



**PROVIDER REPORT
FOR**

**CADMUS LIFESHARING
ASSOCIATION
80 Maple Ave.
Great Barrington, MA 01230**

May 24, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	CADMUS LIFESHARING ASSOCIATION
Review Dates	4/20/2023 - 4/26/2023
Service Enhancement Meeting Date	5/10/2023
Survey Team	Ken Jones (TL) Danielle Chiaravallotti
Citizen Volunteers	

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	3 location(s) 4 audit (s)	Full Review	45/66 2 Year License with Mid-Cycle Review 05/10/2023 - 05/10/2025		20 / 26 Certified with Progress Report 05/10/2023 - 05/10/2025
Placement Services	3 location(s) 4 audit (s)			Full Review	18 / 20
Planning and Quality Management (For all service groupings)				Full Review	2 / 6

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	0 location(s) 4 audit (s)	Full Review	19/27 Defer Licensure		16 / 21 Certified with Progress Report
Community Based Day Services	0 location(s) 4 audit (s)			Full Review	14 / 15
Planning and Quality Management (For all service groupings)				Full Review	2 / 6

EXECUTIVE SUMMARY :

The Cadmus Lifesharing Association (Cadmus) is a small nonprofit organization, located in Great Barrington, Massachusetts that provides placement services and community-based day services (CBDS) to individuals with developmental and intellectual disabilities and individuals with autism spectrum disorder.

Cadmus provides these services consistent with the philosophy of life-sharing arrangements where care providers (householders) live in placement service settings and guide supports to individuals with assistance of paid staff as well as volunteers who are recruited internationally for a yearlong commitment. The agency currently supports a network of five households within the southern Berkshire County area. The community-based day service (CBDS) began in 2019 and currently supports nine individuals. This has been defined as a site-less service. Day programming occurs out of households and within the community. Both service types were subject to this full licensing and certification review.

The scope of this survey was a full licensure and certification review and was conducted in a hybrid model of surveying, where most tasks were conducted in-person while some were conducted using remote technology. Interviews with key administrative and supervisory staff occurred virtually through Microsoft (MS) Teams. Observations, interviews with individuals and staff, review of environmental standards, and review of relevant documentation occurred in-person.

Findings of this licensing review identified positive outcomes for individuals related to specific aspects of healthcare, and personal and environmental safety for the agency's placement services. Survey findings verified that individuals were supported to have healthy lifestyles. Home providers accessed fresh produce grown in home gardens and household members participated in menu planning and were guided to prepare well-balanced meals. Individuals were also supported exercise regularly. This included yoga sessions, walks along area trails, swimming, and other exercise activities at the local community center of Great Barrington.

The agency's case coordinator conducted monthly home visits to review several aspects of the provision of services. A home visit checklist was used to review environmental standards, requirements for emergency evacuation, and the status of medical appointments, medication orders, medication administration, and ISP goal implementation. Full home inspections were completed annually. This represented a comprehensive inspection of home safety and maintenance. It was also noted that home providers and staff across agency services were current in all mandated training requirements, including training on the unique needs of individuals and in individualized health care protocols.

In areas subject to certification, it was noted that outcomes relating to personal choice, control, and growth were met for individuals in both service types. This was noted to be a strength of the agency. During weekly house meetings, people were supported to decide how and when household routines were to be addressed as well as decisions about mealtimes and whether to participate in meal preparation. Options to participate in different household activities were offered daily. This included decisions on how to spend personal time. Further, the agency understood the importance of maintaining family connections. Individuals were supported to maintain relationships with family members by phone and had options to visit with each other. Individuals were also supported to spend meaningful time with friends at different activities such as potluck dinners, special events, or activities in the community. Communications with family members occurred regularly as evidenced by surveyors' discussion with guardians.

Similarly, survey findings showed that members of the agency's CBDS program were supported to identify, explore, and participate in a variety of community-based activities and resources throughout

the southern Berkshire area. People were able to choose from several activities that were set up for days of the week, including music classes, painting, walking on area trails, volunteering at the local food pantry, swimming classes at Berkshire South, and field trips to area museum and attractions.

