



**PROVIDER REPORT  
FOR**

**CAPE ABILITIES  
895 Mary Dunn Road  
Hyannis, MA 02601**

**Version**

**Public Provider Report**

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

# SUMMARY OF OVERALL FINDINGS

<b>Provider</b>	CAPE ABILITIES
<b>Review Dates</b>	2/8/2023 - 2/14/2023
<b>Service Enhancement Meeting Date</b>	2/28/2023
<b>Survey Team</b>	Jamie Savage Michael Marchese Katherine Gregory Tina Napolitan Barbara Mazzella Scott Nolan Michelle Boyd Kayla Condon (TL) Linda Griffith William Muguro

**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
<b>Residential and Individual Home Supports</b>	16 location (s) 20 audit (s)	Full Review	78/91 2 Year License 02/28/2023 - 02/28/2025		103 / 107 Certified 02/28/2023 - 02/28/2025
Residential Services	4 location(s) 6 audit (s)			Full Review	19 / 20
ABI-MFP Residential Services	1 location(s) 3 audit (s)			Full Review	20 / 20
Placement Services	6 location(s) 6 audit (s)			Full Review	19 / 20
ABI-MFP Placement Services	2 location(s) 2 audit (s)			Full Review	19 / 20
Individual Home Supports	3 location(s) 3 audit (s)			Full Review	20 / 21
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

**Survey scope and findings for Employment and Day Supports**

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
<b>Employment and Day Supports</b>	4 location(s) 14 audit (s)	Full Review	57/63 2 Year License 02/28/2023 - 02/28/2025		Certified 02/28/2023 - 02/28/2025
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)				Full Review	6 / 6

## **EXECUTIVE SUMMARY :**

Cape Abilities, founded in 1968, is a non-profit human service agency that serves transition age students and adults with intellectual and developmental disabilities, and individuals with acquired brain injury (ABI) who reside and work in the Cape Cod area by offering a variety of services to meet their needs. Services included 24-hour residential for individuals with intellectual and developmental disabilities (I/DD) and ABI, Individual Home Supports, Pre-employment transitional services (Pre-ETS), Adult Family Care (AFC), Shared Living for individuals with I/DD and ABI, Day Habilitation, Employment Services, and Community Based Services (CBDS).

The Department of Developmental Services (DDS) Office of Quality Enhancement (OQE) conducted a full licensing and certification review of all Cape Abilities Residential services. A full review of all licensing indicators occurred for Employment and Day Services. Cape Abilities utilized a deemed process (CARF) for the evaluation of certification indicators related to employment/day services.

The results of the review showed several positive practices organizationally. The agency's Human Rights Committee (HRC) reviewed all required items, met quorum, and had meetings at least quarterly. They had multiple members with the required specialty expertise. Within the domain of competent and skilled workforce the agency showed a strong tracking and monitoring system to ensure all mandated trainings, such as human rights, mandated reporting, positive behavioral supports, signs and symptoms of illness, and incident reporting were completed by all staff. All licensed professionals were current with their licenses and certifications. Additionally, the agency has two social enterprises that had all licenses and inspections required by the city/state.

Within the residential services the agency showed positive outcomes regarding several licensing areas. Within the health domain, individuals were supported and encouraged to engage in physical exercise and were supported to have overall healthy and well-balanced meals. Food within the home was readily available and reflected a variety of healthy choices. Within the domain of human rights all individuals and guardians had received information regarding human rights, DPPC, and the Cape Abilities grievance procedure. Individuals were afforded privacy to discuss personal matters and locks were present on bedroom doors. Improvements were seen regarding restrictive practices. Overall, all required components were present, HRC review had occurred, and mitigation strategies were in place to ensure other individuals' rights were not infringed upon.

