



**PROVIDER REPORT
FOR**

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

December 09, 2025

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	Bridgewell Inc.
Review Dates	11/4/2025 - 11/10/2025
Service Enhancement Meeting Date	11/26/2025
Survey Team	Chloe Browning David Bullard Meagan Caccioppoli Dumitru Condratchi Jennifer Conley-Sevier Cheryl Dolan (TL) John Downing Makayla Gallant Melanie Hutchison Raquel Rodriguez

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	23 location (s) 24 audit (s)	Full Review	73/91 2 Year License 11/26/2025 - 11/26/2027		Certified 11/26/2025 - 11/26/2027
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	4 location(s) 14 audit (s)	Full Review	59/66 2 Year License 11/26/2025 - 11/26/2027		Certified 11/26/2025 - 11/26/2027
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. was founded in 1958, and over the years, the agency has expanded significantly in both size and the range of services it offers to meet the needs of communities across eastern Massachusetts. Current services include substance abuse and recovery, housing and homelessness support, and behavioral health services, specializing in assisting individuals with a dual diagnosis of developmental and psychiatric disabilities. Additionally, the agency supports individuals with developmental and intellectual disabilities through its Residential Services grouping, which provides 24-hour residential services, Individual Home Supports (IHS), and facility-based respite, and its Day Support grouping, including Employment and Community-Based Day Supports (CBDS).

The Office of Quality Enhancement conducted a comprehensive licensing review of the agency's Residential and Individual Home Supports service group and Employment and Day Supports service group. Since the agency is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), it chose to use the results of its CARF review to meet the certification requirements.

The agency demonstrated strong systems and oversight in several areas. Organizationally, the agency ensured allegations of abuse were reported as mandated and took immediate action to protect the health and safety of individuals when it became aware of complaints. Another organizational strength identified is in the hiring and training of employees. The agency hires qualified staff and provides support for licensed staff to maintain their credentials. Additionally, the agency offers a comprehensive orientation program where employees receive all mandatory training, along with additional training beyond the basic requirements. This ensures that the workforce is well-trained and prepared for their role.

Several positive practices were observed across the Residential Service grouping. In the domain of Environmental safety, all locations had current inspections and, overall, were found to be clean, safe, and well-maintained.

In the area of personal well-being, the agency demonstrated several ways in which its positive practices improved outcomes for individuals. Individuals at all locations were encouraged to adopt healthy diets and engage in regular exercise. When the agency identified specific risks for an individual, it developed and implemented interventions to mitigate those risks. Staff were found to be well-trained and knowledgeable about the unique needs of each individual and were actively working on Individual Support Plan (ISP) objectives aligned with their personal goals. Individuals were given choices and control through regular house meetings and could make phone calls and have visitors without any restrictions. Privacy was respected, as individuals had bedrooms with locks on doors. Throughout all locations, observations and record reviews confirmed that communication with and about individuals was respectful.

The agency's healthcare oversight system was largely effective. On the whole, individuals received support in obtaining annual physical and dental examinations as well as treatment for any episodic illnesses. When necessary, the agency collaborated with Health Care Providers to develop individualized protocols and ensured staff were trained in their correct implementation. At all locations, staff were trained and knowledgeable in recognizing the signs and symptoms of illness and responding to medical emergencies.

Within CBDS and Employment, several positive practices were identified. At both locations, inspections were completed as required, sites were clean and well-maintained, and water temperatures were within the required range. At both locations, fire drills were conducted in accordance with regulations, and individuals were supported in evacuating safely and promptly.

Within the medical domain, staff were trained in the correct implementation of medical protocols and demonstrated knowledge of the medical needs of the people they support. All medications were

administered in accordance with the doctor's orders, and by MAP-certified staff.

At both locations, all individuals had received annual training in Human Rights and on how to report abuse, and if applicable, the information was provided to guardians. Once again, it was noted that conversations and written material with and about individuals were respectful. Additionally, informed consent had been obtained for any photographs used by the programs.

Staff at both locations were found to be knowledgeable about the needs and preferences of the people they support, as well as trained to recognize medical emergencies and signs and symptoms of illness. Additionally, the agency created comprehensive emergency backup plans that were reviewed with both staff and individuals at the program.

In addition to the many positive practices seen during the survey, some areas requiring further attention were identified. Organizationally, the agency needs to ensure that its Human Rights Committee is comprised of members with the requisite expertise. Additionally, systems to ensure that time-sensitive documentation, such as ISP-related materials, restraint reports, and incident reports, are submitted within required timelines need improvement.

