|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
|  |

 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **PROVIDER REPORT FOR** |

 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Cooperative Production IncPO Box 506 North Dighton, MA 02764**  |

 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |

|  |
| --- |
|  |

 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Version** |

 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |

|  |
| --- |
| **Public Provider Report** |

 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |

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

 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |

|  |
| --- |
| **SUMMARY OF OVERALL FINDINGS** |

 |  |  |
|  |  |  |  |  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Provider** |

 |  |

|  |
| --- |
| Cooperative Production Inc |

 |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Review Dates** |

 |  |

|  |
| --- |
| 10/21/2021 - 10/27/2021 |

 |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Service Enhancement Meeting Date** |

 |  |

|  |
| --- |
| 11/10/2021 |

 |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Survey Team** |

 |  |

|  |
| --- |
| Jamie Savage |
| Katherine Gregory |
| Tina Napolitan (TL) |
| Scott Nolan |
| Kayla Condon |

 |  |
|  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **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** | 9 location(s) 9 audit (s)  | Full Review | 73/86 Defer Licensure  |  | 45 / 50 Certified  |
| Residential Services | 5 location(s) 5 audit (s)  |  |  | Full Review | 17 / 22 |
| ABI-MFP Residential Services | 4 location(s) 4 audit (s)  |  |  | Full Review | 22 / 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) 11 audit (s)  | Full Review | 61/65 2 Year License 11/10/2021 - 11/10/2023 |  | 39 / 46 Certified 11/10/2021 - 11/10/2023 |
| Community Based Day Services | 2 location(s) 7 audit (s)  |  |  | Full Review | 13 / 17 |
| Employment Support Services | 1 location(s) 4 audit (s)  |  |  | Full Review | 20 / 23 |
| Planning and Quality Management (For all service groupings) |   |  |  | Full Review | 6 / 6 |

 |  |

 |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |

|  |
| --- |
| **EXECUTIVE SUMMARY :** |

 |  |  |
|  |  |  |  |
|  |

|  |
| --- |
| Cooperative Production, Inc. (Co-Op) is a non-profit human service agency established in 1972 that serves both adults and transition aged students with developmental and other disabilities, as well as individuals with acquired brain injury who work and reside in the greater Taunton area. The agency now serves close to 300 people via a diverse offering of programs and services.  A full licensure and certification review was conducted across all service types including a review of organizational systems. The current review focused on services provided to adults and included the following service types: residential supports including 24-hour supports for people with I/DD and ABI/MFP and day services including Community Based Day Supports (CBDS), and Employment services.  Within the organizational domain, the agency demonstrated several strengths including an effective Human Rights Committee and strong systems in place to implement action plans related to investigations. The submissions of restraint reports met the required timelines. The agency has increased its staff recruitment and retention efforts during the pandemic however continues to experience vacancies. Within licensing for residential services, the review revealed positive practices across the agency within the domain of environmental safety. Smoke alarms and carbon monoxide detectors were located where needed and were all operational. Overall, homes were in good repair. Each home had adequate PPE and appropriate cleaning supplies and procedures for staff to follow universal precautions. The agency has enhanced its ability to respond to environmental concerns with the introduction of a computerized data base and oversight through the agency's quality assurance department.  The agency demonstrated strengths in the management of risk and in health care. For example, the agency actively participated in risk management meetings both internally and with the DDS providing clear data, observations and interventions. All homes were registered with DPH for medication administration. At homes where management staff positions were filled, there was evidence of communication and oversight informing staff of new procedures related to the pandemic and other changes within the agency. Individuals had options regarding healthy diets; two individuals with diabetes had improved health as a result of healthy diets.  The agency demonstrated additional strengths in residential certification areas. Individuals were supported to maintain relationships with family members and were able to choose leisure activities. One area of strength particularly for people receiving supports through the ABI/MFP waiver was all individuals were assessed for both community and home alone time and people were actively working towards increasing their independence.  In the certification areas the agency demonstrated positive outcomes in the area of planning and quality improvement and relationships. A clear commitment of the agency was its efforts to seek individuals' satisfaction with services and take action to address any concerns or changes they wanted in their lives. Education was provided to competent individuals and guardians regarding the benefits and risks of decisions involving medical care. Interactions with family members was encouraged.  Within the residential programs, the agency could strengthen practices in health care management through assuring emergency fact sheets and health care records include crucial information; preventative screenings and recommended tests are done in a timely manner. When health care protocols are needed to address individuals' significant health care conditions, these need to be clearly specified and staff need to be knowledgeable. Residentially, the agency will need to increase attention and focus to the management of medication administration and staff training to ensure individuals are receiving medications as prescribed. A review of the agencies CBDS and employment services involved areas such as career planning and development, skill acquisition, meaningful and satisfying day activities and community access and integration. Several positive outcomes were seen in the agency's day supports that related to the licensing indicators. The agency utilizes both virtual platforms and in-person spaces to provide day services. The agency demonstrated good medication management systems, respectful communication, an overall safe atmosphere, and ensured individuals rights were respected.  Within certification areas for employment, the agency is supporting people to be independent and maintain existing jobs. People were earning minimum wage or more, one individual was supported to be self-employed. Guardians were communicated with often. Individuals were assessed for needs related to potential assistive technology. Within day services, staff showed respect to the individuals and soliciting opinions from individuals. Additionally, the agency plans to resume activities in the community and increasing people's connections to others.  Based on the findings the agency's license for residential supports will be deferred due to not meeting criteria in a critical area. This deferred status will remain pending the results of a follow-up review which will occur within 60 days. Residential scores were 85% in licensing and 90% in certification. Follow-up on the licensing indicators rated will be conducted by the Office for Quality Enhancement within 60 days of the Service Enhancement Meeting. Pending successful completion of the critical indicators at follow-up, the agency's Residential Service Grouping will receive a Two Year with Mid-Cycle License.  The agency obtained a Two-Year License for day services with licensing scores of 94%. The agency day services are also Certified with a certification score of 85%. Provider follow-up on all not met licensure indicators will occur within 60 days of the Service Enhancement Meeting. |

