|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
|  |

 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **PROVIDER REPORT FOR** |

 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **CARDINAL CUSHING CENTERS400 Washington St Hanover, MA 02339**  |

 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |

|  |
| --- |
|  |

 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Version** |

 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |

|  |
| --- |
| **Public Provider Report** |

 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| **Prepared by the Department of Developmental ServicesOFFICE OF QUALITY ENHANCEMENT** |

 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |

|  |
| --- |
| **SUMMARY OF OVERALL FINDINGS** |

 |  |  |
|  |  |  |  |  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Provider** |

 |  |

|  |
| --- |
| CARDINAL CUSHING CENTERS |

 |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Review Dates** |

 |  |

|  |
| --- |
| 7/8/2021 - 7/14/2021 |

 |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Service Enhancement Meeting Date** |

 |  |

|  |
| --- |
| 7/28/2021 |

 |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Survey Team** |

 |  |

|  |
| --- |
| Kayla Condon |
| Katherine Gregory |
| Scott Nolan (TL) |
| Jamie Savage |

 |  |
|  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **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** | 6 location(s) 8 audit (s)  | Targeted Review | DDS 17/19Provider 65 / 6782 / 86 2 Year License 07/28/2021- 07/28/2023 |  | DDS 9 / 11Provider 39 / 3948 / 50 Certified 07/28/2021 - 07/28/2023 |
| Residential Services | 4 location(s) 6 audit (s)  |  |  | DDS Targeted Review | 22 / 22 |
| Placement Services | 2 location(s) 2 audit (s)  |  |  | DDS Targeted Review | 20 / 22 |
| Planning and Quality Management (For all service groupings) |   |  |  | DDS Targeted 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** |
| **Employment and Day Supports** | 3 location(s) 18 audit (s)  | Targeted Review | DDS 13/15Provider 42 / 4355 / 58 2 Year License 07/28/2021- 07/28/2023 |  | DDS 8 / 14Provider 21 / 2129 / 35 Certified 07/28/2021 - 07/28/2023 |
| Community Based Day Services | 2 location(s) 9 audit (s)  |  |  | DDS Targeted Review | 7 / 9 |
| Employment Support Services | 1 location(s) 9 audit (s)  |  |  | DDS Targeted Review | 16 / 20 |
| Planning and Quality Management (For all service groupings) |   |  |  | DDS Targeted Review | 6 / 6 |

 |  |

 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|

|  |
| --- |
| **EXECUTIVE SUMMARY :** |

 |  |  |
|  |  |  |
|

|  |
| --- |
| Cardinal Cushing Centers (CCC), a private not for profit agency founded in 1947, provides a range of educational, residential, employment training and community-based day supports to children and adults with autism spectrum disorder, and developmental and intellectual disabilities in Braintree and Hanover on the South Shore. A corner stone of the Hanover community is an agency marketplace, doubling as employment training locations, which includes a variety of businesses bringing in customers from the surrounding towns. These include a café, boutique, and thrift store. The agency supports 67 adults receiving 24/7 residential or placement services, and approximately 119 people participating in community-based day and employment services at the agency's two-day locations.  Based on the outcome of the agency's previous DDS Licensure and Certification review in 2019, the agency had earned the option of conducting a self-assessment, which it elected to do for all licensing and certification indicators. The DDS survey team conducted the review virtually and rated the eight licensing indicators considered critical, and any licensing and certification indicators which had received a rating of Not Met during the previous review. The scope of the residential survey sample for the DDS review consisted of visits to four homes providing twenty-four-hour support and two homes providing shared living supports. In addition, the DDS review of the agency's day supports included employment supports provided to nine people and CBDS services provided to eight people. Licensing indicators that were reviewed by the DDS survey team included domains such as medication administration and health management, environmental safety, financial oversight, and the responsibility to report instances of suspected neglect, abuse, and mistreatment. Based upon the licensing indicators reviewed across residential and employment/day settings, the agency has been successful in implementing safeguard systems across settings that were effectively resulted in positive outcomes. The areas of respect and privacy, strengths were noted when meeting with individuals and observing staff interactions. In one home, staff emphasized the strengths and abilities of an individual who faced many personal challenges, while in employment staff highlighted the perseverance of individuals in applying for jobs or their determination in learning to use tools in building craft items for the store.  Positive outcomes were seen in the area of supporting individuals to build and sustain relationships. Individuals communicated with their families virtually and at one home set up a vegetable stand which fostered neighborhood relationships.  The DDS review of certification indicators pertaining to employment and day supports included domains such as career planning, developing skills and securing employment, understanding benefits, and performance reviews. A review of individuals who participated in both service types indicated a combination of CBDS activities such as bingo, human rights training, and craft projects, in addition this service included job readiness skills for those not working at the time of the review. In April of 2020, the agency created a comprehensive handout comprised of both text and pictures for individuals, families, and residential staff to provide guidance on how to access virtual services for participation in a variety of activities on a secured site.  In the area of employment supports, 5 out of 9 individuals were competitively employed in the community or working in one of the agency businesses. The agency provided employment and internship opportunities at the Marketplace operated by the agency which included a café, thrift store and boutique where crafts were sold. Some individuals were learning woodworking skills such as measuring, using hand tools and light assembly to build items such as cornhole boards. Individuals expressed a desire to learn more in this area to gain competitive employment. Positive findings were also noted in supporting individuals to find employment such as accessing virtual employment tours and training in understanding benefits.  There were a few areas noted that where the agency should enhance the provision of it services. In placement supports, the agency needs to focus on supporting individuals to find companionship in learning to develop personal relationships and using assistive technology. The agency should formally track the number of hours individuals are training at agency business to ensure that individuals are paid wages once they reach the number of hours outlined by the Department of Labor. The agency also needs to focus on supporting individuals to identify employment goals that lead to jobs in integrated settings.  Based upon the findings of this report, the agency has earned a two-year license for both its residential and day/employment services. The combined scores of the DDS review and the provider's self-assessment resulted in licensing scores of 95% for residential and 95% for day/employment services. The provider has earned a two-year license and will conduct its own follow-up for licensing indicators not met within 60 days. The combined scores for the DDS review and the provider's self-assessment resulted in certification scores of 96% for residential and 83% for employment and day services. The agency is certified in residential and is certified with a progress report in employment/day services. The provider's description of its self-assessment process follows. |

