



**PROVIDER REPORT  
FOR**

**BERKSHIRE COUNTY ARC  
INC**

**395 South St. POB 2  
Pittsfield, MA 01201**

**November 22, 2021**

**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** 10/19/2021 - 10/25/2021

**Service Enhancement  
Meeting Date** 11/8/2021

**Survey Team** Andrea Comeau  
Susan Dudley-Oxx  
Denise Barci  
Ken Jones  
Brenda Cole  
Elsa Adorno  
Carole Black  
Hesham Almahbashi (TL)  
Melanie Hutchison  
Eric Lunden

**Citizen Volunteers**

**Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	16 location(s) 21 audit (s)	Full Review	71/85 Defer Licensure		No Review Conducted
Residential Services	6 location(s) 6 audit (s)			Deemed	
ABI-MFP Residential Services	3 location(s) 7 audit (s)			Deemed	
Placement Services	3 location(s) 3 audit (s)			Deemed	
Respite Services	1 location(s) 2 audit (s)			No Review	No Review
Individual Home Supports	3 location(s) 3 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	

**Survey scope and findings for Employment and Day Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Employment and Day Supports</b>	4 location(s) 16 audit (s)	Full Review	51/55 2 Year License 11/08/2021 - 11/08/2023		Certified 11/08/2021 - 11/08/2023
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	

**EXECUTIVE SUMMARY :**

The Berkshire County Arc (BCArc) is a human services organization that was founded in 1954. Headquartered in Pittsfield, Massachusetts, the agency provides a wide range of services for individuals and families in Berkshire and Hampden counties. BCARC services include residential placements for individuals with intellectual disabilities and acquired brain injury (ABI), advocacy and family support, day habilitation, and employment and community-based day support (CBDS) services.

The current survey was a full licensing review for twenty-four-hour residential services, placement services, individual home supports, and residential supports for individuals with acquired brain injury. A licensing review was also conducted on the agency's employment and CBDS services. Berkshire County Arc is currently accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and is deemed for CARF accreditation in lieu of DDS Certification for all service types subject to licensure.

Licensure and certification resumed the conduct of in-person surveys in July 2021. This licensing review was a hybrid model of surveying, where most tasks were conducted in-person while some were conducted through remote technologies. For this survey, interviews with key administrative and supervisory staff occurred through Microsoft (MS) Teams, along with on-site observations, interviews with individuals and staff, review of environmental safety, and review of relevant documentation.

Findings of the licensing review showed that BCARC implemented effective methods of ensuring timely healthcare services and supports for individuals across service types. While the agency was converting its record keeping from paper-based records to an electronic system, individuals' annual health and dental exams, preventative health screenings, and follow-up appointments were largely kept, and individuals' immediate health needs were addressed in a timely way. Review of medication administration confirmed that medications were given in compliance with Medication Administration Program (MAP) policies. Medication reviews conducted by agency nurses and the quality improvement department provided assurance that MAP procedures were consistently followed. Also, individuals were supported to have a healthy lifestyle. Surveyors confirmed that individuals were provided healthy food options and were supported to engage in regular physical activities. Meal planning in homes included discussion of nutrition and healthy eating, and staff were trained in nutrition standards outlined in Executive Order 509.

BCARC implemented several procedures to ensure the health and safety of the individuals during the ongoing pandemic. Regular schedules for sanitizing environments were followed, along with screening procedures for employees and visitors. Record review and discussion with staff confirmed that staff were trained on multiple emergency procedures, including need for emergency medical treatment.

Another area of positive findings for the agency was the system in place for promoting and protecting the rights of individuals. Training in human rights and DPPC occurred annually for individuals, and guardians and families received relevant information on individuals' human rights. The agency's human rights committee conducted timely review of behavioral interventions and supports. The human rights committee met regularly and maintained consistent attendance of members with required expertise. Additionally, interview with individuals confirmed that they understood their rights and knew who to talk to if they had concerns or grievances.

Review of the agency's CBDS and employment services resulted in positive findings for licensing indicators across service domains. Standards for personal and environmental safety were met and site accessibility was properly addressed. Staff were knowledgeable about individuals and how to support them as well as steps to take in the event of an emergency. Individuals were trained and knowledgeable about their rights as employees. Also, state and federal Department of Labor certificates were in place for individuals who were paid less than minimum wage.

