



**PROVIDER REPORT  
FOR**

**BERKSHIRE COUNTY ARC  
INC**

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

**February 05, 2024**

**Version**

**Public Provider Report**

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

# SUMMARY OF OVERALL FINDINGS

<b>Provider</b>	BERKSHIRE COUNTY ARC INC
<b>Review Dates</b>	1/3/2024 - 1/10/2024
<b>Service Enhancement Meeting Date</b>	1/23/2024
<b>Survey Team</b>	Andrea Comeau Susan Dudley-Oxx Denise Barci Janina Millet Elsa Adorno Melanie McNamara Eric Lunden Danielle Chiaravallotti (TL)
<b>Citizen Volunteers</b>	

<b>Survey scope and findings for Residential and Individual Home Supports</b>					
Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
<b>Residential and Individual Home Supports</b>	15 location(s) 21 audit (s)	Full Review	80/88 2 Year License 01/23/2024-01/23/2026		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	2 location(s) 3 audit (s)			Deemed	
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
<b>Employment and Day Supports</b>	4 location(s) 18 audit (s)	Targeted Review	DDS 20/23 Provider 70 / 71  90 / 94 2 Year License 01/23/2024-01/23/2026		No Review Conducted
Community Based Day Services	2 location(s) 7 audit (s)			Deemed	0/0(Provider)
Employment Support Services	2 location(s) 11 audit (s)			Deemed	0/0(Provider)
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 (BCArc) provides a range of human services supports to individuals and families in Berkshire and Hampden counties, including 24-hour residential programs 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 residential services, placement services, individual home supports and respite services. BCARC conducted a self-assessment of their employment and CBDS services with OQE also reviewing critical indicators, new indicators, and any indicators that received a score of Not Met during the last licensing review. 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.

Findings for BCARC's residential licensing survey demonstrate that the agency employed effective oversight systems for several licensing domains. In the area of environmental safety, all locations reviewed were clean and well maintained, had current inspections, and smoke and carbon monoxide detectors were present and operable where required. Management of individuals' personal funds also was found to be largely effective, with the agency developing accurate funds management plans and assuring funds expenditures were tracked and receipts retained when required.

Survey findings also showed that BCARC implemented effective methods across service types in the area of healthcare management and supports. Individuals' annual health and dental exams, preventative health screenings, and follow-up appointments were monitored and kept and individuals' immediate and episodic health needs were addressed promptly. Review of medication administration confirmed that medications were given in compliance with Medication Administration Program (MAP) policies. Additionally, when behavior modifying medication treatment plans had been developed, they included required components.

BCArc's review showed effective systems in place for developing and maintaining a competent workforce. Organizationally, the agency had ensured its staff were trained as required in all DDS-mandated trainings, and in locations, staff were consistently trained in individuals' unique needs. In addition to developing "All about me" documents for each person, the agency also had ensured complex medical diagnoses were explained to support staff in layperson's terms to ensure their understanding.

Positive findings also were noted for the agency's systems to promote and protect the rights of individuals. Training in human rights and DPPC reporting occurred annually for individuals, and guardians and families were consistently informed about these rights. BCARC had also taken additional, positive steps to ensure staff could effectively communicate with individuals who are deaf, hearing-impaired, or who communicate non-verbally, including having communication binders which described gestures each person might use.

Survey findings reflect that in BCARC's employment and day services, the agency employed effective oversight of environmental safety, healthcare protocols, staff training, and how staff should respond in medical or other emergencies.

The survey also identified licensing areas that require the agency's further attention. Organizationally, the agency's human rights committee did not meet membership requirements when a member it was aware had a financial interest in the agency continued to serve as a voting member. The agency also needs to ensure it promptly reports physical restraints within three days and reviews these reports within five days of the restraint occurring.

In the healthcare domain, individuals' behavior-modifying medication treatment plans must be consistently shared with the individual's ISP team. The agency also must ensure in collaboration with the service coordinator that Rogers Orders are current for those subject to the orders. For human rights, when a person is subject to an approved environmental restrictive practice the agency also must develop mitigation plans for each individual in the residence who is impacted by the restriction. Also, in the human rights area, BCARC must provide all guardians with charges for care notices, including the right to appeal. Additionally, incident reports must be created and reviewed within the required timelines to ensure service coordinators are duly and promptly informed.

