



**PROVIDER REPORT
FOR**

**ARC OF GREATER
PLYMOUTH (THE)
52 Armstrong Drive
Plymouth, MA 02360**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider ARC OF GREATER PLYMOUTH (THE)

Review Dates 11/28/2023 - 12/4/2023

Service Enhancement Meeting Date 12/18/2023

Survey Team Michael Marchese
Katherine Gregory
Tina Napolitan (TL)
Michelle Boyd
Linda Griffith

Citizen Volunteers

Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	7 location(s) 9 audit (s)	Full Review	70/85 Defer Licensure		62 / 67 Certified
ABI-MFP Residential Services	1 location(s) 3 audit (s)			Full Review	15 / 20
Placement Services	4 location(s) 4 audit (s)			Full Review	20 / 20
Individual Home Supports	2 location(s) 2 audit (s)			Full Review	21 / 21
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	2 location(s) 12 audit (s)	Full Review	49/57 2 Year License 12/18/2023 - 12/18/2025		38 / 42 Certified 12/18/2023 - 12/18/2025
Community Based Day Services	1 location(s) 7 audit (s)			Full Review	14 / 15
Employment Support Services	1 location(s) 5 audit (s)			Full Review	18 / 21
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

EXECUTIVE SUMMARY :

The ARC of Greater Plymouth and Upper Cape Cod, established in 1966, provides a spectrum of supports to individuals with intellectual and developmental disabilities, Autism, and brain injuries. In 2019, The ARC of Greater Plymouth extended their services to include the Upper Cape Cod region. The agency supports a total of 17 adults receiving 24-hour residential services in homes supporting people with acquired brain injury, 12 people in placement homes and 11 people within Individual Home Supports (IHS), and a total of 38 people participating in Community Based Day (CBDS) and Employment Services at the agency's day location.

The scope of this survey conducted by Department of Developmental Services Office of Quality Enhancement consisted of a full review of licensing and certification indicators for The ARC of Greater Plymouth and Upper Cape Cod's Acquired Brain Injury Residential Services, Shared Living, Individual Home Supports, Community Based Day Supports (CBDS), and Employment services.

The current review of licensing indicators identified several strengths within the residential and day services. Organizationally, the agency gathered data including input from all stakeholders and developed service improvement goals that reflected the priorities of the stakeholders. A review of staff training noted the agency tracked mandated training, professional licenses were current and new staff were vetted to meet agency hiring requirements. Staff were trained in emergency procedures. The agency has an executive team that tracks trends and patterns, assesses risk for individuals and tracks investigatory action plans.

The review of licensing indicators identified several strengths within residential services. Individuals received annual physicals and appointments with their specialists were maintained. People were supported to eat a healthy diet. One individual had lost significant weight and improved her health care conditions due to changing her diet and exercise. Individuals were supported to be physically active. Staff were familiar with the unique needs of individuals. Staff were trained in Signs and Symptoms of Illness and were aware of what to do in a medical emergency. Fire drills were conducted on a regular basis. Back up emergency procedures had been developed and distributed. Homes were well maintained, reflective of others in their neighborhoods and were decorated to the taste of the individuals. One individual is of Irish heritage and his apartment reflected his heritage and interests. Staff were observed to be respectful.

While the agency demonstrated positive findings, there were areas that could benefit from increased attention. Organizationally, the Human Rights Committee did not meet quorum requirements. Within the residential programs, health care management could be further improved through ensuring completion of routine and preventative screenings, securing prompt treatment, and ensuring health care records are updated with essential information. The agency could strengthen practices in health care management through assuring emergency fact sheets and health care records include crucial information; preventative screenings and recommended tests are done in a timely manner. When health care protocols are developed to address individuals' significant health care conditions, these need to be reviewed annually and staff need to be knowledgeable and implemented the protocol as designed. In certain homes, there was a lack of training for health-related protections. Within the 24/7 ABI group home, the individuals will benefit from a complaint and resolution process within the home.

A review of the agency's CBDS and employment services involved areas such as career planning and development, skill acquisition, meaningful and satisfying day activities and community access and integration. The agency provides a location that is accessible to the community, is well-maintained and accessible. Medications were administered by MAP certified staff as prescribed by the physician. Staff were trained in Signs and Symptoms of Illness and were aware of what to do in a medical emergency. Within the CBDS program, Individuals were able to choose activities of their liking and groups that focused on social skills development or conflict resolution. Individuals' preferences were

reflected in the scheduling of activities and participants were able to revise their schedules. Within Employment Supports, assistance was provided as needed and people were employed in their areas of interest.