Day services showed positive outcomes within the licensing areas of health and safety. When needed, healthcare management plans were in place and staff were knowledgeable regarding the plans. Unique dietary needs were followed when ordered by a healthcare provider (HCP). Across residential and day services positive practices were seen within the domain of personal safety. All individuals were able to evacuate within required time frames and fire drills occurred as mandated. Significant improvements were seen regarding incident reports being reported within the required timelines. Within the domain of human rights, all written and verbal communication was respectful towards and about the individuals. Regarding environmental safety, all locations had the required inspections and locations were accessible to individuals' needs. Additionally, all locations that required MAP were registered and medication storage areas were clean and secured. Regarding the domain of goal development and implementation, all ISP goals were being implemented.

Strengths were also displayed within the certification indicators organizationally. The agency collects data through HCSIS, various internal auditing systems, and surveys to individuals, families, guardian, and outside stakeholders. The data is compiled, analyzed, and shared with various sources. They agency uses this data to identify patterns and trends, both positive and negative, and then make modifications to their practices as needed. Within residential services, community activities were based on each individual's personal interests and desires. Individuals were supported to get together with family and friends and were able to make phones calls as they desired. Individuals were supported to help maintain their homes and room, and the spaces reflected their personalities and

taste. Photos of family and friends were displayed throughout homes. The agency has implemented a system that ensures individuals are afforded the opportunity to provide feedback regarding staff that support them and potential new hires.

Areas that need strengthening were also identified within the licensing indicators in residential services. Within the domain of health, routine and preventative screenings need to occur based on the DDS recommendations in consultation with the HCP. Individuals that are self-medicating need to have support plans in place to ensure that their needs are met in the event they cannot self-medicate for a period of time. When health related supportive and protective equipment is needed, staff must be trained in the proper utilization and cleaning/care of the devices. Within the domain of human rights, funds need to be tracked and maintained within the allowable limits to ensure that health and financial benefits are not at jeopardy. Within the certification indicators, additional attention is needed within the area of intimacy and companionship. Proactive measures, such as formal/informal assessments, need to be taken to determine each person's potential needs and desires and supports should be implemented once they are identified.

Within day services, data needs to be tracked to ensure the efficacy of behavior modifying medication and positive behavior support plans. Across residential and day services, within the domain of goal development and implementation, additional oversight needs to be implemented to ensure that ISP assessments and goals are submitted within the required timelines. Within the area of supportive technology for independence, individuals needs to be assessed to determine if assistive technology (AT) could be potentially used to increase their independence. When there is an identified area of need, trials should occur to determine what AT is an appropriate and viable option for each individual.

Based on the findings of this report, the agency has earned a two-year license for Employment/ Day Services with a licensing score of 90%. The agency will complete its own 60-day follow-up for this service.

The agency has also earned a two-year license for Residential Services with a licensing score of 86%. DDS will conduct a follow-up for this service within 60 days. Residential Services are Certified receiving a met for 96% of the indicators.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	9/10	1/10	
<b>Residential and Individual Home Supports</b>	69/81	12/81	
Residential Services Individual Home Supports ABI-MFP Placement Services Placement Services ABI-MFP Residential Services			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	78/91	13/91	86%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		13	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	10/11	1/11	
<b>Employment and Day Supports</b>	47/52	5/52	
Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	57/63	6/63	90%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		6	

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

Indicator #	Indicator	Area Needing Improvement
L65	Restraint reports are submitted within required timelines.	Two of three restraints were not submitted within 3 days of their occurrence. The agency needs to ensure that all restraint reports are submitted within required timelines.

