



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

May 16, 2025

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 4/10/2025 - 4/16/2025

Service Enhancement Meeting Date 5/1/2025

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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)	Full Review	70/86 Defer Licensure		Certified
Residential Services	3 location(s) 7 audit (s)			Deemed	
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) 9 audit (s)	Full Review	46/63 Defer Licensure		16 / 27 Certified with Progress Report
Community Based Day Services	1 location(s) 7 audit (s)			Deemed	
Employment Support Services	1 location(s) 2 audit (s)			Full Review	10 / 21
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

EXECUTIVE SUMMARY :

Bass River, Inc. was established in 1972 and provides continual support and community involvement to individuals with Developmental Disabilities in Residential Supports and Employment and Community Based Day Support (CBDS) settings. The agency's residential program consists of 11 group homes in the North Shore Area. Bass River's employment and community-based day programs are located in Beverly and Salem, Massachusetts.

The Department of Developmental Services Office of Quality Enhancement (DDS OQE) completed a full licensing review of the agency's Residential and Individual Home Supports and Employment and Day Supports service groups. The agency's Residential Supports and Community Based Day Supports (CBDS) service types were recently accredited by CARF. The agency elected to "deem" CARF scores in lieu of a DDS OQE review of the certification indicators for those two service types. As a result, the OQE reviewed only those certification indicators applicable to the agency's Planning and Quality Management and Employment Supports service type.

Organizationally, the agency had effective systems to ensure employment candidates met the requirements of the positions into which they were hired and that active licenses/certifications were in place for all staff for whom a license/certification is required for their jobs. The agency's system to review DPPC action plan tasks was efficient, ensuring all action plan steps had been followed up on and completed within identified timeframes. Although the agency's Human Rights Committee conducted meetings at the required frequency, further focus is required to ensure consistent attendance by members with the required expertise.

Several positive practices were noted within the Residential and Individual Home Supports service group. The agency demonstrated strength in their understanding and knowledge of the persons supported, their unique needs, medical histories, and everyday challenges. The agency continues to support an aging population, many of whom have received services from the agency since its inception. Staff observed during the review were noted to engage with individuals respectfully, use positive behavioral supports, and prioritize individuals' privacy and dignity. The agency's focus on understanding the unique needs of the individuals has led to several positive healthcare outcomes, with one individual in particular receiving needed operations/procedures resulting in the restoration of his eyesight and mobility.

Within the domain of environmental safety, the homes were found to be clean, safe, and decorated to the liking of the residents. Safety of individuals was ensured as fire drills were practiced at a higher frequency than identified in the safety plans, and staff were knowledgeable of the emergency backup plans and search plans. Individuals were being supported to remain physically active and maintain healthy diets. Visitation and communication with family and friends was occurring as desired. All individuals reviewed had had an annual training in Human Rights and DPPC which was shared with the guardians; furthermore, segments of Human Rights were continually discussed at house meetings, increasing the retention and understanding of the materials. Also of note, the agency's increased emphasis on healthcare has improved the outcomes of their healthcare systems, with a majority of the individuals having received all their preventative screenings, recommended tests, and follow-up appointments.

There were some licensing areas identified that require additional attention within the residential services. Attention to supervisory systems is required as several areas within the programs were found to not be meeting regulatory standards, including such areas as compliance in meeting ISP timelines, timely updating of documents such as the HCR, as well as data collection relative to behavior plans and medication treatment plans. The agency would also benefit from strengthening ongoing supervision and oversight to address incident reporting timelines, environmental reviews, and the correct implementation of restrictive practices.

Several positives were noted within the Employment and Day Supports service group. Medications were stored and administered as ordered, individuals received prompt treatment for acute medical needs, staff were well trained on how to respond to medical emergencies, and all medical devices were being utilized as indicated by prescribers. The agency's strong commitment to understanding the unique needs of the individuals was observed here as well by the surveyors. The agency was recognized for its creative and proactive strategies to encourage positive interactions and support individuals in developing helpful and respectful behaviors. During the review, staff were observed using reinforcement techniques that effectively helped one individual disengage from a challenging situation and continue her day successfully.

