



**PROVIDER REPORT
FOR**

**Charles River Center
59 East Militia Heights Road
Needham, MA 02492**

July 14, 2019

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	Charles River Center
Review Dates	5/13/2019 - 5/17/2019
Service Enhancement Meeting Date	5/30/2019
Survey Team	Joseph W. Weru Mark Boghoian Cheryl Hampton Margareth Larrieux Lisa MacPhail (TL) Leslie Hayes
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	8 location(s) 8 audit (s)	Targeted Review	DDS 16 / 19 Provider 68 / 69 84 / 88 2 Year License 05/30/2019-05/30/2021		DDS 1 / 3 Provider 25 / 25 26 / 28 Certified 05/30/2019 - 05/30/2021
Residential Services	8 location(s) 8 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	2 location(s) 8 audit (s)	Targeted Review	DDS 9 / 12 Provider 44 / 50 53 / 62 2 Year License 05/30/2019-05/30/2021		DDS 0 / 0 Provider 42 / 42 42 / 42 Certified 05/30/2019 - 05/30/2021
Community Based Day Services	1 location(s) 4 audit (s)			DDS Targeted Review	14 / 14
Employment Support Services	1 location(s) 4 audit (s)			DDS Targeted Review	22 / 22
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

Charles River Center is a multi-service, non-profit human services agency based in Needham Massachusetts. Starting as a grass roots movement of concerned parents in the 1950's the agency has grown a great deal since that time. Charles River Center serves adults with Intellectual and Developmental Disabilities as well as Autism Spectrum Disorder in the Boston Metro West Area. The agency provides 24 hour residential services, Individual Home Supports, as well as Community Based Day and Employment Supports for adults age 22 and over.

For this 2019 review, the agency was offered and elected to perform a self-assessment for both licensing and certification indicators in both day and residential service groupings. A targeted review was performed by DDS encompassing all critical indicators, as well as all licensing and certification indicators that were found to be not met at the time of the last review. This survey report details the cumulative findings of both the agency's self-assessment process and the DDS targeted review.

The findings of this 2019 DDS review highlighted many agency strengths. The systems for, and policy regarding the reporting of allegations of abuse and neglect was found to be in accordance with regulations, and this area was well supported. In residential services, the Charles River Center's commitment to the safety and well-being of the individuals it serves was evident through timely evacuation in emergency drills, up-to-date environmental inspections, and the clean comfortable homes where the individuals reside. Medication was administered by MAP certified staff according to the written order of practitioners, and physician's ordered treatment protocols were followed. A system of consistent staff supervision, training, and development was in place across the agency as well.

In the day services grouping, the safety and well-being of the individuals was also prioritized through timely evacuation during emergency drills, and up-to-date inspections of the physical plant and fire protection systems. Additionally, treatment protocols were in place and followed for those individuals needing such safeguards.

While the survey highlighted many positive practices of the agency, it also revealed some areas that could benefit from further concentrated efforts. Concerning residential services, photo consents when obtained must be specific as to what photo/video is to be published, as well as supply the information as to where and when the photo/video will be distributed. . Medication treatment plans must contain all required components and be individual specific. Finally, the agency should work to adhere to the timelines regarding incident reporting and finalization. In Employment and CBDS services, attention should be given to submitting required assessments and support strategies within the required timelines in preparation for ISP meetings.

In Summary, Charles River Center will receive a Two-Year License for its Residential Services Grouping with 95% of licensing indicators being "Met"; it will also receive a Two-Year license for its Employment/Day Services Grouping with 85% of licensing indicators being "Met." The agency will perform its own follow-up for its Residential Services grouping and submit the results to the Office of Quality Enhancement within 60 days of the Service Enhancement Meeting. The agency will undergo a 60 day follow-up conducted by DDS to evaluate those licensing indicators that received a "Not Met" rating in the Employment/Day Supports grouping. The agency is also Certified for its Residential Services Grouping with 93% of Certification Indicators "Met", and for its Day Services Grouping with 100% of Certification Indicators "Met."

