PROVIDER REPORT
FOR

ARC OF BRISTOL COUNTY
141 PARK ST
Attleboro, MA 02703

April 29, 2025

Version

Public Provider Report

Prepared by the Department of Developmental Services
OFFICE OF QUALITY ENHANCEMENT

SUMMARY OF OVERALL FINDINGS

Provider	ARC OF BRISTOL COUNTY
Review Dates	3/26/2025 - 4/1/2025
Service Enhancement Meeting Date	4/15/2025
Survey Team	Gina Ford (TL)
	Katherine Gregory
	Linda Griffith
	William Muguro
	Roberto Polanco-Santana
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	7 location(s) 14 audit (s)	Targeted Review	DDS 22/23 Provider 66 / 66 88 / 89 2 Year License 04/15/2025-04/15/2027		DDS 26 / 27 Provider 60 / 60 86 / 87 Certified 04/15/2025 - 04/15/2027
Residential Services	1 location(s) 3 audit (s)			DDS Targeted Review	20 / 20
ABI-MFP Residential Services	2 location(s) 6 audit (s)			DDS Targeted Review	19 / 20
Placement Services	3 location(s) 4 audit (s)			DDS Targeted Review	20 / 20
Individual Home Supports	1 location(s) 1 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

Survey scope and findings for Remote Supports and Monitoring Services

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Remote Supports and Monitoring Services	1 workstation location(s) 3 audit (s)	Full Review	32/35 2 Year License 04/15/2025-04/15/2027		11 / 11 Certified 04/15/2025 - 04/15/2027
Remote Supports and Monitoring Services	1 workstation location(s) 3 audit (s)			Full Review	5 / 5
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) 3 audit (s)	Full Review	34/34 2 Year License 04/15/2025-04/15/2027		26 / 26 Certified 04/15/2025 - 04/15/2027
Community Based Day Services	1 location(s) 1 audit (s)			Deemed	
Employment Support Services	1 location(s) 2 audit (s)			Full Review	20 / 20

Planning and Quality Management (For all service groupings)				Full Review	6 / 6

EXECUTIVE SUMMARY :

The Arc of Bristol County, founded in 1959, supports individuals with intellectual and developmental disabilities in both Massachusetts and Rhode Island. The agency provides a wide array of services including ABI/MFP 24-hour residential, shared living/placement services, Individualized Home Supports (IHS), Remote Support & Monitoring services, Community-Based Day Supports (CBDS), Employment, day habilitation, adult day health, guardianship services, representative payee services, trust management, family support, and recreation services.

The current review by the Department of Developmental Services (DDS) Office of Quality Enhancement (OQE) survey team focused on the following service models: Individualized Home Supports, Placement, ABI/MFP 24-hour residential, remote supports, employment and Community-Based Day Supports. The scope of the survey consisted of a targeted licensing review for all residential services, a full review of licensure and certification for remote supports and employment and a deemed review for CBDS. The Arc of Bristol County also provided a self-assessment for all licensing and certification indicators that were not met at the time of their last survey. The agency utilized a deemed process (CARF) for the evaluation of certification indicators within CBDS.

Survey findings yielded many positive results. At the organizational level, Human Rights Committee meetings were held frequently and had detailed meeting minutes. Within the residential service groupings, relative to Licensure, individuals and guardians were knowledgeable regarding human rights, DPPC, and the agency's grievance procedure, notably, The Arc of Bristol County utilized a pictorial-based training process to support individuals who learn best with visual materials. Written and oral communication about the individuals served was consistently respectful, and individuals were afforded privacy within their homes. Within the health domain, medical protocols were in place and followed, staff were trained and knowledgeable of these medical protocols and individuals' unique needs, and individuals received prompt treatment for episodic illnesses. Within the domain of environmental safety, locations were clean and well-maintained, with necessary inspections and fire safety components in place.

Relative to Certification, many positive practices were noted, particularly related to choice and control. Individuals had a personalized living space, with bedrooms decorated according to their interests and tastes. In Placement Services, individuals were supported to participate in activities of their choosing and aligned with their expressed interests, for example, one individual had the opportunity to have pets and was planning a cruise with their placement provider. Individuals were encouraged to explore and participate in activities of personal cultural, social, recreational and spiritual community interests. Examples of events ranged from social gatherings in which one person, who had expressed his passion for DJing has played music for all partygoers at least twice, to religious activities in which another person was supported consistently attend a church in New Bedford. The agency took efforts to ensure the residential homes were integrated into each neighborhood. For example, individuals had helped some of their neighbors shovel snow in the winter and staff and individuals had even baked cookies to share with their neighbors in an effort to show community appreciation. Individuals were also supported to have ongoing relationships and participate in activities with friends and family members. In the domain of communication, frequent communication was observed between agency staff/providers and guardians/family members.

