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| **PROVIDER REPORT FOR** |

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| **Communitas, Inc60-D Audubon Road Wakefield, MA 01880**  |

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| **Version** |

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| **Public Provider Report** |

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

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| **SUMMARY OF OVERALL FINDINGS** |

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| **Provider** |

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| Communitas, Inc |

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| **Review Dates** |

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| 3/2/2022 - 3/8/2022 |

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| **Service Enhancement Meeting Date** |

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| 3/22/2022 |

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| **Survey Team** |

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| Raquel Rodriguez (TL) |
| Meagan Caccioppoli |
| Jennifer Conley-Sevier |
| John Downing |

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| **Citizen Volunteers** |

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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** | 6 location(s) 10 audit (s)  | Targeted Review | DDS 17/19Provider 62 / 6379 / 82 2 Year License 03/22/2022- 03/22/2024 |  | DDS 3 / 4Provider 47 / 4750 / 51 Certified 03/22/2022 - 03/22/2024 |
| Residential Services | 3 location(s) 7 audit (s)  |  |  | DDS Targeted Review | 21 / 22 |
| Individual Home Supports | 3 location(s) 3 audit (s)  |  |  | DDS Targeted Review | 23 / 23 |
| 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** | 6 location(s) 18 audit (s)  | Targeted Review | DDS 18/20Provider 41 / 4159 / 61 2 Year License 03/22/2022- 03/22/2024 |  | 6/6 Certified 03/22/2022 - 03/22/2024 |
| Community Based Day Services | 2 location(s) 9 audit (s)  |  |  | Deemed | 0/0(Provider) |
| Employment Support Services | 4 location(s) 9 audit (s)  |  |  | Deemed | 0/0(Provider) |
| Planning and Quality Management (For all service groupings) |   |  |  | DDS Targeted Review | 6 / 6 |

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| **EXECUTIVE SUMMARY :** |

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| Communitas is a non-profit organization founded in 1954, providing a range of services to children and adults with developmental disabilities in the Northeast region. Services include family support, recreation, day habilitation, residential, and day/work supports. During the 2019 survey, Communitas met over 90% of licensing indicators within their Residential and Day/Employment programs and thus were eligible to complete a self-assessment during this licensing and certification review. As a result, the scope of the DDS licensing and certification review was limited to critical indicators, and indicators receiving a rating of not met during the 2019 survey. In addition, indicators that were newly revised were also reviewed by DDS. The ratings from this survey process are a combination of DDS and Communitas application of licensing and certification standards; any instances where different rating decisions were reached resulted in the use of the DDS rating. The scope of the DDS targeted survey included review of three residential homes three Individual Home Supports. Two day/employment sites were reviewed for licensing standards and deemed CARF for certification standards. On an organization level and within the homes and day programs, the agency demonstrated a commitment to human rights, both in meeting the standard for reporting to DPPC and in having a robust Human Rights Committee that met regularly. Communication to and about the individuals was respectful as evidenced by observation and reviewing notes; furthermore, all individuals interviewed reported having privacy both in their homes and in their interactions with staff. Several areas of strength were identified within the Residential and Individual Home Supports. Individuals' homes were found to be well maintained, with all required inspections having occurred and all fire systems functioning. This was also noted at the day program sites. The agency successfully maintained individuals' physical health and safety by following medical protocols and maintaining health related supports and protections. Two areas not meeting DDS regulatory standards were identified during the survey; in both the Residential Services and Day Supports, the agency would benefit from providing additional attention to ISP timelines for both assessments and support strategies. Residentially, further supports are needed around the areas of intimacy and companionship. Within the Residential and Individual Home Support Services programs Communitas received a rating of met in 96% of licensing indicators; all critical indicators were met. The agency also received a rating of met in 98% of certification indicators reviewed. Within Employment/Day support services the agency received a rating of met in 97% of licensing indicators; all critical indicators were met. As a result, the agency will receive a Two Year License for Residential and Day/Employment Services and is Certified by DDS in its Residential services.. Follow-up on all not met licensing indicators will be conducted by Communitas within 60 days. Below is a description of the self-assessment process completed by the provider. |

