



**PROVIDER REPORT  
FOR**

**Bridgewell Inc.  
10 Dearborn Rd  
Peabody, MA 01960**

**Version**

**Public Provider Report**

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

# **SUMMARY OF OVERALL FINDINGS**

<b>Provider</b>	Bridgewell Inc.
<b>Review Dates</b>	10/25/2023 - 10/31/2023
<b>Service Enhancement Meeting Date</b>	11/14/2023
<b>Survey Team</b>	Meagan Caccioppoli Anne Carey (TL) Cheryl Dolan John Downing John Hazelton Raquel Rodriguez David Bullard
<b>Citizen Volunteers</b>	

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

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	23 location (s) 24 audit (s)	Full Review	79/88 2 Year License 11/14/2023 - 11/14/2025		Certified 11/14/2023 - 11/14/2025
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**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Employment and Day Supports</b>	4 location(s) 14 audit (s)	Full Review	59/68 2 Year License 11/14/2023 - 11/14/2025		Certified 11/14/2023 - 11/14/2025
Community Based Day Services	2 location(s) 7 audit (s)			Deemed	
Employment Support Services	2 location(s) 7 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	

## **EXECUTIVE SUMMARY :**

Bridgewell, Inc. is a large non-profit multi service agency which recently celebrated 65 years of service. Bridgewell provides a broad 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 scope of this survey conducted by the Office of Quality Enhancement (OQE) was a full licensing review of its Residential Services grouping and its CBDS and Employment service Grouping. As the agency is also accredited by CARF, Bridgewell chose to utilize the results of that previous review for the certification indicators. Certification indicators were not reviewed by DDS/OQE in this survey cycle.

For the purpose of the current survey, DDS OQE reviewed all licensing indicators at eighteen of the agency's 24-hour residential homes, one respite location, four people receiving IHS services, seven people receiving Employment Supports, and two CBDS locations.

At the organizational level, the agency demonstrated strength in their systems regarding employee training, as evidenced by ensuring that all new hire employees had the appropriate experience for the roles they were being hired into, and that clinical personnel maintained active and valid licenses. Bridgewell also had an effective system to train employees in DDS mandatory areas including but not limited to Fire Safety, Human Rights, PBS, Mandated Reporting, and Universal Precautions.

In the organizational area of investigations, the agency demonstrated a responsive and transparent system which ensured that immediate action is taken so that individuals' safety is prioritized during any investigative process and that action steps identified were carried out within specified timeframes.

Across the Residential Service Grouping, agency employees exhibited a high level of understanding in regard to each individual's unique needs. Through the agency process of site orientation for each location, support staff were well trained in medical protocols, healthcare and dining support needs, as well as nuanced behavioral guidelines and individualized likes/dislikes so that each person could be supported in the way that they preferred and respond best to.

In the domain of Health, the agency demonstrated impactful efforts to educate individuals regarding healthy eating choices, as evidenced by food in the homes being found to be nutritious and varied, and direct support professionals being knowledgeable regarding what constitutes a healthy and balanced diet. House meetings regularly addressing this topic and sustained efforts in this area lead to individuals losing significant amounts of weight, positively impacting their overall health, and mitigating the health risks posed by less healthy dining choices. Staff were knowledgeable of and supported individuals to follow special dietary requirements, for example, around diabetic, gluten free and/or low fat/low salt diets.

Within the agency CBDS and Employment Supports, the area of Health was also identified as an area of strength; medications were administered as prescribed, medical, and dining protocols were followed accurately and individuals were well supported around episodic health care conditions as they arose.

For those individuals who had been assessed in the area of Assistive Technology (AT) and 'high tech' or 'low tech' AT put into place, staff were knowledgeable about how to support each individual around implementation and trouble shooting.

Several areas were identified for the agency to give future focus to in order to further strengthen systems.

At the organizational level, in the area of restraint reporting, the agency has implemented positive behavioral supports practices which have led to a significant decrease in the number of restraints occurring across the agency DDS division. However, the agency needs to ensure that restraint reports are submitted and finalized within required timeframes.