Within the Remote Supports and Monitoring Service grouping, there were comprehensive and clear protocols with supplemental diagrams to enhance staff knowledge (for example, pertaining to a person's implanted cardiac defibrillator), detailed training around unique needs with information sheets on each diagnosis. Staff were trained and knowledgeable on protocols and diagnoses. Remote Support plans were uploaded to HCSIS, included all necessary components, and staff and individuals were all trained on the Remote Support technology. The agency ensured prompt intervention for technology issues, with replacement of tablets and GeoComm devices when malfunctioned or were misplaced. Relative to Certification, the agency demonstrated that people served could give feedback in an ongoing manner, with individuals able to provide satisfaction ratings post their video calls with the Remote Support staff at Safe In Home.

Within the CBDS program, relative to Licensure, written and oral communication regarding the individual was respectful. Staff were knowledgeable about the medical protocols of the individual served, as well as symptoms of illness that should be reported to the nursing staff.

Within the Employment program, relative to Certification, individuals' preferences on job interests were documented, several opportunities were vetted, and individuals had several interviews at different community businesses. Individuals were supported at their jobs at each shift and were provided consistent feedback on their performance.

In addition to these positive findings, some areas requiring further attention were identified during the survey. Within residential services, the agency needs to ensure that incident reporting is completed within the required timelines. Assistive Technology (AT) options need to be further explored, so that identified AT items/equipment can be obtained and implemented to maximize the independence of individuals. The agency needs to ensure that ISP assessments and objectives are submitted within the required timelines.

As a result of this review, the agency's Residential service group received an overall licensure score of 99%. This service group is Certified with an overall score of 99% of certification indicators met. The Arc of Bristol County will complete its own follow-up on licensing indicators not met during the survey for this service group, to be submitted to OQE within 60 days of the Service Enhancement Meeting (SEM).

The agency's Remote Supports and Monitoring service group received an overall licensure score of 91%. This service group is Certified with an overall score of 100% of certification indicators met. The Arc of Bristol County will complete its own follow-up on licensing indicators not met during the survey for this service group, to be submitted to OQE within 60 days of the SEM.

The agency's Day and Employment service group received an overall licensure score of 100%. This service group is Certified with an overall score of 100% of certification indicators met.

The following is a description of the agency's self-assessment process:

Description of Self Assessment Process:

The foundation for quality assurance at The Arc of Bristol County is rooted in the agency's Strategic Plan, which outlines the direction and vision for enhancing service quality across the organization. This plan outlines goals which align with DDS and regulatory standards. In addition, specific departmental quality improvement initiatives are completed to identify effectiveness, satisfaction, efficiency and service delivery. The quality assurance systems at The Arc of BC proficiently detect individual, programmatic, or systemic challenges, as well as patterns and trends, establishing a formal process to guarantee prompt corrective measures and ongoing evaluation.

Below are practices followed by The Arc of BC to ensure DDS licensure standards are met and sustained, as well as how the self-assessment rating was measured and achieved for the ABI-MFP Residential programs, Placement Services (Shared Living) and Individual Home Supports (IHS). Identified as part of the self-assessment were two residential properties, Homestead Ave and American Legion Highway/Westport, which are both managed by The Arc of Bristol County. Within those two settings, individual assessments of healthcare (appointment attendance, medical orders, medication reviews, training, etc.) and fiscal were completed for a subset of time. The single surveyable individual (CC) for IHS and all seven individuals in the placement services. Two individuals were recently admitted to the placement service as of 2/1/2025, making the census to 7 at time of self-assessment. All 7 individuals within the placement/Share Living service were self-assessed.

The Arc of BC's self-assessment process includes both qualitative and quantitative reviews of confidential records for individuals with ABI-MFP residential, placement services. The foundation for quality assurance at The Arc of BC is rooted in the agency's Strategic Plan, which outlines the direction and vision for enhancing service quality across the organization. This plan outlines goals which align with DDS and regulatory standards. In addition, specific departmental quality improvement initiatives are completed to identify effectiveness, satisfaction, efficiency and service delivery. The quality assurance systems at The Arc of BC proficiently detect individual, programmatic, or systemic challenges, as well as patterns and trends, establishing a formal process to guarantee prompt corrective measures and ongoing evaluation. As part of the Quality Assurance role, at least monthly HCSIS alerts are reviewed and reminders provided to departments for completion of tasks related to individual profiles within HCSIS and Incident Management, which has increased HCSIS compliance with completing requests to 97% for timely incident management.