Within day supports areas were identified that require additional focus. In day services, the agency needs to continue its efforts to ensure emergency fact sheets are current and comprehensive, ensure health-related protections have physician's approval and promote the use of assistive technology in identified areas of need.

Based on the findings, the agency's license for residential supports will be deferred due to not meeting criteria in a critical area. Follow-up on the licensing indicators rated will be conducted by the Office for Quality Enhancement within 60 days of the Service Enhancement Meeting. Pending successful completion of the critical indicators at follow-up, the agency's Residential Service Grouping will receive a Two Year with Mid-Cycle License. Residential scores were 82% in licensing and 93% in certification.

The agency obtained a Two-Year License for day services with licensing scores of 86%. The agency day services are also Certified with a certification score of 90%. Follow-up on all not met licensure indicators will occur within 60 days of the Service Enhancement Meeting by the Office for Quality Enhancement.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Residential and Individual Home Supports	63/77	14/77	
ABI-MFP Residential Services Individual Home Supports Placement Services			
Critical Indicators	7/8	1/8	
Total	70/85	15/85	82%
Defer Licensure			
# indicators for 60 Day Follow-up		15	

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Employment and Day Supports	42/49	7/49	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	49/57	8/57	86%
2 Year License			
# indicators for 60 Day Follow-up		8	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	Quorum was not met for 50% of the meetings of the Human Rights Committee. The agency needs to ensure that quorum is met for at least 75% of HRC meetings.

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

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

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

Indicator #	Indicator	Area Needing Improvement
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	In two of six homes visited, the hot water temperatures exceeded the allowable range of testing between 110 to 120 degrees. The agency needs to ensure that water temperatures test consistently within allowable range.
L23	There are no locks on bedroom doors that provide access to an egress.	At one twenty-four hour location, there were two bedrooms that provided direct access to an egress which had locks on the doors. The agency needs to ensure that there are no locks on the doors of bedrooms that provide an external egress.
L35	Individuals receive routine preventive screenings.	Seven of eight individuals had not had routine preventative screening as recommended by DDS Adult screening checklist. The agency needs to ensure that individuals receive key preventative screenings as recommended.
L36	Recommended tests and appointments with specialists are made and kept.	For two of six individuals recommended follow-up tests and/or specialist appointments had not occurred as recommended. The agency needs to ensure that recommended tests and appointments with specialists are made and kept.
Ⓜ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	One of three physicians' orders and treatment protocols lacked clear staff instructions and was not being followed as directed in the protocol. The agency needs to ensure that physicians' orders and treatment protocols are followed when the agreement for treatment is reached by the individual, guardian, and ISP team.
L43	The health care record is maintained and updated as required.	For five individuals, the health care record lacked information regarding significant medical diagnoses. The agency needs to ensure that health care records are comprehensive.
L47	Individuals are supported to become self medicating when appropriate.	For one individual the self-medication assessment did not include physicians' signature and for another individual who was self-administered medications, a individualized support plan had not been developed. The agency needs to ensure that skills are updated with physician approval as they change and that appropriate actions can be taken if the individual is unable to remain independent as identified in the individual support plan.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	For one of restrictive behavioral interventions, data used to determine the efficacy of the intervention was not being collected. The agency needs to ensure that data is consistently collected and reviewed to determine the efficacy of all restrictive behavioral interventions.
L78	Staff are trained to safely and consistently implement restrictive interventions.	At one home staff had not been trained to consistently implement a restrictive intervention. The agency needs to ensure that all staff are trained to safely and consistently implement restrictive interventions per regulation.

