



**PROVIDER REPORT  
FOR  
ARC OF BRISTOL COUNTY  
141 Park St.  
Attleboro, MA 02703**

**Version**

**Public Provider Report**

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

# **SUMMARY OF OVERALL FINDINGS**

<b>Provider</b>	ARC OF BRISTOL COUNTY
<b>Review Dates</b>	2/24/2020 - 2/28/2020
<b>Service Enhancement Meeting Date</b>	4/7/2020
<b>Survey Team</b>	Michelle Boyd Kayla Condon (TL) Katherine Gregory
<b>Citizen Volunteers</b>	

**Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	7 location(s) 11 audit (s)	Full Review	51 / 85 Defer Licensure		89 / 95 Certified
Residential Services	1 location(s) 2 audit (s)			Full Review	21 / 22
ABI-MFP Residential Services	1 location(s) 3 audit (s)			Full Review	21 / 22
Placement Services	3 location(s) 4 audit (s)			Full Review	22 / 22
Individual Home Supports	2 location(s) 2 audit (s)			Full Review	22 / 23
Planning and Quality Management (For all service groupings)				Full Review	3 / 6

**Survey scope and findings for Employment and Day Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Employment and Day Supports</b>	1 location(s) 2 audit (s)	Full Review	27 / 29 2 Year License 04/07/2020 - 04/07/2022		Certified 04/07/2020 - 04/07/2022
Community Based Day Services	1 location(s) 2 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Full Review	3 / 6

## **EXECUTIVE SUMMARY :**

The Arc of Bristol County a human service agency founded in 1959, is supporting individuals with disabilities in Massachusetts and Rhode Island. They provide a vast spectrum of services including autism services, children's services, day habilitation, adult day health, community based day supports (CBDS), adult foster care (AFC), guardianship, shared living, individualized home support (IHS), 24-hour residential, ABI/MFP 24-hour residential, trust management, family support, recreation, residential services, and extended day services.

The current review by the Department of Developmental Services (DDS) survey team focused on the following service models: Individualized Home Supports, Shared Living, 24-hour residential, ABI/MFP 24-hour residential, and Community Based Day Supports. The scope of the survey consisted of a full licensing and certification review for all residential services. Within CBDS, all licensing indicators were reviewed. The agency utilized a deemed process (CARF) for the evaluation of certification indicators within that program.

In the residential services, positive practices were noted regarding human rights. Individuals and guardians were knowledgeable regarding human rights, DPPC, and the agency's grievance procedure. Within the ABI home, the complaint log regarding grievances was present. The agency utilized a pictorial based training tool to support those individuals who learn best with visual cues. The Human Rights Committee (HRC) minutes showed active discussions amongst committee members that are thoughtful and respectful of the individuals. The HRC met regularly, had all required members, and reviewed all required materials that were presented by the agency.

Positive practices were also seen regarding promoting relationships with family and friends. Individuals were supported to meet regularly with family members. Maintaining and developing friendships was also prioritized based on the individual's preferences. Choice and control were promoted in regards to their diet. One individual is being supported to make healthy homemade soups that are within his dietary guidelines. At another location, menus are based entirely on the individuals' preferences, which sometimes resulted in four different meals being made to ensure all the individuals were satisfied .

Within the CBDS program, all written and oral communication regarding the individuals was respectful. Staff were trained in signs and symptoms of illness and were aware of what to do in the event of an emergency. The individuals are supported to have meaningful days based on their unique support needs.

The survey also revealed areas that require strengthening. Across all residential services practices that involve ensuring individuals' health needs are met should be strengthened. Protocols for those with significant medical conditions should be in place and created with the individuals' healthcare teams. Medication orders should be current and located on site. Additionally, medication treatment plans should be in place for those that require them and information shared with the prescribing physician.

When the agency is assisting individuals with managing their funds, the individuals need to have money management support plans in place and describe each individual's unique skills within this area. All funds spent should be tracked utilizing financial transaction records, with receipts present, and should benefit the individual directly.

