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|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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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** | 2 location(s)  6 audit (s) | Full Review | 55/82 Defer Licensure |  | 19 / 28 Certified with Progress Report | | Residential Services | 2 location(s)  6 audit (s) |  |  | Full Review | 16 / 22 | | Planning and Quality Management (For all service groupings) |  |  |  | Full Review | 3 / 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)  10 audit (s) | Full Review | 47/56 2 Year License 12/07/2021 - 12/07/2023 |  | 28 / 46 Certified with Progress Report 12/07/2021 - 12/07/2023 | | Community Based Day Services | 1 location(s)  6 audit (s) |  |  | Full Review | 10 / 17 | | Employment Support Services | 1 location(s)  4 audit (s) |  |  | Full Review | 15 / 23 | | Planning and Quality Management (For all service groupings) |  |  |  | Full Review | 3 / 6 | |  | |

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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  |
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|  | |  | | --- | | Behavioral Associates of Massachusetts, also known as the Halcyon Center, is a non-profit human service agency that has provided supports since 1986 to individuals in the greater Attleboro region. It is a part of The Groden Network, which is based in Rhode Island. Within Massachusetts the agency provides 24-hour residential services, community based day services, employment services, and day habilitation services.  The scope of this survey consisted of a full Licensure and Certification review of the Residential, Employment, and Community Based Day Services, completed by DDS's Office of Quality Enhancement (OQE).   Within the agency's residential services, positive practices within the domain of environmental safety were noted. Smoke alarms and carbon monoxide detectors were located where needed and were all operational. All required inspections, such as furnaces and water heaters, occurred as required. Appliances were clean and well maintained and medication storage areas were secured and clean. Bedrooms were personalized and reflected the individuals' personalities and interests. Additionally, individuals were able to visit with family within the current guidelines given by DDS due to COVID-19. They were also supported to use generic resources, such as the bank and local establishments.  The survey also revealed several areas within the Residential Services that require strengthening to meet the standards set forth in licensing indicators. Oversight and case management of individuals healthcare needs strengthened systems to effectively track all healthcare practitioner recommendations and follow-up to ensure these are actualized for each individual. Systems for tracking and verifying that preventative care and follow-up appointments/testing is conducted in a timely manner should be enhanced. In the area of medication administration, physician's orders need to be clearly written to ensure medications are administered per the Medication Administration Program (MAP) guidelines.    Within the domain of human rights, data needs to be collected for behavior support plans and be used to determine the efficacy of the plan and the plan adjusted as needed. When environmental restrictions are in place within the home there must be a written rationale and mitigating factors implemented to not unduly restrict the rights of others. Oral written and oral communication about and with the individuals needs to be respectful and promote their dignity and abilities.   The day services displayed strengths within several licensing areas. The safety plan was current, and all individuals were able to evacuate in a timely manner. The physical plant was clean and met the needs of the individuals. Within the domain of health, medications orders were present and were administered as ordered. Individuals with unique dietary needs were being adequately supported. Individuals received prompt medical care as needed and staff were aware of how support individuals in the event they needed care. Additional strengths were seen within the certification domains. In all day services individuals were supported to build skills for work through the SNAP curriculum and there was a system in place for individuals to provide feedback on the staff that support them. In employment services all individuals were earning at least minimum wage.  Areas needing strengthening were also identified with the day services. When individuals require a behavior support plan, data needs to be collected regarding the targeted behaviors to ensure the efficacy of the plan. Within the certification domains the agency should focus on community integration and ensuring individuals are actively involved in their community doing activities of interest to them. Individuals should be assessed to determine if they could benefit from the use of assistive technology to maximize their independence at work. Individuals within the CBDS program should have plan developed to identify job goals and support needs that could help lead to meaningful employment. For individuals supported within employment services, plan should be in developed to identify job goals and current or future support needs.  