Within its Residential and Individual Home Supports service group, the agency needs to ensure individuals receive annual training on Human Rights, reporting alleged abuse and neglect, and filing a grievance. Whenever a restrictive practice is required to ensure an individual's safety, the agency must ensure that the restriction is part of a written Behavioral Support Plan and is reviewed by the HRC. The agency should also develop and implement mitigation plans for those impacted by the restrictions, but do not require them, so that their rights are not unduly restricted.

Within the health domain, the agency should strengthen its systems to ensure individuals are supported to attend follow-up appointments and tests when ordered and receive health care screenings as recommended in the DDS Preventive Health Care Screening Checklist. When individuals require supportive and health-related equipment or medical monitoring devices, the agency must ensure that there is HCP authorization for the device and/or instructions for use, cleaning, and maintenance.

Within the Employment and Day Supports service grouping, in both CBS and Employment, the agency should provide increased focus on ensuring Emergency Fact Sheets contain all required information, and that medication treatment plans define behaviors in observable terms. Further attention is required to ensure various timelines are met, as ISP assessments and support strategies, as well as incident reports, were not submitted on time.

Within the Residential and Individual Home Supports service grouping, Bridgewell received a met rating in 80% of licensing indicators, with all critical indicators met. The agency will receive a Two-Year License.

Within the Employment and Day Supports service group, the agency met 89% 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 service group.

Follow-up on the licensing indicators rated Not Met in both service groups will be conducted by the Office for Quality Enhancement within 60 days of the Service Enhancement Meeting.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Residential and Individual Home Supports	65/81	16/81	
Residential Services Individual Home Supports Respite Services			
Critical Indicators	8/8	0/8	
Total	73/91	18/91	80%
2 Year License			
# indicators for 60 Day Follow-up		18	

	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Employment and Day Supports	51/56	5/56	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	59/66	7/66	89%
2 Year License			
# indicators for 60 Day Follow-up		7	

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.	Two of three Human Rights Committees (HRCs) did not have the required membership. The agency needs to ensure that each Human Rights Committee has members with the required expertise.
L65	Restraint reports are submitted within required timelines.	Eighteen out of thirty-four restraint reports were not submitted and/or finalized within the required time frames. The agency needs to ensure that restraint reports are submitted within three days and finalized within five days of each restraint.

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

Indicator #	Indicator	Area Needing Improvement
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At six of the twenty-three locations audited, hot water temperatures were outside the acceptable range. The provider needs to ensure that hot water temperatures are between 110-120 degrees at sinks and 110-112 degrees at showers; water temperatures may not be greater than 120 degrees, or no lower than 100 degrees.
L35	Individuals receive routine preventive screenings.	Six individuals did not receive the routine and preventive screenings recommended in the Massachusetts Department of Developmental Services Annual Health Screening Checklist. The agency must ensure that the recommendations in the DDS Adult Screening Checklist are communicated to the healthcare practitioner and support individuals in obtaining the recommended screenings when they are in agreement with the practitioner's recommendations.
L36	Recommended tests and appointments with specialists are made and kept.	Five individuals were not supported to attend follow-up appointments with specialists and /or complete recommended tests. The agency needs to ensure visits to specialists occur as recommended and tests are completed within a reasonable timeframe when recommended by a Health Care Practitioner.
L43	The health care record is maintained and updated as required.	For seven of twenty-two individuals, the Health Care Record(HCR) had not been updated when significant changes occurred, such as new diagnoses, updated screenings and immunizations, or changes to Health Care Providers. The agency needs to ensure the HCR is updated at the time of the ISP, as well as within 30 days of a significant health care events and changes in accordance with DDS policies.
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 four of five locations, restrictive practices were implemented without either undergoing the necessary reviews and /or the development or implementation of mitigation strategies designed to avoid unnecessary restrictions on the other individuals who live in the home but for whom this restriction is not necessary. The agency needs to ensure that all restrictive practices are reviewed annually by the Human Rights Committee and that mitigation plans are developed and implemented.
L57	All behavior plans are in a written plan.	For two of five individuals, restrictive behavioral interventions being implemented were not part of a written plan. The agency needs to ensure that whenever restrictive practices are in place, written plans are developed.

