



**PROVIDER REPORT
FOR**

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

September 10, 2024

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 7/8/2024 - 7/12/2024

Service Enhancement Meeting Date 7/26/2024

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Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	9 location(s) 11 audit (s)	Targeted Review	DDS 16/18 Provider 72 / 74 88 / 92 2 Year License 07/26/2024-07/26/2026		DDS 2 / 2 Provider 65 / 65 67 / 67 Certified 07/26/2024 - 07/26/2026
Residential Services	8 location(s) 8 audit (s)			DDS Targeted Review	20 / 20
ABI-MFP Residential Services	1 location(s) 3 audit (s)			DDS Targeted Review	20 / 20
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) 17 audit (s)	Targeted Review	DDS 12/12 Provider 55 / 58 67 / 70 2 Year License 07/26/2024-07/26/2026		DDS 6 / 6 Provider 36 / 36 42 / 42 Certified 07/26/2024 - 07/26/2026
Community Based Day Services	2 location(s) 11 audit (s)			DDS Targeted Review	15 / 15
Employment Support Services	1 location(s) 6 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

Charles River Center is a human service agency based in Needham Massachusetts that provides services to adults with Developmental and Intellectual Disabilities and Acquired Brain Injuries (ABI). The agency provides 24-hour Residential services, 24-hour ABI Residential services, Community Based Day Supports, and Employment Supports. The agency also offers Adult Foster Care, Day Habilitation, and Family Supports services. Most of Charles River Center's services are offered within the Metro and Southeast Regions of MA.

This 2024 survey is a targeted licensing and certification review conducted by the Department of Developmental Services (DDS) Metro Office of Quality Enhancement. Charles River Center was offered the option and elected to do a self-assessment. The DDS review scope included critical indicators, new/revised indicators, and licensing and certification indicators that were not met at the agencies last survey for their organizational systems, 24/7 residential programs, 24/7 ABI residential programs, Community Based Day Supports, and Employment Supports programs.

In the past year Charles River Center implemented agency wide standardization of client records, more utilization of HCSIS reports, as well as other auditing tools for better quality monitoring within the agency. Charles River Center also opened a new ABI home and began a collaboration with a local College hosting two internships from the college at their programs. Their Employment and Community Based Day services increased by 26 individuals as staffing became more stable. CRC also received grants that helped enhance the services they provide including a grant for workforce development, an assistive technology grant and, a diversity, equity and inclusion grant to help staff at every level. They also received two Respite/DESE grants to work with turning 22 individuals coming out of school and their families.

Organizationally, Charles River Center had an effective Human Rights Committee that met regularly and reviewed all matters under its purview. CRC reported allegations of abuse as mandated and provided monitoring and oversight in this area. CRC also conducted satisfaction surveys, gathering input from individuals and their families about their satisfaction with services. Input received including "ensuring regular leadership presence at service locations" was used to enhance supports at various sites.

In residential services, individuals were supported to evacuate in a timely manner during emergency/fire drills. Inspections of furnaces and fire safety equipment were completed as required, and sites visited were clean and well kept. Relative to healthcare, staff MAP trainings were current, and medication was administered in accordance with MAP policy and doctor's orders. Medical treatment protocols were also properly implemented.

In Day services, individuals were equally well supported in healthcare: MAP trainings were current, and medication was administered in accordance with MAP policy and doctor's orders. Medical treatment protocols were also properly implemented. In the area of safety, safety plans were in place and individuals were supported to evacuate within a reasonable timeframe during drills. All elements of the fire systems were operational, and the locations visited were clean and in good repair. In CBDS, plans were developed that identified individual's job goals and support needs to help move them towards supported employment. For persons served in employment, individual job interests were explored, with plans tailored to specific interests and support needs; and employment opportunities were offered with a focus on individual interests and skills.