In addition to the positive findings highlighted above, results of the licensing review found that aspects of the organization's oversight systems must be strengthened across service domains and service types. Within the human rights domain, the human rights committee must meet its roles and responsibilities regarding membership composition and quarterly meeting requirements. Cadmus needs to ensure that annual training in human rights is provided to individuals by staff who have received HRO training through DDS. Information on the agency's grievance procedures must be shared with individuals and guardians, and provision must be made for sharing human rights information with guardians.

For standards relating to personal safety, information regarding abuse and neglect must be shared with guardians, and training on ways to report abuse must occur annually with individuals. Strengthened oversight is needed to ensure timely submission of ISP assessments and provider support strategies to DDS and that assessments are conducted with individuals to determine the potential benefits of assistive technology. Oversight of training to CBDS supporters also needs to be strengthened to ensure knowledge of individuals' healthcare protocols and tracking of ISP goal implementation and progress.

Improved oversight and monitoring are necessary for the agency's placement services in several areas. This includes addressing requirements for environmental restrictions imposed on individuals within their home settings as well as addressing requirements for medication treatment plans. Additionally, funds management supports and safeguards must include development of funds management plans that accurately reflect the agency's supports, ensure ongoing tracking of individuals' expenditures, and that timely notification of charges for care is made to individuals and guardians. There is also a need for individuals to have locks on their bedroom doors for privacy. Within healthcare supports, improvements are needed to agency oversight and compliance with annual physical and dental exams. Effective oversight is necessary for timely home maintenance and repairs, and for ensuring that Emergency Evacuation Safety Plans for placement service sites have been approved by DDS and are present onsite.

Survey findings identified additional areas within certification domains that would benefit from further attention. Among these, Cadmus needs to further develop methods of collecting and analyzing data for patterns and trends on service quality, obtain input on satisfaction from a full range of stakeholders, develop a process to identify and address measurable goals for service improvement, and effectively utilize feedback from DDS/OQE findings in service improvement initiatives. Within placement and CBDS services, mechanisms need to be developed to incorporate input from individuals into the performance evaluation of their supporters. For the agency's placement services, proactive strategies are needed to assist individuals with education and training in the areas of human sexuality and intimacy.

As a result of the current review, the Residential and Individual Home Supports service group, operated by Cadmus, received an overall score of 68% of licensure indicators met. The service group's level of licensure will be Deferred, pending follow-up conducted by OQE within sixty days on twenty-one organizational and service indicators that received a rating of Not Met. This service group is Certified with a Progress Report, with an overall score of 77% of certification indicators met.

The agency's Employment and Day Supports service group received an overall score of 70% 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 nine organizational and service indicators that received a rating of Not Met. This service group is Certified with a Progress Report, with an overall score of 76% of certification indicators met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Residential and Individual Home Supports	38/58	20/58	
Placement Services			
Critical Indicators	7/7	0/7	
Total	45/66	21/66	68%
2 Year License with Mid-Cycle Review			
# indicators for 60 Day Follow-up		21	

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Employment and Day Supports	12/19	7/19	
Community Based Day Services			
Critical Indicators	1/2	1/2	
Total	19/27	8/27	70%
Defer Licensure			
# indicators for 60 Day Follow-up		8	

Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The agency's human rights committee (HRC) did not have the required membership, specifically a member with clinical expertise, and the member with medical expertise attended only 50% of the HRC minutes that were reviewed for this survey. Additionally, HRC meetings were not held on a quarterly basis, and at least one member has an administrative interest in the agency (board member). Committee by-laws do not reference oversight of the agency's CBDS program nor does it outline the role of the human rights coordinator and human rights officer. The agency needs to ensure that the HRC meets all of the expectations and requirements outlined in the DDS regulations.


