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| **PROVIDER REPORT FOR** |

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| **BAY COVE HUMAN SERVICES66 Canal St Boston, MA 02114**  |

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| **June 28, 2022** |

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| **Version** |

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| **Public Provider Report** |

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| **Prepared by the Department of Developmental ServicesOFFICE OF QUALITY ENHANCEMENT** |

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| **SUMMARY OF OVERALL FINDINGS** |

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| **Provider** |

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| BAY COVE HUMAN SERVICES |

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| **Review Dates** |

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| 4/25/2022 - 4/29/2022 |

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| **Service Enhancement Meeting Date** |

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| 5/13/2022 |

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| **Survey Team** |

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| Mark Boghoian |
| Cheryl Hampton |
| Scott Nolan |
| Margareth Larrieux (TL) |
| Lisa MacPhail |
| Leslie Hayes |

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| **Citizen Volunteers** |

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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** | 15 location(s) 15 audit (s)  | Targeted Review | DDS 19/23Provider 61 / 6280 / 85 2 Year License 05/13/2022- 05/13/2024 |  |  No Review Conducted  |
| Residential Services | 12 location(s) 12 audit (s)  |  |  | Deemed | 22/22(Provider) |
| Individual Home Supports | 3 location(s) 3 audit (s)  |  |  | Deemed | 23/23(Provider) |
| Planning and Quality Management (For all service groupings) |   |  |  | Deemed | 6/6(Provider) |
| **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) 15 audit (s)  | Targeted Review | DDS 13/15Provider 48 / 5061 / 65 2 Year License 05/13/2022- 05/13/2024 |  | 46/46 Certified 05/13/2022 - 05/13/2024 |
| Community Based Day Services | 1 location(s) 9 audit (s)  |  |  | Deemed | 17/17(Provider) |
| Employment Support Services | 1 location(s) 6 audit (s)  |  |  | Deemed | 23/23(Provider) |
| Planning and Quality Management (For all service groupings) |   |  |  | Deemed | 6/6(Provider) |

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| **EXECUTIVE SUMMARY :** |

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| Bay Cove Human Services (founded in 1974) is a large, private, non-profit multi-faceted human services agency located in Boston, Massachusetts. The agency offers services to adults with Developmental and Intellectual Disabilities, Mental Health Disorders, Homelessness, Aging and Drug/ Alcohol addiction. The agency provides Residential services that include 24/7 residential supports, Individualized Home Supports (IHS), Community Based Day Supports (CBDS) and Employment Supports.Bay Cove was eligible and elected to conduct a self-assessment of both licensing and certification indicators and was deemed for Certification as it had achieved a three-year accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF). A Targeted review of the agency's Twenty-Four-hour residential services, Individualized Home Supports (IHS), Community Based Day Supports (CBDS) and Employment Supports Services was conducted by the Department of Developmental Services (DDS) office of Quality Enhancement (OQE); the review encompassed all critical indictors as well the licensing indicators that were not met during the agency's last review. This report reflects the combined findings from both the agency's self-assessment process and the DDS Targeted review.The licensing review revealed several positive practices that Bay Cove had. Organizationally, the agency had good systems for ensuring that allegations of abuse and/ or neglect were reported as mandated by regulations, and its Human Rights Committee met its mandate. The HRC was comprised of members with required expertise who regularly attended meetings and discussed matters under its purview. In both residential and employment/Day services, as it relates to healthcare, Physician orders and Treatment protocols were in place and were well implemented. Medication treatment plans when required, were also well developed, and submitted for review by the required group. In the area of financial, when shared and /or delegated money management responsibilities existed, money management plans were in place. In the area of environmental safety, restrictive practices had well written plans that contained all required components. Additionally, staff were trained on the restrictive practices, which were reviewed and approved by the Human Rights Committee. Surveyors also found written and verbal communication with and about individuals Bay Cove supports to be respectful, and people had privacy when taking care of personal manners. In employment supports, positive outcomes were noted for individuals. The agency combined two of their employment support programs for greater efficiency and continued to support individuals to be competitively employed in the community. The agency supported numerous individuals to maintain their jobs through the covid pandemic. While the agency demonstrated strengths in several service delivery areas, the survey revealed areas where additional attention is warranted. In the area of supervision and staff development for instance, the agency needs to improve on its oversight mechanism to preemptively identify areas where staff need additional support to effectively support individuals. The agency also needs to ensure that incidents are reported and finalized within the required timeline on HCSIS. Oversight of the ISP process is also needed to ensure consistency in the timely submission of assessments and provider supports strategies. More effective ISP goal implementation and progress reporting is also needed.Bay Cove will receive a Two-Year License for its Residential Services grouping with 94% of licensing indicators met. It will also receive a Two-Year License for its Day/Employment Services grouping with 94% of licensing indicators met. The agency will conduct its own follow-up for licensing indicators that were not met and submit the results to the Office of Quality Enhancement within 60-days of the Service Enhancement Meeting. The agency is also Certified for residential and Day/Employment service groupings. The provider's self-assessment process and ratings are outlined below. |