 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|

|  |
| --- |
| **LICENSURE FINDINGS** |

 |  |  |  |
|  |  |  |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **10/10** | **0/10** |  |
| **Residential and Individual Home Supports** | **63/76** | **13/76** |  |
|  Residential Services ABI-MFP Residential Services |  |  |  |
| **Critical Indicators** | **7/8** | **1/8** |  |
| **Total** | **73/86** | **13/86** | **85%** |
| **Defer Licensure** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **13** |  |

 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **10/10** | **0/10** |  |
| **Employment and Day Supports** | **51/55** | **4/55** |  |
|  Community Based Day Services Employment Support Services |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **61/65** | **4/65** | **94%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **4** |  |

 |
|  |  |  |  |

 |  |
|  |  |  |
|  |

|  |
| --- |
|  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L5 | There is an approved safety plan in home and work locations.  | At three of the nine locations , there were several shifts where there was no staff present who was trained in the safety plan. The agency needs to ensure that staff receive training regarding the safety plan and that at least one staff on each shift if knowledge regarding the evacuation procedures. |
|  |  L8 | Emergency fact sheets are current and accurate and available on site. | Emergency fact sheets (EFSs) did not contain all of the required components for two of the nine individuals. This included missing medical diagnoses and pertinent information regarding the individual's abilities and relevant search information. The agency needs to ensure that all relevant information is present on the EFS. |
|  |  L23 | There are no locks on bedroom doors that provide access to an egress. | Two locations had bedrooms that led to an egress. At one of those locations there was a lock on the bedroom door. The agency needs to ensure that there are no locks present on bedroom doors that lead to a means of egress. |
|  |  L36 | Recommended tests and appointments with specialists are made and kept.  | Two of the nine individuals were not supported to follow through with follow-up appointments or testing per the health care providers recommendations. The agency needs to ensure that all recommended follow-up appointments and testing occurs. |
|  |  L43 | The health care record is maintained and updated as required.  | Two of nine individual's health care records lacked significant medical diagnoses. The agency needs to ensure that health care records are accurate and up to date. |
| O |  L46 |  All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.  | Two of the eight individuals reviewed did not have prescription medications administered as ordered. There were errors with transcriptions, MARs being written correctly, medications not being started when ordered, medications being held when they should not have been, and MORs not being filed. The agency needs to ensure that medications are administered as ordered and that the labels, MARs, and physicians orders all convey the same information. |
|  |  L69 | Individual expenditures are documented and tracked. | For two individuals, the agency had not maintained individual funds at a level as not to exceed the allowable limits to maintain health insurance and/or Social Security Benefits, nor had the agency explored alternative accounts such as ABLE accounts as recommended in one persons' ISP. The agency needs to ensure that individuals funds are tracked and allowable limits are not exceeded. |
|  |  L77 | The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals. | In two homes, agency staff were not properly trained regarding the unique needs of the individuals. The agency needs to ensure that all shifts have appropriately trained staff. |
|  |  L84 | Staff / care providers are trained in the correct utilization of health related protections per regulation. | For four of eight individuals, staff were not properly trained in correct utilization of health-related protections and supports. The agency needs to ensure that all shifts have properly trained staff and ensure that all devices are utilized as recommended by the qualified practitioner. |
|  |  L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | Four of eight individual's ISP assessments were not submitted within the required timelines. The agency needs to ensure that assessments are submitted within the required timelines. |
|  |  L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | Four of seven individual's ISP support strategies were not prepared within the required timelines. The agency needs to ensure that support strategies are submitted within the required timelines. |
|  |  L88 | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | Two of nine individual's ISP assessments were not submitted within the required timelines. The agency needs to ensure that assessments are submitted within the required timelines. |
|  |  L91 | Incidents are reported and reviewed as mandated by regulation. | Timelines for the submission of incident reports were not met for three of nine locations. The agency needs to ensure that incident reports are submitted within the require timelines. |