Within the Employment and Day Supports service group, the agency needs to focus attention on licensing issues within the Environmental and Personal Safety domains. Strengthening of evacuation procedures is needed as there were several instances of individuals not being evacuated during fire drills, as well as incomplete recording of fire drill information. Increased health and safety oversight of the facility is required as the site was unclean and unsanitary. In the Healthcare domain, further attention is required to ensure staff have the training and knowledge required to implement medical protocols, medication treatment plans, and correctly utilize health-related supports/protections. The agency would benefit from strengthening its system for HCSIS oversight to ensure ISP and incident reporting timelines are met. Lastly, the agency needs to ensure restrictive practices receive the required reviews and individuals are supported to maximize their independence with the use of assistive technology.

The review of Employment certification indicators identified several areas requiring improvement, including strengthening the process by which assessment of interests and related job skills are conducted and utilized to develop career plans. Career planning should include the management of entitlements, ensuring employee benefits and rights are known, and the development of strategies to promote success and fade supports to facilitate increased independence. The agency needs to further support and expand increased access to competitive job opportunities by developing relationships with local businesses. In doing so, individuals will have additional opportunities to work in integrated settings.

Based on the findings of this survey review, Bass River's Residential and Individual Home Supports services group met 81% of licensing indicators, with one critical indicator not met (L82 medication administration by certified/licensed staff). The license for this service group is deferred until such time as the agency can demonstrate successful correction to the critical indicator during the Follow Up Review. The agency is certified within the Residential and Individual Supports service group as a result of its CARF accreditation. The Employment and Day Supports service group met 73% of licensing standards with three critical indicators not met (L6 safe evacuation, L13 clean/sanitary location, and L38 physician's orders). The Employment and Day Supports service group license is deferred as a result of critical indicators not being met. This licensure status will remain deferred pending the results of a Follow-Up Review. If successful in correcting the critical indicators, the service grouping will receive a Two-Year with Mid-Cycle Review license. The agency is certified with a progress report within the Employment and Day Supports service group, meeting 59% of certification indicators. The agency is certified in its Community Based Day Supports service type with its CARF accreditation. OQE will conduct a Follow-Up Review for each service group within 60 days of the Service Enhancement Meeting (SEM).

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/10	3/10	
Residential and Individual Home Supports	63/76	13/76	
Residential Services			
Critical Indicators	7/8	1/8	
Total	70/86	16/86	81%
Defer Licensure			
# indicators for 60 Day Follow-up		16	

	Met / Rated	Not Met / Rated	% Met
Organizational	8/11	3/11	
Employment and Day Supports	38/52	14/52	
Community Based Day Services Employment Support Services			
Critical Indicators	4/8	4/8	
Total	46/63	17/63	73%
Defer Licensure			
# indicators for 60 Day Follow-up		17	

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.	One committee member with required expertise missed two of the last four quarterly meetings bringing their attendance to 50%. The agency needs to ensure members meet the attendance requirements. If members are unable to attend a meeting, the agency needs to ensure it has a process to share the materials to be reviewed in advance so the members input can be relayed to the committee at the time of the meeting.
L65	Restraint reports are submitted within required timelines.	Two of four restraint reports were not submitted within required timelines. The agency needs to ensure restraint reports are submitted in HCSIS within three calendar days of the event and finalized within five calendar days.

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

Indicator #	Indicator	Area Needing Improvement
L83	Support staff are trained in human rights.	Five support staff had not been trained utilizing the current DDS approved Mandated Reporter Training curriculum. The agency needs to ensure supports staff are trained in Human Rights and DPPC utilizing curriculums that meet regulatory standards.