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

Indicator #	Indicator	Area Needing Improvement
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	Staff had not been trained on three individuals' health-related protections. The agency needs to ensure that all staff and care providers are trained on the correct utilization of health-related protections per regulation.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Six of eight ISP assessments were not submitted within the required timelines. The agency needs to ensure to submit ISP assessments 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.	Three of five ISP support strategies were not submitted within the required timelines. The agency needs to ensure to submit ISP support strategies within required timelines.
L89	The provider has a complaint and resolution process that is effectively implemented at the local level.	There was no complaint and resolution process in place in the home and individuals were not aware of the process. The agency needs to ensure that a complaint and resolution process is present in all homes through the ABI waiver.
L99 (05/22)	Medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately. (eg seizure watches; fall sensors).	A protocol for the use and care of one of three medical monitoring devices was not available to all staff who were responsible for its implementation, and all staff had not been trained on its use. The agency needs to ensure that all medical and monitoring devices are authorized, have protocols for use and care, data is collected appropriately, and that all staff are trained in the correct use of the device.

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

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	For three individuals, emergency fact sheets were not current and accurate. The agency needs to ensure emergency fact sheets are current and contain accurate information.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For one individual who utilized health related supports, there was no physician approved authorization. The agency needs to ensure that physician's approve health related support(s).

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

Indicator #	Indicator	Area Needing Improvement
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For one individual who utilized health related supports, there was no physician approved authorization. The agency needs to ensure to that staff are trained.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Four of eleven ISP assessments were not submitted within the required timelines. The agency needs to ensure to submit ISP assessments 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.	Four of twelve ISP support strategies were not submitted within the required timelines. The agency needs to ensure to submit ISP support strategies within required timelines.
L91	Incidents are reported and reviewed as mandated by regulation.	For one of two locations, the agency had not filed a HCSIS incident report for an individual that required medical treatment. The agency needs to ensure that incidents are recorded in HCSIS as they develop.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Individuals were assessed for their use of assistive technology. Four of twelve individuals had areas identified as areas requiring support, however no assistive technology has been trialed to maximize their independence.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	56/61	5/61	
Individual Home Supports	21/21	0/21	
ABI-MFP Residential Services	15/20	5/20	
Placement Services	20/20	0/20	
Total	62/67	5/67	93%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Employment and Day Supports	32/36	4/36	
Community Based Day Services	14/15	1/15	
Employment Support Services	18/21	3/21	
Total	38/42	4/42	90%
Certified			

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

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	There was no system in place for individuals to provide feedback on potential staff hires or for ongoing staff performance. The agency needs to ensure individuals have opportunities to provide feedback for staff that who could potentially provide them with care, and for the work performance of their current staff.

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

Indicator #	Indicator	Area Needing Improvement
C9	Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	For one out of three individuals, staff was not providing opportunities to develop/increase personal relationships and social contacts. The agency needs to ensure that individuals have the opportunity and support to develop/increase personal relationships.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	One of three individuals were not supported to explore or express their need for intimacy and companionship. The agency needs to ensure that individuals are given the opportunity to explore intimate relationships and/or companionship.
C17	Community activities are based on the individual's preferences and interests.	For two out of three individuals, community activities based on their preferences and interests were not occurring. The agency needs to ensure that individuals are afforded the opportunity to participate in community activities of their interest and preference.
C48	Individuals are a part of the neighborhood.	Three individuals have not been supported to explore opportunities to make connections with others in their neighborhood. The agency needs to ensure that individuals are afforded opportunities to become part of their neighborhood.

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

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	Three of four individuals in the CBDS program had not had the opportunity to contribute to feedback regarding their staff. The agency needs to ensure there is a system in place to consistently gather feedback from individuals regarding their staffs' ongoing performance.

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

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	There was no system in place for those in Employment Services to contribute feedback regarding their staff's ongoing performance. The agency needs to ensure there is a system in place to consistently gather feedback from individuals regarding their staffs' ongoing performance.
C26	Career planning includes an analysis of how an individual's entitlements can be managed in a way that allows them to work successfully in the community.	Four out of five individuals have not received career planning of how their entitlements can be managed to allow them to work successfully in the community. The agency needs to ensure all individuals receive career planning to allow them to work successfully in the community.
C33	Employee benefits and rights are clearly explained to the individual.	Four out of five individuals were not aware of their earned sick time benefit. The agency needs to ensure all individuals are aware of their employee benefits and rights.

