



**PROVIDER REPORT
FOR
BERKSHIRE COUNTY ARC
INC
395 SOUTH ST
PITTSFIELD, MA 01201**

May 15, 2026

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider BERKSHIRE COUNTY ARC INC

Review Dates 3/11/2026 - 3/18/2026

Service Enhancement Meeting Date 4/1/2026

Survey Team

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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) 18 audit (s)	Targeted Review	DDS 20/23 Provider 66 / 68 86 / 91 Defer Licensure		No Review Conducted
Residential Services	6 location(s) 6 audit (s)			Deemed	0/0(Provider)
ABI-MFP Residential Services	4 location(s) 6 audit (s)			Deemed	0/0(Provider)
Placement Services	3 location(s) 3 audit (s)			Deemed	0/0(Provider)
Respite Services	1 location(s) 2 audit (s)			No Review	No Review
Individual Home Supports	1 location(s) 1 audit (s)			Deemed	0/0(Provider)
Planning and Quality Management (For all service groupings)				Deemed	0/0(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	4 location(s) 16 audit (s)	Full Review	51/58 2 Year License 04/01/2026-04/01/2028		Certified 04/01/2026 - 04/01/2028
Community Based Day Services	2 location(s) 7 audit (s)			Deemed	
Employment Support Services	2 location(s) 9 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	0/0(Provider)

EXECUTIVE SUMMARY :

Founded in 1954 and headquartered in Pittsfield, MA, Berkshire County Arc (BArc) provides a range of human services supports to individuals with Intellectual/Developmental Disabilities and Acquired Brain Injury (ABI) in the Berkshire and Hampden counties of MA. The agency provides these supports in programs including 24-hour residential homes, acquired brain injury (ABI) homes, placement and ABI placement homes, individual home supports (IHS), respite, and employment/community-based day support services (CBDS). The agency also offers Day Habilitation, Advocacy, and Family Support Services to the wider community.

For this 2026 survey, the agency was eligible for and elected to complete a self-assessment on all licensure indicators in residential services for the current licensing cycle. The Department of Developmental Services (DDS) Central West Office of Quality Enhancement conducted a targeted review of the eight critical licensing indicators, revised indicators, and any indicators that received a score of Not Met during the agency's last licensing review for that service. BArc underwent a full DDS licensing review of their employment and CBDS services. This survey report reflects a combination of ratings from the self-assessment process conducted by BArc and the targeted and full reviews conducted by DDS, with ratings by DDS prevailing where indicators were rated by both parties. The agency is currently accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and was deemed for certification in lieu of the accreditation.

The DDS targeted review results in residential services (including Placement services, Respite, and IHS) at Berkshire County Arc showed that: staff provided effective support to individuals to maintain wellness. Relative to healthcare support, medication was administered as ordered by physicians by staff who were MAP certified. Supports and health-related equipment use was also supported appropriately. At the various homes that were visited, medical treatment protocols were in place for individuals who needed them, and staff were trained and implemented the protocols as ordered. Relative to environmental standards, the homes were found to be clean and well maintained.

Within Employment and Day supports: The agency had effective systems and practices that allowed for individuals to make meaningful contributions within their day sites and communities. Relative to licensing standards: the CBDS locations were accessible to the needs of the individuals and were clean and well-maintained. Annual inspections were current, and all elements of the fire detection system were in place and fully operational. Annual inspections were also conducted for equipment located at the agency's employment sub-locations.

In addition to the positive findings discussed above, the review identified some licensing areas in need of further attention. Across residential services, smoke and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation must be located where required and be fully operational. Timely submissions must also occur for incident reports.

Relative to personal safety within the CBDS program, fire drills must be conducted as designated in the safety plan with the identified number of staff. Hot water temperature should test between 100 and 110 degrees at day sites. Informed consent must also be obtained from individuals and their guardians around media releases (individuals and their guardians have the right to withdraw consent at any stage). Relative to the ISP, timelines must be adhered to for the submission of assessments and support strategies. Timely submission must also occur for incidents at day services; and restraints on an organizational level.

Within Residential services, BArc met 95% of licensing indicators with one critical indicator (L12) receiving a rating of not met. The agency's residential grouping license will thus be deferred due to the not-met critical indicator. The residential service grouping would earn a two-year license with a mid-cycle review if the not-met critical indicator is met at 80% during the follow-up survey.