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

Indicator #	Indicator	Area Needing Improvement
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For eight of thirteen individuals using a supportive health-related device, the agency did not have HCP authorization for the device and/or instructions for use, cleaning, and maintenance. The agency needs to ensure that all health-related supports are utilized under the written authorization of a qualified clinician and that health-related supports documentation includes the frequency of safety checks, maintenance and cleaning instructions.
L62	Supports and health related protections are reviewed by the required groups.	For two individuals, Health-related Protective equipment used to prevent the risk of harm during self-injurious behavior was not part of a written Behavior Support Plan (BSP) and did not receive the required Human Rights Committee review. The agency needs to ensure that whenever health-related supports are used to prevent injury resulting from self-injurious behaviors, plans are included in a written BSP and receive the required reviews.
L63	Medication treatment plans are in written format with required components.	For ten of nineteen individuals prescribed behavior-modifying medication, medication treatment plans were either not developed or, when developed, did not define behavioral symptoms in observable terms and /or did not have data consistently collected, so the efficacy of the medications can be measured. For two individuals taking PRN behavior-modifying medications incidental to medical treatment, there was no plan developed to help the individuals learn coping strategies to reduce the need for the medication. The agency needs to ensure that a plan is in place for all individuals prescribed behavior-modifying medications, that these plans include all required components, and that data is collected to present to the prescribing physician so the clinical course of treatment can be evaluated.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For nine of twenty-one individuals for whom the agency has shared or delegated money management responsibilities, money management plans were either not in place or, when in place, lacked the individual's or guardian's agreement. In addition, for three individuals, training plans had not been developed despite agreement from the ISP team that the individuals would benefit from a training plan to assist them in becoming more independent in managing their finances. The agency needs to ensure money management plans are developed whenever the agency has shared or delegated financial responsibilities and that agreement to the plan is obtained. Additionally, the agency needs to ensure that training plans are developed for individuals as required and address areas of need, using strategies to further develop and promote skill development in the realm of money management.

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

Indicator #	Indicator	Area Needing Improvement
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	Eight of thirteen health-related supports and protections reviewed did not have an accompanying staff training. The agency needs to ensure staff are trained, knowledgeable, and capable of safely utilizing any health-related protections.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For eight individuals, the required ISP assessments had not been submitted within the required 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 ten individuals, 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 six of twenty-two individuals, ISP objectives were not being implemented, and/or inconsistent data collection was occurring. The agency needs to ensure that ISP objectives are implemented as described within the support strategy and that data collection occurs.
L91	Incidents are reported and reviewed as mandated by regulation.	At ten of twenty-three locations, Incident Reports were either not submitted or finalized within the required timeframes. The agency needs to ensure that Incident Reports are submitted and finalized within the required timeframes.
L99 (05/22)	Medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately. (eg seizure watches; fall sensors).	For one individual using a medical monitoring device, the agency did not have instructions for cleaning and maintaining the device. The agency needs to ensure that when medical monitoring devices are used, there are guidelines for cleaning and maintenance, along with a system to ensure cleaning and safety checks are being performed in accordance with the manufacturer's instructions.

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

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	For six of fourteen individuals, Emergency Fact Sheets (EFS) did not include all required components or were inaccurate. The agency needs to ensure that EFS includes all required information and that the information listed is accurate and up to date.

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

Indicator #	Indicator	Area Needing Improvement
L63	Medication treatment plans are in written format with required components.	For two individuals receiving behavior-modifying medications at a CBDS program, data on target behaviors were not being tracked. Additionally, for one of the individuals, the Medication Treatment Plan did not define behavioral symptoms in observable terms. The agency needs to ensure that Medication Treatment Plans identify observable behavioral symptoms and that data on their occurrence is collected.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For nine of twelve individuals, the required ISP assessments had not been submitted within the required 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 of eleven individuals, the required ISP assessments had not been submitted within the required timelines. The agency needs to ensure that ISP assessments are submitted at least 15 days in advance of the ISP meeting.
L91	Incidents are reported and reviewed as mandated by regulation.	At two of four locations, Incident Reports were either not submitted or finalized within the required timeframes. The agency needs to ensure that Incident Reports are submitted and finalized within the required timeframes.