The survey also identified several licensing areas that must be addressed by the agency. Within the context of the healthcare domain, all staff, including relief staff, must be trained in protocols developed to manage significant medical conditions. Individuals' Health Care Records must be updated when significant health events occur such as hospitalizations and when new medical or mental health diagnoses are made.

Within specific areas of support to individuals, medication treatments plans must address all required elements, individuals' funds management plans must accurately reflect provider representative payee

responsibilities as well as individuals' need for support, and data must be consistently collected on individuals' progress toward accomplishing their ISP objectives.

Other areas that need attention from the BC Arc are licensing indicators that address individuals' rights and safety. Water safety assessments for individuals and water safety training for care providers are needed for homes with swimming pools and hot tubs. Environmental restrictions necessary to maintain an individual's health or safety must be based on written rationale that includes criteria for discontinuance as well as plans to mitigate the impact of the restriction on others. Supportive devices and equipment require authorization with instructions on the application and care of the equipment. In ABI homes, a complaint resolution process must be in place with required logs and individual access to complaint procedures and forms. Lastly, incident reports must be filed with DDS and reviewed within required timelines.

Additional attention is necessary for specific indicators related to workforce training and competency. First, an effective method of ensuring that all staff are training in individuals' unique supports is needed, including unique diagnosis and health conditions, use of supportive equipment and devices, and application of restrictive interventions to address individuals' health and safety. Additionally, an effective system of ensuring staff training in general signs and symptoms of illness is needed.

For the employment and day service grouping, improvements are needed in data collection for implementation of individuals' ISP objectives, authorization of and staff training in supportive devices and equipment used by individuals in CBDS programs or agency-managed employment, and assurance is needed that day and employment staff have received training in signs and symptoms of illness.

As a result of the current review, the Residential and Individual Home Supports service group, operated by Berkshire County Arc, received an overall score of 84% of licensure indicators met. The service group's level of licensure will be Deferred, pending follow-up conducted by OQE within sixty days on one critical indicator and thirteen service indicators that received a rating of Not Met. Pending successful resolution of the critical indicator at 60-day follow-up, the Provider will receive a Two-Year License with Mid-cycle Review for their residential service grouping. The residential service grouping remains Certified as a result of the CARF accreditation.

The agency's Employment and Day Supports will receive a Two-Year License, with a service group score of 93%. Follow-up will be conducted by the agency on those licensing indicators that received a rating of Not Met. This follow-up will be reported by the agency to OQE within 60 days. The employment and day service grouping remains Certified as a result of the CARF accreditation.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>10/10</b>	<b>0/10</b>	
<b>Residential and Individual Home Supports</b>	<b>61/75</b>	<b>14/75</b>	
Residential Services Individual Home Supports Respite Services Placement Services ABI-MFP Residential Services			
<b>Critical Indicators</b>	<b>7/8</b>	<b>1/8</b>	
<b>Total</b>	<b>71/85</b>	<b>14/85</b>	<b>84%</b>
<b>Defer Licensure</b>			
<b># indicators for 60 Day Follow-up</b>		<b>14</b>	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>11/11</b>	<b>0/11</b>	
<b>Employment and Day Supports</b>	<b>40/44</b>	<b>4/44</b>	
Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	<b>6/6</b>	<b>0/6</b>	
<b>Total</b>	<b>51/55</b>	<b>4/55</b>	<b>93%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>4</b>	

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

Indicator #	Indicator	Area Needing Improvement
L27	If applicable, swimming pools and other bodies of water are safe and secure according to policy.	For two placement service locations with a swimming pool or hot tub, there were no water safety assessments for individuals who lived there, and care providers were not trained in water safety. Where locations have pools, hot tubs, or are adjacent to a body of water, the agency needs

