|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | | --- | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | | --- | | **PROVIDER REPORT FOR** | | | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | | --- | | **Community Connections, Inc. 261 Whites Path  South Yarmouth, MA 02664** | | | | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  | | --- | |  | | | | | | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | | --- | | **Version** | | | | | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | --- | | **Public Provider Report** | | | | | | | | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | **Prepared by the Department of Developmental Services OFFICE OF QUALITY ENHANCEMENT** | | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
|  |  |  |  |  |
|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  | |  | | --- | | **Provider** | |  | |  | | --- | | Community Connections, Inc. | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Review Dates** | |  | |  | | --- | | 4/11/2019 - 4/17/2019 | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Service Enhancement  Meeting Date** | |  | |  | | --- | | 4/30/2019 | |  |  | |  |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Survey Team** | |  | |  | | --- | | Michelle Boyd (TL) | | Michael Marchese | | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **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** | 1 location(s) 1 audit (s) | Full Review | 41/44 2 Year License 04/30/2019 - 04/30/2021 |  | 27 / 28 Certified 04/30/2019 - 04/30/2021 | | Individual Home Supports | 1 location(s) 1 audit (s) |  |  | Full Review | 21 / 22 | | Planning and Quality Management (For all service groupings) |  |  |  | Full 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) 6 audit (s) | Full Review | 27/29 2 Year License 04/30/2019 - 04/30/2021 |  | 40 / 42 Certified 04/30/2019 - 04/30/2021 | | Community Based Day Services | 1 location(s) 2 audit (s) |  |  | Full Review | 13 / 14 | | Employment Support Services | 2 location(s) 4 audit (s) |  |  | Full Review | 21 / 22 | | Planning and Quality Management (For all service groupings) |  |  |  | Full Review | 6 / 6 | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  |
|  |  |  |  |
|  | |  | | --- | | Community Connections, Inc. (CCI) is a non-profit agency, founded in 1985, that provides Individual Home Supports (IHS), Employment Services, Community Based Day Services (CBDS), Day Habilitation, Active Treatment, Turning 22 Transition Services, Elder Services and Transportation Services in the Greater New Bedford, Greater Plymouth and Cape Cod areas.   The scope of this survey conducted by the Office of Quality Enhancement (OQE) included a full review of all licensing and certification indicators for the following service types: Individual Home Supports, Employment Services and Community Based Day Services. The agency's organizational practices were also included as part of the review.   Organizationally, the agency had an effective Human Rights Committee. The committee met composition requirements and met on a quarterly basis. Meeting minutes demonstrated that the committee reviewed required information and practices regarding the provision of services.   The agency demonstrated a commitment to ensuring all staff was provided comprehensive training upon hire and on an ongoing basis. To promote positive outcomes for individuals in the area of obtaining and maintaining competitive employment, CCI has contracted with the Institute for Community Inclusion (ICI) to provide on-site customized training for employment services staff.   Within the employment services, individuals were supported to successfully maintain jobs in integrated community settings that matched their interests. Staff met regularly with individuals and their employers to address concerns to enhance retention and advancement in their jobs. Staff assisted individuals with skill development and were able to fade supports to promote independence. For one individual, she was able to fade from full job coaching to check-ins with the employment specialist at the beginning and end of her shift. Staff supported individuals to be part of the workplace culture. The agency is commended for its efforts to increase skill development for job placement and retention, and for supporting people to work in integrated settings.   In CBDS, it was noted that the agency made efforts to offer individuals activities that reflect their interests and preferences. In one instance, an individual was supported to volunteer at a nearby hospital where she was able to engage in an activity of her choice. Staff are knowledgeable about their individuals' satisfaction with supports and provide individualized supports around areas of their interest. For example, an individual who is provided with a limited number of hours of CBDS services per month is supported to run her greeting card business.   