 |  |

 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |

|  |  |
| --- | --- |
|  |  |
|

|  |
| --- |
| **Description of Self Assessment Process:** |

 |  |
|  |  |
|

|  |
| --- |
| At the Cardinal Cushing Centers, we ensure that all people with significant intellectual disabilities have every opportunity to live full and meaningful lives. We support students and adults through a variety of programs, led by seasoned experts in the fields of education, employment training, and residential care, therapeutic and recreational services.Our history began with the late Richard Cardinal Cushing, who recognized the need for quality education for children with intellectual disabilities. He asked the Sisters of Saint Francis of Assisi of Milwaukee, Wisconsin - pioneers in the field of special education - to join him. Together they founded one of the first schools of its kind in the Northeast in 1947, St. Coletta by the Sea in Hanover. Ten years later, they opened the St. Coletta Day School in Braintree. Today the organization operates under the umbrella name of Cardinal Cushing Centers, continuing the mission of our founders through our community programs, affordable housing units, and our education, employment training, residential, therapeutic and recreational programs.A corner stone of our Hanover community is the Cushing Marketplace. Doubling as employment training sites, we have several businesses that bring in customers from the surrounding towns: the Unique Boutique, which sells student and adult-designed jewelry and artwork, a Greenhouse, the Cushing Cafe, the Take 2 Thrift Store, and the Iron Kettle, a restaurant serving lunch twice a week.In review of our services since 2019, it is important to acknowledge the significant personnel changes that the organization experienced. In the winter of 2019 Peter O'Meara, President/CEO, retired opening the way for new leadership. Jon Von Ahn joined in March of 2019 as the new President and CEO. In the summer of 2019 two key long-term senior staff members retired, Jean Rogers, Vice President of Adult Services and Sig Kozaryn, Chief Financial Officer. These key roles remained vacant for over a year. In February 2020, with the departure of the new CEO, Michelle Markowitz became President and CEO. Just as Michelle acclimated in her new role of President and CEO, the COVID-19 crisis presented. It is impossible to self-assess our services without acknowledging the significant impact the COVID-19 pandemic had on operations, priorities, and demand of leadership at all levels. Through evolution of the pandemic timelines, our agency policies and practices were implemented, pivoting as new information, guidance and mandates were issued. Our policies consistently aligned with state and federal guidance and we continue many of these heightened precautions. All teams of adult programs immediately ensured access to appropriate PPE, utilizing MEMA and other charitable factors. In March of 2020, our Day Services closed, transitioning to virtual programming and Shared Living moved to remote/telehealth services. In August 2020, we re-opened all day programs with a tiered approach, phasing in participants in hybrid schedules to ensure proper implementation of all mandated safeguards. At present, not all participants have returned, and now with the lessening of restrictions, we face the staffing shortages as a new obstacle to full pre-pandemic operations.Through the Federal Pharmacy Partnership program, the agency collaborated with CVS to host over 30 COVID-19 vaccination clinics for our participants and staff. These efforts resulted in 100% of our residents being fully vaccinated and approximately 75% of our staff members. The majority of Day Service participants are also vaccinated through our efforts as well as local community clinics.  Acknowledging the COVID influence, we now transition to the intent of the document. In review of the Organizational Indicators in the area of Human Rights Committee, we have been successful in keeping our meetings and goals of the committee at large. In light of the pandemic, we moved to zoom meetings and have seen an improvement in attendance and quorum. Our committee membership is at full complement and we are exploring ways to expand for new membership and community representation. We continue to collaborate with Friendship Home and LES. This past year, the agency added two sub-locations; firstly December 2020 a wood working shop on the Hanover site adjacent to other businesses and in January 2021, we occupied the new Marketplace providing retail and food service sub-locations for our participants to work and train. In the certification areas of Planning and Quality management, the organization completed a satisfaction survey with families and guardians in December 2020. While the response was not overwhelming, the input was helpful. The feedback allowed each division to identify its areas of successes and opportunities for improvement. These areas informed our areas of focus for the upcoming year. Additionally, at the organizational level in April of 2021, the agency renewed its relationship with TDC and embarked on a new Strategic Planning process, which will guide internal and external growth and infrastructure enhancement over the coming years.At the program specific level, the following process was utilized to self-assess the agency compliance with Licensure and Certification indicators: Residential Services - as submitted by Donna Hibbert, Director of Clinical & Residential ServicesThe self-assessment team was comprised of the Director, Assistant Directors, Residential Nurses and Residential Support Managers. Selection of the sample was completed utilizing a computer-based program called "Wheel of Names". The names of all 64 individuals supported in 24-hour services were submitted. Random selection of a 10% sample (6 individuals, 6 homes) was drawn. The tool utilized to assess services and supports was inclusive of the "Residential Survey Worksheet" provided by OQE. Following selection