Within the Employment and Day Support services, the agency met 88% of licensing indicators, including all critical indicators, and will be issued a Two-Year License for the Employment/day Service grouping.

Follow-up on all licensing indicators that were not met in residential and day services will be conducted by the DDS Office of Quality Enhancement (OQE) within 60 days of the Service Enhancement Meeting.

The agency's residential and employment/day service groupings are Certified in lieu of the agency's current CARF accreditation.

Description of Self Assessment Process:

Provider Self-Assessment Report: Completed by Berkshire County Arc

For this self-assessment, a 20% random sample of applicable services was reviewed. Additional information was drawn from 2025 Residential, Shared Living, IHS, and Respite audits, as well as quarterly safety inspections, fire drill records, and related documentation. The sample included: Residential Services--10 homes (44 individual audits), Shared Living--4 individual audits, IHS-4 individual audits, Respite--4 individual audits, and a full review of organizational indicators. An 80% threshold was used to determine whether each indicator was met. The narrative below summarizes the systems in place to ensure compliance with Licensure and Certification standards.

Personal and Environmental Safety

Comprehensive QA Reviews: The agency conducts annual comprehensive QA onsite reviews to ensure compliance with all personal safety standards across Residential and Day Services. These reviews include physical site inspections, safety plan evaluations, fire drill record reviews, quarterly safety inspections, financial audits, water temperature checks, and data collection. Electronic records--such as HCSIS submissions, ISP documentation, permissions, EFS records, and medical appointment logs--are examined for accuracy and timeliness. Required staff trainings, including healthcare protocols, consents, communication support, and goal-related competencies, are verified through both onsite and eAcademy systems. QA also reviews staff meetings, individual meetings, medication administration practices, and food storage areas for adequate supplies and safety. Reports are distributed to site managers, supervisors, community advocates, nurses, and program directors. Corrective actions are implemented collaboratively, with follow-up conducted by QA on any outstanding issues.

Quarterly Review of Licensing Indicators: The QA department reviews key indicators (L38, L56, L64, L91, and L93) quarterly. Results are formally communicated to Senior Leadership, Supervisors, Nurses, and applicable residences.

Incident Review and Risk Management Committees: The Incident Review Committee and the internal Risk Management Committee meet every two weeks to review all critical incidents, MORs, and restraints. The Director of Quality chairs the Incident Review Committee, while the Risk Committee is chaired by the VP of Quality and Risk. Membership includes representatives from Residential, Day, Nursing, Clinical, Employment, CBDS, and Human Rights. Meeting notes are maintained for both committees. An annual trend analysis of incidents is completed by the Director of Quality, with results presented to the Senior Leadership Team.

Maintenance Requests and Planning: All maintenance requests are submitted through the Onsite web-based system, where they are tracked by the Administrative Assistant. Requests are removed once completed and confirmed. All program sites follow a five-year maintenance plan outlining short- and long-term goals. Short-term goals are reviewed daily, and long-term goals are assessed annually. Completed items are marked off upon completion.

Fleet Management: Fleet service agreements with Firestone, CRT, and Advanced Wheels ensure regular inspections, maintenance, and diagnostic reviews. The VP of Residential Services reviews all fleet service contracts. Vans undergo annual inspections, with repair or replacement decisions made according to diagnostic results. Any inspection issues are reported directly to the VP of Residential.

Internal Environmental Inspections: Supervisors complete quarterly internal inspections using a tool aligned with standards L11-L30. QA conducts parallel reviews during audits. Inspections are logged by the Administrative Assistant and forwarded to Director of the program if corrective action is required.

Health and Medication Management

Nursing Oversight: Licensed RNs, supported by an after-hours on-call system, provide health oversight. Site managers meet weekly with nursing staff using forms aligned with standards L33-L37. On-call reports, distributed daily, track medical calls as well as ER and urgent care visits and are used to ensure alignment with required HCSIS reporting.

Medication Inspections: Semiannual nursing medication inspections occur at every site, with results shared with the residence, Supervisor, and Director; with follow up conducted for needed corrections.

Non-nursing inspections occur monthly for one individual per site (conducted by Supervisors) and

annually by QA. All findings are communicated through monthly management and annual QA reports. MAP Compliance: Medication administration sites maintain MAP registration, and all staff who administer medication are MAP certified. Certification and registration status are monitored by the Administrative Assistant, Training, and QA. Lapsed staff certification results in immediate suspension of medication administration duties until resolved.