Individuals receiving Individual Home supports are supported to become independent in their home and community. Individuals are supported to maximize their overall well-being. For instance, the agency provides oversight and implements strategies with an individual to reduce the risk of legal ramifications and provides assistance to the individual in areas where his safety and well-being are at risk.  Staff ensure individuals receive routine and preventive healthcare, attend follow up appointments and receive routine screenings.   The review identified a few areas which need strengthening. Efforts should be made to develop mechanisms to plan for future directions in service delivery and implement strategies to actualize these plans. The agency needs to strengthen its practices in assisting individuals with their finances. The agency needs to ensure documentation of cash out procedures and accurate expenditure of funds.   Within Individual Home Supports, efforts are needed to ensure the health care record is maintained and updated regularly. The agency needs to ensure it has a process for assessing individuals when they are supported to self-medicate. The agency will benefit from increasing its efforts to ensure incidents are reported and reviewed as mandated.   Across all settings, additional efforts are needed to assess, identify, and utilize assistive technology to maximize individual's independence.   Based on the findings of this report, Community Connections has earned a Two-Year License and Certified for both the Residential Supports and Employment and Day Supports group. Residential scores were 93% in licensing and 96% in certification; Employment/ Day Support scores were 93% in licensing and 95% in certification. Within sixty days, the agency will conduct its own follow-up on any licensing indicators rated Not Met and submit the results to the DDS Office of Quality Enhancement. | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | |  | | --- | | **LICENSURE FINDINGS** | |  |  |  | |  |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **5/5** | **0/5** |  | | **Residential and Individual Home Supports** | **36/39** | **3/39** |  | | Individual Home Supports |  |  |  | | **Critical Indicators** | **4/4** | **0/4** |  | | **Total** | **41/44** | **3/44** | **93%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **3** |  | | |  | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **5/5** | **0/5** |  | | **Employment and Day Supports** | **22/24** | **2/24** |  | | Community Based Day Services  Employment Support Services |  |  |  | | **Critical Indicators** | **2/2** | **0/2** |  | | **Total** | **27/29** | **2/29** | **93%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **2** |  | | |  |  |  |  | |  |
|  |  |  |
|  | |  | | --- | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  | |  | |  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | L43 | The health care record is maintained and updated as required. | In one instance, the health care record had not been maintained and updated as required. The agency needs to insure that individuals' electronic health care records are updated annually. | |  | L47 | Individuals are supported to become self medicating when appropriate. | In one instance, an individual self-administering his medications did not have an assessment of his skills in this area. The agency needs to ensure that individuals self-medicating have an assessment documenting their skills in this area, and a process for ensuring that individuals maintain their self-medicating abilities. | |  | L91 | Incidents are reported and reviewed as mandated by regulation. | For one location where reportable incidents occurred, two of five incident reports had not been submitted and finalized within required timelines. The agency needs to ensure that all reportable incidents are submitted and finalized within required timelines. | | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  | |  | |  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | L55 | Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent. | In one instance, the agency obtained consent for the disclosure of the individual's image and personal identifying information, did not contain the necessary information. The agency needs to ensure that when informed consent is obtained from individuals and guardian, all required information is included. | |  | L67 | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | In one instance, an individual's written plan did not correctly describe the actual supports being provided by the agency. The agency needs to ensure, that when providing shared or delegated money management responsibilities, the written plan accurately reflects the supports being provided. | | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | |  |  |  |  |
