|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
|  |

 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **PROVIDER REPORT FOR** |

 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **BETTER COMMUNITY LIVING INC5 Ventura Drive Dartmouth, MA 02747**  |

 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |

|  |
| --- |
|  |

 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Version** |

 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |

|  |
| --- |
| **Public Provider Report** |

 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| **Prepared by the Department of Developmental ServicesOFFICE OF QUALITY ENHANCEMENT** |

 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |

|  |
| --- |
| **SUMMARY OF OVERALL FINDINGS** |

 |  |  |
|  |  |  |  |  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Provider** |

 |  |

|  |
| --- |
| BETTER COMMUNITY LIVING INC |

 |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Review Dates** |

 |  |

|  |
| --- |
| 7/29/2021 - 8/3/2021 |

 |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Service Enhancement Meeting Date** |

 |  |

|  |
| --- |
| 8/16/2021 |

 |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Survey Team** |

 |  |

|  |
| --- |
| Michelle Boyd |
| Kayla Condon |
| Michael Marchese (TL) |
| Scott Nolan |
| Barbara Mazzella |

 |  |
|  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **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** | 12 location(s) 13 audit (s)  | Targeted Review | DDS 12/13Provider 75 / 7687 / 89 2 Year License 08/16/2021- 08/16/2023 |  | DDS 43 / 55Provider 58 / 58101 / 113 Certified 08/16/2021 - 08/16/2023 |
| Residential Services | 5 location(s) 5 audit (s)  |  |  | DDS Targeted Review | 20 / 22 |
| ABI-MFP Residential Services | 1 location(s) 2 audit (s)  |  |  | Full Review | 15 / 20 |
| Placement Services | 3 location(s) 3 audit (s)  |  |  | DDS Targeted Review | 20 / 22 |
| ABI-MFP Placement Services | 1 location(s) 1 audit (s)  |  |  | Full Review | 18 / 20 |
| Individual Home Supports | 2 location(s) 2 audit (s)  |  |  | DDS Targeted Review | 22 / 23 |
| Planning and Quality Management (For all service groupings) |   |  |  | Full Review | 6 / 6 |
| **Survey scope and findings for Employment and Day Supports** |
| **Service Group Type** | **Sample Size** | **Licensure Scope** | **Licensure Level** | **Certification Scope** | **Certification Level** |
| **Employment and Day Supports** | 2 location(s) 10 audit (s)  | Targeted Review | DDS 9/10Provider 47 / 4756 / 57 2 Year License 08/16/2021- 08/16/2023 |  | DDS 10 / 12Provider 33 / 3443 / 46 Certified 08/16/2021 - 08/16/2023 |
| Community Based Day Services | 1 location(s) 6 audit (s)  |  |  | DDS Targeted Review | 15 / 17 |
| Employment Support Services | 1 location(s) 4 audit (s)  |  |  | DDS Targeted Review | 22 / 23 |
| Planning and Quality Management (For all service groupings) |   |  |  | Full Review | 6 / 6 |

 |  |

 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|

|  |
| --- |
| **EXECUTIVE SUMMARY :** |

 |  |  |
|  |  |  |
|

|  |
| --- |
| Better Community Living, Inc. (BCL), is a nonprofit organization founded in 1988 to provide supports and services for adults and children with developmental disabilities living throughout the Greater New Bedford area. BCL offers many service models to support a diverse population of people with unique needs. This includes a variety of adult services, including 24-hour Residential and Placement services for individuals with intellectual and developmental disabilities (I/DD), and individuals with acquired brain injuries (ABI), individual home support (IHS), employment and Community-based Day (CBDS) and Employment services.The agency reported significant growth since their last review, including serving approximately 800 local families through the provision of Family Support services, as well as 35 individuals supported via Agency with Choice services.Based on the outcome of the agency's previous DDS licensure and certification review conducted in July of 2018, the agency earned the option of conducting a self-assessment for this review. The DDS survey team conducted targeted review of the agency's 24-hour Residential, Placement, IHS, CBDS and Employment Services. This consisted of evaluating the eight critical licensure indicators and any new/revised licensure and certification indicators or those which received a 'Not Met' rating in their previous survey. Review of the agency's two newest services, ABI 24-hour Residential and ABI Placement included the eight critical licensure indicators, any new/revised license indicators, and a full review of all applicable certification indicators.Licensure domains reviewed by DDS included environmental safety, human rights and dignity, medication administration and health management plans. Results verified that the agency has successfully implemented effective safeguard systems in these domains across both residential and day services. Additionally, in response to the ongoing COVID-19 pandemic, the agency has successfully implemented and adapted prevention and response strategies within its service system. In day/employment services, additional attention is warranted in the area of assessing individuals' abilities to safely utilize equipment.Certification areas reviewed resulted in the following positive outcomes. Organizationally, processes were in place for the collection, analysis, and utilization of data, stakeholder feedback, and other relevant information to measure progress towards achieving and service improvement goals. Across all services, individualized emergency back-up plans were in place for all individuals. In day/employment services, individuals were found to be included in the evaluation process of staff who support them. In ABI services, outcomes for several certification indicators confirmed that individuals are being supported in the areas of getting together with family and friends and exploring personal interests, and communication with guardians and family members is occurring on a regularly basis.There were a few certification areas where it is recommended the agency focus its attention. Across all services, except for employment, additional support and guidance to enhance staff's knowledge to fully assess the individual's needs and identified potential assistive technology that would increase their independence. In residential services, it is recommended that additional focus occur with supporting individuals explore, define, and express their need for intimacy and companionship.Based upon the findings of this report, the agency has earned a two-year license for both its residential and day/employment services. The combined scores of the DDS review and the provider's self-assessment resulted in licensing scores of 98% for both residential and day/employment services. The provider has earned a two-year license and will conduct its own follow-up for licensing indicators not met within 60 days.The combined scores for the DDS review and the provider's self-assessment resulted in certification scores of 89% for residential and 93% for employment and day services. The agency is certified in both residential and day/employment services, with a progress report in residential services.The provider's description of its self-assessment process follows. |

