



**PROVIDER REPORT  
FOR**

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

**August 10, 2022**

**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** 6/7/2022 - 6/13/2022

**Service Enhancement Meeting Date** 6/28/2022

**Survey Team** Cheryl Hampton (TL)  
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**Citizen Volunteers**

**Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	9 location(s) 9 audit (s)	Full Review	78/88 2 Year License 06/28/2022 - 06/28/2024		42 / 44 Certified 06/28/2022 - 06/28/2024
Residential Services	8 location(s) 8 audit (s)			Full Review	19 / 20
ABI-MFP Residential Services	1 location(s) 1 audit (s)			Full Review	18 / 18
Planning and Quality Management (For all service groupings)				Full Review	5 / 6

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

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Employment and Day Supports</b>	4 location(s) 15 audit (s)	Full Review	57/62 2 Year License 06/28/2022 - 06/28/2024		36 / 42 Certified 06/28/2022 - 06/28/2024
Community Based Day Services	2 location(s) 9 audit (s)			Full Review	14 / 15
Employment Support Services	2 location(s) 6 audit (s)			Full Review	17 / 21
Planning and Quality Management (For all service groupings)				Full Review	5 / 6

## **EXECUTIVE SUMMARY :**

Charles River center is a non-profit human service agency that provides services to adults with Developmental and Intellectual Disabilities and Acquired Brain Injuries (ABI). Based in Needham Massachusetts, the agency provides 24-hour Residential services (including ABI residential services), as well as Community Based Day Supports (CBDS) and Employment Supports. The agency also offers Adult Foster Care, Day Habilitation and Family Supports.

This 2022 survey was a full licensing and certification review by the Department of Developmental Services (DDS) Office of Quality Enhancement of supports the agency offers to individuals in all service types it operates.

At the organizational level, the agency had a 3-year strategic Plan where several goals were being implemented; the development of Acquired brain Injury (ABI) homes and a turning 22 home were two goals that were actualized. Staff training and development was another area of strength for CRC; staff received all mandated trainings, and staff supervision and development occurred in a consistent manner. The agency also expanded on technology access and use and streamlined its job application and interviewing processes. In direct response to a family satisfaction surveys where 42% of families felt that there was a need for improvement in staff training, the agency developed a comprehensive individualized unique needs training for staff. Across all settings, people were afforded opportunities to be involved in the hiring and evaluation of their support staff.

Survey result showed the commitment of The Charles River Center to upholding Peoples' rights and standards of living. The agency promoted peoples' human rights by ensuring that Individuals and their guardians received training in human rights and abuse and neglect reporting. The agency was consistent in its response to complaints and investigations and took appropriate and immediate actions to protect people when necessary. Overall, restraints were reported in a timely manner.

The review showed CRC's efforts at maintaining quality service delivery in both residential and day settings. Relative to environmental, sites were clean and safe, and current for inspections. In the area of healthcare, medication was administered according to Physician orders by licensed staff. Staff who were observed and interviewed were seen to be knowledgeable of the needs of the people they support; they were also well versed on the signs and symptoms of illness. In the area of communications, written and oral communication was respectful of people, and individuals that were interviewed expressed satisfaction with staff that supported them.

In residential services people resided in homes that are blended in with the communities, many in nice neighborhoods. Homes were well maintained and decorated to the personal taste of people that reside in them. Healthcare is one of the areas where effective supports was noted for the agency; people were current for routine medical care, and recommended tests and follow-ups were well supported. In the area of money management, people's charges for care were calculated appropriately and the rights to appeal the charges was known to all. Additionally, for those who were subject to residential lease agreements, the agreements were well executed and current for 2022.

In CBDS and employment, life was slowly returning to normal after the tough Covid 19 disruptions. Many people had returned to the program, and many in employment were in various stages of re-attaining jobs lost because of the pandemic. People were re-assimilating into their various communities, and the programs were beginning reassessments to determine future directions in jobs and community. Most programming was also resuming to pre-pandemic state. Individuals interviewed expressed satisfaction with services, but a few understandably expressed reluctant with return to community life.