of names, teams were formed and times were selected to conduct an in person/ in home review of all licensure & certification standards noted in the tool. Surveys took 1-2 days to complete at each location. Nursing staff completed an assessment of all healthcare medication and medical components of the survey. Other team members completed a review of the physical locations/environment, safety, financial, restrictive practices and behavior al supports (where applicable). Although the agency maintains a number of systems and databases which house certain information (i.e.; inspection & fire drill databases), the team surveys were conducted via a direct review of working systems in the homes. For example, rather than review data regarding fire drills from a database, the team elected to review the fire drills for each site for the time frame selected to verify the documents were completed with integrity , including all required components. Day Services; CBDS and ES - as submitted by Angela Gokey, Senior Director of Day Services Licensure indicators: Personal and Environmental Safety - Senior director reviewed all safety documentation including: Safety Logs, Site Safety Plans, fire drill logs, quarterly self-inspections, protocol books with training sign offs, medication administration books, physician's orders, MARs, emergency protocols and trainings, annual staff and individual training logs. Sr. Director also did a site walk through of both locations to directly observe safety implementation, accessibility, and test water temps.Licensure and Certification Indicators: A random sampling of individuals currently receiving services was completed for those receiving CBDS and Employment Services. The website www.wheelofnames.com was utilized to select names from the available list in each category, with the names shuffled in between each selection. A 20% sampling was utilized with the number rounded to the next even number so that an equal number of individuals would be surveyed in each category at each location. 10 individuals were selected in Employment Supports and 14 individuals were selected in CBDS. There were no individuals selected who had an overlap of services, so 24 distinct individuals were reviewed. A full survey was then completed on each individual. HCSIS reports were reviewed for assessment and support strategy submission. Case books were reviewed, which include EFS; ISP; progress notes; Employment plans - consisting of employment, skills, assistive technology, and interest surveys; related goals and objectives; annual trainings - Human Rights, Fire safety, Employee handbook; consent forms; resumes; employer feedback; satisfaction surveys. Other items reviewed include job development meeting notes; program activity schedules; individual trainings attended; communication with employers.The COVID -19 pandemic has significantly influenced the implementation of day and employment services. Many of our members have not returned to in person services. Some have accessed our remote services during our period of closure, and some continue to do so at this time. Many of our individuals have not yet returned to work, were furloughed, or laid off during the pandemic. Not almost all of our volunteer sites are yet ready to have groups return to their locations. Program Directors and Case Managers remain in constant contact with employment and volunteer locations to ensure that when those opportunities do arise, we will be able to get folks back into placements as soon as possible. Indicators C40-C50 were therefore not rated as part of this survey, due to lack of opportunity.Placement Services - as submitted by Pat Conley, Director of Shared Living.Determining whether an indicator was Met or Not Met was based on the full review of the 3 Shared Living participants and home provider's progress notes, trainings, comments and assessments. Based on the feedback we received from our previous audit, the following was put in action:The assistance technology assessment for each individual was updated. Those clients that have the capabilities to use technology have been assisted and trained to do so by their Home Provider. MC had pictures added to her phone so she could independently call her family and friends. KA was trained in the use of some dating apps to help her make connections and she was provided the Peloton App so she could exercise and dance in her home. All were trained to use zoom and other face to face meeting programs so they could have access to their program, friends and classes. We updated our financial assessments to more accurately describe how the client's finances flow (Ex. from the Rep. Payee to the home Provider to the individual). FTR's are reviewed monthly. Corrections if necessary are made at that time.During the pandemic, it was difficult to improve neighborhood connections but 1 individual joined a local Zumba studio and regularly goes to the library, where she is meeting new friends. Another individual spent more time at her sister's house and was introduced to new friends there. The other individual has been reaching out to his elderly neighbors and helping them with outside chores. 100% of the individuals improved their ability to make connections. We are working to support our LBGTQ clients by providing locations for Pride month activities. Supporting their desire to find a relationship through counseling and providing transportation to meetings and dances, when available. Relationships are discussed at each home visit. We have an online tracking system that is reviewed regularly, that lists the date completed for all required trainings, Cori, Fingerprints, CPR, home and furnace inspection, and provider and staff evaluations. We have a yearly scorecard that provides a score as to how well the Case Manager is keeping up with required paperwork. The areas that showed "needs improvement" were getting signatures from guardians in a timely manner, charting fire drills and communicating with guardians. All have been successfully improved. |