 |  |

 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |

|  |  |
| --- | --- |
|  |  |
|

|  |
| --- |
| **Description of Self Assessment Process:** |

 |  |
|  |  |
|

|  |
| --- |
| Better Community Living, Inc. (BCL) has a Quality Enhancement system which includes ongoing audits of all DDS Licensing and Certification indicators as well as policies and practices that are specific to BCL. The agency has had a robust internal auditing system which has proven to be effective in ensuring regulatory compliance over the past several years. The ongoing Quality Enhancement practices have resulted in the agency consistently maintaining a 2-year license with DDS. Prior to the Covid-19 pandemic, a team of auditors reviewed each individual and home on a quarterly basis. Audits were performed more frequently at locations that had areas in need of improvement (a score below 90%) and follow up action items are monitored by the audit team. The internal team consists of the Quality Enhancement Director, Senior Program Directors, Medical Coordinator and Nursing staff. The internal audit process includes a full review of all indicators, with a very strong focus on "flagged areas" including MAP practices, medication administration, health and safety related protocols, staff training and facility inspections, fire drills. The Administrative Team reviews the scores and identifies topics that require additional training and or modifications to processes. Audits are tracked in a software program called I-Auditor, and Administrative Team members have access to all scores across the agency. The audit tools are modified regularly to provide clarification and to reflect regulatory changes released by DDS. In addition to the audit team, other administrative team members monitor important processes such as Medication Administration Record compliance, Financial Transaction Records, Emergency Evacuation Safety Plans, Fire Drills, Household Safety Checklists, Staff Training, DPPC/Investigations, Grievances, and Stakeholder feedback. There is a comprehensive tracking system for all of these processes which is shared regularly with Administrative and Management Team members. The agency also uses a document to "spot check" certain important items when visiting a home, such as quality of food, cleanliness, engagement, money counts, safety checks, etc. The additional monitoring of these critical indicators has helped the agency maintain compliance and ensure consistency across the agency. Administrative Team members help identify areas of need across the agency and often recommend further action. For example, it was noted during a few "spot checks" that several of the yards were accumulating debris from the street and many garden beds had more weeds than usual. This information was used to create an action plan which resulted in agency staff, individuals and the landscaping contractors to all take more accountability for the yards and gardens. The agency also uses a variety of other methods of tracking the quality of services provided. This includes data from HCSIS such as MOR's, Incidents, Restraints, on-time submission of ISP documents. This data is used to identify trends and create plans to improve in various areas. For example, one home had more DPPC's and HCSIS incidents than other homes. In addition to additional oversight and training, the agency hired an independent investigator to assess the culture of the home and to make recommendations. This resulted in a few staff members being transferred, retrained or terminated.Data collected during Stakeholder Surveys are critical to the Quality Enhancement measures across the agency. For example, the Day Habilitation surveys that were conducted prior to Covid revealed that some participants felt restricted by the Day Habilitation regulations, and they felt that they could be engaging in more meaningful activities within a different service model. This resulted in BCL vastly expanding its CBDS and Employment program as well as becoming credentialed to provide Applied Behavior Analysis services to young adults with a diagnosis of autism spectrum disorder. Several individuals are now participating in these alternative service models and report that they are more satisfied and engaged than they had been in the previous Day Habilitation model. Over the past 16 months, during the Covid-19 pandemic, the agency was required to modify its' Quality Enhancement and auditing practices. The focus shifted to infection prevention and control, Covid testing and implementing quarantine plans as individuals were diagnosed with COVID-19 while maintaining compliance with other indicators. The Quality Enhancement Director, Nurses, Program Managers and Directors continued to closely monitor critical indicators related to health and safety while minimizing the exposure to themselves and individuals. Audits were modified and were often conducted outdoors or remotely. As the Covid-19 pandemic appears to be subsiding, full audits have resumed. This will be closely monitored as the pandemic evolves and the team is prepared to modify its' practices again if needed. For the purposes of this Self-Assessment, an internal auditing team was created and consisted of BCL's Director of Quality Enhancement, Clinical Director, three Program Directors, Finance Assistant, Medical Coordinator and Facility Director. The team was provided a random sample of at least 20% of the individuals in the following contracts:24 Hour Residential, Placement Services, In-Home Supports, Community Based Day Services, Supported Employment and Acquired Brain Injury (Residential and Placement Services). The Program Directors on the survey team focused on individuals who were not on their caseload, in order to avoid any bias in scoring. All Licensing and Certification indicators were rated for each individual across each contract. For licensing, BCL's internal auditing software (I-Auditor) was used due to its compatibility with the formatting of BCL's confidential files. The DDS Certification tool was used by each surveyor to guide them in reviewing files and interviewing individuals, family members, staff, Program Mangers and others to ensure a thorough assessment of each indicator for each person. The DDS Day Services Licensing and Certification tool was used to assess CBDS and Employment Services. Program Managers were given between 0-5 days' notice of the survey, and most were present while the team reviewed files. There were several opportunities for inter-observer agreement throughout the self-assessment process, as most were completed by a group of two or more team members. Survey results were sent to the Program Mangers immediately after each portion was completed. There were very few instances of incorrect scoring. As the surveys were completed, a summary of the scores were forwarded to the Director of Quality Enhancement and the Chief Executive Officer for review. BCL used 80% as the threshold for an indicator to be categorized as "MET", however most indicators were in the 90%-100% range. |

