|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | | --- | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | | --- | | **PROVIDER REPORT FOR** | | | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | | --- | | **Choice Community Supports Inc 409 Pond St, Unit 12  Braintree, MA 02184** | | | | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  | | --- | | **October 29, 2021** | | | | | | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | | --- | | **Version** | | | | | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | --- | | **Public Provider Report** | | | | | | | | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | **Prepared by the Department of Developmental Services OFFICE OF QUALITY ENHANCEMENT** | | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
|  |  |  |  |  |
|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  | |  | | --- | | **Provider** | |  | |  | | --- | | Choice Community Supports Inc | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Review Dates** | |  | |  | | --- | | 8/23/2021 - 8/26/2021 | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Service Enhancement  Meeting Date** | |  | |  | | --- | | 9/13/2021 | |  |  | |  |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Survey Team** | |  | |  | | --- | | Cheryl Hampton (TL) | | |  | |  |  |  |  |  |  | |  | |  | | --- | | **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** | 2 location(s) 2 audit (s) | Targeted Review | DDS 10/10 Provider 40 / 40   50 / 50 2 Year License 09/13/2021- 09/13/2023 |  | DDS 8 / 9 Provider 19 / 19   27 / 28 Certified 09/13/2021 - 09/13/2023 | | Placement Services | 2 location(s) 2 audit (s) |  |  | DDS Targeted Review | 22 / 22 | | Planning and Quality Management |  |  |  | DDS Targeted Review | 5 / 6 | |  | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  | | --- | --- | --- | |  |  |  | | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  | |  |  |  | | |  | | --- | | EXECUTIVE SUMMARY :     Choice Community Supports Inc. is a human service agency founded in 2001 and located in Quincy MA. The agency provides Placement Services to individuals with Intellectual Disabilities in the Metro and Northeast regions of Massachusetts. The agency currently supports individuals at two Placement homes. Choice community supports also provides additional DDS services that are not licensed by the Office of Quality Enhancement such as Individual Home Supports under 15 hours and agency with choice.  This 2021 DDS Licensure and certification survey was a targeted review conducted by the Metro Office of Quality Enhancement to evaluate licensure and certification indicators that were not met in the previous survey cycle. The scope of this DDS review covered the agency's Placement Services; it focused on services provided to two adults with intellectual disabilities receiving Placement Services. The agency was provided with the opportunity and elected to conduct a self-assessment for all licensure and certification indicators; therefore, the final provider report will reflect the combined findings from the DDS targeted review and the provider self-assessment.  There were several findings made during the targeted review that spoke to the quality of supports the agency provides. Environmentally, homes were safe and clean, and annual inspections were completed. Fire alarm systems including smoke and carbon monoxide detectors were operational, and hot water tested within required limits. Anti-scald protectors were present in bathroom faucets; and at one location where water at a faucet tested below (105.2), the agency was advised to adjust the temperature. Individuals and care providers were knowledgeable of fire safety and evacuation protocols. In the area of medical care, individuals received routine and preventative screenings when needed, and recommended tests, appointments, and follow up care were scheduled and completed. Additionally, areas such as dental, annual physicals, PSA screenings and psychiatry were well supported.   The survey showed that individual's rights were well honored; individuals were afforded privacy, had well supported home-alone time as eligible, and they had keys to their homes and bedrooms. Written and oral communication with and about individuals was also seen to be respectful. Choice assessed individuals for assistive technology needs that could promote independence. Individuals were supported to routinely utilize assistive technology tools like alarm clocks, cellphone voice apps, pre-programmed phone numbers, and magnifying glasses.  Organizationally, Choice maintained systems for the gathering program information; this includes the home visitation checklist which is utilized by Coordinators for monthly visits and the gathering of medical, ISP and environmental information such as water temperatures. While there were no incidents/investigations for DDS OQE to review for this targeted review, the agency had systems in place for the gathering of these types of information if they occur. Information gathered pre and post Covid 19 emergency period was used to develop individual centered strategic goals aimed at enhancing community engagement as outlined in the strategic plan. The agency needs to continue its efforts to finalize the strategic plan by developing measurable criteria for their established goals and solicit input from stakeholders on an annual basis.   