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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** | 15 location(s) 19 audit (s) | Full Review | 63/87 2 Year License with Mid-Cycle Review 02/20/2020 - 02/20/2022 |  | Certified 02/20/2020 - 02/20/2022 | | Residential Services | 4 location(s) 6 audit (s) |  |  | Deemed |  | | ABI-MFP Residential Services | 1 location(s) 3 audit (s) |  |  | Deemed |  | | Placement Services | 5 location(s) 5 audit (s) |  |  | Deemed |  | | ABI-MFP Placement Services | 2 location(s) 2 audit (s) |  |  | Deemed |  | | Individual Home Supports | 3 location(s) 3 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) 8 audit (s) | Full Review | 49/58 2 Year License 02/20/2020 - 02/20/2022 |  | Certified 02/20/2020 - 02/20/2022 | | Community Based Day Services | 1 location(s) 4 audit (s) |  |  | Deemed |  | | Employment Support Services | 3 location(s) 4 audit (s) |  |  | Deemed |  | | Planning and Quality Management (For all service groupings) |  |  |  | Deemed |  | |  | |

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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  |
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|  | |  | | --- | | Cape Abilities, founded in 1968, is a non-profit human service agency that serves transition age students and adults with developmental and other disabilities, and individuals with acquired brain injury (ABI) who reside and work in the Cape Cod area. The agency now serves close to 400 people via a diverse offering of program and services. Services included 24 hour residential, Individual Home Supports, Pre-employment transitional services (Pre-ETS), Adult Family Care (AFC), Shared Living, Day Habilitation, Employment and Community Based Services (CBDS).   The current review focused on DDS services provided to adults and included the following service types: residential supports including 24-hour Residential, ABI/MFP Residential, Placement Services, ABI/MFP Placement, Individualized Home Supports (IHS), and day supports including Community Based Day Services (CBDS), and Employment Support services. The scope of this survey conducted by the Office of Quality Enhancement (OQE) was a full review of all licensing indicators applicable to all Residential/ Individual Home Support Service Grouping and Employment/ Day Service Grouping. Cape Abilities utilized a deemed process (CARF) for the evaluation of certification indicators related to organizational, residential and employment/ day services.  There were positive practices and outcomes noted within residential services in the area of health. Consistent with the last survey, individuals were supported to eat healthy foods and encouraged to exercise. A number of individuals were successfully supported to maintain a healthy weight, another individual has reduced adverse symptoms of a medical condition and another individual was supported to decrease medication dosage as a result of his weight lost. Overall, physician ordered protocols were implemented as designed. Individuals were assessed and supports were in place to assist people with learning to or sustain their ability to administer their own medication where appropriate.   Other positive practices in residential services were seen in the areas of behavioral supports and environmental safety. For individuals supported with the use of behavior modification support plans, the plans contained all the required components with data collection for the majority of behaviors. Inspections of heating equipment had been conducted as required, and homes were generally well maintained.   Across all services, the majority of written and verbal communication with and about individuals was respectful. Staff provided support so that individuals could communicate in their primary language or use other methods of communication.   Indicators pertaining to environmental safety were met within the Employment and CBDS, inspections were up to date at the two locations visited; the locations were in general good repair, and accessible. The Eastham location is in process of undergoing renovations. Within the domain of human rights, individualized behavioral plans were implemented consistently with correlating data collection to evaluate the effectiveness of the plan. Individuals were able to keep possessions on them or safe within an individual locker. Within the health domain, staff was trained and knowledgeable of specific physician's orders.   