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| **Description of Self Assessment Process:** |

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| Bay Cove Human Services, Inc.'s Developmental Services' quality assurance system is designed as a continuous feedback loop with steps to identify individual programmatic issues, patterns, trends, and systemic issues, correct the issues, follow-up to ensure the individual and systemic correction has occurred, and re-assessment to assure that there are no further problems. The following table outlines how we go about assuring that all DDS licensure and certification standards continue to be met.For purposes of this self-assessment review, we used the licensure ratings from the last 32 QA reviews held between 1/1/21 and 3/28/2022 along with 4 self-audits conducted by managers of exemplary performing programs as evidenced by previous high QA scores. Our sample size was as follows: Residential Services 30 sites; 60 audits of individuals' records; Individual Home Supports - 13 audits of individuals' records; Community-Based Day Services - 2 sites; 4 audits of individuals' records; Employment Supports - 4 audits of individuals' records, and an audit of all organizational licensure indicators. In some instances, we went above and beyond the expectation of looking at just records for just 2 individuals at each site and so scores reflect a review of all individuals. These are L7, L67, L56, L86, L87 and L91. A score of "met" meant that the programs/systems audited collectively met 80% or above for that indicator. Applicable certification indicators were added to the QA Review tools starting September 28, 2016. Topic/what reviewed:Day & Residential - Personal Safety; Environmental Safety; Communication; Health; Human Rights; Competent Workforce; Goal Development & ImplementationHow reviewed:Comprehensive Quality Assurance Reviews include:- A walkthrough of all program spaces, including testing of water temperature, fire alarms, and a review of proper documentation of external inspections.- A review of incidents, medication occurrences, DPPC reports, and restraint reports for the past year.- An audit of the record for at least 2 individuals including reviewing ISP, assessments, support strategies, progress notes, emergency fact sheet info, charges for care info, and medical appointment info for completeness and if current.- A review of Human Rights documentation (behavior plans, medication plans, supports, and health-related protections) for completeness and if current.- A review of required training completed by individuals and staff over the past year.- A review of staffs' last evaluation dates submitted to HR.- A review of the program's medication system.How often reviewed & by whom:- At least annually - Quality Assurance Coordinators, Quality Operations Manager or Operations DirectorHow corrections were made:- PDs receive the report and make corrections. SPDs and Service Directors also provide additional review and follow up. All results are recorded on the review.Topic/what reviewed:Residential - - Environmental safety includes vehicle safety and external propertyHow reviewed:- Property inspections and vehicle inspectionsHow often reviewed & by whom:- Property - quarterly- Vehicle - twice a year- The Program Director or a designated staff person How corrections were made:- Property - work orders are generated by the PD and the maintenance department schedules a visit to correct.- A binder is maintained at the program site by maintenance when they have completed a job. The work order system also tracks as we are moving toward a less paper based system. - Vehicle - program staff schedule and follow up with maintenance or they work with the Agency's Manager of Fleet Operations & Insurance to do so.Topic/what reviewed:Residential -- Human Rights (financial L67-L69)How reviewed:- Audit that includes a review of all client funds held at the program.How often reviewed & by whom:- Twice a year- Quality Operations Coordinators, Operations Director or SPDsHow corrections were made:- The PD is in charge of making corrections based on the checklist that is sent out by the Operations Department or SPD.Topic/what reviewed:Day & Residential -- Human Rights (L49-L54, L56)How reviewed:- Site visit How often reviewed & by whom:- Every 2 years- At least one member of the Human Rights CommitteeHow corrections were made:- PD follows up as indicated.Topic/what reviewed:Residential -- HealthHow reviewed:- Site visits using a standard checklist which includes review of medications, health care, appointments, and protocolsHow often reviewed & by whom:- Annually- Director of Health Services or Program Nurse Consultants or Nurse ManagersHow corrections were made:- PD follows up as indicated.Topic/what reviewed:Residential -- HealthHow reviewed:- All appointment forms are sent to that program's nurse consultantHow often reviewed & by whom:- Ongoing- Program DirectorHow corrections were made:- The nurse consultant/manager will call the PD for any clarificationTopic/what reviewed:Day & Residential -- Goal Development and ImplementationHow reviewed:- Day & Residential - The Project Coordinator sends out a list of upcoming ISPs one month in advance to all PDs.- Day - Each program has a chart that tracks when assessments and support strategies are due to DDS and when they are sent to Service Coordinators.How often reviewed & by whom:- Ongoing/Monthly- Project Coordinator, Quality Operations Coordinators, Quality Operations Manager or SPDsHow corrections were made:- The SPDs follow up with the PDs when timelines are not adhered to. |