Charles River Center evidenced numerous positive outcomes for individuals they support in both residential and day services. However, the DDS survey revealed a few areas in residential services where additional attentions is needed from the agency to meet DDS standards. In the area of healthcare, Medication treatment plans were not developed with all components in place, and the use of health-related supportive equipment was not properly outlined with the required staff training and proper implementation. In the area of financial, money management plans were not developed in line with the required standards. Incident reports were also not submitted and finalized within the required timelines in HCSIS.

Combining the results of the Charles River Center self-assessment with the DDS OQE review: Charles River Center met 95% of licensing indicators for residential earning a Two-Year license for the Residential/ABI-MFP service grouping. The agency scored 96% for licensing indicators in day services, earning a Two-Year license for the Day/Employments service grouping. The agency will conduct its own follow-up on licensing indicators that were not met in both residential and day services and submit the result to the DDS Metro Office of Quality Enhancement within 60 days of the SEM meeting.

Charles River Center met 100% of certification indicators in the Residential/ABI-MFP service grouping; and 100% of certification indicators in Day/Employment service grouping. Both services have thus earned Two-Year Certifications as well.

Description of Self Assessment Process:

Overview of Quality Assurance Structure: CRC'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 Senior & Extended Senior Management team. These committees include the Board of Admissions, Senior & Extended Management, and Operations Team. Both Divisional and Agency-wide Health and Safety committees, Medical & Behavioral Red Flag meetings, and PBS Leadership committees. In addition, The agency seeks input from its stakeholders, who include individuals supported, families/guardians and agency staff through its survey process on an annual basis. CRC hired an outside DEI consultant to implement a process for the agency to further their knowledge of Diversity, Equality and Inclusion.

Description of the Self-Assessment Process: The Charles River Center is committed to empowering and supporting people with developmental disabilities by offering high-quality, individualized opportunities that foster independence and community inclusion. The self-assessment gathered data from our existing monitoring systems, including location and systems documentation, and an audit review of a sampling of individuals' confidential records. The confidential file audit review involved checking each file for all indicators listed in the Self-Assessment report form.

The Charles River Center established a self-assessment committee, consisting of the Vice President of Residential Services, the Quality Assurance Department staff, Nursing Department, Clinical Department, Residential Directors, Residential Program Directors, Employment Senior Directors, Assistant Directors, Case Coordinators and Employment Specialist. The self-assessment process included ten residential programs and both Employment /CBDS Programming locations. Twenty files were reviewed within the ten residential sites. For the employment/day programs, a total of thirty-five files were randomly selected over 2 locations. 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. Both data derived from program data and organizational reports in addition to onsite observations and assessments were used to confirm each indicator score. The Charles River Center utilized the threshold of 80% to determine if an indicator was met or not.

Indicators that were scored as a "not met" for our residential programs are as followed: L15- hot water in 3 locations were not in regulatory range. L91-6 locations did not meet the regulatory timeframe for entering and finalizing HCSIS incident reports. L63- For 2 files reviewed, staff were not collecting data for all current medication treatment plans. L85- For 2 locations there was a lack of supervisions present. L86- For 3 locations, the required ISP assessments were not completed in a timely fashion. L87- For 4 locations, ISP support strategies were not completed and submitted on time. C12- For 4 locations, the intimacy assessment and training were lacking pertinent information. Based on an 80% threshold, the following indicators received a "not met" for our employment & day services: L15- hot water in 2 locations were not in regulatory range. C22- For 4 files reviewed, job interests or corresponding groups were not aligned with the interest of the person served. C23- For 5 files reviewed, the identification of skills and training needs were not clearly stated. C24- For 5 files reviewed, clear career goals were not included in the career plan or progress notes. L60- For 2 files reviewed, staff were not collected data for behaviors written in the behavior plan. L77- For 6 files reviewed, unique needs training was not all-encompassing to include pertinent information related to the needs of persons served. Staff were not trained in all unique needs.