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

Indicator #	Indicator	Area Needing Improvement
L1	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	For two individuals, guardians did not receive annual information in how to report abuse and neglect with DPPC. The agency must ensure that guardians receive information annually on how to report allegations of abuse and neglect to DPPC.
L5	There is an approved safety plan in home and work locations.	One of three homes reviewed did not have a DDS approved safety plan. The agency needs to ensure that each site's safety plan is current, accurate and signed by the Area Office Director or designee every two years or when the home's composition or the evacuation needs of individuals change.
L22	All appliances and equipment are operational and properly maintained.	For one of three homes reviewed, disorganized storage of items posed a safety hazard. The agency needs to ensure that individuals can move freely and safely throughout common areas of their home.
L26	Walkways, driveways and ramps are in good repair and kept clear in all seasons.	At one home reviewed, the pathway from the rear of the home was overgrown with shrubbery did not allow clear passage in the event of an emergency. The agency needs to ensure that exterior walkways and pathways are maintained clear and safe for passage.
L30	Every porch, balcony, deck or roof used as a porch or deck has a wall or protective railing in good repair.	At one home reviewed, an individual's bedroom window did not stay open for natural ventilation. The agency needs to ensure that bedroom windows are openable for natural ventilation and can open and close safely.
L33	Individuals receive an annual physical exam.	Two of four individuals did not have a current annual physical examination. The agency needs to ensure that individuals have current and timely annual physical examinations.
L34	Individuals receive an annual dental exam.	Three of four individuals did not have a current annual dental examination. The agency needs to ensure that individuals have current and timely dental examinations.
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	Four individuals reviewed did not receive annual training in on how to file a grievance. Guardians also did not receive information in human rights and on how to file a grievance with the agency. Additionally, human rights training was not provided by a trained human right officer. The agency needs to ensure that human rights training requirements are met for individuals and that guardians receive information on human rights and agency grievance procedures annually. Additionally, human rights training for individuals must be conducted by staff who have received human rights officer training through DDS.

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.	At one home, a door alarm was installed on a bedroom door to address an individual's safety and risk management concerns. The need for this intervention was not summarized in a plan that justified its use or included strategies and criteria for discontinuing its use overtime. When restrictions within a home environment are necessary for the health or safety of an individual, there needs to be a documented rational for the intervention and a plan to reduce its use over time. Additionally, all restrictive interventions must be reviewed by the human rights committee and incorporated into the individual's record/ISP.
L63	Medication treatment plans are in written format with required components.	The medication treatment plans for two individuals did not include all required elements, while a third person taking behavior modifying medication did not have a medication treatment plan developed. The agency needs to ensure that for individuals who are administered behavior modifying medications, a medication treatment plan has been developed to include observable and measurable descriptions of the behaviors targeted for treatment; clinical indications for adjusting medications; specific procedures necessary to minimize risks. Additionally, when a medication has been prescribed to reduce anxiety prior to medical and or dental appointments, strategies must be developed to help the person reduce or eliminate the need for medication over time.
L64	Medication treatment plans are reviewed by the required groups.	One individual's medications treatment plan was not incorporated into the ISP. Also, a current Rogers Order was not on file with the agency. The agency needs to ensure that medication treatment plans are submitted to the ISP team for review and that copies of court-approved treatment with anti-psychotic medication (Rogers Orders) are on file with the agency.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For four individuals, funds management plans did not outline information such as how the individual will be supported to access their funds, and procedures for safeguarding and securing their funds. The agency needs to ensure that funds management plans accurately describe the nature of assistance that the agency will provide, including amounts of money the person can manage independently as well as procedures for security, individual access to spending money, and oversight by the agency for the use of debit cards.
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.	For three individuals, records of provider- or staff-supported transactions had not been maintained to discern if expenditures were of direct benefit to the individual. The agency needs to develop a method of ensuring that all staff-supported expenditures are of direct benefit to the person and do not represent program-related expenses.
L69	Individual expenditures are documented and tracked.	For four individuals who received support in spending their funds, documentation of financial transactions was either partially in place or no tracking of expenditures with back-