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| **LICENSURE FINDINGS** |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **8/8** | **0/8** |  |
| **Residential and Individual Home Supports** | **72/77** | **5/77** |  |
|  Residential Services Individual Home Supports |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **80/85** | **5/85** | **94%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **5** |  |
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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **8/8** | **0/8** |  |
| **Employment and Day Supports** | **53/57** | **4/57** |  |
|  Community Based Day Services Employment Support Services |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **61/65** | **4/65** | **94%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **4** |  |
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|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:From DDS review:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L85 | The agency provides ongoing supervision, oversight and staff development. | At five of the fifteen locations, issues identified at different locations pointed to inconsistencies or absence of oversight, ongoing supervision, and staff development. The agency needs to ensure that oversight, supervision, and staff/home provider development activities are offered consistently. |
|  |  L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For five of eleven individuals, required assessments for the ISP were not submitted within the required timeframe. The agency needs to ensure that ISP assessments are developed and submitted to the DDS Area Office at least 15 days prior to scheduled ISP meeting. |
|  |  L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | For four of eleven individuals, support strategies for the ISP were not developed and submitted within the required timeframes. The agency needs to ensure that support strategies for the ISP are submitted to the DDS Area Office at least 15 days prior to scheduled ISP meetings. |
|  |  L91 | Incidents are reported and reviewed as mandated by regulation. | At three out of thirteen locations, incidents were not entered and/or finalized in HCSIS within the required timelines. The agency needs to ensure that incidents are reported, reviewed and finalized within the required timelines as mandated by regulation. |

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|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:From Provider review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Issue identified** | **Action planned to address** |
|  |  L43 | The health care record is maintained and updated as required.  | Health Care Records do not always have diagnoses listed that match BayCIS. | Findings show that these are updated in a timely manner. Where programs struggle is that the diagnoses between BayCIS, our current client record system, and the HCSIS HCR do not always match. Our internal eHana development team is working with eHana to get these to match up as close as possible. |

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|  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:From DDS review:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L15 | Hot water temperature tests between 110 and 120 degrees (as of 1/2014). | Hot water temperature at the Day service location measured outside the required temperature range. The agency needs to ensure that water temperature is maintained to be within the required range at all its locations. |
|  |  L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | For four of nine individuals, support strategies for the ISP were not submitted within required timeframes. The agency needs to ensure that support strategies are submitted to the DDS Area Office at least 15 days prior to scheduled ISP meetings. |