Within Residential Services, the agency is encouraged to review medication treatment plans and ensure they include all required components, and that data is tracked accordingly in an ongoing manner. The agency needs to ensure that Safety Plans are updated to reflect any changes in individual evacuation abilities, and that where individuals utilize health related protections, related documentation reflects medical professional authorization and includes required components from which direct support professionals can be trained.

Within CBDS and Employment Services, areas for the agency to further strengthen include ensuring that ISP required assessment and support strategies are submitted to Area Offices within required time frames, and that ISP objective data collection reflects that goals are being implemented as designed.

The agency should continue to move forward with assessment for all individuals in the area of Assistive Technology and ensure that areas where AT recommendations have been identified, that the devices have been obtained, and implemented to increase individual levels of independence.

Within the Residential Services/Respite and Individual Home Supports programs Bridgewell received a rating of met in 90% 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 87% 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 the Residential Service Grouping will be completed by the agency and submitted to the DDS OQE within 60 days. Follow-up on all not met licensing indicators in the Employment and Day Supports program will be conducted by DDS OQE within 60 days.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>8/10</b>	<b>2/10</b>	
<b>Residential and Individual Home Supports</b>	<b>71/78</b>	<b>7/78</b>	
Residential Services Individual Home Supports Respite Services			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>79/88</b>	<b>9/88</b>	<b>90%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>9</b>	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>8/10</b>	<b>2/10</b>	
<b>Employment and Day Supports</b>	<b>51/58</b>	<b>7/58</b>	
Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>59/68</b>	<b>9/68</b>	<b>87%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>9</b>	

### **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.	Three of three Human Rights Committees (HRCs) did not have the required membership. Three HRC's are missing a medical professional, and one is also missing a legal professional. The agency needs to ensure that all HRCs meet the membership requirements.
L65	Restraint reports are submitted within required timelines.	Thirty 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.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L5	There is an approved safety plan in home and work locations.	The Safety Plans in four homes had either not been updated to reflect the changing needs of individuals, or not all staff had been trained in the Safety Plans. The agency needs to ensure that Safety Plans are updated as the needs of individuals change, and that all staff are trained in the implementation of Safety Plans.
L8	Emergency fact sheets are current and accurate and available on site.	For six individuals, Emergency Fact Sheets did not contain required and/or current information, including all relevant medical information, such as diagnoses, and demographic information such as height and weight. The agency needs to ensure that all Emergency Fact Sheets contains current and complete information.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	At three locations, health related supports and protections had not been authorized by a provider and/or did not have all the necessary components for use. The agency must ensure health related supports and protections are authorized and contain all the components of the criteria for use.
L63	Medication treatment plans are in written format with required components.	For eight of thirteen individuals, Medication Treatment Plans (MTPs) did not contain all the required components. The agency needs to ensure that MTPs are in place for all relevant medications, that data tracking is occurring and aligns with identified target behaviors(s), and that plans include individualized measurable criteria which indicate when a conversation may be triggered with a prescribing physician regarding each person's progress and the potential to decrease or eliminate medication where appropriate.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	At four locations, staff had not received training on the health related supports and protections. The agency must ensure that staff are trained and knowledgeable on the safe and effective implementation of health related supports and protections.
L91	Incidents are reported and reviewed as mandated by regulation.	At twelve locations, incidents were not reported and reviewed (submitted and finalized) as mandated by DDS regulation. The agency needs to ensure that timelines are followed for both minor and major incidents and that all reportable events are entered into HCSIS and finalized.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Seven individuals had not yet been assessed in the area of Assistive Technology (AT), to determine if they would benefit from the addition of AT to increase their level of independence. The agency needs to ensure all individuals are assessed in the area of Assistive Technology. The agency also needs to ensure that when an assessment identifies areas of need, each individual is then supported to obtain and use Assistive Technology as identified within the assessment in a timely manner.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L7	Fire drills are conducted as required.	In two programs, fire drills were conducted using more staff than the number of staff/ratio of staff identified within the program's Safety Plans. The agency needs to ensure that fire drills are conducted using the minimum staffing ratio identified within Safety Plans.
L63	Medication treatment plans are in written format with required components.	One individual had a medication treatment plan (MTPs) in place for medication they received while receiving community based day services (CBDS). Data tracking was not occurring during CBDS hours on the target behaviors for which medications were prescribed as outlined in the MTPs. The agency needs to ensure data tracking is occurring on target behavior(s) as defined within each individual's MTP.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For five individuals, required assessments had not been submitted within ISP timelines. The agency needs to ensure that ISP assessments are submitted at least 15 days in advance 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 eight individuals, ISP Support Strategies had not been submitted within ISP timelines. The agency needs to ensure that ISP Support Strategies are submitted at least 15 days in advance of the ISP meeting.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For four of thirteen individuals, ISP objectives are either not being implemented, or data collection on goal progress is not occurring. The agency needs to ensure that ISP objectives are implemented, and that data is collected on goal progress.
L91	Incidents are reported and reviewed as mandated by regulation.	At two Community Based Day Service locations, incidents were not reported and reviewed (submitted and finalized) as mandated by DDS regulation. The agency needs to ensure that timelines are followed for both minor and major incidents and that all reportable events are entered into HCSIS and finalized.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Six individuals had not yet been assessed in the area of Assistive Technology (AT), to determine if they would benefit from the addition of AT to increase their level of independence. The agency needs to ensure all individuals are assessed in the area of Assistive Technology. The agency also needs to ensure that when an assessment identifies areas of need, each individual is then supported to obtain and use Assistive Technology as identified within the assessment in a timely manner.