To fully support individuals' annual ISP process and their goals, assessments and support strategies must be submitted at least 15 days in advance of the scheduled ISP. The agency also needs to ensure ISP goals are implemented and progress tracked immediately after the ISP has been held and throughout the year.

For BCARC's employment and day services, the agency must ensure each individual it supports has been assessed to identify what assistive technology, if any, would help improve their independence.

As a result of the current review, Berkshire County Arc's Residential and Individual Home Supports service group will receive a Two-Year license with a service group score of 92%. Follow-up will be conducted by the agency within 60 days on licensing indicators that received a rating of Not Met. The residential service group is Certified as a result of CARF accreditation deeming.

The agency's Employment and Day Supports service group also will receive a Two-Year License, with a service group score of 96%. Follow-up will be conducted by the agency within 60 days on those licensing indicators that received a Not Met rating. The employment and day support service group is Certified as a result of CARF accreditation deeming.

## **Description of Self Assessment Process:**

The self-assessment was completed by the Vice President of Day and Employment Services and the Director of CBDS and Employment, with input from the agency's Quality Assurance (QA) and Training departments. The team reviewed 20% of individuals in each applicable service area, and 20% of all staff across the day and employment departments. 80% was used as the threshold to determine an indicator was met. The following outlines the various systems that the agency has in place to ensure that Licensing and Certification standards are consistently being met.

### **Personal Safety:**

All staff are trained as mandated reporters upon hire and annually thereafter, including recognizing signs of abuse/neglect, and reporting procedures (internal, HCSIS, and DPPC). Immediate action is taken when necessary to preserve safety, including disciplinary actions towards staff suspected of mistreatment; involvement of authorities in cases of suspected criminal activity; etc. All sites have Safety Plans on file, and posted evacuation plans. Fire drills are conducted regularly at all BCARC sites, and issues are addressed immediately. Records of fire drills are retained on site and a copy sent to the QA department. Emergency fact sheets are maintained in iCentrix and updated annually or upon significant change. Individuals in employment services and their support staff receive training from employers to ensure they are able to utilize equipment safely. Interventions used to manage risk are designed by a BCARC clinician with input from the individual, staff, and other significant people. Staff are trained on those interventions initially and on an ongoing basis. All staff are trained in managing emergencies, including medical emergencies, natural disasters, etc.

### **Environmental Safety:**

All sites owned or leased by BCARC undergo internal inspections quarterly using an inspection tool including but not limited to standards L11--18; L20-22; and L25-30. Sites are evaluated at least annually by the QA department using a tool designed with both DDS and CARF standards in mind. The Agency has active quarterly and annual safety committees. The agency uses a web-based program to submit and track maintenance requests. An annual maintenance plan is developed that includes ongoing concerns and larger projects, enabling the agency to keep all buildings in excellent condition in a cost-effective manner.

### **Communication:**

Staff are trained to communicate effectively with the individuals they serve, including training in the use of communication devices, ASL or idiosyncratic sign, communication profiles, gesture dictionaries, individual profiles, etc. If novel barriers present around communication, assistance is sought from a variety of sources, depending upon the specific need, including the clinical department; a consulting Speech-Language Pathologist; and the Assistive Technology Center at United Cerebral Palsy for technical support/device loans. There are initiatives in place to increase in-house expertise and resources in this area over the next several years. For individuals whose primary language is not English, every attempt is made to ensure that staff are available who are able to communicate with the individual in their primary language. Staff assist individuals in reading, understanding, and responding to written documents when needed.

### **Health:**

All staff in Employment and CBDS programs receive training in First Aid/CPR/AED use upon hire and on an ongoing basis. Staff are trained to recognize signs and symptoms of illness, and to seek medical evaluation if an individual seems "just not right." Staff are trained to prevent and respond to falls. In addition, staff receive direct training in any medical protocol/devices that might be relevant for the specific individuals served (such as dining protocols and dietary requirements, general and individual seizure protocols, implanted and wearable monitoring devices, AFOs, etc.) While there are no nursing services associated with Employment and DDS-funded day programs, staff communicate with families, caregivers, and provider staff regarding any health concerns, and BCARC's nursing team is available for consultation when necessary. Many individuals served in BCARC's Employment and day services are

also served residentially by BCARC, and have a familiar RN as a member of their internal support team. Individuals receiving services through Employment and CBDS must be able to self-medicate and/or not require medication administration during program/work hours, as these programs are not MAP sites, and also do not have nursing supports on site.