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

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| Communitas has developed comprehensive and continual quality assurance and enhancement systems across Residential and Day Services to monitor and enhance service delivery, agency response to incidents, staff training, human rights and mandated reporting, as well as the safety and health of the people supported by this agency. Formalized QA tools for each program type are regularly utilized by each Division's quality enhancement workgroup. These tools allow for the tracking of trends and identification of systemic issues which may require a more comprehensive review and response. Systems are also in place and being utilized to allow for prompt response to more urgent concerns, whether on an individual, programmatic, division or agency level. Compliance with these systems is tracked by the agency's Program System Specialist and reported back to the agency's Senior Leadership (comprised of CEO and Division Heads) and Program Leadership (Directors, Assistant Directors, Health Care Coordinators, Case Managers and Program Coordinators) through routine reporting, weekly or monthly meetings, 1:1 contact, or by special report as needed.The agency utilized the results of formalized QA tools, targeted review of records, interview or direct observation to reach a determination of "Standard Met" or "Standard Not Met" for each indicator covered under this self-assessment.Formal Individual and Programmatic ReviewsIn Residential Services, formal audits occur at least twice a year, including 100% of all individual records (legal, medical and financial) as well as of program records (including protocol books, safety drills, medication administration systems and communication systems). Residential medical files and Medication Administration systems are reviewed by the Health Care Coordinator. In Day Services, 10% of individual records are formally audited once per month, and emergency drills are audited quarterly. For both Residential and Day Services, additional targeted audits may occur after triggering events such as significant staff/supervisory change, grievance filed, or significant incident that impacts safety, health or human rights. Results of those formal QA tools are compiled by the agency's Program Systems Specialist and fed back to the program's leadership, with strengths and areas of improvement identified. Composite results are fed back to the Division Head, Division Leadership team, and the CEO. These results outline improvements made since the last review, and areas in need of improvement for this review. Program leadership then coordinates the correction of deficiencies.Incident Reporting and ResponseIncident reports are complete at the site level, and documentation includes immediate action steps, follow-up steps needed, and any required notifications. The program's supervisor then completes a supervisory review, which may include additional follow-up or notifications needed, and entry onto HCSIS, if applicable. The report is then entered into the Internal Incident Report Log and sent to the agency's Incident Reviewer. Incident Reviewer reads report to ensure that any immediate actions have been completed, and that all required notifications have been completed, and that any follow-up action steps are documented with a due date. Incident report is then closed out and sent back to the program for filing.The Program Systems Specialist checks the log monthly to ensure that all recommended follow-up steps have been completed. Reports are sent by the Program System Specialist to each program's Leadership Team, to ensure that all incidents have been reported and closed out. Quarterly reports are compiled and sent to the Senior Leadership team with any trends noted and recommendations to address, if appropriate. Incidents requiring additional input are present to the Division Clinical Team, the Agency Clinical Team, Policy Committee, the Human Rights Committee, or the Continuity of Operations Plan (COOP) team, as appropriate.Safety ReviewsDetailed monthly safety checklists are completed by an assigned and trained Safety Officer for each program once per month in the areas of Site Safety and Van Safety. Residential Site Safety checklists inspect 42 points of site safety, Day Services includes 56 points of site safety, and the vehicle checklists include 28 points of safety. If any safety issues are noted in the multi-point safety checklist, programs will note who is responsible for coordinating the correction of that item, and when that person was informed of the issue. Protocols are in place to promptly respond to urgent or emergency safety issues, and those protocols are being utilized.Site and van safety reports are sent directly to the Facilities Manager and the Transportation Director, respectively, who will then ensure that identified issues are promptly resolved. They are also sent to the Program Systems Specialist who compiles a monthly summary, which is fed back to all Division Heads. Repair or correction of identified issues is noted on the following month's report, or documented via email between the program's leadership team, the Facility Manager, the Transportation Director, and the Program Systems Specialist.Additionally, programs complete emergency evacuation drills as outlined in statutory regulation and the program's Emergency Evacuation and Site Safety Plan. Plans are reviewed annually, with staff completing training on the current site safety plan. Plans are submitted every two years to the Department of Developmental Services for review and approval. If circumstances of the program or any individual supported therein change substantially prior to the prescribed biennial review, the program leadership and Program Systems Specialist work together to revise and submit the new plan to DDS. Expiration dates of plans are tracked by the Program System Specialist, and current staff training is tracked by the Training Coordinator.Staff DevelopmentThe hiring process is monitored by the Director of Human