



**PROVIDER REPORT
FOR
BASS RIVER DAY ACTIVITY
437 Essex St
Beverly, MA 01915**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider BASS RIVER DAY ACTIVITY

Review Dates 3/22/2023 - 3/28/2023

Service Enhancement Meeting Date 4/11/2023

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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	3 location(s) 7 audit (s)	Targeted Review	DDS 19/22 Provider 61 / 65 80 / 87 2 Year License 04/11/2023-04/11/2025		No Review Conducted
Residential Services	3 location(s) 7 audit (s)			Deemed	0/0(Provider)
Planning and Quality Management (For all service groupings)				DDS Targeted Review	0 / 0

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	3 location(s) 13 audit (s)	Targeted Review	DDS 15/17 Provider 49 / 49 64 / 66 2 Year License 04/11/2023-04/11/2025		DDS 1 / 3 Provider 12 / 14 13 / 17 Certified with Progress Report 04/11/2023 - 04/11/2025
Community Based Day Services	2 location(s) 7 audit (s)			Deemed	0/0(Provider)
Employment Support Services	1 location(s) 6 audit (s)			DDS Targeted Review	13 / 17
Planning and Quality Management (For all service groupings)				DDS Targeted Review	0 / 0

EXECUTIVE SUMMARY :

Bass River Day Activity ("Bass River") was established in 1972 and provides continual support and community involvement to individuals with Developmental Disabilities in Residential, Employment and Community Based Day Support (CBDS) settings. The agency's residential program consists of eleven group homes in the North Shore Area. Bass River's employment and community-based day programs are located in Beverly and Salem, Massachusetts.

Due to the results of the agency's 2020 survey, Bass River was eligible and elected to complete a self-assessment for the current licensing cycle, with DDS conducting a targeted review of the eight critical licensing indicators, licensure and certification indicators receiving a rating of not met during the previous survey, and indicators that were newly created or revised since the last survey. The agency elected to deem CARF scores in lieu of a DDS OQE review of the certification indicators for Residential and CBDS. OQE conducted a targeted certification review of Employment services. The overall ratings from this survey process are a combination of the agency's self-assessment and the DDS targeted review.

Within the agency's Residential Services, the agency had implemented several systems to ensure that health and safety practices were consistently followed. For example, individuals were being evacuated within the requisite timeframe, inspections were up-to-date, and all the homes were clean and well maintained. Within the domain of medical care, medication was consistently being administered according to physician orders and staff were knowledgeable about the implementation of individualized medical protocols that were monitored daily by nursing staff. For example, one of the individuals had a complex cardiac and respiratory protocol that was being consistently followed and monitored to ensure ongoing health and quality of life.

In the agency's Day Supports, effective systems were in place in several licensing domains, including safe use of equipment, disaster protocols and emergency back-up plans, and respectful communication. In addition, there was a comprehensive medical system in place to ensure that individuals received all medication as prescribed, and staff were knowledgeable about individuals' medical protocols and support needs.

Some areas of need were identified during the survey process. Within the Residential programs, the agency needs to improve systems to track incident reporting, so that incidents are reported and reviewed within the required timelines. In addition, the agency would benefit from increased attention to implementing ISP objectives and utilizing the support strategies as outlined in the ISP. Also, when restrictive practices are in place, the written plan and rationale needs to include a mitigation component for those who do not need these restrictions.

Within the Day Supports program, the agency needs to ensure that incident reports are entered into HCSIS and reviewed as required by DDS regulations. Also, individuals' assistive technology support needs should be fully assessed to ensure that individuals are supported to become more independent. Lastly, for Employment Support Services, individuals should be supported to gain employment in integrated work settings and ensure that an analysis of how the individual's entitlements would be impacted by employment earnings has been completed.

As a result of this survey, Bass River will receive a Two-Year License for its Residential Service Group, meeting 92% of licensing indicators. The agency's Employment and Day Supports Services Group will receive a Two-Year License with 97% of licensing indicators met. The agency's Employment Support Services met 76% of certification indicators and is Certified with a Progress Report. Bass River will complete its own follow-up on licensing indicators not met during the survey for both Service Groups, to be submitted to OQE within 60 days of the Service Enhancement Meeting.