 |  |

 |  |

|  |  |
| --- | --- |
|  |  |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |

|  |
| --- |
| **LICENSURE FINDINGS** |

 |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **10/10** | **0/10** |  |
| **Residential and Individual Home Supports** | **72/76** | **4/76** |  |
|  Residential Services Placement Services |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **82/86** | **4/86** | **95%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **4** |  |

 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **11/11** | **0/11** |  |
| **Employment and Day Supports** | **44/47** | **3/47** |  |
|  Community Based Day Services Employment Support Services |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **55/58** | **3/58** | **95%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **3** |  |

 |  |
|  |  |  |  |  |  |

 |  |
|  |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:From DDS review:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L61 | Supports and health related protections are included in ISP assessments and the continued need is outlined. | One out of two individuals' support and health related protections were not included in the ISP. The agency needs to ensure support and health related protections are in the ISP and the continued need is outlined. |
|  |  L91 | Incidents are reported and reviewed as mandated by regulation. | At two out of four locations issues were noted with the filing or submission timelines of incident reports. The agency needs to ensure incidents are reported and reviewed as mandated by regulation. |

 |  |  |
|  |  |  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:From Provider review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Issue identified** | **Action planned to address** |
|  |  L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | Of the 6 individuals surveyed, 2 submitted ISPs into HCSIS by the deadline set forth | Cardinal Cushing Centers continues to adjust our internal process to ensure the required assessments are submitted in a timely manner. Managers have been provided a tracking tool, which allows them to schedule adequate time to complete the assessments in a more consistent timely manner. When needed, other supervisors will step in to assist. |
|  |  L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | Of the 6 individuals surveyed, support strategies for two out of six individuals were submitted within required timeframes. The agency needs to ensure that strategies are submitted to the DDS 15 days prior to the ISP. | Cardinal Cushing Centers continues to adjust our internal process to ensure the required assessments are submitted in a timely manner. Managers have been provided a tracking tool which allows them to schedule adequate time to complete the assessments in a more consistent timely manner. |

 |  |
|  |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:From DDS review:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L9 (07/21) | Individuals are able to utilize equipment and machinery safely.  | Four out of seventeen individuals had not been assessed on knowledge, ability or safe use of equipment or machinery or assessments were not completed. The agency needs to ensure individuals are able to utilize equipment and machinery safely. |
|  |  L55 | Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent. | The agency had not obtained consent from the individual and /or guardian to post a picture on a media site prior to approval (e.g. picture posted in late June, guardian consent given in early July). The agency needs to ensure individual and/or guardian consent is given prior to posting pictures seen by the public. |

 |  |  |
|  |  |  |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:From Provider review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Issue identified** | **Action planned to address** |
|  |  L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | 8 out of 24 Individuals did not have assessments submitted on time. | Case Managers have a calendar of anticipated ISPs scheduled for a year in advance. They will check HCSIS on a regular basis for alerts and target response time is a week. Employment Directors will follow up as part of routine supervision and assist with completion as needed. |