While many positives were noted in supports offered by CRC, there were areas where improvements in service delivery were identified as warranted. Organizationally, the Human Rights Committee did

not meet the mandate for attendance by a voting member. The agency needs to ensure that the human rights committee members are consistent in their meeting attendance. In residential services, for folk who use supports and health-related protections, the devices need to be ordered by a physician; they also need to be outlined in writing to include components such as use, continuing need, maintenance, cleaning, repair, and staff training on the devices. In the areas of the incident reporting and the ISP, the agency needs to consistently meet timelines for submissions and finalization of incidents in HCSIS. It also needs to consistently meet timelines for the submissions of assessments and support strategies for ISP meetings.

In employment and day supports, the meeting of timelines for the submissions of assessments and support strategies for ISP meetings needs to be more consistent. The conduct of fire drills needs to be in accordance with the frequency outlined in the Safety plan. Additionally, restrictive interventions when needed need to be clearly outlined with the continuing need stated and staff need to be well trained on the practice.

Regarding residential certification, the agency conducted assessments for people's needs around sexuality and companionship. However, several assessments were lacking in next steps or had missed opportunities to provide further education and knowledge. In day and employment, the agency was still lagging in supporting people to explore work and job interests that could lead to employment. In some situations, there were no plans outlining peoples interests for work and the supports they would need to get there. Most people who lost jobs had also not been reassessed and supported to attain new jobs.

Charles River Center received a score of 89% in licensing for residential services earning a Two-Year License for that service grouping. It scored 92% in licensing for employment/day services earning a Two-Year license for the employment/day service grouping. The DDS Metro OQE team will conduct a follow-up on all residential licensing indicators that received a "not met" rating within 60 days of the SEM meeting. The agency will conduct its own follow-up on licensing indicators that were not met in employment/day and submit the results to the DDS Metro OQE office within 60 days of the SEM.

The agency scored 95% in certification for residential services, and 86% in certification for employment and day services earning Two-year certifications for both services groupings.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	9/10	1/10	
<b>Residential and Individual Home Supports</b>	69/78	9/78	
Residential Services ABI-MFP Residential Services			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	78/88	10/88	89%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		10	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	9/10	1/10	
<b>Employment and Day Supports</b>	48/52	4/52	
Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	57/62	5/62	92%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		5	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The Human Rights Committee did not meet the mandate for attendance by a voting member. The agency needs to ensure that the human rights committee members are consistent in their meeting attendance.

### **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>
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	Hot water temperature exceeded, and in some cases was below the required range at 3 locations. The agency needs to maintain water temperature to be between the required temperature range of 110 and 120 degrees at all residential locations.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For five of eight individuals, there was either no outline in place for the use of supports and health related protections, or information was lacking. The agency needs to ensure that outlines are in place for the use of supports and health related protections.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For two of seven individuals, money management practices were not reflective of funds management agreements, or the plans did not have guardian agreement. The agency needs to ensure that funds management practices are reflective of funds management agreements as contained in the guardians' consented plans.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For five of eight individuals, staff was not trained on the correct utilization and maintenance of health-related protections. The agency needs to ensure that staff training for health-related protections is comprehensive and inclusive of all the devices used by individuals.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For five individuals required assessments were not submitted by the due date for the ISP meetings. The agency needs to ensure that required assessments are submitted at least 15 days before the scheduled ISP meeting.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For seven individuals, support strategies were not submitted by the due date the ISP meetings. The agency needs to ensure that Support Strategies are submitted at least 15 days before the scheduled ISP meeting.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For two of eight individuals, support was either not provided for the accomplishment of ISP goals, and/or data collected was not reflective of the steps outlined in the provided support strategy. The agency needs to ensure that people receive the necessary support to accomplish their agreed-on ISP goals.
L91	Incidents are reported and reviewed as mandated by regulation.	At six of nine locations, incidents were submitted and/or finalized outside the required timelines on HCSIS. The agency needs to ensure that incidents are submitted and finalized within the required timelines on HCSIS.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L94 (05/22)	Individuals have assistive technology to maximize independence.	For four of nine individuals, assistive technology assessments were either not completed, partially completed or technology needs were not supported. The agency needs to support people to maximize independence by identifying and supporting assistive technology use.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L7	Fire drills are conducted as required.	At one of two employment/day sites, fire drills were not conducted as required. The agency needs to conduct fire drills as required by regulations and according to the frequency identified in the agency's DDS approved safety plan.
L78	Staff are trained to safely and consistently implement restrictive interventions.	At one location, a restrictive practice of a locked room containing a refrigerator was in place with no clear rationale or person it was intended for. The agency needs to ensure that the rationale and the continuing need for a restrictive practice is clearly outlined, and staff is aware of the purpose of a restriction.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For four of twelve individuals required assessments were not submitted at least 15 days before the ISP meetings. The agency needs to ensure that required assessments are submitted at least 15 days before the ISP meeting.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For four of twelve individuals, support strategies were not submitted at least 15 days before the ISP meetings. The agency needs to ensure that Support Strategies are submitted at least 15 days before the scheduled ISP meeting.