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

Indicator #	Indicator	Area Needing Improvement
L21	Electrical equipment is safely maintained.	At one location, the circuit breaker panel was not labeled. The agency needs to ensure all electrical equipment is safely maintained.
L28	Flammables are stored appropriately.	At one location two propane tanks were within 10 feet of the home. The agency needs to ensure flammables are stored appropriately.
L43	The health care record is maintained and updated as required.	Four of seven health care records had not been updated when significant changes occurred. The agency needs to ensure health care records are updated when significant changes occur throughout the year in accordance with current DDS definitions. The agency must also ensure the Health Care Record contains all the needed information in accordance with regulations and is updated at the time of the ISP.
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.	For two individuals, there was an unnecessary restrictive practice being implemented without a valid rationale. The agency needs to ensure restrictive practices have a written rationale that is reviewed as required and has provisions so as not to unduly restrict the rights of others.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	Behavior plan data collection for one of two individuals was not occurring for the behaviors noted in the written plan. The agency must ensure data is consistently collected for each behavior addressed by behavior plans in order to determine the efficacy of behavioral interventions.
L63	Medication treatment plans are in written format with required components.	In four of six instances, medication treatment plans were either not in place and/or the plan did not contain the required components. The agency needs to ensure medication treatment plans are in place for all behavior modifying medications and the plans contain all the required components.

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

Indicator #	Indicator	Area Needing Improvement
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For four individuals the funds management plan did not contain the required components and/or did not have signed agreement from the individual/guardian. The agency needs to ensure there is a written plan in place accompanied by a training plan and individual/guardian agreement when the agency has shared or delegated money management responsibility.
L78	Staff are trained to safely and consistently implement restrictive interventions.	At one location, staff were continuing to implement a restrictive practice in the home when the individual for whom it was necessary had moved out of the home. The agency needs to ensure staff are trained to safely and consistently implement restrictions or discontinue implementation of a restrictive practice when no longer required.
L82	Medications are administered by licensed professional staff or by MAP certified staff (or by PCAs) for individuals unable to administer their own medications.	At one location staff had not received timely training on vital signs and Epi-pen administration. The agency needs to ensure MAP certified staff have received required trainings when orders require vital signs monitoring and when individuals are prescribed an Epi-Pen.
L85	The agency provides ongoing supervision, oversight and staff development.	At one location, the agency's system of oversight did not identify, correct, or prevent ongoing issues pertaining to restrictive practices, funds management, and training plans, health-related supports and protections, data collection, medication treatment plans, and ISP assessments/objectives. The agency needs to provide ongoing and effective supervision at all locations.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For three individuals, required ISP Assessments were not completed and submitted by their required due dates. The agency needs to ensure all ISP Assessments are submitted no later than 15 days prior to the ISP.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For three individuals, required ISP Support Strategies were not completed and submitted by their required due dates. The agency needs to ensure all ISP Support Strategies are submitted no later than 15 days prior to the ISP.
L91	Incidents are reported and reviewed as mandated by regulation.	At one location, there were incident reports that were not submitted or finalized within the required timeframes. The agency needs to ensure all incidents are reported and reports are reviewed within the required timelines, based on incident classification.

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

Indicator #	Indicator	Area Needing Improvement
L5	There is an approved safety plan in home and work locations.	Staff have not received training on the most recent safety plan. The agency needs to ensure staff receive training on the safety plan every two years when a safety plan is updated and approved by the Area Office or whenever there have been changes to the safety plan.
☞ L6	All individuals are able to evacuate homes in 2.5 minutes with or without assistance and workplaces within a reasonable amount of time.	This location had two consecutive instances where individuals were not evacuated within the time frame specified in the Safety Plan, and strategies to ensure timely evacuation were not developed. The agency must ensure that all individuals can be evacuated within the timeframe specified in the Safety Plan. When an individual is unable to evacuate, the agency should notify the Area Office and develop written strategies to assist the individual to evacuate. The staff and the individuals should receive training on the new plan and conduct repeated fire drills until all individuals can be evacuated as required.
L7	Fire drills are conducted as required.	Fire drills were not run in accordance with the minimum staffing ratio indicated in the Safety Plan and were missing required documentation associated with drills. The agency needs to ensure fire drills are conducted with the correct staffing ratio as identified in Safety Plans and record all required information, including who participated in the drill, the level of assistance provided to each individual, and any adaptive equipment used by each individual.
☞ L13	Location is clean and free of rodent and/or insect infestation.	The location was not clean and sanitary. The agency needs to ensure that sites are clean and sanitary.
☞ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For five individuals staff had not been trained on the current medical protocol in place. The agency needs to ensure that staff are fully trained and knowledgeable of how to implement medical protocols.
L57	All behavior plans are in a written plan.	For one individual, restrictive practices were utilized without a written behavior modification plan. The agency needs to ensure written plans are developed whenever restrictive practices are used, and the Human Rights Committee reviews such plans.