		to complete water safety assessments on individuals in the home and provide training in basic water safety to staff and care providers.
Ⓡ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For five individuals, healthcare protocols were not developed when necessary or did not fully address all action steps needed to manage a significant health condition. Additionally, relief staff were not trained on the existing health protocols. The agency needs to develop protocols for individuals with significant medical conditions who require support from their care providers to manage these conditions. Healthcare protocols must be current and reviewed by practitioner who oversee the condition. Staff and placement care providers need to be trained and knowledgeable in implementing these protocols.
L43	The health care record is maintained and updated as required.	For five individuals, the Health Care Record did not include current/accurate information such as diagnosis, dietary requirements, medications, and hospitalizations. The agency needs to ensure individuals' Health Care Records are accurate and updated for new diagnoses, new immunizations, or hospitalizations.
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 four individuals, environmental restrictions, including door alarms and locked access to food and cleaning supplies, were implemented without written rationale or steps to mitigate the impact of the restriction on others who did not require it. When environmental restrictions are necessary to protect an individual's health or safety, the restriction must be part of a written plan that outlines the rationale for the restriction as well as criteria for fading or removing it. The agency must obtain individual or guardian agreement through the ISP, and the restriction needs to be reviewed by the human rights committee. In addition, provision needs to be made to mitigate the impact of the restriction on others.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For three individuals, authorization was not present for various health-related supports, including power chair with seatbelt, wheelchair with seatbelt, rolling walker, and CPAP equipment, among others. When individuals require health-related supportive equipment and devices, the use of these devices must be authorized by a healthcare professional. This authorization must include instructions for applying and using the device, along with instructions for the care and maintenance of the device as well as frequency of appropriate safety checks.
L63	Medication treatment plans are in written format with required components.	Medication treatment plans for developed for twelve individuals did not address all required components such as definitions of target behaviors, methods of data collection, and clinical criteria for adjusting the medication. The agency needs to ensure that medication treatment plans address all required elements, including a clear description of the behaviors targeted for treatment defined in observable, measurable terms, methods of data collection, procedures to minimize risks of taking the

		medication, and clinical criteria for adjusting or discontinuing the medication. In addition, data collection on medication's effectiveness needs to occur consistently and be shared with the prescriber.
L64	Medication treatment plans are reviewed by the required groups.	For six individuals, medication treatment plans were not incorporated into the individual's ISP. The agency needs to ensure that medication treatment plans are shared with DDS for incorporation and review by the ISP team.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For five individuals, funds management plans did not accurately describe the supports provided to the individual in managing his/her money. Also, some plans did not include the recurrent expenses that the agency pays on behalf of the individual, and how much money the individual can manage independently. In another instance, there was no funds management plan for an individual who received support from staff in managing his money. When individuals require supports to manage their money, the agency needs to develop funds management plans that describe how the individual will be assisted to access and spend their funds, how the money is secured, how the individual is supported to make purchases, identify the amount of money the individual can handle independently, and outline responsibilities for shared expenses as well as cashing checks and paying bills. In addition, funds management plans require annual written agreement from individuals or their guardians.
L78	Staff are trained to safely and consistently implement restrictive interventions.	In two locations, staff were not trained in use of bed alarms and audio monitors. The agency needs to ensure staff are knowledgeable and trained on how to use audio alarms and audio monitors in individuals' bedrooms.
L80	Support staff are trained to recognize signs and symptoms of illness.	In four locations, there was no indication that floating staff were trained on signs and symptoms of illness. They agency needs to ensure that all staff are trained on how to recognize signs and symptoms of illness.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For four individuals who used health-related supportive equipment and devices, staff were not trained in the proper use, care, and maintenance of the equipment. The agency needs to ensure that staff are trained and knowledgeable in the use and application of health-related equipment and devices authorized for individuals. This training must include the proper care and cleaning of the device as well as the frequency of appropriate safety checks.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For seven individuals, ISP goals were not implemented and/or effectively tracked. The agency needs to ensure that ISP goals are implemented as designed and that documentation is maintained on the individual's current progress towards accomplishing the goal.
L89	The provider has a complaint and resolution	In two ABI locations, there were no complaint and resolution log in place, and individuals did not have copies




	process that is effectively implemented at the local level.	of forms or procedures to file complaints. The agency needs to ensure that individuals have access to procedures and forms for filing complaints. In addition, a compliant and resolution log must be present in the home.
L91	Incidents are reported and reviewed as mandated by regulation.	Incident reports filed at nine locations were not submitted or reviewed within the required timelines. The agency needs to ensure incidents reports are submitted and reviewed within required timelines.