 |  |

 |  |

|  |  |
| --- | --- |
|  |  |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |

|  |
| --- |
| **LICENSURE FINDINGS** |

 |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **10/10** | **0/10** |  |
| **Residential and Individual Home Supports** | **77/79** | **2/79** |  |
|  Residential Services Placement Services ABI-MFP Placement Services Individual Home Supports ABI-MFP Residential Services |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **87/89** | **2/89** | **98%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **2** |  |

 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **10/10** | **0/10** |  |
| **Employment and Day Supports** | **46/47** | **1/47** |  |
|  Community Based Day Services Employment Support Services |  |  |  |
| **Critical Indicators** | **4/4** | **0/4** |  |
| **Total** | **56/57** | **1/57** | **98%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **1** |  |

 |  |
|  |  |  |  |  |  |

 |  |
|  |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:From DDS review:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L91 | Incidents are reported and reviewed as mandated by regulation. | A total of 12 locations were reviewed, four of which had at least one incident that was either not submitted and/or finalized within the required timelines. The agency needs to ensure incidents that require reporting are submitted and finalized in HCSIS within the required timelines. |

 |  |  |
|  |  |  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:From Provider review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Issue identified** | **Action planned to address** |
|  |  L27 | If applicable, swimming pools and other bodies of water are safe and secure according to policy. | A Placement Services provider has not consistently stored the pool ladder far enough away from the pool. While the provider does remove the ladder, it should be further away from the pool to prevent someone from entering the pool in an unsafe manner. | The agency has instructed the provider to move the ladder, when not in use, at least 5 feet away from the pool itself. This will be monitored at each home visit. |

 |  |
|  |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:From DDS review:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L9 (07/21) | Individuals are able to utilize equipment and machinery safely.  | Safety assessments for three individuals did not identify the equipment and/or machinery that could be safely utilized to enhance their employment. Additionally, a safety assessment for one individual did not identify the equipment and/or machinery that could be safely utilized during Community Based Day Supports activities. The agency needs to assess individuals' ability to utilize equipment at employment settings and the Community Based Day Support program. |

 |  |  |
|  |  |  |  |

 |  |

|  |
| --- |
|  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |

|  |
| --- |
| **CERTIFICATION FINDINGS** |

 |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Reviewed by** | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **DDS** | **6/6** | **0/6** |  |
| **Residential and Individual Home Supports** | **DDS 37/49Provider 58/58** | **95/107** | **12/107** |  |
| ABI-MFP Placement Services | DDS | 18/20 | 2/20 |  |
| ABI-MFP Residential Services | DDS | 15/20 | 5/20 |  |
| Individual Home Supports | DDS 2/3Provider 20/20 | 22/23 | 1/23 |  |
| Placement Services | DDS 1/3Provider 19/19 | 20/22 | 2/22 |  |
| Residential Services | DDS 1/3Provider 19/19 | 20/22 | 2/22 |  |
| **Total** |  | **101/113** | **12/113** | **89%** |
| **Certified** |  |  |  |  |

 |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Reviewed By** | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **DDS** | **6/6** | **0/6** |  |
| **Employment and Day Supports** | **DDS 4/6Provider 33/34** | **37/40** | **3/40** |  |
| Community Based Day Services | DDS 2/4Provider 13/13 | 15/17 | 2/17 |  |
| Employment Support Services | DDS 2/2Provider 20/21 | 22/23 | 1/23 |  |
| **Total** |  | **43/46** | **3/46** | **93%** |
| **Certified** |  |  |  |  |

