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|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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| |  |  |  | | --- | --- | --- | |  |  |  | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Survey scope and findings for Residential and Individual Home Supports** | | | | | | | **Service Group Type** | **Sample Size** | **Licensure Scope** | **Licensure Level** | **Certification Scope** | **Certification Level** | | **Residential and Individual Home Supports** | 23 location(s)  24 audit (s) | Full Review | 75/86 2 Year License 11/09/2021 - 11/09/2023 |  | Certified 11/09/2021 - 11/09/2023 | | Residential Services | 18 location(s)  18 audit (s) |  |  | Deemed |  | | Respite Services | 1 location(s)  2 audit (s) |  |  | No Review | No Review | | Individual Home Supports | 4 location(s)  4 audit (s) |  |  | Deemed |  | | Planning and Quality Management (For all service groupings) |  |  |  | Deemed |  | | **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** | 5 location(s)  16 audit (s) | Full Review | 43/51 2 Year License 11/09/2021 - 11/09/2023 |  | Certified 11/09/2021 - 11/09/2023 | | Community Based Day Services | 2 location(s)  7 audit (s) |  |  | Deemed |  | | Employment Support Services | 3 location(s)  9 audit (s) |  |  | Deemed |  | | Planning and Quality Management (For all service groupings) |  |  |  | Deemed |  | |  | |

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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  |
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|  | |  | | --- | | Bridgewell, Inc. is a large non-profit multi service agency providing a wide range of supports for people living in Northeastern Massachusetts. Services include; housing and homelessness, substance abuse and recovery, behavioral health, recreational services, autism, and developmental and intellectual disability services. Bridgewell programs licensed by the Department of Developmental Services (DDS) include, but are not limited to, 24-hour residential supports, facility based Respite, Individual Home Supports (IHS), as well as Employment, and Community Based Day Supports (CBDS).  The last review of this agency was completed in 2018, with the extended time in between survey a result of the Covid19 Pandemic conditions. The scope of this survey conducted by the Office of Quality Enhancement (OQE) was limited to a full licensing review of its Residential Services grouping and its CBDS and Employment service Grouping. As the agency is also accredited by CARF, CARF is deemed for Certification, Bridgewell did not undergo a DDS Certification review in this survey cycle.  In the Licensing area, the survey identified several accomplishments on the part of the agency which resulted in positive outcomes for individuals served. At an organizational level the agency had an effective staff training system that ensured that its staff received all mandated trainings resulting in a highly skilled, knowledgeable, and dedicated workforce.   The agency showed great strength across both Residential and CBDS and Employment service types in ensuring that support staff were knowledgeable in the unique needs of individuals supported. For example, across locations, staff had a firm grasp of medical protocols such as diabetes, dining protocols, how to appropriately respond to a variety of challenging behaviors exhibited by individuals served. Observation and interview with support staff across the agency highlighted that staff had good rapport with individuals served and were well equipped to respond to medical emergencies and other unexpected events, despite the Covid19 Pandemic.   The agency was found to be operating a strong and individualized system of money management when there was shared or delegated management of funds in place. Charges for care were calculated correctly and Representative Payee accounts were found to be in good stead. All financial documents reviewed, including current ledgers were consistently accurate, clearly documented, and internally audited by the agency on a monthly basis; ensuring that individual funds were well monitored and overseen. Some individuals had been supported to use debit cards, which was yielding positive results with each individual's level of independence increasing, while the agency upheld systems for documenting, auditing, and monitoring individual spending to ensure that the risk of financial misuse or abuse was mitigated.   