs. Each plan included a number of interest and skill assessments (e.g. support needs summary, job readiness summary) as well as a number of functional assessments in various skill sets (money skills, transportation, kitchen safety). Individuals in Employment services were also supported to manage their benefits and entitlements with referrals to MRC/Project Impact.

Several areas requiring attention within the agency's residential services models were identified during the survey. Medical protocols must be based on direction from the individual's health care provider, include instructions on when to seek emergency care, and all staff must be trained and knowledgeable in the implementation of the protocol. Additional support is needed around medication treatment plans and ensuring all data is tracked and shared with the prescriber. Lastly, financial systems need to be strengthened to ensure that all individuals and guardians give agreement to money management plans and all incoming funds and expenditures are tracked.

The agency also needs to strengthen its system for ensuring individuals have the opportunity to give input into the hiring and performance evaluation of support staff as many individuals were not afforded this opportunity

Within the agency's Employment and Day Supports service group supports were successful in meeting almost all licensure indicators reviewed. However, more attention is needed to ensure DDS submission timelines are met as there were several instances of ISP assessments and objectives as well as Incident Reports that were not submitted within required timelines.

Certification areas requiring attention in CBDS/Employment include ensuring individuals are provided with the opportunity to give feedback on staff at the time of hire and during performance evaluation, as well as developing plans and goals for CBDS individuals to move towards employment.

Within the Residential and Individual Home Supports service group American Training Inc. received a

rating of met in 82% of licensing indicators. The Residential Service group will receive a Two Year license. Within the Employment and Day Supports service group, the agency met 89% of all licensing indicators. The Employment and Day Supports service grouping will receive a Two-Year license. The Residential and Individual Home Supports service grouping received a rating of met in 92% of certification indicators and is Certified. Employment and Day supports received a rating of met in 81% of certification indicators and is Certified. Follow Up will be conducted within 60 days by OQE for all licensing indicators that were not met during the survey for each service group.

Description of Self Assessment Process:

American Training has a multi-faceted quality enhancement process that utilizes our dedicated Quality Management Branch and regular operational auditing of systems, record keeping, programmatic functions and data collection. Though these systems give a clear picture of how we are doing in relation to all the quality licensing and certification indicators throughout the year ATI determined that for this targeted self-survey we were going to take "snapshot in time" approach and evaluate each indicator for all three sites as part of a separate operation outside of our normal quality management activities.

We designed the self-assessment process to be systematic and take place over several weeks. Beginning on December 4, 2024, and ending on January 17, 2025. ATI assessed every single licensing and certification indicator for each site. It was determined that QM would drive the schedule, and determine which indicators were being assessed each week at all three locations. An audit document was designed with the list of the indicators for that week along with detailed criteria for what would achieve a MET. The Site Directors and Assistant Site Directors were given a week (tool sent out on Friday and audit to start on the following Monday) to review and rate each indicator. The Vice President of Day Services determined the sample size to be used for each indicator with a general standard of having no sample of less than 50% of the population served in the contract.

The kickoff of the Survey was to start with the eight critical indicators. As these are a vital part of the service provision it was determined that our QM Branch would go out and audit all three day program locations for these particular indicators. The Day Program Directors and Assistant Directors did a review of their critical indicators at each of their sites. Then the Quality Management Branch went to each of the three Day Program locations and did a full survey on all 8 of the Critical Indicators.

Once the weekly survey of indicators was complete each site sent their audit document along with raw data and percentages, totals, etc. to the Director of Quality Management who would collate the data from the three locations (including all Without Walls assigned from each site) and determine the overall day program status for each indicator. The Targeted Self Survey Template was used to record the final scores for each of the indicators. (See attached examples of weekly audit tool and data)

As a further layer of control on the process. It was decided that there were some indicators where senior management would step and perform and audit on a particular indicator as a fidelity test. This occurred across approximately six different indicators.

Further, there were certain indicators that related to personnel files, training and performance evaluations that were evaluated not by program operations but by our People and Culture Branch. The results were forwarded to the Director of Quality Management, and scores were tabulated.