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

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L8	Emergency fact sheets are current and accurate and available on site.	Seven of twenty emergency fact sheets lacked essential information including medical diagnoses, health care proxy's, search information should the person go missing, and medications were not accurate. The agency needs to ensure that emergency fact sheets contain up to date data regarding medication, significant contacts, medical diagnoses and search information.
L21	Electrical equipment is safely maintained.	Three of fourteen locations did not have electrical equipment safely maintained. Two homes' circuit breakers were not labeled and another home had an overloaded extension cord. The agency needs to ensure that electrical equipment is maintained and used safely.
L35	Individuals receive routine preventive screenings.	Four of eighteen individuals were not screened as required for cancers or other routine screening such as bone density and hearing. The agency needs to ensure that preventative screenings are conducted for individuals.
L43	The health care record is maintained and updated as required.	Seven of nineteen individuals' health care record lacked important medical diagnoses, had incorrect medical care dates, missing health care proxy and consent status were incorrect. The agency needs to ensure that health care records are maintained and contain up to date and accurate information.
L47	Individuals are supported to become self medicating when appropriate.	Two of five individuals that self-administer their medications did not have a support plan in place. The agency needs to ensure that individuals who self-medicate are given supervision and oversight compatible with abilities and have support plans in place should their circumstances change.
L69	Individual expenditures are documented and tracked.	Six of seventeen peoples financial balances were over allowable asset limits placing them at risk of losing entitlements. The agency needs to ensure that balances are maintained within allowable limits.
L77	The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals.	Staff were not provided information and/or training that would support their understanding of each person's unique needs for five of twenty individuals. The agency needs to ensure that staff understand each individuals' specific needs and provide the requisite/relevant information and training.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	Staff at three of seven locations were not trained and or worked without other trained staff in the correct utilization of three individuals' health related protections. The agency needs to ensure that trained staff are present for each shift.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For eight of fifteen individuals assessments were not submitted fifteen days prior to the ISP. The agency needs to ensure assessments concerning individual needs and abilities are completed within the required timelines.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For four of fifteen individuals support strategies were not submitted fifteen days prior to the ISP. The agency needs to ensure support strategies are completed within the required timelines.
L94 (05/22)	Individuals have assistive technology to maximize independence.	For eight of eighteen individuals it was noted the assistive technology assessments were not completed and/or strategies had not been developed to support individuals to maximize their independence in daily living skills. The agency needs to ensure individuals have been assessed and have been given opportunities with the use of assistive technology to maximize their independence.
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 out of three, the monitoring device required for fall safety did not have parameters for when it should be used by staff. The agency needs to ensure when monitoring devices are present there are clear parameters for its use by the HCP.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	For the one BSP reviewed, data was not being recorded for a behavior plan. The agency needs to ensure that data is consistently maintained and used to determine the efficacy of behavioral interventions.
L63	Medication treatment plans are in written format with required components.	For the three medication treatment plans reviewed, data was not being taken to assist the treating clinician to assess the efficacy of treatment. The agency needs to ensure medication treatment plans are followed with required components.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For nine of thirteen individuals assessments 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.



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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For seven of fourteen individuals support strategies 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.
L94 (05/22)	Individuals have assistive technology to maximize independence.	For eight of fourteen individuals it was noted in some instance the assistive technology assessments were not completed or strategies had not been developed to support individuals to maximize their independence in daily living skills or employment. The agency needs to ensure individuals have assistive technology to maximize their independence.

## CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	6/6	0/6	
<b>Residential and Individual Home Supports</b>	97/101	4/101	
ABI-MFP Placement Services	19/20	1/20	
ABI-MFP Residential Services	20/20	0/20	
Placement Services	19/20	1/20	
Residential Services	19/20	1/20	
Individual Home Supports	20/21	1/21	
<b>Total</b>	<b>103/107</b>	<b>4/107</b>	<b>96%</b>
<b>Certified</b>			

	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	6/6	0/6	
<b>Employment and Day Supports</b>			
<b>Total</b>			
<b>Certified</b>			

### **ABI-MFP Placement Services- Areas Needing Improvement on Standards not met:**

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	One individual reviewed lacked an effective plan/strategy for exploring his desire/interest in meeting a companion and exploring the development of a relationship. The agency also does not have a curriculum in place to support individuals in the area of companionship and relationships should additional resources be needed. The agency needs to ensure individuals are supported to explore, define, and express their need for intimacy and companionship.