Organizationally, when allegations of abuse/neglect are made immediate actions must be taken to protect the health and safety of the individuals and subsequent actions plans should be fully implemented. The agency needs to strengthen its quality assurance systems to ensure that that they are collecting, analyzing, and measuring relevant data and the presence of expected outcomes. Incidents, MORs and restraints were not always being reported as mandated. The Human Rights Committee (HRC) needs to be made aware of all investigations and significant incidents.   The License level for Residential services is deferred as a result of being not in met in a critical indicator. Pending the results of a successful follow-up review in 60 days, the agency will be granted a Two Year with Mid-Cycle License for its Residential Service.. The agency has earned a two year license within its Employment/Day services. A 60 day follow-up will be conducted by DDS. The agency's Residential Services are Certified with a Progress Report with 68% of the certification indicators receiving a rating of Met. The Employment/Day services are also Certified with a Progress Report with 61% of the certification indicators receiving a rating of Met. In one year, the agency will complete a Certification Progress Report noting status of improvement on the certification indicators that were rated Not Met. | | |  |

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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | |  |  | | |  | | --- | | **LICENSURE FINDINGS** | | | |  |  | |  | | |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **6/10** | **4/10** |  | | **Residential and Individual Home Supports** | **49/72** | **23/72** |  | | Residential Services |  |  |  | | **Critical Indicators** | **6/8** | **2/8** |  | | **Total** | **55/82** | **27/82** | **67%** | | **Defer Licensure** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **27** |  | |  |  |  |  | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **6/10** | **4/10** |  | | **Employment and Day Supports** | **41/46** | **5/46** |  | | Community Based Day Services  Employment Support Services |  |  |  | | **Critical Indicators** | **7/8** | **1/8** |  | | **Total** | **47/56** | **9/56** | **84%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **9** |  | |  |  |  |  | |  | | |  | |  | | |  |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  | | |  |  | |  | **Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L3 | | | Immediate action is taken to protect the health and safety of individuals when potential abuse/neglect is reported. | In four of the fifteen investigations immediate actions were not fully taken. The agency needs to ensure that when potential abuse/neglect occurs that the individual's immediate health and safety needs are assessed and action is taken. | |  | L4 | | | Action is taken when an individual is subject to abuse or neglect. | The four action plans did not have all of the required action steps completed. The agency needs to ensure that when action plans are issued by the area office that all components are addressed by the required deadline. | |  | L48 | | | The agency has an effective Human Rights Committee. | The committee met membership requirements and held meetings as required. The committee had not reviewed investigations and action plans for the past year. All incident and restraint reports were not submitted to the Human Rights Committee for review as required and did not meet the timelines. Recently, the agency discovered that information was not being distributed in an effective manner. The agency needs to ensure the committee understands its role and responsibilities to ensure it has an effective Human Rights Committee. | |  | L65 | | | Restraint reports are submitted within required timelines. | Twenty one of the twenty four restraints were not submitted and/or finalized within the required timelines. Four additional restraints were not reported. The agency needs to ensure that all restraints are reported within the required timelines. | |  |  | | | |  |
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The agency needs to ensure that fire drill are conducted are required. | |  | L10 | | | The provider implements interventions to reduce risk for individuals whose behaviors may pose a risk to themselves or others. | Two individuals require additional interventions due to risk, and practices were not in place to mitigate these risks. The agency needs to ensure that interventions are implemented when an individual poses a risk to themselves or others. | |  | L20 | | | Exit doors are easily operable by hand from inside without the use of keys. | At one location the gates that lead to the front of the home from the fenced in backyard had keyed locks and could not be easily opened in the event of an emergency. The agency needs to ensure that the gates can be easily opened should an emergency occur. | |  | L21 | | | Electrical equipment is safely maintained. | At one location an electrical plug was hanging from the wall. The agency needs to ensure that electrical equipment is safely maintained. | |  | L35 | | | Individuals receive routine preventive screenings. | Of six individuals, four had not received preventative screenings based on the DDS Adult Screening Recommendations. The agency needs to ensure that preventative screenings are discussed with the healthcare