#### Human Rights:

The Agency applies a multi-level approach to safeguarding individual Human Rights. Each program has a designated Human Rights Officer and those Officers are overseen by the agency Human Rights Coordinator. The Agency's Human Rights Committee (HRC) meets at least quarterly. The Coordinator or a designee attends monthly DDS Networking meetings. Individuals served receive training at minimum annually in their human rights and BCARC's grievance procedure. Human Rights topics are also frequently integrated into self-advocacy and other programming utilized in day programs. Staff receive training in Human Rights upon hire and annually. Staff are expected to communicate respectfully with the adults that they serve, and additional training/disciplinary action is implemented when needed to ensure this expectation is met. All written communication about individuals is respectful. Staff are trained in objective/neutral writing. Staff are reminded frequently to not use overly familiar or age-inappropriate forms of address, and to be mindful of centering the individuals in all conversations that affect them. Individuals' privacy is respected, and assistance with private matters is provided in the least restrictive manner possible, with the individuals' understanding and consent.

Individuals' records are shared only among internal team members on a need-to-know basis, and no personal/medical information is shared with outside providers without informed consent or a formal release to share information. Any restrictive practices would be codified in formal behavior plans, with data collection and implementation overseen by a clinician--however at this time, there are no restrictive practices in place in any employment or CBDS setting.

Money Management plans and expenditure/funds tracking are not used in these services--individuals carry and manage their own money. Staff provide support as needed/requested, typically confirmation that an individual has enough funds to make a specific purchase, or help ensuring they receive the correct change during a transaction. Staff do not handle the individuals' money or make purchases for them. Individuals who are employed, regardless of the level of support they receive, are paid by their respective employers.

For the limited number of employment sites still paying subminimum wage to individuals at this time, BCARC holds DOL licenses at the state and federal levels. These will remain in effect through the full elimination of the sub-minimum wage later this year. BCARC has been working diligently to reduce the number of individuals working for less than minimum wage.

At this time there are no individuals in employment or CBDS services who have safety concerns/maladaptive behaviors that would require all staff to be trained in physical interventions. However, in the event that physical interventions were potentially necessary, the agency utilizes the DDS-approved PABC curriculum, and there are a number of certified trainers in the agency who can be called upon to provide that training as needed. Any restraint that occurs on an emergency basis, such as staff intervening physically to stop an individual from stepping out into a busy street would be reported through the HCSIS incident and restraint reporting process. All restraint reports are reviewed at Human Rights Committee meetings at least quarterly.

#### Competent Workforce:

The Agency follows all state and federal guidelines regarding hiring of staff, including fingerprinting and Criminal Offender Record Information (CORI), Sex Offender Registry Information (SORI), Office of the Inspector General, and RMV checks. All checks are kept on file for any personnel who are in direct contact with individuals served in BCARC programs, including staff, interns, volunteers, consultants, and advocates.

Complete applications or reviewed and approved by the Director, HR Director, VP/Executive VP, and CEO/ President. Job descriptions are reviewed annually and updated as needed. All new employees receive orientation that includes information on medical emergencies and the correct use of health-related protections. All direct care staff also receive in-service training on values; disability awareness; human rights; incident reporting; falls training; and Positive Behavioral Supports. There are staff in each program (typically managers) who are trained in fire suppression techniques. All staff receive an evaluation upon the completion of their initial orientation period, and annually thereafter. HR runs and distributes a report of evaluations due each month.

Tracking of all mandated trainings is overseen by the Director of Staff Development and Training. All vocational and day staff receive training in their programs on the unique needs of the individuals they support, including communication strategies, individual-specific protocols, behavior plans, etc. Employment managers provide regular informal and formal supervisory meetings with staff, as well as conducting site visits. BCARC maintains an Annual Agency-Wide Training Plan, which includes Management trainings, Problem Solving, Teaching Skills, Conflict Resolution, and Proactive Approaches to Behavioral Challenges.