Description of Self Assessment Process:

Overview of Quality Assurance Structure

The Charles River Center's quality assurance program involves stakeholders from all areas of the agency and is overseen by the Senior Leadership team. The program is comprised of several different staff committees chaired by members of the extended Senior Management team. In addition, The Charles River Center seeks input from its stakeholders, who include individuals supported, families/guardians and agency staff through its survey process on an annual basis. The agency maintains a Human Rights Committee that is comprised of members with medical, legal and clinical expertise, as well as representation from family members and supported individuals. The Charles River Center hired an outside consultant to implement a strategic planning process. This process takes place on a three-year cycle. This is a very comprehensive process and elicits feedback from The Charles River Center Board of Directors, Management Team, staff, individuals served, other stakeholders and funding sources.

Description of the Self-Assessment Process

For this OQE licensing self-assessment, The Charles River Center established a committee, consisting of the Vice President of Residential Services, the Quality Assurance Department staff and all Residential Directors and Employment Directors and Assistant Directors. The self-assessment included eight residential programs and both Employment /CBDS Programs. Sixteen files were audited at the eight residential sites. For the employment/day programs a total of fourteen files were randomly selected. Using the DDS Licensure and Certification Tool to determine specific criteria to be evaluated, the audit teams were assigned to go through each licensing and certification indicators and assess whether it was met, not met or in some instances not rated because an indicator did not apply. The Charles River Center utilized the threshold of 80% to determine if an indicator was met or not.

In addition to programmatic Indicator ratings, the Quality Assurance Department reviewed all organizational Indicators and assessed to determine if each Indicator was Met/Not Met. Documentation was pulled from existing processes (Strategic Planning documentation, Human Resources staff licensure and hiring documentation, Behavioral Health and Healthcare review minutes, Staff Training Certification tracking, Investigation tracking, Human Rights Officer and Fire Safety Officer tracking, tracking of restraint and ISP paperwork submissions in HCSIS, auditing of Human Rights Committee documentation, Satisfaction Surveys etc.) to aid in that determination.

Nursing, Medical, Behavioral/Clinical Oversight:

The Charles River Center currently employs a team of nursing staff that provides support to our DDS licensed programs. The Charles River Center Registered Nurse serves as our MAP consultant and provides regular medication administration audits for The Charles River Center programs. Nursing also provides in house trainings for medical protocols, vital signs, EpiPen, blood glucose monitoring, oxygen therapy and nutrition. The Charles River Center RN's is the agency Medication Administration Policy (MAP) Consultant/Trainer. This person provides MAP certification/re-certification for staff and any assistance regarding medication administration. All medication occurrences are reviewed by the MAP Consultant/Trainer and Quality Assurance Director and any follow up with staff for training/re-training is provided in accordance with the agency Medication Administration Errors Policy. Quality improvement activities related to medication administration are facilitated through the MAP Taskforce, which is made up of Nursing, Quality Assurance staff and Operations Managers.

The Charles River Center also employs a team of behavioral clinicians which includes BCBA clinicians and Registered Behavioral Technicians who work together as practitioners to ensure and advance emotional, psychological, and social well-being of the people supported.

The Charles River Center uses an interdisciplinary team approach to support a person who has been identified as being at substantial risk due to acute high risk medical, psychiatric and behavioral needs. The "Red Flag" team is convened within 24 hours of the identification of the high risk need to develop a plan of action to support both the person and his or her staff.