Bridgewell had strong systems in place that ensured individuals were well supported in the area of health and safety. For example, the agency system for ensuring annual inspections occurred across Residential and CBDS locations had remained intact and effective throughout the Covid19 pandemic, locations across survey types were in general found to be well maintained, clean and sanitary. Medications were administered as prescribed, and all annual physical and dental visits were up to date. Many residential locations had experienced periods of quarantine and Covid19 positive cases arising, which had been handled safely in line with state issued guidelines, professionally and respectfully, ensuring that individuals were well supported throughout this stressful time.   Several areas were identified for the agency to give future focus to in order to strengthen systems. A review of incidents and restraint reports via HCSIS identified that the agency was not meeting the required incident or restraint report submission timelines.  Organizationally, the agency Human Rights Committees full participation and/or membership, and ensure that Human Rights policies, practices, and training curriculum are reviewed annually by the committee.   Across Residential Services, the agency needs to ensure that Emergency Fact Sheets contain all required components, that fire drills are conducted per Safety Plan specifications and that restrictive practices rationale and mitigation details are documented and staff trained in such. The agency also needs to review individual Medication Treatment Plans, to ensure that they are in place for all prescribed behavior modifying medications, that plans contain all required components.  Similarly, for CBDS and Employment Services, the agency needs to review Emergency Fact Sheets to ensure that required components are present and work towards ISP assessments and objectives being submitted within required timelines.   Within the Residential Services/Respite and Individual Home Supports programs Bridgewell received a rating of met in 87% of licensing indicators and all critical indicators were met. The agency will receive a Two Year License for Residential Services/Respite/Individual Home Supports. Within the Employment and Day Supports program, the agency met 84% of all licensing indicators, including all critical indicators. As a result, the agency will receive a Two Year License for its Employment and Day Supports program. Follow-up on all not met licensing indicators in both service groupings will be conducted by the DDS OQE within 60 days. | | |  |

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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | |  |  | | |  | | --- | | **LICENSURE FINDINGS** | | | |  |  | |  | | |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **8/10** | **2/10** |  | | **Residential and Individual Home Supports** | **67/76** | **9/76** |  | | Residential Services  Individual Home Supports  Respite Services |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **75/86** | **11/86** | **87%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **11** |  | |  |  |  |  | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **8/10** | **2/10** |  | | **Employment and Day Supports** | **35/41** | **6/41** |  | | Community Based Day Services  Employment Support Services |  |  |  | | **Critical Indicators** | **6/6** | **0/6** |  | | **Total** | **43/51** | **8/51** | **84%** | | **2 Year License** |  |  |  | | **# 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. | For two of the agency's three Human Rights Committees, members with clinical and/or medical expertise did not participate in meetings; one Committee's membership did not include a member with medical expertise. Committees also did not annually review agency policies that may impact human rights, or human rights and DPPC training curricula used to educate individuals. The agency needs to ensure that all Committees have the required membership and attendance by members with the required expertise; Committees must also conduct annual reviews of agency policies affecting human rights, and human rights curricula for individuals. | |  | L65 | | | Restraint reports are submitted within required timelines. | Fifty one restraint reports were not submitted within required timelines either at the initial input and/or finalization level within HCSIS.  