#### Goal Development and Implementation:

Individuals in BCARC programs participate in an assessment process that is designed to identify areas of interest, skills in need of development, and effective teaching/learning strategies for each individual. Individual goals are written to be attainable and measurable, and are accompanied by support strategies to ensure that all staff working the individual are able to provide consistent support. Staff and/or individuals take data on goals as they are completed, in order to enable the individuals' plans to evolve continuously to help them to achieve objectives that are important to them. Oversight of quarterly notes and ISP implementation is maintained through the QA department and reflected in quarterly progress reports. Managers have access to HCSIS so that they can complete required assessments, goals, and objectives.

In addition to goals specific to productivity or work tasks, individuals in employment supports may have goals in a variety of other relevant areas, including time management, hygiene, social skills, etc. that are designed to facilitate a successful employment outcome and help individuals maximize the social and personal benefits that they receive through competitive employment.

#### Supportive Technology for autonomy and independence:

Many individuals in BCARC CBDS and employment services utilize technology to support their autonomy and independence. A majority of individuals have smartphones, which besides the obvious use for communication, are also often used to help with time/task management through calendar, alarm, and reminder apps. Some individuals use technology such as phones and iPads to enhance communication or for self-regulation (listening to music, using meditation apps, watching familiar/comfort media).

In a few cases, individuals use supportive technology for medical monitoring. For example, one individual served in CBDS wears a watch that tracks seizure activity and reports it automatically to his caregiver/medical team. Staff are trained in the use of all specific equipment to the extent that they are able to provide support (recognizing signs of malfunction, assisting with troubleshooting apps on iPhone, etc. Manuals for specific devices are retained in programs, and any concerns are reported to the caregiver/family/provider as appropriate. Outside support is sought when needed for significant equipment failure, etc.

#### Planning and Quality Improvement:

The agency has an active incident review committee that meets every two weeks. All staff are trained to recognize reportable incidents, and submit incident reports through the appropriate systems. The QA Director analyzes and reports on incident trends annually.

Family and individual input is received via satisfaction surveys, focus groups, and family meetings. The agency's planning process takes into account a variety of internal and external indicators, including feedback from the Incident Review Committee; Safety Committee recommendations; annual reports; staff turnover and vacancy rates; State inspection and CARF Accreditation survey feedback; investigation recommendations; annual audit and management letter; federal monitoring requirements; contract reviews; and customer satisfaction surveys. All of this information informs a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, which is reviewed annually and updated at least every three years.

## **LICENSURE FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Organizational</b>	<b>8/10</b>	<b>2/10</b>	
<b>Residential and Individual Home Supports</b>	<b>72/78</b>	<b>6/78</b>	
Residential Services Individual Home Supports Respite Services Placement Services ABI-MFP Residential Services			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>80/88</b>	<b>8/88</b>	<b>91%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>8</b>	

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Organizational</b>	<b>9/11</b>	<b>2/11</b>	
<b>Employment and Day Supports</b>	<b>81/83</b>	<b>2/83</b>	
Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	<b>6/6</b>	<b>0/6</b>	
<b>Total</b>	<b>90/94</b>	<b>4/94</b>	<b>96%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>4</b>	

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L48	The agency has an effective Human Rights Committee.	The membership composition and quorum requirements for the agency's human rights committee

		were not fully maintained according to provisions of its bylaws and for the majority of the two-year period review. The agency needs to support its human rights committee to meet composition requirements and formally remove as voting members anyone known to have a financial interest in the agency.
L65	Restraint reports are submitted within required timelines.	Five out of six restraint reports were not submitted to DDS within the required timelines. The agency needs to ensure that all reports of physical restraint are submitted within three days of occurrence and reviewed by the restraint manager within five days of the restraint occurring.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
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.	Three individuals were subject to environmental restrictions in their homes that were necessary for the safety of one or more housemates, but mitigation plans had not been developed for them or shared with their guardians. For another person, the mitigation plan was not implemented as written. The agency needs to ensure that when environmental restrictions are warranted, those who do not require the restrictions have mitigation plans developed and their guardians are informed.
L64	Medication treatment plans are reviewed by the required groups.	For two individuals with medication treatment plans, the plans had not been incorporated into their ISP where agreement to such plans occurs. For two others who were taking antipsychotic medications and were not their own legal decision-makers, no current Rogers order was in place. The agency needs to ensure that the medication treatment plans it develops are uploaded to HCSIS or otherwise provided to the service coordinator to incorporate in the ISP. The agency also needs to work with the person's service coordinator to ensure Rogers orders, when required, are current.
L71	Individuals are notified of their appeal rights for their charges for care.	For six individuals, the charges for care letter had not been sent to the individual's guardian. The agency needs to ensure that all charges for care letters, inclusive of appeals rights, are sent to guardians.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For four individuals, ISP assessments were not submitted to DDS within required timelines. The agency needs to ensure that ISP assessments are submitted to DDS at least 15 days prior to the ISP.
L87	Support strategies necessary to assist an individual to meet their goals and	For three individuals, provider support strategies were not submitted to DDS within required timelines. The agency needs to ensure that provider support