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


<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For one individual, there was no authorization from a healthcare professional for the use of a bilateral hearing aid or instructions for staff on use or care of the device. The agency needs to ensure that there is authorization by a healthcare professional for health-related supports used by individuals as well as instructions for staff on use or care of the devices.
L80	Support staff are trained to recognize signs and symptoms of illness.	In two locations, staff were not trained in signs and symptoms of illness. The agency needs to ensure that staff working in CBDS and employment programs are trained to recognize signs and symptoms of illness.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For one individual who used a health-related support, staff were not trained in the proper use, care, and cleaning of the device. The agency needs to ensure that staff are trained and knowledgeable in the use and application of health-related equipment and devices authorized for individuals. This training must include the proper care of the device as well as the frequency of maintenance checks.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For eight individuals, ISP goals were not implemented and/or effectively tracked. The agency needs to ensure that ISP goals are implemented as designed and that documentation is maintained on the individual's current progress towards accomplishing the goal.

## MASTER SCORE SHEET LICENSURE


Organizational: **BERKSHIRE COUNTY ARC INC**

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
 L2	Abuse/neglect reporting	19/19	Met
L3	Immediate Action	14/14	Met
L4	Action taken	3/3	Met
L48	HRC	1/1	Met
L65	Restraint report submit	8/9	Met(88.89 % )
L66	HRC restraint review	7/7	Met
L74	Screen employees	6/6	Met
L75	Qualified staff	4/4	Met
L76	Track trainings	20/20	Met
L83	HR training	20/20	Met
L92 (07/21)	Licensed Sub-locations (e/d).	1/1	Met

### Residential and Individual Home Supports:

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	3/3	3/3	2/2	7/7		21/21	Met
L3	Immediate Action	L				1/1			1/1	Met
L5	Safety Plan	L	6/6	3/3	2/3	1/1	1/3		13/16	Met (81.25 %)
 L6	Evacuation	L	6/6	3/3	3/3	1/1	3/3		16/16	Met
L7	Fire Drills	L	6/6				2/3		8/9	Met (88.89 %)
L8	Emergency Fact Sheets	I	4/6	3/3	2/3	2/2	7/7		18/21	Met (85.71 %)
L9 (07/21)	Safe use of equipment	I	6/6	3/3		2/2	6/6		17/17	Met
L10	Reduce risk interventions	I	2/2						2/2	Met

Ⓜ L11	Required inspections	L	6/6	3/3	1/3	1/1	3/3		<b>14/16</b>	<b>Met (87.50 %)</b>
Ⓜ L12	Smoke detectors	L	5/6	3/3	3/3	1/1	3/3		<b>15/16</b>	<b>Met (93.75 %)</b>
Ⓜ L13	Clean location	L	5/6	3/3	3/3	1/1	3/3		<b>15/16</b>	<b>Met (93.75 %)</b>
L14	Site in good repair	L	6/6	3/3	2/3	1/1	3/3		<b>15/16</b>	<b>Met (93.75 %)</b>
L15	Hot water	L	6/6	0/2	3/3	1/1	3/3		<b>13/15</b>	<b>Met (86.67 %)</b>
L16	Accessibility	L	6/6	3/3	3/3	1/1	3/3		<b>16/16</b>	<b>Met</b>
L17	Egress at grade	L	6/6	3/3	3/3	1/1	3/3		<b>16/16</b>	<b>Met</b>
L18	Above grade egress	L	2/2	3/3	1/1	1/1			<b>7/7</b>	<b>Met</b>
L19	Bedroom location	L	4/4	2/2		1/1	3/3		<b>10/10</b>	<b>Met</b>
L20	Exit doors	L	5/6	3/3		1/1	3/3		<b>12/13</b>	<b>Met (92.31 %)</b>
L21	Safe electrical equipment	L	6/6	3/3	2/3	1/1	3/3		<b>15/16</b>	<b>Met (93.75 %)</b>
L22	Well-maintained appliances	L	5/6	3/3	3/3	1/1	3/3		<b>15/16</b>	<b>Met (93.75 %)</b>
L23	Egress door locks	L	6/6			1/1	1/1		<b>8/8</b>	<b>Met</b>
L24	Locked door access	L	6/6			1/1	3/3		<b>10/10</b>	<b>Met</b>
L25	Dangerous substances	L	6/6	3/3		1/1	3/3		<b>13/13</b>	<b>Met</b>
L26	Walkway safety	L	5/6	3/3	3/3	1/1	3/3		<b>15/16</b>	<b>Met (93.75 %)</b>
L27	Pools, hot tubs, etc.	L			0/2				<b>0/2</b>	<b>Not Met (0 %)</b>
L28	Flammables	L	6/6	3/3		1/1	3/3		<b>13/13</b>	<b>Met</b>
L29	Rubbish/combustibles	L	6/6	3/3	3/3	1/1	1/3		<b>14/16</b>	<b>Met (87.50 %)</b>
L30	Protective railings	L	5/6	3/3	3/3	1/1	3/3		<b>15/16</b>	<b>Met (93.75 %)</b>