The agency needs to ensure that restraint reports are submitted within required timelines. | |  |  | | | |  |
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The agency needs to ensure staff have the means to unlock doors not providing egress at all times, either on their person or within reach of the door. | |  | 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. | Residential agreements were not in place as required. The agency needs to provide individuals and their guardians with residency agreements and complete the Provider Statement of Compliance certifying that it is in compliance with Home and Community-Based Services waiver program requirements. | |  | 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 two locations, restrictive practices in place that affect all others at the location were missing one or more of the required components which includes a rationale, HRC review, notice to impacted parties, a mitigation plan, a plan to fade or discontinue use and inclusion of the restriction in the intended person's ISP. The agency needs to ensure restrictive practices for an individual that affects others at the location has all of the required components satisfied. | |  | L63 | | | Medication treatment plans are in written format with required components. | For five of eighteen individuals prescribed behavior modifying medications, medication treatment plans were either not in place or the plans did not include all of the required components. Plans were missing descriptions of behaviors in observable terms and current data. The agency needs to ensure that there is a plan in place for all individuals prescribed behavior modifying medications, and these plans need to include all the required components. | |  | L64 | | | Medication treatment plans are reviewed by the required groups. | For four of eighteen individuals prescribed behavior modifying medications, plans had not been submitted to the ISP team for review as required. The agency needs to ensure that plans are submitted into HCSIS in preparation for ISP review by the team. | |  | L84 | | | Staff / care providers are trained in the correct utilization of health related protections per regulation. | For three individuals, staff were not properly trained in the correct utilization of health related protections. The agency needs to ensure that all staff have the ability to safely and effectively implement/monitor the use of all health related protections. | |  | L86 | | | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For five individuals, ISP assessments were not submitted within the required timeframe. The agency needs to ensure that all required assessments are submitted in preparation for the ISP. | |  | L91 | | | Incidents are reported and reviewed as mandated by regulation. | At twelve locations, incident reports were not submitted within required timelines.  The agency needs to ensure that all incidents are reported within required timeframes. | | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L5 | | | There is an approved safety plan in home and work locations. | At one location the safety plan information did not accurately reflect the number of individuals served at the location, typical daily census, or minimum staffing ratio. The safety plan indicated there were individuals that required supports to evacuate but did not state who those individuals were or specify the supports they require. The agency needs to ensure safety plans include all elements required and reflect current practices. | |  | L7 | | | Fire drills are conducted as required. | At one location, fire drills were run with more staff than listed as the minimum staffing ratio in the safety plan. The agency needs to ensure fire drills are run in accordance with the safety plan using minimum staffing ratios. | |  | L8 | | | Emergency fact sheets are current and accurate and available on site. | Four emergency fact sheets did not include required information. The agency needs to ensure that required information, such as diagnoses that impact on emergency medical care, as well as current medications, are included on emergency fact sheets. | |  | L15 | | | Hot water temperature tests between 110 and 120 degrees (as of 1/2014). | In one location, water temperatures measured outside of the required range. The agency needs to ensure that water temperatures are within the required range. | |  | L86 | | | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For three individuals, ISP assessments had not been submitted to the DDS Area Office within 15 days of the ISP meetings. The agency needs to ensure that assessments are submitted to the Area Office within 15 days of the ISP meeting. | |  | L87 | | | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | For three individuals, ISP support strategies had not been submitted to the DDS Area Office within 15 days of the ISP meetings. The agency needs to ensure that support strategies are submitted to the Area Office within 15 days of the ISP meeting. | | |  |

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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **33/34** | **Met(97.06 % )** | |  | L3 | Immediate Action | **15/15** | **Met** | |  | L4 | Action taken | **14/15** | **Met(93.33 % )** | |  | L48 | HRC | **1/3** | **Not Met(33.33 % )** | |  | L65 | Restraint report submit | **55/106** | **Not Met(51.89 % )** | |  | L66 | HRC restraint review | **96/96** | **Met** | |  | L74 | Screen employees | **10/10** | **Met** | |  | L75 | Qualified staff | **10/10** | **Met** | |  | L76 | Track trainings | **20/20** | **Met** | |  | L83 | HR training | **20/20** | **Met** | |  |  | | |  |

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Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | 16/18 | 4/4 |  | 2/2 |  |  | **22/24** | **Met (91.67 %)** | |  | L3 | Immediate Action | L |  |  |  | 1/1 |  |  | **1/1** | **Met** | |  | L5 | Safety Plan | L | 18/18 | 3/4 |  | 1/1 |  |  | **22/23** | **Met (95.65 %)** | | O | L6 | Evacuation | L | 18/18 | 4/4 |  | 1/1 |  |  | **23/23** | **Met** | |  | L7 | Fire Drills | L | 15/18 |  |  |  |  |  | **15/18** | **Met (83.33 %)** | |  | L8 | Emergency Fact Sheets | I | 13/18 | 3/4 |  | 0/2 |  |  | **16/24** | **Not Met (66.67 %)** | |  | L9 (07/21) | Safe use of equipment | I | 18/18 | 4/4 |  | 2/2 |  |  | **24/24** | **Met** | |  | L10 | Reduce risk interventions | I | 4/4 | 1/1 |  |  |  |  | **5/5** | **Met** | | O | L11 | Required inspections | L | 18/18 | 2/2 |  | 1/1 |  |  | **21/21** | **Met** | | O | L12 | Smoke detectors | L | 18/18 | 2/2 |  | 1/1 |  |  | **21/21** | **Met** | | O | L13 | Clean location | L | 18/18 | 2/2 |  | 1/1 |  |  | **21/21** | **Met** | |  | L14 | Site in good repair | L | 18/18 | 2/2 |  | 1/1 |  |  | **21/21** | **Met** | |  | L15 | Hot water | L | 18/18 | 2/2 |  | 1/1 |  |  | **21/21** | **Met** | |  | L16 | Accessibility | L | 17/17 | 2/2 |  | 1/1 |  |  | **20/20** | **Met** | |  | L17 | Egress at grade | L | 18/18 | 2/2 |  | 1/1 |  |  | **21/21** | **Met** | |  | L18 | Above grade egress | L | 17/17 | 2/2 |  | 1/1 |  |  | **20/20** | **Met** | |  | L19 | Bedroom location | L | 14/14 | 2/2 |  | 1/1 |  |  | **17/17** | **Met** | |  | L20 | Exit doors | L | 18/18 | 2/2 |  | 1/1 |  |  | **21/21** | **Met** | |  | L21 | Safe electrical equipment | L | 18/18 | 2/2 |  | 1/1 |  |  | **21/21** | **Met** | |  | L22 | Well-maintained appliances | L | 18/18 | 2/2 |  | 0/1 |  |  | **20/21** | **Met (95.24 %)** | |  | L23 | Egress door locks | L | 11/13 |  |  | 1/1 |  |  | **12/14** | **Met (85.71 %)** | |  | L24 | Locked door access | L | 13/18 |  |  | 1/1 |  |  | **14/19** | **Not Met (73.68 %)** | |  | L25 | Dangerous