|  | |  | | --- | | **CERTIFICATION FINDINGS** | |  | | | |  |  |  |
|  |  | | | |  |  |  |  |
|  | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Certification - Planning and Quality Management** | **6/6** | **0/6** |  | | **Residential and Individual Home Supports** | **21/22** | **1/22** |  | | Individual Home Supports | 21/22 | 1/22 |  | | **TOTAL** | **27/28** | **1/28** | **96%** | | **Certified** |  |  |  | | | | |  | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Certification - Planning and Quality Management** | **6/6** | **0/6** |  | | **Employment and Day Supports** | **34/36** | **2/36** |  | | Community Based Day Services | 13/14 | 1/14 |  | | Employment Support Services | 21/22 | 1/22 |  | | **TOTAL** | **40/42** | **2/42** | **95%** | | **Certified** |  |  |  | |  |  |
|  |  | | | |  |  |  |
|  |  | | | |  |  |  |  |
|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Individual Home Supports- Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | One individual had not been assessed to identify any assistive technology that may be of benefit, and/or modifications to maximize his independence in his home. The agency needs to ensure they have reviewed and assessed individuals' needs, to determine whether they would benefit from any assistive tools and devices. | |  |  | | |  |  | |  | **Community Based Day Services- Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | For two individuals, the agency has not identified areas where individuals could benefit from the use of assistive technology nor have strategies been implemented to maximize their independence. The agency needs to ensure that areas of need are identified and recommendations are implemented. | |  |  | | |  |  | |  | **Employment Support Services Commendations on Standards Met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Commendations** | |  | C25 | | | Staff assist individuals to work on skill development for job attainment and success. | The agency supported individuals with skill development and was able to fade supports to promote independence. Several individuals were able to complete their jobs with minimal on-site support from the agency. The agency is commended for supporting several individuals to work on skill development for job attainment and success. | |  | C30 | | | Individuals are supported to work in integrated job settings. | Three of the four individuals who received employment services, who had jobs at the time of the survey, were supported to work in integrated job settings. The agency is commended for its strong commitment to supporting individuals to work in integrated settings. | |  |  | | |  |  | |  | **Employment Support Services- Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | Two out of three individuals had not been assessed to determine how they might benefit from the use of assistive technology, and there was no evidence that strategies were in place to maximize their independence. The agency needs to ensure that individuals have been assessed regarding the need for assistive technology and strategies are in place to maximize their independence. | |  |  | | |  |  | |  |  |  | | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  |  |  |
|  | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | | | |  |  |  |
|  |  | | |  |  |  |
|  | |  | | --- | | **Organizational: Community Connections, Inc.** | |  | | |  |  |
|  |  | | |  |  |  |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **3/3** | **Met** | |  | L48 | HRC | **1/1** | **Met** | |  | L74 | Screen employees | **3/4** | **Met(75.00 % )** | |  | L76 | Track trainings | **4/4** | **Met** | |  | L83 | HR training | **4/4** | **Met** | |  |  | | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | |  |  |  |  |
|  | |  | | --- | | **Residential and Individual Home Supports:** | | | | |  |  |  |  |