		up receipts had occurred. When the agency assists an individual in managing or spending personal funds, the agency needs to have a system in place for tracking individuals' personal spending. Specifically, a record needs to be kept of all provider-assisted transactions. This record needs to include the date of the transaction, the amount received or dispersed, and the purpose of the transaction. Receipts need to be maintained for expenditures. These transaction records must be kept in a manner that can be readily followed, reviewed, and audited.
L70	Charges for care are calculated appropriately.	For two individuals, charges for care notification was not sent to the individual and their guardian for this calendar year. The agency needs to ensure that notification of charges for care are sent to individuals and guardians when charges are adjusted. This notification needs to include the calculations upon which the specific charges are based.
L85	The agency provides ongoing supervision, oversight and staff development.	For three locations, agency supervision and oversight was not adequate to ensure that licensing standards and safeguards were addressed in the areas of timely healthcare supports, requirements for funds management, accounting for medication administration, compliance with environmental requirements, and oversight of restrictive interventions and medication treatment plans. The agency needs to strengthen its oversight and supervision of supports in these areas. Lastly, the agency must ensure that its representatives are conducting home visits with home providers and individuals receiving placement services monthly as well as ensure that supports are provided in accordance with each individual's needs.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For one individual, required ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that required ISP assessments are submitted to DDS within 15 days prior to the ISP.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For two individuals, provider support strategies were not submitted to DDS within required timelines. The agency needs to ensure that the submission of provider support strategies occurs within 15 days of the ISP meeting date.
L90	Individuals are able to have privacy in their own personal space.	Locks on bedroom doors were not provided to two individuals. The agency needs to ensure individuals' bedrooms doors are lockable for privacy.
L94 (05/22)	Individuals have assistive technology to maximize independence.	For four individuals, survey findings indicated that the benefits of assistive technology had not been assessed. The agency needs to ensure that individuals are assessed to identify assistive technology or modifications that might benefit the individual in maximizing their independence.

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

Indicator #	Indicator	Area Needing Improvement
L1	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	For four individuals reviewed, guardians did not receive information on how to report abuse/neglect to DPPC. The agency must ensure that individuals are trained annually and that guardians receive information annually on how to report abuse/neglect to DPPC.
 L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For a healthcare protocol developed for one individual, there was no provision for training of staff who provide supports through the agency's CBDS program. The agency needs to develop a means of ensuring that day supporters are trained and knowledgeable of individuals' healthcare protocols.
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	Four individuals reviewed did not receive annual training in on how to file a grievance. Guardians also did not receive annual information in human rights and on how to file a grievance with the agency. Additionally, human rights training was not provided by a trained human right officer. The agency needs to ensure that human rights training requirements are met for individuals and that guardians receive information on human rights and agency grievance procedures annually. Additionally, human rights training for individuals must be conducted by staff who have received human rights officer training through DDS.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For one individual, required ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that required ISP assessments are submitted to DDS within 15 days prior to the ISP.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For two individuals, provider support strategies were not submitted to DDS within required timelines. The agency needs to ensure that the submission of provider support strategies occurs within 15 days of the ISP meeting date.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For one individual, the ISP goal was not consistently tracked. The agency needs to ensure that ISP goals are implemented and tracking of progress is occurring as required.
L94 (05/22)	Individuals have assistive technology to maximize independence.	For four individuals, survey findings indicated that the benefits of assistive technology had not been considered in supporting to them to increase their independence. The agency needs to ensure that individuals are assessed to

		identify if any assistive technology or modifications might benefit the individual in maximizing their independence.
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CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	2/6	4/6	
Residential and Individual Home Supports	18/20	2/20	
Placement Services	18/20	2/20	
Total	20/26	6/26	77%
Certified with Progress Report			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	2/6	4/6	
Employment and Day Supports	14/15	1/15	
Community Based Day Services	14/15	1/15	
Total	16/21	5/21	76%
Certified with Progress Report			

Planning and Quality Management Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C2	The provider analyzes information gathered from all sources and identifies patterns and trends.	The agency did not have effective methods of analyzing data on service delivery in terms of patterns and trends. The agency needs to develop the capacity to analyze data in terms of patterns and trends. This data must be analyzed in a manner that pinpoints and prioritizes need for service improvement.
C3	The provider actively solicits and utilizes input from the individuals and families regarding satisfaction with services.	The agency did not solicit input on service satisfaction from guardians, individuals, staff, or actively involved families. In its efforts to gather feedback on service provision, the agency needs to actively solicit input on service quality from all stakeholders, including individuals, involved family members, guardians, and staff.

C4	The provider receives and utilizes input received from DDS and other stakeholders to inform service improvement efforts.	Findings from the current DDS licensing and certification survey highlighted some areas that could benefit from a continuous process of quality assurance review. The agency needs to strengthen its internal quality assurance process and use feedback from external sources such as DDS licensing and certification reviews to identify and address goals for service improvement.
C5	The provider has a process to measure progress towards achieving service improvement goals.	The agency had not developed a process to identify measurable service improvement goals. The agency needs to develop measurable goals for service improvement as well as establish benchmarks to monitor and measure service improvement.