## MASTER SCORE SHEET LICENSURE

Organizational: Bridgewell Inc.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	32/34	Met(94.12 % )
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	0/3	Not Met(0 % )
L65	Restraint report submit	41/72	Not Met(56.94 % )
L66	HRC restraint review	72/72	Met
L74	Screen employees	10/10	Met
L75	Qualified staff	9/9	Met
L76	Track trainings	20/20	Met
L83	HR training	20/20	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	16/18	4/4		2/2			22/24	Met (91.67 %)
L5	Safety Plan	L	13/17			1/1			14/18	Not Met (77.78 %)
R L6	Evacuation	L	17/17			1/1			18/18	Met
L7	Fire Drills	L	16/17						16/17	Met (94.12 %)
L8	Emergency Fact Sheets	I	14/18	4/4		0/2			18/24	Not Met (75.00 %)
L9 (07/21)	Safe use of equipment	I	18/18	4/4		2/2			24/24	Met
L10	Reduce risk interventions	I	4/5	1/1					5/6	Met (83.33 %)
R L11	Required inspections	L	17/17			1/1			18/18	Met
R L12	Smoke detectors	L	17/17			1/1			18/18	Met
R L13	Clean location	L	17/17			1/1			18/18	Met
L14	Site in good repair	L	17/17			1/1			18/18	Met
L15	Hot water	L	15/17			1/1			16/18	Met (88.89 %)
L16	Accessibility	L	16/16			1/1			17/17	Met
L17	Egress at grade	L	17/17			1/1			18/18	Met