Self-Medication Assessments: Nursing completes self-medication assessments for all individuals. When appropriate, teaching plans are created and monitored. Any changes in ability are reported to nursing for reassessment and plan updates.

Human Rights Protections

Individual and Guardian Education: Individuals receive annual training on Human Rights and the grievance process, primarily provided by Community Advocates. Guardians receive an annual letter from the Human Rights Coordinator. Concerns may be addressed informally or through the formal grievance process.

Lease agreement and Acknowledgement of Rights: Completed upon admission and updated if the individual transfers to another program. These documents are reviewed annually during QA audits to verify existence and accuracy. Corrections made by residences as needed.

Residential individuals have lease agreements and Acknowledgements of Rights on file. These documents are reviewed during annual QA audits and updated when individuals transfer programs.

Human Rights Committee: The Human Rights Committee meets quarterly with the required quorum to review incidents, restraints, and required documentation. Recommendations are communicated to appropriate program staff.

Staff Human Rights Training: All staff complete annual Human Rights training through eAcademy.

Supervisors receive reminders regarding overdue or incomplete trainings.

ABI Complaint Resolution Logs: ABI programs maintain complaint resolution logs. QA verifies their presence during audits and inquirers about any identified issues, which are documented in QA recommendations when follow-up is needed.

Funds Management

Custodial Accounts: A centralized custodial account is maintained for individuals, balanced twice monthly in compliance with SSA guidelines. Findings are reported to the CFO.

Charges for Care: The Accounting office performs monthly charges-for-care reviews, sending notices to individuals and guardians outlining appeal procedures.

SSA Audits: SSA conducts audits every three years, and all corrective actions are implemented based on findings.

Internal Funds Audits: Monthly internal audits of weekly funds, gift cards, and external bank accounts are completed by Residential Supervisors. Findings are reported to Directors. Missing funds are immediately reimbursed by the agency and reported to DPPC as required.

Money Management Plans: Community Advocates develop money management plans for individuals with shared delegation of funds. Plans are uploaded to HCSIS and QA reviews these plans during I audits for accuracy with required corrections noted as a recommendation in the report.

Excess Funds and Benefits Management: The Benefits Manager oversees monitoring of excess Social Security funds, pooled trusts, burial plans, and MassHealth applications or renewals. Spend-down needs are communicated to supervisors and directors and monitored by accounting.

Competent and Trained Workforce

Pre-Employment Screening: Human Resources conducts thorough pre-employment screenings, including CORI, SORI, RMV checks, fingerprinting, and OIG checks--for all staff with direct contact responsibilities. All documentation is maintained in personnel files.

Application Review: Site Managers, Directors, the CHRO, and the President & CEO review applications and qualifications. Any discrepancies require applicants to provide additional information before processing.

Job Descriptions: The CHRO and department heads review job descriptions annually; updates are submitted to HR for approval and finalization.

Onboarding and Training: New hires complete a four-day onboarding program covering CPR/FA, values and disability awareness, PBS, incident reporting, and more. Training occurs twice monthly and is overseen by the VP of Staff Development and Training. Curriculum is reviewed annually as part of the annual agency-wide training plan.

Mandated Training Tracking: All required trainings, including those provided via eAcademy, are tracked by the VP of Staff Development and Training. QA monitors compliance as part of its audit process.

Staff Evaluation System: The agency recently adopted the Perform Yard evaluation system which requires a 90-day evaluation at the completion of orientation and an annual evaluation, thereafter, including both self-evaluations and supervisor evaluations. Human Resources distributes monthly reports on evaluation status.

Ongoing In-House Training: In-house training is provided on safety plans, individual profiles, behavioral protocols, medical needs, and other required topics. Trainers are assigned based on subject matter expertise. Supervisors review compliance monthly, and QA verifies annually.

Goal Accomplishment

HCSIS Compliance: The Quality Compliance Specialist monitors all HCSIS deliverables and generates monthly and quarterly reports. Corrective reminders and status updates are sent to Supervisors and Directors, and results are included in QA reports.

Monitoring of Goal Implementation: Community Advocates conduct weekly DIPN (Daily Individual Progress Notes) documentation reviews, assessing progress and fidelity. They also train staff on goals and objectives. Supervisors report progress to Directors during monthly management reviews.

Assessment and Deliverable Reminders: Monthly reminders of upcoming HCSIS deliverables over the next three months are sent to all applicable parties.