MASTER SCORE SHEET LICENSURE

Organizational: Bridgewell Inc.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
R L2	Abuse/neglect reporting	27/27	Met
L3	Immediate Action	14/15	Met(93.33 %)
L4	Action taken	12/15	Met(80.0 %)
L48	HRC	1/3	Not Met(33.33 %)
L65	Restraint report submit	16/34	Not Met(47.06 %)
L66	HRC restraint review	34/34	Met
L74	Screen employees	14/14	Met
L75	Qualified staff	8/8	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	14/18	4/4					18/22	Met (81.82%)
L3	Immediate Action	L				1/1			1/1	Met
L5	Safety Plan	L	16/18	4/4		1/1			21/23	Met (91.30%)
Ⓡ L6	Evacuation	L	16/18	4/4		1/1			21/23	Met (91.30%)
L7	Fire Drills	L	15/18						15/18	Met (83.33%)
L8	Emergency Fact Sheets	I	15/18	3/4		2/2			20/24	Met (83.33%)
L9 (07/21)	Safe use of equipment	I	16/18	4/4		2/2			22/24	Met (91.67%)
L10	Reduce risk interventions	I	4/4	2/2					6/6	Met
Ⓡ L11	Required inspections	L	18/18	1/1		1/1			20/20	Met
Ⓡ L12	Smoke detectors	L	17/18	4/4		1/1			22/23	Met (95.65%)
Ⓡ L13	Clean location	L	17/18	4/4		1/1			22/23	Met (95.65%)
L14	Site in good repair	L	16/16	4/4		1/1			21/21	Met

Ind. #	Ind.	Loc. or Indiv	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L15	Hot water	L	12/18	4/4		1/1			17/23	Not Met (73.91%)
L16	Accessibility	L	18/18	3/3		1/1			22/22	Met
L17	Egress at grade	L	18/18	1/1		1/1			20/20	Met
L18	Above grade egress	L	8/8	4/4		1/1			13/13	Met
L19	Bedroom location	L	11/11	1/1		1/1			13/13	Met
L20	Exit doors	L	18/18	4/4		1/1			23/23	Met
L21	Safe electrical equipment	L	18/18	4/4		1/1			23/23	Met
L22	Well-maintained appliances	L	15/18	4/4		1/1			20/23	Met (86.96%)
L23	Egress door locks	L	8/8			1/1			9/9	Met
L24	Locked door access	L	18/18			1/1			19/19	Met
L25	Dangerous substances	L	18/18	4/4		1/1			23/23	Met
L26	Walkway safety	L	17/18	4/4		1/1			22/23	Met (95.65%)
L27	Pools, hot tubs, etc.	L	1/1	1/1					2/2	Met
L28	Flammables	L	18/18	4/4		1/1			23/23	Met

Ind. #	Ind.	Loc. or Indiv	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L29	Rubbish /combustibles	L	17/18	4/4		1/1			22/23	Met (95.65 %)
L30	Protective railings	L	16/17	4/4		1/1			21/22	Met (95.45 %)
L31	Communication method	I	18/18	4/4		2/2			24/24	Met
L32	Verbal & written	I	18/18	4/4		2/2			24/24	Met
L33	Physical exam	I	16/17	3/3					19/20	Met (95.00 %)
L34	Dental exam	I	17/18	2/2					19/20	Met (95.00 %)
L35	Preventive screenings	I	13/18	1/2					14/20	Not Met (70.0 %)
L36	Recommended tests	I	12/17	3/3					15/20	Not Met (75.00 %)
L37	Prompt treatment	I	18/18	4/4		2/2			24/24	Met
R L38	Physician's orders	I	13/14						13/14	Met (92.86 %)
L39	Dietary requirements	I	8/10						8/10	Met (80.0 %)
L40	Nutritional food	L	18/18	4/4		1/1			23/23	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	13/18	2/4					15/22	Not Met (68.18 %)

Ind. #	Ind.	Loc. or Indiv	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L44	MAP registration	L	18/18	2/2		1/1			21/21	Met
L45	Medication storage	L	18/18	2/2		1/1			21/21	Met
L46	Med. Administration	I	15/18	1/1		2/2			18/21	Met (85.71%)
L47	Self medication	I	2/2	1/2					3/4	Met
L49	Informed of human rights	I	14/18	4/4					18/22	Met (81.82%)
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	9/9	1/1					10/10	Met
L56	Restrictive practices	I	1/5						1/5	Not Met (20.0%)
L57	Written behavior plans	I	3/5						3/5	Not Met (60.0%)
L60	Data maintenance	I	3/3						3/3	Met
L61	Health protection in ISP	I	4/12	1/1					5/13	Not Met (38.46%)