	objectives are completed and submitted as part of the ISP.	strategies are submitted to DDS at least 15 days prior to the ISP.
L91	Incidents are reported and reviewed as mandated by regulation.	At eight locations, reportable incidents were not submitted within the required timelines. The agency needs to ensure that incident reports are submitted to DDS and finalized as required.

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

Indicator #	Indicator	Area Needing Improvement
L94 (05/22)	Individuals have assistive technology to maximize independence.	For seven individuals there was no indication that the individuals had been assessed to identify any assistive technology that may benefit the individual's independence. The agency needs to ensure that all individuals it supports in day settings are assessed for ways assistive technology may foster their independence.

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

Indicator #	Indicator	Issue identified	Action planned to address
L5	There is an approved safety plan in home and work locations.	Discovered that Safety Plan for one site (Northview) was out of date (expired 9/28/23)	Updated Safety Plan immediately and submitted to DDS for approval on 12/29/23.

**CERTIFICATION FINDINGS**

	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	<b>0/0</b>	<b>0/0</b>	
<b>Residential and Individual Home Supports</b>	<b>0/0</b>	<b>0/0</b>	
ABI-MFP Residential Services	0/0	0/0	
Individual Home Supports	0/0	0/0	
Placement Services	0/0	0/0	
Residential Services	0/0	0/0	
Respite Services	0/0	0/0	
<b>Total</b>	<b>0/0</b>	<b>0/0</b>	
<b>No Review Conducted</b>			

	Reviewed By	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	<b>Provider (also Deemed)</b>	<b>0/0</b>	<b>0/0</b>	
<b>Employment and Day Supports</b>	<b>Provider</b>	<b>0/0</b>	<b>0/0</b>	
Community Based Day Services	Provider (also Deemed)	0/0	0/0	
Employment Support Services	Provider (also Deemed)	0/0	0/0	
<b>Total</b>		<b>0/0</b>	<b>0/0</b>	
<b>No Review Conducted</b>				

## MASTER SCORE SHEET LICENSURE

Organizational: BERKSHIRE COUNTY ARC INC

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Pa L2	Abuse/neglect reporting	<b>16/16</b>	<b>Met</b>
L3	Immediate Action	<b>15/15</b>	<b>Met</b>
L4	Action taken	<b>15/15</b>	<b>Met</b>
L48	HRC	<b>0/1</b>	<b>Not Met(0 % )</b>
L65	Restraint report submit	<b>1/6</b>	<b>Not Met(16.67 % )</b>
L66	HRC restraint review	<b>29/29</b>	<b>Met</b>
L74	Screen employees	<b>5/5</b>	<b>Met</b>
L75	Qualified staff	<b>3/3</b>	<b>Met</b>
L76	Track trainings	<b>20/20</b>	<b>Met</b>
L83	HR training	<b>20/20</b>	<b>Met</b>
L92 (07/21)	Licensed Sub-locations (e/d).	<b>1/1</b>	<b>Met</b>

### Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	6/6	3/3	3/3	2/2	6/6		<b>20/20</b>	<b>Met</b>
L3	Immediate Action	L				1/1			<b>1/1</b>	<b>Met</b>