**ABI-MFP Placement Services- Areas Needing Improvement on Standards not met:**

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	One individual of two reviewed lacked an effective plan/strategy for exploring his desire/interest in meeting a companion and exploring the development of a relationship. The agency also does not have a curriculum in place to support individuals in the area of companionship and relationships should additional resources be needed. The agency needs to ensure individuals are supported to explore, define, and express their need for intimacy and companionship.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	Four individual's of six reviewed lacked an effective plan/strategy for exploring his desire/interest in meeting a companion and exploring the development of a relationship. The agency also does not have a curriculum in place to support individuals in the area of companionship and relationships should additional resources be needed. The agency needs to ensure individuals are supported to explore, define, and express their need for intimacy and companionship.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	Two individual's of six reviewed lacked an effective plan/strategy for exploring his desire/interest in meeting a companion and exploring the development of a relationship. The agency also does not have a curriculum in place to support individuals in the area of companionship and relationships should additional resources be needed. The agency needs to ensure individuals are supported to explore, define, and express their need for intimacy and companionship.

## MASTER SCORE SHEET LICENSURE

### Organizational: CAPE ABILITIES

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
PE L2	Abuse/neglect reporting	20/20	Met
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	1/1	Met
L65	Restraint report submit	1/3	Not Met(33.33 % )
L66	HRC restraint review	3/3	Met
L74	Screen employees	7/8	Met(87.50 % )
L75	Qualified staff	3/3	Met
L76	Track trainings	20/20	Met
L83	HR training	20/20	Met
L92 (07/21)	Licensed Sub-locations (e/d).	2/2	Met