Resources to ensure that applicants are qualified, that people we support are included in the interview process, and that all required screening and background checks are completed.All employees working in Day Services and Residential Services complete a comprehensive two-week New Hire Orientation program consisting of classroom training, remote learning, self-guided study and site-specific On-The-Job training. Prior to working in their assigned program, new hires must complete specific modules, including: Agency Overview and Chain of Responsibility, On-call and Emergency Response Systems, Cultural Competency, Signs and Symptoms of Illness, Basic Fire Safety, Bloodborne Pathogens (Universal Precautions), Basic Human Rights, Abuse/Neglect/Mandated Reporting, Red Cross CPR/AED and First Aid Certification (unless currently certified). Since April 2020, all employees have also been required to complete COVID-related training, including symptoms, mitigation measures (including hand hygiene and transmission-based precautions), proper user and disposable of personal protective equipment and enhanced cleaning protocols.During On-The-Job training at the program, supervisors complete a comprehensive program training protocol with the new hire, which includes Program Overview, Introduction to the People Supported, pertinent records review, emergency protocols specific to the program and division, health, mobility, dietary and behavioral supports of the people in the program, required documentation, incident reporting protocols, van safety (including wheelchair tie-down, if applicable to that program), site safety, and evacuation protocols.Within the first 90 days of employment, new hires are in their probationary period. The program's leadership and the agency's Training Coordinator work with them to complete additional required training, including a review of all applicable agency policies, Human Services Worker Safety, Sexual Harassment, Positive Behavioral Supports, Universal Supports, Nutrition (EO509), Teamwork and Expectation, Neutral Writing, Basic De-escalation, Falls Prevention, Diversity in the Workplace, and HIPAA Compliance.Annually/biennially required training, such as Human Rights/Mandated Reporting, Emergency Evacuation and Site Safety, CPR/First Aid, and MAP, is tracked by the Training Coordinator. Training compliance is reported monthly to the program's leadership as well as the applicable Division Head, including notification of training expiration dates highlighted at least 3 months prior to expiration. The Training Coordinator, program leadership and the employee then work together to ensure completion of all required training prior to the expiration date.In-house certification for CPR/AED/First Aid and Medication Administration Programs allows for timely recertification prior to expiration. Additionally, the Director of Human Resources monitors systems to ensure that 90-Day Probationary Evaluations and Annual Evaluations are completed, and that the people we support are included in the evaluation process.Stakeholder Input and Utilization of FeedbackInput and feedback from stakeholders are regularly utilized to enhance program services and address issues that arise. This includes feedback from individuals, employees, families, caregivers, guardians, and external partners (including regulatory agencies, advocacy groups, trade associations, vendors, and other community partners).Since the outbreak of COVID-19, this solicitation of feedback and input has pivoted to a more direct context, with frequent contact between the agency and stakeholders. Direct email, video/phone calls, newsletters, town halls, surveys, website articles and social media have all been utilized to keep stakeholders informed and to solicit feedback and input from those stakeholders. Feedback and input are presented to applicable agency workgroups outlined later in this assessment.Additional Program-based SystemsThe agency's 24-hour support community-based group homes also complete shift reports at the end of each shift which are reviewed daily by the program leadership and Division Heads. This regular communication allows for timely resolution of safety, health, behavioral, staffing and other programmatic issues. Program Directors for each home also complete weekly reviews of all health, medication and financial records and discuss any issues with the Residential Leadership Team, consisting of Program Coordinators, Health Care Coordinator, Division Head, and, as needed, the Facilities Manager and CEO. Staff Communication Logs, Individual Logs, regular house and staff meetings, as well as 1:1 staff supervision complete the circle of communication, ensuring that any pending issues are resolved. Independent Home Supports utilizes monthly progress notes, staff meetings, email groups and 1:1 supervision meetings to monitor progress, barriers, safety, health, behavioral and human rights issues that arise. As needed, pending issues and trends are discussed at regular Cluster Meetings, weekly Program Coordinator Meetings, and, as needed, Agency Clinical Meetings.Day Services has staff meetings every morning to discuss any prior incidents, ongoing health or behavioral issues, planned or unplanned absences from program, or any other programmatic issue. Once a week there is an afternoon staff meeting which is usually dedicated to training or larger issues requiring more in-depth discussion. Inter-Disciplinary Team meetings with staff and clinicians are held monthly, and Day Services Leadership team meets weekly.Additional Agency SystemsThe program and agency systems mentioned above are reviewed at multiple levels, and any pressing needs or trends can be brought to the appropriate workgroups for processing, review, feedback, resolution or additional resource exploration. These workgroups include the Agency (interdisciplinary) Clinical meeting, All Managers meeting, Policy Committee meeting, Human Rights Committee meeting, Recruitment/Retention meetings, Senior Leadership meetings, and twice-weekly Continuity of Operations (COOP) meetings. |