 |  |  |
|  |  |  |  |

 |  |

|  |
| --- |
|  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |

|  |
| --- |
| **CERTIFICATION FINDINGS** |

 |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Reviewed by** | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **DDS 2/2Provider 4/4** | **6/6** | **0/6** |  |
| **Residential and Individual Home Supports** | **DDS 7/9Provider 35/35** | **42/44** | **2/44** |  |
| Placement Services | DDS 2/4Provider 18/18 | 20/22 | 2/22 |  |
| Residential Services | DDS 5/5Provider 17/17 | 22/22 | 0/22 |  |
| **Total** |  | **48/50** | **2/50** | **96%** |
| **Certified** |  |  |  |  |

 |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Reviewed By** | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **DDS 2/2Provider 4/4** | **6/6** | **0/6** |  |
| **Employment and Day Supports** | **DDS 6/12Provider 17/17** | **23/29** | **6/29** |  |
| Community Based Day Services | DDS 2/4Provider 5/5 | 7/9 | 2/9 |  |
| Employment Support Services | DDS 4/8Provider 12/12 | 16/20 | 4/20 |  |
| **Total** |  | **29/35** | **6/35** | **83%** |
| **Certified** |  |  |  |  |

 |  |

 |  |  |
|  |  |  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Placement Services- Areas Needing Improvement on Standards not met From DDS Review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |  |
|  |  C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | One out of two individuals needed additional support to identify areas of interest, social skills and plan to support the individual to develop social behaviors to meet their desire for companionship. The agency needs to ensure individuals are supported to explore, define and express their need for intimacy and companionship. |  |
|  |  C54 | Individuals have the assistive technology and/or modifications to maximize independence.  | For one of two individuals, the assessment did not identify areas where the person could not perform certain tasks independently, support to explore potential assistive technology options was not offered. The agency needs to ensure individuals have the assistive technology and/or modifications to maximize their independence at home or in the community. |  |
|  |  |  |  |  |
|  | **Community Based Day Services- Areas Needing Improvement on Standards not met From DDS Review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |  |
|  |  C39 (07/21) | There is a plan developed to identify job goals and support needs that would lead to movement into supported employment. | Two out of seven individuals did not have a written plan to determine job goals and support needs that would lead to movement into supported employment. The agency needs to ensure a plan is developed to identify job goals and individual needs leading to supported employment. |  |
|  |  C54 | Individuals have the assistive technology and/or modifications to maximize independence.  | Four out of eight individuals based on AT assessments and staff observations could benefit from assistive technology and/or modification to maximize independence such as using phone applications to create checklist for work or travel or exploration of modification that could be used to reduce hand tremors to foster work performance. The agency needs to ensure staff are knowledgeable in supporting individuals to have assistive technology and/or modifications to maximize independence. |  |
|  |  |  |  |  |
|  | **Employment Support Services- Areas Needing Improvement on Standards not met From DDS Review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |  |
|  |  C24 | There is a plan developed to identify job goals and support needs. | Three our of nine individuals did not have a plan to identify job goals or alternative job options and support needs for competitive employment. The agency needs to ensure there is an individual plan to identify job goals and support needs. |  |
|  |  C29 | Individuals are supported to obtain employment that matches their skills and interests. | Four out of nine individuals had not been supported to obtain employment that matches their skills and pursue their interests in using computers or explore other options. The agency needs to ensure individuals are supported to obtain employment that matches their skills and interests. |  |
|  |  C30 | Individuals are supported to work in integrated job settings. | Four out of nine individuals worked or volunteered in non-integrated agency settings. The agency needs to ensure individuals are supported to work in integrated job settings. |  |
|  |  C33 | Employee benefits and rights are clearly explained to the individual. | Three out of eight individuals needed support to understand their benefits and rights, in two instances individuals were not educated about unemployment benefits while formal training in benefit and rights may be helpful for another individual. The agency needs to ensure employee benefits and rights are clearly explained to the individual. |  |
|  |  |  |  |  |

 |  |

 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
|  |

 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| **MASTER SCORE SHEET LICENSURE** |

 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| **Organizational: CARDINAL CUSHING CENTERS** |

 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Indicator #** | **Indicator** | **Reviewed by** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **DDS** | **8/8** | **Met** |
|  |  L3 | Immediate Action | **Provider** | **-** | **Met** |
|  |  L4 | Action taken | **Provider** | **-** | **Met** |
|  |  L48 | HRC | **Provider** | **-** | **Met** |
|  |  L65 | Restraint report submit | **Provider** | **-** | **Met** |
|  |  L66 | HRC restraint review | **Provider** | **-** | **Met** |
|  |  L74 | Screen employees | **Provider** | **-** | **Met** |
|  |  L75 | Qualified staff | **Provider** | **-** | **Met** |
|  |  L76 | Track trainings | **Provider** | **-** | **Met** |
|  |  L83 | HR training | **Provider** | **-** | **Met** |
|  |  L92 (07/21) | Licensed Sub-locations (e/d). | **DDS** | **1/1** | **Met** |