We also utilized our nursing team and Director of Nursing to review and evaluate indicators pertaining to health and medications. Healthcare protocols were reviewed at each site by the DON and as we only have medications in one day location (Wakefield) the DON reviewed the medication system, orders, etc. at that site.

At the conclusion of the Self Survey an analysis was done by the VP of Day Services and the Director of Quality Management, and it was determined that in the Licensure portion of the survey we had 4 area/indicators NOT MET; L91 incident Management, L15 Hot Water Temperatures, L86 Required Assessments, L87 Support Strategies. This is compared to 5 NOT METS from our previous full survey. The NOT METS were in all the same areas with the only difference being in this self-survey we achieved a MET in L63 Behavior Modifying Medication Treatment Plan Forms which was an NOT MET at our last survey.

As to Certification Indicators, this survey we had 6 areas/indicators that were rated NOT MET; C25 Skill Development, C26 Benefit Analysis, C27 Job Benefit Education, C28 Relationship w/Businesses, C29 Support to Obtain Employment and C30 Work in Integrated Settings. This is compared to 10 NOT MET areas/indicators from the past Survey. We achieved a MET in C62 Connection to others, C43 Maintain Relationships, C7 Feedback on Staff care/performance. These

were all previously NOT MET on the last survey.

At the conclusion of the survey and after a detailed analysis was completed Systemic corrective action plans were developed for all Licensure and Certification Indicators that were currently rated NOT MET (see attached Section 3.).

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/10	3/10	
Residential and Individual Home Supports	66/79	13/79	
Residential Services Respite Services ABI-MFP Placement Services Placement Services			
Critical Indicators	8/8	0/8	
Total	73/89	16/89	82%
2 Year License			
# indicators for 60 Day Follow-up		16	

	Met / Rated	Not Met / Rated	% Met
Organizational	7/10	3/10	
Employment and Day Supports	50/54	4/54	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	57/64	7/64	89%
2 Year License			
# indicators for 60 Day Follow-up		7	

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

Indicator #	Indicator	Area Needing Improvement
L65	Restraint reports are submitted within required timelines.	Ten restraint reports were not submitted or reviewed within required timelines. The agency should ensure that all restraints are submitted and reviewed as mandated.
L74	The agency screens prospective employees per requirements.	Three prospective employees did not have qualifications that matched their job descriptions. The agency should ensure that all new hires have the qualifications needed for the jobs into which they are hired.
L76	The agency has and utilizes a system to track required trainings.	Ten out of twenty staff sampled did not have incident report training. The agency should ensure that all staff receive required trainings.

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

Indicator #	Indicator	Area Needing Improvement
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At three locations, water temperature did not test within 110 and 120 degrees. The agency needs to ensure that water temperatures at all locations are within the required temperature range.
L39	Special dietary requirements are followed.	At two locations, special dietary requirements were not followed. One was in relation to a g-tube protocol, and one to numerous food allergies. The agency needs to ensure that all special dietary requirements are followed by staff/providers.
L43	The health care record is maintained and updated as required.	For seven individuals, health care records were not updated within 30 days of a new diagnosis or immunization. The agency needs to ensure that all health care records are updated at least annually, and within 30 days of new diagnoses.
L47	Individuals are supported to become self medicating when appropriate.	One individual has been assessed as capable of self-administering her medications however a medication support plan is not in place. The agency needs to ensure that when individuals are self-medicating, a support plan is in place to ensure the individual is taking medications consistent with physician's orders and that the individual is regularly monitored and assessed to determine whether any changes are needed to the medication support plan.
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.	At one location, a restrictive practice was in place without a plan and criteria for elimination or fading the practice written into the rationale. The agency must ensure restrictive practices are outlined in writing, identify the rationale, include a plan and criteria for elimination or fading, and are outlined as the least restrictive alternative.
L57	All behavior plans are in a written plan.	At one location, a restrictive practice was utilized as a behavioral intervention without a written plan. The agency must ensure all restrictive practices and/or negative components are part of a written plan and that no intervention is administered to any individual in the absence of a written behavior modification plan.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	At two locations data was not being kept on the target behavior and/or the intervention. The agency must ensure data is maintained regularly, reviewed as required to determine the plan's efficacy, and that plans are revised when indicated by data.