Organizationally, the agency needs to strengthen its mechanisms to provide ongoing supervision, oversight and monitoring in areas such as staff training, financial management and restrictive practices. The agency needs to enhance its systems for screening prospective employees to ensure they meet requirements.   Within Residential/ Individual Home Supports Service Grouping, there were several areas identified in this review within the domains of health, human rights and environmental safety that would benefit from further attention. In regards to environmental safety, the agency needs to ensure appliances are properly maintained and safety plans reflect the needs of the individuals, approved by the area office and ensure all staff is trained.   In the area of human rights, the agency would benefit from strengthening its practices to ensure all individuals and guardians have been trained in how to report abuse/neglect. Restrictive practices need to include mitigating practices so as to not unduly impact others living in the home, and provide the necessary training to staff in the safe and correct administration of restraints when necessary. Additionally, the agency needs to make sure that all supportive and protective devices are reviewed by the Human Rights Committee and ISP team.   The agency also needs to strengthen its efforts for overseeing and safeguarding individual's funds by enhancing the auditing of financial transactions and evaluating individuals' total assets.   Within the healthcare domain in residential services, efforts are needed to ensure that follow up with specialists and recommended tests are completed, individuals receive preventative screenings, medication treatment plans include the required components and that staff are trained in the correct use of supports and health related protections and signs and symptoms of illness.   Areas within Employment/Day Service Grouping that the agency is encouraged to strengthen include ensuring that safety plans are approved, that fire drills are conducted as required and that staff are familiar with the unique needs of individuals supported.   Based on the findings of this report, the agency has earned a Two Year License with a Mid-Cycle review for its Residential/ Individual Home Support Services and a Two Year License for Employment/ Day Services. Licensing scores were 72% of indicators met for Residential Services and 84% of indicators met for day supports of CBDS and Employment.   The DDS will conduct follow up within 60 days for any licensing indicators rated Not Met within its Residential and Employment/ day Service Groupings and a Mid-year cycle review in one year for the residential services. | | |  |

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|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | | | |  |  |  | | |  | | --- | | **LICENSURE FINDINGS** | | | | |  |  |  | |  | | | |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **5/9** | **4/9** |  | | **Residential and Individual Home Supports** | **58/78** | **20/78** |  | | Residential Services  ABI-MFP Residential Services  Placement Services  ABI-MFP Placement Services  Individual Home Supports |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **63/87** | **24/87** | **72%** | | **2 Year License with Mid-Cycle Review** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **24** |  | |  | | | |  | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **5/9** | **4/9** |  | | **Employment and Day Supports** | **44/49** | **5/49** |  | | Community Based Day Services  Employment Support Services |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **49/58** | **9/58** | **84%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **9** |  | | |  | | | |  |  |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  | | |  |  | |  | **Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L48 | | | The agency has an effective Human Rights Committee. | The agency's Human Rights Committee did not effectively meet all of its mandated responsibilities, as there was a lack of consistent attendance from the required membership, and the HRC did not conduct an annual review of agency policies and procedures potentially impacting the rights of individuals served. The agency needs to ensure that the Human Rights committee is effective in meeting its responsibilities. | |  | L65 | | | Restraint reports are submitted within required timelines. | For one