 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| **Residential and Individual Home Supports:** |

 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Reviewed by** | **Res. Sup.** | **Ind. Home Sup.** | **Place.** | **Resp.** | **ABI-MFP Res. Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** |
|  |  L1 | Abuse/neglect training | I | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L5 | Safety Plan | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
| O |  L6 | Evacuation | L | **DDS** | 3/4 |  | 2/2 |  |  |  | **5/6** | **Met(83.33 %)** |
|  |  L7 | Fire Drills | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L8 | Emergency Fact Sheets | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L9 (07/21) | Safe use of equipment | I | **DDS** | 6/6 |  |  |  |  |  | **6/6** | **Met** |
|  |  L10 | Reduce risk interventions | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
| O |  L11 | Required inspections | L | **DDS** | 4/4 |  | 1/1 |  |  |  | **5/5** | **Met** |
| O |  L12 | Smoke detectors | L | **DDS** | 4/4 |  | 2/2 |  |  |  | **6/6** | **Met** |
| O |  L13 | Clean location | L | **DDS** | 4/4 |  | 2/2 |  |  |  | **6/6** | **Met** |
|  |  L14 | Site in good repair | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L15 | Hot water | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L16 | Accessibility | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L17 | Egress at grade  | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L18 | Above grade egress | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L19 | Bedroom location | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L20 | Exit doors | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L21 | Safe electrical equipment | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L22 | Well-maintained appliances | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L23 | Egress door locks | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L24 | Locked door access | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L25 | Dangerous substances | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L26 | Walkway safety | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L27 | Pools, hot tubs, etc. | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L28 | Flammables | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L29 | Rubbish/combustibles | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L30 | Protective railings | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L31 | Communication method | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L32 | Verbal & written | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L33 | Physical exam | I | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L34 | Dental exam | I | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L35 | Preventive screenings | I | **DDS** | 6/6 |  | 1/2 |  |  |  | **7/8** | **Met(87.50 %)** |
|  |  L36 | Recommended tests | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L37 | Prompt treatment | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
| O |  L38 | Physician's orders | I | **DDS** | 4/4 |  | 1/1 |  |  |  | **5/5** | **Met** |
|  |  L39 | Dietary requirements | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L40 | Nutritional food | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L41 | Healthy diet | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L42 | Physical activity | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L43 | Health Care Record | I | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L44 | MAP registration | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L45 | Medication storage | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
| O |  L46 | Med. Administration | I | **DDS** | 6/6 |  | 1/2 |  |  |  | **7/8** | **Met(87.50 %)** |
|  |  L47 | Self medication | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L49 | Informed of human rights | I | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | **DDS** | 6/6 |  | 2/2 |  |  |  | **8/8** | **Met** |
|  |  L51 | Possessions | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L52 | Phone calls | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L53 | Visitation | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L54 (07/21) | Privacy | I | **DDS** | 6/6 |  | 2/2 |  |  |  | **8/8** | **Met** |
|  |  L55 | Informed consent | I | **DDS** | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L56 | Restrictive practices | I | **DDS** | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L57 | Written behavior plans | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L58 | Behavior plan component | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L59 | Behavior plan review | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L60 | Data maintenance | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L61 | Health protection in ISP | I | **DDS** | 1/1 |  | 0/1 |  |  |  | **1/2** | **Not Met(50.0 %)** |
|  |  L63 | Med. treatment plan form | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L64 | Med. treatment plan rev. | I | **DDS** | 6/6 |  | 1/2 |  |  |  | **7/8** | **Met(87.50 %)** |
|  |  L67 | Money mgmt. plan | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L68 | Funds expenditure | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L69 | Expenditure tracking | I | **DDS** | 5/6 |  | 1/1 |  |  |  | **6/7** | **Met(85.71 %)** |
|  |  L70 | Charges for care calc. | I | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L71 | Charges for care appeal | I | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L77 | Unique needs training | I | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L78 | Restrictive Int. Training | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L79 | Restraint training | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L80 | Symptoms of illness | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L81 | Medical emergency | L  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
| O |  L82 | Medication admin. | L | **DDS** | 4/4 |  |  |  |  |  | **4/4** | **Met** |
|  |  L85 | Supervision  | L | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L86 | Required assessments | I | **Provider** | - |  | - |  |  |  | **-** | **Not Met** |
|  |  L87 | Support strategies | I | **Provider** | - |  | - |  |  |  | **-** | **Not Met** |
|  |  L88 | Strategies implemented | I | **DDS** | 6/6 |  | 1/2 |  |  |  | **7/8** | **Met(87.50 %)** |
|  |  L90 | Personal space/ bedroom privacy | I  | **Provider** | - |  | - |  |  |  | **-** | **Met** |
|  |  L91 | Incident management | L | **DDS** | 2/4 |  | 2/2 |  |  |  | **4/6** | **Not Met(66.67 %)** |
|  | **#Std. Met/# 76 Indicator** |  |  |  |  |  |  |  |  |  | **72/76** |  |
|  | **Total Score** |  |  |  |  |  |  |  |  |  | **82/86** |  |
|  |  |  |  |  |  |  |  |  |  |  | **95.35%** |  |