In summary, Choice Community Supports will receive a Two-Year license for its residential services with a 100% score for licensing indicators for the DDS targeted review. The agency will also be certified with a 96% score for certification indicators. | | |  | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  | | --- | --- | --- | |  | |  | | |  | | --- | | **Description of Self Assessment Process:** | | |  | |  | |  | | |  | | --- | | Description of Self-Assessment Process   We currently provide services to 2 individuals in Saugus and Brookline. The service in Brookline started 1/26/21. The individual previously served in Watertown was admitted to the hospital 12/19, to a rehab/ long-term facility 12/19, then service ended 9/20. CCS Program Director is responsible for day-to-day monitoring of the program, overseeing providers and assuring that all QE standards are met. She is fully supported and supervised regularly by the CEO, who is constantly updated on providers' performance and sites' evaluations. The Director is also the Shared Living Coordinator and monitors both sites, all training and ISPs; updates policies, confidential files and CFC; performs sites evaluations and serves as agency's HR Coordinator. Besides monthly site checks, we perform annual evaluation with individuals/guardians and annual Home Safety Checklist. During monthly site visits we check water temperature, compare medications to doctors' orders, test smoke and carbon monoxide detectors, check for kitchen fire extinguisher, check bedroom lock, inspect emergency exits for any obstacles or debris, check ISP documentation, collect doctor's notes, document social activities and record individual's and provider's feedback. An update note is created after each visit to document findings and to record all medical appointments and any needed follow-up.   L1-L4 All providers, staff and participants are trained annually in abuse and neglect using DDS's Mandated Reporting video or Power Point presentation. Providers also review and sign 'When should an incident be reported to DPPC' to ensure they are aware of reporting responsibilities. DPPC Flyers are available in all homes. All incidents must also be reported to the agency for internal investigation to take place. All reports of neglect/abuse are reported to DPPC, to HR Committee for review and the agency keeps internal records. There haven't been any reports of neglect/abuse so far.   L5-L6 Both sites have approved safety plans. Saugus site expires 1/29/22, Brookline site expires 1/22/23. Both individuals can evacuate within 2.5 minutes.   L8 Both individuals have current Emergency Fact Sheets available on sites and in their personal files.   L11-L18 Both sites are current with all required inspections. Emergency egresses were clear of debris, individuals' bedrooms are private, decorated to their likings and have operational locks for privacy. All appliances are in good working condition. Due to the pandemic lockdowns, we switched to phone/video check-ins in March '20 and resumed in-person home visits and safety checks in November '20.  SAUGUS: Annual Home Safety inspection - 4/14/21. Gas Furnace Inspection by a licensed contractor - 7/27/21. Smoke/carbon monoxide battery operated detectors test - 7/21. Hot water test - 7/21- kitchen faucet 116F, bathroom faucet and shower both 114F. The provider had some porch/steps work done during the summer of 2019; it is in good repair.   BROOKLINE: Section 8 site, inspected by Brookline Housing Authority. Due to pandemic, the last inspection is dated 08/20/18. Unit owner reached out to the BHA for the next inspection date and was told Fall 2021, if no new restrictions/lockdowns are put in place. To secure documentation on system inspections, property management provides a letter detailing inspections' dates and findings. Annual Home Safety inspection - 4/28/21. Smoke/carbon monoxide detector is wired to the interconnected system and can only be tested by authorized service, last in 4/21. Hot water test - 7/21- shower 118F, kitchen and bathroom 120F. Water in the shower has tested between 114F and 119F, but temperature in kitchen and bathroom faucets have exceeded 120F a few times. We contacted property maintenance and they reportedly made adjustments but informed it is difficult to always test within the same range, as the building has 12 floors, and the temperature varies based on other tenants' usage and water heater's performance. Choice continues to check water temperature monthly and is in touch with the maintenance department for support. The unit is maintained clean and free of obstacles to allow the legally blind individual for easy, obstacle-free and safe living. His toilet was adapted to his needs and has built-in light and bidet functions.  