



**PROVIDER REPORT
FOR
COMMUNITY SYSTEMS INC
3 Cedarhill Park Drive
Plymouth, MA 02360**

Version

Public Provider Report

**Prepared by the Department of Developmental Services
OFFICE OF QUALITY ENHANCEMENT**

SUMMARY OF OVERALL FINDINGS

Provider	COMMUNITY SYSTEMS INC
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Review Dates	3/11/2024 - 3/15/2024
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Service Enhancement Meeting Date	3/29/2024
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Survey Team	Michael Marchese Katherine Gregory Tina Napolitan Scott Nolan Linda Griffith William Muguro (TL) Gina Ford
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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	18 location (s) 18 audit (s)	Full Review	75/93 2 Year License 03/29/2024 - 03/29/2026		63 / 67 Certified 03/29/2024 - 03/29/2026
Residential Services	6 location(s) 6 audit (s)			Full Review	19 / 20
Placement Services	9 location(s) 9 audit (s)			Full Review	18 / 20
Individual Home Supports	3 location(s) 3 audit (s)			Full Review	20 / 21
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	1 location(s) 4 audit (s)	Full Review	40/46 2 Year License 03/29/2024 - 03/29/2026		20 / 21 Certified 03/29/2024 - 03/29/2026
Community Based Day Services	1 location(s) 4 audit (s)			Full Review	14 / 15
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

EXECUTIVE SUMMARY :

Community Systems, Inc. (CSI) is a non-profit organization that operates in the states of Connecticut, Delaware, Virginia, and Massachusetts. CSI Massachusetts was established in 1988 and offers residential supports, community- Based Day services (CBDS) as well as case management services to individuals with Developmental and Intellectual Disabilities residing on Cape Cod and the Islands, and the Greater Plymouth area.

The scope of this 2024 survey conducted by the Department of Developmental Services (DDS) Southeast Office of Quality Enhancement included a full review of all licensing and certification indicators for services offered in the agency's 24/7 Residential, Placement, Individual Supports services (IHS), and Community-Based Day services.

At the organizational level, the agency embarked on a number of initiatives aimed at providing meaningful services and supports to individuals; these included the establishment of a position to coordinate agency oversight, including for safety plans, fire drills, Inspections, and adherence to timelines for submission of incident reports and ISP goals and objectives. , The agency also hired a full time maintenance director to ensure timely responsiveness to residential/day property maintenance needs.

Within residential services, several positive practices were noted. In the environmental domain, most homes were clean and in good repair, and all required inspections were completed. In the area of health care coordination. Physician orders and treatment protocols were well written, staff were knowledgeable, and the protocols were implemented consistently. Relative to medication administration, residential support staff were MAP Certified and medication was administered in accordance with physician orders. It was also observed that individuals were encouraged to eat nutritious meals and follow regular physical exercise routines. Relative to relationships, staff supported individuals to get together with their families and friends, within and outside their homes. Individuals were equally supported to explore, discover, and connect their interests for cultural, and social activities; and community activities were based on individual's preferences and interests.

Across both residential and day settings, staff was observed to be respectful when interacting with individuals, with most individuals expressing satisfaction with the supports they were receiving. Individuals living in shared living settings enjoyed long-term placements with their care providers. Care providers were knowledgeable about individuals' medical treatment protocols; they were also supported to have choice over what, when, where, and with whom they want to eat.

In community-based day services, effective supports were also noted. In preparation for people's ISPs, strategies for goals were developed and implemented. Staff checked in regularly with individuals who had jobs in the community and assisted them with transportation. Staff were familiar with the ongoing health care needs of individuals. Community presence was a feature of the CBDS program; people were supported to participate in community outings, frequenting places like the senior center, library, bowling, and volunteer opportunities.

This 2024 review identified several areas that needed additional attention from the agency. Organizationally, the agency needs to maintain an effective Human Rights Committee, that meets all mandates including for membership/composition, meeting attendance, and the review of all matters under its purview. All restraints must be reviewed and approved by the Human Rights Committee. Staff competency was also in question; the agency must ensure that all staff are trained/ current on all DDS Mandated Reporting trainings.