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

Description of Self Assessment Process:

Bass River has eleven Residential Sites providing supports to 45 individuals. For the sake of the survey the programs were divided up into four groups; three groups of three houses and the 4th group having only two sites. Similarly the licensing standards were broken up into 4 groups, based somewhat on similar content. Each group of standards were reviewed for 10 individuals within a group of residential sites. The actual survey was conducted by groups of two to three staff members. Each group consisted of the Director of Residential Services or at least one senior Residential Director and a less senior Residential Director and a representative of Behavioral Services. Each team of staff travelled to the preselected set of 2 to 3 sites and reviewed the preselected standards for 10 of the individuals at those sites. The review encompassed 40 of 45 residents and all eleven sites.

Bass River provides day services from two sites. Our Salem site provides in-person services to thirty-five individuals in in CBDS and/or employment services contracts. Our Beverly site provides in-person services to multiple individuals through Day Habilitation Services and to six individuals through CBDS. Eighteen individuals were randomly selected to be reviewed. Ten were supported through the CBDS contract; of these nine are supported through the Salem program and one by the Beverly program. Eight individuals supported by the Employment Services contract were reviewed; seven from the Salem program and one from the Beverly program. The reviews were conducted by the Director of Day services unless the standard was medically based. In those cases the standard was reviewed by the Health Care Coordinator.

Review of Areas to be Assessed:

Preparing for the OQE Self -Assessment has highlighted just how much has changed since our last review in 2020. In March of 2020 all day programs were shut down. Individuals were kept home. Residential Directors were told to work out of houses and in many cases day program staff were re-deployed to work in houses. At the time everyone thought that this would go on for a couple of weeks and then life would return to normal. The previous normal was never resumed to and it most likely never will be.

Our programs today are very different than they were three years ago. We were operating day programs out of three sites; now we are operating two sites. Fewer people attend day programs, partly due to their changing needs, partly due to lack of available staff, partly due to lack of availability of transportation. Our day programs now offer a robust menu of virtual programs in addition to any in-person programming. This connects people in programs to those beyond. It offers flexibility of programming. It is a new learning experience for the individuals that present some of these virtual offerings. The Director of Day Services changed early in the pandemic. A new Director had to reconstruct day Services from the ground up.

Residential Directors work out of houses instead of a centralized office. They are more connected to and embedded in all aspects of their programs. They are also much more isolated from peer support; from peer social support, from the support of learning from each other and from the support of helping each other with completion of tasks. Many individuals have since returned to day programs. Many have not for health reason or other reasons unique to them and their circumstances. We have almost as many residences open during the day as we have residences that have individuals at day programs during the day.

For a significant part of the last three years, the community was not available to people in any meaningful way in day or residential programs. This has slowly changed but any trip still needs to be looked at within the context of risks (to the individuals attending and their housemates) and benefits to the individuals attending. In the day program this is compounded by the availability of vehicles and staff. Everything that we do now is viewed within the context of how likely is that that someone could get gravely sick as a result of a decision that is made.

Over the past three years we have crossed bridges whose existence was unimaginable previously. These challenges were met in the same manner that Bass River has historically met most challenges; by figuring out what needed to be done and who was available to do it. The Executive Director has made trips all over Massachusetts to obtain PPE for staff and individuals. Residential Directors have

worked shifts of more than 24 hours in houses infected with Covid. Day staff have worked in houses. Residential staff supervise individuals at job sites. Administrative support learned how to administer Covid tests.

Life has not reverted back to a pre-Covid normal but it is settling into some more predictable rhythms and an impending visit from OQE, as well as the time spent on self-assessment has pointed a spot-light on the need to re-assess and re-establish the routines necessary to maintain quality in a somewhat more predictable world. How do virtual meetings and virtual trainings fit into supervisory and training expectations? Who will train new Directors without them having peers sitting in the next room? It is clear that every system that we previously had in place to maintain quality needs to be looked at in light of the changes in our system and the world in general. Those processes need to be modified, maintained or re-created from scratch. Going forward that is the challenge that our programs will be addressing.