Supportive Technology

Adaptive Support and Technology Needs: Programs conduct annual reviews of adaptive and assistive technology needs using an agency modified tool. QA verifies follow-up during audits and communicates deficiencies to programs.

Medical Monitoring Devices: Protocols for medical monitoring devices are written by Nursing and are reviewed annually by both Nursing and QA. Updates are made as physician orders change.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Residential and Individual Home Supports	77/81	4/81	
Residential Services Individual Home Supports Respite Services Placement Services ABI-MFP Residential Services			
Critical Indicators	7/8	1/8	
Total	86/91	5/91	95%
Defer Licensure			
# indicators for 60 Day Follow-up		5	

	Met / Rated	Not Met / Rated	% Met
Organizational	10/11	1/11	
Employment and Day Supports	41/47	6/47	
Community Based Day Services Employment Support Services			
Critical Indicators	6/6	0/6	
Total	51/58	7/58	88%
2 Year License			
# indicators for 60 Day Follow-up		7	

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

Indicator #	Indicator	Area Needing Improvement
L65	Restraint reports are submitted within required timelines.	Fifteen of thirty-three restraint reports were not submitted and/or finalized within the required timeframe. The agency must ensure that restraint reports are submitted within three days and finalized within 5 days.

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

Indicator #	Indicator	Area Needing Improvement
Ⓜ L12	Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.	At three of fourteen sites, elements of the fire detection system were either not located where required, not interconnected when required, or were not fully operational. The agency must ensure that smoke detectors and carbon monoxide detectors are located where required and the fire detection systems are operational at all sites.
L91	Incidents are reported and reviewed as mandated by regulation.	Nine of fifteen incidents were not submitted and finalized within the required timeframe. Agency needs to ensure that incident reports are reviewed as mandated by regulation.

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

Indicator #	Indicator	Issue identified	Action planned to address
L27	If applicable, swimming pools and other bodies of water are safe and secure according to policy.	Current water safety assessment was not present in EHR.	Contact provider to obtain current water safety assessment.
L63	Medication treatment plans are in written format with required components.	10 out of 13 Rogers Orders in our sample were current (77%).	Contacted DDS/ABI Service Coordinators to request delinquent orders.

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

Indicator #	Indicator	Area Needing Improvement
L7	Fire drills are conducted as required.	At one of two sites, fire drills were not conducted in line with safety plan requirements. The agency must ensure that when conducting a fire drill, the correct number of staff reflected in the safety plan is involved in supporting individual evacuations.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At one of two sites, water temperature tested outside allowable limits. The agency must ensure that hot water temperature test between 110 and 120 degrees.

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

Indicator #	Indicator	Area Needing Improvement
L55	Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.	For seven of twelve individuals, consent was not obtained for use of photo, video, or image in media releases. The agency must ensure that when using an individual's photos, consent is obtained from the individual or their guardian.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For three of fourteen individuals, ISP assessments were not submitted to DDS fifteen days prior to the ISP meeting. The agency needs to ensure that 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.	For four of fourteen individuals, provider support strategies were not submitted to DDS at least fifteen days prior to the ISP meeting. The agency must ensure that provider support strategies are submitted within the due timelines in HCSIS.
L91	Incidents are reported and reviewed as mandated by regulation.	Two of three incident reports were submitted and finalized within the required timelines. The agency must ensure that incident reports are submitted and finalized in HCSIS as mandated by regulation.

CERTIFICATION FINDINGS

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

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	0/0	0/0	
Employment and Day Supports	0/0	0/0	
Community Based Day Services	0/0	0/0	
Employment Support Services	0/0	0/0	
Total	0/0	0/0	
Certified			