A walkthrough of all program spaces, including testing of water temperature, fire alarms, compliance of a safe environment and a review of proper documentation of external inspections were all analyzed at each location that was part of our sample. 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 (Human Resources staff licensure and hiring documentation, Staff Training Certification tracking in Relias, Investigation tracking, HCSIS reports for Incident Reports, Restraint Reports and ISP documentation submissions, Human Rights Officer and Fire Safety Officer tracking, 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 Director of Nursing serves as one of our MAP consultants, in addition to using Pelmeds pharmacy and applicable healthcare prescribers. The Director of Nursing, nursing team and Quality Assurance Teams provide

regular medication administration audits for The Charles River Center programs. During these audits, all medications are checked to ensure that MAP regulations are being followed. Nursing also provides robust in-house training for Person Specific Medical Training, which includes medical protocols, vital signs, EpiPen, blood glucose monitoring, oxygen therapy and nutrition. Individualized nursing care is also provided to individuals who require it. Nursing is also consulted on a regular basis regarding any specialty appointments for individuals served. Many of these appointments are attended by one of the nursing staff. Discharge meetings from hospitals/care facilities are attended by nursing so that proper follow up/medical support can be put in place for the person to return home to a comfortable, safe and supportive environment.

The Charles River Center has hired a MAP trainer who is responsible for MAP certification training and re-certification training. This person provides MAP certification/re-certification for staff and any assistance regarding medication administration. The Charles River Center also employs a team of behavioral clinicians which includes BCBA clinicians and Registered Behavioral Technicians who work together to ensure there is pertinent development, implementation, and proper staff training related to the behavioral/clinical needs of the agency's individuals. The Clinical Department trains staff on Person Specific Clinical Trainings, which includes Medication Treatment Plans with data tracking methods, Behavior Support Plans and Guidelines, and Restrictions. The Clinical team also attends psychiatry appointments when applicable. Through a recently awarded grant, 10 Registered Behavioral Technicians will be certified and supervised by this clinical team allowing more hands-on clinical support, training, and resources to more clinically focused residences and day programs. The Charles River Center is in the process of building a relationship with a Neuropsychologist, who will act as a specialized ABI consultant and training resource for our staff. 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. The Red Flag team consists of program staff from residential and/or day support, nursing, behavioral supports and quality assurance.

Health and Safety

All Health and Safety matters are reviewed on an ongoing basis through monthly checklists, Health and Safety meetings, Workhub orders and site inspections. All required inspections have been conducted and are up to date. Smoke detectors and carbon monoxide detectors are located throughout both locations and are in proper operating order. Each site is free of infestation, is clean and environmentally safe.

The Agency Health and Safety meets quarterly and includes representatives from all departments and divisions. 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. The committee reviews trends of incident reports, DPPCs, internal investigations, training compliance, fall risks, individual code status changes, staffing vacancies, emergency and fire drill trends/compliance and trends of restrictions.

Human Rights

The Charles River Center Human Rights Committee has all the required components and is chaired by a Community Member. The Quality Assurance Manager serves as the Human Rights Coordinator and Secretary. The HRC meets at least five times a year to discuss and review the following: Incident and/or Restraint Reports, Individual Grievances, Hotline MOR's, DPPC Investigations, 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

Prior to being employed with the Charles River Center, candidates are screened for an acceptable driving record, the DDS abuser registry, the Officer of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), CORI, and Fingerprinting. We also screen prospective employees for TB. Professional licensures for those employees whose role require them are screened annually to ensure they are not expired. If an employee's job description indicates they require a degree or certificate, it is confirmed prior to hire. All employees have an updated resume on file as well as a signed job description. The agency has a supervision policy in place for bi-monthly supervisions to occur. The Charles River Center utilizes a proactive approach to staff training that ensures the high professional standards needed to carry out our mission. Under the guidance of the Vice President of Human Resources, staff development starts with an onboarding process that includes three days of in-person orientation training on topics that include: Overview of programs and services, Charles River's systems, which include Shiftboard, iCentrix, Kronos, Ultipro, Charles River's mission and vision, Cyber Security, Human Rights/Mandated Reporting, and Data Collection. Person-Centered Planning/Individual Service Plan development, Community Inclusion and Mapping, Hands-on Vehicle Safety, Positive Behavioral Supports, PBS, Fostering Independence and Teaching Principles, Assistive Technology, Nursing Training and on-site Wheelchair Restraint training. 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.