L8, L33-L39, L41-43, L46 Both individuals have had physical and dental appointments within 12 months: MB physical 10/16/20, dental 04/19/21; DS physical 06/18/21, dental 03/04/21. All providers review and fill out Mass DDS Annual Health Screening Checklist prior to physical appointments and they help the individuals advocate with healthcare providers for any needed or age-related preventive screenings. Both individuals were assessed for self-medication administration skills by their physicians and they were found safe to self-administer medication. All appointments and needed/recommended follow-ups are documented on a monthly visit form and copies of visit summary are kept in personal files in the office and on sites. All medications on site are reviewed monthly to assure they match most current medication lists. During MB's physical, his PCP ordered sleep study consult, but due to limited healthcare appointments available in 2020 and early 2021, MB's appointment with the specialist could not be scheduled immediately. MB's provider requested sleep apnea study referral in Mass General Hospital again during appointment for episodic condition on 5/21/21 and received it to MB at follow-up appointment on 5/28/21. After several calls to MGH and no available appointments, MB's provider contacted Beth Israel Deaconess Medical Center and was able to secure appointment on 10/2/21. None of the individuals we serve have treatment plans or special dietary requirements in place, but both are strongly supported in following a healthy diet. Both individuals are supported to engage in physical activity. In April '21 MB joined LA Fitness and was going daily until he recently started a new job. He continues exercising on days he does not work. DS uses treadmill daily for 20-minute power walks, meets with workout instructors 4 times a week for 1-hour exercise sessions and goes to local high school swimming pool.   L48 Choice continues to be a part of the Walnut Street Center, Inc's Human Rights Committee and takes part in their quarterly meetings.   L49-L71 Both individuals have received training in Human Rights. They know their HR Officer, who to talk to with concerns and how to file a grievance (MB 11/19/20, DS 4/28/21). Both individuals have cell phones to access their friends and families at their chosen time. They both have family members living close by (within 1 hour of travel), and they both visit them frequently. Agency uses internal consent form to obtain consent as needed. None of the participants we support have behavioral or medication treatment plans. Both use supportive/protective devices- MB - Sleep Apnea machine (CPAP), DS - sight cane. We are in possession of PCP signed and HRC reviewed/signed forms for devices for both are included in their ISPs. Agency has no money management responsibilities. Agency calculates CFC monthly based on participants' income. Participants/ guardians/rep-payees receive updated CFC and Calculation Sheet every month the amount changes. The sheet also informs when and how to file a grievance.  L76 All providers/staff are up to date with required trainings. Choice continues to utilize Providers' e-Academy to offer online trainings, to track them, and to have reports available.   L77-L85 All staff is trained to support the unique needs of individuals, to recognize signs and symptoms of illness and what to do in a medical emergency. Agency provides on-going supervision of staff and offers trainings to ensure staff's development. All staff members have access to Provider's e-Academy, where they can sign up and complete numerous offered trainings, without any limits.   L86-L90 All ISP assessments and support strategies have been completed timely. All goals are being implemented and providers are responsible for helping participants succeed and for recording data. Both participants have their own, private bedrooms where they can lock their door to have even more privacy, if they wish.   L91 All providers/staff must report minor and major incidents within 24 hours. All incidents are reported in HCSIS, and in agency's database. All major incidents/follow-ups are reported and reviewed during quarterly HRC meetings. There have been no major incidents involving current participants.  C1-C6 Choice uses forms, notes, 360 conversations, and surveys to collect data on all aspects of the program including medical data, ISP goals implementation, site safety checks, supervision with provider/staff and feedback from individual/guardian/family. There are separate tools to document reportable incidents, grievances, and CFC. All information is reviewed, analyzed, and discussed to determine any needed follow up at least monthly during supervision. Service satisfaction surveys are delivered every 5 years to solicit feedback from stakeholders, to improve the quality of services. We use feedback from individuals, health professionals, DDS, families, staff, and any other involved parties to plan for any requested/needed service changes, grievances or address any unmet needs. Since the program is 3 years old, Choice will be able to officially measure progress in our next survey. However, we continuously review individuals' satisfaction on-going during ISPs and team meetings. The feedback we received from our 2019 surveys helped us create our strategic plan for 2019-2024. Our plan included an assessment of the agency based on data gathered through a SWOT survey (Strengths, Weaknesses, Opportunities and Threats). The 3 main goals of our strategic plan are to: Seek and pursue ways to grow CCS's clientele and further develop the business; Grow and develop CCS Staff; Enhance Client Community Engagement.   