The agency also needs to create effective systems to ensure that environmental standards are met and that environmental concerns are identified and immediately addressed if not meeting the standards. This includes maintaining sanitary conditions, ensuring smoke and carbon monoxide detectors are present and functioning, and confirming the water temperatures are within the allowable range.

In the certification areas of Planning and Quality Management, the agency needs to expand its efforts

to collect data regarding the quality of its services and identify patterns and trends in order to develop action steps to improve the quality of the services the individuals are receiving.

The agency has earned a Two Year License for its CBDS program as it met 93% of the licensure indicators. The License level for residential services is deferred as a result of being not met in several critical indicators and is pending the results of a follow-up review which will occur within 60 days. The agency is certified for all of its residential services as they met 94% of the indicators.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	8/8	0/8	
<b>Residential and Individual Home Supports</b>	43/77	34/77	
Residential Services ABI-MFP Residential Services Placement Services Individual Home Supports			
<b>Critical Indicators</b>	4/8	4/8	
<b>Total</b>	51/85	34/85	60%
<b>Defer Licensure</b>			
<b># indicators for 60 Day Follow-up</b>		34	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	8/8	0/8	
<b>Employment and Day Supports</b>	19/21	2/21	
Community Based Day Services			
<b>Critical Indicators</b>	1/1	0/1	
<b>Total</b>	27/29	2/29	93%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow- up</b>		2	

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L5	There is an approved safety plan in home and work locations.	At two homes the safety plans did not list all members of the household that may require assistance evacuating. At one location only half of the staff were knowledgeable in the implementation strategies outlined in the safety plan. The agency needs to ensure that all safety plans have all required components and all staff are trained.
L7	Fire drills are conducted as required.	At one of two homes, staff were not conducting fire drills with the required minimum staff ratio. The agency needs to ensure that fire drills are being conducted as outline in the safety plan.
L8	Emergency fact sheets are current and accurate and available on site.	Four out of the eleven emergency fact sheets did not contain accurate information, including a diagnoses and guardianship status. The agency needs to ensure emergency fact sheets are up to date with accurate information.

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

Indicator #	Indicator	Area Needing Improvement
L10	The provider implements interventions to reduce risk for individuals whose behaviors may pose a risk to themselves or others.	For two of four individuals, interventions to reduce risk were not being implemented. One individual utilizes equipment to reduce the likelihood of falls. Staff were not aware of where this equipment was or how to use it. Another individual was being left in the community, despite requiring supervision. The agency needs to ensure that staff are knowledgeable on how to support the individuals who are at risk and implement required staffing patterns and interventions designed to mitigate risk.
R L12	Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.	Two of the six homes did not have smoke and carbon monoxide detectors located where required or were not operational. The agency needs to ensure smoke and carbon monoxide and smoke detectors are located where required and are operational.
R L13	Location is clean and free of rodent and/or insect infestation.	Two of six locations were not clean and/or free of insect infestation. The agency needs to ensure all locations are clean and/or free of an infestation.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At three of the six homes water temperatures did not test within the required range. The agency needs to ensure water temperatures test between 110 and 120 degrees.
L17	There are two means of egress from floor at grade level.	Two out of six homes had a second means of egress on the ground floor that individuals were not able to use. The agency needs to ensure that at each home, egresses at grade can be easily opened by individuals without the use of a key.
L23	There are no locks on bedroom doors that provide access to an egress.	One home had locks on two bedroom doors that provided means of egress. The agency needs to ensure that no bedrooms providing egress have locks.
L24	Locks on doors not providing egress can be opened by the individuals from the inside and staff carry a key to open in an emergency.	At one of two homes the keys to bedroom doors were not carried by staff and/or could not be easily found. The agency needs to ensure that keys to bedroom doors are quickly accessible by staff and all staff are aware of their location for emergency purposes.
L27	If applicable, swimming pools and other bodies of water are safe and secure according to policy.	In two homes with swimming pools, individuals had not been assessed for their water safety skills. The agency needs to assess individuals for their skills related to water safety and determine the level of support they each need. The agency needs to ensure that staff and care providers provide the level of support each individual's needs based on the completed assessment.