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

Indicator #	Indicator	Area Needing Improvement
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For two individuals, health related supports and protective equipment in use did not have the required criteria for use and documentation in place. The agency needs to ensure that any health-related supports and protective equipment are being used correctly according to the health care provider's authorization and the requisite safety checks and cleanliness requirements are documented.
L63	Medication treatment plans are in written format with required components.	For three individuals, medication treatment plans did not contain all of the required components. The agency should ensure medication treatment plans contain all required components and practices, such as ensuring that data is kept on the medications prescribed and share that information with the prescribing physician.
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 individuals, financial training plans were either not in place when the agency was holding funds, or agreement to the plan was missing. The agency needs to ensure that financial management plans are in place whenever the agency holds an individual's funds, and that agreement to these plans is obtained.
L69	Individual expenditures are documented and tracked.	For two individuals, deposits and/or expenditures were not documented and tracked. The agency needs to ensure that personal funds are tracked and audited per the agency financial policy.
L91	Incidents are reported and reviewed as mandated by regulation.	Incident Reports at Four locations were not submitted and/or finalized within the required timeframes as mandated by regulation. The agency needs to ensure that all incidents are submitted and finalized according to regulatory timelines.
L94 (05/22)	Individuals have assistive technology to maximize independence.	For three individuals, areas of support in which the use of assistive technology would increase their level of independence were identified; however, these identified needs had not been addressed and/or plans had not been implemented. The agency needs to ensure that when an assessment identifies areas of need and corresponding assistive technology, each individual is then supported to obtain and use assistive technology as identified within the assessment within a timely manner.

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

Indicator #	Indicator	Area Needing Improvement
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At one location, water temperature did not test within 110 and 120 degrees. The agency should ensure that all locations have measurable temperatures within the recommended temperature range.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For eight individuals, ISP assessments were not submitted at least 15 days prior to the ISP. The agency needs to ensure that all required assessments are completed 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 eight individuals, ISP support strategies were not submitted at least 15 days prior to the ISP. The agency needs to ensure that all required goals and objectives are completed within required timelines.
L91	Incidents are reported and reviewed as mandated by regulation.	At all three locations, incident reports were not submitted and finalized as mandated. The agency needs to ensure that all incidents are submitted and finalized within the required timelines.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	55/60	5/60	
ABI-MFP Placement Services	19/20	1/20	
Placement Services	18/20	2/20	
Residential Services	18/20	2/20	
Respite Services	0/0	0/0	
Total	61/66	5/66	92%
Certified			

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS	6/6	0/6	
Employment and Day Supports	DDS 5/10 Provider 23/26	28/36	8/36	
Community Based Day Services	DDS 2/5 Provider 10/10	12/15	3/15	
Employment Support Services	DDS 3/5 Provider 13/16	16/21	5/21	
Total		34/42	8/42	81%
Certified				

ABI-MFP Placement Services- Areas Needing Improvement on Standards not met From DDS Review:

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.	One individual did not have the opportunity to provide feedback on staff, either at the time of hire or on an ongoing basis. The agency needs to ensure that all individuals are given the chance to provide feedback on the performance of staff, and give input into the hiring of staff.

Placement Services- Areas Needing Improvement on Standards not met From DDS Review:

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 individuals did not have the opportunity to provide feedback on staff, either at the time of hire or on an ongoing basis. The agency needs to ensure that all individuals are given the chance to provide feedback on the performance of staff and give input into the hiring of staff.
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	Two individuals were not supported to explore, discover, and connect with their interests for cultural, social, recreational and spiritual activities. The agency needs to ensure every individual is supported to explore their interests utilizing a variety of means, such as interest inventories, community mapping, on-line research, and community events calendars. Efforts to identify such interests and willingness to explore need to be ongoing and sustained.

Residential Services- Areas Needing Improvement on Standards not met From DDS Review:

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.	Four individuals did not have the opportunity to provide feedback on staff, either at the time of hire or on an ongoing basis. The agency needs to ensure that all individuals are given the chance to provide feedback on the performance of staff and give input into the hiring of staff.
C46	Staff (Home Providers) support individuals to learn about and use generic community resources.	Two individuals were not familiar with generic resources in their community. The agency needs to ensure that individuals are supported to learn about and use local resources such as the library, fire department, etc.