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|  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:From Provider review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Issue identified** | **Action planned to address** |
|  |  L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | Not all Assessments have not been submitted into HCSIS within the required timeline. | While some programs (managers) have good systems in place to submit these on time, others struggle in this area. We have identified the programs where these are chronically submitted past the deadline and are starting to provide more intensive training and oversight. |
|  |  L88 | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | While programs are actively working with individuals on their goals, they are not always properly documenting progress. | Much like with L85, once we have our electronic program record, we will have access to be able to track the frequency and quality of progress notes for individuals. We will continue to provide training to managers and staff on the importance of tracking these instances along with how to create simple tracking tools for staff to use. |

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| **CERTIFICATION FINDINGS** |

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|  | **Reviewed By** | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **Provider (also Deemed)** | **6/6** | **0/6** |  |
| **Residential and Individual Home Supports** | **Provider** | **45/45** | **0/45** |  |
| Individual Home Supports | Provider (also Deemed) | 23/23 | 0/23 |  |
| Residential Services | Provider (also Deemed) | 22/22 | 0/22 |  |
| **Total** |  | **51/51** | **0/51** | **100%** |
| **No Review Conducted** |  |  |  |  |

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|  | **Reviewed By** | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **Provider (also Deemed)** | **6/6** | **0/6** |  |
| **Employment and Day Supports** | **Provider** | **40/40** | **0/40** |  |
| Community Based Day Services | Provider (also Deemed) | 17/17 | 0/17 |  |
| Employment Support Services | Provider (also Deemed) | 23/23 | 0/23 |  |
| **Total** |  | **46/46** | **0/46** | **100%** |
| **Certified** |  |  |  |  |

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| **MASTER SCORE SHEET LICENSURE** |

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| **Organizational: BAY COVE HUMAN SERVICES** |

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|  | **Indicator #** | **Indicator** | **Reviewed by** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **DDS** | **16/16** | **Met** |
|  |  L3 | Immediate Action | **Provider** | **-** | **Met** |
|  |  L4 | Action taken | **Provider** | **-** | **Met** |
|  |  L48 | HRC | **DDS** | **1/1** | **Met** |
|  |  L74 | Screen employees | **Provider** | **-** | **Met** |
|  |  L75 | Qualified staff | **Provider** | **-** | **Met** |
|  |  L76 | Track trainings | **Provider** | **-** | **Met** |
|  |  L83 | HR training | **Provider** | **-** | **Met** |

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| **Residential and Individual Home Supports:** |