restraint reported, the agency did not meet the timelines for submission. The agency needs to ensure that restraint reports are submitted within required timelines. | |  | L74 | | | The agency screens prospective employees per requirements. | The agency did not have a process to ensure that required TB screenings had been completed for seven staff working with individuals receiving ABI/MFP services. The agency needs to ensure that all staff required are screened for TB. | |  | L76 | | | The agency has and utilizes a system to track required trainings. | Five out of twenty staff selected did not have the required training. The agency needs to have an effective system to track and ensure staff complete all required training. | |  |  |  | | | | |  |
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The agency needs to ensure that all individuals are trained how to report potential abuse and neglect. | |  | L5 | | | There is an approved safety plan in home and work locations. | Six out of fifteen safety plans did not contain all requirement components including accurate evacuation strategies needed for all individuals residing in the home, and evidence of staff training needed for all individuals residing in the home. The agency needs to ensure that approved safety plans include all required components. | |  | L22 | | | All appliances and equipment are operational and properly maintained. | Five out of fourteen locations had appliances that were not operational and/or properly maintained. Issues identified included such items as excess dryer lint and kitchen appliances needing repair. The agency needs to ensure that all appliances and equipment are operational and properly maintained. | |  | L24 | | | Locks on doors not providing egress can be opened by the individuals from the inside and staff carry a key to open in an emergency. | In two out of five locations, staff was not able to locate the appropriate key needed to unlock bedroom doors in the event of an emergency. The agency needs to ensure that staff are able to access individuals' bedrooms in the event of an emergency. | |  | L35 | | | Individuals receive routine preventive screenings. | Five out of sixteen individuals had not received preventative medical screenings such as eye exams, or other recommended health screenings based on their age, history or medical conditions. The agency needs to ensure individuals receive routine preventative screenings. | |  | 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. | The agency's grievance procedure identifies the Human Rights advocate as the person to contact to file a complaint. The information did not specify who the Human Rights Advocate was or how to contact them. The agency needs to ensure that individuals and guardians are informed of who to contact within the agency to file a grievance or express a concern about potential human rights violations. | |  | 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. | Restrictive practices were reviewed for six individuals. Four individuals had restrictive practices in place which did not include a written rationale or a process to fade the restriction, and/ or there was no plan to mitigate the restrictions so as to not unduly restrict the rights of others. The agency needs to ensure that restrictive practices have all required components, are reviewed as required, and include provisions so as to not unduly restrict the rights of others. | |  | L61 | | | Supports and health related protections are included in ISP assessments and the continued need is outlined. | For three individuals, there was no health care provider order to outline the need and the proper use of their supports and health related protections. For one individual the proper safety checks were not occurring. The agency needs to ensure that that for all supports and health related protections there is a health care provider order that outlines the need and that all safety checks are occurring as outlined. | |  | L62 | | | Supports and health related protections are reviewed by the required groups. | For three of nine individuals, their supports and health related protections that restrict movement were not reviewed by the Human Rights Committee. The agency needs to ensure that the Human Rights Committee reviews all supports and health related protections. | |  | L63 | | | Medication treatment plans are in written format with required components. | Six out of fifteen