Health and Safety

Each division within the agency maintains a Health and Safety Committee that conducts monthly meetings and regular site visits to review facility and vehicle inspections, results of emergency drills, employee injuries and incident trends. The committee is comprised of people receiving services, direct care staff, nursing, behavioral staff, division management staff and representatives from Quality Assurance and Human Resources. The Agency's Health and Safety committee meets quarterly and includes representatives from all departments and divisions as well as direct care staff and people being served. The Agency Health and Safety Committee is charged with reviewing and providing feedback on the Workplace Safety and Violence Prevention Program and Plan, reporting concerns about potential safety issues, and making recommendations to address safety concerns and future training needs. The committee is also charged with reviewing proposed changes to policies and procedures or proposed communications and provides feedback as to the effectiveness of policies and procedures that have been put into place. Committee members may be asked to assist in the roll out of various safety initiatives as appropriate; review periodic reports as presented, and discuss and take action as requested

Human Rights

The Charles River Center Human Rights Committee has all the required components and is chaired by the Quality Assurance Director who serves as the Human Rights Coordinator. The HRC meets five times a year to discuss and review: Incident and/or Restraint Reports, Hotline MOR's, DPPC Investigations, Supportive and Protective Devices, Behavioral Modifying Medications and all restrictive plans in place at home or at day service. HRC members visit each Charles River Center site during a two-year cycle and complete a site visit form. All staff, individuals and HRC members receive annual Human Rights Training; all new employees are required to complete Basic Human Rights, DPPC and Mandated Reporter Training at the start of employment. Informational brochures are mailed annually to families/guardians. Any Human Rights issue or concern derived from HRC meetings, site visits or individual reports is directed to the HRC Coordinator and to Senior and Executive leadership for resolution. The Charles River Center Quality Assurance Department facilitates the timely reporting of Incident Reports, Hotline MOR's and Restraint Reports to the HRC. The Quality Assurance Department also monitors all DPPC investigations, Incident Reports and Restraint Reports and provides weekly reports to the Senior Leadership team.

Staff Training and Development

Staff development starts with an onboarding process that includes three days of orientation training on topics that include community inclusion, person centered planning, human rights and mandated reporting, universal precautions, professionalism, vehicle safety, and First Aid & CPR, among others. Each Division has its own specific orientation plan for new hires that covers the first 120 days of employment.

The Charles River Center uses a learning management system that tracks certifications, applicable licensures and other mandatory requirements. Directors are kept abreast of staff training needs by review of reports generated from this learning management system on a regular basis.

Home and Facility Safety

The Charles River Center performs evacuation drills in all residential programs and at each day program. These drills are completed across all shifts. Reports of these drills are reviewed as part of the monthly division health and safety meeting and reviewed and kept on file. All fire safety equipment such as extinguishers and sprinkler systems are inspected on a regular basis. The Health and Safety Committee conducts internal safety inspections in all programs twice per year. The Charles River Center has a fleet of vehicles which are maintained on a regular schedule. Monthly maintenance vehicle sheets are completed by staff and sent to the transportation coordinator for review.

The Charles River Center owns many of its residential homes; the agency employs a maintenance department to address and remedy physical plant issues and ongoing property upkeep. It schedules annual inspections including those needed for heating, hot water, fire alarm / suppressant systems, fire extinguishers, CO and smoke detectors and emergency lighting.

Mock Survey and Certification Audit Process

The Charles River Center Residential Services participates in mock Survey and Certification (S&C) audits every 12 months. The audit teams are comprised of at least four auditors from a pool of Residential Directors and Program Directors. During the mock S&C audits, two records program records are reviewed at each site. Additional reviews are completed (a physical site review, administrative documentation review, vehicle review, etc.). The teams use the DDS Survey and Certification audit tools which include all DDS standards/Indicators. Follow up on all audits is required. The results of the audits inform staff training.