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|  | **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** |
| O |  L6 | Evacuation | L | **DDS** | 12/12 | 2/2 |  |  |  |  | **14/14** | **Met** |
|  |  L7 | Fire Drills | L | **DDS** | 10/12 |  |  |  |  |  | **10/12** | **Met(83.33 %)** |
|  |  L8 | Emergency Fact Sheets | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L9 (07/21) | Safe use of equipment | I | **DDS** | 12/12 | 3/3 |  |  |  |  | **15/15** | **Met** |
|  |  L10 | Reduce risk interventions | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
| O |  L11 | Required inspections | L | **DDS** | 11/12 | 2/2 |  |  |  |  | **13/14** | **Met(92.86 %)** |
| O |  L12 | Smoke detectors | L | **DDS** | 10/12 | 2/2 |  |  |  |  | **12/14** | **Met(85.71 %)** |
| O |  L13 | Clean location | L | **DDS** | 12/12 | 2/2 |  |  |  |  | **14/14** | **Met** |
|  |  L14 | Site in good repair | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L15 | Hot water | L | **DDS** | 11/12 | 2/2 |  |  |  |  | **13/14** | **Met(92.86 %)** |
|  |  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** |
|  |  L27 | Pools, hot tubs, etc. | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L28 | Flammables | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L29 | Rubbish/combustibles | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L30 | Protective railings | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L31 | Communication method | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L32 | Verbal & written | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L33 | Physical exam | I | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L34 | Dental exam | I | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L35 | Preventive screenings | I | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L36 | Recommended tests | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L37 | Prompt treatment | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
| O |  L38 | Physician's orders | I | **DDS** | 11/11 |  |  |  |  |  | **11/11** | **Met** |
|  |  L39 | Dietary requirements | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L40 | Nutritional food | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L41 | Healthy diet | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L42 | Physical activity | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L43 | Health Care Record | I  | **Provider** | - | - |  |  | - | - | **-** | **Not Met** |
|  |  L44 | MAP registration | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L45 | Medication storage | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
| O |  L46 | Med. Administration | I | **DDS** | 9/11 |  |  |  |  |  | **9/11** | **Met(81.82 %)** |
|  |  L47 | Self medication | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L49 | Informed of human rights | I | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | **DDS** | 12/12 | 3/3 |  |  |  |  | **15/15** | **Met** |
|  |  L51 | Possessions | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L52 | Phone calls | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L53 | Visitation | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L54 (07/21) | Privacy | I | **DDS** | 12/12 | 3/3 |  |  |  |  | **15/15** | **Met** |
|  |  L56 | Restrictive practices | I | **DDS** | 5/5 |  |  |  |  |  | **5/5** | **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** |
|  |  L63 | Med. treatment plan form | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L64 | Med. treatment plan rev. | I | **DDS** | 9/9 |  |  |  |  |  | **9/9** | **Met** |
|  |  L67 | Money mgmt. plan | I | **DDS** | 12/12 | 1/1 |  |  |  |  | **13/13** | **Met** |
|  |  L68 | Funds expenditure | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L69 | Expenditure tracking | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L70 | Charges for care calc. | I | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L71 | Charges for care appeal | I | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L77 | Unique needs training | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L78 | Restrictive Int. Training | L | **DDS** | 5/5 |  |  |  |  |  | **5/5** | **Met** |
|  |  L79 | Restraint training | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L80 | Symptoms of illness | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L81 | Medical emergency | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
| O |  L82 | Medication admin. | L | **DDS** | 11/11 |  |  |  |  |  | **11/11** | **Met** |
|  |  L84 | Health protect. Training | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L85 | Supervision  | L | **DDS** | 7/12 | 3/3 |  |  |  |  | **10/15** | **Not Met(66.67 %)** |
|  |  L86 | Required assessments | I | **DDS** | 4/9 | 2/3 |  |  |  |  | **6/12** | **Not Met(50.0 %)** |
|  |  L87 | Support strategies | I | **DDS** | 5/9 | 2/3 |  |  |  |  | **7/12** | **Not Met(58.33 %)** |
|  |  L88 | Strategies implemented | I | **DDS** | 10/12 | 2/3 |  |  |  |  | **12/15** | **Met(80.0 %)** |
|  |  L90 | Personal space/ bedroom privacy | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L91 | Incident management | L | **DDS** | 7/10 | 3/3 |  |  |  |  | **10/13** | **Not Met(76.92 %)** |
|  | **#Std. Met/# 77 Indicator** |  |  |  |  |  |  |  |  |  | **72/77** |  |
|  | **Total Score** |  |  |  |  |  |  |  |  |  | **80/85** |  |
|  |  |  |  |  |  |  |  |  |  |  | **94.12%** |  |

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| **Employment and Day Supports:** |