provider and occur as recommended. | |  | L36 | | | Recommended tests and appointments with specialists are made and kept. | Three of six individuals were not supported to complete recommended tests and follow-up appointments. This included hearing exams, neurology visits, urology visits, and occupational therapy. The agency needs to ensure that all tests and appointments are completed as recommended by the healthcare provider. | |  | L43 | | | The health care record is maintained and updated as required. | The health care record (HCR) was not up to date and accurate for two individuals. The agency needs to ensure that HCRs are current and have accurate information. | | O | L46 | | | All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart. | Three individuals' medications were not administered as ordered. Physician's orders to discontinue medications were not present and some orders contradicted each other The agency needs to ensure the physician's orders are clear and accurate. When medications are discontinued, orders must be present. | |  | L50 (07/21) | | | Written and oral communication with and about individuals is respectful. | Oral communication about and towards two of the six individuals was not respectful. The agency needs to ensure that staff maintain all communication in a respectful manner. | |  | 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 three individuals there was no written rationale for the use of several environmental restrictions. The agency needs to ensure that there is rationale for all environmental restrictions. | |  | L60 | | | Data are consistently maintained and used to determine the efficacy of behavioral interventions. | The data for three of the four individuals that required a behavior support plan (BSP) was not being shared in its totality. The agency needs to ensure that data is consistently collected and shared to determine the efficacy of the plans. | |  | L61 | | | Supports and health related protections are included in ISP assessments and the continued need is outlined. | For one of two individuals there were no guidelines on the proper use, cleaning, and safety maintenance of their health related supportive and protective equipment. The agency needs to ensure that all health related supportive and protective equipment have guidance on the use. | |  | L63 | | | Medication treatment plans are in written format with required components. | Two individuals require the use of sedating medication prior to specific medical appointments. There was no plan in place regarding the use of these medication or how to support the individuals with learning to cope with the appointments. The agency needs to ensure that plans are in place when pre-sedating medications are used and that all medications are identified with MTPs. | |  | L67 | | | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | For three individuals there was no shared and delegated money management plan. The agency needs to ensure that when they support the individual to manage funds a plan is in place that outlines what supports are being provided, the agency's responsibility in managing the funds and how the individual accesses their funds. | |  | L68 | | | Expenditures of individual's funds are made only for purposes that directly benefit the individual. | For two individuals' items were being purchased on staff debit/credit cards and the individuals were reimbursing them despite having funds readily available for use. In one instance an individual's personal items were delivered to a staff's home address. In another instance in individual purchased an item that they neither needed or wanted. The agency needs to ensure that individuals funds are directly used for purposes that benefit them. | |  | L69 | | | Individual expenditures are documented and tracked. | Three of the six individuals' funds were not proper documented or tracked. In two instances funds were not entered onto the financial transaction record (FTR) and were not present on the day of the review. The agency needs to ensure that all funds are documented and that the correct amount of cash is present at all times. | |  | L78 | | | Staff are trained to safely and consistently implement restrictive interventions. | Staff were not implementing environmental restrictive as outlined at one location. The agency needs to ensure that staff implement environmental restrictions as outlined within their plan. | |  | L84 | | | Staff / care providers are trained in the correct utilization of health related protections per regulation. | Staff were not trained in the correct utilization of an individual's gait belt. The agency needs to ensure that staff are trained in the proper utilization of all health related supportive and protective equipment. | |  | L85 | | | The agency provides ongoing supervision, oversight and staff development. | Oversight and monitoring was not sufficient to ensure that each location was consistently complying with provider policies, procedures, and guidelines. When new needs were identified and new strategies recommended, implementation and follow-up on these new strategies did not always occur. The agency needs to ensure there is sufficient supervision and oversight of all locations. | |  | L86 | | | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | ISP assessments were not submitted on time for four of the