In residential services, emergency facts sheets were incomplete for many individuals; the EFS were missing information, including significant diagnosis. As it relates to environmental, for homes leased or owned by CSI, the agency must ensure that all floors above grade have one means of egress and an escape route leading to grade. In the area of human rights, individuals and guardians must be

informed of their human rights, how to file a grievance, and whom they should talk to if they have a concern. When needed, restrictive interventions must be in written plans that include all the restrictive practices in a home; the plan to fade the restrictions; have mitigation practices for other affected individuals in the home; and have approval from the Human Rights Committee for the interventions. In the area of assistive technology, individuals must be supported to use assistive technologies that could maximize their independence, when potentially beneficial areas are identified in assistive technology assessments that are completed for everyone.

In day services, CSI must ensure that behavior plans receive ISP team and HRC reviews as applicable; incidents must also be submitted and finalized in HCSIS as mandated by regulation. As with residential, CSI must also ensure that individuals are supported to use assistive technologies when needs have been identified in the assistive technology assessments that are completed for all.

Relative to certification, across all services, efforts should be made to support individuals to provide feedback on staff performance on an ongoing basis, and to share this information with staff for training purposes. Staff also need additional training to better support individuals to assess, identify and utilize assistive technologies that could maximize independence.

Based on the findings from this survey, the CSI met 81% of indicators in Residential Services and has thus earned a Two-Year License for residential/Individual Home Support Service groupings. It also met 87% of licensing indicators in Community-Based Day Supports thus earning a Two-Year License for the Employment/Community-Based Day Supports service groupings. The DDS Southeast office of quality enhancement will conduct follow-up reviews for all licensing indicators rated Not Met in residential and Day services within 60 days of the SEM meeting. The agency is certified for residential/IHS service grouping with 94% of certification indicators met, and CBDS service grouping with 95% of certification indicators met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/11	3/11	
Residential and Individual Home Supports	67/82	15/82	
Residential Services Individual Home Supports Placement Services			
Critical Indicators	8/8	0/8	
Total	75/93	18/93	81%
2 Year License			
# indicators for 60 Day Follow-up		18	

	Met / Rated	Not Met / Rated	% Met
Organizational	8/11	3/11	
Employment and Day Supports	32/35	3/35	
Community Based Day Services			
Critical Indicators	2/2	0/2	
Total	40/46	6/46	87%
2 Year License			
# indicators for 60 Day Follow-up		6	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The Human Rights Committee has not had a lawyer since 11/2022 and has not had a qualified medical professional for the past two years. The committee has not reviewed agency policies and procedures pertaining to human rights, nor has it reviewed human rights training materials. Multiple restrictive practices had been submitted and were returned for clarification and have not been re-submitted for review. The agency needs to ensure that its Human Rights Committee maintain requisite membership with required expertise for the review of required materials.

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

Indicator #	Indicator	Area Needing Improvement
L66	All restraints are reviewed by the Human Rights Committee.	Two restraints were not reviewed by the Human Rights Committee. The agency needs to ensure that all restraints are reviewed by the Human Rights Committee.
L83	Support staff are trained in human rights.	All agency staff had not completed the revised DDS Mandated Reporting training. The agency needs to ensure that all staff are retrained using the revised DDS Mandated Reporting training as required.

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

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	For four out of seventeen individuals, the Emergency Fact Sheet did not include required information, including all medical diagnoses. The agency needs to ensure that Emergency Fact Sheets include a list of significant diagnoses for each individual.
L18	All other floors above grade have one means of egress and one escape route on each floor leading to grade.	At two locations leased by CSI, where individuals reside on the second floor of the home, there was only one means of egress from the second floor. The agency needs to ensure that there is an alternate escape route from the second floor in CSI owned, leased, and operated homes, in addition to the main means of egress.
L27	If applicable, swimming pools and other bodies of water are safe and secure according to policy.	At one out of two locations with a swimming pool, the access to the above-ground pool was not secured when not in use. The agency needs to ensure that there is locked/secured access to the pool for safety.
L47	Individuals are supported to become self medicating when appropriate.	For two out of nine individuals who were self-administering, a self-medication support plan was not in place. The agency needs to ensure that self-administering support plans include how the agency will support the individual if they are unable to self-administer for a time.
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	Four of eighteen individuals and/or guardians were not provided information on human rights and the grievance policy. The agency needs to ensure that training/information on the grievance policy and human rights are provided to all individuals served and their guardians.

