



**PROVIDER REPORT  
FOR  
COOPERATIVE FOR HUMAN  
SERVICES  
24 Hartwell Avenue  
Building A, Floor 2  
Lexington, MA 02421**

**June 26, 2025**

**Version**

**Public Provider Report**

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

# **SUMMARY OF OVERALL FINDINGS**

**Provider** COOPERATIVE FOR HUMAN SERVICES

**Review Dates** 5/22/2025 - 5/29/2025

**Service Enhancement Meeting Date** 6/12/2025

**Survey Team** Dumitru Condratchi  
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**Citizen Volunteers**

**Survey scope and findings for Residential and Individual Home Supports**

| <b>Service Group Type</b>                       | <b>Sample Size</b>              | <b>Licensure Scope</b> | <b>Licensure Level</b>                          | <b>Certification Scope</b> | <b>Certification Level</b>                   |
|-------------------------------------------------|---------------------------------|------------------------|-------------------------------------------------|----------------------------|----------------------------------------------|
| <b>Residential and Individual Home Supports</b> | 20 location (s)<br>22 audit (s) | Full Review            | 84/90 2 Year License<br>06/12/2025 - 06/12/2027 |                            | 84 / 85 Certified<br>06/12/2025 - 06/12/2027 |
| Residential Services                            | 11 location (s)<br>11 audit (s) |                        |                                                 | Full Review                | 20 / 20                                      |
| ABI-MFP Residential Services                    | 1 location(s)<br>3 audit (s)    |                        |                                                 | Full Review                | 20 / 20                                      |
| Placement Services                              | 4 location(s)<br>4 audit (s)    |                        |                                                 | Full Review                | 20 / 20                                      |
| Individual Home Supports                        | 4 location(s)<br>4 audit (s)    |                        |                                                 | Full Review                | 19 / 19                                      |
| Planning and Quality Management                 |                                 |                        |                                                 | Full Review                | 5 / 6                                        |

## **EXECUTIVE SUMMARY :**

Founded in 1981, the Cooperative for Human Services, Inc. (CHS) is a multi-service organization that provides 24-hour Residential Supports; 24-hour ABI/MFP Residential Supports; Individual Home Supports (IHS) and Shared Living/Placement to individuals with acquired brain injuries and intellectual and developmental disabilities in over 40 communities in eastern Massachusetts.

The scope of this survey conducted by the Office of Quality Enhancement (OQE) was a full licensing and certification review of 24-hour Residential Supports, 24-hour ABI/MFP Residential Supports, IHS, and Shared Living/Placement.

At the organizational level, the agency had an effective staff training system that ensured that its staff received all mandated trainings. CHS also had a fully constituted Human Rights Committee that reviewed all restrictive practices, agency policies affecting human rights, DPPC complaints and investigations. Lastly, the agency had implemented a data collection system and had analyzed satisfaction surveys and data from various sources to inform quality improvement initiatives. For example, the agency had responded to feedback from family focus groups by buttressing support services in the home setting, including increased support and guidance around role modeling and assistance in developing community connections.

Within the licensing domain, various positive practices were noted within the Residential and Individual Home Supports service group. With regard to safety, inspections were up to date, fire safety systems were fully operational, and the hot water tested within required limits at all locations. Within the domain of medical care, medication was consistently being administered according to physician orders. In most instances, physical exams, dental visits and recommended preventive screenings were occurring in a timely manner. When required, medical protocols for various diagnoses, including diabetes and seizure disorders, had been developed, and staff were trained in their implementation. There were many positive examples of staff supporting individuals to live healthy lifestyles by encouraging them to be physically active and offering nutritious diets; as a result, one individual had lost a significant amount of weight. Surveyors noted the presence of staff who facilitated outdoor activities, such as sports and farm activities, for interested individuals.

Across the service group, agency staff exhibited a high level of understanding of each individual's unique support needs and preferences. Support staff knew individuals well, including how to use their assistive technology and medical devices. Staff demonstrated an ability to communicate with individuals according to individualized communication needs, such as through the use of amplifiers and phone apps and were also mindful of dietary restrictions or specialized diets. For example, in one home, individuals required a pureed diet. Surveyors observed staff being mindful of these requirements whilst simultaneously incorporating choice into meal plans, including taking a blender to preferred restaurants to assist individuals in enjoying various cuisines, and offering a myriad of choices for main courses and desserts at home.