L5	Safety Plan	L	6/6	1/2	3/3	1/1	2/3		<b>13/15</b>	<b>Met (86.67%)</b>
Ⓜ L6	Evacuation	L	6/6	2/2	3/3	1/1	3/3		<b>15/15</b>	<b>Met</b>
L7	Fire Drills	L	6/6				3/3		<b>9/9</b>	<b>Met</b>
L8	Emergency Fact Sheets	I	4/6	3/3	3/3	2/2	6/6		<b>18/20</b>	<b>Met (90.0%)</b>
L9 (07/21)	Safe use of equipment	I	6/6	3/3		2/2	6/6		<b>17/17</b>	<b>Met</b>
L10	Reduce risk interventions	I	2/2		2/2		2/2		<b>6/6</b>	<b>Met</b>
Ⓜ L11	Required inspections	L	6/6	1/1	3/3		3/3		<b>13/13</b>	<b>Met</b>
Ⓜ L12	Smoke detectors	L	6/6	1/1	3/3	1/1	3/3		<b>14/14</b>	<b>Met</b>
Ⓜ L13	Clean location	L	6/6	1/1	3/3	1/1	3/3		<b>14/14</b>	<b>Met</b>
L14	Site in good repair	L	6/6		3/3	1/1	3/3		<b>13/13</b>	<b>Met</b>
L15	Hot water	L	6/6		3/3	1/1	2/3		<b>12/13</b>	<b>Met (92.31%)</b>
L16	Accessibility	L	6/6	1/1	3/3	1/1	3/3		<b>14/14</b>	<b>Met</b>
L17	Egress at grade	L	6/6	1/1	3/3	1/1	3/3		<b>14/14</b>	<b>Met</b>
L18	Above grade egress	L	1/1	1/1	1/1	1/1			<b>4/4</b>	<b>Met</b>
L19	Bedroom location	L	6/6		2/2	1/1	3/3		<b>12/12</b>	<b>Met</b>
L20	Exit doors	L	6/6			1/1	3/3		<b>10/10</b>	<b>Met</b>
L21	Safe electrical equipment	L	6/6		3/3	1/1	3/3		<b>13/13</b>	<b>Met</b>
L22	Well-maintained appliances	L	6/6		3/3	1/1	3/3		<b>13/13</b>	<b>Met</b>
L24	Locked door access	L	6/6		3/3	1/1	3/3		<b>13/13</b>	<b>Met</b>
L25	Dangerous substances	L	6/6			1/1	3/3		<b>10/10</b>	<b>Met</b>
L26	Walkway safety	L	6/6		3/3	1/1	3/3		<b>13/13</b>	<b>Met</b>
L28	Flammables	L	6/6			1/1	3/3		<b>10/10</b>	<b>Met</b>
L29	Rubbish/combustibles	L	6/6		3/3	1/1	3/3		<b>13/13</b>	<b>Met</b>
L30	Protective railings	L	6/6		3/3	1/1	3/3		<b>13/13</b>	<b>Met</b>
L31	Communication method	I	6/6	3/3	3/3	2/2	6/6		<b>20/20</b>	<b>Met</b>
L32	Verbal & written	I	6/6	3/3	3/3	2/2	6/6		<b>20/20</b>	<b>Met</b>
L33	Physical exam	I	6/6	3/3	3/3		6/6		<b>18/18</b>	<b>Met</b>
L34	Dental exam	I	6/6	3/3	2/2		6/6		<b>17/17</b>	<b>Met</b>