**Residential and Individual Home Supports:**

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	6/6	3/3	6/6		3/3	2/2	20/20	Met
L5	Safety Plan	L	2/4	2/2	6/6		1/1	2/2	13/15	Met (86.67%)
℞ L6	Evacuation	L	4/4	2/2	6/6		1/1	2/2	15/15	Met
L7	Fire Drills	L	4/4				1/1		5/5	Met
L8	Emergency Fact Sheets	I	3/6	2/3	5/6		1/3	2/2	13/20	Not Met (65.00%)
L9 (07/21)	Safe use of equipment	I	6/6	3/3			3/3		12/12	Met
L10	Reduce risk interventions	I	4/4	1/1	2/2		2/2		9/9	Met
℞ L11	Required inspections	L	4/4	1/1	6/6		1/1	2/2	14/14	Met
℞ L12	Smoke detectors	L	4/4	1/1	6/6		1/1	1/2	13/14	Met (92.86%)
℞ L13	Clean location	L	4/4	1/1	6/6		1/1	2/2	14/14	Met
L14	Site in good repair	L	4/4	1/1	5/5		1/1	2/2	13/13	Met
L15	Hot water	L	3/4	1/1	6/6		1/1	1/2	12/14	Met (85.71%)
L16	Accessibility	L	4/4	1/1	6/6		1/1	1/1	13/13	Met
L17	Egress at grade	L	4/4	1/1	3/3		1/1	2/2	11/11	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L18	Above grade egress	L	4/4	1/1	1/1			2/2	8/8	Met
L19	Bedroom location	L	4/4		2/2		1/1		7/7	Met
L20	Exit doors	L	3/4	1/1			1/1		5/6	Met (83.33%)
L21	Safe electrical equipment	L	3/4	1/1	5/6		1/1	1/2	11/14	Not Met (78.57%)
L22	Well-maintained appliances	L	3/4	1/1	6/6		1/1	1/2	12/14	Met (85.71%)
L23	Egress door locks	L	1/1				1/1		2/2	Met
L24	Locked door access	L	4/4	1/1	6/6		1/1		12/12	Met
L25	Dangerous substances	L	4/4	1/1			1/1		6/6	Met
L26	Walkway safety	L	3/4	1/1	6/6		1/1	2/2	13/14	Met (92.86%)
L27	Pools, hot tubs, etc.	L	1/1		2/2				3/3	Met
L28	Flammables	L	4/4	1/1			1/1		6/6	Met
L29	Rubbish/combustibles	L	4/4	1/1	5/5		1/1	2/2	13/13	Met
L30	Protective railings	L	4/4	1/1	5/5		1/1		11/11	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L31	Communication method	I	6/6	3/3	6/6		3/3	2/2	20/20	Met
L32	Verbal & written	I	6/6	3/3	6/6		3/3	2/2	20/20	Met
L33	Physical exam	I	6/6	2/2	5/6		3/3	0/2	16/19	Met (84.21%)
L34	Dental exam	I	3/5	2/2	6/6		3/3	1/1	15/17	Met (88.24%)
L35	Preventive screenings	I	2/5	2/2	6/6		3/3	1/2	14/18	Not Met (77.78%)
L36	Recommended tests	I	3/4	2/2	6/6		3/3	2/2	16/17	Met (94.12%)
L37	Prompt treatment	I	6/6	2/2	6/6		3/3	2/2	19/19	Met
L38	Physician's orders	I	4/5		2/2		2/3	1/1	9/11	Met (81.82%)
L39	Dietary requirements	I	2/3	1/1	3/4		3/3		9/11	Met (81.82%)
L40	Nutritional food	L	4/4	1/1			1/1		6/6	Met
L41	Healthy diet	L	4/4	3/3	6/6		1/1	2/2	16/16	Met
L42	Physical activity	L	4/4	3/3	6/6		1/1	2/2	16/16	Met
L43	Health Care Record	I	3/6	1/2	5/6		1/3	2/2	12/19	Not Met (63.16%)
L44	MAP registration	L	4/4				1/1		5/5	Met
L45	Medication storage	L	4/4				1/1		5/5	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
PL L46	Med. Administration	I	6/6		5/6		2/3	1/1	14/16	Met (87.50%)
L47	Self medication	I	1/1	0/2	1/1			1/1	3/5	Not Met (60.0%)
L49	Informed of human rights	I	6/6	3/3	6/6		3/3	2/2	20/20	Met
L50 (07/21)	Respectful Comm.	I	6/6	3/3	6/6		3/3	2/2	20/20	Met
L51	Possessions	I	6/6	3/3	6/6		3/3	2/2	20/20	Met
L52	Phone calls	I	6/6	3/3	6/6		3/3	2/2	20/20	Met
L53	Visitation	I	6/6	3/3	6/6		3/3	2/2	20/20	Met
L54 (07/21)	Privacy	I	6/6	3/3	6/6		3/3	2/2	20/20	Met
L55	Informed consent	I	1/1	1/1	3/3		1/1		6/6	Met
L56	Restrictive practices	I	5/6		2/2				7/8	Met (87.50%)
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	3/4				3/3		6/7	Met (85.71%)
L62	Health protection review	I	1/1						1/1	Met



Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L63	Med. treatment plan form	I	6/6		5/5		1/3	1/2	13/16	Met (81.25%)
L64	Med. treatment plan rev.	I	3/5		4/5		3/3	2/2	12/15	Met (80.0%)
L67	Money mgmt. plan	I	4/5	2/2	5/6		3/3	0/1	14/17	Met (82.35%)
L68	Funds expenditure	I	5/5	1/2	6/6		3/3	1/1	16/17	Met (94.12%)
L69	Expenditure tracking	I	4/5	0/2	4/6		3/3	0/1	11/17	Not Met (64.71%)
L70	Charges for care calc.	I	5/6	1/1	6/6		3/3	2/2	17/18	Met (94.44%)
L71	Charges for care appeal	I	6/6	1/1	6/6		3/3	2/2	18/18	Met
L77	Unique needs training	I	1/6	3/3	6/6		3/3	2/2	15/20	Not Met (75.00%)
L78	Restrictive Int. Training	L	3/4		2/2				5/6	Met (83.33%)
L79	Restraint training	L	1/1	1/1					2/2	Met
L80	Symptoms of illness	L	4/4	3/3	6/6		1/1	2/2	16/16	Met
L81	Medical emergency	L	4/4	3/3	6/6		1/1	2/2	16/16	Met
L82	Medication admin.	L	4/4				1/1		5/5	Met
L84	Health protect. Training	I	1/4				3/3		4/7	Not Met (57.14%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L85	Supervision	L	4/4	3/3	6/6		0/1	1/2	14/16	Met (87.50%)
L86	Required assessments	I	2/4	2/3	2/6		1/1	0/1	7/15	Not Met (46.67%)
L87	Support strategies	I	4/4	3/3	4/6		0/1	0/1	11/15	Not Met (73.33%)
L88	Strategies implemented	I	6/6	3/3	6/6		3/3	2/2	20/20	Met
L89	Complaint and resolution process	L					1/1	2/2	3/3	Met
L90	Personal space/bedroom privacy	I	6/6	2/2	6/6		3/3	2/2	19/19	Met
L91	Incident management	L	3/4	2/3	6/6		0/1	2/2	13/16	Met (81.25%)
L93 (05/22)	Emergency back-up plans	I	6/6	3/3	6/6		3/3	2/2	20/20	Met
L94 (05/22)	Assistive technology	I	2/4	3/3	2/6		2/3	1/2	10/18	Not Met (55.56%)
L96 (05/22)	Staff training in devices and applications	I	1/1	2/2	2/2		2/2		7/7	Met

Ind. #	Ind.	Loc. or Individ.	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	1/2				1/1		2/3	Not Met (66.67 %)
<b>#Std. Met/#</b>									<b>69/81</b>	
<b>Indicator</b>										
<b>Total Score</b>									<b>78/91</b>	
									<b>85.71%</b>	

### 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		6/7	13/14	Met (92.86 %)
L5	Safety Plan	L			2/2	2/2	Met
℞ L6	Evacuation	L			2/2	2/2	Met
L7	Fire Drills	L			2/2	2/2	Met
L8	Emergency Fact Sheets	I	6/7		6/7	12/14	Met (85.71 %)
L9 (07/21)	Safe use of equipment	I	3/3		7/7	10/10	Met
L10	Reduce risk interventions	I			2/2	2/2	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

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Individ.</b>	<b>Emp. Sup.</b>	<b>Cent. Based Work</b>	<b>Com. Based Day</b>	<b>Total Met / Rated</b>	<b>Rating</b>
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
℞ L38	Physician's orders	I	1/1		5/5	6/6	Met
L39	Dietary requirements	I	1/1		3/3	4/4	Met
L44	MAP registration	L			2/2	2/2	Met
L45	Medication storage	L			2/2	2/2	Met
℞ L46	Med. Administration	I			3/4	3/4	Met
L49	Informed of human rights	I	7/7		6/7	13/14	Met (92.86 %)
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

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L55	Informed consent	I			2/2	2/2	Met
L57	Written behavior plans	I			1/1	1/1	Met
L60	Data maintenance	I			0/1	0/1	Not Met (0 %)
L63	Med. treatment plan form	I			0/3	0/3	Not Met (0 %)
L64	Med. treatment plan rev.	I			3/3	3/3	Met
L77	Unique needs training	I	6/7		6/7	12/14	Met (85.71 %)
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
L85	Supervision	L	2/2		2/2	4/4	Met
L86	Required assessments	I	2/7		2/6	4/13	Not Met (30.77 %)
L87	Support strategies	I	4/7		3/7	7/14	Not Met (50.0 %)
L88	Strategies implemented	I	7/7		7/7	14/14	Met
L91	Incident management	L	2/2		2/2	4/4	Met
L93 (05/22)	Emergency back-up plans	I	7/7		7/7	14/14	Met
L94 (05/22)	Assistive technology	I	2/7		4/7	6/14	Not Met (42.86 %)
L96 (05/22)	Staff training in devices and applications	I	2/2		2/2	4/4	Met
<b>#Std. Met/# 52 Indicator</b>						<b>47/52</b>	
<b>Total Score</b>						<b>57/63</b>	
						<b>90.48%</b>	