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

Indicator #	Indicator	Area Needing Improvement
L35	Individuals receive routine preventive screenings.	Three out of eleven individuals had not received preventative medical screenings such as a colonoscopy, or other recommended health screenings based on their age, history or medical conditions. The agency needs to ensure individuals receive routine preventative screenings.
L36	Recommended tests and appointments with specialists are made and kept.	Three out of eleven individuals had not received recommended tests or appointments with specialists. The agency needs to ensure recommended tests and appointments with specialists occur.
R L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	Four out of nine individuals with significant diagnosis requiring ongoing management by a health care professional did not have treatment protocols in place. Two out of nine individuals had treatment protocols which lacked required components such as signs and symptoms specific to that individual or instructions on use and cleaning of medically necessary equipment. The agency needs to ensure that individuals with significant medical conditions that require ongoing management have medical / health care treatment protocols in place with all required components.
L43	The health care record is maintained and updated as required.	Health care records for six of eleven people were not accurate. The health care records reviewed were missing diagnoses, dietary needs, allergies, and health related protections. The agency needs to ensure that health care records are accurate and maintained.
R L46	All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.	Of ten individuals, medications were not properly administered for four. For several, medications orders were either expired or not present. Additionally, orders were not always clear which lead to confusion regarding which medications to give. The agency needs to ensure that all medications are administered accurately.
L47	Individuals are supported to become self medicating when appropriate.	One individual who administers his medication did not meet the criteria to be self-medicating based on his assessment. The agency needs to ensure individuals are provided the necessary support to safely administer medication.
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.	A restrictive practice was being implemented for one individual without a plan to fade or eliminate the practice. This plan had not been reviewed by the Human Rights Committee. The agency needs to ensure that restrictive practices include all required components and undergo all required reviews.

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

Indicator #	Indicator	Area Needing Improvement
L57	All behavior plans are in a written plan.	For two individuals at one location, the house practice of implementing a 9pm "bed time" and utilizing time-out for swearing was being utilized. There was no written plan to rationalize the need for these restrictions for either person. The agency needs to ensure that all practices that limit an individual's rights are only developed and implemented in accordance with individuals' needs and then are outlined within a written plan.
L58	All behavior plans contain the required components.	For two individuals the practice of implementing a 9pm "bed time" and utilizing time-out for swearing was being utilized. Neither individual had a written plan identifying behaviors for modification, and the rationale for these restrictions as the least restrictive for the person. The agency needs to ensure that all practices that limit an individual's rights are originated from an individualized need, are in a written form and contain data, justification as the least restrictive and plans to fade when behavioral shaping has occurred.
L59	Behavior plans have received all the required reviews.	For two individuals the systemic practice of implementing a 9pm "bed time" and utilizing time-out for swearing was being utilized. The agency needs to ensure that all practices that limit an individual's rights are referred to the HRC for their review and approval.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For two out of five individuals with supportive devices, the plan in place did not contain what type or the frequency of safety checks. The agency needs to ensure that for all supports and health related protections all the required components are in place.
L63	Medication treatment plans are in written format with required components.	For five of seven individuals reviewed medication treatment plans (MTP) were not written with all the required components. Two plans were not in place, one plan did not have all medications listed, and for two plans data was not being tracked at outline in the MTP. The agency needs to ensure that MTPs are present, list all medications, and that data is being tracked and shared with the prescribing physician.
L64	Medication treatment plans are reviewed by the required groups.	The medication treatment plans for 5 out of 6 individuals had not received the required reviews. The agency needs to ensure that all medication treatment plans receive review through the ISP process.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	Six out of nine individuals who receive support with managing their funds, did not have a written money management plan or the plan did not outline the level of support the individual needed or was provided. The agency needs to ensure all individuals have a written money management plan with all required components when the agency has shared or delegated money management responsibility.