MASTER SCORE SHEET LICENSURE

Organizational: BERKSHIRE COUNTY ARC INC

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓜ L2	Abuse/neglect reporting	20/20	Met
L3	Immediate Action	4/4	Met
L4	Action taken	1/1	Met
L48	HRC	1/1	Met
L65	Restraint report submit	18/33	Not Met(54.55 %)
L66	HRC restraint review	1/1	Met
L74	Screen employees	1/1	Met
L75	Qualified staff	5/5	Met
L76	Track trainings	1/1	Met
L83	HR training	1/1	Met
L92 (07/21)	Licensed Sub-locations (e/d).	1/1	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider	-	-	-	-	-	-	-	Met
L3	Immediate Action	L	Provider	-	-	-	-	-	-	-	Met
L5	Safety Plan	L	Provider	-	-	-	-	-	-	-	Met
Ⓜ L6	Evacuation	L	DDS	6/6	1/1	3/3	1/1	4/4		15/15	Met
L7	Fire Drills	L	Provider	-	-	-	-	-	-	-	Met
L8	Emergency Fact Sheets	I	Provider	-	-	-	-	-	-	-	Met
L9 (07/21)	Safe use of equipment	I	Provider	-	-	-	-	-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L10	Reduce risk interventions	I	Provider	-	-	-	-	-	-	-	Met
⌘ L11	Required inspections	L	DDS	6/6		3/3	1/1	3/4		13/14	Met (92.86 %)
⌘ L12	Smoke detectors	L	DDS	4/6		2/3	1/1	4/4		11/14	Not Met (78.57 %)
⌘ L13	Clean location	L	DDS	6/6		3/3	1/1	4/4		14/14	Met
L14	Site in good repair	L	Provider	-	-	-	-	-	-	-	Met
L15	Hot water	L	Provider	-	-	-	-	-	-	-	Met
L16	Accessibility	L	Provider	-	-	-	-	-	-	-	Met
L17	Egress at grade	L	Provider	-	-	-	-	-	-	-	Met
L18	Above grade egress	L	Provider	-	-	-	-	-	-	-	Met
L19	Bedroom location	L	Provider	-	-	-	-	-	-	-	Met
L20	Exit doors	L	Provider	-	-	-	-	-	-	-	Met
L21	Safe electrical equipment	L	Provider	-	-	-	-	-	-	-	Met
L22	Well-maintained appliances	L	Provider	-	-	-	-	-	-	-	Met
L24	Locked door access	L	Provider	-	-	-	-	-	-	-	Met
L25	Dangerous substances	L	Provider	-	-	-	-	-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L26	Walkway safety	L	Provider	-	-	-	-	-	-	-	Met
L27	Pools, hot tubs, etc.	L	Provider	-	-	-	-	-	-	-	Not 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
Ⓡ L38	Physician's orders	I	DDS	6/6		2/2		6/6		14/14	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