MASTER SCORE SHEET LICENSURE

Organizational: ARC OF GREATER PLYMOUTH (THE)

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	4/4	Met
L3	Immediate Action	14/14	Met
L4	Action taken	10/10	Met
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	7/7	Met
L75	Qualified staff	3/3	Met
L76	Track trainings	1/1	Met
L83	HR training	7/7	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	4/4		3/3		9/9	Met
L5	Safety Plan	L		2/2	4/4		0/1		6/7	Met (85.71%)
℞ L6	Evacuation	L		2/2	4/4		1/1		7/7	Met
L7	Fire Drills	L					1/1		1/1	Met
L8	Emergency Fact Sheets	I		2/2	3/4		3/3		8/9	Met (88.89%)
L9 (07/21)	Safe use of equipment	I		2/2			3/3		5/5	Met
L10	Reduce risk interventions	I		1/1	3/3		1/1		5/5	Met
℞ L11	Required inspections	L		1/1	4/4		1/1		6/6	Met
℞ L12	Smoke detectors	L		1/1	4/4		1/1		6/6	Met
℞ L13	Clean location	L		1/1	4/4		1/1		6/6	Met
L14	Site in good repair	L		1/1	4/4				5/5	Met
L15	Hot water	L		0/1	3/4		1/1		4/6	Not Met (66.67%)
L16	Accessibility	L			4/4		1/1		5/5	Met
L17	Egress at grade	L					1/1		1/1	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L19	Bedroom location	L					1/1		1/1	Met
L20	Exit doors	L					1/1		1/1	Met
L21	Safe electrical equipment	L		1/1	4/4		1/1		6/6	Met
L22	Well-maintained appliances	L		1/1	4/4		1/1		6/6	Met
L23	Egress door locks	L					0/1		0/1	Not Met (0 %)
L24	Locked door access	L			4/4		1/1		5/5	Met
L25	Dangerous substances	L		1/1			1/1		2/2	Met
L26	Walkway safety	L		1/1	4/4		1/1		6/6	Met
L27	Pools, hot tubs, etc.	L		1/1	1/1				2/2	Met
L28	Flammables	L		1/1			1/1		2/2	Met
L29	Rubbish/combustibles	L		1/1	4/4		1/1		6/6	Met
L30	Protective railings	L		1/1	4/4				5/5	Met
L31	Communication method	I		2/2	4/4		3/3		9/9	Met
L32	Verbal & written	I		2/2	4/4		3/3		9/9	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L33	Physical exam	I		1/1	3/3		3/3		7/7	Met
L34	Dental exam	I		1/1	4/4		3/3		8/8	Met
L35	Preventive screenings	I		0/1	1/4		1/3		2/8	Not Met (25.00%)
L36	Recommended tests	I		1/1	3/4		2/3		6/8	Not Met (75.00%)
L37	Prompt treatment	I		1/1	4/4		3/3		8/8	Met
℞ L38	Physician's orders	I					2/3		2/3	Not Met (66.67%)
L39	Dietary requirements	I		1/1	1/1		1/1		3/3	Met
L40	Nutritional food	L		2/2			1/1		3/3	Met
L41	Healthy diet	L		2/2	4/4		1/1		7/7	Met
L42	Physical activity	L		2/2	4/4		1/1		7/7	Met
L43	Health Care Record	I		1/1	2/4		0/3		3/8	Not Met (37.50%)
L44	MAP registration	L					1/1		1/1	Met
L45	Medication storage	L					1/1		1/1	Met
℞ L46	Med. Administration	I			1/1		3/3		4/4	Met
L47	Self medication	I		1/2	2/3		2/2		5/7	Not Met (71.43%)
L49	Informed of human rights	I		2/2	4/4		3/3		9/9	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L50 (07/21)	Respectful Comm.	I		2/2	4/4		3/3		9/9	Met
L51	Possessions	I		2/2	4/4		3/3		9/9	Met
L52	Phone calls	I		2/2	4/4		3/3		9/9	Met
L53	Visitation	I		2/2	4/4		3/3		9/9	Met
L54 (07/21)	Privacy	I		2/2	4/4		3/3		9/9	Met
L56	Restrictive practices	I			1/2		2/2		3/4	Met
L57	Written behavior plans	I			2/2		1/1		3/3	Met
L60	Data maintenance	I			2/2		0/1		2/3	Not Met (66.67%)
L61	Health protection in ISP	I					3/3		3/3	Met
L63	Med. treatment plan form	I			2/3		3/3		5/6	Met (83.33%)
L64	Med. treatment plan rev.	I			2/2		2/2		4/4	Met
L67	Money mgmt. plan	I			0/1		3/3		3/4	Met
L68	Funds expenditure	I			1/1		1/1		2/2	Met
L69	Expenditure tracking	I			1/1		1/1		2/2	Met
L70	Charges for care calc.	I			4/4		3/3		7/7	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L71	Charges for care appeal	I			4/4		3/3		7/7	Met
L77	Unique needs training	I		2/2	4/4		3/3		9/9	Met
L78	Restrictive Int. Training	L			2/2		0/1		2/3	Not Met (66.67 %)
L80	Symptoms of illness	L		2/2	4/4		1/1		7/7	Met
L81	Medical emergency	L		2/2	4/4		1/1		7/7	Met
L82	Medication admin.	L					1/1		1/1	Met
L84	Health protect. Training	I					0/3		0/3	Not Met (0 %)
L85	Supervision	L		2/2	4/4		1/1		7/7	Met
L86	Required assessments	I		0/2	1/3		1/3		2/8	Not Met (25.00 %)
L87	Support strategies	I		1/2	1/3				2/5	Not Met (40.0 %)
L88	Strategies implemented	I		2/2	4/4		2/3		8/9	Met (88.89 %)
L89	Complaint and resolution process	L					0/1		0/1	Not Met (0 %)
L90	Personal space/bedroom privacy	I		2/2	4/4		3/3		9/9	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L91	Incident management	L		2/2	4/4		0/1		6/7	Met (85.71%)
L93 (05/22)	Emergency back-up plans	I		2/2	4/4		3/3		9/9	Met
L94 (05/22)	Assistive technology	I		2/2	3/4		2/2		7/8	Met (87.50%)
L96 (05/22)	Staff training in devices and applications	I		1/1	1/1		2/2		4/4	Met
L99 (05/22)	Medical monitoring devices	I			2/2		0/1		2/3	Not Met (66.67%)
#Std. Met/# 77 Indicator									63/77	
Total Score									70/85	
									82.35%	