Community Based Day Services- Areas Needing Improvement on Standards not met From DDS Review:

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.	Nine individuals did not have the opportunity to provide feedback on staff, either at the time of hire or on an ongoing basis. The agency needs to ensure that all individuals are given the chance to provide feedback on the performance of staff and give input into the hiring of staff.
C39 (07/21)	There is a plan developed to identify job goals and support needs that would lead to movement into supported employment.	Four individuals did not have plans in place to identify goals that would lead to employment. The agency needs to ensure that the support needs of individuals are assessed thoroughly to create an individualized employment plan; this pertains to all individuals who are not of retirement age, regardless of their current desire to find employment.

Community Based Day Services- Areas Needing Improvement on Standards not met From DDS Review:

Indicator #	Indicator	Area Needing Improvement
C43	Staff act as bridge builders to support individuals to develop, sustain, and enhance relationships with others.	Four individuals were not supported to develop or enhance relationships with others. The agency should ensure that all individuals are supported to develop or sustain relationships with others both in the program and in the community.

Employment Support Services- Areas Needing Improvement on Standards not met From DDS Review:

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.	Seven individuals did not have the opportunity to provide feedback on staff, either at the time of hire or on an ongoing basis. The agency needs to ensure that all individuals are given the chance to provide feedback on the performance of staff and give input into the hiring of staff.
C30	Individuals are supported to work in integrated job settings.	Two individuals were not working in integrated job settings. The agency needs to ensure that job opportunities are available for individuals to work alongside other members of the community, not just other program participants.

Employment Support Services- Areas Needing Improvement on Standards not met From Provider review:

Indicator #	Indicator	Issues identified	Action planned to address
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C25	Staff assist individuals to work on skill development for job attainment and success.	<p>Two of the three day program sites achieved a MET on this indicator but one site, Andover did not have enough supporting documentation on trainings, skill based groups or on-site job specific training to score a percentage sufficient to give the entire branch a passing score. This lack of documentation can safely be attributed to a large amount of turnover and extended vacancies in some key positions. We have new Site and Assistant Site Directors at this location. Since last survey there has been three different turn-over events in these tow key positions. We also have had a vacant case manager position and turnover in the other three case manager slots. This turn over and vacancy rate impacted the program and though ATI has strong internal systems in place they could not sustain with this level of colleague disruption. Currently we have brought on a new site director who is a returning colleague. She was the Site Director for eight years at our Wakefield location. She left ATI and worked for three years at other positions outside the company but has since rejoined and has taken over the Andover locations. We also have an experienced Assistant Site Director in Andover. Though newer to the Andover site she has worked for four years as the Assistant Site Director in our Lowell Location. With this leadership in place we feel system adherence will not be a continuing issue. In regards to case management, we have increased the salary, instituted a Case Manager Development Program,</p>	<p>Action Plan;</p> <ol style="list-style-type: none"> 1. Site Director and Assistant Site Director will conduct quarterly audits of areas related to sill development in ISP goals, Group Curriculum's, and Career Plans. They will review the actual activity taking place as well as the accompanying documentation. 2. Quality Management will conduct Semi-annual audits of the CBDS program for all Licensure and certification functions and generate written reports and corrective actions to Site Directors and Senior Leadership.
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		added two new support positions to the case management team; Case Management Trainer and Senior Case Manager/Mentor. We are also adding two additional CM positions in both the Lowell and Andover site to reduce the size of caseloads and allow for consistency in the event of open positions.	
C27	Individuals and families are encouraged and supported to understand the benefits of integrated employment.	Two of the three-day program sites achieved a MET on this indicator but one site, Andover did not have enough supporting documentation on trainings, skill-based groups or on-site job education training to score a percentage sufficient to give the entire branch a passing score. This lack of documentation can safely be attributed to a large amount of turnover and extended vacancies in some key positions. This turn over and vacancy rate impacted the program and though ATI has strong internal systems in place they could not sustain with this level of colleague disruption.	Action Plan: 1. Site Director and Assistant Site Director will conduct quarterly audits of areas related to Job Education Benefits t in ISP goals, Group Curriculum's, and Career Plans. They will review the actual activity taking place as well as the accompanying documentation. 2. Quality Management will conduct Semi-annual audits of the CBDS program for all Licensure and certification functions and generate written reports and corrective actions to Site Directors and Senior Leadership.