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

Indicator #	Indicator	Area Needing Improvement
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	Five individuals were supported to use health-related supports, for which the agency did not have written authorization or did not have accurate direction for use and maintenance in place. The agency needs to ensure that all health related supports, including but not limited to wheelchair, walker, and gait belt are utilized under the written authorization of a qualified clinician and health related supports documentation includes reason/rationale for use, details frequency and duration of use, frequency of safety checks, maintenance and cleaning instructions and conditions for modification and discontinuance
L63	Medication treatment plans are in written format with required components.	For three individuals behavior modifying medications were being administered at the program, however in one instance a medication treatment plan was not in place, and others were missing required components and/or missing data collection. The agency needs to ensure that when behavior modifying medication is administered at the program, the agency either obtains a copy of an existing plan (i.e. from a community residence), and if one is not already in existence, create its own plan. At a minimum, plans must define behaviors in observable terms, data must be collected and shared with those who bring the individual to the prescriber, and monitoring for side/adverse effects must occur.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For four individuals, staff had not received training on their health related supports and protections. The agency must ensure that staff are trained and knowledgeable on the safe and effective use of health related supports and protections.
L85	The agency provides ongoing supervision, oversight and staff development.	The location did not have an adequate supervision, management, and oversight system to identify issues in several critical areas, including evacuation procedures, environmental standards, and medical and health-related support protocols. The agency must provide ongoing and effective supervision.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For six individuals, required assessments had not been submitted within ISP timelines. The agency needs to ensure that ISP assessments are submitted at least 15 days in advance of the ISP meeting.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For seven individuals, support strategies had not been submitted within ISP timelines. The agency needs to ensure that ISP support strategies are submitted at least 15 days in advance of the ISP meeting.

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

Indicator #	Indicator	Area Needing Improvement
L91	Incidents are reported and reviewed as mandated by regulation.	Incident Reports were not finalized within required timeframes. The agency must ensure that Incident Reports are finalized within required timelines
L94 (05/22)	Individuals have assistive technology to maximize independence.	Six individuals had not been thoroughly assessed in the area of Assistive Technology (AT) to determine if they would benefit from the addition of AT to increase their level of independence. The agency needs to ensure all individuals are fully assessed in this area. The agency also needs to ensure that when an assessment identifies areas of need, each individual is then supported to obtain and use the identified AT.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports			
Total			
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Employment and Day Supports	10/21	11/21	
Employment Support Services	10/21	11/21	
Total	16/27	11/27	59%
Certified with Progress Report			

Employment Support 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.	Both individuals had not been given the opportunity to provide feedback on the performance of staff providing support to them. The agency needs to ensure that individuals are given the opportunity to provide feedback on staff prior to them being hired, as well as feedback on the performance of existing staff on a periodic and ongoing basis. This feedback needs to be shared with the staff for training and evaluation purposes.
C22	Staff have effective methods to assist individuals to explore their job interests.	One individual had not been thoroughly assessed to determine job/career interests. The agency needs to ensure that interests are explored using a variety of methods, including interest inventories, informational interviews, job tours and vocational assessments.