The Employment and Day Services team conduct a 100% audit in preparation for Survey and Certification every 12 months. The audit teams are comprised of case management staff and Operations Managers who utilize a peer review process audit for compliance with internal standards and DDS licensing and certification requirements. Follow up on all audits is required. The results of the audits inform staff training.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Residential and Individual Home Supports	74/78	4/78	
Residential Services			
Critical Indicators	8/8	0/8	
Total	84/88	4/88	95%
2 Year License			
# indicators for 60 Day Follow-up		4	

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Employment and Day Supports	43/52	9/52	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	53/62	9/62	85%
2 Year License			
# indicators for 60 Day Follow-up		9	

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

Indicator #	Indicator	Area Needing Improvement
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 one photo consent did not specify which photo was to be used in the publication. The agency needs to ensure that when obtaining consents for use of photo or video, the form being used specifies the photo or video for which consent is being sought, and the intended use of the picture/video.
L63	Medication treatment plans are in written format with required components.	Four of the seven medication treatment plans did not specifically define the unique observable symptoms to be tracked for each individual. The agency needs to ensure that medication treatment plans contain all required components.
L91	Incidents are reported and reviewed as mandated by regulation.	Two of the eight reported incidents were found to have been finalized later than the timeline requires. One of the reported incidents was reported later than the required timeline, in addition to late finalization. The agency needs to ensure that it adheres to required timelines in the reporting and finalization of incidents.

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

From Provider review:

Indicator #	Indicator	Issue identified	Action planned to address
L43	The health care record is maintained and updated as required.	Out of the 8 records reviewed there were 2 Health Care Records that did not contain an accurate list of diagnosis	<p>Actions Taken to Correct: The two Health Care Records that identified during the review were fixed by 5/3/19</p> <p>Plan to Address: For new admissions to the program, the Case Manager will request an updated and accurate list of all diagnoses related to the Individual prior to admission. The Residential Program Director will review the current Health Care Record (HCR) and input any diagnosis as needed</p> <p>The Nursing team will review all Health Care Encounter forms, including discharge paperwork from ED, Urgent Care and hospitalizations and conduct a medication and a diagnosis reconciliation. New diagnosis will be entered the HCR within 5 business days of the new diagnosis.</p>

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

Indicator #	Indicator	Area Needing Improvement
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 one photo consent did not specify where and when the photograph will be published. The agency needs to ensure that when obtaining consents for use of photo or video, the form being used specifies the photo or video for which consent is being sought, and the intended use of the picture/video.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For four of seven individuals, required assessments were not submitted within the required timelines in preparation for the ISP. The agency needs to ensure that ISP assessments are submitted 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 seven individuals, support strategies were not submitted within the required timelines in preparation for the ISP. The agency needs to ensure that ISP support strategies are submitted within the required timelines.

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

From Provider review:

Indicator #	Indicator	Issue identified	Action planned to address
L7	Fire drills are conducted as required.	Out of the two locations reviewed, one location did not conduct the required number of fire drills per the location's Safety Plan	<p>Plan to Address: Fire drills will be scheduled on a quarterly basis, dates randomly chosen at the beginning of every fiscal year (July of each year). The Grugan Center Fire Officer will be responsible for managing this calendar. The Fire Safety Officer will work with the Program Directors to determine any "blackout dates" that will prohibit fire drills from occurring on those dates (i.e.: program wide external events). To ensure that there is always quarterly fire drill scheduled, the Fire Safety Officer will schedule a new fire drill for the following year, again using random dates. Fire Drill compliance will be reviewed as part of the monthly department Health and Safety Meetings and each quarter as part of the Agency Health and Safety Meeting. Documentation of the drills will be submitted to the agency Health and Safety Committee for review</p>
L8	Emergency fact sheets are current and accurate and available on site.	Of the 7 of Emergency Fact Sheets reviewed, 5 did not list all the necessary diagnosis.	<p>Actions Taken to Correct: The emergency fact sheets identified during the review were fixed by 5/3/19</p> <p>Plan to Address: Case managers with support from their direct manager will review the person's current ISP, Health Care Record (if available) and any additional medical documentation and the person's EFS to ensure the at the diagnosis are listed in the EFS. If there is questions that are raised about the validity of a diagnosis, the manager will work with the case manager to consult with team members/medical providers to clarify the diagnosis. This will be completed by 6/30/19.</p> <p>As part of the Icentrix rollout in Employment and Day Services the plan is as follows: For new admissions to the program, the Case Manager will request an updated and accurate list of all diagnoses related to the Individual prior to admission.</p>