Clinical Oversight:

Over the course of Covid we lost staff in all areas. We lost Program Directors, Nursing staff, Behavioral Staff and direct care, both residential and day. And again, it is through the determination of those that stayed that we managed through previously unimaginable circumstances. Pre-Covid Bass River was unique in the robust PT service that we had available to support people both in day programs and residentially. We had a Part Time physical therapist and two full time Physical Therapy Assistants on staff. PT provided direct services as well as protocol development and training. Today we have regained 16 hours of Physical Therapy. Though this is directly tied to Day Hab we have used some creativity gain support for others that can substantially benefit from the service. Pre-Covid Bass River had four FT nurses and two part time nurses. Today we have re-grouped and have three full time and one part time nurse. During the height of Covid we had one nurse overseeing everything that was in place; Covid protocols, Covid cases and overseeing routine medical services for individuals. The collaboration between nursing and residential services to maintain the health of individuals is perhaps the one system that has mostly survived Covid. Residential Services generally bring individuals to appointments and nursing supports them in tracking appointments and providing follow-through. The combination of lack of nursing personnel, lack of residential personnel, the number of significant illnesses and the general disruptions of Covid were all factors that strained this collaboration. It is this collaboration though that has been instrumental in keeping our individuals well. Behavioral Services were also impacted by Covid. For a period of time we functioned without a Behavioral Services Team. That team is now supporting folks in both day and residential to re-assess and regain skills that were lost during the relative inactivity of the worst of Covid times.

Human Rights:

Bass River is fortunate enough to have had the same Human Rights Coordinator and many of the same people on the Human Rights Committee for several years. Because of their joint history and dedication we have been able to maintain oversight over the rights of individuals with minimal disruption. In addition to ongoing communication with Human Rights Officers, the Human Rights Coordinator reaches out to the Directors of Day and Residential Services, to nursing and to Behavioral Services prior to Human Rights Committee meetings. This mutual exchange has largely been effective in capturing the issues that fall under the catchment of the Human Rights Committee.

Oversight Over Physical Settings:

This area tended to fare remarkably well over the past few years. Covid certainly impacted on the ability of maintenance or professionals to service particular sites at particular times. The closure of day programs lent itself to some deep cleaning of areas. Houses have benefitted from having Residential Directors more frequently at sites. Their presence there has picked up issues and concerns that may not have been focused on in the past. In the bigger picture, Bass River managed to start and complete several notable construction projects during Covid. Some projects were aimed at upgrading the quality of what is in a house; new flooring, painting, furniture upgrades, sound proofing of bedrooms, etc. More significant though were the projects intended to enhance the comfort of individuals in their homes as they age. On the forefront has been the idea that as people age they are

likely to become less able to safely utilize a second floor bedroom . Oak Ave increased the size of a bedroom and added a common area and a ramp. 25 Andover St increased the number of 1st floor bedrooms and redesigned the upstairs for more independent living. Bedroom and bathroom size as well as accessibility were increased at Azalea Ln and at 1 Dale St. Spiros Way will be adding more downstairs bedrooms this spring.

Maintaining a Competent Workforce:

This is the area that Bass River has found most challenging and the area that our systems of oversight have been most disrupted. The overriding issue is that while there are fewer people in the staff pool, there has been an increase in staff need. When day programs re-opened more intense staff ratios were mandated. With fewer individuals going to day programs, more staff are needed during day hours in houses. Health issues drained the limited resources of nursing. Bass River has implemented an aggressive plan of recruitment and retention by increasing salary and hourly wages, and offering recruitment and referral incentives at all level of Direct Care, Administrative and Clinical positions. This strategic plan has required the pursuit of alternative funding to offset the inadequacy of for service compensation to provide 24 hours of support where necessary and to attract and maintain qualified and competent staff.

During this time, we have struggled with how to train staff with fewer trainings being offered, fewer hours available from potential trainers, more topics to cover and the need to avoid gathering in groups gathering in groups. The pros and cons of live vs virtual vs written training all need to be re-considered as well as who is qualified to train on what topics and the practical question of how available are those people. A significant component of supervision had been gathering people together for meetings. Physically gathering is discouraged. Times to meet without the presence of the individuals being served are far more limited than they used to be. Directors are more fully embedded in programs. This offers them a chance to better understand the workings of the program but it also affords them far less administrative time to set up systems to improve the program.