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

Indicator #	Indicator	Area Needing Improvement
C23	Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment.	For one individual, assessment of his skills in identified areas of interest, had not been completed utilizing a variety of methods. The agency needs to ensure thorough exploration of job skills within areas of interest.
C24	There is a plan developed to identify job goals and support needs.	One individual did not have a career plan in place that identified job goals and support needs. The agency needs to ensure job goals and support needs have been identified based on the individuals' current interests, strengths and needs.
C25	Staff assist individuals to work on skill development for job attainment and success.	One individual had not been assisted to work on skill development for job attainment and success. The agency needs to ensure that career planning identifies specific strategies used to support skill development to enhance skills needed for job attainment and success.
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.	For one individual, an analysis had not been completed of how current and future earnings will affect individual entitlements and resources had not been provided. The agency needs to ensure that there is a system in place for ensuring individuals and guardians receive information on how employment impacts entitlements.
C29	Individuals are supported to obtain employment that matches their skills and interests.	One individual had not been supported towards obtaining employment that matches his skills and interests. The agency needs to identify the skills and interests of each person and then support developing job placements that are in line with them.
C30	Individuals are supported to work in integrated job settings.	One of two individuals surveyed was not employed and therefore was not working in an integrated setting. The agency needs to ensure that individuals have the opportunity to work in integrated community settings.

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

Indicator #	Indicator	Area Needing Improvement
C33	Employee benefits and rights are clearly explained to the individual.	One individual was not employed and therefore had not received information regarding employee benefits and rights. The agency needs to ensure that once individuals obtain employment that the benefits and rights associated with their employment positions are clearly explained.
C35	Individuals are given feedback on job performance by their employer.	One was not employed and therefore had not received any feedback on his job performance. The agency needs to ensure all individuals receive documented feedback commensurate with other employees.
C37	There is support to develop appropriate work related interpersonal skills.	One of two individuals had not been supported to develop appropriate work-related interpersonal skills. The agency needs to ensure individuals' interpersonal skills are assessed to identify areas requiring further skill development and then support strategies for individualized skill development must be formulated and implemented.