Placement Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	Four individuals had no opportunity to provide feedback on the performance of the care provider or staff who support them. The agency needs to establish a process that provides opportunities for individuals to have input in the ongoing performance evaluations of the care providers and staff who support them.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For four individuals in the survey sample, the agency had not taken steps to assess and provide support to individuals with respect to their knowledge, interest and needs for education and guidance in intimacy and companionship. The agency needs to take a proactive approach to supporting individuals to explore, define and express their needs and interest in intimacy and companionship, in accordance with each individual's learning style.


Community Based Day Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the	Four individuals had no opportunity to provide feedback on the performance of the care provider or staff who





	performance/actions of staff / care providers that support them.	support them through their day supports. The agency needs to establish a process that provides opportunities for individuals to have input the ongoing performance evaluations of the care providers and staff who support them.
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MASTER SCORE SHEET LICENSURE

Organizational: CADMUS LIFESHARING ASSOCIATION

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
 L2	Abuse/neglect reporting	4/4	Met
L3	Immediate Action	5/5	Met
L4	Action taken	1/1	Met
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	2/2	Met
L75	Qualified staff	2/2	Met
L76	Track trainings	4/4	Met
L83	HR training	4/4	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			2/4				2/4	Not Met (50.0 %)
L5	Safety Plan	L			2/3				2/3	Not Met (66.67 %)
 L6	Evacuation	L			3/3				3/3	Met
L8	Emergency Fact Sheets	I			4/4				4/4	Met
 L11	Required inspections	L			3/3				3/3	Met
 L12	Smoke detectors	L			3/3				3/3	Met
 L13	Clean location	L			3/3				3/3	Met
L14	Site in good repair	L			3/3				3/3	Met
L15	Hot water	L			3/3				3/3	Met
L16	Accessibility	L			3/3				3/3	Met
L17	Egress at grade	L			3/3				3/3	Met
L18	Above grade egress	L			1/1				1/1	Met
L19	Bedroom location	L			3/3				3/3	Met
L21	Safe electrical equipment	L			3/3				3/3	Met
L22	Well-maintained appliances	L			2/3				2/3	Not Met (66.67 %)
L24	Locked door access	L			3/3				3/3	Met
L26	Walkway safety	L			2/3				2/3	Not Met (66.67 %)
L29	Rubbish/combustibles	L			3/3				3/3	Met
L30	Protective railings	L			2/3				2/3	Not Met (66.67 %)

L31	Communication method	I			4/4				4/4	Met
L32	Verbal & written	I			4/4				4/4	Met
L33	Physical exam	I			2/4				2/4	Not Met (50.0 %)
L34	Dental exam	I			1/4				1/4	Not Met (25.00 %)
L35	Preventive screenings	I			4/4				4/4	Met
L36	Recommended tests	I			4/4				4/4	Met
L37	Prompt treatment	I			4/4				4/4	Met
Ⓜ L38	Physician's orders	I			3/3				3/3	Met
L41	Healthy diet	L			3/3				3/3	Met
L42	Physical activity	L			3/3				3/3	Met
L43	Health Care Record	I			4/4				4/4	Met
Ⓜ L46	Med. Administration	I			4/4				4/4	Met
L49	Informed of human rights	I			0/4				0/4	Not Met (0 %)
L50 (07/21)	Respectful Comm.	I			4/4				4/4	Met
L51	Possessions	I			4/4				4/4	Met
L52	Phone calls	I			4/4				4/4	Met
L53	Visitation	I			4/4				4/4	Met
L54 (07/21)	Privacy	I			4/4				4/4	Met
L55	Informed consent	I			3/3				3/3	Met
L56	Restrictive practices	I			0/1				0/1	Not Met (0 %)
L63	Med. treatment plan form	I			0/4				0/4	Not Met (0 %)
L64	Med. treatment plan rev.	I			1/2				1/2	Not Met (50.0 %)
L67	Money mgmt. plan	I			0/4				0/4	Not