Environmental Safety practices are evaluated and tracked through various sources, including an electronic platform iAuditor/Safety Culture. Program Directors and Coordinators conduct Site Inspection/Home and Environment inspections based upon the licensure standards, while keeping in mind the goal for all properties to have a home environment that the individual can personalize while maintaining safety standards. The Arc of BC contracted with an electronic platform, iAuditor, which provides employees with access to an application on their agency cellphone or tablet to complete inspections. The Quality Assurance department developed specific inspections for each service model to ensure that they capture DDS licensure standards for environmental safety, as well as assign annual completions from within the iAuditor system. This has drastically improved site-based deficiencies and overall compliance with regulatory expectations. For example: The iAuditor inspection for Shared Living providers requires employees to take photographic evidence of water temperatures and annual inspections (fire alarms systems, furnace, etc.) which are time and location stamped. These inspection reports are immediately available to actively provide analytical data to an identified group, allowing for seamless reporting and timely response. The inspection is not able to be completed or closed until photographic evidence is uploaded to the inspection. The employee can notify pertinent staff (maintenance, quality assurance, VP, etc.) if there is an issue with a property. The agency has a goal to utilize iAuditor for all workorder systems, by September 2025, in order track analytical data on the severity of work (H, M, L) and turnaround time of completion on work orders to ensure safe and compliant environmental properties. See attached evidence of completed iAuditor inspection. This application has demonstrated success in placement services. Due to the nature of Shared Living placement, there is often a single staff (member of Community Living team) conducting home visits monthly. The home visits include a variety of tasks, as outlined on the Shared Living Home Visit tool. During the COVID pandemic, home-based inspections often resulted in discrepancies, which were

reviewed by management and quality assurance and determined to be a concern.

Vehicle Inspections are also assigned out and completed monthly by the Program Directors through the iAuditor platform, which aids in maintaining a safe fleet of agency issued vehicles. Agency insurance coverage requires the use of GPS monitoring devices in all agencies accessed vehicles for individual safety, which triggered an update to agency Transportation Policy. Vehicle Inspections are also assigned out and completed monthly by the Program Directors through the iAuditor platform, which aids in maintaining a safe fleet of agency issued vehicles. Agency insurance coverage requires the use of GPS monitoring devices in all agencies accessed vehicles for individual safety. Analytic data is provided to administration related to episodes of unsafe driving, which is mitigated through management and Human Resources. Agency transportation policy has recently been updated (2025) to reflect safety measures.

Regarding training of workforce, The Arc of BC utilizes Learning Management System (LMS) Relias. All active employees are enrolled during New Employee Orientation and are provided with information on training expectations. All required mandatory training are completed during initial orientation and dynamically released to existing employees. New Employee Orientation is conducted by Human Resources staff to acclimate new employees to the agency required new hire documentation and general trainings, which includes personnel policy & procedures, Human Rights, Mandated Reporting, Universal Safety Precautions/Infection Control/OSHA, Sexuality, Signs and Symptoms of illness, Executive Order 509, Incident Reporting, Safe Driving and transportation, Fire Safety and Positive Behavior Supports. Following New Employee Orientation, new hires also complete onsite department specific training. Due to the nature of residential settings, a number of in-house training courses are completed as part of staff meetings and onsite orientation. In 2024, a Residential Training and Staffing Coordinator position was developed to support the large growth of residential services. This position has demonstrated an improvement in compliance with timely training and staffing needs. This position also supports the relief/per diem pool for residential programs and is a certified Red Cross CPR, First Aid and AED instructor, which has demonstrated a 100% certification of new hires within 90 days of employment.

The Arc of BC holds numerous committee meetings in which information is shared for review related to incidents, safety concerns, healthcare, and human rights. The monthly Incident Review Committee (IRC) is held on the last Wednesday of each month, where a representative from each department is in attendance and review incidents submitted over the past month. The Director of Quality Assurance tracks all incidents (employee and individual served) on IRC tracking form and IRC flowsheet. The IRC utilizes a community forum to vote if a specific incident should be moved forward to another committee for additional reviews such as Human Rights, Safety or Healthcare. This process has allowed for improved identification of risks and timely mitigation. Agency utilizes a secure SharePoint folder for departments to upload incidents for review, which includes an attached flowsheet identifying pertaining information. This flowsheet is signed by IRC chairperson, then uploaded to specific SharePoint folder for further committee review. The Director of Quality Assurance uses this data for quarterly Risk Management reports that are shared with administration and board members quarterly to track trends and develop action plans to address concerns.

Quarterly risk assessments are completed by the Director of Quality Assurance to capture data related to incidents, investigations, Medication Occurrences, as well as other pertaining areas of exposure. This report is shared with the executive team for review and recommendations. Due to continuous and accurate reporting, historical analytics data is compared and analyzed to develop action plans and drive the agency's quality improvement initiatives. In addition, the end of year risk management report is updated to reflect accurate reporting and the addition of new tracking systems available from various sources.