As stated earlier the upcoming OQE visit and the preparations for it have highlighted that some of our systems of management need minor adjusting, some need significant adjusting and some need to be rethought and re-built. In spite of that we are proud of what we have accomplished over the past three years and how we have provided solid supports to individuals during a period of unimaginable challenges.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Residential and Individual Home Supports	72/79	7/79	
Residential Services			
Critical Indicators	8/8	0/8	
Total	80/87	7/87	92%
2 Year License			
# indicators for 60 Day Follow-up		7	

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Employment and Day Supports	56/58	2/58	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	64/66	2/66	97%
2 Year License			
# indicators for 60 Day Follow-up		2	

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

Indicator #	Indicator	Area Needing Improvement
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.	In two instances, restrictive practices for one individual that affect all individuals in the home did not have a mitigation plan in place. The agency needs to ensure that there is a plan to reduce or eliminate the practices, as well as to mitigate the restrictions so as not to unduly restrict the individuals for whom the practices are not in place. In addition, the restrictive practices must be reviewed by the agency's Human Rights Committee and be incorporated into the ISP.

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

Indicator #	Indicator	Area Needing Improvement
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For two of seven individuals, the agency was unable to demonstrate services and support strategies were being implemented as outlined in the ISP. The agency needs to ensure that support strategies are implemented as agreed upon by the ISP team.
L91	Incidents are reported and reviewed as mandated by regulation.	At one of three locations, incident reports were not submitted and finalized as mandated by DDS regulation. The agency needs to ensure that incidents are reported and finalized in HCSIS according to requisite timelines.

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

Indicator #	Indicator	Issue identified	Action planned to address
L55	Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.	Of the twelve individuals reviewed on this standard, eight did not have informed consent for medical treatment or management of finances available in their records.	Last spring the administrative office of Bass River was asked to email or post mail these consents. They did, but they were not asked to keep Residential Directors aware of their progress in receiving signed copies back. Going forward they will be asked to report on which consents are outstanding at one month, two month and three month intervals. After three months it will be up to the Residential Director to acquire any outstanding consents.

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

Indicator #	Indicator	Issue identified	Action planned to address
L85	The agency provides ongoing supervision, oversight and staff development.	Covid has impacted supervision in many positive and negative ways. In general Residential Directors are spending more time in Residential Programs. Initially this happened to minimize them gathering in a central location and to provide additional direct care support. As the staffing crisis continues though, Directors continue to spend more hours than in the past providing direct care. In addition, we have multiple programs where some or all of the residents have not returned to attending a day program. In general Directors are more available to informally provide support, feedback and supervision to direct care staff. On the other hand, they have less time to devote to administrative functions, including setting aside private, or even group sessions to meet with staff away from the individuals in programs.	Over the coming year, Bass River will re-evaluate the expectations and the process for providing supervision to staff in a variety of roles and situations.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Covid has had a dramatic impact on how residential Directors have to manage their time. As the pandemic has eased, Directors are in fact refocusing on some of the more fundamental requirements of program provision	Over the coming year, Bass River will refocus on the fundamentals of program provision with ISP management as a top priority.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Covid has had a dramatic impact on how residential Directors have to manage their time. As the pandemic has eased, Directors are in fact refocusing on some of the more fundamental requirements of program provision.	Over the coming year, Bass River will refocus on the fundamentals of program provision with ISP management as a top priority.

**Employment/Day 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 of three locations, incident reports were not submitted and finalized as mandated by DDS regulation. The agency needs to ensure that incidents are reported and finalized in HCSIS according to requisite timelines.
L94 (05/22)	Individuals have assistive technology to maximize independence.	For four individuals the agency had not completed an Assistive Technology assessment to identify how the use of equipment or technology to maximize independence could be utilized. The agency needs to ensure a formal or informal Assistive Technology assessment has been completed for each individual and identified technologies and equipment are obtained and utilized.