 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| **Employment and Day Supports:** |

 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Reviewed by** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** |
|  |  L1 | Abuse/neglect training | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L5 | Safety Plan | L  | **Provider** |  | - | - | **-** | **Met** |
| O |  L6 | Evacuation | L | **DDS** |  |  | 2/2 | **2/2** | **Met** |
|  |  L7 | Fire Drills | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L8 | Emergency Fact Sheets | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L9 (07/21) | Safe use of equipment | I | **DDS** | 7/9 |  | 6/8 | **13/17** | **Not Met(76.47 %)** |
| O |  L11 | Required inspections | L | **DDS** |  |  | 2/2 | **2/2** | **Met** |
| O |  L12 | Smoke detectors | L | **DDS** |  |  | 2/2 | **2/2** | **Met** |
| O |  L13 | Clean location | L | **DDS** |  |  | 2/2 | **2/2** | **Met** |
|  |  L14 | Site in good repair | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L15 | Hot water | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L16 | Accessibility | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L17 | Egress at grade  | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L20 | Exit doors | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L21 | Safe electrical equipment | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L22 | Well-maintained appliances | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L25 | Dangerous substances | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L26 | Walkway safety | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L28 | Flammables | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L29 | Rubbish/combustibles | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L31 | Communication method | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L32 | Verbal & written | I  | **Provider** |  | - | - | **-** | **Met** |
| O |  L38 | Physician's orders | I | **DDS** | 4/4 |  | 7/7 | **11/11** | **Met** |
|  |  L39 | Dietary requirements | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L44 | MAP registration | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L45 | Medication storage | L  | **Provider** |  | - | - | **-** | **Met** |
| O |  L46 | Med. Administration | I | **DDS** | 2/2 |  | 4/5 | **6/7** | **Met(85.71 %)** |
|  |  L49 | Informed of human rights | I | **Provider** |  | - | - | **-** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | **DDS** | 9/9 |  | 8/8 | **17/17** | **Met** |
|  |  L51 | Possessions | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L52 | Phone calls | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L54 (07/21) | Privacy | I | **DDS** | 9/9 |  | 8/8 | **17/17** | **Met** |
|  |  L55 | Informed consent | I | **DDS** | 0/1 |  | 1/1 | **1/2** | **Not Met(50.0 %)** |
|  |  L56 | Restrictive practices | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L61 | Health protection in ISP | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L62 | Health protection review | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L77 | Unique needs training | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L79 | Restraint training | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L80 | Symptoms of illness | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L81 | Medical emergency | L  | **Provider** |  | - | - | **-** | **Met** |
| O |  L82 | Medication admin. | L | **DDS** |  |  | 2/2 | **2/2** | **Met** |
|  |  L84 | Health protect. Training | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L85 | Supervision  | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L86 | Required assessments | I | **Provider** |  | - | - | **-** | **Not Met** |
|  |  L87 | Support strategies | I | **DDS** | 7/8 |  | 6/7 | **13/15** | **Met(86.67 %)** |
|  |  L88 | Strategies implemented | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L91 | Incident management | L | **DDS** | 1/1 |  | 2/2 | **3/3** | **Met** |
|  | **#Std. Met/# 47 Indicator** |  |  |  |  |  |  | **44/47** |  |
|  | **Total Score** |  |  |  |  |  |  | **55/58** |  |
|  |  |  |  |  |  |  |  | **94.83%** |  |

 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| **MASTER SCORE SHEET CERTIFICATION** |

 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Certification - Planning and Quality Management** |  |  |  |  |
|  | **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  |  C1 | Provider data collection | Provider | - | **Met** |
|  |  C2 | Data analysis | Provider | - | **Met** |
|  |  C3 | Service satisfaction | Provider | - | **Met** |
|  |  C4 | Utilizes input from stakeholders | Provider | - | **Met** |
|  |  C5 | Measure progress | DDS | 1/1 | **Met** |
|  |  C6 | Future directions planning | DDS | 1/1 | **Met** |
|  |  |  |  |  |  |