C7-C12 All participants are actively involved in the process of hiring their providers and staff and are asked to provide feedback on their providers/staff performance monthly. Providers support participants to sustain/ develop appropriate social skills and increase their social circle. They support the individuals to have good relationships with their families and friends and provide opportunities to see them as often as possible. DS gets to see his family at least weekly. They often have dinner together and go away a few times annually. MB visited his mom weekly, until she passed last month, and he spends major holiday weekends with his sister and her family. Providers are aware of a need to support participants in exploring companionship and intimacy, and the agency makes sure that Sexuality and Healthy Relationships assessment and training are in place. MB was assessed and trained on 11/19/20. DS's assessment is available at the site but so far, he has chosen not to take it. Instead, he continues to learn and gain trust with his new provider of 6 months and will be encouraged to take it when he's comfortable to do so.   C13-C20 Both participants are supported to develop/ sustain independent living skills and to fill their days with schedules and routines that keep them occupied with activities of their choice. Participants explore all activities of their interests including cultural, social, recreational, and spiritual activities. DS was recently introduced to Waypoint Adventures agency that offers various fun activities. He also attends once-a-month peers' dinner time with the Silver Stars. MB is an active member of Revere League for Special Needs and takes part in many activities they offer. MB recently purchased new furniture for his bedroom. Both participants have decorated their bedrooms with personal items and fully participate in choosing decoration for common areas of their homes. There are emergency back-up plans in place for both participants. | |  | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | |  | | --- | | **LICENSURE FINDINGS** | | |  |  | |  |  | |  |  | |  | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **5/5** | **0/5** |  | | **Residential and Individual Home Supports** | **45/45** | **0/45** |  | | Placement Services |  |  |  | | **Critical Indicators** | **5/5** | **0/5** |  | | **Total** | **50/50** | **0/50** | **100%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **0** |  | |  | |  | |  |  | |  |  | |  | |  |
|  | |  |  |
| |  | | --- | |  | | |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |  | | | | | |  |  |  |  |  |  |  |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | |  | |  |  | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | |  | | --- | | **CERTIFICATION FINDINGS** | | |  |  | |  |  | |  |  | |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Reviewed by** | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Certification - Planning and Quality Management** | **DDS 5/6 Provider 0/0** | **5/6** | **1/6** |  | | **Residential and Individual Home Supports** | **DDS 3/3 Provider 19/19** | **22/22** | **0/22** |  | | Placement Services | DDS 3/3 Provider 19/19 | 22/22 | 0/22 |  | | **Total** |  | **27/28** | **1/28** | **96%** | | **Certified** |  |  |  |  | |  | |  | |  | | |  |  | |  |  | |  | |  |  | |  |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Planning and Quality Management Areas Needing Improvement on Standards not met From DDS Review:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C5 | | | The provider has a process to measure progress towards achieving service improvement goals. | The agency had a draft strategic plan that had goals that lacked measurable criteria, timelines and finalization. It was the same plan reviewed by OQE in 2019. The agency needs to develop goals with measurable criteria, defined timelines and responsible parties, within its existing strategic plan. | |  |  | | |  |  | |  | |  | |  |  | |  | |  |  | |  |  |  |  |  |  |  | | | | | | | | | | | | |  |
|  | | | | | | | |  | | | | | |  |  |  |  |  |  |  |
|  | | | | | | | | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | |  | | | | | |  |  |  |  |  |  |
|  | | | | | | | |  | | | | | |  |  |  |  |  |  |  |
|  | | | | | | | | |  | | --- | | **Organizational: Choice Community Supports Inc** | |  |  | | | | | |  |  |  |  |  |
|  | | | | | | | |  | | | | | |  |  |  |  |  |  |  |