In the certification realm, staff provided support and guidance to expand on social skills and develop community connections according to individualized preferences. Support staff focused on fostering individual growth and choice via a strength-based approach. This was actualized through the implementation of unique, person-centered assessments, collectively "The ISP Process and Assessments." This annual process offered a descriptive and comprehensive strategy to capture the individual's input on their strengths, needs, abilities and preferences in several life domains, including communication style, meaningful relationships, medical conditions and assessment of community interests and activities. This was utilized to develop goals for the upcoming year and served as an inclusive synthesis of the individual's accomplishments, support needs and future dreams.

Some areas requiring further attention by the agency were identified during the survey. Additional focus on timely reporting to DDS is required as restraint reports, incident reports, and medication

treatment plans were not submitted in accordance with required timelines. Also, the agency needs to place increased focus on updating the health care records in HCSIS with pertinent information in a timely manner.

As a result of this review, CHS received a rating of met in 93% of licensing indicators including all critical indicators. The agency will receive a Two-Year License for its Residential and Individual Home Supports service group. For Certification, the agency met 99% of all certification indicators and is fully certified. The agency will conduct follow-up on all licensing indicators not met during the survey and submit the results to OQE within 60 days.

## LICENSURE FINDINGS

|                                                                                                        | Met / Rated | Not Met / Rated | % Met |
|--------------------------------------------------------------------------------------------------------|-------------|-----------------|-------|
| <b>Organizational</b>                                                                                  | 9/10        | 1/10            |       |
| <b>Residential and Individual Home Supports</b>                                                        | 75/80       | 5/80            |       |
| Residential Services<br>Individual Home Supports<br>Placement Services<br>ABI-MFP Residential Services |             |                 |       |
| <b>Critical Indicators</b>                                                                             | 8/8         | 0/8             |       |
| <b>Total</b>                                                                                           | 84/90       | 6/90            | 93%   |
| <b>2 Year License</b>                                                                                  |             |                 |       |
| <b># indicators for 60 Day Follow-up</b>                                                               |             | 6               |       |

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

| Indicator # | Indicator                                                  | Area Needing Improvement                                                                                                                                                                                                         |
|-------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| L65         | Restraint reports are submitted within required timelines. | Two of five restraint reports were not submitted within required timelines. The agency needs to ensure restraint reports are submitted in HCSIS within three calendar days of the event and finalized within five calendar days. |

### **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. | Six out of twenty-two health care records had not been updated when significant changes occurred. The agency needs to ensure health care records are updated within 30 days when significant changes occur and prior to the annual ISP. |

**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. | For one of three individuals, there was a restrictive practice in place that also impacted the other individuals served at the same location. The practice was missing a mitigation plan so as not to unduly restrict the rights of others for whom the restriction was not necessary. The agency needs to ensure all restrictive practices have a written rationale reviewed by required groups, as well as a mitigation plan to minimize the impact of the restriction on those for whom it is not necessary.<br>For four of sixteen individuals prescribed behavior modifying medications, plans had not been submitted to the ISP team for review as required. The agency needs to ensure that plans are submitted into HCSIS for inclusion in the ISP. |
| L64         | Medication treatment plans are reviewed by the required groups.                                                                                                                                                                         | For four of sixteen individuals prescribed behavior modifying medications, medication treatment plans had not been submitted to the ISP team for review as required. The agency needs to ensure that plans are submitted into HCSIS for inclusion in the ISP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| L91         | Incidents are reported and reviewed as mandated by regulation.                                                                                                                                                                          | For ten out of twenty locations, there were incident reports that were not submitted or finalized within the required timeframes. The agency needs to ensure all incidents are reported and reports are finalized within the required timelines, based on incident classification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| L99 (05/22) | Medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately. (eg seizure watches; fall sensors).                                                                           | For two of six individuals, the medical devices that were being utilized did not have authorization and/or instructions as to the use, care and maintenance of the devices. The agency needs to ensure that when medical monitoring devices are being utilized, they are authorized, and information is available as to the use, care, and cleaning of the devices.                                                                                                                                                                                                                                                                                                                                                                                         |