Employment Support Services- Areas Needing Improvement on Standards not met From Provider review:

Indicator #	Indicator	Issues identified	Action planned to address
C28	Staff maintain and develop relationships with local businesses in order to facilitate job development opportunities.	ATI has a system for job developers and job coaches to record contacts with business towards furthering guests' employment goals. We also use an internal billing system, ETS, that allows for comments when doing specific probe checks or contact with companies who employ our individuals. Two of the three-day program sites achieved a MET on this indicator but one site, Andover did not have enough supporting documentation on trainings, skill-based groups or on-site job education training to score a percentage sufficient to give the entire branch a passing score. This lack of documentation can safely be attributed to a large amount of turnover and extended vacancies in some key positions. This turnover and vacancy rate impacted the program and though ATI has strong internal systems in place they could not sustain with this level of colleague disruption.	Action Plan: 1. Site Director and Assistant Site Director will conduct quarterly audits of areas related to Job Education Benefits t in ISP goals, Group Curriculum's, and Career Plans. They will review the actual activity taking place as well as the accompanying documentation. 2. Quality Management will conduct Semi-annual audits of the CBDS program for all Licensure and certification functions and generate written reports and corrective actions to Site Directors and Senior Leadership.

MASTER SCORE SHEET LICENSURE

Organizational: AMERICAN TRAINING

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
☐ L2	Abuse/neglect reporting	14/15	Met(93.33 %)
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	1/1	Met
L65	Restraint report submit	14/24	Not Met(58.33 %)
L66	HRC restraint review	8/9	Met(88.89 %)
L74	Screen employees	2/5	Not Met(40.0 %)
L75	Qualified staff	4/4	Met
L76	Track trainings	10/20	Not Met(50.0 %)
L83	HR training	20/20	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	6/6		4/5	1/1		1/1	12/13	Met (92.31 %)
L5	Safety Plan	L	3/4		4/4	1/1		1/1	9/10	Met (90.0 %)
☐ L6	Evacuation	L	4/4		4/4	1/1		1/1	10/10	Met
L7	Fire Drills	L	4/4						4/4	Met
L8	Emergency Fact Sheets	I	5/6		4/5	1/1		1/1	11/13	Met (84.62 %)
L9 (07/21)	Safe use of equipment	I	6/6			1/1			7/7	Met
L10	Reduce risk interventions	I	3/3		0/1				3/4	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
Ⓡ L11	Required inspections	L	4/4		4/4	1/1		1/1	10/10	Met
Ⓡ L12	Smoke detectors	L	4/4		4/4	1/1		1/1	10/10	Met
Ⓡ L13	Clean location	L	4/4		4/4	1/1		1/1	10/10	Met
L14	Site in good repair	L	4/4		4/4	1/1		1/1	10/10	Met
L15	Hot water	L	2/4		3/4	1/1		1/1	7/10	Not Met (70.0 %)
L16	Accessibility	L	4/4		4/4	1/1		1/1	10/10	Met
L17	Egress at grade	L	4/4		3/3	0/1		1/1	8/9	Met (88.89 %)
L18	Above grade egress	L	1/2		1/1	1/1		1/1	4/5	Met (80.0 %)
L19	Bedroom location	L	2/2		1/1				3/3	Met
L20	Exit doors	L	4/4			1/1			5/5	Met
L21	Safe electrical equipment	L	4/4		4/4	1/1		1/1	10/10	Met
L22	Well-maintained appliances	L	3/4		3/3	1/1		1/1	8/9	Met (88.89 %)
L23	Egress door locks	L	1/1			1/1			2/2	Met
L24	Locked door access	L	4/4		3/3	1/1			8/8	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L25	Dangerous substances	L	4/4			1/1			5/5	Met
L26	Walkway safety	L	3/4		4/4	1/1		1/1	9/10	Met (90.0 %)
L28	Flammables	L	4/4			1/1			5/5	Met
L29	Rubbish/combustibles	L	4/4		4/4	1/1		1/1	10/10	Met
L30	Protective railings	L	3/3		4/4	1/1		1/1	9/9	Met
L31	Communication method	I	6/6		5/5	1/1		1/1	13/13	Met
L32	Verbal & written	I	6/6		5/5	1/1		1/1	13/13	Met
L33	Physical exam	I	6/6		5/5			1/1	12/12	Met
L34	Dental exam	I	6/6		5/5			1/1	12/12	Met
L35	Preventive screenings	I	5/6		4/5			1/1	10/12	Met (83.33 %)
L36	Recommended tests	I	6/6		4/5			1/1	11/12	Met (91.67 %)
L37	Prompt treatment	I	6/6		4/5	1/1		1/1	12/13	Met (92.31 %)
Ⓡ L38	Physician's orders	I	4/6		4/4	1/1			9/11	Met (81.82 %)
L39	Dietary requirements	I	2/2		1/3	1/1		1/1	5/7	Not Met (71.43 %)
L40	Nutritional food	L	4/4			1/1			5/5	Met
L41	Healthy diet	L	4/4		4/4	1/1		1/1	10/10	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L42	Physical activity	L	4/4		4/4			1/1	9/9	Met
L43	Health Care Record	I	3/6		1/5			1/1	5/12	Not Met (41.67 %)
L44	MAP registration	L	4/4			1/1			5/5	Met
L45	Medication storage	L	4/4			1/1			5/5	Met
L46	Med. Administration	I	5/6		4/4	1/1		1/1	11/12	Met (91.67 %)
L47	Self medication	I			0/1				0/1	Not Met (0 %)
L49	Informed of human rights	I	6/6		4/5	1/1		1/1	12/13	Met (92.31 %)
L50 (07/21)	Respectful Comm.	I	6/6		5/5	1/1		1/1	13/13	Met
L51	Possessions	I	6/6		5/5	1/1		1/1	13/13	Met
L52	Phone calls	I	6/6		5/5	1/1		1/1	13/13	Met