|  |  | | | |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Res. Sup.** | **Ind. Home Sup.** | **Place.** | **Resp.** | **ABI-MFP Res. Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** | |  | L1 | Abuse/neglect training | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L5 | Safety Plan | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | | O | L6 | Evacuation | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L8 | Emergency Fact Sheets | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L9 | Safe use of equipment | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L10 | Reduce risk interventions | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | | O | L12 | Smoke detectors | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L16 | Accessibility | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L17 | Egress at grade | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L18 | Above grade egress | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L19 | Bedroom location | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L20 | Exit doors | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L30 | Protective railings | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L31 | Communication method | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L32 | Verbal & written | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L33 | Physical exam | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L34 | Dental exam | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L35 | Preventive screenings | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L36 | Recommended tests | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L37 | Prompt treatment | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L40 | Nutritional food | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L41 | Healthy diet | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L42 | Physical activity | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L43 | Health Care Record | I |  | 0/1 |  |  |  |  | **0/1** | **Not Met (0 %)** | | O | L46 | Med. Administration | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L47 | Self medication | I |  | 0/1 |  |  |  |  | **0/1** | **Not Met (0 %)** | |  | L49 | Informed of human rights | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L50 | Respectful Comm. | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L51 | Possessions | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L52 | Phone calls | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L53 | Visitation | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L54 | Privacy | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L77 | Unique needs training | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L80 | Symptoms of illness | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L81 | Medical emergency | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L85 | Supervision | L |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L88 | Strategies implemented | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L90 | Personal space/ bedroom privacy | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L91 | Incident management | L |  | 0/1 |  |  |  |  | **0/1** | **Not Met (0 %)** | |  | **#Std. Met/# 39 Indicator** |  |  |  |  |  |  |  |  | **36/39** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **41/44** |  | |  |  |  |  |  |  |  |  |  |  | **93.18%** |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  | | --- | | **Employment and Day Supports:** | | | | |  |  |  |  |
|  |  | | | |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | 4/4 |  | 2/2 | **6/6** | **Met** | |  | L8 | Emergency Fact Sheets | I | 4/4 |  | 2/2 | **6/6** | **Met** | |  | L10 | Reduce risk interventions | I | 1/1 |  |  | **1/1** | **Met** | |  | L31 | Communication method | I | 4/4 |  | 2/2 | **6/6** | **Met** | |  | L32 | Verbal & written | I | 4/4 |  | 2/2 | **6/6** | **Met** | |  | L37 | Prompt treatment | I | 3/3 |  | 1/1 | **4/4** | **Met** | | O | L38 | Physician's orders | I |  |  | 2/2 | **2/2** | **Met** | |  | L39 | Dietary requirements | I | 1/1 |  |  | **1/1** | **Met** | |  | L49 | Informed of human rights | I | 4/4 |  | 2/2 | **6/6** | **Met** | |  | L50 | Respectful Comm. | L | 2/2 |  | 1/1 | **3/3** | **Met** | |  | L51 | Possessions | I | 4/4 |  | 2/2 | **6/6** | **Met** | |  | L52 | Phone calls | I | 4/4 |  | 1/1 | **5/5** | **Met** | |  | L54 | Privacy | L | 2/2 |  | 1/1 | **3/3** | **Met** | |  | L55 | Informed consent | I | 1/2 |  |  | **1/2** | **Not Met (50.0 %)** | |  | L61 | Health protection in ISP | I |  |  | 1/1 | **1/1** | **Met** | |  | L67 | Money mgmt. plan | I | 1/1 |  | 0/1 | **1/2** | **Not Met (50.0 %)** | |  | L77 | Unique needs training | I | 4/4 |  | 1/2 | **5/6** | **Met (83.33 %)** | |  | L80 | Symptoms of illness | L | 2/2 |  | 1/1 | **3/3** | **Met** | |  | L81 | Medical emergency | L | 2/2 |  | 1/1 | **3/3** | **Met** | |  | L85 | Supervision | L | 2/2 |  | 1/1 | **3/3** | **Met** | |  | L86 | Required assessments | I | 3/3 |  | 2/2 | **5/5** | **Met** | |  | L87 | Support strategies | I | 3/3 |  | 2/2 | **5/5** | **Met** | |  | L88 | Strategies implemented | I | 4/4 |  | 2/2 | **6/6** | **Met** | |  | L91 | Incident management | L | 2/2 |  | 1/1 | **3/3** | **Met** | |  | **#Std. Met/# 24 Indicator** |  |  |  |  |  | **22/24** |  | |  | **Total Score** |  |  |  |  |  | **27/29** |  | |  |  |  |  |  |  |  | **93.10%** |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | |  | | | |  |  |  |