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| **LICENSURE FINDINGS** |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **8/8** | **0/8** |  |
| **Residential and Individual Home Supports** | **71/74** | **3/74** |  |
|  Residential Services Individual Home Supports |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **79/82** | **3/82** | **96%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **3** |  |
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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **8/8** | **0/8** |  |
| **Employment and Day Supports** | **51/53** | **2/53** |  |
|  Community Based Day Services Employment Support Services |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **59/61** | **2/61** | **97%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **2** |  |
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|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:From DDS review:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For six individuals, assessments had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that assessments are completed in preparation for the ISP and submitted in accordance with regulatory requirements. |
|  |  L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | For six individuals, support strategies had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that support strategies are completed in preparation for the ISP and submitted in accordance with regulatory requirements. |

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|  | **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. | While supervision had been occurring regularly with most staff, documentation was sporadic. | Director of Human Resources solicited feedback from supervisors to identify barriers to completion of the Supervision Form. The form was then revised to streamline the documentation process. Director of Human Resources is reviewing the Formal Supervision Policy in an effort to reduce paperwork burden while still ensuring adequate ongoing supervisory support.Division Heads will add formal supervision as a discussion point to the formal supervision with their direct reports, to include documentation of formal regular supervision down the chain or responsibility, as per revised policy. |

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|  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:From DDS review:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For five individuals, assessments had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that assessments are completed in preparation for the ISP and submitted in accordance with regulatory requirements. |
|  |  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 individuals, support strategies had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that support strategies are completed in preparation for the ISP and submitted in accordance with regulatory requirements. |

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| **CERTIFICATION FINDINGS** |

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|  | **Reviewed By** | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **DDS 1/1Provider 5/5** | **6/6** | **0/6** |  |
| **Residential and Individual Home Supports** | **DDS 2/3Provider 42/42** | **44/45** | **1/45** |  |
| Individual Home Supports | DDS 1/1Provider 22/22 | 23/23 | 0/23 |  |
| Residential Services | DDS 1/2Provider 20/20 | 21/22 | 1/22 |  |
| **Total** |  | **50/51** | **1/51** | **98%** |
| **Certified** |  |  |  |  |

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|  | **Reviewed By** | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **DDS 1/1Provider 5/5** | **6/6** | **0/6** |  |
| **Employment and Day Supports** | **Provider** | **0/0** | **0/0** |  |
| Community Based Day Services | Provider (also Deemed) | 0/0 | 0/0 |  |
| Employment Support Services | Provider (also Deemed) | 0/0 | 0/0 |  |
| **Total** |  | **6/6** | **0/6** | **100%** |
| **Certified** |  |  |  |  |

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|  | **Residential Services- Areas Needing Improvement on Standards not met From DDS Review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |  |
|  |  C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | For two individuals, an intimacy assessment indicated the individuals would benefit from additional education. The agency needs to ensure individuals are supported to explore, define, and express their need for intimacy and companionship. |  |
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| **MASTER SCORE SHEET LICENSURE** |

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| **Organizational: Communitas, Inc** |

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|  | **Indicator #** | **Indicator** | **Reviewed by** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **DDS** | **9/9** | **Met** |
|  |  L3 | Immediate Action | **Provider** | **-** | **Met** |
|  |  L4 | Action taken | **Provider** | **-** | **Met** |
|  |  L48 | HRC | **DDS** | **1/1** | **Met** |
|  |  L74 | Screen employees | **DDS** | **2/2** | **Met** |
|  |  L75 | Qualified staff | **Provider** | **-** | **Met** |
|  |  L76 | Track trainings | **Provider** | **-** | **Met** |
|  |  L83 | HR training | **Provider** | **-** | **Met** |