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 0/0 Provider 0/0	0/0	0/0	
Residential and Individual Home Supports	Provider	0/0	0/0	
Residential Services	Provider (also Deemed)	0/0	0/0	
Total		0/0	0/0	
No Review Conducted				

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 0/0 Provider 0/0	0/0	0/0	
Employment and Day Supports	DDS 1/3 Provider 12/14	13/17	4/17	
Community Based Day Services	Provider (also Deemed)	0/0	0/0	
Employment Support Services	DDS 1/3 Provider 12/14	13/17	4/17	
Total		13/17	4/17	76%
Certified with Progress Report				

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

Indicator #	Indicator	Area Needing Improvement
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.	None of the individuals had an analysis completed as to how their entitlements can be managed in a way that allows them to work successfully in the community. The agency needs to ensure an analysis is completed so that concerns about the impact of employment on disability benefits can be addressed. This analysis must be completed regularly, at certain junctures for instance, when seeking new employment and when the number of hours or the wages increases.
C30	Individuals are supported to work in integrated job settings.	None of the individuals were working in an integrated job setting. The agency needs to assist individuals with obtaining employment, and support them to ensure their work environment is integrated with other employees of the company.

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

Indicator #	Indicator	Issues identified	Action planned to address
C24	There is a plan developed to identify job goals and support needs.	Individual employment plans have not been written and placed into individual files	Although job skills and desires have been identified, no written employment plan has been developed as of yet. If ongoing search for job developer/coach is not successful, Director will review information collected from staff, Behavioral Services and assessments to create a written employment plan with the individual.

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

Indicator #	Indicator	Issues identified	Action planned to address
C25	Staff assist individuals to work on skill development for job attainment and success.	Individual employment plans have not been written and placed into individual files.	Although most of the standards for development of work skills indicator are accomplished, the written employment plan(s) required for section labeled (b) is not yet completed. If ongoing search for job developer/coach is not successful, Director will review information collected from staff, Behavioral Services and assessments to create a written employment plan with the individual.