Home and Facility Safety

The agency 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 agency health and safety meeting and submitted to the division directors reviewed monthly and kept on file. All safety plans are updated as necessary and signed off by the VP and area office of DDS. CRC has a fleet of vehicles which are maintained by our Fleet Manager. Monthly maintenance vehicle reports are completed by staff and submitted using our electronic tracking software, FLEETIO.

The agency owns many of its residential homes; the agency employs a maintenance department to address and remedy physical site issues and ongoing property upkeep. Emergencies are handled immediately and effectively. The Maintenance Department certifies all local, state, federal and ADA regulatory compliance. It schedules annual inspections including those needed for heating, hot water, fire alarm/suppressant systems, fire extinguishers, CO and smoke detectors and emergency lighting. Semi-annually the Maintenance Team inspects all premises, home and day service locations. Results are reviewed, and work is scheduled through the agency electronic Maintenance ticketing system, Worxhub.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Residential and Individual Home Supports	78/82	4/82	
Residential Services ABI-MFP Residential Services			
Critical Indicators	8/8	0/8	
Total	88/92	4/92	96%
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	57/60	3/60	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	67/70	3/70	96%
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
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For 3 of 8 individuals there was no written money management plan and a training plan for the agency's shared or delegated money management responsibility. The agency must ensure that for individuals with whom it has shared money management responsibilities, a written plan accompanied by a training plan (when required) is developed and in place at their program.
L91	Incidents are reported and reviewed as mandated by regulation.	At 3 of 9 sites incidents were not reported and/or reviewed as mandated by regulation. The agency must ensure that incidents are developed and submitted within the required timelines in HCSIS.

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

Indicator #	Indicator	Issue identified	Action planned to address
L63	Medication treatment plans are in written format with required components.	For two of the individuals' files that were reviewed, staff were not tracking the correct medications on medication treatment plans.	Our clinical department is responsible for completing and maintaining our medication treatment plans. Each clinician has a caseload and will be responsible for ensuring that staff are collecting data on every medication. Program directors will be responsible for scanning all data on a monthly basis so our clinicians can conduct desk audits.

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

Indicator #	Indicator	Issue identified	Action planned to address
L85	The agency provides ongoing supervision, oversight and staff development.	At two of the locations where reviews occurred, evidence such as missing documentation and lack of training and written supervision notes indicated a lack of effective supervision.	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 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.

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

Indicator #	Indicator	Issue identified	Action planned to address
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At Three locations, Hot water temperature was out of the required range.	Maintenance will conduct monthly water temperature checks at all locations and will contact the director immediately if there is an issue. They will also enter all water temperatures in our maintenance on-line tracking system, Worxhub, and will flag it for immediate action needed. The full maintenance team is working on developing specific procedures and videos on water testing and reporting temperature discrepancies. Additionally, the Program Directors will also be responsible for checking water temperatures monthly and will contact the on-call if there are any issues.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	For two individuals reviewed, staff were not collecting data for behaviors written in the behavior plan.	Behavior plans and data collection will be updated at least annually and reviewed by the RBT/clinical team monthly. Data collection sheets will be added to the post ISP checklist.
L77	The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals.	For individuals reviewed, unique needs training was not all-encompassing to include pertinent information related to the needs of persons served. Staff were not trained in all unique needs	For individuals reviewed, unique needs training was not all-encompassing to include pertinent information related to the needs of persons served. Staff were not trained in all unique needs Person Centered Unique needs trainings will be updated at least annually or as changes occur. They will be completed by nursing and our clinical director with the help of case coordinators. Trainings will occur for all staff after the ISP and tracked internally.