substances | L | 18/18 | 2/2 |  | 1/1 |  |  | **21/21** | **Met** | |  | L26 | Walkway safety | L | 18/18 | 2/2 |  | 1/1 |  |  | **21/21** | **Met** | |  | L27 | Pools, hot tubs, etc. | L | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L28 | Flammables | L | 17/17 | 2/2 |  | 1/1 |  |  | **20/20** | **Met** | |  | L29 | Rubbish/combustibles | L | 18/18 | 2/2 |  | 1/1 |  |  | **21/21** | **Met** | |  | L30 | Protective railings | L | 18/18 | 2/2 |  | 1/1 |  |  | **21/21** | **Met** | |  | L31 | Communication method | I | 17/18 | 4/4 |  | 2/2 |  |  | **23/24** | **Met (95.83 %)** | |  | L32 | Verbal & written | I | 18/18 | 4/4 |  | 2/2 |  |  | **24/24** | **Met** | |  | L33 | Physical exam | I | 18/18 | 4/4 |  |  |  |  | **22/22** | **Met** | |  | L34 | Dental exam | I | 15/16 | 3/3 |  |  |  |  | **18/19** | **Met (94.74 %)** | |  | L35 | Preventive screenings | I | 15/17 | 4/4 |  |  |  |  | **19/21** | **Met (90.48 %)** | |  | L36 | Recommended tests | I | 14/18 | 3/3 |  |  |  |  | **17/21** | **Met (80.95 %)** | |  | L37 | Prompt treatment | I | 16/16 | 4/4 |  | 2/2 |  |  | **22/22** | **Met** | | O | L38 | Physician's orders | I | 16/16 |  |  |  |  |  | **16/16** | **Met** | |  | L39 | Dietary requirements | I | 15/16 |  |  |  |  |  | **15/16** | **Met (93.75 %)** | |  | L40 | Nutritional food | L | 18/18 | 2/2 |  | 1/1 |  |  | **21/21** | **Met** | |  | L41 | Healthy diet | L | 18/18 | 4/4 |  | 1/1 |  |  | **23/23** | **Met** | |  | L42 | Physical activity | L | 18/18 | 4/4 |  |  |  |  | **22/22** | **Met** | |  | L43 | Health Care Record | I | 15/18 | 3/4 |  |  |  |  | **18/22** | **Met (81.82 %)** | |  | L44 | MAP registration | L | 18/18 |  |  | 1/1 |  |  | **19/19** | **Met** | |  | L45 | Medication storage | L | 17/18 |  |  | 1/1 |  |  | **18/19** | **Met (94.74 %)** | | O | L46 | Med. Administration | I | 18/18 |  |  | 1/1 |  |  | **19/19** | **Met** | |  | L47 | Self medication | I | 4/4 | 3/3 |  |  |  |  | **7/7** | **Met** | |  | L49 | Informed of human rights | I | 0/18 | 4/4 |  | 2/2 |  |  | **6/24** | **Not Met (25.00 %)** | |  | L50 (07/21) | Respectful Comm. | I | 18/18 | 4/4 |  | 2/2 |  |  | **24/24** | **Met** | |  | L51 | Possessions | I | 18/18 | 4/4 |  | 2/2 |  |  | **24/24** | **Met** | |  | L52 | Phone calls | I | 18/18 | 4/4 |  | 2/2 |  |  | **24/24** | **Met** | |  | L53 | Visitation | I | 18/18 | 4/4 |  | 2/2 |  |  | **24/24** | **Met** | |  | L54 (07/21) | Privacy | I | 17/18 | 4/4 |  | 2/2 |  |  | **23/24** | **Met (95.83 %)** | |  | L55 | Informed consent | I | 4/4 |  |  |  |  |  | **4/4** | **Met** | |  | L56 | Restrictive practices | I | 1/3 |  |  | 2/2 |  |  | **3/5** | **Not Met (60.0 %)** | |  | L60 | Data maintenance | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L61 | Health protection in ISP | I | 9/10 |  |  |  |  |  | **9/10** | **Met (90.0 %)** | |  | L62 | Health protection review | I | 12/12 |  |  |  |  |  | **12/12** | **Met** | |  | L63 | Med. treatment plan form | I | 13/18 |  |  |  |  |  | **13/18** | **Not Met (72.22 %)** | |  | L64 | Med. treatment plan rev. | I | 14/18 |  |  |  |  |  | **14/18** | **Not Met (77.78 %)** | |  | L67 | Money mgmt. plan | I | 16/18 | 3/3 |  |  |  |  | **19/21** | **Met (90.48 %)** | |  | L68 | Funds expenditure | I | 17/18 | 2/2 |  | 2/2 |  |  | **21/22** | **Met (95.45 %)** | |  | L69 | Expenditure tracking | I | 18/18 | 2/2 |  | 2/2 |  |  | **22/22** | **Met** | |  | L70 | Charges for care calc. | I | 18/18 | 2/2 |  |  |  |  | **20/20** | **Met** | |  | L71 | Charges for care appeal | I | 18/18 | 2/2 |  |  |  |  | **20/20** | **Met** | |  | L77 | Unique needs training | I | 18/18 | 4/4 |  | 2/2 |  |  | **24/24** | **Met** | |  | L78 | Restrictive Int. Training | L | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L79 | Restraint training | L | 3/3 |  |  | 1/1 |  |  | **4/4** | **Met** | |  | L80 | Symptoms of illness | L | 18/18 | 4/4 |  | 1/1 |  |  | **23/23** | **Met** | |  | L81 | Medical emergency | L | 18/18 | 4/4 |  | 1/1 |  |  | **23/23** | **Met** | | O | L82 | Medication admin. | L | 18/18 |  |  | 1/1 |  |  | **19/19** | **Met** | |  | L84 | Health protect. Training | I | 9/12 |  |  |  |  |  | **9/12** | **Not Met (75.00 %)** | |  | L85 | Supervision | L | 18/18 | 4/4 |  | 1/1 |  |  | **23/23** | **Met** | |  | L86 | Required assessments | I | 12/16 | 3/4 |  |  |  |  | **15/20** | **Not Met (75.00 %)** | |  | L87 | Support strategies | I | 12/15 | 4/4 |  |  |  |  | **16/19** | **Met (84.21 %)** | |  | L88 | Strategies implemented | I | 14/18 | 4/4 |  |  |  |  | **18/22** | **Met (81.82 %)** | |  | L90 | Personal space/ bedroom privacy | I | 17/18 | 4/4 |  |  |  |  | **21/22** | **Met (95.45 %)** | |  | L91 | Incident management | L | 8/18 | 4/4 |  | 0/1 |  |  | **12/23** | **Not Met (52.17 %)** | |  | **#Std. Met/# 76 Indicator** |  |  |  |  |  |  |  |  | **67/76** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **75/86** |  | |  |  |  |  |  |  |  |  |  |  | **87.21%** |  | |  |  | | |  |
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|  | |  | | --- | | **Employment and Day Supports:** | | | |  |  |  |
|  |  | | |  |  |  |
|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | 8/9 |  | 7/7 | **15/16** | **Met (93.75 %)** | |  | L5 | Safety Plan | L |  |  | 1/2 | **1/2** | **Not Met (50.0 %)** | | O | L6 | Evacuation | L |  |  | 2/2 | **2/2** | **Met** | |  | L7 | Fire Drills | L |  |  | 1/2 | **1/2** | **Not Met (50.0 %)** | |  | L8 | Emergency Fact Sheets | I | 8/9 |  | 3/6 | **11/15** | **Not Met (73.33 %)** | |  | L9 (07/21) | Safe use of equipment | I | 9/9 |  | 7/7 | **16/16** | **Met** | | O | L11 | Required inspections | L |  |  | 2/2 | **2/2** | **Met** | | O | L12 | Smoke detectors | L |  |  | 2/2 | **2/2** | **Met** | | O | L13 | Clean location | L |  |  | 2/2 | **2/2** | **Met** | |  | L14 | Site in good repair | L |  |  | 2/2 | **2/2** | **Met** | |  | L15 | Hot water | L |  |  | 1/2 | **1/2** | **Not Met (50.0 %)** | |  | L16 | Accessibility | L |  |  | 2/2 | **2/2** | **Met** | |  | L17 | Egress at grade | L |  |  | 2/2 | **2/2** | **Met** | |  | L20 | Exit doors | L |  |  | 2/2 | **2/2** | **Met** | |  | L21 | Safe electrical equipment | L |  |  | 2/2 | **2/2** | **Met** | |  | L22 | Well-maintained appliances | L |  |  | 2/2 | **2/2** | **Met** | |  | L25 | Dangerous substances | L |  |  | 2/2 | **2/2** | **Met** | |  | L26 | Walkway safety | L |  |  | 2/2 | **2/2** | **Met** | |  | L28 | Flammables | L |  |  | 2/2 | **2/2** | **Met** | |  | L29 | Rubbish/combustibles | L |  |  | 2/2 | **2/2** | **Met** | |  | L30 | Protective railings | L |  |  | 2/2 | **2/2** | **Met** | |  | L31 | Communication method | I | 9/9 |  | 7/7 | **16/16** | **Met** | |  | L32 | Verbal & written | I | 9/9 |  | 7/7 | **16/16** | **Met** | |  | L37 | Prompt treatment | I | 1/1 |  | 6/6 | **7/7** | **Met** | | O | L38 | Physician's orders | I | 1/1 |  | 4/4 | **5/5** | **Met** | |  | L39 | Dietary requirements | I |  |  | 4/4 | **4/4** | **Met** | |  | L49 | Informed of human rights | I | 8/9 |  | 7/7 | **15/16** | **Met (93.75 %)** | |  | L50 (07/21) | Respectful Comm. | I | 9/9 |  | 7/7 | **16/16** | **Met** | |  | L51 | Possessions | I | 9/9 |  | 6/6 | **15/15** | **Met** | |  | L52 | Phone calls | I | 9/9 |  | 6/6 | **15/15** | **Met** | |  | L54 (07/21) | Privacy | I | 9/9 |  | 7/7 | **16/16** | **Met** | |  | L55 | Informed consent | I | 1/1 |  | 2/2 | **3/3** | **Met** | |  | L77 | Unique needs training | I | 9/9 |  | 7/7 | **16/16** | **Met** | |  | L79 | Restraint training | L |  |  | 1/1 | **1/1** | **Met** | |  | L80 | Symptoms of illness | L | 2/2 |  | 2/2 | **4/4** | **Met** | |  | L81 | Medical emergency | L | 2/2 |  | 2/2 | **4/4** | **Met** | |  | L85 | Supervision | L | 2/2 |  | 2/2 | **4/4** | **Met** | |  | L86 | Required assessments | I | 7/8 |  | 4/6 | **11/14** | **Not Met (78.57 %)** | |  | L87 | Support strategies | I | 7/8 |  | 4/6 | **11/14** | **Not Met (78.57 %)** | |  | L88 | Strategies implemented | I | 9/9 |  | 7/7 | **16/16** | **Met** | |  | L91 | Incident management | L |  |  | 2/2 | **2/2** | **Met** | |  | **#Std. Met/# 41 Indicator** |  |  |  |  |  | **35/41** |  | |  | **Total Score** |  |  |  |  |  | **43/51** |  | |  |  |  |  |  |  |  | **84.31%** |  | |  |  | | |  |
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