L35	Preventive screenings	I	6/6	3/3	3/3		6/6		<b>18/18</b>	<b>Met</b>
L36	Recommended tests	I	6/6	3/3	3/3		6/6		<b>18/18</b>	<b>Met</b>
L37	Prompt treatment	I	6/6	3/3	3/3	2/2	6/6		<b>20/20</b>	<b>Met</b>
Ⓜ L38	Physician's orders	I	5/6	1/1		1/1	6/6		<b>13/14</b>	<b>Met (92.86%)</b>
L39	Dietary requirements	I	6/6				1/1		<b>7/7</b>	<b>Met</b>
L40	Nutritional food	L	6/6			1/1	3/3		<b>10/10</b>	<b>Met</b>
L41	Healthy diet	L	6/6	2/2	3/3	1/1	3/3		<b>15/15</b>	<b>Met</b>
L42	Physical activity	L	5/6	2/2	3/3		3/3		<b>13/14</b>	<b>Met (92.86%)</b>
L43	Health Care Record	I	3/6	3/3	3/3		6/6		<b>15/18</b>	<b>Met (83.33%)</b>
L44	MAP registration	L	6/6	1/1		1/1	3/3		<b>11/11</b>	<b>Met</b>
L45	Medication storage	L	6/6	1/1		1/1	3/3		<b>11/11</b>	<b>Met</b>
Ⓜ L46	Med. Administration	I	6/6	2/2	3/3	1/1	6/6		<b>18/18</b>	<b>Met</b>
L47	Self medication	I		2/2			3/3		<b>5/5</b>	<b>Met</b>
L49	Informed of human rights	I	6/6	3/3	3/3	2/2	6/6		<b>20/20</b>	<b>Met</b>
L50 (07/21)	Respectful Comm.	I	6/6	3/3	3/3	2/2	6/6		<b>20/20</b>	<b>Met</b>
L51	Possessions	I	6/6	3/3	3/3	2/2	6/6		<b>20/20</b>	<b>Met</b>
L52	Phone calls	I	6/6	3/3	3/3	2/2	6/6		<b>20/20</b>	<b>Met</b>
L53	Visitation	I	6/6	3/3	3/3	2/2	6/6		<b>20/20</b>	<b>Met</b>
L54 (07/21)	Privacy	I	6/6	3/3	3/3	2/2	6/6		<b>20/20</b>	<b>Met</b>
L55	Informed consent	I	1/1						<b>1/1</b>	<b>Met</b>
L56	Restrictive practices	I	0/2				0/1		<b>0/3</b>	<b>Not Met (0%)</b>
L57	Written behavior plans	I	2/2		1/1				<b>3/3</b>	<b>Met</b>
L60	Data maintenance	I	2/2		1/1				<b>3/3</b>	<b>Met</b>
L61	Health protection in ISP	I	5/5				4/4		<b>9/9</b>	<b>Met</b>
L63	Med. treatment plan form	I	5/5	1/1	2/3		5/5		<b>13/14</b>	<b>Met (92.86%)</b>

L64	Med. treatment plan rev.	I	4/6	1/1	1/2		4/5		<b>10/14</b>	<b>Not Met (71.43 %)</b>
L67	Money mgmt. plan	I	6/6	2/2	3/3		6/6		<b>17/17</b>	<b>Met</b>
L68	Funds expenditure	I	6/6	2/2	3/3		3/3		<b>14/14</b>	<b>Met</b>
L69	Expenditure tracking	I	6/6	2/2	3/3		3/3		<b>14/14</b>	<b>Met</b>
L70	Charges for care calc.	I	5/6		3/3		5/5		<b>13/14</b>	<b>Met (92.86 %)</b>
L71	Charges for care appeal	I	3/6		1/3		4/5		<b>8/14</b>	<b>Not Met (57.14 %)</b>
L77	Unique needs training	I	6/6	3/3	3/3	2/2	6/6		<b>20/20</b>	<b>Met</b>
L78	Restrictive Int. Training	L	2/2				2/2		<b>4/4</b>	<b>Met</b>
L80	Symptoms of illness	L	6/6	2/2	3/3	1/1	2/3		<b>14/15</b>	<b>Met (93.33 %)</b>
L81	Medical emergency	L	6/6	2/2	3/3	1/1	3/3		<b>15/15</b>	<b>Met</b>
Ⓜ L82	Medication admin.	L	6/6	1/1		1/1	3/3		<b>11/11</b>	<b>Met</b>
L84	Health protect. Training	I	5/5				6/6		<b>11/11</b>	<b>Met</b>
L85	Supervision	L	6/6	2/2	3/3	1/1	3/3		<b>15/15</b>	<b>Met</b>
L86	Required assessments	I	5/5	3/3	1/3		1/2		<b>10/13</b>	<b>Not Met (76.92 %)</b>
L87	Support strategies	I	6/6	3/3	1/3		1/2		<b>11/14</b>	<b>Not Met (78.57 %)</b>
L88	Strategies implemented	I	6/6	2/3	3/3		4/6		<b>15/18</b>	<b>Met (83.33 %)</b>
L89	Complaint and resolution process	L					3/3		<b>3/3</b>	<b>Met</b>
L90	Personal space/ bedroom privacy	I	6/6	3/3	3/3		6/6		<b>18/18</b>	<b>Met</b>
L91	Incident management	L	0/6	2/2	3/3	1/1	1/3		<b>7/15</b>	<b>Not Met (46.67 %)</b>
L93 (05/22)	Emergency back-up plans	I	6/6	3/3	3/3	2/2	6/6		<b>20/20</b>	<b>Met</b>