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 1/1 Provider 5/5	6/6	0/6	
Residential and Individual Home Supports	DDS 1/1 Provider 39/39	40/40	0/40	
ABI-MFP Residential Services	DDS 0/0 Provider 20/20	20/20	0/20	
Residential Services	DDS 1/1 Provider 19/19	20/20	0/20	
Total		67/67	0/67	100%
Certified				

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 1/1 Provider 5/5	6/6	0/6	
Employment and Day Supports	DDS 5/5 Provider 31/31	36/36	0/36	
Community Based Day Services	DDS 1/1 Provider 14/14	15/15	0/15	
Employment Support Services	DDS 4/4 Provider 17/17	21/21	0/21	
Total		42/42	0/42	100%
Certified				

MASTER SCORE SHEET LICENSURE

Organizational: Charles River Center

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	DDS	11/11	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	DDS	1/1	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 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
Ⓡ L6	Evacuation	L	DDS	8/8				1/1		9/9	Met
L7	Fire Drills	L	Provider	-	-			-	-	-	Met
L8	Emergency Fact Sheets	I	Provider	-	-			-	-	-	Met
L9 (07/21)	Safe use of equipment	I	Provider	-	-			-	-	-	Met
L10	Reduce risk interventions	I	Provider	-	-			-	-	-	Met

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
☑ L11	Required inspections	L	DDS	8/8				1/1		9/9	Met
☑ L12	Smoke detectors	L	DDS	8/8				1/1		9/9	Met
☑ L13	Clean location	L	DDS	7/8				1/1		8/9	Met (88.89 %)
L14	Site in good repair	L	Provider	-	-			-	-	-	Met
L15	Hot water	L	DDS	8/8				1/1		9/9	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

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
L26	Walkway safety	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	8/8				3/3		11/11	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

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
L45	Medication storage	L	Provider	-	-			-	-	-	Met
L46	Med. Administration	I	DDS	8/8				3/3		11/11	Met
L47	Self medication	I	Provider	-	-			-	-	-	Met
L49	Informed of human rights	I	Provider	-	-			-	-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider	-	-			-	-	-	Met
L51	Possessions	I	Provider	-	-			-	-	-	Met
L52	Phone calls	I	Provider	-	-			-	-	-	Met
L53	Visitation	I	Provider	-	-			-	-	-	Met
L54 (07/21)	Privacy	I	Provider	-	-			-	-	-	Met
L55	Informed consent	I	Provider	-	-			-	-	-	Met
L56	Restrictive practices	I	Provider	-	-			-	-	-	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

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
L61	Health protection in ISP	I	DDS	4/4				3/3		7/7	Met
L62	Health protection review	I	Provider	-	-			-	-	-	Met
L63	Med. treatment plan form	I	Provider	-	-			-	-	-	Not Met
L64	Med. treatment plan rev.	I	Provider	-	-			-	-	-	Met
L67	Money mgmt. plan	I	DDS	5/8						5/8	Not Met (62.50 %)
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	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

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
Ⓡ L82	Medication admin.	L	DDS	8/8				1/1		9/9	Met
L84	Health protect. Training	I	DDS	4/4				3/3		7/7	Met
L85	Supervision	L	Provider	-	-			-	-	-	Not Met
L86	Required assessments	I	DDS	3/4				3/3		6/7	Met (85.71 %)
L87	Support strategies	I	DDS	4/5				3/3		7/8	Met (87.50 %)
L88	Strategies implemented	I	DDS	6/8				3/3		9/11	Met (81.82 %)
L89	Complaint and resolution process	L	Provider	-	-			-	-	-	Met
L90	Personal space/bedroom privacy	I	Provider	-	-			-	-	-	Met
L91	Incident management	L	DDS	6/8				0/1		6/9	Not Met (66.67 %)
L93 (05/22)	Emergency back-up plans	I	Provider	-	-			-	-	-	Met
L94 (05/22)	Assistive technology	I	DDS	8/8				3/3		11/11	Met
L96 (05/22)	Staff training in devices and applications	I	Provider	-	-			-	-	-	Met