			<p>For Individuals who currently attend the program, and who live in Charles River residential programs, the Residential Program Director will input the current list of diagnoses into the electronic data management system, iCentrix. The responsible Case Manager in the Employment and Day Program will then go into the iCentrix system and print the updated Emergency Fact Sheet; the iCentrix system will automatically update the EFS with this list of diagnoses.</p> <p>For those Individuals who live in a non-Charles River residential program, or who live with family, the responsible Case Manager in the Employment and Day Program will enter this information directly into iCentrix to be available for the EFS. The CRC Quality Assurance Department will provide technical assistance to the Employment and Day case management team as needed.</p>
L10	The provider implements interventions to reduce risk for individuals whose behaviors may pose a risk to themselves or others.	In two records reviewed, there was no documentation of the plan to provide specialized supervision needs or staff training around those needs. Staff were unable to describe the specific risks the person presented or strategies required by staff to ensure the persons safety.	Plan to Address: The Employment and Day Management team met with the CRC Behavioral support staff will review the clinical needs of people supported which put the person or others at risk to ensure that supervision plans, activities and staff training are in place to ensure that staff are able to effectively implement the strategies by 6/30/19.
L79	Staff are trained in safe and correct administration of restraint.	Two staff did not have current Safety Care Certifications.	The two staff identified are scheduled for the June Safety Care training. Staff compliance with required trainings and certifications will be reviewed as part of ongoing staff supervision and progressive discipline will be utilized if a staff person does not meet minimum requirements for mandatory training.
L85	The agency provides ongoing supervision, oversight and staff development.	In one of the locations reviewed, evidence such as missing documentation, lack of training and written supervision notes indicated a lack of supervision	Plan to Address: Program and Asst. Program Directors will develop a Supervision schedule for all Life Skill Coaches and Case Managers. There will be a copy of this schedule in all program rooms, as well as in the Program Dir. Office. The Asst. Program Director will also create an Outlook schedule that will be

			<p>maintained and reviewed daily to ensure compliance with this schedule. Program Dir. will create a standard Supervision Agenda that will be used for each meeting; this agenda will address core responsibilities and challenges, along with successes that the Staff member is experiencing. The completed Supervision notes will be scanned into the Supervisor's personal network folder, and a hard copy will be placed into the Supervision binder that is kept in the Program Directors office. The Sr. Dir. of Employment and Day Services will also develop a standard supervision agenda for their direct reports, as well as a monthly schedule - the notes will be scanned into their personal network drive for easy access. A contingency plan will be developed for supervisions to continue even when there is a supervisor vacancy, although it may be at a reduced scheduled basis temporarily.</p>
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CERTIFICATION FINDINGS

	Reviewed by	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 0/0 Provider 6/6	6/6	0/6	
Residential and Individual Home Supports	DDS 1/3 Provider 19/19	20/22	2/22	
Individual Home Supports	DDS / Provider 0/0	/	/	
Residential Services	DDS 1/3 Provider 19/19	20/22	2/22	
Total		26/28	2/28	93%
Certified				

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 0/0 Provider 6/6	6/6	0/6	
Employment and Day Supports	DDS 0/0 Provider 36/36	36/36	0/36	
Community Based Day Services	DDS 0/0 Provider 14/14	14/14	0/14	
Employment Support Services	DDS 0/0 Provider 22/22	22/22	0/22	
Total		42/42	0/42	100%
Certified				

Residential Services- Areas Needing Improvement on Standards not met From DDS Review:

Indicator #	Indicator	Area Needing Improvement
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	Two of the eight individuals had minimal exploration and assessment of the interests and/or potential interests in the areas of recreation and community, spirituality and culture. The agency must ensure that it fully supports individuals in the exploration and discovery of their interests.
C17	Community activities are based on the individual's preferences and interests.	For two of the eight individuals, community activities did not reflect individual's preferences and interests. The agency needs to ensure that based on assessments of individual

		interests and potential interests, community, cultural, spiritual and social activities offered are based on the preferences of the individual.
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MASTER SCORE SHEET LICENSURE