## **CERTIFICATION FINDINGS**

|                                                        | <b>Met / Rated</b> | <b>Not Met / Rated</b> | <b>% Met</b> |
|--------------------------------------------------------|--------------------|------------------------|--------------|
| <b>Certification - Planning and Quality Management</b> | <b>5/6</b>         | <b>1/6</b>             |              |
| <b>Residential and Individual Home Supports</b>        | <b>79/79</b>       | <b>0/79</b>            |              |
| ABI-MFP Residential Services                           | 20/20              | 0/20                   |              |
| Individual Home Supports                               | 19/19              | 0/19                   |              |
| Residential Services                                   | 20/20              | 0/20                   |              |
| Placement Services                                     | 20/20              | 0/20                   |              |
| <b>Total</b>                                           | <b>84/85</b>       | <b>1/85</b>            | <b>99%</b>   |
| <b>Certified</b>                                       |                    |                        |              |

### **Planning and Quality Management Areas Needing Improvement on Standards not met:**

| <b>Indicator #</b> | <b>Indicator</b>                                                                            | <b>Area Needing Improvement</b>                                                                                                                                                                                                                                                                                                              |
|--------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C5                 | The provider has a process to measure progress towards achieving service improvement goals. | The agency has not developed a process to measure progress towards achieving service improvement goals. The agency needs to develop a process to measure progress towards achieving benchmarks for success in order to confirm the current strategy is effective or requires a mid-course change in direction to achieve identified goal(s). |

## **MASTER SCORE SHEET LICENSURE**

### **Organizational: COOPERATIVE FOR HUMAN SERVICES**

| <b>Indicator #</b> | <b>Indicator</b>        | <b>Met/Rated</b> | <b>Rating(Met,Not Met,NotRated)</b> |
|--------------------|-------------------------|------------------|-------------------------------------|
| ☐ L2               | Abuse/neglect reporting | <b>20/20</b>     | <b>Met</b>                          |
| L3                 | Immediate Action        | <b>13/15</b>     | <b>Met(86.67 % )</b>                |
| L4                 | Action taken            | <b>13/15</b>     | <b>Met(86.67 % )</b>                |
| L48                | HRC                     | <b>1/1</b>       | <b>Met</b>                          |
| L65                | Restraint report submit | <b>3/5</b>       | <b>Not Met(60.0 % )</b>             |
| L66                | HRC restraint review    | <b>9/9</b>       | <b>Met</b>                          |

|     |                  |              |            |
|-----|------------------|--------------|------------|
| L74 | Screen employees | <b>17/17</b> | <b>Met</b> |
| L75 | Qualified staff  | <b>3/3</b>   | <b>Met</b> |
| L76 | Track trainings  | <b>20/20</b> | <b>Met</b> |
| L83 | HR training      | <b>20/20</b> | <b>Met</b> |

**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              | 11/11     | 4/4            | 4/4    |       | 3/3               |                | 22/22           | Met          |
| L5         | Safety Plan               | L              | 11/11     | 3/4            | 2/4    |       | 0/1               |                | 16/20           | Met (80.0%)  |
| ℞ L6       | Evacuation                | L              | 11/11     | 4/4            | 4/4    |       | 1/1               |                | 20/20           | Met          |
| L7         | Fire Drills               | L              | 11/11     |                |        |       | 1/1               |                | 12/12           | Met          |
| L8         | Emergency Fact Sheets     | I              | 10/11     | 4/4            | 3/4    |       | 3/3               |                | 20/22           | Met (90.91%) |
| L9 (07/21) | Safe use of equipment     | I              | 11/11     | 4/4            |        |       | 3/3               |                | 18/18           | Met          |
| L10        | Reduce risk interventions | I              | 5/5       | 1/1            | 2/2    |       |                   |                | 8/8             | Met          |
| ℞ L11      | Required inspections      | L              | 11/11     |                | 4/4    |       | 1/1               |                | 16/16           | Met          |
| ℞ L12      | Smoke detectors           | L              | 11/11     |                | 4/4    |       | 1/1               |                | 16/16           | Met          |
| ℞ L13      | Clean location            | L              | 11/11     |                | 4/4    |       | 1/1               |                | 16/16           | Met          |
| L14        | Site in good repair       | L              | 6/6       |                | 4/4    |       | 1/1               |                | 11/11           | Met          |
| L15        | Hot water                 | L              | 11/11     |                | 4/4    |       | 1/1               |                | 16/16           | Met          |
| L16        | Accessibility             | L              | 11/11     |                | 4/4    |       | 1/1               |                | 16/16           | Met          |
| L17        | Egress at grade           | L              | 10/10     |                | 2/2    |       | 1/1               |                | 13/13           | Met          |