six individuals. The agency needs to ensure that all ISP assessments are submitted within the required timelines. | |  | L87 | | | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | ISP support strategies were not submitted on time for four of the six individuals. The agency needs to ensure that all ISP support strategies are submitted within the required timelines. | |  | L91 | | | Incidents are reported and reviewed as mandated by regulation. | Incidents were not always submitted and/or finalized within the required timelines. Additionally, some incidents and ER visits were not reported into HCSIS. The agency needs to ensure that all incidents that are required to be reported are reported into HCSIS within the mandated timelines. | | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L60 | | | Data are consistently maintained and used to determine the efficacy of behavioral interventions. | Data was not being collected regarding behaviors identified in the Behavior Plan for four individuals. The agency needs to ensure that data is collected for all individuals that require a PBS plan. | |  | L63 | | | Medication treatment plans are in written format with required components. | One individual has identified behaviors for which medication is being administered , but there was no MTP in place. The agency needs to ensure that when individuals have behavior modify medications administered during their day services that a MTP is in place. | |  | L64 | | | Medication treatment plans are reviewed by the required groups. | For one individual, a MTP was not included in the ISP. When a MTP is required, it must be reviewed by the required groups. | |  | L86 | | | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | ISP assessments were not submitted on time for six of the eight individuals. The agency needs to ensure that all ISP assessments are submitted within the required timelines. | |  | L87 | | | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | ISP support strategies were not submitted on time for six of the eight individuals. The agency needs to ensure that all ISP support strategies are submitted within the required timelines. | | |  |

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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Planning and Quality Management Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C2 | | | The provider analyzes information gathered from all sources and identifies patterns and trends. | Data from HCSIS was not fully analyzed data to determine patterns and trends such as low reporting. Patterns and trends regarding investigations were not analyzed to determine potential commonalities. The agency needs to ensure they analyze information gathered from all sources and identifies patterns and trends. | |  | C4 | | | The provider receives and utilizes input received from DDS and other stakeholders to inform service improvement efforts. | Feedback was solicited from individuals and guardians, but not fully utilized to drive service improvement goals. The agency needs to ensure that input they receive is used to inform service improvement efforts. | |  | C5 | | | The provider has a process to measure progress towards achieving service improvement goals. | There are no measurable goals in place that focus on the quality of the services provided to the individuals. Thea agency needs to ensure that there is a process to measure progress towards achieving service improvement goals. | |  |  | | |  |  | |  |  | | |  |
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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Residential Services- Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C7 | | | Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them. | Three of the six individuals were not afforded the opportunity to provide feedback regarding the staff that support them. The agency needs to ensure that individuals' feedback regarding staff is solicited. | |  | C9 | | | Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts. | Two individuals were not supported to develop or maintain relationships. The agency needs to ensure that staff act as bridge builders and provide opportunities to develop, and/or increase personal relationships. | |  | C12 | | | Individuals are supported to explore, define, and express their need for intimacy and companionship. | The individuals are not supported to explore, define, and express their need for intimacy and companionship. The agency needs to ensure they are aware of the individuals potential wants/needs and that they are then supported to explore those further. | |  | C16 | | | Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities. | Three individuals were not supported to explore and connect with interests for cultural, social, recreational and spiritual activities. The agency needs to ensure that individuals are exposed to various cultural, social, recreational and spiritual activities to determine if they may be of interest and that areas of interest are further explored. | |  | C17 | | | Community activities are based on the individual's preferences and interests. | Community activities were not based on the individual's preferences and interests for three of six individuals. The agency needs to ensure that they are aware of the individuals' interest and that activities are based on their unique