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	5/5		7/7	12/12	Met
L5	Safety Plan	L			1/1	1/1	Met
L6	Evacuation	L			1/1	1/1	Met
L7	Fire Drills	L			1/1	1/1	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L8	Emergency Fact Sheets	I	4/5		5/7	9/12	Not Met (75.00 %)
L9 (07/21)	Safe use of equipment	I	5/5		7/7	12/12	Met
L10	Reduce risk interventions	I			1/1	1/1	Met
℞ L11	Required inspections	L			1/1	1/1	Met
℞ L12	Smoke detectors	L			1/1	1/1	Met
℞ L13	Clean location	L			1/1	1/1	Met
L14	Site in good repair	L			1/1	1/1	Met
L15	Hot water	L			1/1	1/1	Met
L16	Accessibility	L			1/1	1/1	Met
L17	Egress at grade	L			1/1	1/1	Met
L20	Exit doors	L			1/1	1/1	Met
L21	Safe electrical equipment	L			1/1	1/1	Met
L22	Well-maintained appliances	L			1/1	1/1	Met
L25	Dangerous substances	L			1/1	1/1	Met
L26	Walkway safety	L			1/1	1/1	Met
L28	Flammables	L			1/1	1/1	Met
L29	Rubbish/combustibles	L			1/1	1/1	Met
L30	Protective railings	L			1/1	1/1	Met
L31	Communication method	I	5/5		7/7	12/12	Met
L32	Verbal & written	I	5/5		7/7	12/12	Met
L37	Prompt treatment	I	5/5		7/7	12/12	Met
℞ L38	Physician's orders	I			6/7	6/7	Met (85.71 %)