| Ind. # | Ind.                       | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating       |
|--------|----------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|--------------|
| L18    | Above grade egress         | L              | 5/5       |                |        |       | 1/1               |                | 6/6             | Met          |
| L19    | Bedroom location           | L              | 8/8       |                |        |       | 1/1               |                | 9/9             | Met          |
| L20    | Exit doors                 | L              | 11/11     |                |        |       | 1/1               |                | 12/12           | Met          |
| L21    | Safe electrical equipment  | L              | 11/11     |                | 4/4    |       | 1/1               |                | 16/16           | Met          |
| L22    | Well-maintained appliances | L              | 10/11     |                |        |       | 1/1               |                | 11/12           | Met (91.67%) |
| L23    | Egress door locks          | L              | 6/6       |                |        |       | 1/1               |                | 7/7             | Met          |
| L24    | Locked door access         | L              | 10/10     |                | 4/4    |       | 1/1               |                | 15/15           | Met          |
| L25    | Dangerous substances       | L              | 11/11     |                |        |       | 1/1               |                | 12/12           | Met          |
| L26    | Walkway safety             | L              | 11/11     |                | 4/4    |       | 1/1               |                | 16/16           | Met          |
| L28    | Flammables                 | L              | 8/8       |                |        |       | 1/1               |                | 9/9             | Met          |
| L29    | Rubbish/combustibles       | L              | 11/11     |                | 3/4    |       | 1/1               |                | 15/16           | Met (93.75%) |
| L30    | Protective railings        | L              | 8/8       |                | 4/4    |       | 1/1               |                | 13/13           | Met          |
| L31    | Communication method       | I              | 11/11     | 4/4            | 4/4    |       | 3/3               |                | 22/22           | Met          |
| L32    | Verbal & written           | I              | 11/11     | 4/4            | 4/4    |       | 3/3               |                | 22/22           | Met          |

| Ind. # | Ind.                     | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating           |
|--------|--------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|------------------|
| L33    | Physical exam            | I              | 11/11     | 3/3            | 4/4    |       | 3/3               |                | 21/21           | Met              |
| L34    | Dental exam              | I              | 11/11     | 3/3            | 4/4    |       | 3/3               |                | 21/21           | Met              |
| L35    | Preventive screenings    | I              | 11/11     | 3/3            | 4/4    |       | 2/3               |                | 20/21           | Met (95.24%)     |
| L36    | Recommended tests        | I              | 10/11     | 4/4            | 3/3    |       | 3/3               |                | 20/21           | Met (95.24%)     |
| L37    | Prompt treatment         | I              | 11/11     | 4/4            | 4/4    |       | 3/3               |                | 22/22           | Met              |
| ℞ L38  | Physician's orders       | I              | 10/10     | 1/1            | 3/3    |       | 1/1               |                | 15/15           | Met              |
| L39    | Dietary requirements     | I              | 4/4       | 2/2            | 2/3    |       | 3/3               |                | 11/12           | Met (91.67%)     |
| L40    | Nutritional food         | L              | 11/11     |                |        |       | 1/1               |                | 12/12           | Met              |
| L41    | Healthy diet             | L              | 11/11     | 4/4            | 4/4    |       | 1/1               |                | 20/20           | Met              |
| L42    | Physical activity        | L              | 11/11     | 4/4            | 4/4    |       | 1/1               |                | 20/20           | Met              |
| L43    | Health Care Record       | I              | 9/11      | 4/4            | 2/4    |       | 1/3               |                | 16/22           | Not Met (72.73%) |
| L44    | MAP registration         | L              | 11/11     |                |        |       | 1/1               |                | 12/12           | Met              |
| L45    | Medication storage       | L              | 11/11     |                |        |       | 1/1               |                | 12/12           | Met              |
| ℞ L46  | Med. Administration      | I              | 11/11     | 1/1            |        |       | 3/3               |                | 15/15           | Met              |
| L47    | Self medication          | I              | 1/1       | 2/2            | 3/4    |       |                   |                | 6/7             | Met (85.71%)     |
| L49    | Informed of human rights | I              | 11/11     | 4/4            | 4/4    |       | 3/3               |                | 22/22           | Met              |