 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Community Based Day Services** |  |  |  |  |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | Provider | - | **Met** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C13 | Skills to maximize independence  | Provider | - | **Met** |
|  C20 (07/21) | Emergency back-up plans | DDS | 8/8 | **Met** |
|  C37 | Interpersonal skills for work | Provider | - | **Met** |
|  C38 (07/21) | Habilitative & behavioral goals | DDS | 7/7 | **Met** |
|  C39 (07/21) | Support needs for employment | DDS | 5/7 | **Not Met (71.43 %)** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C54 | Assistive technology | DDS | 4/8 | **Not Met (50.0 %)** |
| **Employment Support Services** |  |  |  |  |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | Provider | - | **Met** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C20 (07/21) | Emergency back-up plans | DDS | 9/9 | **Met** |
|  C22 | Explore job interests | Provider | - | **Met** |
|  C23 | Assess skills & training needs | Provider | - | **Met** |
|  C24 | Job goals & support needs plan | DDS | 6/9 | **Not Met (66.67 %)** |
|  C25 | Skill development | DDS | 8/9 | **Met (88.89 %)** |
|  C27 | Job benefit education | Provider | - | **Met** |
|  C28 | Relationships w/businesses | Provider | - | **Met** |
|  C29 | Support to obtain employment | DDS | 5/9 | **Not Met (55.56 %)** |
|  C30 | Work in integrated settings | DDS | 5/8 | **Not Met (62.50 %)** |
|  C31 | Job accommodations | Provider | - | **Met** |
|  C32 | At least minimum wages earned | Provider | - | **Met** |
|  C33 | Employee benefits explained | DDS | 5/7 | **Not Met (71.43 %)** |
|  C34 | Support to promote success | Provider | - | **Met** |
|  C35 | Feedback on job performance | DDS | 5/5 | **Met** |
|  C36 | Supports to enhance retention | Provider | - | **Met** |
|  C37 | Interpersonal skills for work | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C54 | Assistive technology | DDS | 8/9 | **Met (88.89 %)** |
| **Placement Services** |  |  |  |  |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | Provider | - | **Met** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C9 | Personal relationships | Provider | - | **Met** |
|  C10 | Social skill development | Provider | - | **Met** |
|  C11 | Get together w/family & friends | Provider | - | **Met** |
|  C12 | Intimacy | DDS | 1/2 | **Not Met (50.0 %)** |
|  C13 | Skills to maximize independence  | Provider | - | **Met** |
|  C14 | Choices in routines & schedules | Provider | - | **Met** |
|  C15 | Personalize living space | Provider | - | **Met** |
|  C16 | Explore interests | Provider | - | **Met** |
|  C17 | Community activities | Provider | - | **Met** |
|  C18 | Purchase personal belongings | Provider | - | **Met** |
|  C19 | Knowledgeable decisions | Provider | - | **Met** |
|  C20 (07/21) | Emergency back-up plans | DDS | 2/2 | **Met** |
|  C46 | Use of generic resources | Provider | - | **Met** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C48 | Neighborhood connections | DDS | 2/2 | **Met** |
|  C49 | Physical setting is consistent  | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C52 | Leisure activities and free-time choices /control | Provider | - | **Met** |
|  C53 | Food/ dining choices | Provider | - | **Met** |
|  C54 | Assistive technology | DDS | 1/2 | **Not Met (50.0 %)** |
| **Residential Services** |  |  |  |  |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | Provider | - | **Met** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C9 | Personal relationships | DDS | 5/6 | **Met (83.33 %)** |
|  C10 | Social skill development | Provider | - | **Met** |
|  C11 | Get together w/family & friends | Provider | - | **Met** |
|  C12 | Intimacy | DDS | 5/6 | **Met (83.33 %)** |
|  C13 | Skills to maximize independence  | Provider | - | **Met** |
|  C14 | Choices in routines & schedules | Provider | - | **Met** |
|  C15 | Personalize living space | Provider | - | **Met** |
|  C16 | Explore interests | Provider | - | **Met** |
|  C17 | Community activities | Provider | - | **Met** |
|  C18 | Purchase personal belongings | Provider | - | **Met** |
|  C19 | Knowledgeable decisions | Provider | - | **Met** |
|  C20 (07/21) | Emergency back-up plans | DDS | 6/6 | **Met** |
|  C46 | Use of generic resources | Provider | - | **Met** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C48 | Neighborhood connections | DDS | 6/6 | **Met** |
|  C49 | Physical setting is consistent  | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C52 | Leisure activities and free-time choices /control | Provider | - | **Met** |
|  C53 | Food/ dining choices | Provider | - | **Met** |
|  C54 | Assistive technology | DDS | 5/6 | **Met (83.33 %)** |
|  |  |  |  |  |

 |  |  |  |  |  |  |  |