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

Indicator #	Indicator	Area Needing Improvement
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.	Two of the nine individuals had expenditures that did not directly benefit the individual. The agency needs to ensure all expenditures of funds are made for purposes that directly benefit the individual.
L69	Individual expenditures are documented and tracked.	Expenditures were reviewed for nine individuals. For two individuals, required receipts for purchases were missing, and there was a lack of a financial expenditure tracking. The agency needs to ensure individuals' expenditures are documented and tracked accurately, and that receipts are maintained in accordance with agency's financial policies.
L70	Charges for care are calculated appropriately.	Charges for Care were reviewed for 10 individuals. For two individuals, the agency did not provide an explanation of how their charges for care were calculated. Another individual did not have an explanation for the calculation of additional charges added to their charges for care. The agency needs to provide individuals and rep payees an explanation of how charges for care are calculated.
L78	Staff are trained to safely and consistently implement restrictive interventions.	For one of two restrictive practices reviewed, staff had not been trained proper use of a device. For all restrictive interventions the agency needs to ensure comprehensive training is provided to ensure effective implementation of restrictive practices.
L85	The agency provides ongoing supervision, oversight and staff development.	In two out of seven homes, adequate supervision from management was not being provided as evidenced by systemic issues identified regarding health care coordination/oversight, medication monitoring, safe evacuation, and long-standing environmental concerns. The agency needs to provide regular supervision and oversight to ensure that individuals have optimal living conditions, and staff are provided with training and tools to ensure the health and safety of individuals in their care.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For two individuals, ISP assessments were not submitted within the required timelines. The agency needs to ensure that all assessments are submitted in preparation for the ISP 15 days in advance of the scheduled ISP Meeting.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For three individuals reviewed, ISP assessments were not submitted within the required timelines. The agency needs to ensure that all assessments are submitted in preparation for the ISP 15 days in advance of the scheduled ISP Meeting.
L90	Individuals are able to have privacy in their own personal space.	Three out of eleven individuals did not have locks on their bedroom doors to allow them privacy. The agency needs to ensure that all individuals, unless clinically contraindicated or if the bedroom leads to an egress, have locks on their bedroom doors to provide the option of privacy.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L91	Incidents are reported and reviewed as mandated by regulation.	In two homes incident reports were not submitted within the required timelines. The agency needs to ensure that all incidents are submitted and finalized as mandated by regulation.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L8	Emergency fact sheets are current and accurate and available on site.	One of the two emergency fact sheets reviewed did not contain all of the individual's diagnoses. The agency needs to ensure all emergency fact sheets are accurate.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Support strategies for one individual were not submitted within the required timelines. The agency needs to ensure that support strategies are submitted to the DDS Area Office at least 15 days prior to the scheduled ISP meeting.

## CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	3/6	3/6	
<b>Residential and Individual Home Supports</b>	86/89	3/89	
ABI-MFP Residential Services	21/22	1/22	
Individual Home Supports	22/23	1/23	
Residential Services	21/22	1/22	
Placement Services	22/22	0/22	
<b>TOTAL</b>	<b>89/95</b>	<b>6/95</b>	<b>94%</b>
<b>Certified</b>			

	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	3/6	3/6	
<b>Employment and Day Supports</b>			
<b>TOTAL</b>			
<b>Certified</b>			

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C1	The provider collects data regarding program quality including but not limited to incidents, investigations, restraints, and medication occurrences.	The agency needs to collect data from a variety of measures. This data should include information regarding program quality that is separate and apart from incident management. The agency needs to ensure that data collection is occurring for all services as well as systemically and include information regarding program quality.
C2	The provider analyzes information gathered from all sources and identifies patterns and trends.	The agency's quality management system does not identify patterns and trends within each service type which could be beneficial in developing appropriate actions and ongoing strategies to enhance service. The agency needs to utilize data/information gathered to systemically evaluate the quality of services and identify trends and patterns which could assist in identifying areas of additional oversight and monitoring.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C5	The provider has a process to measure progress towards achieving service improvement goals.	The agency does not have a system to effectively identify weakness within its service provisions. The agency needs to ensure that a system is created and implemented to identify potential weakness and measure progress towards improving those identified areas.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	One individual had not participated in the interviewing of new staff, nor had he had the opportunity to contribute to the ongoing evaluation of his current staff. The agency needs to ensure that all individuals have the opportunity to provide feedback prior to the hiring of new staff and input into the ongoing evaluation of staff.