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L18	Above grade egress	L	8/8			1/1			9/9	Met
L19	Bedroom location	L	12/12			1/1			13/13	Met
L20	Exit doors	L	15/17			1/1			16/18	Met (88.89 %)
L21	Safe electrical equipment	L	17/17			1/1			18/18	Met
L22	Well- maintai ned appliances	L	17/17			1/1			18/18	Met
L23	Egress door locks	L	11/11			1/1			12/12	Met
L24	Locked door access	L	17/17			1/1			18/18	Met
L25	Danger ous substances	L	15/17			1/1			16/18	Met (88.89 %)
L26	Walkway safety	L	17/17			1/1			18/18	Met
L28	Flammables	L	17/17			0/1			17/18	Met (94.44 %)
L29	Rubbish /combustibles	L	17/17			1/1			18/18	Met
L30	Protective railings	L	17/17						17/17	Met
L31	Communication method	I	18/18	4/4		2/2			24/24	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L32	Verbal & written	I	18/18	3/4		2/2			23/24	Met (95.83 %)
L33	Physical exam	I	17/17	3/4					20/21	Met (95.24 %)
L34	Dental exam	I	15/17	3/3					18/20	Met (90.0 %)
L35	Preventive screenings	I	12/15	3/3					15/18	Met (83.33 %)
L36	Recommended tests	I	15/16	2/4					17/20	Met (85.00 %)
L37	Prompt treatment	I	18/18	4/4		2/2			24/24	Met
℞ L38	Physician's orders	I	13/14						13/14	Met (92.86 %)
L39	Dietary requirements	I	11/12	1/1		1/1			13/14	Met (92.86 %)
L40	Nutritional food	L	17/17			1/1			18/18	Met
L41	Healthy diet	L	17/17			1/1			18/18	Met
L42	Physical activity	L	17/17						17/17	Met
L43	Health Care Record	I	17/18	3/3					20/21	Met (95.24 %)
L44	MAP registration	L	17/17			1/1			18/18	Met
L45	Medication storage	L	17/17			1/1			18/18	Met
℞ L46	Med. Administration	I	17/18			2/2			19/20	Met (95.00 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L47	Self medication	I	1/1	3/3					4/4	Met
L49	Informed of human rights	I	16/18	4/4		2/2			22/24	Met (91.67 %)
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	18/18	4/4		2/2			24/24	Met
L55	Informed consent	I	3/4						3/4	Met
L56	Restrictive practices	I	5/5			2/2			7/7	Met
L57	Written behavior plans	I	2/2						2/2	Met
L60	Data maintenance	I	2/2						2/2	Met
L61	Health protection in ISP	I	10/13						10/13	Not Met (76.92 %)
L63	Med. treatment plan form	I	5/13						5/13	Not Met (38.46 %)
L64	Med. treatment plan rev.	I	12/13						12/13	Met (92.31 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L67	Money mgmt. plan	I	17/18	3/3					20/21	Met (95.24 %)
L68	Funds expenditure	I	18/18	3/3		2/2			23/23	Met
L69	Expenditure tracking	I	17/18	3/3		2/2			22/23	Met (95.65 %)
L70	Charges for care calc.	I	17/17	1/1					18/18	Met
L71	Charges for care appeal	I	17/17	1/1					18/18	Met
L77	Unique needs training	I	18/18	4/4		2/2			24/24	Met
L78	Restrictive Int. Training	L	6/6			1/1			7/7	Met
L79	Restraint training	L	8/8			1/1			9/9	Met
L80	Symptoms of illness	L	15/17	4/4		0/1			19/22	Met (86.36 %)
L81	Medical emergency	L	17/17	4/4		1/1			22/22	Met
L82	Medication admin.	L	17/17			1/1			18/18	Met
L84	Health protect. Training	I	9/13						9/13	Not Met (69.23 %)
L85	Supervision	L	15/17	4/4		1/1			20/22	Met (90.91 %)
L86	Required assessments	I	14/15	2/3					16/18	Met (88.89 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L87	Support strategies	I	15/17	3/3					18/20	Met (90.0 %)
L88	Strategies implemented	I	15/18	4/4					19/22	Met (86.36 %)
L90	Personal space/bedroom privacy	I	18/18	4/4					22/22	Met
L91	Incident management	L	7/17	3/4		0/1			10/22	Not Met (45.45 %)
L93 (05/22)	Emergency back-up plans	I	18/18	4/4		2/2			24/24	Met
L94 (05/22)	Assistive technology	I	11/18	4/4					15/22	Not Met (68.18 %)
L96 (05/22)	Staff training in devices and applications	I	8/8	4/4					12/12	Met
L99 (05/22)	Medical monitoring devices	I	3/3						3/3	Met
<b>#Std. Met/# 78 Indicator</b>									71/78	
<b>Total Score</b>									79/88	
									89.77%	