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

Indicator #	Indicator	Area Needing Improvement
L56	Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.	At one out of two locations with restrictive practices, the plan did not include all of the restrictive interventions in the home, the plan to fade those restrictions, mitigation practices for other individuals in the home that are affected, and approval from the Human Rights Committee. The agency needs to ensure that all restrictive practices contain information on all the required components and that HRC approval is obtained.
L59	Behavior plans have received all the required reviews.	One behavior plan that included two restrictive interventions did not received approval by the Human Rights Committee. The agency needs to ensure that all restrictive interventions receive approval of the Human Rights Committee.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	Two individuals had health-protections outlines that were missing information including parameters for use, cleaning, care, and authorization by a qualified practitioner. The agency needs to ensure that all health-related protections are authorized by a qualifying practitioner and contain instructions for use, cleaning and care.
L77	The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals.	Four out of 18 staff/care providers were not trained on the unique needs of the individuals including diagnoses, protocols and the Harrington Rod. The agency needs to ensure staff/care providers are familiar with and trained to support the unique needs of the individuals.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	Two out of eight staff were not trained on the use of health related supports, including the care/maintenance of these devices and safety checks. The agency needs to ensure staff are trained on the correct utilization of health related equipment.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Required ISP assessments for four of fourteen individuals were submitted and/or finalized outside of the required timelines. The agency needs to ensure that all ISP assessments are submitted no less than 15 days prior to individuals' ISP meeting dates.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	ISP support strategies for three of fourteen individuals were submitted and/or finalized outside of the required timelines. The agency needs to ensure that all ISP assessments are submitted no less than 15 days prior to individuals' ISP meeting dates.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Objectives from ISP goals for six of seventeen individuals were not being implemented as identified and agreed upon in their ISPs. The agency needs to ensure that all individuals' objectives from ISP goals are implemented as identified and agreed upon in their ISPs.

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

Indicator #	Indicator	Area Needing Improvement
L91	Incidents are reported and reviewed as mandated by regulation.	Incidents at five of eighteen homes/locations were not submitted and/or finalized within the mandated timelines. The agency needs to ensure incident reports are submitted and/or finalized in HCSIS within the required timelines.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Four individuals were not supported to use assistive technology that could maximize their independence. The agency needs to assist individuals to have assistive technologies to maximize their independence when needs are identified in assistive technology assessments.

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

Indicator #	Indicator	Area Needing Improvement
L59	Behavior plans have received all the required reviews.	Eight incidents were submitted and/or finalized beyond the required timelines. The agency needs to ensure that all incidents are submitted and finalized within the mandated timelines.
L91	Incidents are reported and reviewed as mandated by regulation.	Eight incidents were either submitted or finalized late or both submitted and finalized past the required timelines. The agency needs to ensure that all incidents are submitted and finalized within the mandated timelines.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Two individuals were not supported to use assistive technology to maximize their independence. The agency needs to assist individuals to have assistive technologies to maximize their independence when needs are identified in assistive technology assessments.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	57/61	4/61	
Residential Services	19/20	1/20	
Individual Home Supports	20/21	1/21	
Placement Services	18/20	2/20	
Total	63/67	4/67	94%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Employment and Day Supports	14/15	1/15	
Community Based Day Services	14/15	1/15	
Total	20/21	1/21	95%
Certified			

Individual Home Supports- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	One individual was not afforded opportunities to provide feedback/ input at time of hire and/or on an ongoing basis for the evaluation of staff who support them. The agency needs to ensure that individuals have opportunities to provide feedback on staff that support them.

Individual Home Supports- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	Five of eight individuals were not afforded opportunities to provide feedback / input at time of hire and/or on an ongoing basis for evaluation of staff and care providers who support them. The agency needs to ensure support for individuals to participate in offering input at the time of hire and for the ongoing performance evaluation of their support staff/ care providers.
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	Two out of nine individuals were not supported to explore and connect with their interest for cultural, social, recreational and spiritual activities. The agency needs to ensure individuals are provided opportunities to discover and connect with their community interests.
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	Three of five individuals were not afforded opportunities to provide feedback/ input at time of hire and/or on evaluation on an ongoing basis for staff who support them. The agency needs to ensure support for individuals to participate in offering input at the time of hire and for the ongoing performance evaluation of their support staff.