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L39	Dietary requirements	I			1/1	1/1	Met
L44	MAP registration	L			1/1	1/1	Met
L45	Medication storage	L			1/1	1/1	Met
℞ L46	Med. Administration	I			2/2	2/2	Met
L49	Informed of human rights	I	5/5		7/7	12/12	Met
L50 (07/21)	Respectful Comm.	I	5/5		7/7	12/12	Met
L51	Possessions	I	5/5		7/7	12/12	Met
L52	Phone calls	I	5/5		7/7	12/12	Met
L54 (07/21)	Privacy	I	5/5		7/7	12/12	Met
L55	Informed consent	I			4/4	4/4	Met
L61	Health protection in ISP	I			0/1	0/1	Not Met (0 %)
L77	Unique needs training	I	5/5		6/7	11/12	Met (91.67 %)
L80	Symptoms of illness	L	1/1		1/1	2/2	Met
L81	Medical emergency	L	1/1		1/1	2/2	Met
℞ L82	Medication admin.	L			1/1	1/1	Met
L84	Health protect. Training	I			0/1	0/1	Not Met (0 %)
L85	Supervision	L	1/1		1/1	2/2	Met
L86	Required assessments	I	3/5		4/6	7/11	Not Met (63.64 %)
L87	Support strategies	I	2/5		6/7	8/12	Not Met (66.67 %)
L88	Strategies implemented	I	5/5		7/7	12/12	Met
L91	Incident management	L	1/1		0/1	1/2	Not Met (50.0 %)
L93 (05/22)	Emergency back-up plans	I	5/5		7/7	12/12	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L94 (05/22)	Assistive technology	I	4/5		4/7	8/12	Not Met (66.67 %)
#Std. Met/# 49 Indicator						42/49	
Total Score						49/57	
						85.96%	

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

ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/3	Not Met (0 %)
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	2/3	Not Met (66.67 %)
C10	Social skill development	3/3	Met
C11	Get together w/family & friends	3/3	Met
C12	Intimacy	2/3	Not Met (66.67 %)
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	3/3	Met
C17	Community activities	1/3	Not Met (33.33 %)

ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	3/3	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	0/3	Not Met (0 %)
C49	Physical setting is consistent	1/1	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	3/3	Met
C53	Food/ dining choices	3/3	Met

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	4/4	Met
C13	Skills to maximize independence	4/4	Met
C14	Choices in routines & schedules	4/4	Met
C15	Personalize living space	4/4	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
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	4/4	Met
C51	Ongoing satisfaction with services/ supports	4/4	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C52	Leisure activities and free-time choices /control	4/4	Met
C53	Food/ dining choices	4/4	Met

Individual Home Supports

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	1/1	Met
C10	Social skill development	1/1	Met
C11	Get together w/family & friends	1/1	Met
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	2/2	Met
C16	Explore interests	1/1	Met
C17	Community activities	1/1	Met
C18	Purchase personal belongings	2/2	Met
C19	Knowledgeable decisions	2/2	Met
C21	Coordinate outreach	2/2	Met
C46	Use of generic resources	1/1	Met
C47	Transportation to/ from community	2/2	Met
C48	Neighborhood connections	2/2	Met
C49	Physical setting is consistent	2/2	Met
C51	Ongoing satisfaction with services/ supports	2/2	Met
C52	Leisure activities and free-time choices /control	2/2	Met
C53	Food/ dining choices	2/2	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	4/7	Not Met (57.14 %)
C8	Family/guardian communication	7/7	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C13	Skills to maximize independence	7/7	Met
C37	Interpersonal skills for work	7/7	Met
C38 (07/21)	Habilitative & behavioral goals	4/4	Met
C39 (07/21)	Support needs for employment	3/3	Met
C40	Community involvement interest	7/7	Met
C41	Activities participation	7/7	Met
C42	Connection to others	7/7	Met
C43	Maintain & enhance relationship	7/7	Met
C44	Job exploration	7/7	Met
C45	Revisit decisions	7/7	Met
C46	Use of generic resources	7/7	Met
C47	Transportation to/ from community	7/7	Met
C51	Ongoing satisfaction with services/ supports	7/7	Met

Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/3	Not Met (0 %)
C8	Family/guardian communication	5/5	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	1/5	Not Met (20.0 %)
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	5/5	Met
C31	Job accommodations	5/5	Met
C32	At least minimum wages earned	5/5	Met
C33	Employee benefits explained	1/5	Not Met (20.0 %)
C34	Support to promote success	5/5	Met

Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C35	Feedback on job performance	5/5	Met
C36	Supports to enhance retention	5/5	Met
C37	Interpersonal skills for work	2/2	Met
C47	Transportation to/ from community	4/4	Met
C50	Involvement/ part of the Workplace culture	5/5	Met
C51	Ongoing satisfaction with services/ supports	5/5	Met