L53	Visitation	I	5/6		5/5	1/1		1/1	12/13	Met (92.31 %)
L54 (07/21)	Privacy	I	6/6		5/5	1/1		1/1	13/13	Met
L55	Informed consent	I	2/2		4/4	1/1			7/7	Met
L56	Restrictive practices	I	0/1			1/1			1/2	Not Met (50.0 %)
L57	Written behavior plans	I	2/3						2/3	Not Met (66.67 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L60	Data maintenance	I	0/2						0/2	Not Met (0 %)
L61	Health protection in ISP	I	3/4		2/3				5/7	Not Met (71.43 %)
L62	Health protection review	I	4/4		3/3				7/7	Met
L63	Med. treatment plan form	I	3/6		5/5				8/11	Not Met (72.73 %)
L64	Med. treatment plan rev.	I	5/6		4/5				9/11	Met (81.82 %)
L67	Money mgmt. plan	I	1/6		2/4				3/10	Not Met (30.0 %)
L68	Funds expenditure	I	5/6		2/2				7/8	Met (87.50 %)
L69	Expenditure tracking	I	4/6		2/2				6/8	Not Met (75.00 %)
L70	Charges for care calc.	I	4/5		5/5				9/10	Met (90.0 %)
L71	Charges for care appeal	I	5/5		5/5				10/10	Met
L77	Unique needs training	I	5/6		5/5	1/1		0/1	11/13	Met (84.62 %)
L78	Restrictive Int. Training	L				1/1			1/1	Met
L80	Symptoms of illness	L	4/4		4/4	1/1		1/1	10/10	Met
L81	Medical emergency	L	4/4		4/4	1/1		1/1	10/10	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
Ⓡ L82	Medication admin.	L	4/4			1/1			5/5	Met
L84	Health protect. Training	I	3/4		2/2				5/6	Met (83.33 %)
L85	Supervision	L	3/4		3/3	1/1		1/1	8/9	Met (88.89 %)
L86	Required assessments	I	5/5		5/5				10/10	Met
L87	Support strategies	I	5/5		4/4				9/9	Met
L88	Strategies implemented	I	5/6		5/5			1/1	11/12	Met (91.67 %)
L89	Complaint and resolution process	L						1/1	1/1	Met
L90	Personal space/bedroom privacy	I	6/6		5/5			0/1	11/12	Met (91.67 %)
L91	Incident management	L	2/4		3/4	0/1		1/1	6/10	Not Met (60.0 %)
L93 (05/22)	Emergency back-up plans	I	6/6		5/5	1/1		1/1	13/13	Met
L94 (05/22)	Assistive technology	I	5/6		4/5	1/1		0/1	10/13	Not Met (76.92 %)
L96 (05/22)	Staff training in devices and applications	I	6/6		3/3	1/1			10/10	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			1/1				1/1	Met
#Std. Met/# 79 Indicator									66/79	
Total Score									73/89	
									82.02%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	Provider		-	-	-	Met
L5	Safety Plan	L	Provider		-	-	-	Met
Ⓡ L6	Evacuation	L	DDS			3/3	3/3	Met
L7	Fire Drills	L	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	Provider		-	-	-	Met
Ⓡ L11	Required inspections	L	DDS			3/3	3/3	Met
Ⓡ L12	Smoke detectors	L	DDS			3/3	3/3	Met
Ⓡ L13	Clean location	L	DDS			3/3	3/3	Met
L14	Site in good repair	L	Provider		-	-	-	Met
L15	Hot water	L	DDS			2/3	2/3	Not Met (66.67 %)
L16	Accessibility	L	Provider		-	-	-	Met
L17	Egress at grade	L	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L18	Above grade egress	L	Provider		-	-	-	Met
L20	Exit doors	L	Provider		-	-	-	Met
L21	Safe electrical equipment	L	Provider		-	-	-	Met
L22	Well- maintained appliances	L	Provider		-	-	-	Met
L25	Dangerous substances	L	Provider		-	-	-	Met
L26	Walkway safety	L	Provider		-	-	-	Met
L28	Flammables	L	Provider		-	-	-	Met
L29	Rubbish/com bustibles	L	Provider		-	-	-	Met
L30	Protective railings	L	Provider		-	-	-	Met
L31	Communicati on method	I	Provider		-	-	-	Met
L32	Verbal & written	I	Provider		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-	-	Met
☐ L38	Physician's orders	I	DDS	4/4		6/6	10/10	Met
L39	Dietary requirements	I	Provider		-	-	-	Met
L44	MAP registration	L	Provider		-	-	-	Met
L45	Medication storage	L	Provider		-	-	-	Met
☐ L46	Med. Administratio n	I	DDS			1/1	1/1	Met
L49	Informed of human rights	I	Provider		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider		-	-	-	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met
L54 (07/21)	Privacy	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L55	Informed consent	I	Provider		-	-	-	Met
L61	Health protection in ISP	I	Provider		-	-	-	Met
L62	Health protection review	I	Provider		-	-	-	Met
L63	Med. treatment plan form	I	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Met
L78	Restrictive Int. Training	L	Provider		-	-	-	Met
L79	Restraint training	L	Provider		-	-	-	Met
L80	Symptoms of illness	L	Provider		-	-	-	Met
L81	Medical emergency	L	Provider		-	-	-	Met
Ⓡ L82	Medication admin.	L	DDS			1/1	1/1	Met
L84	Health protect. Training	I	Provider		-	-	-	Met
L85	Supervision	L	Provider		-	-	-	Met
L86	Required assessments	I	DDS	8/9		4/11	12/20	Not Met (60.0 %)
L87	Support strategies	I	DDS	7/9		4/10	11/19	Not Met (57.89 %)
L88	Strategies implemented	I	Provider		-	-	-	Met
L91	Incident management	L	DDS			0/3	0/3	Not Met (0 %)
L93 (05/22)	Emergency back-up plans	I	Provider		-	-	-	Met
L94 (05/22)	Assistive technology	I	Provider		-	-	-	Met
L96 (05/22)	Staff training in devices and applications	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L99 (05/22)	Medical monitoring devices	I	Provider		-	-	-	Met
#Std. Met/# 54 Indicator							50/54	
Total Score							57/64	
							89.06%	