The Safety Committee meets quarterly and reviews all injuries, accidents and any trends from the Site Inspection Forms tracked in iAuditor platform. Each department/program has an identified Safety Officer who participates in Safety Committee meetings and has access to iAuditor platform to complete inspections. Emergency Evacuation Safety Plans (EESP) are reviewed as part of Safety Committee agenda. Fire Drills are conducted as required by regulation by Safety Officer/program Director to ensure proper evacuation practices and fire equipment is compliant either through iAuditor or hardcopy

scanned to the Safety Committee Microsoft Teams folder.

The Human Rights Committee (HRC) consists of the required membership, including individuals served from a variety of service models, Nursing, Legal, family of individual served and clinicians. The HRC follows by-laws and formally reviews all investigations, MORs, behavior and medication treatment plans and incidents recommended through the IRC committee. The chairperson acknowledges the IRC flowsheet indicating that HRC has reviewed, as well as has the ability to note recommendations or further follow-up. The Committee also reviews formal behavior modification and medication treatment plans, Safety Protocols (limitations or restrictions for one individual which may impact housemate (i.e. chime protocol, etc.), and Supportive & Protective device, which may impact individual rights or used as behavior modification. HRC meeting minutes are completed and shared with the agency CEO, DDS area office Director and Human Rights Specialist.

The Arc of BC utilizes "Human Rights Resource for Families" for informational purposes, which is shared with family members and guardians at the time of ISP development or mailed/emailed annually. In addition, as The Arc of BC works towards improvements to the agency website in which Human Rights Resources will be incorporated. Human Rights training for the people we serve is incorporated into the monthly house/staff meetings and expected to be completed at the time of the annual ISP assessments. All allegations of abuse and neglect are reported externally as required and are also immediately reported to the Executive Director to ensure that immediate action is taken to protect the rights, health, and safety of the individuals served. The Director of Human Resources or department director are responsible for the follow-up and ensure any recommendations from an internal or external investigation are completed.

Quarterly MAP reviews are completed by the Residential Admin Team, including healthcare members, to ensure proper DPH regulations are followed for medication dispensing. In addition, we have teamed with Eastbay Pharmacy to set up annual or as needed visits from MAP consultant/pharmacist to assist with compliance. This appears to have contributed to the decrease in medication occurrence per risk assessment data tracking. Medication reviews and retraining is conducted in conjunction with occurrences, which has implemented several improved practices to ensure compliance, such as MOR tracking, supervised medication passes, retraining and increased audits. Additional medical personnel have been hired to support the growth of residential programs and the need for medication and treatment administration.

Staff meetings are held monthly, mandatory in-services and person specific training (critical diagnoses, diet, seizure protocols, behavior support plans, communication plans, etc.) are conducted at that time by the manager, healthcare coordinator, clinical director and other involved staff.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	**8/8**	**0/8**	
Residential and Individual Home Supports	**80/81**	**1/81**	
Residential Services Individual Home Supports Placement Services ABI-MFP Residential Services			
Critical Indicators	**8/8**	**0/8**	
Total	**88/89**	**1/89**	**99%**
2 Year License			
# indicators for 60 Day Follow-up		**1**	

	Met / Rated	Not Met / Rated	% Met
Organizational	**9/9**	**0/9**	
Remote Supports and Monitoring Services	**23/26**	**3/26**	
Remote Supports and Monitoring Services			
Critical Indicators	**4/4**	**0/4**	
Total	**32/35**	**3/35**	**91%**
2 Year License			
# indicators for 60 Day Follow-up		**3**	

	Met / Rated	Not Met / Rated	% Met
Organizational	**8/8**	**0/8**	
Employment and Day Supports	**26/26**	**0/26**	
Community Based Day Services Employment Support Services			
Critical Indicators	**2/2**	**0/2**	
Total	**34/34**	**0/34**	**100%**
2 Year License			
# indicators for 60 Day Follow-up		**0**	

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

Indicator #	Indicator	Area Needing Improvement
L91	Incidents are reported and reviewed as mandated by regulation.	At one location, three incident reports were submitted after the due date. The agency needs to ensure that all incidents are submitted and finalized in HCSIS within the required timelines.

Remote Supports and Monitoring Services Areas Needing Improvement on Standards not met/Follow-up to occur:
From DDS review:

Indicator #	Indicator	Area Needing Improvement
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For one individual, support strategies were not submitted to HCSIS within the required timelines prior to his ISP meeting. The agency needs to ensure that support strategies are submitted to HCSIS within the required timeframe prior to ISP meetings.
L91	Incidents are reported and reviewed as mandated by regulation.	At one location, an incident report was not finalized in HCSIS within the required timeframe. The agency needs to ensure that all incident reports are submitted and finalized in HCSIS within the required timelines.
L100 (05/22)	An assessment for use of Remote supports and monitoring has been included within the ISP. On-going review for the continued need occurs.	For one individual, the Assistive Technology evaluation had not been uploaded to HCSIS to be included with his ISP. The agency needs to ensure that both the Remote Supports plan and Assistive Technology evaluations are uploaded to HCSIS for the ISP process.