L94 (05/22)	Assistive technology	I	6/6	3/3	2/3	2/2	6/6		<b>19/20</b>	<b>Met (95.00 %)</b>
L96 (05/22)	Staff training in devices and applications	I	2/2		2/2		2/2		<b>6/6</b>	<b>Met</b>
L99 (05/22)	Medical monitoring devices	I	1/1		1/1				<b>2/2</b>	<b>Met</b>
<b>#Std. Met/# 78 Indicator</b>									<b>72/78</b>	
<b>Total Score</b>									<b>80/88</b>	
									<b>90.91%</b>	

### Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	<b>Provider</b>		-	-	-	<b>Met</b>
L5	Safety Plan	L	<b>Provider</b>		-	-	-	<b>Not Met</b>
Ⓟ L6	Evacuation	L	<b>DDS</b>	1/1		2/2	3/3	<b>Met</b>
L7	Fire Drills	L	<b>Provider</b>		-	-	-	<b>Met</b>
L8	Emergency Fact Sheets	I	<b>Provider</b>		-	-	-	<b>Met</b>
L9 (07/21)	Safe use of equipment	I	<b>Provider</b>		-	-	-	<b>Met</b>
Ⓟ L11	Required inspections	L	<b>DDS</b>	1/1		2/2	3/3	<b>Met</b>
Ⓟ L12	Smoke detectors	L	<b>DDS</b>	1/1		2/2	3/3	<b>Met</b>
Ⓟ L13	Clean location	L	<b>DDS</b>	1/1		2/2	3/3	<b>Met</b>
L14	Site in good repair	L	<b>Provider</b>		-	-	-	<b>Met</b>
L15	Hot water	L	<b>Provider</b>		-	-	-	<b>Met</b>
L16	Accessibility	L	<b>Provider</b>		-	-	-	<b>Met</b>
L17	Egress at grade	L	<b>Provider</b>		-	-	-	<b>Met</b>
L18	Above grade egress	L	<b>Provider</b>		-	-	-	<b>Met</b>
L20	Exit doors	L	<b>Provider</b>		-	-	-	<b>Met</b>

L21	Safe electrical equipment	L	Provider		-	-	-	Met
L22	Well-maintained appliances	L	Provider		-	-	-	Met
L25	Dangerous substances	L	Provider		-	-	-	Met
L26	Walkway safety	L	Provider		-	-	-	Met
L28	Flammables	L	Provider		-	-	-	Met
L29	Rubbish/combustibles	L	Provider		-	-	-	Met
L31	Communication method	I	Provider		-	-	-	Met
L32	Verbal & written	I	Provider		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-	-	Met
Ⓜ L38	Physician's orders	I	DDS	1/1		4/4	5/5	Met
L39	Dietary requirements	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
L54 (07/21)	Privacy	I	Provider		-	-	-	Met
L55	Informed consent	I	Provider		-	-	-	Met
L61	Health protection in ISP	I	DDS	2/2			2/2	Met
L62	Health protection review	I	Provider		-	-	-	Met
L72	DOL requirements	I	Provider		-	-	-	Met
L73	DOL certificate	L	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Met
L80	Symptoms of illness	L	DDS	2/2		2/2	4/4	Met
L81	Medical emergency	L	Provider		-	-	-	Met
L84	Health protect. Training	I	DDS	1/1			1/1	Met
L85	Supervision	L	Provider		-	-	-	Met
L86	Required assessments	I	Provider		-	-	-	Met
L87	Support strategies	I	Provider		-	-	-	Met

L88	Strategies implemented	I	DDS	11/11		6/7	17/18	Met (94.44 %)
L91	Incident management	L	Provider		-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS	11/11		7/7	18/18	Met
L94 (05/22)	Assistive technology	I	DDS	10/11		1/7	11/18	Not Met (61.11 %)
L96 (05/22)	Staff training in devices and applications	I	DDS	1/1			1/1	Met
L99 (05/22)	Medical monitoring devices	I	Provider		-	-	-	Met
<b>#Std. Met/# 83 Indicator</b>							81/83	
<b>Total Score</b>							90/94	
							95.74%	

**MASTER SCORE SHEET CERTIFICATION**

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