L31	Communication method	I	6/6	3/3	3/3	2/2	7/7		21/21	Met
L32	Verbal & written	I	6/6	3/3	3/3	2/2	7/7		21/21	Met
L33	Physical exam	I	6/6	3/3	3/3		6/6		18/18	Met
L34	Dental exam	I	5/5	3/3	2/2		6/7		16/17	Met (94.12 %)
L35	Preventive screenings	I	6/6	3/3	3/3		6/7		18/19	Met (94.74 %)
L36	Recommended tests	I	5/6	3/3	3/3		4/6		15/18	Met (83.33 %)
L37	Prompt treatment	I	6/6	3/3	3/3	2/2	7/7		21/21	Met
 L38	Physician's orders	I	5/5	1/1	1/2	1/1	3/7		11/16	Not Met (68.75 %)
L39	Dietary requirements	I	4/5				6/6		10/11	Met (90.91 %)
L40	Nutritional food	L	6/6	3/3		1/1	3/3		13/13	Met
L41	Healthy diet	L	6/6	3/3	3/3	1/1	3/3		16/16	Met
L42	Physical activity	L	6/6	3/3	3/3		3/3		15/15	Met
L43	Health Care Record	I	4/6	3/3	3/3		5/7		15/19	Not Met (78.95 %)
L44	MAP registration	L	6/6	3/3		1/1	3/3		13/13	Met
L45	Medication storage	L	6/6	3/3		1/1	3/3		13/13	Met
 L46	Med. Administration	I	6/6	3/3	3/3	2/2	7/7		21/21	Met
L47	Self medication	I	2/2	2/2	1/1		2/2		7/7	Met
L49	Informed of human rights	I	6/6	3/3	3/3	2/2	6/7		20/21	Met (95.24 %)
L50 (07/21)	Respectful Comm.	I	6/6	3/3	3/3	2/2	7/7		21/21	Met
L51	Possessions	I	6/6	3/3	3/3	2/2	5/7		19/21	Met (90.48 %)
L52	Phone calls	I	6/6	3/3	3/3	2/2	7/7		21/21	Met
L53	Visitation	I	6/6	3/3	3/3	2/2	7/7		21/21	Met