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
L99 (05/22)	Medical monitoring devices	I	Provider	-	-			-	-	-	Met
#Std. Met/# 82 Indicator										78/82	
Total Score										88/92	
										95.65%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	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			2/2	2/2	Met
L7	Fire Drills	L	DDS			2/2	2/2	Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	Provider		-	-	-	Met
L10	Reduce risk interventions	I	Provider		-	-	-	Met
Ⓟ L11	Required inspections	L	DDS			2/2	2/2	Met
Ⓟ L12	Smoke detectors	L	DDS			2/2	2/2	Met
Ⓟ L13	Clean location	L	DDS			2/2	2/2	Met
L14	Site in good repair	L	Provider		-	-	-	Met
L15	Hot water	L	Provider		-	-	-	Not Met
L16	Accessibility	L	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
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/com bustibles	L	Provider		-	-	-	Met
L30	Protective railings	L	Provider		-	-	-	Met
L31	Communicati on method	I	Provider		-	-	-	Met
L32	Verbal & written	I	Provider		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS	1/1		3/3	4/4	Met
L39	Dietary requirements	I	Provider		-	-	-	Met
L44	MAP registration	L	Provider		-	-	-	Met
L45	Medication storage	L	Provider		-	-	-	Met
Ⓡ L46	Med. Administratio n	I	DDS			11/11	11/11	Met
L49	Informed of human rights	I	Provider		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider		-	-	-	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met
L54 (07/21)	Privacy	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L55	Informed consent	I	Provider		-	-	-	Met
L56	Restrictive practices	I	Provider		-	-	-	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		-	-	-	Not Met
L61	Health protection in ISP	I	Provider		-	-	-	Met
L62	Health protection review	I	Provider		-	-	-	Met
L63	Med. treatment plan form	I	Provider		-	-	-	Met
L64	Med. treatment plan rev.	I	Provider		-	-	-	Met
L67	Money mgmt. plan	I	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Not 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			2/2	2/2	Met
L84	Health protect. Training	I	Provider		-	-	-	Met
L85	Supervision	L	Provider		-	-	-	Met
L86	Required assessments	I	DDS	6/6		6/7	12/13	Met (92.31 %)
L87	Support strategies	I	DDS	5/6		6/7	11/13	Met (84.62 %)

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L88	Strategies implemented	I	Provider		-	-	-	Met
L91	Incident management	L	Provider		-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	Provider		-	-	-	Met
L94 (05/22)	Assistive technology	I	Provider		-	-	-	Met
L96 (05/22)	Staff training in devices and applications	I	Provider		-	-	-	Met
#Std. Met/# 60 Indicator							57/60	
Total Score							67/70	
							95.71%	

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	DDS	1/1	Met
C4	Utilizes input from stakeholders	Provider	-	Met
C5	Measure progress	Provider	-	Met
C6	Future directions planning	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

Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
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 & 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
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

ABI-MFP 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	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met

ABI-MFP Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	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

Individual Home Supports

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	Provider	-	Met
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
C21	Coordinate outreach	Provider	-	Met
C46	Use of generic resources	Provider	-	Met

Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
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

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
C38 (07/21)	Habilitative & behavioral goals	Provider	-	Met
C39 (07/21)	Support needs for employment	DDS	10/10	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

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	DDS	6/6	Met
C23	Assess skills & training needs	DDS	6/6	Met
C24	Job goals & support needs plan	DDS	6/6	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	DDS	6/6	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