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
L43	Health Care Record	I	Provider	-	-	-	-	-	-	-	Met
L44	MAP registration	L	Provider	-	-	-	-	-	-	-	Met
L45	Medication storage	L	Provider	-	-	-	-	-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS	6/6		3/3	2/2	6/6		17/17	Met
L47	Self medication	I	Provider	-	-	-	-	-	-	-	Met
L49	Informed of human rights	I	Provider	-	-	-	-	-	-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider	-	-	-	-	-	-	-	Met
L51	Possessions	I	Provider	-	-	-	-	-	-	-	Met
L52	Phone calls	I	Provider	-	-	-	-	-	-	-	Met
L53	Visitation	I	Provider	-	-	-	-	-	-	-	Met
L54 (07/21)	Privacy	I	Provider	-	-	-	-	-	-	-	Met
L55	Informed consent	I	Provider	-	-	-	-	-	-	-	Met
L56	Restrictive practices	I	DDS	4/4						4/4	Met
L57	Written behavior plans	I	Provider	-	-	-	-	-	-	-	Met
L58	Behavior plan component	I	Provider	-	-	-	-	-	-	-	Met
L59	Behavior plan review	I	Provider	-	-	-	-	-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L60	Data maintenance	I	Provider	-	-	-	-	-	-	-	Met
L61	Health protection in ISP	I	Provider	-	-	-	-	-	-	-	Met
L63	Med. treatment plan form	I	Provider	-	-	-	-	-	-	-	Not Met
L64	Med. treatment plan rev.	I	DDS	5/5		2/2		6/6		13/13	Met
L67	Money mgmt. plan	I	Provider	-	-	-	-	-	-	-	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	DDS	6/6		3/3	2/2	6/6		17/17	Met
L77	Unique needs training	I	Provider	-	-	-	-	-	-	-	Met
L78	Restrictive Int. Training	L	Provider	-	-	-	-	-	-	-	Met
L80	Symptoms of illness	L	Provider	-	-	-	-	-	-	-	Met
L81	Medical emergency	L	Provider	-	-	-	-	-	-	-	Met
Ⓡ L82	Medication admin.	L	DDS	6/6	1/1		1/1	4/4		12/12	Met
L84	Health protect. Training	I	Provider	-	-	-	-	-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L85	Supervision	L	Provider	-	-	-	-	-	-	-	Met
L86	Required assessments	I	DDS	6/6	1/1	2/3		3/3		12/13	Met (92.31 %)
L87	Support strategies	I	DDS	5/6	1/1	2/3		4/4		12/14	Met (85.71 %)
L88	Strategies implemented	I	Provider	-	-	-	-	-	-	-	Met
L89	Complaint and resolution process	L	Provider	-	-	-	-	-	-	-	Met
L90	Personal space/bedroom privacy	I	Provider	-	-	-	-	-	-	-	Met
L91	Incident management	L	DDS	1/6	1/1	3/3	1/1	0/4		6/15	Not Met (40.0 %)
L93 (05/22)	Emergency back-up plans	I	Provider	-	-	-	-	-	-	-	Met
L94 (05/22)	Assistive technology	I	Provider	-	-	-	-	-	-	-	Met
L96 (05/22)	Staff training in devices and applications	I	Provider	-	-	-	-	-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L99 (05/22)	Medical monitoring devices	I	Provider	-	-	-	-	-	-	-	Met
#Std. Met/# 81 Indicator										77/81	
Total Score										86/91	
										94.51%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	9/9		7/7	16/16	Met
L5	Safety Plan	L			2/2	2/2	Met
Ⓟ 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	8/9		7/7	15/16	Met (93.75 %)
L9 (07/21)	Safe use of equipment	I	5/5			5/5	Met
Ⓟ L11	Required inspections	L			2/2	2/2	Met
Ⓟ L12	Smoke detectors	L			2/2	2/2	Met
Ⓟ L13	Clean location	L			2/2	2/2	Met
L14	Site in good repair	L			2/2	2/2	Met
L15	Hot water	L			1/2	1/2	Not Met (50.0 %)
L16	Accessibility	L			2/2	2/2	Met
L17	Egress at grade	L			2/2	2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L18	Above grade egress	L			1/1	1/1	Met
L20	Exit doors	L			2/2	2/2	Met
L21	Safe electrical equipment	L			2/2	2/2	Met
L22	Well-maintained appliances	L			2/2	2/2	Met
L25	Dangerous substances	L			2/2	2/2	Met
L26	Walkway safety	L			2/2	2/2	Met
L27	Pools, hot tubs, etc.	L			1/1	1/1	Met
L29	Rubbish/com bustibles	L			2/2	2/2	Met
L30	Protective railings	L			1/1	1/1	Met
L31	Communication method	I	9/9		7/7	16/16	Met
L32	Verbal & written	I	9/9		7/7	16/16	Met
L37	Prompt treatment	I	9/9		7/7	16/16	Met
Ⓡ L38	Physician's orders	I	1/1		5/5	6/6	Met
L39	Dietary requirements	I			3/3	3/3	Met
L44	MAP registration	L	1/1			1/1	Met
L49	Informed of human rights	I	9/9		7/7	16/16	Met
L50 (07/21)	Respectful Comm.	I	9/9		7/7	16/16	Met
L51	Possessions	I	9/9		7/7	16/16	Met
L52	Phone calls	I	9/9		7/7	16/16	Met
L54 (07/21)	Privacy	I	9/9		7/7	16/16	Met
L55	Informed consent	I	3/5		2/7	5/12	Not Met (41.67 %)
L77	Unique needs training	I	9/9		5/7	14/16	Met (87.50 %)

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L79	Restraint training	L			1/1	1/1	Met
L80	Symptoms of illness	L	1/1		2/2	3/3	Met
L81	Medical emergency	L	1/1		2/2	3/3	Met
L85	Supervision	L	1/1		2/2	3/3	Met
L86	Required assessments	I	6/7		5/7	11/14	Not Met (78.57 %)
L87	Support strategies	I	6/7		4/7	10/14	Not Met (71.43 %)
L88	Strategies implemented	I	9/9		7/7	16/16	Met
L91	Incident management	L	1/1		1/2	2/3	Not Met (66.67 %)
L93 (05/22)	Emergency back-up plans	I	9/9		7/7	16/16	Met
L94 (05/22)	Assistive technology	I	9/9		7/7	16/16	Met
L96 (05/22)	Staff training in devices and applications	I	3/3		7/7	10/10	Met
L99 (05/22)	Medical monitoring devices	I			1/1	1/1	Met
#Std. Met/# 47 Indicator						41/47	
Total Score						51/58	
						87.93%	

MASTER SCORE SHEET CERTIFICATION