L54 (07/21)	Privacy	I	6/6	3/3	3/3	2/2	7/7		<b>21/21</b>	<b>Met</b>
L55	Informed consent	I	1/1	1/1	1/1		1/1		<b>4/4</b>	<b>Met</b>
L56	Restrictive practices	I	1/3				0/2		<b>1/5</b>	<b>Not Met (20.0 %)</b>
L61	Health protection in ISP	I	3/4		1/2		4/5		<b>8/11</b>	<b>Not Met (72.73 %)</b>
L63	Med. treatment plan form	I	2/6	2/2	0/2		0/6		<b>4/16</b>	<b>Not Met (25.00 %)</b>
L64	Med. treatment plan rev.	I	5/6	2/2	1/2		2/6		<b>10/16</b>	<b>Not Met (62.50 %)</b>
L67	Money mgmt. plan	I	3/6	2/3	3/3		4/5		<b>12/17</b>	<b>Not Met (70.59 %)</b>
L68	Funds expenditure	I	6/6	3/3	3/3	1/1	5/5		<b>18/18</b>	<b>Met</b>
L69	Expenditure tracking	I	6/6	3/3	3/3	1/1	4/5		<b>17/18</b>	<b>Met (94.44 %)</b>
L70	Charges for care calc.	I	6/6	2/2	2/3		6/6		<b>16/17</b>	<b>Met (94.12 %)</b>
L71	Charges for care appeal	I	6/6	2/2	3/3		6/6		<b>17/17</b>	<b>Met</b>
L77	Unique needs training	I	5/6	3/3	3/3	2/2	4/7		<b>17/21</b>	<b>Met (80.95 %)</b>
L78	Restrictive Int. Training	L	1/2			1/1	0/1		<b>2/4</b>	<b>Not Met (50.0 %)</b>
L79	Restraint training	L	2/2						<b>2/2</b>	<b>Met</b>
L80	Symptoms of illness	L	5/6	3/3	3/3	0/1	1/3		<b>12/16</b>	<b>Not Met (75.00 %)</b>
L81	Medical emergency	L	6/6	3/3	3/3	1/1	3/3		<b>16/16</b>	<b>Met</b>

L82	Medication admin.	L	6/6	3/3		1/1	2/3		12/13	Met (92.31%)
L84	Health protect. Training	I	4/4		0/2		3/5		7/11	Not Met (63.64%)
L85	Supervision	L	6/6	3/3	3/3	1/1	3/3		16/16	Met
L86	Required assessments	I	6/6	2/3	2/2		2/3		12/14	Met (85.71%)
L87	Support strategies	I	6/6	3/3	3/3		3/4		15/16	Met (93.75%)
L88	Strategies implemented	I	5/6	2/3	0/3		4/6		11/18	Not Met (61.11%)
L89	Complaint and resolution process	L					1/3		1/3	Not Met (33.33%)
L90	Personal space/ bedroom privacy	I	4/6	3/3	3/3		6/7		16/19	Met (84.21%)
L91	Incident management	L	0/6	3/3	3/3	1/1	0/3		7/16	Not Met (43.75%)
#Std. Met/# 75 Indicator									61/75	
Total Score									71/85	
									83.53%	

#### 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	8/9		7/7	15/16	Met (93.75%)
L5	Safety Plan	L			2/2	2/2	Met

Ⓜ L6	Evacuation	L			2/2	2/2	Met
L7	Fire Drills	L			2/2	2/2	Met
L8	Emergency Fact Sheets	I	8/9		7/7	15/16	Met (93.75 %)
L9 (07/21)	Safe use of equipment	I	9/9		6/6	15/15	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			2/2	2/2	Met
L16	Accessibility	L			2/2	2/2	Met
L17	Egress at grade	L			2/2	2/2	Met
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
L28	Flammables	L			1/1	1/1	Met
L29	Rubbish/combustibles	L			2/2	2/2	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			3/4	3/4	Met
L39	Dietary requirements	I			3/3	3/3	Met
L49	Informed of human rights	I	8/9		7/7	15/16	Met (93.75 %)
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	2/2		4/4	6/6	Met
L61	Health protection in ISP	I			0/1	0/1	Not Met (0 %)
L72	DOL requirements	I	1/1			1/1	Met
L73	DOL certificate	L	1/1			1/1	Met
L77	Unique needs training	I	9/9		7/7	16/16	Met
L80	Symptoms of illness	L	1/2		1/2	2/4	Not Met (50.0 %)
L81	Medical emergency	L	2/2		2/2	4/4	Met
L84	Health protect. Training	I			0/1	0/1	Not Met (0 %)
L85	Supervision	L	2/2		2/2	4/4	Met
L86	Required assessments	I	9/9		4/6	13/15	Met (86.67 %)
L87	Support strategies	I	9/9		4/6	13/15	Met (86.67 %)
L88	Strategies implemented	I	1/9		7/7	8/16	Not Met (50.0 %)
L91	Incident management	L	2/2		2/2	4/4	Met
<b>#Std. Met/# 44 Indicator</b>						<b>40/44</b>	
<b>Total Score</b>						<b>51/55</b>	
						<b>92.73%</b>	