 |  |
|  |  |  |  |

 |  |  |
|  |  |  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **ABI-MFP Placement Services- Areas Needing Improvement on Standards not met From DDS Review:** |  |  |  |
|  | **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. | One individual was not afforded the opportunity to provide on-going feedback regarding his home care provider. The agency needs to ensure individuals have opportunities to provide feedback on an ongoing basis on the performance of providers/staff that support them. |  |
|  |  C54 | Individuals have the assistive technology and/or modifications to maximize independence.  | Assistive technology to support one individual maximize his independence with medication management had not been explored. The agency needs to ensure individuals have assistive technology and/or modifications to maximize their independence. |  |
|  |  |  |  |  |
|  | **ABI-MFP Residential Services- Areas Needing Improvement on Standards not met From DDS Review:** |  |  |  |
|  | **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. | Two individuals had not been provided opportunities to include feedback/input on the job performance evaluations of two staff who were supporting them. The agency needs to ensure individuals have opportunities to provide feedback on an ongoing basis on the performance of staff that support them. |  |
|  |  C9 | Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts. | One individual reviewed had not been supported to explore targeted activities/groups that might provide opportunities to develop supportive relationships and/or social contacts. The agency needs to provide opportunities to individuals to develop and/or increase personal relationships and social contacts. |  |
|  |  C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | One individual reviewed lacked an effective plan/strategy for exploring his desire/interest in meeting women and exploring the development of a relationship. The agency needs to ensure individuals are supported to explore, define and express their need for intimacy and companionship. |  |
|  |  C17 | Community activities are based on the individual's preferences and interests. | There were no effective strategies in place for one individual to explore opportunities to engage in community activities relevant to his personal interests. The agency needs to ensure individuals are supported to explore and engage in community activities consistent with their personal preferences and interests. |  |
|  |  C54 | Individuals have the assistive technology and/or modifications to maximize independence.  | One individual reviewed did not have a plan or strategy to utilize his assistive devices to maximize or increase his independence, and staff lacked a clear understanding of assistive technology. The agency needs to ensure individuals have assistive technology and/or modifications to maximize their independence. |  |
|  |  |  |  |  |
|  | **Individual Home Supports- Areas Needing Improvement on Standards not met From DDS Review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |  |
|  |  C54 | Individuals have the assistive technology and/or modifications to maximize independence.  | One out of two individuals could benefit from the use of Assistive Technology or other supports in different areas such as when out in the community or engaging in leisure activities such as listening to the oldies or attending classic care shows. The agency needs to ensure individuals are supported to explore or identify technologies to maximize their independence. |  |
|  |  |  |  |  |
|  | **Placement Services- Areas Needing Improvement on Standards not met From DDS Review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |  |
|  |  C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | One individual had a completed a relationship assessment, but the recommendation from the assessment had not been implemented to support the individual to express his need for companionship. For example, he had experienced the end of a relationship without the available supports to work through the loss and move forward to meet others. The agency needs to ensure individuals are supported to explore and express their need for intimacy and companionship. |  |
|  |  C54 | Individuals have the assistive technology and/or modifications to maximize independence.  | One individual could benefit from the use of Assistive Technology or other supports in different areas such as when out in the community or participating in leisure activities of personal interest such as reading. For example, an e-reader device/app to support him to listen and read along with books that reflect his interest in camping and sports. The agency needs to ensure individuals are supported to explore or identify technologies to maximize their independence. |  |
|  |  |  |  |  |
|  | **Residential Services- Areas Needing Improvement on Standards not met From DDS Review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |  |
|  |  C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | The agency completed a relationship assessment for three out of five individuals, but the recommendation from the assessment had not been implemented to support these individuals to express their need for companionship. For example, some individuals had limited opportunities to develop relationships and could benefit from further support to explore other options such joining a relationship group. The agency needs to ensure individuals are supported to explore and express their need for intimacy and companionship. |  |
|  |  C54 | Individuals have the assistive technology and/or modifications to maximize independence.  | Three out of five individuals were not fully supported to explore or identify assistive technology and/or modifications to maximize independence. A general assessment was in place for all three individuals; however, individuals were not supported to explore potential AT to enhance their independence. The agency needs to ensure individuals are supported to explore or identify technologies to maximize their independence. |  |
|  |  |  |  |  |
|  | **Community Based Day Services- Areas Needing Improvement on Standards not met From DDS Review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |  |
|  |  C38 (07/21) | Specific habilitative and behavioral goals necessary to prepare individuals for work are identified. | Specific habilitative and/or behavioral goals for one individual had not been identified. The agency needs to ensure that specific habilitative and behavioral goals have been identified for all Community Based Day Services' participants working towards employment. |  |
|  |  C54 | Individuals have the assistive technology and/or modifications to maximize independence.  | For two individuals, efforts to explore technology and/or modifications to maximize independence which could enhance their independence while participating in community-based day supports were not made. The agency needs to assess what assistive technology and/or modifications could be provided to further maximize individual's independence during activities offered through community-based day supports. |  |
|  |  |  |  |  |
|  | **Employment Support Services- Areas Needing Improvement on Standards not met From Provider review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Issues identified** | **Action planned to address** |
|  |  C26 | Career planning includes an analysis of how an individual's entitlements can be managed in a way that allows them to work successfully in the community. | The agency does not have a consistent method of assisting individuals with analyzing how their income could impact their benefits and entitlements. The agency has historically had a small number of individuals engaged in long-term, paid employment, so this has not been a major concern. However, as the agency grows in this area, a consistent benefit analysis plan will be important. | The agency has already scheduled a meeting with a specialist from Social Security Administration to train CBDS and Employment staff on helping individuals with benefit analysis. The Program Director will create a procedure and forms related to benefit analysis. |
|  |  |  |  |  |