										Met (0 %)
L68	Funds expenditure	I			1/4				1/4	Not Met (25.00 %)
L69	Expenditure tracking	I			0/4				0/4	Not Met (0 %)
L70	Charges for care calc.	I			0/2				0/2	Not Met (0 %)
L71	Charges for care appeal	I			2/2				2/2	Met
L77	Unique needs training	I			4/4				4/4	Met
L80	Symptoms of illness	L			3/3				3/3	Met
L81	Medical emergency	L			3/3				3/3	Met
L85	Supervision	L			0/3				0/3	Not Met (0 %)
L86	Required assessments	I			1/2				1/2	Not Met (50.0 %)
L87	Support strategies	I			0/2				0/2	Not Met (0 %)
L88	Strategies implemented	I			2/2				2/2	Met
L90	Personal space/ bedroom privacy	I			2/4				2/4	Not Met (50.0 %)
L91	Incident management	L			3/3				3/3	Met
L93 (05/22)	Emergency back-up plans	I			4/4				4/4	Met
L94 (05/22)	Assistive technology	I			0/4				0/4	Not Met (0 %)
L96 (05/22)	Staff training in devices and applications	I			1/1				1/1	Met
#Std. Met/# 58 Indicator									38/58	

Total Score									45/66	
									68.18%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I			0/4	0/4	Not Met (0 %)
L8	Emergency Fact Sheets	I			4/4	4/4	Met
L9 (07/21)	Safe use of equipment	I			2/2	2/2	Met
L31	Communication method	I			4/4	4/4	Met
L32	Verbal & written	I			4/4	4/4	Met
L37	Prompt treatment	I			4/4	4/4	Met
 L38	Physician's orders	I			0/1	0/1	Not Met (0 %)
L49	Informed of human rights	I			0/4	0/4	Not Met (0 %)
L50 (07/21)	Respectful Comm.	I			4/4	4/4	Met
L51	Possessions	I			4/4	4/4	Met
L52	Phone calls	I			4/4	4/4	Met
L54 (07/21)	Privacy	I			4/4	4/4	Met
L55	Informed consent	I			2/2	2/2	Met
L77	Unique needs training	I			4/4	4/4	Met
L86	Required assessments	I			1/2	1/2	Not Met (50.0 %)
L87	Support strategies	I			0/1	0/1	Not Met (0 %)
L88	Strategies implemented	I			2/3	2/3	Not Met (66.67 %)
L93	Emergency	I			4/4	4/4	Met

(05/22)	back-up plans						
L94 (05/22)	Assistive technology	I			1/3	1/3	Not Met (33.33 %)
#Std. Met/# 19 Indicator						12/19	
Total Score						19/27	
						70.37%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	1/1	Met
C2	Data analysis	0/1	Not Met (0 %)
C3	Service satisfaction	0/1	Not Met (0 %)
C4	Utilizes input from stakeholders	0/1	Not Met (0 %)
C5	Measure progress	0/1	Not Met (0 %)
C6	Future directions planning	1/1	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/4	Not Met (0 %)
C8	Family/guardian communication	4/4	Met
C9	Personal relationships	4/4	Met
C10	Social skill development	4/4	Met
C11	Get together w/family & friends	4/4	Met
C12	Intimacy	0/4	Not Met (0 %)
C13	Skills to maximize independence	4/4	Met
C14	Choices in routines & schedules	4/4	Met
C15	Personalize living space	3/3	Met
C16	Explore interests	4/4	Met
C17	Community activities	4/4	Met
C18	Purchase personal belongings	4/4	Met

C19	Knowledgeable decisions	4/4	Met
C46	Use of generic resources	4/4	Met
C47	Transportation to/ from community	4/4	Met
C48	Neighborhood connections	4/4	Met
C49	Physical setting is consistent	3/3	Met
C51	Ongoing satisfaction with services/ supports	4/4	Met
C52	Leisure activities and free-time choices /control	4/4	Met
C53	Food/ dining choices	4/4	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/4	Not Met (0 %)
C8	Family/guardian communication	4/4	Met
C13	Skills to maximize independence	4/4	Met
C37	Interpersonal skills for work	1/1	Met
C38 (07/21)	Habilitative & behavioral goals	1/1	Met
C39 (07/21)	Support needs for employment	1/1	Met
C40	Community involvement interest	4/4	Met
C41	Activities participation	4/4	Met
C42	Connection to others	4/4	Met
C43	Maintain & enhance relationship	4/4	Met
C44	Job exploration	1/1	Met
C45	Revisit decisions	4/4	Met
C46	Use of generic resources	4/4	Met
C47	Transportation to/ from community	4/4	Met
C51	Ongoing satisfaction with services/ supports	4/4	Met