MASTER SCORE SHEET LICENSURE

Organizational: BASS RIVER DAY ACTIVITY

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓜ L2	Abuse/neglect reporting	5/6	Met(83.33 %)
L3	Immediate Action	4/5	Met(80.0 %)
L4	Action taken	9/9	Met
L48	HRC	0/1	Not Met(0 %)
L65	Restraint report submit	2/4	Not Met(50.0 %)
L66	HRC restraint review	4/4	Met
L74	Screen employees	4/4	Met
L75	Qualified staff	3/3	Met
L76	Track trainings	15/15	Met
L83	HR training	11/15	Not Met(73.33 %)
L92 (07/21)	Licensed Sub-locations (e/d).	1/1	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	7/7						7/7	Met
L5	Safety Plan	L	3/3						3/3	Met
℞ L6	Evacuation	L	3/3						3/3	Met
L7	Fire Drills	L	3/3						3/3	Met
L8	Emergency Fact Sheets	I	6/7						6/7	Met (85.71%)
L9 (07/21)	Safe use of equipment	I	7/7						7/7	Met
L10	Reduce risk interventions	I	3/3						3/3	Met
℞ L11	Required inspections	L	3/3						3/3	Met
℞ L12	Smoke detectors	L	3/3						3/3	Met
℞ L13	Clean location	L	3/3						3/3	Met
L14	Site in good repair	L	3/3						3/3	Met
L15	Hot water	L	3/3						3/3	Met
L16	Accessibility	L	3/3						3/3	Met
L17	Egress at grade	L	3/3						3/3	Met
L18	Above grade egress	L	3/3						3/3	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L19	Bedroom location	L	3/3						3/3	Met
L20	Exit doors	L	3/3						3/3	Met
L21	Safe electrical equipment	L	2/3						2/3	Not Met (66.67%)
L22	Well-maintained appliances	L	3/3						3/3	Met
L23	Egress door locks	L	3/3						3/3	Met
L24	Locked door access	L	3/3						3/3	Met
L25	Dangerous substances	L	3/3						3/3	Met
L26	Walkway safety	L	3/3						3/3	Met
L28	Flammables	L	2/3						2/3	Not Met (66.67%)
L29	Rubbish/combustibles	L	3/3						3/3	Met
L30	Protective railings	L	3/3						3/3	Met
L31	Communication method	I	7/7						7/7	Met
L32	Verbal & written	I	7/7						7/7	Met
L33	Physical exam	I	7/7						7/7	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L34	Dental exam	I	6/6						6/6	Met
L35	Preventive screenings	I	6/7						6/7	Met (85.71%)
L36	Recommended tests	I	6/7						6/7	Met (85.71%)
L37	Prompt treatment	I	6/7						6/7	Met (85.71%)
Ⓡ L38	Physician's orders	I	5/6						5/6	Met (83.33%)
L39	Dietary requirements	I	4/5						4/5	Met (80.0%)
L40	Nutritional food	L	3/3						3/3	Met
L41	Healthy diet	L	3/3						3/3	Met
L42	Physical activity	L	3/3						3/3	Met
L43	Health Care Record	I	3/7						3/7	Not Met (42.86%)
L44	MAP registration	L	3/3						3/3	Met
L45	Medication storage	L	3/3						3/3	Met
Ⓡ L46	Med. Administration	I	7/7						7/7	Met
L47	Self medication	I	1/1						1/1	Met
L49	Informed of human rights	I	7/7						7/7	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.	1	7/7						7/7	Met
L51	Possessions	1	6/7						6/7	Met (85.71%)
L52	Phone calls	1	7/7						7/7	Met
L53	Visitation	1	7/7						7/7	Met
L54 (07/21)	Privacy	1	7/7						7/7	Met
L56	Restrictive practices	1	0/2						0/2	Not Met (0%)
L57	Written behavior plans	1	2/2						2/2	Met
L60	Data maintenance	1	1/2						1/2	Not Met (50.0%)
L61	Health protection in ISP	1	3/4						3/4	Met
L63	Med. treatment plan form	1	2/6						2/6	Not Met (33.33%)
L64	Med. treatment plan rev.	1	2/2						2/2	Met
L67	Money mgmt. plan	1	2/6						2/6	Not Met (33.33%)
L68	Funds expenditure	1	5/6						5/6	Met (83.33%)
L69	Expenditure tracking	1	5/6						5/6	Met (83.33%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L70	Charges for care calc.	I	7/7						7/7	Met
L71	Charges for care appeal	I	6/7						6/7	Met (85.71 %)
L77	Unique needs training	I	7/7						7/7	Met
L78	Restrictive Int. Training	L	0/1						0/1	Not Met (0 %)
L79	Restraint training	L	1/1						1/1	Met
L80	Symptoms of illness	L	3/3						3/3	Met
L81	Medical emergency	L	3/3						3/3	Met
L82	Medication admin.	L	2/3						2/3	Not Met (66.67 %)
L84	Health protect. Training	I	3/4						3/4	Met
L85	Supervision	L	2/3						2/3	Not Met (66.67 %)
L86	Required assessments	I	3/5						3/5	Not Met (60.0 %)
L87	Support strategies	I	3/6						3/6	Not Met (50.0 %)
L88	Strategies implemented	I	5/6						5/6	Met (83.33 %)

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L90	Personal space/bedroom privacy	I	7/7						7/7	Met
L91	Incident management	L	1/3						1/3	Not Met (33.33 %)
L93 (05/22)	Emergency back-up plans	I	7/7						7/7	Met
L94 (05/22)	Assistive technology	I	6/7						6/7	Met (85.71 %)
L96 (05/22)	Staff training in devices and applications	I	7/7						7/7	Met
#Std. Met/# 76 Indicator									63/76	
Total Score									70/86	
									81.40%	

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	1/2		7/7	8/9	Met (88.89 %)
L5	Safety Plan	L			0/1	0/1	Not Met (0 %)