interests. | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | The individuals have not been assessed to determine if assistive technology could increase their independence. The agency needs to assess the individuals to determine if low or high tech modifications could benefit the individuals and then implement any potential supports to maximize independence. | |  |  | | |  |  | |  | **Community Based Day Services- Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C39 (07/21) | | | There is a plan developed to identify job goals and support needs that would lead to movement into supported employment. | There were no plans developed to identify job goals and support needs that would lead to movement into supported employment. The agency needs to ensure that plans are developed and implemented. | |  | C40 | | | Individuals are supported to explore, discover and connect with their personal interest and options for community involvement, personal interest and hobbies. | At this time community activities are not occurring within the CBDS program. All activities are being completed on site, virtually, or within the Groden network. The agency needs to ensure community exploration activities are available so individuals are supported to explore, discover and connect with their personal interest. | |  | C41 | | | Individuals participate in activities, including those in the community, that reflect their interests and preferences. | At this time community activities are not occurring within the CBDS program. All activities are being completed on site, virtually, or within the Groden network. The agency needs to ensure that community activities are offered and that they are of interest to the individuals. | |  | C42 | | | Individuals are involved in activities that connect them to other people in the community. | Individuals have not been consistently supported to engage in activities with other community members, and connect with the community, The agency needs to ensure the community activities are offered and that they help individual to connect with others in the community. | |  | C43 | | | Staff act as bridge builders to support individuals to develop, sustain, and enhance relationships with others. | Two individuals were not supported to sustain or enhance relationships. The agency needs to ensure that staff act as bridge builders to support individuals to develop, sustain, and enhance relationships with others. | |  | C46 | | | Staff (Home Providers) support individuals to learn about and use generic community resources. | Individuals are not supported to learn about or use generic resources such as the library and stores during their day. The agency needs to ensure there are opportunities for individuals to learn about and use generic community resources. | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | The individuals have not been assessed to determine if assistive technology could increase their independence. The agency needs to asses the individuals to determine if low or high tech modifications could benefit the individuals and then implement any potential supports to maximize independence. | |  | C24 | | | There is a plan developed to identify job goals and support needs. | For three of four individuals there was no plan developed to identify job goals and support needs. The agency needs to ensure that individuals has plans to identify job goals and support needs. | |  | 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. | One individual was not supported to understand how to manage their entitlements. Thea agency needs to ensure that individuals are supported to understand that they can continue to work successfully in the community while maintaining their entitlements. | |  | C27 | | | Individuals and families are encouraged and supported to understand the benefits of integrated employment. | Individuals were not supported to encouraged and supported to understand the benefits of integrated employment. The agency needs to ensure this occurs. | |  | C28 | | | Staff maintain and develop relationships with local businesses in order to facilitate job development opportunities. | The agency has not reconnected with local businesses to foster job development opportunities. The agency needs to revisit previous relationships and explore new potential relationships to help facilitate job opportunities for the individuals. | |  | C29 | | | Individuals are supported to obtain employment that matches their skills and interests. | One individual was not supported to obtain employment that aligned with his skills and interests. The agency needs to ensure that individuals are supported to obtain employment that aligns with their unique skills and interests. | |  | C30 | | | Individuals are supported to work in integrated job settings. | Individuals are currently working at the Provider site, and not working within an integrated setting. The agency needs to explore additional work options that would integrate the individuals work into their community. | |  | C35 | | | Individuals are given feedback on job performance by their employer. | Two of the three individuals had not received feedback on their job performance. All individuals should receive feedback on the performance of their job. | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | The individuals have not been assessed to determine if assistive technology could increase their independence. The agency needs to asses the individuals to determine if low or high tech modifications could benefit the individuals and then implement any potential supports to maximize independence. | |  |  | | |  |  | |  |  | | |  |