medication treatment plans reviewed did not contain such items as listing all behavior modifying medications a person is prescribed, collecting data for review by the treating clinician to assess the efficacy of the plan or a process to reduce or eliminate the need for the medication. The agency needs to ensure that all components are present within the written plan and that data is being shared with the treating physician. | |  | L67 | | | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | For seven out of sixteen individuals, the money management plan did not include the level and type of staff support needed, the amount of monies that can be independently managed by individuals, a training plan when appropriate to promote independence and/or agreement to financial plans by guardians. The agency needs to ensure that money management plans include all required components including agreement by the ISP team | |  | L69 | | | Individual expenditures are documented and tracked. | Expenditures were reviewed for sixteen individuals. A review of expenditure documentation for eight individuals revealed one or more of the following: missing receipts for purchases, lack of tracking of gift card purchases and lack of monitoring account balances to ensure individuals financial assets do not exceed allowable limits which could impact benefits. The agency needs to ensure individuals' expenditures are documented, tracked accurately, and that receipts are maintained in accordance with agency's financial policies. Additionally, monitoring of individual's assets needs to occur to prevent potential loss of benefits. | |  | L79 | | | Staff are trained in safe and correct administration of restraint. | In five locations, staff needed to have the requisite training to safely utilize restraint. All staff had not been trained. The agency needs to ensure that when the administration of restraint is required all staff are trained. | |  | L80 | | | Support staff are trained to recognize signs and symptoms of illness. | At eleven of fifteen locations, staff had not been trained in a curriculum that covers the DDS Health Observation Guidelines and Just Not Right. The agency needs to ensure staff are trained to recognize signs and symptoms of illness. | |  | L84 | | | Staff / care providers are trained in the correct utilization of health related protections per regulation. | For five of nine individuals, not all staff were trained/knowledgeable regarding the individual's supports and health related protections. The agency needs to ensure that all staff are trained and knowledgeable regarding all aspects of an individual's supports and health related protections. | |  | L86 | | | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | Required assessments for six individuals were not submitted within the required timelines. The agency needs to ensure that assessments are submitted to the DDS Area Office at least 15 days prior to the scheduled 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. | Support strategies for four individuals were not submitted within the required timelines. The agency needs to ensure that support strategies are submitted to the DDS Area Office at least 15 days prior to the scheduled 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 individuals, the agency was not tracking progress towards ISP goals. The agency needs to ensure that services and supports identified are being implemented. | |  | L89 | | | The provider has a complaint and resolution process that is effectively implemented at the local level. | The agency's complaint resolution process had not been implemented at one location. The agency needs to ensure that the agency's complaint resolution policy and process is effectively implemented at all ABI/MFP service locations. | |  | L91 | | | Incidents are reported and reviewed as mandated by regulation. | At six out of the fifteen locations, incident reports had not been submitted and/or finalized within required timelines. The agency needs to ensure that incidents are reported and reviewed as mandated by regulation. | | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **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 of two locations, there was not an approved safety plan in place and staff were not trained in the plan. The agency needs to ensure that safety plans are approved by the area office and that staff are trained in the implementation of the plan. | |  | L7 | | | Fire drills are conducted as required. | At one of two locations, one fire drill was conducted when two were required per the safety plan. The agency needs to ensure that the minimum number of fire drills is conducted as outlined in the safety plan. | |  | L8 | | | Emergency fact sheets are current and accurate and available on site. | For three of eight individuals the emergency fact sheet did not list all of medical conditions that an emergency responder would need to know. The agency needs to ensure that all relevant medical information is documented on the emergency fact sheet.The agency needs to ensure that all significant medical information is documented on the emergency fact sheet. | |  | L77 | | | The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals. | Staff were not aware of two out of eight individual's unique medical diagnoses. The agency needs to ensure that staff are knowledgeable regarding each individual's unique needs. | |  | L88 | | | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For two of eight individuals, data did not outline progress being made or strategies being implemented for agreed upon support strategies as outlined within the ISP. The agency needs to ensure that individuals are supported to meet their ISP objectives and it is documented in a way that clearly demonstrates efforts and outcomes of individual progress made toward achieving goals. | | |  |

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|  | |  | | --- | | **Residential and Individual Home Supports:** | | | | |  |  |  |  |
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|  | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **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 | 3/6 | 3/3 | 4/5 |  | 3/3 | 2/2 | **15/19** | **Not Met (78.95 %)** | |  | L5 | Safety Plan | L | 1/4 | 2/3 | 4/5 |  | 1/1 | 1/2 | **9/15** | **Not Met (60.0 %)** | | O | L6 | Evacuation | L | 4/4 | 3/3 | 5/5 |  | 1/1 | 1/2 | **14/15** | **Met (93.33 %)** | |  | L7 | Fire Drills | L | 3/4 |  |  |  | 1/1 |  | **4/5** | **Met (80.0 %)** | |  | L8 | Emergency Fact Sheets | I | 3/6 | 3/3 | 5/5 |  | 3/3 | 2/2 | **16/19** | **Met (84.21 %)** | |  | L9 | Safe use of equipment | L | 4/4 | 3/3 |  |  | 1/1 |  | **8/8** | **Met** | |  | L10 | Reduce risk interventions | I | 4/5 |  | 3/3 |  | 1/1 |  | **8/9** | **Met (88.89 %)** | | O | L11 | Required inspections | L | 4/4 | 2/2 | 5/5 |  | 1/1 | 2/2 | **14/14** | **Met** | | O | L12 | Smoke detectors | L | 4/4 | 2/2 | 5/5 |  | 1/1 | 2/2 | **14/14** | **Met** | | O | L13 | Clean location | L | 3/4 | 2/2 | 5/5 |  | 1/1 | 2/2 | **13/14** | **Met (92.86 %)** | |  | L14 | Site in good repair | L | 3/3 | 2/2 | 4/4 |  | 1/1 | 2/2 | **12/12** | **Met** | |  | L15 | Hot water | L | 4/4 | 1/1 | 4/5 |  | 1/1 | 2/2 | **12/13** | **Met (92.31 %)** | |  | L16 | Accessibility | L | 4/4 | 2/2 | 5/5 |  | 0/1 | 2/2 | **13/14** | **Met (92.86 %)** | |  | L17 | Egress at grade | L | 4/4 | 1/1 | 3/3 |  | 1/1 |  | **9/9** | **Met** | |  | L18 | Above grade egress | L | 3/3 |  | 1/1 |  |  |  | **4/4** | **Met** | |  | L19 | Bedroom location | L | 2/3 |  |  |  | 1/1 |  | **3/4** | **Met** | |  | L20 | Exit doors | L | 3/4 | 2/2 |  |  | 1/1 |  | **6/7** | **Met (85.71 %)** | |  | L21 | Safe electrical equipment | L | 4/4 | 2/2 | 5/5 |  | 1/1 | 2/2 | **14/14** | **Met** | |  | L22 | Well-maintained appliances | L | 2/4 | 2/2 | 3/5 |  | 0/1 | 2/2 | **9/14** | **Not Met (64.29 %)** | |  | L23 | Egress door locks | L | 2/2 |  |  |  | 1/1 |  | **3/3** | **Met** | |  | L24 | Locked door access | L | 2/4 |  |  |  | 1/1 |  | **3/5** | **Not Met (60.0 %)** | |  | L25 | Dangerous substances | L | 4/4 | 1/1 |  |  | 1/1 |  | **6/6** | **Met** | |  | L26 | Walkway safety | L | 4/4 | 2/2 | 5/5 |  | 1/1 | 2/2 | **14/14** | **Met** | |  | L28 | Flammables | L | 3/4 | 1/1 |  |  | 1/1 |  | **5/6** | **Met (83.33 %)** | |  | L29 | Rubbish/combustibles | L | 3/4 | 2/2 | 4/5 |  | 1/1 | 2/2 | **12/14** | **Met (85.71 %)** | |  | L30 | Protective railings | L | 1/2 | 1/1 | 5/5 |  | 1/1 | 2/2 | **10/11** | **Met (90.91 %)** | |  | L31 | Communication method | I | 6/6 | 3/3 | 5/5 |  | 3/3 | 2/2 | **19/19** | **Met** | |  | L32 | Verbal & written | I | 6/6 | 3/3 | 5/5 |  | 3/3 | 2/2 | **19/19** | **Met** | |  | L33 | Physical exam | I | 5/5 | 2/2 | 5/5 |  | 3/3 | 2/2 | **17/17** | **Met** | |  | L34 | Dental exam | I | 4/4 | 2/2 | 5/5 |  | 3/3 | 1/2 | **15/16** | **Met (93.75 %)** | |  | L35 | Preventive screenings | I | 1/4 | 1/2 | 4/5 |  | 3/3 | 2/2 | **11/16** | **Not Met (68.75 %)** | |  | L36 | Recommended tests | I | 4/6 | 1/2 | 5/5 |  | 2/2 | 2/2 | **14/17** | **Met (82.35 %)** | |  | L37 | Prompt treatment | I | 6/6 | 2/2 | 5/5 |  | 3/3 | 2/2 | **18/18** | **Met** | | O | L38 | Physician's orders | I | 1/2 | 1/1 | 2/2 |  | 2/2 | 2/2 | **8/9** | **Met (88.89 %)** | |  | L39 | Dietary requirements | I | 4/5 | 1/1 | 2/2 |  | 1/1 |  | **8/9** | **Met (88.89 %)** | |  | L40 | Nutritional food | L | 4/4 | 2/2 |  |  | 1/1 |  | **7/7** | **Met** | |  | L41 | Healthy diet | L | 4/4 | 3/3 | 5/5 |  | 1/1 | 2/2 | **15/15** | **Met** | |  | L42 | Physical activity | L | 4/4 | 3/3 | 5/5 |  | 1/1 | 2/2 | **15/15** | **Met** | |  | L43 | Health Care Record | I | 4/6 | 2/2 | 5/5 |  | 3/3 | 2/2 | **16/18** | **Met (88.89 %)** | |  | L44 | MAP registration | L | 4/4 |  |  |  | 1/1 |  | **5/5** | **Met** | |  | L45 | Medication storage | L | 4/4 |  |  |  | 1/1 |  | **5/5** | **Met** | | O | L46 | Med. Administration | I | 5/6 |  | 4/5 |  | 3/3 | 1/1 | **13/15** | **Met (86.67 %)** | |  | L47 | Self medication | I |  | 2/2 | 1/1 |  |  | 1/1 | **4/4** | **Met** | |  | L49 | Informed of human rights | I | 5/6 | 0/3 | 1/5 |  | 3/3 | 2/2 | **11/19** | **Not Met (57.89 %)** | |  | L50 | Respectful Comm. | L | 3/4 | 3/3 | 5/5 |  | 1/1 | 2/2 | **14/15** | **Met (93.33 %)** | |  | L51 | Possessions | I | 6/6 | 3/3 | 5/5 |  | 3/3 | 2/2 | **19/19** | **Met** | |  | L52 | Phone calls | I | 6/6 | 3/3 | 4/5 |  | 3/3 | 2/2 | **18/19** | **Met (94.74 %)** | |  | L53 | Visitation | I | 6/6 | 3/3 | 5/5 |  | 3/3 | 2/2 | **19/19** | **Met** | |  | L54 | Privacy | L | 3/4 | 3/3 | 5/5 |  | 1/1 | 2/2 | **14/15** | **Met (93.33 %)** | |  | L55 | Informed consent | I |  |  | 1/1 |  |  |  | **1/1** | **Met** | |  | L56 | Restrictive practices | I | 1/5 |  | 1/1 |  |  |  | **2/6** | **Not Met (33.33 %)** | |  | L57 | Written behavior plans | I | 3/3 |  | 1/1 |  |  |  | **4/4** | **Met** | |  | L58 | Behavior plan component | I | 3/3 |  | 1/1 |  |  |  | **4/4** | **Met** | |  | L59 | Behavior plan review | I | 3/3 |  | 1/1 |  |  |  | **4/4** | **Met** | |  | L60 | Data maintenance | I | 2/3 |  | 1/1 |  |  |  | **3/4** | **Met** | |  | L61 | Health protection in ISP | I | 2/3 | 1/1 | 0/1 |  | 3/3 |  | **6/8** | **Not Met (75.00 %)** | |  | L62 | Health protection review | I | 0/3 | 1/1 | 1/1 |  | 3/3 |  | **5/8** | **Not Met (62.50 %)** | |  | L63 | Med. treatment plan form | I | 5/6 | 0/2 | 2/4 |  | 2/2 | 1/1 | **10/15** | **Not Met (66.67 %)** | |  | L64 | Med. treatment plan rev. | I | 5/6 | 2/2 | 2/3 |  | 2/2 | 1/1 | **12/14** | **Met (85.71 %)** | |  | L67 | Money mgmt. plan | I | 2/6 | 3/3 | 2/5 |  | 1/1 | 1/1 | **9/16** | **Not Met (56.25 %)** | |  | L68 | Funds expenditure | I | 6/6 | 2/3 | 3/5 |  | 1/1 | 1/1 | **13/16** | **Met (81.25 %)** | |  | L69 | Expenditure tracking | I | 3/6 | 2/3 | 2/5 |  | 1/1 | 0/1 | **8/16** | **Not Met (50.0 %)** | |  | L70 | Charges for care calc. | I | 4/6 |  | 3/4 |  | 3/3 | 2/2 | **12/15** | **Met (80.0 %)** | |  | L71 | Charges for care appeal | I | 6/6 |  | 4/4 |  | 3/3 | 2/2 | **15/15** | **Met** | |  | L77 | Unique needs training | I | 4/6 | 3/3 | 5/5 |  | 3/3 | 2/2 | **17/19** | **Met (89.47 %)** | |  | L78 | Restrictive Int. Training | L | 2/3 |  | 1/1 |  |  |  | **3/4** | **Met** | |  | L79 | Restraint training | L | 0/4 |  | 0/1 |  |  |  | **0/5** | **Not Met (0 %)** | |  | L80 | Symptoms of illness | L | 0/4 | 0/3 | 4/5 |  | 0/1 | 1/2 | **5/15** | **Not Met (33.33 %)** | |  | L81 | Medical emergency | L | 4/4 | 3/3 | 5/5 |  | 1/1 | 2/2 | **15/15** | **Met** | | O | L82 | Medication admin. | L | 4/4 |  |  |  | 1/1 |  | **5/5** | **Met** | |  | L84 | Health protect. Training | I | 0/3 | 1/1 | 0/1 |  | 3/3 |  | **4/8** | **Not Met (50.0 %)** | |  | L85 | Supervision | L | 1/4 | 3/3 | 5/5 |  | 1/1 | 2/2 | **12/15** | **Met (80.0 %)** | |  | L86 | Required assessments | I | 2/6 | 2/2 | 4/4 |  | 3/3 | 0/2 | **11/17** | **Not Met (64.71 %)** | |  | L87 | Support strategies | I | 3/6 | 2/2 | 5/5 |  | 3/3 | 1/2 | **14/18** | **Not Met (77.78 %)** | |  | L88 | Strategies implemented | I | 2/6 | 3/3 | 5/5 |  | 3/3 | 2/2 | **15/19** | **Not Met (78.95 %)** | |  | L89 | Complaint and resolution process | L |  |  |  |  | 1/1 | 1/2 | **2/3** | **Not Met (66.67 %)** | |  | L90 | Personal space/ bedroom privacy | I | 6/6 | 3/3 | 3/5 |  | 3/3 | 2/2 | **17/19** | **Met (89.47 %)** | |  | L91 | Incident management | L | 0/4 | 3/3 | 5/5 |  | 0/1 | 2/2 | **10/15** | **Not Met (66.67 %)** | |  | **#Std. Met/# 78 Indicator** |  |  |  |  |  |  |  |  | **58/78** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **63/87** |  | |  |  |  |  |  |  |  |  |  |  | **72.41%** |  | |  |  |  | | | |  |