| Ind. #      | Ind.                     | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating           |
|-------------|--------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|------------------|
| L50 (07/21) | Respectful Comm.         | I              | 11/11     | 4/4            | 4/4    |       | 3/3               |                | 22/22           | Met              |
| L51         | Possessions              | I              | 11/11     | 4/4            | 4/4    |       | 3/3               |                | 22/22           | Met              |
| L52         | Phone calls              | I              | 11/11     | 4/4            | 4/4    |       | 3/3               |                | 22/22           | Met              |
| L53         | Visitation               | I              | 11/11     | 4/4            | 4/4    |       | 3/3               |                | 22/22           | Met              |
| L54 (07/21) | Privacy                  | I              | 11/11     | 4/4            | 4/4    |       | 3/3               |                | 22/22           | Met              |
| L55         | Informed consent         | I              | 2/2       | 1/1            | 4/4    |       |                   |                | 7/7             | Met              |
| L56         | Restrictive practices    | I              | 2/3       |                |        |       |                   |                | 2/3             | Not Met (66.67%) |
| L57         | Written behavior plans   | I              | 3/3       |                |        |       |                   |                | 3/3             | Met              |
| L60         | Data maintenance         | I              | 3/3       |                |        |       |                   |                | 3/3             | Met              |
| L61         | Health protection in ISP | I              | 6/6       |                | 1/2    |       | 2/3               |                | 9/11            | Met (81.82%)     |
| L62         | Health protection review | I              | 6/6       | 1/1            |        |       |                   |                | 7/7             | Met              |
| L63         | Med. treatment plan form | I              | 11/11     |                | 1/3    |       | 2/3               |                | 14/17           | Met (82.35%)     |
| L64         | Med. treatment plan rev. | I              | 9/11      |                | 0/2    |       | 3/3               |                | 12/16           | Not Met (75.00%) |
| L67         | Money mgmt. plan         | I              | 10/10     | 3/3            | 0/1    |       | 3/3               |                | 16/17           | Met (94.12%)     |

| Ind. # | Ind.                      | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating       |
|--------|---------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|--------------|
| L68    | Funds expenditure         | I              | 9/10      | 3/3            | 1/1    |       | 3/3               |                | 16/17           | Met (94.12%) |
| L69    | Expenditure tracking      | I              | 10/10     | 3/3            | 1/1    |       | 3/3               |                | 17/17           | Met          |
| L70    | Charges for care calc.    | I              | 11/11     |                | 2/4    |       | 3/3               |                | 16/18           | Met (88.89%) |
| L71    | Charges for care appeal   | I              | 11/11     |                | 4/4    |       | 3/3               |                | 18/18           | Met          |
| L77    | Unique needs training     | I              | 11/11     | 4/4            | 4/4    |       | 1/3               |                | 20/22           | Met (90.91%) |
| L78    | Restrictive Int. Training | L              | 3/3       |                |        |       |                   |                | 3/3             | Met          |
| L79    | Restraint training        | L              | 3/3       |                |        |       |                   |                | 3/3             | Met          |
| L80    | Symptoms of illness       | L              | 11/11     | 4/4            | 4/4    |       | 1/1               |                | 20/20           | Met          |
| L81    | Medical emergency         | L              | 11/11     | 4/4            | 4/4    |       | 1/1               |                | 20/20           | Met          |
| L82    | Medication admin.         | L              | 11/11     |                |        |       | 1/1               |                | 12/12           | Met          |
| L84    | Health protect. Training  | I              | 6/6       | 1/1            | 1/1    |       | 2/2               |                | 10/10           | Met          |
| L85    | Supervision               | L              | 11/11     | 4/4            | 4/4    |       | 1/1               |                | 20/20           | Met          |
| L86    | Required assessments      | I              | 5/8       | 3/3            | 3/3    |       | 3/3               |                | 14/17           | Met (82.35%) |
| L87    | Support strategies        | I              | 5/8       | 4/4            | 3/3    |       | 3/3               |                | 15/18           | 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           |
|---------------------------------|--------------------------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|------------------|
| L88                             | Strategies implemented                     | I              | 9/11      | 4/4            | 4/4    |       | 3/3               |                | 20/22           | Met (90.91%)     |
| L89                             | Complaint and resolution process           | L              |           |                |        |       | 1/1               |                | 1/1             | Met              |
| L90                             | Personal space/bedroom privacy             | I              | 11/11     | 4/4            | 4/4    |       | 3/3               |                | 22/22           | Met              |
| L91                             | Incident management                        | L              | 2/11      | 3/4            | 4/4    |       | 1/1               |                | 10/20           | Not Met (50.0%)  |
| L93 (05/22)                     | Emergency back-up plans                    | I              | 11/11     | 4/4            | 4/4    |       | 3/3               |                | 22/22           | Met              |
| L94 (05/22)                     | Assistive technology                       | I              | 9/11      | 4/4            | 4/4    |       | 3/3               |                | 20/22           | Met (90.91%)     |
| L96 (05/22)                     | Staff training in devices and applications | I              | 7/7       | 4/4            | 4/4    |       | 3/3               |                | 18/18           | Met              |
| L99 (05/22)                     | Medical monitoring devices                 | I              | 2/2       | 2/2            | 0/2    |       |                   |                | 4/6             | Not Met (66.67%) |
| <b>#Std. Met/# 80 Indicator</b> |                                            |                |           |                |        |       |                   |                | 75/80           |                  |
| <b>Total Score</b>              |                                            |                |           |                |        |       |                   |                | 84/90           |                  |
|                                 |                                            |                |           |                |        |       |                   |                | 93.33%          |                  |