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|  | |  | | --- | | **Organizational: BEHAVIORAL ASSOCIATES OF MASS** | |  | | |  |  |
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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **3/4** | **Met(75.00 % )** | |  | L3 | Immediate Action | **11/15** | **Not Met(73.33 % )** | |  | L4 | Action taken | **0/4** | **Not Met(0 % )** | |  | L48 | HRC | **0/1** | **Not Met(0 % )** | |  | L65 | Restraint report submit | **3/28** | **Not Met(10.71 % )** | |  | L66 | HRC restraint review | **12/12** | **Met** | |  | L74 | Screen employees | **2/2** | **Met** | |  | L75 | Qualified staff | **2/2** | **Met** | |  | L76 | Track trainings | **6/7** | **Met(85.71 % )** | |  | L83 | HR training | **6/7** | **Met(85.71 % )** | |  |  | | |  |

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|  | |  | | --- | | **Residential and Individual Home Supports:** | | | | |  |  |  |  |
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|  | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Res. Sup.** | **Ind. Home Sup.** | **Place.** | **Resp.** | **ABI-MFP Res. Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L5 | Safety Plan | L | 1/2 |  |  |  |  |  | **1/2** | **Not Met (50.0 %)** | | O | L6 | Evacuation | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L7 | Fire Drills | L | 1/2 |  |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L8 | Emergency Fact Sheets | I | 5/6 |  |  |  |  |  | **5/6** | **Met (83.33 %)** | |  | L9 (07/21) | Safe use of equipment | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L10 | Reduce risk interventions | I | 0/2 |  |  |  |  |  | **0/2** | **Not Met (0 %)** | | O | L11 | Required inspections | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L12 | Smoke detectors | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L13 | Clean location | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L14 | Site in good repair | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L15 | Hot water | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L16 | Accessibility | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L17 | Egress at grade | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L18 | Above grade egress | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L19 | Bedroom location | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L20 | Exit doors | L | 1/2 |  |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L21 | Safe electrical equipment | L | 1/2 |  |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L22 | Well-maintained appliances | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L23 | Egress door locks | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L24 | Locked door access | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L25 | Dangerous substances | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L26 | Walkway safety | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L28 | Flammables | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L29 | Rubbish/combustibles | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L30 | Protective railings | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L31 | Communication method | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L32 | Verbal & written | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L33 | Physical exam | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L35 | Preventive screenings | I | 4/6 |  |  |  |  |  | **4/6** | **Not Met (66.67 %)** | |  | L36 | Recommended tests | I | 3/6 |  |  |  |  |  | **3/6** | **Not Met (50.0 %)** | |  | L37 | Prompt treatment | I | 5/6 |  |  |  |  |  | **5/6** | **Met (83.33 %)** | | O | L38 | Physician's orders | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L39 | Dietary requirements | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L40 | Nutritional food | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L41 | Healthy diet | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L42 | Physical activity | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L43 | Health Care Record | I | 4/6 |  |  |  |  |  | **4/6** | **Not Met (66.67 %)** | |  | L44 | MAP registration | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L45 | Medication storage | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L46 | Med. Administration | I | 3/6 |  |  |  |  |  | **3/6** | **Not Met (50.0 %)** | |  | L49 | Informed of human rights | I | 5/6 |  |  |  |  |  | **5/6** | **Met (83.33 %)** | |  | L50 (07/21) | Respectful Comm. | I | 4/6 |  |  |  |  |  | **4/6** | **Not Met (66.67 %)** | |  | L51 | Possessions | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L52 | Phone calls | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L53 | Visitation | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L54 (07/21) | Privacy | I | 5/6 |  |  |  |  |  | **5/6** | **Met (83.33 %)** | |  | L56 | Restrictive practices | I | 0/3 |  |  |  |  |  | **0/3** | **Not Met (0 %)** | |  | L57 | Written behavior plans | I | 4/4 |  |  |  |  |  | **4/4** | **Met** | |  | L60 | Data maintenance | I | 1/4 |  |  |  |  |  | **1/4** | **Not