Ind. #	Ind.	Loc. or Indiv	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L62	Health protection review	I	3/5						3/5	Not Met (60.0%)
L63	Med. treatment plan form	I	9/17	1/2					10/19	Not Met (52.63%)
L64	Med. treatment plan rev.	I	15/17	2/2					17/19	Met (89.47%)
L67	Money mgmt. plan	I	11/18	1/3					12/21	Not Met (57.14%)
L68	Funds expenditure	I	18/18	2/2		2/2			22/22	Met
L69	Expenditure tracking	I	15/18	2/2		2/2			19/22	Met (86.36%)
L70	Charges for care calc.	I	15/17						15/17	Met (88.24%)
L71	Charges for care appeal	I	18/18	1/1					19/19	Met
L77	Unique needs training	I	17/18	4/4		2/2			23/24	Met (95.83%)
L78	Restrictive Int. Training	L	5/6			1/1			6/7	Met (85.71%)
L79	Restraint training	L	5/5			1/1			6/6	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
L82	Medication admin.	L	17/18	2/2		1/1			20/21	Met (95.24%)

Ind. #	Ind.	Loc. or Indiv	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L84	Health protect. Training	I	4/12	1/1					5/13	Not Met (38.46 %)
L85	Supervision	L	17/18	4/4		1/1			22/23	Met (95.65 %)
L86	Required assessments	I	11/18	2/3					13/21	Not Met (61.90 %)
L87	Support strategies	I	9/18	3/4					12/22	Not Met (54.55 %)
L88	Strategies implemented	I	14/18	2/4					16/22	Not Met (72.73 %)
L90	Personal space/bedroom privacy	I	18/18	4/4					22/22	Met
L91	Incident management	L	9/18	4/4		0/1			13/23	Not Met (56.52 %)
L93 (05/22)	Emergency back-up plans	I	18/18	4/4		2/2			24/24	Met
L94 (05/22)	Assistive technology	I	16/18	4/4					20/22	Met (90.91 %)
L96 (05/22)	Staff training in devices and applications	I	12/12	1/1					13/13	Met

Ind. #	Ind.	Loc. or Indiv	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L99 (05/22)	Medical monitoring devices	I	2/3						2/3	Not Met (66.67 %)
#Std. Met/# 81 Indicator									65/81	
Total Score									73/91	
									80.22%	

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	7/7		7/7	14/14	Met
L5	Safety Plan	L			2/2	2/2	Met
R L6	Evacuation	L			2/2	2/2	Met
L7	Fire Drills	L			2/2	2/2	Met
L8	Emergency Fact Sheets	I	4/7		4/7	8/14	Not Met (57.14 %)
L9 (07/21)	Safe use of equipment	I	7/7		7/7	14/14	Met
L10	Reduce risk interventions	I			1/1	1/1	Met
R L11	Required inspections	L			2/2	2/2	Met
R L12	Smoke detectors	L			2/2	2/2	Met
R 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

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
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			1/1	1/1	Met
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	7/7		7/7	14/14	Met
R L38	Physician's orders	I	2/2		4/4	6/6	Met
L44	MAP registration	L			2/2	2/2	Met
L45	Medication storage	L			2/2	2/2	Met
R L46	Med. Administration	I	2/2		6/6	8/8	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	4/4		5/5	9/9	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L61	Health protection in ISP	I	1/1			1/1	Met
L62	Health protection review	I	1/1			1/1	Met
L63	Med. treatment plan form	I	1/2		1/2	2/4	Not Met (50.0 %)
L64	Med. treatment plan rev.	I	1/1			1/1	Met
L72	DOL requirements	I	2/2		2/2	4/4	Met
L73	DOL certificate	L			1/1	1/1	Met
L77	Unique needs training	I	6/6		7/7	13/13	Met
L78	Restrictive Int. Training	L			2/2	2/2	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
L82	Medication admin.	L			2/2	2/2	Met
L84	Health protect. Training	I	1/1			1/1	Met
L85	Supervision	L	2/2		2/2	4/4	Met
L86	Required assessments	I	1/5		2/7	3/12	Not Met (25.00 %)
L87	Support strategies	I	1/5		2/6	3/11	Not Met (27.27 %)
L88	Strategies implemented	I	7/7		6/7	13/14	Met (92.86 %)
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	6/7		7/7	13/14	Met (92.86 %)

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L96 (05/22)	Staff training in devices and applications	I	6/6		6/6	12/12	Met
#Std. Met/# 56 Indicator						51/56	
Total Score						59/66	
						89.39%	