 |  |

 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
|  |

 |  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| **MASTER SCORE SHEET LICENSURE** |

 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| **Organizational: BETTER COMMUNITY LIVING INC** |

 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Indicator #** | **Indicator** | **Reviewed by** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **DDS** | **12/12** | **Met** |
|  |  L3 | Immediate Action | **Provider** | **-** | **Met** |
|  |  L4 | Action taken | **Provider** | **-** | **Met** |
|  |  L48 | HRC | **Provider** | **-** | **Met** |
|  |  L65 | Restraint report submit | **DDS** | **1/1** | **Met** |
|  |  L66 | HRC restraint review | **Provider** | **-** | **Met** |
|  |  L74 | Screen employees | **Provider** | **-** | **Met** |
|  |  L75 | Qualified staff | **Provider** | **-** | **Met** |
|  |  L76 | Track trainings | **Provider** | **-** | **Met** |
|  |  L83 | HR training | **Provider** | **-** | **Met** |

 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| **Residential and Individual Home Supports:** |

 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Reviewed by** | **Res. Sup.** | **Ind. Home Sup.** | **Place.** | **Resp.** | **ABI-MFP Res. Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** |
|  |  L1 | Abuse/neglect training | I | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L5 | Safety Plan | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
| O |  L6 | Evacuation | L | **DDS** | 5/5 | 2/2 | 1/3 |  | 1/1 | 1/1 | **10/12** | **Met(83.33 %)** |
|  |  L7 | Fire Drills | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L8 | Emergency Fact Sheets | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L9 (07/21) | Safe use of equipment | I | **DDS** | 5/5 | 2/2 |  |  | 2/2 |  | **9/9** | **Met** |
|  |  L10 | Reduce risk interventions | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
| O |  L11 | Required inspections | L | **DDS** | 5/5 | 1/1 | 2/2 |  | 1/1 | 0/1 | **9/10** | **Met(90.0 %)** |
| O |  L12 | Smoke detectors | L | **DDS** | 5/5 | 1/1 | 2/3 |  | 1/1 | 1/1 | **10/11** | **Met(90.91 %)** |
| O |  L13 | Clean location | L | **DDS** | 5/5 | 1/1 | 2/3 |  | 1/1 | 1/1 | **10/11** | **Met(90.91 %)** |
|  |  L14 | Site in good repair | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L15 | Hot water | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L16 | Accessibility | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L17 | Egress at grade  | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L18 | Above grade egress | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L19 | Bedroom location | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L20 | Exit doors | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L21 | Safe electrical equipment | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L22 | Well-maintained appliances | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L23 | Egress door locks | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L24 | Locked door access | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L25 | Dangerous substances | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L26 | Walkway safety | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L27 | Pools, hot tubs, etc. | L  | **Provider** | - | - | - |  | - | - | **-** | **Not Met** |
|  |  L28 | Flammables | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L29 | Rubbish/combustibles | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L30 | Protective railings | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L31 | Communication method | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L32 | Verbal & written | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L33 | Physical exam | I | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L34 | Dental exam | I | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L35 | Preventive screenings | I | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L36 | Recommended tests | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L37 | Prompt treatment | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
| O |  L38 | Physician's orders | I | **DDS** | 3/3 | 2/2 |  |  | 2/2 | 1/1 | **8/8** | **Met** |
|  |  L39 | Dietary requirements | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L40 | Nutritional food | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L41 | Healthy diet | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L42 | Physical activity | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L43 | Health Care Record | I | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L44 | MAP registration | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L45 | Medication storage | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
| O |  L46 | Med. Administration | I | **DDS** | 5/5 | 1/1 | 2/2 |  | 2/2 | 1/1 | **11/11** | **Met** |
|  |  L47 | Self medication | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L49 | Informed of human rights | I | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | **DDS** | 5/5 | 2/2 | 3/3 |  | 2/2 | 1/1 | **13/13** | **Met** |
|  |  L51 | Possessions | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L52 | Phone calls | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L53 | Visitation | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L54 (07/21) | Privacy | I | **DDS** | 4/5 | 2/2 | 3/3 |  | 2/2 | 1/1 | **12/13** | **Met(92.31 %)** |
|  |  L55 | Informed consent | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L56 | Restrictive practices | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L57 | Written behavior plans | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L58 | Behavior plan component | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L59 | Behavior plan review | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L60 | Data maintenance | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L61 | Health protection in ISP | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L62 | Health protection review | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L63 | Med. treatment plan form | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L64 | Med. treatment plan rev. | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L67 | Money mgmt. plan | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L68 | Funds expenditure | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L69 | Expenditure tracking | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L70 | Charges for care calc. | I | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L71 | Charges for care appeal | I | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L77 | Unique needs training | I | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L78 | Restrictive Int. Training | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L79 | Restraint training | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L80 | Symptoms of illness | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L81 | Medical emergency | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
| O |  L82 | Medication admin. | L | **DDS** | 4/5 |  |  |  | 1/1 |  | **5/6** | **Met(83.33 %)** |
|  |  L84 | Health protect. Training | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L85 | Supervision  | L | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L86 | Required assessments | I | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L87 | Support strategies | I | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L88 | Strategies implemented | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L89 | Complaint and resolution process | L  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L90 | Personal space/ bedroom privacy | I  | **Provider** | - | - | - |  | - | - | **-** | **Met** |
|  |  L91 | Incident management | L | **DDS** | 3/5 | 1/2 | 3/3 |  | 0/1 | 1/1 | **8/12** | **Not Met(66.67 %)** |
|  | **#Std. Met/# 79 Indicator** |  |  |  |  |  |  |  |  |  | **77/79** |  |
|  | **Total Score** |  |  |  |  |  |  |  |  |  | **87/89** |  |
|  |  |  |  |  |  |  |  |  |  |  | **97.75%** |  |