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

| Indicator # | Indicator                        | Met/Rated | Rating               |
|-------------|----------------------------------|-----------|----------------------|
| C1          | Provider data collection         | 1/1       | <b>Met</b>           |
| C2          | Data analysis                    | 1/1       | <b>Met</b>           |
| C3          | Service satisfaction             | 1/1       | <b>Met</b>           |
| C4          | Utilizes input from stakeholders | 1/1       | <b>Met</b>           |
| C5          | Measure progress                 | 0/1       | <b>Not Met (0 %)</b> |
| C6          | Future directions planning       | 1/1       | <b>Met</b>           |

### Residential Services

| Indicator # | Indicator                                     | Met/Rated | Rating               |
|-------------|-----------------------------------------------|-----------|----------------------|
| C7          | Feedback on staff / care provider performance | 9/11      | <b>Met (81.82 %)</b> |
| C8          | Family/guardian communication                 | 11/11     | <b>Met</b>           |
| C9          | Personal relationships                        | 11/11     | <b>Met</b>           |
| C10         | Social skill development                      | 11/11     | <b>Met</b>           |
| C11         | Get together w/family & friends               | 11/11     | <b>Met</b>           |
| C12         | Intimacy                                      | 10/11     | <b>Met (90.91 %)</b> |
| C13         | Skills to maximize independence               | 11/11     | <b>Met</b>           |
| C14         | Choices in routines & schedules               | 11/11     | <b>Met</b>           |
| C15         | Personalize living space                      | 11/11     | <b>Met</b>           |
| C16         | Explore interests                             | 11/11     | <b>Met</b>           |
| C17         | Community activities                          | 11/11     | <b>Met</b>           |
| C18         | Purchase personal belongings                  | 10/10     | <b>Met</b>           |
| C19         | Knowledgeable decisions                       | 11/11     | <b>Met</b>           |
| C46         | Use of generic resources                      | 11/11     | <b>Met</b>           |
| C47         | Transportation to/ from community             | 11/11     | <b>Met</b>           |
| C48         | Neighborhood connections                      | 11/11     | <b>Met</b>           |
| C49         | Physical setting is consistent                | 11/11     | <b>Met</b>           |
| C51         | Ongoing satisfaction with services/ supports  | 11/11     | <b>Met</b>           |

### Residential Services

| Indicator # | Indicator                                         | Met/Rated | Rating |
|-------------|---------------------------------------------------|-----------|--------|
| C52         | Leisure activities and free-time choices /control | 11/11     | Met    |
| C53         | Food/ dining choices                              | 11/11     | Met    |