Organizational: Charles River Center

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
☞ L2	Abuse/neglect reporting	DDS	1/1	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

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	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
☞ L6	Evacuation	L	DDS	8/8						8/8	Met
L7	Fire Drills	L	Provider	-	-			-	-	-	Met
L8	Emergency Fact Sheets	I	DDS	8/8						8/8	Met
L9	Safe use of equipment	L	Provider	-	-			-	-	-	Met
L10	Reduce risk interventions	I	Provider	-	-			-	-	-	Met
☞ L11	Required inspections	L	DDS	8/8						8/8	Met
☞ L12	Smoke detectors	L	DDS	8/8						8/8	Met
☞ L13	Clean location	L	DDS	8/8						8/8	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	Provider	-	-			-	-	-	Met
L36	Recommended tests	I	Provider	-	-			-	-	-	Met
L37	Prompt treatment	I	Provider	-	-			-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS	7/7						7/7	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	-	-			-	-	-	Not Met
L44	MAP registration	L	Provider	-	-			-	-	-	Met
L45	Medication storage	L	Provider	-	-			-	-	-	Met

Ⓜ L46	Med. Administration	I	DDS	8/8						8/8	Met
L47	Self medication	I	Provider	-	-			-	-	-	Met
L49	Informed of human rights	I	Provider	-	-			-	-	-	Met
L50	Respectful Comm.	L	Provider	-	-			-	-	-	Met
L51	Possessions	I	Provider	-	-			-	-	-	Met
L52	Phone calls	I	Provider	-	-			-	-	-	Met
L53	Visitation	I	Provider	-	-			-	-	-	Met
L54	Privacy	L	Provider	-	-			-	-	-	Met
L55	Informed consent	I	DDS	0/1						0/1	Not Met (0 %)
L56	Restrictive practices	I	DDS	3/4						3/4	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	DDS	2/2						2/2	Met
L61	Health protection in ISP	I	Provider	-	-			-	-	-	Met
L62	Health protection review	I	Provider	-	-			-	-	-	Met
L63	Med. treatment plan form	I	DDS	3/7						3/7	Not Met (42.86 %)
L64	Med. treatment plan rev.	I	Provider	-	-			-	-	-	Met
L67	Money mgmt. plan	I	Provider	-	-			-	-	-	Met
L68	Funds expenditure	I	Provider	-	-			-	-	-	Met
L69	Expenditure tracking	I	Provider	-	-			-	-	-	Met
L70	Charges for care calc.	I	Provider	-	-			-	-	-	Met
L71	Charges for care appeal	I	Provider	-	-			-	-	-	Met
L77	Unique needs training	I	DDS	7/8						7/8	Met (87.50 %)
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
Ⓟ L82	Medication admin.	L	DDS	8/8						8/8	Met
L84	Health protect. Training	I	Provider	-	-			-	-	-	Met
L85	Supervision	L	DDS	8/8						8/8	Met
L86	Required assessments	I	DDS	5/6						5/6	Met (83.33 %)
L87	Support strategies	I	DDS	6/7						6/7	Met (85.71 %)
L88	Strategies implemented	I	DDS	7/8						7/8	Met (87.50 %)
L90	Personal space/ bedroom privacy	I	Provider	-	-			-	-	-	Met
L91	Incident management	L	DDS	6/8						6/8	Not Met (75.00 %)
#Std. Met/# 78 Indicator										74/78	
Total Score										84/88	
										95.45%	

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
Ⓟ L6	Evacuation	L	DDS			1/1	1/1	Met
L7	Fire Drills	L	Provider		-	-	-	Not Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Not Met
L9	Safe use of equipment	L	Provider		-	-	-	Met