 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| **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  | **Provider** |  | - | - | **-** | **Met** |
|  |  L5 | Safety Plan | L  | **Provider** |  | - | - | **-** | **Met** |
| O |  L6 | Evacuation | L | **DDS** | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L7 | Fire Drills | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L8 | Emergency Fact Sheets | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L9 (07/21) | Safe use of equipment | I | **DDS** | 1/4 |  | 4/5 | **5/9** | **Not Met(55.56 %)** |
|  |  L10 | Reduce risk interventions | I  | **Provider** |  | - | - | **-** | **Met** |
| O |  L11 | Required inspections | L  | **Provider** |  | - | - | **-** | **Met** |
| O |  L12 | Smoke detectors | L | **DDS** |  |  | 1/1 | **1/1** | **Met** |
| O |  L13 | Clean location | L | **DDS** |  |  | 1/1 | **1/1** | **Met** |
|  |  L14 | Site in good repair | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L15 | Hot water | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L16 | Accessibility | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L17 | Egress at grade  | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L18 | Above grade egress | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L20 | Exit doors | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  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** |
|  |  L27 | Pools, hot tubs, etc. | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L28 | Flammables | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L29 | Rubbish/combustibles | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L30 | Protective railings | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L31 | Communication method | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L32 | Verbal & written | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L37 | Prompt treatment | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L39 | Dietary requirements | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L49 | Informed of human rights | I | **Provider** |  | - | - | **-** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | **DDS** | 4/4 |  | 6/6 | **10/10** | **Met** |
|  |  L51 | Possessions | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L52 | Phone calls | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L54 (07/21) | Privacy | I | **DDS** | 4/4 |  | 6/6 | **10/10** | **Met** |
|  |  L55 | Informed consent | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L56 | Restrictive practices | I | **DDS** |  |  | 1/1 | **1/1** | **Met** |
|  |  L57 | Written behavior plans | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L58 | Behavior plan component | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L59 | Behavior plan review | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L60 | Data maintenance | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L77 | Unique needs training | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L78 | Restrictive Int. Training | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L80 | Symptoms of illness | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L81 | Medical emergency | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L85 | Supervision  | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L86 | Required assessments | I | **Provider** |  | - | - | **-** | **Met** |
|  |  L87 | Support strategies | I | **Provider** |  | - | - | **-** | **Met** |
|  |  L88 | Strategies implemented | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L91 | Incident management | L | **DDS** | 1/1 |  | 1/1 | **2/2** | **Met** |
|  | **#Std. Met/# 47 Indicator** |  |  |  |  |  |  | **46/47** |  |
|  | **Total Score** |  |  |  |  |  |  | **56/57** |  |
|  |  |  |  |  |  |  |  | **98.25%** |  |

 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| **MASTER SCORE SHEET CERTIFICATION** |

 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Certification - Planning and Quality Management** |  |  |  |  |
|  | **Indicator #** | **Indicator** |  | **Met/Rated** | **Rating** |
|  |  C1 | Provider data collection |  | 1/1 | **Met** |
|  |  C2 | Data analysis |  | 1/1 | **Met** |
|  |  C3 | Service satisfaction |  | 1/1 | **Met** |
|  |  C4 | Utilizes input from stakeholders |  | 1/1 | **Met** |
|  |  C5 | Measure progress |  | 1/1 | **Met** |
|  |  C6 | Future directions planning |  | 1/1 | **Met** |
|  |  |  |  |  |  |