**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	7/7		7/7	14/14	Met
L5	Safety Plan	L			2/2	2/2	Met
℞ L6	Evacuation	L			2/2	2/2	Met
L7	Fire Drills	L			0/2	0/2	Not Met (0 %)
L8	Emergency Fact Sheets	I	7/7		5/7	12/14	Met (85.71 %)
L9 (07/21)	Safe use of equipment	I	7/7		7/7	14/14	Met
L10	Reduce risk interventions	I	2/2		1/1	3/3	Met
℞ L11	Required inspections	L			2/2	2/2	Met
℞ L12	Smoke detectors	L			2/2	2/2	Met
℞ L13	Clean location	L			2/2	2/2	Met
L14	Site in good repair	L			1/1	1/1	Met
L15	Hot water	L			2/2	2/2	Met
L16	Accessibility	L			2/2	2/2	Met
L17	Egress at grade	L			2/2	2/2	Met
L18	Above grade egress	L			1/1	1/1	Met
L20	Exit doors	L			2/2	2/2	Met
L21	Safe electrical equipment	L			2/2	2/2	Met
L22	Well-maintained appliances	L			2/2	2/2	Met
L25	Dangerous substances	L			2/2	2/2	Met
L26	Walkway safety	L			2/2	2/2	Met
L28	Flammables	L			2/2	2/2	Met
L29	Rubbish/combustibles	L			2/2	2/2	Met
L30	Protective railings	L			2/2	2/2	Met



Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L31	Communication method	I	7/7		7/7	14/14	Met
L32	Verbal & written	I	7/7		7/7	14/14	Met
L37	Prompt treatment	I	3/3		6/6	9/9	Met
Ⓡ L38	Physician's orders	I			6/6	6/6	Met
L39	Dietary requirements	I			1/1	1/1	Met
L44	MAP registration	L			2/2	2/2	Met
L45	Medication storage	L			2/2	2/2	Met
Ⓡ L46	Med. Administration	I			5/5	5/5	Met
L49	Informed of human rights	I	7/7		7/7	14/14	Met
L50 (07/21)	Respectful Comm.	I	7/7		7/7	14/14	Met
L51	Possessions	I	7/7		7/7	14/14	Met
L52	Phone calls	I	7/7		7/7	14/14	Met
L54 (07/21)	Privacy	I	7/7		7/7	14/14	Met
L55	Informed consent	I	7/7		6/6	13/13	Met
L57	Written behavior plans	I			1/1	1/1	Met
L60	Data maintenance	I			1/1	1/1	Met
L61	Health protection in ISP	I			2/2	2/2	Met
L62	Health protection review	I			1/1	1/1	Met
L63	Med. treatment plan form	I			2/3	2/3	Not Met (66.67 %)
L64	Med. treatment plan rev.	I			2/2	2/2	Met
L77	Unique needs training	I	7/7		7/7	14/14	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L79	Restraint training	L	2/2		1/1	3/3	Met
L80	Symptoms of illness	L	2/2		2/2	4/4	Met
L81	Medical emergency	L	2/2		2/2	4/4	Met
L82	Medication admin.	L			2/2	2/2	Met
L84	Health protect. Training	I			2/2	2/2	Met
L85	Supervision	L	2/2		2/2	4/4	Met
L86	Required assessments	I	1/5		5/6	6/11	Not Met (54.55 %)
L87	Support strategies	I	0/5		2/5	2/10	Not Met (20.0 %)
L88	Strategies implemented	I	3/7		6/6	9/13	Not Met (69.23 %)
L91	Incident management	L	2/2		0/2	2/4	Not Met (50.0 %)
L93 (05/22)	Emergency back-up plans	I	7/7		7/7	14/14	Met
L94 (05/22)	Assistive technology	I	6/6		1/7	7/13	Not Met (53.85 %)
L96 (05/22)	Staff training in devices and applications	I	3/3		1/1	4/4	Met
L99 (05/22)	Medical monitoring devices	I			1/1	1/1	Met
<b>#Std. Met/# 58 Indicator</b>						51/58	
<b>Total Score</b>						59/68	
						86.76%	