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
Ⓡ L6	Evacuation	L			0/1	0/1	Not Met (0 %)
L7	Fire Drills	L			0/1	0/1	Not Met (0 %)
L8	Emergency Fact Sheets	I	2/2		7/7	9/9	Met
L9 (07/21)	Safe use of equipment	I	2/2		6/7	8/9	Met (88.89 %)
L10	Reduce risk interventions	I	1/1		1/1	2/2	Met
Ⓡ L12	Smoke detectors	L			1/1	1/1	Met
Ⓡ L13	Clean location	L			0/1	0/1	Not Met (0 %)
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
L18	Above grade egress	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	2/2		7/7	9/9	Met
L32	Verbal & written	I	2/2		7/7	9/9	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L37	Prompt treatment	I	2/2		7/7	9/9	Met
Ⓡ L38	Physician's orders	I			1/6	1/6	Not Met (16.67 %)
L39	Dietary requirements	I			6/7	6/7	Met (85.71 %)
L44	MAP registration	L			1/1	1/1	Met
L45	Medication storage	L			1/1	1/1	Met
Ⓡ L46	Med. Administration	I			7/7	7/7	Met
L49	Informed of human rights	I	1/2		7/7	8/9	Met (88.89 %)
L50 (07/21)	Respectful Comm.	I	2/2		7/7	9/9	Met
L51	Possessions	I	2/2		6/6	8/8	Met
L52	Phone calls	I	2/2		7/7	9/9	Met
L54 (07/21)	Privacy	I	2/2		7/7	9/9	Met
L57	Written behavior plans	I			0/1	0/1	Not Met (0 %)
L61	Health protection in ISP	I			0/5	0/5	Not Met (0 %)
L62	Health protection review	I			1/1	1/1	Met
L63	Med. treatment plan form	I			0/3	0/3	Not Met (0 %)
L77	Unique needs training	I	2/2		7/7	9/9	Met
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			1/5	1/5	Not Met (20.0 %)
L85	Supervision	L	1/1		0/1	1/2	Not Met (50.0 %)

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L86	Required assessments	I	0/2		2/6	2/8	Not Met (25.00 %)
L87	Support strategies	I	0/2		1/6	1/8	Not Met (12.50 %)
L88	Strategies implemented	I	2/2		5/6	7/8	Met (87.50 %)
L91	Incident management	L			0/1	0/1	Not Met (0 %)
L93 (05/22)	Emergency back-up plans	I	2/2		7/7	9/9	Met
L94 (05/22)	Assistive technology	I	2/2		1/7	3/9	Not Met (33.33 %)
L96 (05/22)	Staff training in devices and applications	I	2/2		1/1	3/3	Met
#Std. Met/# 52 Indicator						38/52	
Total Score						46/63	
						73.02%	

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

Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/2	Not Met (0 %)

Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C8	Family/guardian communication	2/2	Met
C22	Explore job interests	0/1	Not Met (0 %)
C23	Assess skills & training needs	0/1	Not Met (0 %)
C24	Job goals & support needs plan	0/1	Not Met (0 %)
C25	Skill development	0/1	Not Met (0 %)
C26	Benefits analysis	0/1	Not Met (0 %)
C27	Job benefit education	1/1	Met
C28	Relationships w/businesses	1/1	Met
C29	Support to obtain employment	0/1	Not Met (0 %)
C30	Work in integrated settings	1/2	Not Met (50.0 %)
C31	Job accommodations	1/1	Met
C32	At least minimum wages earned	1/1	Met
C33	Employee benefits explained	0/1	Not Met (0 %)
C34	Support to promote success	1/1	Met
C35	Feedback on job performance	0/1	Not Met (0 %)
C36	Supports to enhance retention	1/1	Met
C37	Interpersonal skills for work	1/2	Not Met (50.0 %)
C47	Transportation to/ from community	2/2	Met
C50	Involvement/ part of the Workplace culture	1/1	Met
C51	Ongoing satisfaction with services/ supports	2/2	Met