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	**DDS**	**6/6**	**0/6**	
Residential and Individual Home Supports	**DDS 20/21 Provider 60/60**	**80/81**	**1/81**	
ABI-MFP Residential Services	DDS 0/1 Provider 19/19	19/20	1/20	
Individual Home Supports	DDS 0/0 Provider 21/21	21/21	0/21	
Placement Services	DDS 0/0 Provider 20/20	20/20	0/20	
Residential Services	DDS 20/20	20/20	0/20	
Total		**86/87**	**1/87**	**99%**
Certified				

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	**6/6**	**0/6**	
Remote Supports and Monitoring Services	**5/5**	**0/5**	
Remote Supports and Monitoring Services	5/5	0/5	
Total	**11/11**	**0/11**	**100%**
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	**6/6**	**0/6**	
Employment and Day Supports	**20/20**	**0/20**	
Community Based Day Services	0/0	0/0	
Employment Support Services	20/20	0/20	
Total	**26/26**	**0/26**	**100%**
Certified			

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

Indicator #	Indicator	Area Needing Improvement
C48	Individuals are a part of the neighborhood.	Three individuals had not been supported to be part of the neighborhood. The agency needs to ensure that individuals are supported in an ongoing and sustained manner to develop connections with neighbors through regular opportunities.

MASTER SCORE SHEET LICENSURE

Organizational: ARC OF BRISTOL COUNTY

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
⚐ L2	Abuse/neglect reporting	**10/10**	**Met**
L3	Immediate Action	**13/13**	**Met**
L4	Action taken	**10/10**	**Met**
L48	HRC	**1/1**	**Met**
L74	Screen employees	**4/4**	**Met**
L75	Qualified staff	**4/4**	**Met**
L76	Track trainings	**11/11**	**Met**
L83	HR training	**11/11**	**Met**
⚐ L95 (05/22)	RSMS requirements	**1/1**	**Met**