 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ABI-MFP Placement Services** |  |  |  |  |
| **Indicator #** | **Indicator** |  | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance |  | 0/1 | **Not Met (0 %)** |
|  C8 | Family/guardian communication |  | 1/1 | **Met** |
|  C9 | Personal relationships |  | 1/1 | **Met** |
|  C10 | Social skill development |  | 1/1 | **Met** |
|  C11 | Get together w/family & friends |  | 1/1 | **Met** |
|  C12 | Intimacy |  | 1/1 | **Met** |
|  C13 | Skills to maximize independence  |  | 1/1 | **Met** |
|  C14 | Choices in routines & schedules |  | 1/1 | **Met** |
|  C16 | Explore interests |  | 1/1 | **Met** |
|  C17 | Community activities |  | 1/1 | **Met** |
|  C18 | Purchase personal belongings |  | 1/1 | **Met** |
|  C19 | Knowledgeable decisions |  | 1/1 | **Met** |
|  C20 (07/21) | Emergency back-up plans |  | 1/1 | **Met** |
|  C46 | Use of generic resources |  | 1/1 | **Met** |
|  C47 | Transportation to/ from community |  | 1/1 | **Met** |
|  C48 | Neighborhood connections |  | 1/1 | **Met** |
|  C51 | Ongoing satisfaction with services/ supports |  | 1/1 | **Met** |
|  C52 | Leisure activities and free-time choices /control |  | 1/1 | **Met** |
|  C53 | Food/ dining choices |  | 1/1 | **Met** |
|  C54 | Assistive technology |  | 0/1 | **Not Met (0 %)** |
| **ABI-MFP Residential Services** |  |  |  |  |
| **Indicator #** | **Indicator** |  | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance |  | 0/2 | **Not Met (0 %)** |
|  C8 | Family/guardian communication |  | 2/2 | **Met** |
|  C9 | Personal relationships |  | 1/2 | **Not Met (50.0 %)** |
|  C10 | Social skill development |  | 2/2 | **Met** |
|  C11 | Get together w/family & friends |  | 2/2 | **Met** |
|  C12 | Intimacy |  | 1/2 | **Not Met (50.0 %)** |
|  C13 | Skills to maximize independence  |  | 2/2 | **Met** |
|  C14 | Choices in routines & schedules |  | 2/2 | **Met** |
|  C16 | Explore interests |  | 2/2 | **Met** |
|  C17 | Community activities |  | 1/2 | **Not Met (50.0 %)** |
|  C18 | Purchase personal belongings |  | 2/2 | **Met** |
|  C19 | Knowledgeable decisions |  | 2/2 | **Met** |
|  C20 (07/21) | Emergency back-up plans |  | 2/2 | **Met** |
|  C46 | Use of generic resources |  | 2/2 | **Met** |
|  C47 | Transportation to/ from community |  | 2/2 | **Met** |
|  C48 | Neighborhood connections |  | 2/2 | **Met** |
|  C51 | Ongoing satisfaction with services/ supports |  | 2/2 | **Met** |
|  C52 | Leisure activities and free-time choices /control |  | 2/2 | **Met** |
|  C53 | Food/ dining choices |  | 2/2 | **Met** |
|  C54 | Assistive technology |  | 1/2 | **Not Met (50.0 %)** |
| **Community Based Day Services** |  |  |  |  |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | Provider | - | **Met** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C13 | Skills to maximize independence  | Provider | - | **Met** |
|  C20 (07/21) | Emergency back-up plans | DDS | 6/6 | **Met** |
|  C37 | Interpersonal skills for work | Provider | - | **Met** |
|  C38 (07/21) | Habilitative & behavioral goals | DDS | 0/1 | **Not Met (0 %)** |
|  C39 (07/21) | Support needs for employment | DDS | 1/1 | **Met** |
|  C40 | Community involvement interest | Provider | - | **Met** |
|  C41 | Activities participation | Provider | - | **Met** |
|  C42 | Connection to others | Provider | - | **Met** |
|  C43 | Maintain & enhance relationship | Provider | - | **Met** |
|  C44 | Job exploration | Provider | - | **Met** |
|  C45 | Revisit decisions | Provider | - | **Met** |
|  C46 | Use of generic resources | Provider | - | **Met** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C54 | Assistive technology | DDS | 4/6 | **Not Met (66.67 %)** |
| **Employment Support Services** |  |  |  |  |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | Provider | - | **Met** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C20 (07/21) | Emergency back-up plans | DDS | 4/4 | **Met** |
|  C22 | Explore job interests | Provider | - | **Met** |
|  C23 | Assess skills & training needs | Provider | - | **Met** |
|  C24 | Job goals & support needs plan | Provider | - | **Met** |
|  C25 | Skill development | Provider | - | **Met** |
|  C26 | Benefits analysis | Provider | - | **Not Met (0 %)** |
|  C27 | Job benefit education | Provider | - | **Met** |
|  C28 | Relationships w/businesses | Provider | - | **Met** |
|  C29 | Support to obtain employment | Provider | - | **Met** |
|  C30 | Work in integrated settings | Provider | - | **Met** |
|  C31 | Job accommodations | Provider | - | **Met** |
|  C32 | At least minimum wages earned | Provider | - | **Met** |
|  C33 | Employee benefits explained | Provider | - | **Met** |