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|  | |  | | --- | | **Employment and Day Supports:** | | | | |  |  |  |  |
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|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | 4/4 |  | 4/4 | **8/8** | **Met** | |  | L5 | Safety Plan | L | 0/1 |  | 1/1 | **1/2** | **Not Met (50.0 %)** | | O | L6 | Evacuation | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L7 | Fire Drills | L | 0/1 |  | 1/1 | **1/2** | **Not Met (50.0 %)** | |  | L8 | Emergency Fact Sheets | I | 1/4 |  | 4/4 | **5/8** | **Not Met (62.50 %)** | |  | L9 | Safe use of equipment | L | 2/3 |  | 1/1 | **3/4** | **Met** | |  | L10 | Reduce risk interventions | I |  |  | 1/1 | **1/1** | **Met** | | O | L11 | Required inspections | L | 1/1 |  | 1/1 | **2/2** | **Met** | | O | L12 | Smoke detectors | L | 1/1 |  | 1/1 | **2/2** | **Met** | | O | L13 | Clean location | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L14 | Site in good repair | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L15 | Hot water | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L16 | Accessibility | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L17 | Egress at grade | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L20 | Exit doors | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L21 | Safe electrical equipment | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L22 | Well-maintained appliances | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L25 | Dangerous substances | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L26 | Walkway safety | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L28 | Flammables | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L29 | Rubbish/combustibles | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L31 | Communication method | I | 4/4 |  | 4/4 | **8/8** | **Met** | |  | L32 | Verbal & written | I | 3/4 |  | 4/4 | **7/8** | **Met (87.50 %)** | |  | L37 | Prompt treatment | I | 4/4 |  | 4/4 | **8/8** | **Met** | | O | L38 | Physician's orders | I | 1/1 |  | 4/4 | **5/5** | **Met** | |  | L39 | Dietary requirements | I | 1/1 |  | 2/2 | **3/3** | **Met** | |  | L44 | MAP registration | L |  |  | 1/1 | **1/1** | **Met** | |  | L45 | Medication storage | L |  |  | 1/1 | **1/1** | **Met** | | O | L46 | Med. Administration | I |  |  | 4/4 | **4/4** | **Met** | |  | L49 | Informed of human rights | I | 4/4 |  | 4/4 | **8/8** | **Met** | |  | L50 | Respectful Comm. | L | 3/3 |  | 1/1 | **4/4** | **Met** | |  | L51 | Possessions | I | 4/4 |  | 4/4 | **8/8** | **Met** | |  | L52 | Phone calls | I | 4/4 |  | 4/4 | **8/8** | **Met** | |  | L54 | Privacy | L | 3/3 |  | 1/1 | **4/4** | **Met** | |  | L55 | Informed consent | I | 1/1 |  |  | **1/1** | **Met** | |  | L57 | Written behavior plans | I |  |  | 2/2 | **2/2** | **Met** | |  | L60 | Data maintenance | I |  |  | 2/2 | **2/2** | **Met** | |  | L63 | Med. treatment plan form | I | 1/1 |  | 2/3 | **3/4** | **Met** | |  | L64 | Med. treatment plan rev. | I | 1/1 |  | 3/3 | **4/4** | **Met** | |  | L77 | Unique needs training | I | 2/4 |  | 4/4 | **6/8** | **Not Met (75.00 %)** | |  | L79 | Restraint training | L |  |  | 1/1 | **1/1** | **Met** | |  | L80 | Symptoms of illness | L | 3/3 |  | 1/1 | **4/4** | **Met** | |  | L81 | Medical emergency | L | 3/3 |  | 1/1 | **4/4** | **Met** | | O | L82 | Medication admin. | L |  |  | 1/1 | **1/1** | **Met** | |  | L85 | Supervision | L | 2/3 |  | 1/1 | **3/4** | **Met** | |  | L86 | Required assessments | I | 2/2 |  | 1/1 | **3/3** | **Met** | |  | L87 | Support strategies | I | 3/3 |  | 0/1 | **3/4** | **Met** | |  | L88 | Strategies implemented | I | 2/4 |  | 4/4 | **6/8** | **Not Met (75.00 %)** | |  | L91 | Incident management | L | 3/3 |  | 0/1 | **3/4** | **Met** | |  | **#Std. Met/# 49 Indicator** |  |  |  |  |  | **44/49** |  | |  | **Total Score** |  |  |  |  |  | **49/58** |  | |  |  |  |  |  |  |  | **84.48%** |  | |  |  |  | | | |  |
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|  | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | |  | | | |  |  |  |
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