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|  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **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** |
| O |  L6 | Evacuation | L | **DDS** |  |  | 1/1 | **1/1** | **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 |  | 9/9 | **15/15** | **Met** |
|  |  L10 | Reduce risk interventions | I  | **Provider** |  | - | - | **-** | **Met** |
| O |  L11 | Required inspections | L | **DDS** |  |  | 1/1 | **1/1** | **Met** |
| O |  L12 | Smoke detectors | L | **DDS** |  |  | 1/1 | **1/1** | **Met** |
| O |  L13 | Clean location | L | **DDS** |  |  | 1/1 | **1/1** | **Met** |
|  |  L14 | Site in good repair | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L15 | Hot water | L | **DDS** |  |  | 0/1 | **0/1** | **Not Met(0 %)** |
|  |  L16 | Accessibility | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L17 | Egress at grade  | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L18 | Above grade egress | L  | **Provider** |  | - | - | **-** | **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/combustibles | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L31 | Communication method | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L32 | Verbal & written | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L37 | Prompt treatment | I  | **Provider** |  | - | - | **-** | **Met** |
| O |  L38 | Physician's orders | I | **DDS** |  |  | 1/1 | **1/1** | **Met** |
|  |  L39 | Dietary requirements | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L44 | MAP registration | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L45 | Medication storage | L  | **Provider** |  | - | - | **-** | **Met** |
| O |  L46 | Med. Administration | I | **DDS** | 1/1 |  | 4/4 | **5/5** | **Met** |
|  |  L49 | Informed of human rights | I | **Provider** |  | - | - | **-** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | **DDS** | 6/6 |  | 9/9 | **15/15** | **Met** |
|  |  L51 | Possessions | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L52 | Phone calls | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L54 (07/21) | Privacy | I | **DDS** | 6/6 |  | 9/9 | **15/15** | **Met** |
|  |  L55 | Informed consent | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L56 | Restrictive practices | 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** |
|  |  L63 | Med. treatment plan form | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L64 | Med. treatment plan rev. | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L77 | Unique needs training | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L78 | Restrictive Int. Training | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L79 | Restraint training | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L80 | Symptoms of illness | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L81 | Medical emergency | L  | **Provider** |  | - | - | **-** | **Met** |
| O |  L82 | Medication admin. | L | **DDS** | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L84 | Health protect. Training | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L85 | Supervision  | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L86 | Required assessments | I | **Provider** |  | - | - | **-** | **Not Met** |
|  |  L87 | Support strategies | I | **DDS** | 2/4 |  | 3/5 | **5/9** | **Not Met(55.56 %)** |
|  |  L88 | Strategies implemented | I  | **Provider** |  | - | - | **-** | **Not Met** |
|  |  L91 | Incident management | L | **DDS** | 1/1 |  | 1/1 | **2/2** | **Met** |
|  | **#Std. Met/# 57 Indicator** |  |  |  |  |  |  | **53/57** |  |
|  | **Total Score** |  |  |  |  |  |  | **61/65** |  |
|  |  |  |  |  |  |  |  | **93.85%** |  |

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| **MASTER SCORE SHEET CERTIFICATION** |