## **CERTIFICATION FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>5/6</b>	<b>1/6</b>	
<b>Residential and Individual Home Supports</b>	<b>37/38</b>	<b>1/38</b>	
Residential Services	19/20	1/20	
ABI-MFP Residential Services	18/18	0/18	
<b>Total</b>	<b>42/44</b>	<b>2/44</b>	<b>95%</b>
<b>Certified</b>			

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>5/6</b>	<b>1/6</b>	
<b>Employment and Day Supports</b>	<b>31/36</b>	<b>5/36</b>	
Employment Support Services	17/21	4/21	
Community Based Day Services	14/15	1/15	
<b>Total</b>	<b>36/42</b>	<b>6/42</b>	<b>86%</b>
<b>Certified</b>			

### **Planning and Quality Management Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C3	The provider actively solicits and utilizes input from the individuals and families regarding satisfaction with services.	The agency could not show how it uses individual's feedback on satisfaction with services. The agency needs to obtain and use individuals' feedback on satisfaction with services in its service delivery.

**Residential Services- Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	Three of eight individuals were not adequately assessed and supported to explore, define, and express their need for intimacy and companionship. The agency needs to conduct sexuality assessments for individuals that would lead towards supporting their need for intimacy and companionship.

**Community Based Day Services- Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C39 (07/21)	There is a plan developed to identify job goals and support needs that would lead to movement into supported employment.	For three of seven individuals, there were no plan to identify job goals and provide support that may lead to supported employment. The agency needs to develop plans for people that would identify job goals and provide support that may potentially lead to supported employment.
C22	Staff have effective methods to assist individuals to explore their job interests.	For two of five individuals, there were no evident methods for assisting individuals to explore their job interests. The agency must develop and maintain effective methods for assessing people's job interest and assist them to attain desired jobs.
C23	Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment.	For three of five individuals, there were no evident methods for assessing skills, interests and career goals with a view to providing any needed support. The agency needs to develop methods for assessing individuals skills, interests and career goals, and support them to meet their goals.
C24	There is a plan developed to identify job goals and support needs.	For three of six individuals, plans for identifying job goals and support needs was not in place. The agency needs to develop plans for identifying job goals and support needs, and support people to actualize their job goals.

**Community Based Day Services- Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C29	Individuals are supported to obtain employment that matches their skills and interests.	For two individuals, supports to obtain or re-obtain employment that matches their skills and interests was not evident. The agency needs to have ongoing methods for supporting people to obtain or re-obtain employment that matches their skills and interests.

## MASTER SCORE SHEET LICENSURE

Organizational: Charles River Center

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	11/11	Met
L3	Immediate Action	8/8	Met
L4	Action taken	8/8	Met
L48	HRC	0/1	Not Met(0 % )
L65	Restraint report submit	24/27	Met(88.89 % )
L66	HRC restraint review	27/27	Met
L74	Screen employees	5/5	Met
L75	Qualified staff	3/3	Met
L76	Track trainings	20/20	Met
L83	HR training	20/20	Met

## Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	8/8				1/1		9/9	Met
L5	Safety Plan	L	8/8				1/1		9/9	Met
R L6	Evacuation	L	8/8				1/1		9/9	Met
L7	Fire Drills	L	8/8				1/1		9/9	Met
L8	Emergency Fact Sheets	I	8/8				1/1		9/9	Met
L9 (07/21)	Safe use of equipment	I	8/8				1/1		9/9	Met
L10	Reduce risk interventions	I	3/3						3/3	Met
R L11	Required inspections	L	8/8				1/1		9/9	Met
R L12	Smoke detectors	L	7/8				1/1		8/9	Met (88.89 %)
R L13	Clean location	L	8/8				1/1		9/9	Met
L14	Site in good repair	L	8/8				1/1		9/9	Met
L15	Hot water	L	5/8				1/1		6/9	Not Met (66.67 %)
L16	Accessibility	L	8/8				1/1		9/9	Met
L17	Egress at grade	L	8/8				1/1		9/9	Met

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L18	Above grade egress	L	5/5				1/1		6/6	Met
L19	Bedroom location	L	8/8				1/1		9/9	Met
L20	Exit doors	L	8/8				1/1		9/9	Met
L21	Safe electrical equipment	L	8/8				1/1		9/9	Met
L22	Well- maintained appliances	L	8/8				1/1		9/9	Met
L23	Egress door locks	L	7/7				1/1		8/8	Met
L24	Locked door access	L	7/8				1/1		8/9	Met (88.89 %)
L25	Dangerous substances	L	8/8				1/1		9/9	Met
L26	Walkway safety	L	8/8				1/1		9/9	Met
L27	Pools, hot tubs, etc.	L	1/1						1/1	Met
L28	Flammables	L	6/6				1/1		7/7	Met
L29	Rubbish /combustibles	L	8/8				1/1		9/9	Met
L30	Protective railings	L	8/8				1/1		9/9	Met
L31	Communication method	I	8/8				1/1		9/9	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L32	Verbal & written	I	8/8				1/1		9/9	Met
L33	Physical exam	I	8/8				1/1		9/9	Met
L34	Dental exam	I	8/8				1/1		9/9	Met
L35	Preventive screenings	I	6/7				1/1		7/8	Met (87.50 %)
L36	Recommended tests	I	8/8				1/1		9/9	Met
L37	Prompt treatment	I	7/7						7/7	Met
℞ L38	Physician's orders	I	7/8				1/1		8/9	Met (88.89 %)
L39	Dietary requirements	I	7/7						7/7	Met
L40	Nutritional food	L	8/8				1/1		9/9	Met
L41	Healthy diet	L	8/8				1/1		9/9	Met
L42	Physical activity	L	8/8				1/1		9/9	Met
L43	Health Care Record	I	8/8				1/1		9/9	Met
L44	MAP registration	L	8/8				1/1		9/9	Met
L45	Medication storage	L	8/8				1/1		9/9	Met
℞ L46	Med. Administration	I	8/8				1/1		9/9	Met
L47	Self medication	I	2/2						2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L49	Informed of human rights	I	8/8				1/1		9/9	Met
L50 (07/21)	Respectful Comm.	I	8/8				1/1		9/9	Met
L51	Possessions	I	8/8				1/1		9/9	Met
L52	Phone calls	I	8/8				1/1		9/9	Met
L53	Visitation	I	8/8				1/1		9/9	Met
L54 (07/21)	Privacy	I	8/8				1/1		9/9	Met
L55	Informed consent	I	2/2						2/2	Met
L56	Restrictive practices	I	4/4						4/4	Met
L61	Health protection in ISP	I	3/7				0/1		3/8	Not Met (37.50 %)
L62	Health protection review	I	5/5				1/1		6/6	Met
L63	Med. treatment plan form	I	6/7				1/1		7/8	Met (87.50 %)
L64	Med. treatment plan rev.	I	6/6				1/1		7/7	Met
L67	Money mgmt. plan	I	5/7						5/7	Not Met (71.43 %)
L68	Funds expenditure	I	7/8						7/8	Met (87.50 %)



Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L69	Expenditure tracking	I	7/8						7/8	Met (87.50 %)
L70	Charges for care calc.	I	8/8						8/8	Met
L71	Charges for care appeal	I	8/8						8/8	Met
L77	Unique needs training	I	8/8				1/1		9/9	Met
L78	Restrictive Int. Training	L	2/2						2/2	Met
L80	Symptoms of illness	L	8/8				1/1		9/9	Met
L81	Medical emergency	L	8/8				1/1		9/9	Met
L82	Medication admin.	L	8/8				1/1		9/9	Met
L84	Health protect. Training	I	3/7				0/1		3/8	Not Met (37.50 %)
L85	Supervision	L	8/8				1/1		9/9	Met
L86	Required assessments	I	2/7						2/7	Not Met (28.57 %)
L87	Support strategies	I	0/7						0/7	Not Met (0 %)
L88	Strategies implemented	I	6/8						6/8	Not Met (75.00 %)
L89	Complaint and resolution process	L					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
L90	Personal space/bedroom privacy	I	8/8				1/1		9/9	Met
L91	Incident management	L	2/8				1/1		3/9	Not Met (33.33 %)
L93 (05/22)	Emergency back-up plans	I	8/8				1/1		9/9	Met
L94 (05/22)	Assistive technology	I	4/8				1/1		5/9	Not Met (55.56 %)
L96 (05/22)	Staff training in devices and applications	I	1/1				1/1		2/2	Met
L99 (05/22)	Medical monitoring devices	I	1/1						1/1	Met
#Std. Met/# 78 Indicator									69/78	
Total Score									78/88	
									88.64%	

#### Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	5/6		9/9	14/15	Met (93.33 %)

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L5	Safety Plan	L			2/2	2/2	Met
Ⓡ L6	Evacuation	L			2/2	2/2	Met
L7	Fire Drills	L			1/2	1/2	Not Met (50.0 %)
L8	Emergency Fact Sheets	I	6/6		9/9	15/15	Met
L9 (07/21)	Safe use of equipment	I	6/6		8/9	14/15	Met (93.33 %)
L10	Reduce risk interventions	I			1/1	1/1	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			2/2	2/2	Met
L15	Hot water	L			2/2	2/2	Met
L16	Accessibility	L			2/2	2/2	Met
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			1/1	1/1	Met
L29	Rubbish/combustibles	L			2/2	2/2	Met
L30	Protective railings	L			1/1	1/1	Met
L31	Communication method	I	6/6		9/9	15/15	Met
L32	Verbal & written	I	6/6		9/9	15/15	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L37	Prompt treatment	I	6/6		4/4	10/10	Met
Ⓡ L38	Physician's orders	I	3/3		4/4	7/7	Met
L39	Dietary requirements	I			2/2	2/2	Met
L44	MAP registration	L			2/2	2/2	Met
L45	Medication storage	L			2/2	2/2	Met
Ⓡ L46	Med. Administration	I			3/3	3/3	Met
L49	Informed of human rights	I	5/6		9/9	14/15	Met (93.33 %)
L50 (07/21)	Respectful Comm.	I	6/6		9/9	15/15	Met
L51	Possessions	I	6/6		9/9	15/15	Met
L52	Phone calls	I	6/6		9/9	15/15	Met
L54 (07/21)	Privacy	I	6/6		9/9	15/15	Met
L55	Informed consent	I	1/1		2/2	3/3	Met
L61	Health protection in ISP	I			1/1	1/1	Met
L62	Health protection review	I			1/1	1/1	Met
L77	Unique needs training	I	6/6		9/9	15/15	Met
L78	Restrictive Int. Training	L			0/1	0/1	Not Met (0 %)
L80	Symptoms of illness	L	2/2		2/2	4/4	Met
L81	Medical emergency	L	2/2		2/2	4/4	Met
Ⓡ L82	Medication admin.	L			2/2	2/2	Met
L84	Health protect. Training	I			1/1	1/1	Met
L85	Supervision	L	1/2		2/2	3/4	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L86	Required assessments	I	3/5		5/7	8/12	Not Met (66.67 %)
L87	Support strategies	I	3/5		5/7	8/12	Not Met (66.67 %)
L88	Strategies implemented	I	6/6		9/9	15/15	Met
L91	Incident management	L	1/1		2/2	3/3	Met
L93 (05/22)	Emergency back-up plans	I	6/6		9/9	15/15	Met
L94 (05/22)	Assistive technology	I	5/6		9/9	14/15	Met (93.33 %)
L96 (05/22)	Staff training in devices and applications	I	4/4		3/3	7/7	Met
<b>#Std. Met/# 52 Indicator</b>						<b>48/52</b>	
<b>Total Score</b>						<b>57/62</b>	
						<b>91.94%</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	0/1	Not Met (0 %)
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	8/8	Met
C8	Family/guardian communication	8/8	Met