MASTER SCORE SHEET LICENSURE

Organizational: BASS RIVER DAY ACTIVITY

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
☐ L2	Abuse/neglect reporting	DDS	6/6	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	Provider	-	Met
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Met
L83	HR training	Provider	-	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	3/3						3/3	Met
L7	Fire Drills	L	Provider	-						-	Met
L8	Emergency Fact Sheets	I	Provider	-						-	Met
L9 (07/21)	Safe use of equipment	I	DDS	7/7						7/7	Met
L10	Reduce risk interventions	I	Provider	-						-	Met
☐ L11	Required inspections	L	DDS	3/3						3/3	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	3/3						3/3	Met
Ⓡ L13	Clean location	L	DDS	3/3						3/3	Met
L14	Site in good repair	L	Provider	-						-	Met
L15	Hot water	L	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
L28	Flammables	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
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	DDS	6/7						6/7	Met (85.71 %)
L36	Recommended tests	I	Provider	-						-	Met
L37	Prompt treatment	I	Provider	-						-	Met
⌘ L38	Physician's orders	I	DDS	6/6						6/6	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	Provider	-						-	Met
L44	MAP registration	L	Provider	-						-	Met
L45	Medication storage	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
Ⓡ L46	Med. Administration	I	DDS	7/7						7/7	Met
L47	Self medication	I	Provider	-						-	Met
L49	Informed of human rights	I	Provider	-						-	Met
L50 (07/21)	Respectful Comm.	I	DDS	7/7						7/7	Met
L51	Possessions	I	Provider	-						-	Met
L52	Phone calls	I	Provider	-						-	Met
L53	Visitation	I	Provider	-						-	Met
L54 (07/21)	Privacy	I	DDS	7/7						7/7	Met
L55	Informed consent	I	Provider	-						-	Not Met
L56	Restrictive practices	I	DDS	0/2						0/2	Not Met (0 %)
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
L61	Health protection in ISP	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
L62	Health protection review	I	DDS	5/5						5/5	Met
L63	Med. treatment plan form	I	Provider	-						-	Met
L64	Med. treatment plan rev.	I	DDS	7/7						7/7	Met
L67	Money mgmt. plan	I	Provider	-						-	Met
L68	Funds expenditure	I	DDS	6/6						6/6	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	Provider	-						-	Met
L81	Medical emergency	L	Provider	-						-	Met
L82	Medication admin.	L	DDS	3/3						3/3	Met
L84	Health protect. Training	I	Provider	-						-	Met
L85	Supervision	L	Provider	-						-	Not 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	-						-	Not Met
L87	Support strategies	I	Provider	-						-	Not Met
L88	Strategies implemented	I	DDS	5/7						5/7	Not Met (71.43 %)
L90	Personal space/ bedroom privacy	I	Provider	-						-	Met
L91	Incident management	L	DDS	2/3						2/3	Not Met (66.67 %)
L93 (05/22)	Emergency back-up plans	I	DDS	7/7						7/7	Met
L94 (05/22)	Assistive technology	I	DDS	6/7						6/7	Met (85.71 %)
L96 (05/22)	Staff training in devices and applications	I	DDS	2/2						2/2	Met
L99 (05/22)	Medical monitoring devices	I	DDS	2/2						2/2	Met
#Std. Met/# 79 Indicator										72/79	
Total Score										80/87	
										91.95%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	Provider		-	-	-	Met
L5	Safety Plan	L	Provider		-	-	-	Met
☞ L6	Evacuation	L	DDS			2/2	2/2	Met
L7	Fire Drills	L	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS	6/6		7/7	13/13	Met
L10	Reduce risk interventions	I	Provider		-	-	-	Met
☞ L11	Required inspections	L	DDS			2/2	2/2	Met
☞ L12	Smoke detectors	L	DDS			2/2	2/2	Met
☞ L13	Clean location	L	DDS			2/2	2/2	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	DDS			2/2	2/2	Met
L20	Exit doors	L	Provider		-	-	-	Met
L21	Safe electrical equipment	L	Provider		-	-	-	Met
L22	Well-maintained appliances	L	Provider		-	-	-	Met
L25	Dangerous substances	L	Provider		-	-	-	Met
L26	Walkway safety	L	Provider		-	-	-	Met
L28	Flammables	L	Provider		-	-	-	Met
L29	Rubbish/com bustibles	L	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L30	Protective railings	L	Provider		-	-	-	Met
L31	Communication method	I	Provider		-	-	-	Met
L32	Verbal & written	I	Provider		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-	-	Met
☐ L38	Physician's orders	I	DDS	2/2		6/6	8/8	Met
L39	Dietary requirements	I	Provider		-	-	-	Met
L44	MAP registration	L	Provider		-	-	-	Met
L45	Medication storage	L	Provider		-	-	-	Met
☐ L46	Med. Administration	I	DDS	3/3		6/6	9/9	Met
L49	Informed of human rights	I	Provider		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS	6/6		7/7	13/13	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met
L54 (07/21)	Privacy	I	DDS	6/6		7/7	13/13	Met
L55	Informed consent	I	Provider		-	-	-	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
L61	Health protection in ISP	I	Provider		-	-	-	Met
L62	Health protection review	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L63	Med. treatment plan form	I	Provider		-	-	-	Met
L64	Med. treatment plan rev.	I	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Met
L80	Symptoms of illness	L	Provider		-	-	-	Met
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
L86	Required assessments	I	Provider		-	-	-	Met
L87	Support strategies	I	Provider		-	-	-	Met
L88	Strategies implemented	I	Provider		-	-	-	Met
L91	Incident management	L	DDS	1/1		1/2	2/3	Not Met (66.67 %)
L93 (05/22)	Emergency back-up plans	I	DDS	6/6		7/7	13/13	Met
L94 (05/22)	Assistive technology	I	DDS	4/6		5/7	9/13	Not Met (69.23 %)
L96 (05/22)	Staff training in devices and applications	I	DDS	4/4		1/1	5/5	Met
L99 (05/22)	Medical monitoring devices	I	DDS			1/1	1/1	Met
#Std. Met/# 58 Indicator							56/58	
Total Score							64/66	
							96.97%	

MASTER SCORE SHEET CERTIFICATION

Employment Support Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C22	Explore job interests	Provider	-	Met
C23	Assess skills & training needs	Provider	-	Met
C24	Job goals & support needs plan	Provider	-	Not Met (0 %)
C25	Skill development	Provider	-	Not Met (0 %)
C26	Benefits analysis	DDS	0/6	Not Met (0 %)
C27	Job benefit education	DDS	5/5	Met
C28	Relationships w/businesses	Provider	-	Met
C29	Support to obtain employment	Provider	-	Met
C30	Work in integrated settings	DDS	0/6	Not Met (0 %)
C31	Job accommodations	Provider	-	Met
C32	At least minimum wages earned	Provider	-	Met
C36	Supports to enhance retention	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met