Met (25.00 %)** | |  | L61 | Health protection in ISP | I | 1/2 |  |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L62 | Health protection review | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L63 | Med. treatment plan form | I | 3/5 |  |  |  |  |  | **3/5** | **Not Met (60.0 %)** | |  | L64 | Med. treatment plan rev. | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L67 | Money mgmt. plan | I | 3/6 |  |  |  |  |  | **3/6** | **Not Met (50.0 %)** | |  | L68 | Funds expenditure | I | 4/6 |  |  |  |  |  | **4/6** | **Not Met (66.67 %)** | |  | L69 | Expenditure tracking | I | 3/6 |  |  |  |  |  | **3/6** | **Not Met (50.0 %)** | |  | L70 | Charges for care calc. | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L71 | Charges for care appeal | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L77 | Unique needs training | I | 5/6 |  |  |  |  |  | **5/6** | **Met (83.33 %)** | |  | L78 | Restrictive Int. Training | L | 0/1 |  |  |  |  |  | **0/1** | **Not Met (0 %)** | |  | L79 | Restraint training | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L80 | Symptoms of illness | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L81 | Medical emergency | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L82 | Medication admin. | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L84 | Health protect. Training | I | 1/2 |  |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L85 | Supervision | L | 0/2 |  |  |  |  |  | **0/2** | **Not Met (0 %)** | |  | L86 | Required assessments | I | 2/6 |  |  |  |  |  | **2/6** | **Not Met (33.33 %)** | |  | L87 | Support strategies | I | 2/6 |  |  |  |  |  | **2/6** | **Not Met (33.33 %)** | |  | L88 | Strategies implemented | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L90 | Personal space/ bedroom privacy | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L91 | Incident management | L | 0/2 |  |  |  |  |  | **0/2** | **Not Met (0 %)** | |  | **#Std. Met/# 72 Indicator** |  |  |  |  |  |  |  |  | **49/72** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **55/82** |  | |  |  |  |  |  |  |  |  |  |  | **67.07%** |  | |  |  |  | | | |  |
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|  | |  | | --- | | **Employment and Day Supports:** | | | | |  |  |  |  |
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|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | 4/4 |  | 6/6 | **10/10** | **Met** | |  | L5 | Safety Plan | L |  |  | 1/1 | **1/1** | **Met** | | O | L6 | Evacuation | L |  |  | 1/1 | **1/1** | **Met** | |  | L7 | Fire Drills | L |  |  | 1/1 | **1/1** | **Met** | |  | L8 | Emergency Fact Sheets | I | 4/4 |  | 5/6 | **9/10** | **Met (90.0 %)** | |  | L9 (07/21) | Safe use of equipment | I | 4/4 |  | 6/6 | **10/10** | **Met** | |  | L10 | Reduce risk interventions | I | 1/1 |  |  | **1/1** | **Met** | | O | L11 | Required inspections | L |  |  | 1/1 | **1/1** | **Met** | | O | L12 | Smoke detectors | L |  |  | 1/1 | **1/1** | **Met** | | O | L13 | Clean location | L |  |  | 1/1 | **1/1** | **Met** | |  | L15 | Hot water | L |  |  | 1/1 | **1/1** | **Met** | |  | L16 | Accessibility | L |  |  | 1/1 | **1/1** | **Met** | |  | L17 | Egress at grade | L |  |  | 1/1 | **1/1** | **Met** | |  | L20 | Exit doors | L |  |  | 1/1 | **1/1** | **Met** | |  | L21 | Safe electrical equipment | L |  |  | 1/1 | **1/1** | **Met** | |  | L22 | Well-maintained appliances | L |  |  | 1/1 | **1/1** | **Met** | |  | L25 | Dangerous substances | L |  |  | 1/1 | **1/1** | **Met** | |  | L26 | Walkway safety | L |  |  | 1/1 | **1/1** | **Met** | |  | L28 | Flammables | L |  |  | 1/1 | **1/1** | **Met** | |  | L31 | Communication method | I | 4/4 |  | 5/5 | **9/9** | **Met** | |  | L32 | Verbal & written | I | 4/4 |  | 5/5 | **9/9** | **Met** | |  | L37 | Prompt treatment | I | 4/4 |  | 5/5 | **9/9** | **Met** | | O | L38 | Physician's orders | I |  |  | 2/2 | **2/2** | **Met** | |  | L39 | Dietary requirements | I |  |  | 1/1 | **1/1** | **Met** | |  | L44 | MAP registration | L |  |  | 1/1 | **1/1** | **Met** | |  | L45 | Medication storage | L |  |  | 1/1 | **1/1** | **Met** | | O | L46 | Med. Administration | I |  |  | 2/2 | **2/2** | **Met** | |  | L49 | Informed of human rights | I | 4/4 |  | 5/5 | **9/9** | **Met** | |  | L50 (07/21) | Respectful Comm. | I | 4/4 |  | 6/6 | **10/10** | **Met** | |  | L51 | Possessions | I | 4/4 |  | 5/5 | **9/9** | **Met** | |  | L52 | Phone calls | I | 4/4 |  | 5/5 | **9/9** | **Met** | |  | L54 (07/21) | Privacy | I | 4/4 |  | 5/5 | **9/9** | **Met** | |  | L57 | Written behavior plans | I |  |  | 3/4 | **3/4** | **Met** | |  | L60 | Data maintenance | I |  |  | 0/4 | **0/4** | **Not Met (0 %)** | |  | L63 | Med. treatment plan form | I |  |  | 0/1 | **0/1** | **Not Met (0 %)** | |  | L64 | Med. treatment plan rev. | I |  |  | 0/1 | **0/1** | **Not Met (0 %)** | |  | L77 | Unique needs training | I | 4/4 |  | 6/6 | **10/10** | **Met** | |  | L79 | Restraint training | L |  |  | 1/1 | **1/1** | **Met** | |  | L80 | Symptoms of illness | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L81 | Medical emergency | L | 1/1 |  | 1/1 | **2/2** | **Met** | | O | L82 | Medication admin. | L |  |  | 1/1 | **1/1** | **Met** | |  | L85 | Supervision | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L86 | Required assessments | I | 2/3 |  | 0/5 | **2/8** | **Not Met (25.00 %)** | |  | L87 | Support strategies | I | 1/3 |  | 1/5 | **2/8** | **Not Met (25.00 %)** | |  | L88 | Strategies implemented | I | 4/4 |  | 5/6 | **9/10** | **Met (90.0 %)** | |  | L91 | Incident management | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | **#Std. Met/# 46 Indicator** |  |  |  |  |  | **41/46** |  | |  | **Total Score** |  |  |  |  |  | **47/56** |  | |  |  |  |  |  |  |  | **83.93%** |  | |  |  |  | | | |  |