**Individual Home Supports- Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C13	Staff (Home Providers) provide support for individuals to develop skills to enable them to maximize independence and participation in typical activities and routines.	One out of two individuals were not fully supported to become more independent. The agency needs to support individuals to develop skills to maximize their independence and participation in typical activities and routines.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C51	Staff (Home Providers) are knowledgeable about individuals' satisfaction with services and supports and support individuals to make changes as desired.	Staff were not knowledgeable about one individual's satisfaction with their services and supports and did not support the individual to make changes as desired. The agency needs to ensure they are knowledgeable of individual's satisfaction with services and supports and support individuals to make changes.

# MASTER SCORE SHEET LICENSURE

Organizational: ARC OF BRISTOL COUNTY

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
R L2	Abuse/neglect reporting	7/8	Met(87.50 % )
L3	Immediate Action	8/8	Met
L4	Action taken	6/6	Met
L48	HRC	1/1	Met
L74	Screen employees	6/6	Met
L75	Qualified staff	4/4	Met
L76	Track trainings	6/6	Met
L83	HR training	6/6	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	2/2	2/2	3/4		3/3		10/11	Met (90.91%)
L5	Safety Plan	L	0/1	2/2	1/3		1/1		4/7	Not Met (57.14%)
R L6	Evacuation	L	0/1	2/2	3/3		1/1		6/7	Met (85.71%)
L7	Fire Drills	L	0/1				1/1		1/2	Not Met (50.0%)
L8	Emergency Fact Sheets	I	1/2	2/2	2/4		2/3		7/11	Not Met (63.64%)
L9	Safe use of equipment	L	1/1	2/2			1/1		4/4	Met
L10	Reduce risk interventions	I	0/2				2/2		2/4	Not Met (50.0%)
R L11	Required inspections	L	1/1	1/1	2/3		1/1		5/6	Met (83.33%)
R L12	Smoke detectors	L	0/1	1/1	2/3		1/1		4/6	Not Met (66.67%)
R L13	Clean location	L	0/1	1/1	2/3		1/1		4/6	Not Met (66.67%)
L14	Site in good repair	L		1/1	2/3				3/4	Met
L15	Hot water	L	0/1	0/1	2/3		1/1		3/6	Not Met (50.0%)
L16	Accessibility	L	1/1	1/1	3/3		1/1		6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L17	Egress at grade	L	1/1	1/1	1/3		1/1		4/6	Not Met (66.67 %)
L18	Above grade egress	L		1/1	3/3				4/4	Met
L19	Bedroom location	L	1/1				1/1		2/2	Met
L20	Exit doors	L	1/1	1/1			1/1		3/3	Met
L21	Safe electrical equipment	L	1/1	1/1	3/3		1/1		6/6	Met
L22	Well-maintained appliances	L	1/1	1/1	2/3		1/1		5/6	Met (83.33 %)
L23	Egress door locks	L					0/1		0/1	Not Met (0 %)
L24	Locked door access	L	0/1				1/1		1/2	Not Met (50.0 %)
L25	Dangerous substances	L	1/1	1/1			1/1		3/3	Met
L26	Walkway safety	L	1/1	1/1	3/3		1/1		6/6	Met
L27	Pools, hot tubs, etc.	L			0/2				0/2	Not Met (0 %)
L28	Flammables	L	1/1				1/1		2/2	Met
L29	Rubbish/combustibles	L	1/1	1/1	2/3		1/1		5/6	Met (83.33 %)
L30	Protective railings	L		1/1	3/3				4/4	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L31	Communication method	I	2/2	2/2	4/4		3/3		11/11	Met
L32	Verbal & written	I	2/2	2/2	4/4		3/3		11/11	Met
L33	Physical exam	I	2/2	2/2	4/4		3/3		11/11	Met
L34	Dental exam	I	2/2	2/2	3/4		3/3		10/11	Met (90.91 %)
L35	Preventive screenings	I	1/2	2/2	2/4		3/3		8/11	Not Met (72.73 %)
L36	Recommended tests	I	1/2	1/2	3/4		3/3		8/11	Not Met (72.73 %)
L37	Prompt treatment	I	2/2	2/2	4/4		3/3		11/11	Met
R L38	Physician's orders	I	0/1	1/2	0/2		1/3		2/8	Not Met (25.00 %)
L39	Dietary requirements	I	0/1	2/2	2/2		2/2		6/7	Met (85.71 %)
L40	Nutritional food	L	1/1	1/1			1/1		3/3	Met
L41	Healthy diet	L	1/1	2/2	3/3		1/1		7/7	Met
L42	Physical activity	L	1/1	2/2	3/3		1/1		7/7	Met
L43	Health Care Record	I	0/2	0/2	2/4		3/3		5/11	Not Met (45.45 %)
L44	MAP registration	L	1/1				1/1		2/2	Met
L45	Medication storage	L	1/1				1/1		2/2	Met
R L46	Med. Administration	I	0/2	1/1	2/4		3/3		6/10	Not Met (60.0 %)