|  |  | | | |  |  |  |  |
|  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Certification - Planning and Quality Management** |  |  |  | | | | |  | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | |  | C1 | | | | Provider data collection | 1/1 | **Met** | |  | C2 | | | | Data analysis | 1/1 | **Met** | |  | C3 | | | | Service satisfaction | 1/1 | **Met** | |  | C4 | | | | Utilizes input from stakeholders | 1/1 | **Met** | |  | C5 | | | | Measure progress | 1/1 | **Met** | |  | C6 | | | | Future directions planning | 1/1 | **Met** | |  |  | | | |  |  |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Community Based Day Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 2/2 | **Met** | | C8 | | | | Family/guardian communication | 2/2 | **Met** | | C13 | | | | Skills to maximize independence | 2/2 | **Met** | | C37 | | | | Interpersonal skills for work | 2/2 | **Met** | | C40 | | | | Community involvement interest | 1/1 | **Met** | | C41 | | | | Activities participation | 2/2 | **Met** | | C42 | | | | Connection to others | 1/1 | **Met** | | C43 | | | | Maintain & enhance relationship | 1/1 | **Met** | | C44 | | | | Job exploration | 2/2 | **Met** | | C45 | | | | Revisit decisions | 2/2 | **Met** | | C46 | | | | Use of generic resources | 1/1 | **Met** | | C47 | | | | Transportation to/ from community | 1/1 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 2/2 | **Met** | | C54 | | | | Assistive technology | 0/2 | **Not Met (0 %)** | | **Employment Support Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 4/4 | **Met** | | C8 | | | | Family/guardian communication | 4/4 | **Met** | | C22 | | | | Explore job interests | 2/2 | **Met** | | C23 | | | | Assess skills & training needs | 2/2 | **Met** | | C24 | | | | Job goals & support needs plan | 2/2 | **Met** | | C25 | | | | Skill development | 2/2 | **Met** | | C26 | | | | Benefits analysis | 1/1 | **Met** | | C27 | | | | Job benefit education | 4/4 | **Met** | | C28 | | | | Relationships w/businesses | 2/2 | **Met** | | C29 | | | | Support to obtain employment | 1/1 | **Met** | | C30 | | | | Work in integrated settings | 3/3 | **Met** | | C31 | | | | Job accommodations | 3/3 | **Met** | | C32 | | | | At least minimum wages earned | 2/2 | **Met** | | C33 | | | | Employee benefits explained | 3/3 | **Met** | | C34 | | | | Support to promote success | 3/3 | **Met** | | C35 | | | | Feedback on job performance | 3/3 | **Met** | | C36 | | | | Supports to enhance retention | 3/3 | **Met** | | C37 | | | | Interpersonal skills for work | 3/3 | **Met** | | C47 | | | | Transportation to/ from community | 2/2 | **Met** | | C50 | | | | Involvement/ part of the Workplace culture | 3/3 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 4/4 | **Met** | | C54 | | | | Assistive technology | 1/3 | **Not Met (33.33 %)** | | **Individual Home Supports** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 1/1 | **Met** | | C8 | | | | Family/guardian communication | 1/1 | **Met** | | C9 | | | | Personal relationships | 1/1 | **Met** | | C10 | | | | Social skill development | 1/1 | **Met** | | C11 | | | | Get together w/family & friends | 1/1 | **Met** | | C12 | | | | Intimacy | 1/1 | **Met** | | C13 | | | | Skills to maximize independence | 1/1 | **Met** | | C14 | | | | Choices in routines & schedules | 1/1 | **Met** | | C15 | | | | Personalize living space | 1/1 | **Met** | | C16 | | | | Explore interests | 1/1 | **Met** | | C17 | | | | Community activities | 1/1 | **Met** | | C18 | | | | Purchase personal belongings | 1/1 | **Met** | | C19 | | | | Knowledgeable decisions | 1/1 | **Met** | | C20 | | | | Emergency back-up plans | 1/1 | **Met** | | C21 | | | | Coordinate outreach | 1/1 | **Met** | | C46 | | | | Use of generic resources | 1/1 | **Met** | | C47 | | | | Transportation to/ from community | 1/1 | **Met** | | C48 | | | | Neighborhood connections | 1/1 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 1/1 | **Met** | | C52 | | | | Leisure activities and free-time choices /control | 1/1 | **Met** | | C53 | | | | Food/ dining choices | 1/1 | **Met** | | C54 | | | | Assistive technology | 0/1 | **Not Met (0 %)** | |  | | | |  |  |  | |  |  | | | |  |  |