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

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	Two individuals were not afforded opportunities to provide feedback/ input at time of hire and/or on evaluation on an ongoing basis for staff who support them. The agency needs to ensure support for individuals to participate in offering input at the time of hire and for the ongoing performance evaluation of their support staff.

MASTER SCORE SHEET LICENSURE

Organizational: COMMUNITY SYSTEMS INC

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	19/20	Met(95.00 %)
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	0/1	Not Met(0 %)
L65	Restraint report submit	8/8	Met
L66	HRC restraint review	0/2	Not Met(0 %)
L74	Screen employees	5/5	Met
L75	Qualified staff	3/3	Met
L76	Track trainings	20/20	Met
L83	HR training	15/20	Not Met(75.00 %)

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	5/6	3/3	7/9				15/18	Met (83.33 %)
L5	Safety Plan	L	6/6	3/3	9/9				18/18	Met
℞ L6	Evacuation	L	6/6	3/3	9/9				18/18	Met
L7	Fire Drills	L	6/6						6/6	Met
L8	Emergency Fact Sheets	I	4/5	3/3	6/9				13/17	Not Met (76.47 %)
L9 (07/21)	Safe use of equipment	I	6/6	3/3					9/9	Met
L10	Reduce risk interventions	I	3/3	1/1	2/2				6/6	Met
℞ L11	Required inspections	L	6/6	3/3	9/9				18/18	Met
℞ L12	Smoke detectors	L	6/6	3/3	7/8				16/17	Met (94.12 %)
℞ L13	Clean location	L	6/6	3/3	8/9				17/18	Met (94.44 %)
L14	Site in good repair	L	5/5	2/2	8/8				15/15	Met
L15	Hot water	L	5/6	2/2	6/8				13/16	Met (81.25 %)
L16	Accessibility	L	6/6	2/2	8/8				16/16	Met
L17	Egress at grade	L	5/6	2/2	5/5				12/13	Met (92.31 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L18	Above grade egress	L	3/3	1/1	2/4				6/8	Not Met (75.00 %)
L19	Bedroom location	L	6/6	1/1	3/3				10/10	Met
L20	Exit doors	L	6/6	2/2					8/8	Met
L21	Safe electrical equipment	L	6/6	2/2	8/8				16/16	Met
L22	Well- maintained appliances	L	5/6	2/2	7/8				14/16	Met (87.50 %)
L23	Egress door locks	L	4/4	1/1					5/5	Met
L24	Locked door access	L	6/6	2/2	7/8				15/16	Met (93.75 %)
L25	Dangerous substances	L	6/6	2/2					8/8	Met
L26	Walkway safety	L	6/6	2/2	8/8				16/16	Met
L27	Pools, hot tubs, etc.	L			1/2				1/2	Not Met (50.0 %)
L28	Flammables	L	6/6	2/2					8/8	Met
L29	Rubbish /combustibles	L	6/6	2/2	8/8				16/16	Met
L30	Protective railings	L	5/6	3/3	8/8				16/17	Met (94.12 %)
L31	Communication method	I	6/6	3/3	9/9				18/18	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L32	Verbal & written	I	6/6	3/3	8/8				17/17	Met
L33	Physical exam	I	6/6	3/3	9/9				18/18	Met
L34	Dental exam	I	5/5	3/3	8/8				16/16	Met
L35	Preventive screenings	I	5/5	2/3	8/9				15/17	Met (88.24 %)
L36	Recommended tests	I	5/5	3/3	6/9				14/17	Met (82.35 %)
L37	Prompt treatment	I	6/6	3/3	8/9				17/18	Met (94.44 %)
℞ L38	Physician's orders	I	6/6	3/3	5/5				14/14	Met
L39	Dietary requirements	I	4/4	2/2	6/7				12/13	Met (92.31 %)
L40	Nutritional food	L	6/6	2/2					8/8	Met
L41	Healthy diet	L	6/6	3/3	8/8				17/17	Met
L42	Physical activity	L	6/6	3/3	8/8				17/17	Met
L43	Health Care Record	I	5/6	3/3	7/9				15/18	Met (83.33 %)
L44	MAP registration	L	6/6						6/6	Met
L45	Medication storage	L	6/6						6/6	Met
℞ L46	Med. Administration	I	6/6	1/1	5/6				12/13	Met (92.31 %)
L47	Self medication	I		3/3	4/6				7/9	Not Met (77.78 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L49	Informed of human rights	I	5/6	3/3	6/9				14/18	Not Met (77.78 %)
L50 (07/21)	Respectful Comm.	I	6/6	3/3	8/8				17/17	Met
L51	Possessions	I	6/6	3/3	9/9				18/18	Met
L52	Phone calls	I	6/6	3/3	9/9				18/18	Met
L53	Visitation	I	6/6	3/3	9/9				18/18	Met
L54 (07/21)	Privacy	I	5/6	3/3	8/8				16/17	Met (94.12 %)
L55	Informed consent	I	1/1		1/1				2/2	Met
L56	Restrictive practices	I	1/2						1/2	Not Met (50.0 %)
L57	Written behavior plans	I	3/3		1/1				4/4	Met
L58	Behavior plan component	I			1/1				1/1	Met
L59	Behavior plan review	I			0/1				0/1	Not Met (0 %)
L60	Data maintenance	I	3/3		1/1				4/4	Met
L61	Health protection in ISP	I	5/5		1/3				6/8	Not Met (75.00 %)
L62	Health protection review	I	5/5		1/1				6/6	Met