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	2/6	Not Met (33.33 %)
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	5/6	Met (83.33 %)
C10	Social skill development	6/6	Met
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	5/6	Met (83.33 %)
C13	Skills to maximize independence	6/6	Met
C14	Choices in routines & schedules	6/6	Met
C15	Personalize living space	4/4	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C16	Explore interests	5/6	Met (83.33 %)
C17	Community activities	5/6	Met (83.33 %)
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met
C46	Use of generic resources	4/6	Not Met (66.67 %)
C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	6/6	Met
C49	Physical setting is consistent	4/4	Met
C51	Ongoing satisfaction with services/ supports	5/6	Met (83.33 %)
C52	Leisure activities and free-time choices /control	6/6	Met
C53	Food/ dining choices	6/6	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/5	Not Met (0 %)
C8	Family/guardian communication	5/5	Met
C9	Personal relationships	5/5	Met
C10	Social skill development	5/5	Met
C11	Get together w/family & friends	5/5	Met
C12	Intimacy	4/5	Met (80.0 %)
C13	Skills to maximize independence	5/5	Met
C14	Choices in routines & schedules	5/5	Met
C15	Personalize living space	4/4	Met
C16	Explore interests	3/5	Not Met (60.0 %)
C17	Community activities	4/5	Met (80.0 %)
C18	Purchase personal belongings	5/5	Met
C19	Knowledgeable decisions	5/5	Met
C46	Use of generic resources	5/5	Met
C47	Transportation to/ from community	5/5	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C48	Neighborhood connections	4/5	Met (80.0 %)
C49	Physical setting is consistent	4/4	Met
C51	Ongoing satisfaction with services/ supports	5/5	Met
C52	Leisure activities and free-time choices /control	5/5	Met
C53	Food/ dining choices	5/5	Met