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L47	Self medication	I	1/1	1/2					2/3	Not Met (66.67 %)
L49	Informed of human rights	I	2/2	2/2	4/4		3/3		11/11	Met
L50	Respectful Comm.	L	1/1	2/2	3/3		1/1		7/7	Met
L51	Possessions	I	2/2	2/2	3/4		3/3		10/11	Met (90.91 %)
L52	Phone calls	I	2/2	2/2	3/4		3/3		10/11	Met (90.91 %)
L53	Visitation	I	1/2	2/2	4/4		3/3		10/11	Met (90.91 %)
L54	Privacy	L	0/1	2/2	3/3		1/1		6/7	Met (85.71 %)
L56	Restrictive practices	I					0/1		0/1	Not Met (0 %)
L57	Written behavior plans	I	0/2						0/2	Not Met (0 %)
L58	Behavior plan component	I	0/2						0/2	Not Met (0 %)
L59	Behavior plan review	I	0/2						0/2	Not Met (0 %)
L60	Data maintenance	I	1/1						1/1	Met
L61	Health protection in ISP	I	0/2				3/3		3/5	Not Met (60.0 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L62	Health protection review	I	2/2				3/3		5/5	Met
L63	Med. treatment plan form	I	0/2		1/3		1/2		2/7	Not Met (28.57%)
L64	Med. treatment plan rev.	I	0/2		0/2		1/2		1/6	Not Met (16.67%)
L67	Money mgmt. plan	I	1/2	2/2	0/2		0/3		3/9	Not Met (33.33%)
L68	Funds expenditure	I	1/2	2/2	1/2		3/3		7/9	Not Met (77.78%)
L69	Expenditure tracking	I	1/2	2/2	1/2		3/3		7/9	Not Met (77.78%)
L70	Charges for care calc.	I	1/2	1/1	2/4		3/3		7/10	Not Met (70.0%)
L71	Charges for care appeal	I	2/2	1/1	2/4		3/3		8/10	Met (80.0%)
L77	Unique needs training	I	1/2	2/2	4/4		3/3		10/11	Met (90.91%)
L78	Restrictive Int. Training	L	0/1		1/1				1/2	Not Met (50.0%)
L80	Symptoms of illness	L	1/1	1/1	3/3		1/1		6/6	Met
L81	Medical emergency	L	1/1	2/2	3/3		1/1		7/7	Met
L82	Medication admin.	L	1/1				1/1		2/2	Met
L84	Health protect. Training	I	1/2				3/3		4/5	Met (80.0%)