**MASTER SCORE SHEET CERTIFICATION**

### Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	1/1	Met
C2	Data analysis	1/1	Met
C3	Service satisfaction	1/1	Met
C4	Utilizes input from stakeholders	1/1	Met
C5	Measure progress	1/1	Met
C6	Future directions planning	1/1	Met

### Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	6/6	Met
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	6/6	Met
C10	Social skill development	6/6	Met
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	4/6	Not Met (66.67 %)
C13	Skills to maximize independence	6/6	Met
C14	Choices in routines & schedules	6/6	Met
C15	Personalize living space	4/4	Met
C16	Explore interests	6/6	Met
C17	Community activities	6/6	Met
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met
C46	Use of generic resources	6/6	Met
C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	5/6	Met (83.33 %)
C49	Physical setting is consistent	4/4	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met
C52	Leisure activities and free-time choices /control	6/6	Met
C53	Food/ dining choices	6/6	Met

### ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/3	Met
C8	Family/guardian communication	2/2	Met
C9	Personal relationships	3/3	Met
C10	Social skill development	3/3	Met
C11	Get together w/family & friends	3/3	Met
C12	Intimacy	3/3	Met
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	3/3	Met
C17	Community activities	3/3	Met
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	3/3	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	3/3	Met
C49	Physical setting is consistent	1/1	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	3/3	Met
C53	Food/ dining choices	3/3	Met

### Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	5/6	Met (83.33 %)
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	6/6	Met
C10	Social skill development	6/6	Met
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	2/6	Not Met (33.33 %)
C13	Skills to maximize independence	6/6	Met

### Placement Services

Indicator #	Indicator	Met/Rated	Rating
C14	Choices in routines & schedules	6/6	Met
C15	Personalize living space	6/6	Met
C16	Explore interests	6/6	Met
C17	Community activities	6/6	Met
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met
C46	Use of generic resources	5/6	Met (83.33 %)
C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	6/6	Met
C49	Physical setting is consistent	6/6	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met
C52	Leisure activities and free-time choices /control	6/6	Met
C53	Food/ dining choices	6/6	Met

### ABI-MFP Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	2/2	Met
C8	Family/guardian communication	2/2	Met
C9	Personal relationships	2/2	Met
C10	Social skill development	2/2	Met
C11	Get together w/family & friends	2/2	Met
C12	Intimacy	1/2	Not Met (50.0 %)
C13	Skills to maximize independence	2/2	Met
C14	Choices in routines & schedules	2/2	Met
C15	Personalize living space	2/2	Met
C16	Explore interests	2/2	Met
C17	Community activities	2/2	Met
C18	Purchase personal belongings	2/2	Met
C19	Knowledgeable decisions	2/2	Met
C46	Use of generic resources	2/2	Met



### ABI-MFP Placement Services

Indicator #	Indicator	Met/Rated	Rating
C47	Transportation to/ from community	2/2	Met
C48	Neighborhood connections	2/2	Met
C49	Physical setting is consistent	2/2	Met
C51	Ongoing satisfaction with services/ supports	2/2	Met
C52	Leisure activities and free-time choices /control	2/2	Met
C53	Food/ dining choices	2/2	Met

### Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/3	Met
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	3/3	Met
C10	Social skill development	3/3	Met
C11	Get together w/family & friends	3/3	Met
C12	Intimacy	1/2	Not Met (50.0 %)
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	2/2	Met
C16	Explore interests	3/3	Met
C17	Community activities	3/3	Met
C18	Purchase personal belongings	2/2	Met
C19	Knowledgeable decisions	3/3	Met
C21	Coordinate outreach	3/3	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	2/2	Met
C49	Physical setting is consistent	2/2	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	3/3	Met

### Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C53	Food/ dining choices	3/3	Met