L10	Reduce risk interventions	I	Provider		-	-	-	Not Met
Ⓜ L11	Required inspections	L	DDS			1/1	1/1	Met
Ⓜ L12	Smoke detectors	L	DDS			1/1	1/1	Met
Ⓜ L13	Clean location	L	DDS			1/1	1/1	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
Ⓜ L38	Physician's orders	I	DDS			4/4	4/4	Met
L39	Dietary requirements	I	Provider		-	-	-	Met
L44	MAP registration	L	Provider		-	-	-	Met
L45	Medication storage	L	Provider		-	-	-	Met
Ⓜ L46	Med. Administration	I	DDS			1/1	1/1	Met
L49	Informed of human rights	I	Provider		-	-	-	Met
L50	Respectful Comm.	L	Provider		-	-	-	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met
L54	Privacy	L	Provider		-	-	-	Met
L55	Informed consent	I	DDS	0/1			0/1	Not Met (0 %)
L56	Restrictive practices	I	Provider		-	-	-	Not Met
L57	Written behavior	I	Provider		-	-	-	Met

	plans							
L58	Behavior plan component	I	Provider		-	-	-	Met
L59	Behavior plan review	I	Provider		-	-	-	Met
L60	Data maintenance	I	Provider		-	-	-	Met
L72	DOL requirements	I	Provider		-	-	-	Met
L73	DOL certificate	L	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Met
L78	Restrictive Int. Training	L	Provider		-	-	-	Met
L79	Restraint training	L	Provider		-	-	-	Not Met
L80	Symptoms of illness	L	Provider		-	-	-	Met
L81	Medical emergency	L	Provider		-	-	-	Met
Ⓜ L82	Medication admin.	L	DDS			1/1	1/1	Met
L85	Supervision	L	Provider		-	-	-	Not Met
L86	Required assessments	I	DDS	1/3		2/4	3/7	Not Met (42.86 %)
L87	Support strategies	I	DDS	1/3		2/4	3/7	Not Met (42.86 %)
L88	Strategies implemented	I	Provider		-	-	-	Met
L91	Incident management	L	DDS	1/1		1/1	2/2	Met
#Std. Met/# 52 Indicator							43/52	
Total Score							53/62	
							85.48%	

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	Provider	-	Met
C6	Future directions planning	Provider	-	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
C37	Interpersonal skills for work	Provider	-	Met
C40	Community involvement interest	Provider	-	Met
C41	Activities participation	Provider	-	Met
C42	Connection to others	Provider	-	Met
C43	Maintain & enhance relationship	Provider	-	Met
C44	Job exploration	Provider	-	Met
C45	Revisit decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C54	Assistive technology	Provider	-	Met

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
C22	Explore job interests	Provider	-	Met
C23	Assess skills & training needs	Provider	-	Met
C24	Job goals & support needs plan	Provider	-	Met
C25	Skill development	Provider	-	Met

C26	Benefits analysis	Provider	-	Met
C27	Job benefit education	Provider	-	Met
C28	Relationships w/businesses	Provider	-	Met
C29	Support to obtain employment	Provider	-	Met
C30	Work in integrated settings	Provider	-	Met
C31	Job accommodations	Provider	-	Met
C32	At least minimum wages earned	Provider	-	Met
C33	Employee benefits explained	Provider	-	Met
C34	Support to promote success	Provider	-	Met
C35	Feedback on job performance	Provider	-	Met
C36	Supports to enhance retention	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C50	Involvement/ part of the Workplace culture	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C54	Assistive technology	Provider	-	Met

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	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	DDS	8/8	Met
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines &	Provider	-	Met

	schedules			
C15	Personalize living space	Provider	-	Met
C16	Explore interests	DDS	6/8	Not Met (75.00 %)
C17	Community activities	DDS	6/8	Not Met (75.00 %)
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C20	Emergency back-up plans	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	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	Provider	-	Met