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L85	Supervision	L	0/1	2/2	2/3		1/1		5/7	Not Met (71.43 %)
L86	Required assessments	I		0/2	4/4				4/6	Not Met (66.67 %)
L87	Support strategies	I		0/2	3/4				3/6	Not Met (50.0 %)
L88	Strategies implemented	I	1/2	2/2	3/4		3/3		9/11	Met (81.82 %)
L89	Complaint and resolution process	L					1/1		1/1	Met
L90	Personal space/bedroom privacy	I	1/2	2/2	2/4		3/3		8/11	Not Met (72.73 %)
L91	Incident management	L	0/1	2/2	3/3		0/1		5/7	Not Met (71.43 %)
<b>#Std. Met/# 77 Indicator</b>									43/77	
<b>Total Score</b>									51/85	
									60.0%	

**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			2/2	2/2	Met

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Individ.</b>	<b>Emp. Sup.</b>	<b>Cent. Based Work</b>	<b>Com. Based Day</b>	<b>Total Met / Rated</b>	<b>Rating</b>
L5	Safety Plan	L			1/1	<b>1/1</b>	<b>Met</b>
L7	Fire Drills	L			1/1	<b>1/1</b>	<b>Met</b>
L8	Emergency Fact Sheets	I			1/2	<b>1/2</b>	<b>Not Met (50.0 %)</b>
L9	Safe use of equipment	L			1/1	<b>1/1</b>	<b>Met</b>
L31	Communication method	I			2/2	<b>2/2</b>	<b>Met</b>
L32	Verbal & written	I			2/2	<b>2/2</b>	<b>Met</b>
L37	Prompt treatment	I			2/2	<b>2/2</b>	<b>Met</b>
L49	Informed of human rights	I			2/2	<b>2/2</b>	<b>Met</b>
L50	Respectful Comm.	L			1/1	<b>1/1</b>	<b>Met</b>
L51	Possessions	I			2/2	<b>2/2</b>	<b>Met</b>
L52	Phone calls	I			2/2	<b>2/2</b>	<b>Met</b>
L54	Privacy	L			1/1	<b>1/1</b>	<b>Met</b>
L77	Unique needs training	I			2/2	<b>2/2</b>	<b>Met</b>
L80	Symptoms of illness	L			1/1	<b>1/1</b>	<b>Met</b>
L81	Medical emergency	L			1/1	<b>1/1</b>	<b>Met</b>
L85	Supervision	L			1/1	<b>1/1</b>	<b>Met</b>
L86	Required assessments	I			1/1	<b>1/1</b>	<b>Met</b>
L87	Support strategies	I			1/2	<b>1/2</b>	<b>Not Met (50.0 %)</b>
L88	Strategies implemented	I			2/2	<b>2/2</b>	<b>Met</b>
L91	Incident management	L			1/1	<b>1/1</b>	<b>Met</b>
<b>#Std. Met/# 21 Indicator</b>						<b>19/21</b>	
<b>Total Score</b>						<b>27/29</b>	
						<b>93.10%</b>	

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

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

### ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	2/3	<b>Not Met (66.67 %)</b>
C8	Family/guardian communication	3/3	<b>Met</b>
C9	Personal relationships	3/3	<b>Met</b>
C10	Social skill development	3/3	<b>Met</b>
C11	Get together w/family & friends	3/3	<b>Met</b>
C12	Intimacy	3/3	<b>Met</b>
C13	Skills to maximize independence	3/3	<b>Met</b>
C14	Choices in routines & schedules	3/3	<b>Met</b>
C15	Personalize living space	1/1	<b>Met</b>
C16	Explore interests	3/3	<b>Met</b>
C17	Community activities	3/3	<b>Met</b>
C18	Purchase personal belongings	3/3	<b>Met</b>
C19	Knowledgeable decisions	3/3	<b>Met</b>
C20	Emergency back-up plans	1/1	<b>Met</b>
C46	Use of generic resources	3/3	<b>Met</b>
C47	Transportation to/ from community	3/3	<b>Met</b>
C48	Neighborhood connections	3/3	<b>Met</b>
C49	Physical setting is consistent	1/1	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	3/3	<b>Met</b>

### ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C52	Leisure activities and free-time choices /control	3/3	<b>Met</b>
C53	Food/ dining choices	3/3	<b>Met</b>
C54	Assistive technology	3/3	<b>Met</b>

### Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	2/2	<b>Met</b>
C8	Family/guardian communication	2/2	<b>Met</b>
C9	Personal relationships	2/2	<b>Met</b>
C10	Social skill development	2/2	<b>Met</b>
C11	Get together w/family & friends	2/2	<b>Met</b>
C12	Intimacy	2/2	<b>Met</b>
C13	Skills to maximize independence	1/2	<b>Not Met (50.0 %)</b>
C14	Choices in routines & schedules	2/2	<b>Met</b>
C15	Personalize living space	1/1	<b>Met</b>
C16	Explore interests	2/2	<b>Met</b>
C17	Community activities	2/2	<b>Met</b>
C18	Purchase personal belongings	2/2	<b>Met</b>
C19	Knowledgeable decisions	2/2	<b>Met</b>
C20	Emergency back-up plans	2/2	<b>Met</b>
C21	Coordinate outreach	2/2	<b>Met</b>
C46	Use of generic resources	2/2	<b>Met</b>
C47	Transportation to/ from community	2/2	<b>Met</b>
C48	Neighborhood connections	2/2	<b>Met</b>
C49	Physical setting is consistent	1/1	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	2/2	<b>Met</b>
C52	Leisure activities and free-time choices /control	2/2	<b>Met</b>
C53	Food/ dining choices	2/2	<b>Met</b>
C54	Assistive technology	2/2	<b>Met</b>

## Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/4	Met
C8	Family/guardian communication	4/4	Met
C9	Personal relationships	4/4	Met
C10	Social skill development	4/4	Met
C11	Get together w/family & friends	4/4	Met
C12	Intimacy	3/4	Met
C13	Skills to maximize independence	4/4	Met
C14	Choices in routines & schedules	4/4	Met
C15	Personalize living space	3/3	Met
C16	Explore interests	4/4	Met
C17	Community activities	4/4	Met
C18	Purchase personal belongings	4/4	Met
C19	Knowledgeable decisions	4/4	Met
C20	Emergency back-up plans	3/3	Met
C46	Use of generic resources	4/4	Met
C47	Transportation to/ from community	4/4	Met
C48	Neighborhood connections	4/4	Met
C49	Physical setting is consistent	3/3	Met
C51	Ongoing satisfaction with services/ supports	4/4	Met
C52	Leisure activities and free-time choices /control	4/4	Met
C53	Food/ dining choices	4/4	Met
C54	Assistive technology	3/4	Met

## Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	2/2	Met
C8	Family/guardian communication	2/2	Met
C9	Personal relationships	2/2	Met
C10	Social skill development	2/2	Met
C11	Get together w/family & friends	2/2	Met

## Residential Services

Indicator #	Indicator	Met/Rated	Rating
C12	Intimacy	2/2	Met
C13	Skills to maximize independence	2/2	Met
C14	Choices in routines & schedules	2/2	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	2/2	Met
C17	Community activities	2/2	Met
C18	Purchase personal belongings	2/2	Met
C19	Knowledgeable decisions	2/2	Met
C20	Emergency back-up plans	1/1	Met
C46	Use of generic resources	2/2	Met
C47	Transportation to/ from community	2/2	Met
C48	Neighborhood connections	2/2	Met
C49	Physical setting is consistent	1/1	Met
C51	Ongoing satisfaction with services/ supports	1/2	<b>Not Met (50.0 %)</b>
C52	Leisure activities and free-time choices /control	2/2	Met
C53	Food/ dining choices	2/2	Met
C54	Assistive technology	1/1	Met