ABI-MFP Placement Services

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
C14	Choices in routines & schedules	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
C47	Transportation to/ from community	1/1	Met
C48	Neighborhood connections	1/1	Met
C49	Physical setting is consistent	1/1	Met
C51	Ongoing satisfaction with services/ supports	1/1	Met
C52	Leisure activities and free-time choices /control	1/1	Met
C53	Food/ dining choices	1/1	Met

Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	DDS	2/11	Not Met (18.18 %)
C8	Family/guardian communication	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C38 (07/21)	Habilitative & behavioral goals	DDS	8/10	Met (80.0 %)
C39 (07/21)	Support needs for employment	DDS	6/10	Not Met (60.0 %)
C40	Community involvement interest	Provider	-	Met
C41	Activities participation	Provider	-	Met
C42	Connection to others	DDS	9/11	Met (81.82 %)
C43	Maintain & enhance relationship	DDS	7/11	Not Met (63.64 %)
C44	Job exploration	Provider	-	Met
C45	Revisit decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met

Employment Support Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	DDS	2/9	Not Met (22.22 %)
C8	Family/guardian communication	Provider	-	Met
C22	Explore job interests	Provider	-	Met
C23	Assess skills & training needs	Provider	-	Met
C24	Job goals & support needs plan	DDS	9/9	Met
C25	Skill development	Provider	-	Not Met (0 %)
C26	Benefits analysis	DDS	8/8	Met
C27	Job benefit education	Provider	-	Not Met (0 %)
C28	Relationships w/businesses	Provider	-	Not Met (0 %)

Employment Support Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C29	Support to obtain employment	DDS	8/8	Met
C30	Work in integrated settings	DDS	7/9	Not Met (77.78 %)
C31	Job accommodations	Provider	-	Met
C32	At least minimum wages earned	Provider	-	Met
C33	Employee benefits explained	Provider	-	Met
C34	Support to promote success	Provider	-	Met
C35	Feedback on job performance	Provider	-	Met
C36	Supports to enhance retention	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C50	Involvement/ part of the Workplace culture	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met