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|  | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | |  | | | |  |  |  |
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|  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Certification - Planning and Quality Management** |  |  |  | | | | |  | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | |  | C1 | | | | Provider data collection | 1/1 | **Met** | |  | C2 | | | | Data analysis | 0/1 | **Not Met (0 %)** | |  | C3 | | | | Service satisfaction | 1/1 | **Met** | |  | C4 | | | | Utilizes input from stakeholders | 0/1 | **Not Met (0 %)** | |  | C5 | | | | Measure progress | 0/1 | **Not Met (0 %)** | |  | C6 | | | | Future directions planning | 1/1 | **Met** | |  |  | | | |  |  |  | |  |  |  | | | |  |
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|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Residential Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 3/6 | **Not Met (50.0 %)** | | C8 | | | | Family/guardian communication | 5/6 | **Met (83.33 %)** | | C9 | | | | Personal relationships | 4/6 | **Not Met (66.67 %)** | | C10 | | | | Social skill development | 6/6 | **Met** | | C11 | | | | Get together w/family & friends | 6/6 | **Met** | | C12 | | | | Intimacy | 0/6 | **Not Met (0 %)** | | C13 | | | | Skills to maximize independence | 6/6 | **Met** | | C14 | | | | Choices in routines & schedules | 5/6 | **Met (83.33 %)** | | C15 | | | | Personalize living space | 2/2 | **Met** | | C16 | | | | Explore interests | 3/6 | **Not Met (50.0 %)** | | C17 | | | | Community activities | 3/6 | **Not Met (50.0 %)** | | C18 | | | | Purchase personal belongings | 5/6 | **Met (83.33 %)** | | C19 | | | | Knowledgeable decisions | 6/6 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 6/6 | **Met** | | C46 | | | | Use of generic resources | 6/6 | **Met** | | C47 | | | | Transportation to/ from community | 6/6 | **Met** | | C48 | | | | Neighborhood connections | 6/6 | **Met** | | C49 | | | | Physical setting is consistent | 2/2 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 6/6 | **Met** | | C52 | | | | Leisure activities and free-time choices /control | 6/6 | **Met** | | C53 | | | | Food/ dining choices | 5/6 | **Met (83.33 %)** | | C54 | | | | Assistive technology | 0/6 | **Not Met (0 %)** | | **Community Based Day Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 5/5 | **Met** | | C8 | | | | Family/guardian communication | 5/5 | **Met** | | C13 | | | | Skills to maximize independence | 5/5 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 5/5 | **Met** | | C37 | | | | Interpersonal skills for work | 5/5 | **Met** | | C38 (07/21) | | | | Habilitative & behavioral goals | 4/5 | **Met (80.0 %)** | | C39 (07/21) | | | | Support needs for employment | 0/5 | **Not Met (0 %)** | | C40 | | | | Community involvement interest | 0/5 | **Not Met (0 %)** | | C41 | | | | Activities participation | 0/5 | **Not Met (0 %)** | | C42 | | | | Connection to others | 0/5 | **Not Met (0 %)** | | C43 | | | | Maintain & enhance relationship | 3/5 | **Not Met (60.0 %)** | | C44 | | | | Job exploration | 5/5 | **Met** | | C45 | | | | Revisit decisions | 5/5 | **Met** | | C46 | | | | Use of generic resources | 2/5 | **Not Met (40.0 %)** | | C47 | | | | Transportation to/ from community | 5/5 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 5/6 | **Met (83.33 %)** | | C54 | | | | Assistive technology | 0/6 | **Not Met (0 %)** | | **Employment Support Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 4/4 | **Met** | | C8 | | | | Family/guardian communication | 4/4 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 4/4 | **Met** | | C22 | | | | Explore job interests | 2/2 | **Met** | | C23 | | | | Assess skills & training needs | 3/3 | **Met** | | C24 | | | | Job goals & support needs plan | 1/4 | **Not Met (25.00 %)** | | C25 | | | | Skill development | 3/3 | **Met** | | C26 | | | | Benefits analysis | 2/3 | **Not Met (66.67 %)** | | C27 | | | | Job benefit education | 1/3 | **Not Met (33.33 %)** | | C28 | | | | Relationships w/businesses | 0/1 | **Not Met (0 %)** | | C29 | | | | Support to obtain employment | 2/3 | **Not Met (66.67 %)** | | C30 | | | | Work in integrated settings | 0/3 | **Not Met (0 %)** | | C31 | | | | Job accommodations | 3/3 | **Met** | | C32 | | | | At least minimum wages earned | 1/1 | **Met** | | C33 | | | | Employee benefits explained | 3/3 | **Met** | | C34 | | | | Support to promote success | 2/2 | **Met** | | C35 | | | | Feedback on job performance | 1/3 | **Not Met (33.33 %)** | | C36 | | | | Supports to enhance retention | 1/1 | **Met** | | C37 | | | | Interpersonal skills for work | 3/3 | **Met** | | C47 | | | | Transportation to/ from community | 3/3 | **Met** | | C50 | | | | Involvement/ part of the Workplace culture | 3/3 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 4/4 | **Met** | | C54 | | | | Assistive technology | 1/4 | **Not Met (25.00 %)** | |  | | | |  |  |  | |  |  | | | |  |  |