### ABI-MFP Residential Services

| Indicator # | Indicator                                         | Met/Rated | Rating |
|-------------|---------------------------------------------------|-----------|--------|
| C7          | Feedback on staff / care provider performance     | 3/3       | Met    |
| 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                          | 1/1       | 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    |
| 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                    | 1/1       | 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    |

### Placement Services

| Indicator # | Indicator                                     | Met/Rated | Rating |
|-------------|-----------------------------------------------|-----------|--------|
| C7          | Feedback on staff / care provider performance | 4/4       | Met    |
| C8          | Family/guardian communication                 | 4/4       | Met    |
| C9          | Personal relationships                        | 4/4       | Met    |

**Placement Services**

| <b>Indicator #</b> | <b>Indicator</b>                                  | <b>Met/Rated</b> | <b>Rating</b> |
|--------------------|---------------------------------------------------|------------------|---------------|
| C10                | Social skill development                          | 4/4              | <b>Met</b>    |
| C11                | Get together w/family & friends                   | 4/4              | <b>Met</b>    |
| C12                | Intimacy                                          | 4/4              | <b>Met</b>    |
| C13                | Skills to maximize independence                   | 4/4              | <b>Met</b>    |
| C14                | Choices in routines & schedules                   | 4/4              | <b>Met</b>    |
| C15                | Personalize living space                          | 4/4              | <b>Met</b>    |
| C16                | Explore interests                                 | 4/4              | <b>Met</b>    |
| C17                | Community activities                              | 4/4              | <b>Met</b>    |
| C18                | Purchase personal belongings                      | 4/4              | <b>Met</b>    |
| C19                | Knowledgeable decisions                           | 4/4              | <b>Met</b>    |
| C46                | Use of generic resources                          | 4/4              | <b>Met</b>    |
| C47                | Transportation to/ from community                 | 4/4              | <b>Met</b>    |
| C48                | Neighborhood connections                          | 4/4              | <b>Met</b>    |
| C49                | Physical setting is consistent                    | 4/4              | <b>Met</b>    |
| C51                | Ongoing satisfaction with services/ supports      | 4/4              | <b>Met</b>    |
| C52                | Leisure activities and free-time choices /control | 4/4              | <b>Met</b>    |
| C53                | Food/ dining choices                              | 4/4              | <b>Met</b>    |

**Individual Home Supports**

| <b>Indicator #</b> | <b>Indicator</b>                              | <b>Met/Rated</b> | <b>Rating</b> |
|--------------------|-----------------------------------------------|------------------|---------------|
| C7                 | Feedback on staff / care provider performance | 4/4              | <b>Met</b>    |
| C8                 | Family/guardian communication                 | 4/4              | <b>Met</b>    |
| C9                 | Personal relationships                        | 4/4              | <b>Met</b>    |
| C10                | Social skill development                      | 4/4              | <b>Met</b>    |
| C11                | Get together w/family & friends               | 4/4              | <b>Met</b>    |
| C12                | Intimacy                                      | 4/4              | <b>Met</b>    |
| C13                | Skills to maximize independence               | 4/4              | <b>Met</b>    |
| C14                | Choices in routines & schedules               | 4/4              | <b>Met</b>    |
| C16                | Explore interests                             | 4/4              | <b>Met</b>    |
| C17                | Community activities                          | 4/4              | <b>Met</b>    |

## Individual Home Supports

| <b>Indicator #</b> | <b>Indicator</b>                                  | <b>Met/Rated</b> | <b>Rating</b> |
|--------------------|---------------------------------------------------|------------------|---------------|
| C18                | Purchase personal belongings                      | 4/4              | <b>Met</b>    |
| C19                | Knowledgeable decisions                           | 4/4              | <b>Met</b>    |
| C21                | Coordinate outreach                               | 4/4              | <b>Met</b>    |
| C46                | Use of generic resources                          | 4/4              | <b>Met</b>    |
| C47                | Transportation to/ from community                 | 4/4              | <b>Met</b>    |
| C48                | Neighborhood connections                          | 4/4              | <b>Met</b>    |
| C51                | Ongoing satisfaction with services/ supports      | 4/4              | <b>Met</b>    |
| C52                | Leisure activities and free-time choices /control | 4/4              | <b>Met</b>    |
| C53                | Food/ dining choices                              | 4/4              | <b>Met</b>    |