## Residential Services

Indicator #	Indicator	Met/Rated	Rating
C9	Personal relationships	8/8	Met
C10	Social skill development	8/8	Met
C11	Get together w/family & friends	8/8	Met
C12	Intimacy	5/8	Not Met (62.50 %)
C13	Skills to maximize independence	8/8	Met
C14	Choices in routines & schedules	8/8	Met
C15	Personalize living space	8/8	Met
C16	Explore interests	8/8	Met
C17	Community activities	8/8	Met
C18	Purchase personal belongings	8/8	Met
C19	Knowledgeable decisions	8/8	Met
C46	Use of generic resources	8/8	Met
C47	Transportation to/ from community	8/8	Met
C48	Neighborhood connections	7/8	Met (87.50 %)
C49	Physical setting is consistent	8/8	Met
C51	Ongoing satisfaction with services/ supports	8/8	Met
C52	Leisure activities and free-time choices /control	8/8	Met
C53	Food/ dining choices	8/8	Met

## ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C8	Family/guardian communication	1/1	Met
C9	Personal relationships	1/1	Met
C10	Social skill development	1/1	Met
C11	Get together w/family & friends	1/1	Met
C12	Intimacy	1/1	Met
C13	Skills to maximize independence	1/1	Met
C14	Choices in routines & schedules	1/1	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	1/1	Met
C17	Community activities	1/1	Met

### ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C19	Knowledgeable decisions	1/1	Met
C46	Use of generic resources	1/1	Met
C47	Transportation to/ from community	1/1	Met
C48	Neighborhood connections	1/1	Met
C49	Physical setting is consistent	1/1	Met
C51	Ongoing satisfaction with services/ supports	1/1	Met
C52	Leisure activities and free-time choices /control	1/1	Met
C53	Food/ dining choices	1/1	Met

### Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	7/7	Met
C8	Family/guardian communication	9/9	Met
C13	Skills to maximize independence	8/8	Met
C37	Interpersonal skills for work	7/7	Met
C38 (07/21)	Habilitative & behavioral goals	6/7	Met (85.71 %)
C39 (07/21)	Support needs for employment	4/7	Not Met (57.14 %)
C40	Community involvement interest	9/9	Met
C41	Activities participation	9/9	Met
C42	Connection to others	9/9	Met
C43	Maintain & enhance relationship	9/9	Met
C44	Job exploration	5/6	Met (83.33 %)
C45	Revisit decisions	9/9	Met
C46	Use of generic resources	9/9	Met
C47	Transportation to/ from community	9/9	Met
C51	Ongoing satisfaction with services/ supports	9/9	Met

## Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	5/6	<b>Met (83.33 %)</b>
C8	Family/guardian communication	6/6	<b>Met</b>
C22	Explore job interests	3/5	<b>Not Met (60.0 %)</b>
C23	Assess skills & training needs	2/5	<b>Not Met (40.0 %)</b>
C24	Job goals & support needs plan	3/6	<b>Not Met (50.0 %)</b>
C25	Skill development	5/6	<b>Met (83.33 %)</b>
C26	Benefits analysis	5/6	<b>Met (83.33 %)</b>
C27	Job benefit education	6/6	<b>Met</b>
C28	Relationships w/businesses	1/1	<b>Met</b>
C29	Support to obtain employment	4/6	<b>Not Met (66.67 %)</b>
C30	Work in integrated settings	6/6	<b>Met</b>
C31	Job accommodations	2/2	<b>Met</b>
C32	At least minimum wages earned	2/2	<b>Met</b>
C33	Employee benefits explained	4/4	<b>Met</b>
C34	Support to promote success	4/5	<b>Met (80.0 %)</b>
C35	Feedback on job performance	4/4	<b>Met</b>
C36	Supports to enhance retention	4/5	<b>Met (80.0 %)</b>
C37	Interpersonal skills for work	6/6	<b>Met</b>
C47	Transportation to/ from community	6/6	<b>Met</b>
C50	Involvement/ part of the Workplace culture	4/4	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	6/6	<b>Met</b>