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|  | **Certification - Planning and Quality Management** |  |  |  |  |
|  | **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  |  C1 | Provider data collection | Provider | - | **Met** |
|  |  C2 | Data analysis | Provider | - | **Met** |
|  |  C3 | Service satisfaction | Provider | - | **Met** |
|  |  C4 | Utilizes input from stakeholders | Provider | - | **Met** |
|  |  C5 | Measure progress | Provider | - | **Met** |
|  |  C6 | Future directions planning | Provider | - | **Met** |
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| **Residential Services** |  |  |  |  |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | Provider | - | **Met** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C9 | Personal relationships | Provider | - | **Met** |
|  C10 | Social skill development | Provider | - | **Met** |
|  C11 | Get together w/family & friends | Provider | - | **Met** |
|  C12 | Intimacy | Provider | - | **Met** |
|  C13 | Skills to maximize independence  | Provider | - | **Met** |
|  C14 | Choices in routines & schedules | Provider | - | **Met** |
|  C15 | Personalize living space | Provider | - | **Met** |
|  C16 | Explore interests | Provider | - | **Met** |
|  C17 | Community activities | Provider | - | **Met** |
|  C18 | Purchase personal belongings | Provider | - | **Met** |
|  C19 | Knowledgeable decisions | Provider | - | **Met** |
|  C20 (07/21) | Emergency back-up plans | Provider | - | **Met** |
|  C46 | Use of generic resources | Provider | - | **Met** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C48 | Neighborhood connections | Provider | - | **Met** |
|  C49 | Physical setting is consistent  | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C52 | Leisure activities and free-time choices /control | Provider | - | **Met** |
|  C53 | Food/ dining choices | Provider | - | **Met** |
|  C54 | Assistive technology | Provider | - | **Met** |
| **Individual Home Supports** |  |  |  |  |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | Provider | - | **Met** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C9 | Personal relationships | Provider | - | **Met** |
|  C10 | Social skill development | Provider | - | **Met** |
|  C11 | Get together w/family & friends | Provider | - | **Met** |
|  C12 | Intimacy | Provider | - | **Met** |
|  C13 | Skills to maximize independence  | Provider | - | **Met** |
|  C14 | Choices in routines & schedules | Provider | - | **Met** |
|  C15 | Personalize living space | Provider | - | **Met** |
|  C16 | Explore interests | Provider | - | **Met** |
|  C17 | Community activities | Provider | - | **Met** |
|  C18 | Purchase personal belongings | Provider | - | **Met** |
|  C19 | Knowledgeable decisions | Provider | - | **Met** |
|  C20 (07/21) | Emergency back-up plans | Provider | - | **Met** |
|  C21 | Coordinate outreach | Provider | - | **Met** |
|  C46 | Use of generic resources | Provider | - | **Met** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C48 | Neighborhood connections | Provider | - | **Met** |
|  C49 | Physical setting is consistent  | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C52 | Leisure activities and free-time choices /control | Provider | - | **Met** |
|  C53 | Food/ dining choices | Provider | - | **Met** |
|  C54 | Assistive technology | Provider | - | **Met** |
| **Community Based Day Services** |  |  |  |  |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | Provider | - | **Met** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C13 | Skills to maximize independence  | Provider | - | **Met** |
|  C20 (07/21) | Emergency back-up plans | Provider | - | **Met** |
|  C37 | Interpersonal skills for work | Provider | - | **Met** |
|  C38 (07/21) | Habilitative & behavioral goals | Provider | - | **Met** |
|  C39 (07/21) | Support needs for employment | Provider | - | **Met** |
|  C40 | Community involvement interest | Provider | - | **Met** |
|  C41 | Activities participation | Provider | - | **Met** |
|  C42 | Connection to others | Provider | - | **Met** |
|  C43 | Maintain & enhance relationship | Provider | - | **Met** |
|  C44 | Job exploration | Provider | - | **Met** |
|  C45 | Revisit decisions | Provider | - | **Met** |
|  C46 | Use of generic resources | Provider | - | **Met** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C54 | Assistive technology | Provider | - | **Met** |
| **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** |
|  C20 (07/21) | Emergency back-up plans | Provider | - | **Met** |
|  C22 | Explore job interests | Provider | - | **Met** |
|  C23 | Assess skills & training needs | Provider | - | **Met** |
|  C24 | Job goals & support needs plan | Provider | - | **Met** |
|  C25 | Skill development | Provider | - | **Met** |
|  C26 | Benefits analysis | Provider | - | **Met** |
|  C27 | Job benefit education | Provider | - | **Met** |
|  C28 | Relationships w/businesses | Provider | - | **Met** |
|  C29 | Support to obtain employment | Provider | - | **Met** |
|  C30 | Work in integrated settings | Provider | - | **Met** |
|  C31 | Job accommodations | Provider | - | **Met** |
|  C32 | At least minimum wages earned | Provider | - | **Met** |
|  C33 | Employee benefits explained | Provider | - | **Met** |
|  C34 | Support to promote success | Provider | - | **Met** |
|  C35 | Feedback on job performance | Provider | - | **Met** |
|  C36 | Supports to enhance retention | Provider | - | **Met** |
|  C37 | Interpersonal skills for work | Provider | - | **Met** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C50 | Involvement/ part of the Workplace culture | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C54 | Assistive technology | Provider | - | **Met** |
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