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

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|  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Reviewed by** | **Res. Sup.** | **Ind. Home Sup.** | **Place.** | **Resp.** | **ABI-MFP Res. Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** |
|  |  L1 | Abuse/neglect training | I | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L5 | Safety Plan | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
| O |  L6 | Evacuation | L | **DDS** | 3/3 | 3/3 |  |  |  |  | **6/6** | **Met** |
|  |  L7 | Fire Drills | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L8 | Emergency Fact Sheets | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L9 (07/21) | Safe use of equipment | I | **DDS** | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** |
|  |  L10 | Reduce risk interventions | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
| O |  L11 | Required inspections | L | **DDS** | 3/3 | 2/2 |  |  |  |  | **5/5** | **Met** |
| O |  L12 | Smoke detectors | L | **DDS** | 3/3 | 2/2 |  |  |  |  | **5/5** | **Met** |
| O |  L13 | Clean location | L | **DDS** | 3/3 | 2/2 |  |  |  |  | **5/5** | **Met** |
|  |  L14 | Site in good repair | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L15 | Hot water | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L16 | Accessibility | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L17 | Egress at grade  | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L18 | Above grade egress | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L19 | Bedroom location | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L20 | Exit doors | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L21 | Safe electrical equipment | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L22 | Well-maintained appliances | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L23 | Egress door locks | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L24 | Locked door access | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L25 | Dangerous substances | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L26 | Walkway safety | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  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** |
| O |  L38 | Physician's orders | I | **DDS** | 6/6 |  |  |  |  |  | **6/6** | **Met** |
|  |  L39 | Dietary requirements | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L40 | Nutritional food | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L41 | Healthy diet | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L42 | Physical activity | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L43 | Health Care Record | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L44 | MAP registration | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L45 | Medication storage | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
| O |  L46 | Med. Administration | I | **DDS** | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** |
|  |  L47 | Self medication | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L49 | Informed of human rights | I | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | **DDS** | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** |
|  |  L51 | Possessions | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L52 | Phone calls | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L53 | Visitation | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L54 (07/21) | Privacy | I | **DDS** | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** |
|  |  L55 | Informed consent | I | **DDS** | 7/7 | 2/2 |  |  |  |  | **9/9** | **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** |
|  |  L61 | Health protection in ISP | I | **DDS** | 5/5 |  |  |  |  |  | **5/5** | **Met** |
|  |  L62 | Health protection review | I | **DDS** | 5/5 |  |  |  |  |  | **5/5** | **Met** |
|  |  L63 | Med. treatment plan form | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L64 | Med. treatment plan rev. | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L67 | Money mgmt. plan | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L68 | Funds expenditure | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L69 | Expenditure tracking | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L70 | Charges for care calc. | I | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L71 | Charges for care appeal | I | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L80 | Symptoms of illness | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L81 | Medical emergency | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
| O |  L82 | Medication admin. | L | **DDS** | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L84 | Health protect. Training | I | **DDS** | 5/5 |  |  |  |  |  | **5/5** | **Met** |
|  |  L85 | Supervision  | L | **Provider** | - | - |  |  | - | - | **-** | **Not Met** |
|  |  L86 | Required assessments | I | **DDS** | 4/7 | 0/3 |  |  |  |  | **4/10** | **Not Met(40.0 %)** |
|  |  L87 | Support strategies | I | **DDS** | 4/7 | 0/3 |  |  |  |  | **4/10** | **Not Met(40.0 %)** |
|  |  L88 | Strategies implemented | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L90 | Personal space/ bedroom privacy | I  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  |  L91 | Incident management | L  | **Provider** | - | - |  |  | - | - | **-** | **Met** |
|  | **#Std. Met/# 74 Indicator** |  |  |  |  |  |  |  |  |  | **71/74** |  |
|  | **Total Score** |  |  |  |  |  |  |  |  |  | **79/82** |  |
|  |  |  |  |  |  |  |  |  |  |  | **96.34%** |  |

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| **Employment and Day Supports:** |