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	**Provider**	-	-	-		-	-	**-**	**Met**
L5	Safety Plan	L	**Provider**	-	-	-		-	-	**-**	**Met**
⚐ L6	Evacuation	L	**DDS**	1/1	1/1	3/3		2/2		**7/7**	**Met**
L7	Fire Drills	L	**Provider**	-	-	-		-	-	**-**	**Met**
L8	Emergency Fact Sheets	I	**Provider**	-	-	-		-	-	**-**	**Met**
L9 (07/21)	Safe use of equipment	I	**Provider**	-	-	-		-	-	**-**	**Met**
L10	Reduce risk interventions	I	**Provider**	-	-	-		-	-	**-**	**Met**
⚐ L11	Required inspections	L	**DDS**	1/1		3/3		2/2		**6/6**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
⌕ L12	Smoke detectors	L	**DDS**	1/1		3/3		2/2		**6/6**	**Met**
⌕ L13	Clean location	L	**DDS**	1/1		3/3		2/2		**6/6**	**Met**
L14	Site in good repair	L	**Provider**	-	-	-		-	-	**-**	**Met**
L15	Hot water	L	**Provider**	-	-	-		-	-	**-**	**Met**
L16	Accessibility	L	**Provider**	-	-	-		-	-	**-**	**Met**
L17	Egress at grade	L	**Provider**	-	-	-		-	-	**-**	**Met**
L18	Above grade egress	L	**Provider**	-	-	-		-	-	**-**	**Met**
L19	Bedroom location	L	**Provider**	-	-	-		-	-	**-**	**Met**
L20	Exit doors	L	**Provider**	-	-	-		-	-	**-**	**Met**
L21	Safe electrical equipment	L	**Provider**	-	-	-		-	-	**-**	**Met**
L22	Well-maintained appliances	L	**Provider**	-	-	-		-	-	**-**	**Met**
L23	Egress door locks	L	**Provider**	-	-	-		-	-	**-**	**Met**
L24	Locked door access	L	**Provider**	-	-	-		-	-	**-**	**Met**
L25	Dangerous substances	L	**Provider**	-	-	-		-	-	**-**	**Met**
L26	Walkway safety	L	**Provider**	-	-	-		-	-	**-**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L27	Pools, hot tubs, etc.	L	**DDS**					1/1		**1/1**	**Met**
L28	Flammables	L	**Provider**	-	-	-		-	-	**-**	**Met**
L29	Rubbish/combustibles	L	**Provider**	-	-	-		-	-	**-**	**Met**
L30	Protective railings	L	**Provider**	-	-	-		-	-	**-**	**Met**
L31	Communication method	I	**Provider**	-	-	-		-	-	**-**	**Met**
L32	Verbal & written	I	**Provider**	-	-	-		-	-	**-**	**Met**
L33	Physical exam	I	**Provider**	-	-	-		-	-	**-**	**Met**
L34	Dental exam	I	**Provider**	-	-	-		-	-	**-**	**Met**
L35	Preventive screenings	I	**Provider**	-	-	-		-	-	**-**	**Met**
L36	Recommended tests	I	**Provider**	-	-	-		-	-	**-**	**Met**
L37	Prompt treatment	I	**Provider**	-	-	-		-	-	**-**	**Met**
L38	Physician's orders	I	**DDS**	2/2	1/1	2/2		6/6		**11/11**	**Met**
L39	Dietary requirements	I	**Provider**	-	-	-		-	-	**-**	**Met**
L40	Nutritional food	L	**Provider**	-	-	-		-	-	**-**	**Met**
L41	Healthy diet	L	**Provider**	-	-	-		-	-	**-**	**Met**
L42	Physical activity	L	**Provider**	-	-	-		-	-	**-**	**Met**
L43	Health Care Record	I	**DDS**	3/3	1/1	4/4		6/6		**14/14**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L44	MAP registration	L	**Provider**	-	-	-		-	-	**-**	**Met**
L45	Medication storage	L	**Provider**	-	-	-		-	-	**-**	**Met**
L46	Med. Administration	I	**DDS**	3/3		2/2		6/6		**11/11**	**Met**
L47	Self medication	I	**Provider**	-	-	-		-	-	**-**	**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**
L53	Visitation	I	**Provider**	-	-	-		-	-	**-**	**Met**
L54 (07/21)	Privacy	I	**Provider**	-	-	-		-	-	**-**	**Met**
L55	Informed consent	I	**Provider**	-	-	-		-	-	**-**	**Met**
L56	Restrictive practices	I	**DDS**	1/1				1/1		**2/2**	**Met**
L57	Written behavior plans	I	**Provider**	-	-	-		-	-	**-**	**Met**
L58	Behavior plan component	I	**Provider**	-	-	-		-	-	**-**	**Met**
L59	Behavior plan review	I	**Provider**	-	-	-		-	-	**-**	**Met**
L60	Data maintenance	I	**Provider**	-	-	-		-	-	**-**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L61	Health protection in ISP	I	**DDS**	1/1	1/1			6/6		**8/8**	**Met**
L62	Health protection review	I	**Provider**	-	-	-		-	-	**-**	**Met**
L63	Med. treatment plan form	I	**Provider**	-	-	-		-	-	**-**	**Met**
L64	Med. treatment plan rev.	I	**Provider**	-	-	-		-	-	**-**	**Met**
L67	Money mgmt. plan	I	**Provider**	-	-	-		-	-	**-**	**Met**
L68	Funds expenditure	I	**Provider**	-	-	-		-	-	**-**	**Met**
L69	Expenditure tracking	I	**Provider**	-	-	-		-	-	**-**	**Met**
L70	Charges for care calc.	I	**Provider**	-	-	-		-	-	**-**	**Met**
L71	Charges for care appeal	I	**Provider**	-	-	-		-	-	**-**	**Met**
L77	Unique needs training	I	**Provider**	-	-	-		-	-	**-**	**Met**
L80	Symptoms of illness	L	**DDS**	1/1	1/1	2/3		2/2		**6/7**	**Met (85.71%)**
L81	Medical emergency	L	**Provider**	-	-	-		-	-	**-**	**Met**
L82	Medication admin.	L	**DDS**	1/1				2/2		**3/3**	**Met**
L84	Health protect. Training	I	**Provider**	-	-	-		-	-	**-**	**Met**
L85	Supervision	L	**Provider**	-	-	-		-	-	**-**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L86	Required assessments	I	**Provider**	-	-	-		-	-	**-**	**Met**
L87	Support strategies	I	**Provider**	-	-	-		-	-	**-**	**Met**
L88	Strategies implemented	I	**Provider**	-	-	-		-	-	**-**	**Met**
L89	Complaint and resolution process	L	**Provider**	-	-	-		-	-	**-**	**Met**
L90	Personal space/ bedroom privacy	I	**Provider**	-	-	-		-	-	**-**	**Met**
L91	Incident management	L	**DDS**	0/1						**0/1**	**Not Met (0 %)**
L93 (05/22)	Emergency back-up plans	I	**Provider**	-	-	-		-	-	**-**	**Met**
L94 (05/22)	Assistive technology	I	**DDS**	2/3	1/1	4/4		6/6		**13/14**	**Met (92.86 %)**
L96 (05/22)	Staff training in devices and applications	I	**Provider**	-	-	-		-	-	**-**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	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	**DDS**	1/1	1/1					**2/2**	**Met**
#Std. Met/# 81 Indicator										**80/81**	
Total Score										**88/89**	
										98.88%	