|  | | | | | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Reviewed by** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **DDS** | **2/2** | **Met** | |  | L48 | HRC | **Provider** | **-** | **Met** | |  | L74 | Screen employees | **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** | | O | L6 | Evacuation | L | **DDS** |  |  | 2/2 |  |  |  | **2/2** | **Met** | |  | L8 | Emergency Fact Sheets | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | | O | L11 | Required inspections | L | **DDS** |  |  | 2/2 |  |  |  | **2/2** | **Met** | | O | L12 | Smoke detectors | L | **DDS** |  |  | 2/2 |  |  |  | **2/2** | **Met** | | O | L13 | Clean location | L | **DDS** |  |  | 2/2 |  |  |  | **2/2** | **Met** | |  | L14 | Site in good repair | L | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L15 | Hot water | L | **DDS** |  |  | 2/2 |  |  |  | **2/2** | **Met** | |  | L16 | Accessibility | L | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L17 | Egress at grade | L | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L21 | Safe electrical equipment | L | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L22 | Well-maintained appliances | L | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L26 | Walkway safety | L | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L27 | Pools, hot tubs, etc. | L | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L29 | Rubbish/combustibles | L | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L30 | Protective railings | L | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L31 | Communication method | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L32 | Verbal & written | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L33 | Physical exam | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L34 | Dental exam | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L35 | Preventive screenings | I | **DDS** |  |  | 2/2 |  |  |  | **2/2** | **Met** | |  | L36 | Recommended tests | I | **DDS** |  |  | 2/2 |  |  |  | **2/2** | **Met** | |  | L37 | Prompt treatment | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L41 | Healthy diet | L | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L42 | Physical activity | L | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L43 | Health Care Record | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L47 | Self medication | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L49 | Informed of human rights | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L50 (07/21) | Respectful Comm. | I | **DDS** |  |  | 2/2 |  |  |  | **2/2** | **Met** | |  | L51 | Possessions | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L52 | Phone calls | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L53 | Visitation | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L54 (07/21) | Privacy | I | **DDS** |  |  | 2/2 |  |  |  | **2/2** | **Met** | |  | L70 | Charges for care calc. | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L71 | Charges for care appeal | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L77 | Unique needs training | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L80 | Symptoms of illness | L | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L81 | Medical emergency | L | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L85 | Supervision | L | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L86 | Required assessments | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L87 | Support strategies | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L88 | Strategies implemented | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L90 | Personal space/ bedroom privacy | I | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | L91 | Incident management | L | **Provider** |  |  | - |  |  |  | **-** | **Met** | |  | **#Std. Met/# 45 Indicator** |  |  |  |  |  |  |  |  |  | **45/45** |  | |  | **Total Score** |  |  |  |  |  |  |  |  |  | **50/50** |  | |  |  |  |  |  |  |  |  |  |  |  | **100%** |  | |  |  |  |  |  | | | | | |  |  |
|  | | | | | | | |  | | | | | |  |  |  |  |  |  |  |
|  | | | | | | | | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | |  |  | | | | | |  |  |  |  |  |
|  | | | | | | | |  | | | | | |  |  |  |  |  |  |  |
|  | | | | | | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Certification - Planning and Quality Management** |  |  |  |  | | | | | |  | **Indicator #** | | | | | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | |  | C1 | | | | | Provider data collection | DDS | 1/1 | **Met** | |  | C2 | | | | | Data analysis | DDS | 1/1 | **Met** | |  | C3 | | | | | Service satisfaction | DDS | 1/1 | **Met** | |  | C4 | | | | | Utilizes input from stakeholders | DDS | 1/1 | **Met** | |  | C5 | | | | | Measure progress | DDS | 0/1 | **Not Met (0 %)** | |  | C6 | | | | | Future directions planning | DDS | 1/1 | **Met** | |  |  | | | | |  |  |  |  | |  |  |  |  |  | | | | | |  |  |
|  | | | | | | | |  | | | | | |  |  |  |  |  |  |  |
|  | | | | | | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Placement Services** |  |  |  |  | | | | | | **Indicator #** | | | | | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | | C7 | | | | | Feedback on staff / care provider performance | Provider | - | **Met** | | C8 | | | | | Family/guardian communication | Provider | - | **Met** | | C9 | | | | | Personal relationships | Provider | - | **Met** | | C10 | | | | | Social skill development | Provider | - | **Met** | | C11 | | | | | Get together w/family & friends | Provider | - | **Met** | | C12 | | | | | Intimacy | DDS | 1/1 | **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** | | C20 (07/21) | | | | | Emergency back-up plans | DDS | 2/2 | **Met** | | C46 | | | | | Use of generic resources | Provider | - | **Met** | | C47 | | | | | Transportation to/ from community | Provider | - | **Met** | | C48 | | | | | Neighborhood connections | 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 | DDS | 2/2 | **Met** | |  | | | | |  |  |  |  | |  |  |  | | | | | |  |  |  |  |