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|  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Reviewed by** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** |
|  |  L1 | Abuse/neglect training | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L5 | Safety Plan | L  | **Provider** |  | - | - | **-** | **Met** |
| O |  L6 | Evacuation | L | **DDS** |  |  | 2/2 | **2/2** | **Met** |
|  |  L7 | Fire Drills | L | **DDS** |  |  | 2/2 | **2/2** | **Met** |
|  |  L8 | Emergency Fact Sheets | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L9 (07/21) | Safe use of equipment | I | **DDS** | 9/9 |  | 9/9 | **18/18** | **Met** |
|  |  L10 | Reduce risk interventions | 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  | **Provider** |  | - | - | **-** | **Met** |
|  |  L16 | Accessibility | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L17 | Egress at grade  | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L18 | Above grade egress | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L20 | Exit doors | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L21 | Safe electrical equipment | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L22 | Well-maintained appliances | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L25 | Dangerous substances | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L26 | Walkway safety | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L28 | Flammables | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L29 | Rubbish/combustibles | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L30 | Protective railings | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L31 | Communication method | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L32 | Verbal & written | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L37 | Prompt treatment | I  | **Provider** |  | - | - | **-** | **Met** |
| O |  L38 | Physician's orders | I | **DDS** |  |  | 1/1 | **1/1** | **Met** |
|  |  L39 | Dietary requirements | I | **DDS** | 2/2 |  |  | **2/2** | **Met** |
|  |  L44 | MAP registration | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L45 | Medication storage | L  | **Provider** |  | - | - | **-** | **Met** |
| O |  L46 | Med. Administration | I | **DDS** | 2/2 |  |  | **2/2** | **Met** |
|  |  L49 | Informed of human rights | I | **Provider** |  | - | - | **-** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | **DDS** | 9/9 |  | 9/9 | **18/18** | **Met** |
|  |  L51 | Possessions | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L52 | Phone calls | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L54 (07/21) | Privacy | I | **DDS** | 9/9 |  | 9/9 | **18/18** | **Met** |
|  |  L55 | Informed consent | 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** |
|  |  L61 | Health protection in ISP | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L62 | Health protection review | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L77 | Unique needs training | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L80 | Symptoms of illness | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L81 | Medical emergency | L  | **Provider** |  | - | - | **-** | **Met** |
| O |  L82 | Medication admin. | L | **DDS** |  |  | 2/2 | **2/2** | **Met** |
|  |  L84 | Health protect. Training | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L85 | Supervision  | L | **DDS** | 3/3 |  | 1/2 | **4/5** | **Met(80.0 %)** |
|  |  L86 | Required assessments | I | **DDS** | 4/8 |  | 7/8 | **11/16** | **Not Met(68.75 %)** |
|  |  L87 | Support strategies | I | **DDS** | 6/8 |  | 7/9 | **13/17** | **Not Met(76.47 %)** |
|  |  L88 | Strategies implemented | I | **DDS** | 6/8 |  | 8/9 | **14/17** | **Met(82.35 %)** |
|  |  L91 | Incident management | L | **DDS** | 1/1 |  | 2/2 | **3/3** | **Met** |
|  | **#Std. Met/# 53 Indicator** |  |  |  |  |  |  | **51/53** |  |
|  | **Total Score** |  |  |  |  |  |  | **59/61** |  |
|  |  |  |  |  |  |  |  | **96.72%** |  |

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| **MASTER SCORE SHEET CERTIFICATION** |

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|  | **Certification - Planning and Quality Management** |  |  |  |  |
|  | **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  |  C1 | Provider data collection | Provider | - | **Met** |
|  |  C2 | Data analysis | Provider | - | **Met** |
|  |  C3 | Service satisfaction | Provider | - | **Met** |
|  |  C4 | Utilizes input from stakeholders | Provider | - | **Met** |
|  |  C5 | Measure progress | DDS | 1/1 | **Met** |
|  |  C6 | Future directions planning | Provider | - | **Met** |
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| **Residential Services** |  |  |  |  |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | Provider | - | **Met** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C9 | Personal relationships | Provider | - | **Met** |
|  C10 | Social skill development | Provider | - | **Met** |
|  C11 | Get together w/family & friends | Provider | - | **Met** |
|  C12 | Intimacy | DDS | 5/7 | **Not Met (71.43 %)** |
|  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 | 7/7 | **Met** |
|  C46 | Use of generic resources | Provider | - | **Met** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C48 | Neighborhood connections | Provider | - | **Met** |
|  C49 | Physical setting is consistent  | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C52 | Leisure activities and free-time choices /control | Provider | - | **Met** |
|  C53 | Food/ dining choices | Provider | - | **Met** |
|  C54 | Assistive technology | Provider | - | **Met** |
| **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** |
|  C20 (07/21) | Emergency back-up plans | DDS | 3/3 | **Met** |
|  C21 | Coordinate outreach | Provider | - | **Met** |
|  C46 | Use of generic resources | Provider | - | **Met** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C48 | Neighborhood connections | Provider | - | **Met** |
|  C49 | Physical setting is consistent  | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C52 | Leisure activities and free-time choices /control | Provider | - | **Met** |
|  C53 | Food/ dining choices | Provider | - | **Met** |
|  C54 | Assistive technology | Provider | - | **Met** |
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