Remote Supports and Monitoring Services:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Remote	Total Met/Rated	Rating
L1	Abuse/neglect training	I	**DDS**	3/3	**3/3**	**Met**
L8	Emergency Fact Sheets	I	**DDS**	3/3	**3/3**	**Met**
L31	Communication method	I	**DDS**	3/3	**3/3**	**Met**
L32	Verbal & written	I	**DDS**	3/3	**3/3**	**Met**
L37	Prompt treatment	I	**DDS**	3/3	**3/3**	**Met**
L38	Physician's orders	I	**DDS**	1/1	**1/1**	**Met**
L47	Self medication	I	**DDS**	1/1	**1/1**	**Met**
L49	Informed of human rights	I	**DDS**	3/3	**3/3**	**Met**
L50 (07/21)	Respectful Comm.	I	**DDS**	3/3	**3/3**	**Met**
L52	Phone calls	I	**DDS**	3/3	**3/3**	**Met**
L54 (07/21)	Privacy	I	**DDS**	3/3	**3/3**	**Met**
L55	Informed consent	I	**DDS**	1/1	**1/1**	**Met**
L77	Unique needs training	I	**DDS**	3/3	**3/3**	**Met**
L80	Symptoms of illness	L	**DDS**	1/1	**1/1**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Remote	Total Met/Rated	Rating
L81	Medical emergency	L	**DDS**	1/1	**1/1**	**Met**
L85	Supervision	L	**DDS**	1/1	**1/1**	**Met**
L87	Support strategies	I	**DDS**	1/2	**1/2**	**Not Met (50.0 %)**
L88	Strategies implemented	I	**DDS**	3/3	**3/3**	**Met**
L90	Personal space/ bedroom privacy	I	**DDS**	3/3	**3/3**	**Met**
L91	Incident management	L	**DDS**	0/1	**0/1**	**Not Met (0 %)**
L93 (05/22)	Emergency back-up plans	I	**DDS**	3/3	**3/3**	**Met**
L94 (05/22)	Assistive technology	I	**DDS**	3/3	**3/3**	**Met**
L97 (05/22)	Remote supports plan	I	**DDS**	3/3	**3/3**	**Met**
L98 (05/22)	Monitoring staff training in plan	I	**DDS**	3/3	**3/3**	**Met**
L100 (05/22)	RSMS Assessment	I	**DDS**	2/3	**2/3**	**Not Met (66.67 %)**
L101 (05/22)	Individual training and knowledge in RSMS	I	**DDS**	3/3	**3/3**	**Met**
#Std. Met/# 26 Indicator					**23/26**	
Total Score					**32/35**	
					91.43%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	2/2		1/1	**3/3**	**Met**
L8	Emergency Fact Sheets	I	2/2		1/1	**3/3**	**Met**
L9 (07/21)	Safe use of equipment	I	2/2			**2/2**	**Met**
L31	Communication method	I	2/2		1/1	**3/3**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L32	Verbal & written	I	2/2		1/1	**3/3**	**Met**
L37	Prompt treatment	I	2/2		1/1	**3/3**	**Met**
L38	Physician's orders	I			1/1	**1/1**	**Met**
L39	Dietary requirements	I			1/1	**1/1**	**Met**
L49	Informed of human rights	I	2/2		1/1	**3/3**	**Met**
L50 (07/21)	Respectful Comm.	I	2/2		1/1	**3/3**	**Met**
L51	Possessions	I	2/2		1/1	**3/3**	**Met**
L52	Phone calls	I	2/2		1/1	**3/3**	**Met**
L54 (07/21)	Privacy	I	2/2		1/1	**3/3**	**Met**
L55	Informed consent	I	1/1			**1/1**	**Met**
L61	Health protection in ISP	I			1/1	**1/1**	**Met**
L62	Health protection review	I			1/1	**1/1**	**Met**
L77	Unique needs training	I	2/2		1/1	**3/3**	**Met**
L80	Symptoms of illness	L	1/1		1/1	**2/2**	**Met**
L81	Medical emergency	L	1/1		1/1	**2/2**	**Met**
L84	Health protect. Training	I			1/1	**1/1**	**Met**
L85	Supervision	L	1/1		1/1	**2/2**	**Met**
L86	Required assessments	I			1/1	**1/1**	**Met**
L87	Support strategies	I			1/1	**1/1**	**Met**
L88	Strategies implemented	I	2/2		1/1	**3/3**	**Met**
L91	Incident management	L	1/1		1/1	**2/2**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L93 (05/22)	Emergency back-up plans	I	2/2		1/1	**3/3**	**Met**
#Std. Met/# 26 Indicator						**26/26**	
Total Score						**34/34**	
						100%	

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	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	DDS	3/3	**Met**
C8	Family/guardian communication	DDS	3/3	**Met**
C9	Personal relationships	DDS	3/3	**Met**
C10	Social skill development	DDS	3/3	**Met**
C11	Get together w/family & friends	DDS	3/3	**Met**
C12	Intimacy	DDS	3/3	**Met**
C13	Skills to maximize independence	DDS	3/3	**Met**
C14	Choices in routines & schedules	DDS	3/3	**Met**
C15	Personalize living space	DDS	1/1	**Met**
C16	Explore interests	DDS	3/3	**Met**

Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C17	Community activities	DDS	3/3	**Met**
C18	Purchase personal belongings	DDS	3/3	**Met**
C19	Knowledgeable decisions	DDS	3/3	**Met**
C46	Use of generic resources	DDS	3/3	**Met**
C47	Transportation to/ from community	DDS	3/3	**Met**
C48	Neighborhood connections	DDS	3/3	**Met**
C49	Physical setting is consistent	DDS	1/1	**Met**
C51	Ongoing satisfaction with services/ supports	DDS	3/3	**Met**
C52	Leisure activities and free-time choices /control	DDS	3/3	**Met**
C53	Food/ dining choices	DDS	3/3	**Met**

ABI-MFP Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	**Met**
C8	Family/guardian communication	Provider	-	**Met**
C9	Personal relationships	Provider	-	**Met**
C10	Social skill development	Provider	-	**Met**
C11	Get together w/family & friends	Provider	-	**Met**
C12	Intimacy	Provider	-	**Met**
C13	Skills to maximize independence	Provider	-	**Met**
C14	Choices in routines & schedules	Provider	-	**Met**
C15	Personalize living space	Provider	-	**Met**
C16	Explore interests	Provider	-	**Met**
C17	Community activities	Provider	-	**Met**
C18	Purchase personal belongings	Provider	-	**Met**
C19	Knowledgeable decisions	Provider	-	**Met**
C46	Use of generic resources	Provider	-	**Met**
C47	Transportation to/ from community	Provider	-	**Met**

ABI-MFP Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C48	Neighborhood connections	DDS	3/6	**Not Met (50.0 %)**
C49	Physical setting is consistent	Provider	-	**Met**
C51	Ongoing satisfaction with services/ supports	Provider	-	**Met**
C52	Leisure activities and free-time choices /control	Provider	-	**Met**
C53	Food/ dining choices	Provider	-	**Met**

Placement Services

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

Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	**Met**
C8	Family/guardian communication	Provider	-	**Met**
C9	Personal relationships	Provider	-	**Met**
C10	Social skill development	Provider	-	**Met**
C11	Get together w/family & friends	Provider	-	**Met**
C12	Intimacy	Provider	-	**Met**
C13	Skills to maximize independence	Provider	-	**Met**
C14	Choices in routines & schedules	Provider	-	**Met**
C15	Personalize living space	Provider	-	**Met**
C16	Explore interests	Provider	-	**Met**
C17	Community activities	Provider	-	**Met**
C18	Purchase personal belongings	Provider	-	**Met**
C19	Knowledgeable decisions	Provider	-	**Met**
C21	Coordinate outreach	Provider	-	**Met**
C46	Use of generic resources	Provider	-	**Met**
C47	Transportation to/ from community	Provider	-	**Met**
C48	Neighborhood connections	Provider	-	**Met**
C49	Physical setting is consistent	Provider	-	**Met**
C51	Ongoing satisfaction with services/ supports	Provider	-	**Met**
C52	Leisure activities and free-time choices /control	Provider	-	**Met**
C53	Food/ dining choices	Provider	-	**Met**

Remote Supports and Monitoring Services

Indicator #	Indicator	Met/Rated	Rating
C8	Family/guardian communication	3/3	**Met**
C13	Skills to maximize independence	3/3	**Met**
C19	Knowledgeable decisions	3/3	**Met**
C21	Coordinate outreach	1/1	**Met**

Remote Supports and Monitoring Services

Indicator #	Indicator	Met/Rated	Rating
C51	Ongoing satisfaction with services/ supports	3/3	**Met**

Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	2/2	**Met**
C8	Family/guardian communication	2/2	**Met**
C22	Explore job interests	2/2	**Met**
C23	Assess skills & training needs	2/2	**Met**
C24	Job goals & support needs plan	2/2	**Met**
C25	Skill development	2/2	**Met**
C26	Benefits analysis	2/2	**Met**
C27	Job benefit education	2/2	**Met**
C28	Relationships w/businesses	1/1	**Met**
C29	Support to obtain employment	2/2	**Met**
C30	Work in integrated settings	1/1	**Met**
C31	Job accommodations	1/1	**Met**
C32	At least minimum wages earned	1/1	**Met**
C33	Employee benefits explained	2/2	**Met**
C34	Support to promote success	2/2	**Met**
C35	Feedback on job performance	1/1	**Met**
C36	Supports to enhance retention	1/1	**Met**
C37	Interpersonal skills for work	1/1	**Met**
C47	Transportation to/ from community	2/2	**Met**
C51	Ongoing satisfaction with services/ supports	2/2	**Met**