Ind. #	Ind.	Loc. or Indiv	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L63	Med. treatme nt plan form	I	6/6		5/6				11/12	Met (91.67 %)
L64	Med. treatme nt plan rev.	I	6/6		5/5				11/11	Met
L67	Money mgmt. plan	I	6/6	1/2	7/8				14/16	Met (87.50 %)
L68	Funds expendi ture	I	5/6	2/2	7/8				14/16	Met (87.50 %)
L69	Expendi ture tracking	I	5/6	1/1	5/6				11/13	Met (84.62 %)
L70	Charges for care calc.	I	5/6	2/2	8/9				15/17	Met (88.24 %)
L71	Charges for care appeal	I	6/6	2/2	9/9				17/17	Met
L77	Unique needs training	I	6/6	3/3	5/9				14/18	Not Met (77.78 %)
L78	Restricti ve Int. Training	L	2/2		1/1				3/3	Met
L79	Restrain t training	L	1/1						1/1	Met
L80	Sympto ms of illness	L	6/6	3/3	9/9				18/18	Met
L81	Medical emerge ncy	L	6/6	3/3	9/9				18/18	Met
L82	Medicati on admin.	L	6/6						6/6	Met
L84	Health protect. Training	I	5/5		1/3				6/8	Not Met (75.00 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L85	Supervision	L	6/6	3/3	6/9				15/18	Met (83.33 %)
L86	Required assessments	I	2/4	2/3	6/7				10/14	Not Met (71.43 %)
L87	Support strategies	I	3/4	2/3	6/7				11/14	Not Met (78.57 %)
L88	Strategies implemented	I	4/6	3/3	4/8				11/17	Not Met (64.71 %)
L90	Personal space/bedroom privacy	I	6/6	3/3	8/8				17/17	Met
L91	Incident management	L	3/6	3/3	7/9				13/18	Not Met (72.22 %)
L93 (05/22)	Emergency back-up plans	I	6/6	3/3	9/9				18/18	Met
L94 (05/22)	Assistive technology	I	5/6	2/3	6/8				13/17	Not Met (76.47 %)
L96 (05/22)	Staff training in devices and applications	I	3/3	0/1	2/2				5/6	Met (83.33 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L99 (05/22)	Medical monitoring devices	I	2/2		1/2				3/4	Met
#Std. Met/# 82 Indicator									67/82	
Total Score									74/92	
									80.43%	