|  C34 | Support to promote success | Provider | - | **Met** |
|  C35 | Feedback on job performance | Provider | - | **Met** |
|  C36 | Supports to enhance retention | Provider | - | **Met** |
|  C37 | Interpersonal skills for work | Provider | - | **Met** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C50 | Involvement/ part of the Workplace culture | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C54 | Assistive technology | DDS | 3/3 | **Met** |
| **Individual Home Supports** |  |  |  |  |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | Provider | - | **Met** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C9 | Personal relationships | Provider | - | **Met** |
|  C10 | Social skill development | Provider | - | **Met** |
|  C11 | Get together w/family & friends | Provider | - | **Met** |
|  C12 | Intimacy | DDS | 2/2 | **Met** |
|  C13 | Skills to maximize independence  | Provider | - | **Met** |
|  C14 | Choices in routines & schedules | Provider | - | **Met** |
|  C15 | Personalize living space | Provider | - | **Met** |
|  C16 | Explore interests | Provider | - | **Met** |
|  C17 | Community activities | Provider | - | **Met** |
|  C18 | Purchase personal belongings | Provider | - | **Met** |
|  C19 | Knowledgeable decisions | Provider | - | **Met** |
|  C20 (07/21) | Emergency back-up plans | DDS | 2/2 | **Met** |
|  C21 | Coordinate outreach | Provider | - | **Met** |
|  C46 | Use of generic resources | Provider | - | **Met** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C48 | Neighborhood connections | Provider | - | **Met** |
|  C49 | Physical setting is consistent  | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C52 | Leisure activities and free-time choices /control | Provider | - | **Met** |
|  C53 | Food/ dining choices | Provider | - | **Met** |
|  C54 | Assistive technology | DDS | 1/2 | **Not Met (50.0 %)** |
| **Placement Services** |  |  |  |  |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | Provider | - | **Met** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C9 | Personal relationships | Provider | - | **Met** |
|  C10 | Social skill development | Provider | - | **Met** |
|  C11 | Get together w/family & friends | Provider | - | **Met** |
|  C12 | Intimacy | DDS | 2/3 | **Not Met (66.67 %)** |
|  C13 | Skills to maximize independence  | Provider | - | **Met** |
|  C14 | Choices in routines & schedules | Provider | - | **Met** |
|  C15 | Personalize living space | Provider | - | **Met** |
|  C16 | Explore interests | Provider | - | **Met** |
|  C17 | Community activities | Provider | - | **Met** |
|  C18 | Purchase personal belongings | Provider | - | **Met** |
|  C19 | Knowledgeable decisions | Provider | - | **Met** |
|  C20 (07/21) | Emergency back-up plans | DDS | 3/3 | **Met** |
|  C46 | Use of generic resources | Provider | - | **Met** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C48 | Neighborhood connections | Provider | - | **Met** |
|  C49 | Physical setting is consistent  | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C52 | Leisure activities and free-time choices /control | Provider | - | **Met** |
|  C53 | Food/ dining choices | Provider | - | **Met** |
|  C54 | Assistive technology | DDS | 2/3 | **Not Met (66.67 %)** |
| **Residential Services** |  |  |  |  |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | Provider | - | **Met** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C9 | Personal relationships | Provider | - | **Met** |
|  C10 | Social skill development | Provider | - | **Met** |
|  C11 | Get together w/family & friends | Provider | - | **Met** |
|  C12 | Intimacy | DDS | 2/5 | **Not Met (40.0 %)** |
|  C13 | Skills to maximize independence  | Provider | - | **Met** |
|  C14 | Choices in routines & schedules | Provider | - | **Met** |
|  C15 | Personalize living space | Provider | - | **Met** |
|  C16 | Explore interests | Provider | - | **Met** |
|  C17 | Community activities | Provider | - | **Met** |
|  C18 | Purchase personal belongings | Provider | - | **Met** |
|  C19 | Knowledgeable decisions | Provider | - | **Met** |
|  C20 (07/21) | Emergency back-up plans | DDS | 5/5 | **Met** |
|  C46 | Use of generic resources | Provider | - | **Met** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C48 | Neighborhood connections | Provider | - | **Met** |
|  C49 | Physical setting is consistent  | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C52 | Leisure activities and free-time choices /control | Provider | - | **Met** |
|  C53 | Food/ dining choices | Provider | - | **Met** |
|  C54 | Assistive technology | DDS | 2/5 | **Not Met (40.0 %)** |
|  |  |  |  |  |

 |  |  |  |  |  |  |  |