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			3/4	3/4	Met
L8	Emergency Fact Sheets	I			4/4	4/4	Met
L9 (07/21)	Safe use of equipment	I			4/4	4/4	Met
L10	Reduce risk interventions	I			3/3	3/3	Met
L31	Communication method	I			4/4	4/4	Met
L32	Verbal & written	I			4/4	4/4	Met
L37	Prompt treatment	I			4/4	4/4	Met
L38	Physician's orders	I			4/4	4/4	Met
L39	Dietary requirements	I			2/2	2/2	Met
L49	Informed of human rights	I			3/4	3/4	Met
L50 (07/21)	Respectful Comm.	I			4/4	4/4	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L51	Possessions	I			4/4	4/4	Met
L52	Phone calls	I			4/4	4/4	Met
L54 (07/21)	Privacy	I			4/4	4/4	Met
L57	Written behavior plans	I			2/2	2/2	Met
L58	Behavior plan component	I			1/1	1/1	Met
L59	Behavior plan review	I			0/1	0/1	Not Met (0 %)
L60	Data maintenance	I			2/2	2/2	Met
L63	Med. treatment plan form	I			3/3	3/3	Met
L64	Med. treatment plan rev.	I			4/4	4/4	Met
L72	DOL requirements	I			2/2	2/2	Met
L77	Unique needs training	I			4/4	4/4	Met
L78	Restrictive Int. Training	L			1/1	1/1	Met
L80	Symptoms of illness	L			1/1	1/1	Met
L81	Medical emergency	L			1/1	1/1	Met
L84	Health protect. Training	I			1/1	1/1	Met
L85	Supervision	L			1/1	1/1	Met
L86	Required assessments	I			3/3	3/3	Met
L87	Support strategies	I			2/2	2/2	Met
L88	Strategies implemented	I			3/3	3/3	Met
L91	Incident management	L			0/1	0/1	Not Met (0 %)
L93 (05/22)	Emergency back-up plans	I			4/4	4/4	Met
L94 (05/22)	Assistive technology	I			2/4	2/4	Not Met (50.0 %)

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L96 (05/22)	Staff training in devices and applications	I			1/1	1/1	Met
L99 (05/22)	Medical monitoring devices	I			1/1	1/1	Met
#Std. Met/# 35 Indicator						32/35	
Total Score						39/45	
						86.67%	

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

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	2/5	Not Met (40.0 %)
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	6/6	Met
C10	Social skill development	6/6	Met
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	6/6	Met
C13	Skills to maximize independence	6/6	Met
C14	Choices in routines & schedules	6/6	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C15	Personalize living space	6/6	Met
C16	Explore interests	6/6	Met
C17	Community activities	6/6	Met
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met
C46	Use of generic resources	6/6	Met
C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	5/6	Met (83.33 %)
C49	Physical setting is consistent	6/6	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met
C52	Leisure activities and free-time choices /control	6/6	Met
C53	Food/ dining choices	5/5	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/8	Not Met (37.50 %)
C8	Family/guardian communication	9/9	Met
C9	Personal relationships	8/8	Met
C10	Social skill development	8/8	Met
C11	Get together w/family & friends	9/9	Met
C12	Intimacy	9/9	Met
C13	Skills to maximize independence	8/8	Met
C14	Choices in routines & schedules	8/8	Met
C15	Personalize living space	8/8	Met
C16	Explore interests	7/9	Not Met (77.78 %)
C17	Community activities	9/9	Met
C18	Purchase personal belongings	9/9	Met
C19	Knowledgeable decisions	8/8	Met
C46	Use of generic resources	9/9	Met
C47	Transportation to/ from community	9/9	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C48	Neighborhood connections	7/7	Met
C49	Physical setting is consistent	9/9	Met
C51	Ongoing satisfaction with services/ supports	8/8	Met
C52	Leisure activities and free-time choices /control	9/9	Met
C53	Food/ dining choices	9/9	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	2/3	Not Met (66.67 %)
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	3/3	Met
C10	Social skill development	3/3	Met
C11	Get together w/family & friends	3/3	Met
C12	Intimacy	3/3	Met
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	3/3	Met
C16	Explore interests	3/3	Met
C17	Community activities	3/3	Met
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	3/3	Met
C21	Coordinate outreach	3/3	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	3/3	Met
C49	Physical setting is consistent	3/3	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	3/3	Met
C53	Food/ dining choices	3/3	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	2/4	Not Met (50.0 %)
C8	Family/guardian communication	4/4	Met
C13	Skills to maximize independence	4/4	Met
C37	Interpersonal skills for work	2/2	Met
C38 (07/21)	Habilitative & behavioral goals	1/1	Met
C39 (07/21)	Support needs for employment	1/1	Met
C40	Community involvement interest	4/4	Met
C41	Activities participation	4/4	Met
C42	Connection to others	4/4	Met
C43	Maintain & enhance relationship	4/4	Met
C44	Job exploration	2/2	Met
C45	Revisit decisions	4/4	Met
C46	Use of generic resources	4/4	Met
C47	Transportation to/ from community	4/4	Met
C51	Ongoing satisfaction with services/ supports	4/4	Met