 |
|  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L14 | Handrails, balusters, stairs, and stairways are in good repair.  | The agency needs to enhance the current system in place to ensure that all areas are clean and in good repair. |
|  |  L15 | Hot water temperature tests between 110 and 120 degrees (as of 1/2014). | The agency needs develop a system to ensure that water temperatures fall within regulation. |
|  |  L29 | No rubbish or other combustibles are accumulated within the location including near heating equipment and exits.  | The agency needs to enhance the current system to ensure that the area where heating equipment is located is clear of rubbish or other combustible materials. |
|  |  L61 | Supports and health related protections are included in ISP assessments and the continued need is outlined. | One of three individuals did not have safety checks in place for health-related supports. The agency needs to enhance their current system to ensure that supports and health related protections are checked for safety and cleanliness. |

 |

 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **CERTIFICATION FINDINGS** |

 |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **6/6** | **0/6** |  |
| **Residential and Individual Home Supports** | **39/44** | **5/44** |  |
| ABI-MFP Residential Services | 22/22 | 0/22 |  |
| Residential Services | 17/22 | 5/22 |  |
| **TOTAL** | **45/50** | **5/50** | **90%** |
| **Certified** |  |  |  |

 |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **6/6** | **0/6** |  |
| **Employment and Day Supports** | **33/40** | **7/40** |  |
| Community Based Day Services | 13/17 | 4/17 |  |
| Employment Support Services | 20/23 | 3/23 |  |
| **TOTAL** | **39/46** | **7/46** | **85%** |
| **Certified** |  |  |  |

 |  |  |
|  |  |  |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Residential 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. | For two individuals, opportunities to provide feedback on the staff who supported them was not available in a format to match communication style or completed. The agency needs to ensure individuals are given opportunities to provide feedback on an ongoing basis. |
|  |  C9 | Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts. | For three individuals, more support was needed to provide individuals opportunities to develop social contacts and maintain personal relationships. The agency needs to ensure staff offer individuals opportunities to develop, and or increase their personal relationships. |
|  |  C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | For two individuals, staff needed more guidance and support to assist individuals to explore and express their need for companionship. The agency needs to ensure individuals are supported to explore, define and express their need for intimacy. |
|  |  C17 | Community activities are based on the individual's preferences and interests. | For two individuals, opportunities to participate in their expressed preferences and interests in the community were not actualized. The agency needs to ensure community activities are based on individual's preferences and interests. |
|  |  C54 | Individuals have the assistive technology and/or modifications to maximize independence.  | Two individuals did not have full assistive technology support. One individual's needs had not been assessed to further their independence while another individual whose device was broken had not been supported to explore alternative technologies to promote their autonomy. The agency needs to ensure individuals have the assistive technology and/or modifications to maximize their independence. |
|  |  |  |  |
|  | **Community Based Day Services- Areas Needing Improvement on Standards not met:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  C41 | Individuals participate in activities, including those in the community, that reflect their interests and preferences. | Four individuals were not offered the opportunity to participate in community activities that reflected their interest and preferences. The agency needs to ensure individuals are provided opportunities to participate in community activities that reflect their interest and preferences. |
|  |  C42 | Individuals are involved in activities that connect them to other people in the community. | Four individuals were not participating in activities that connected them to other people in the community. The agency needs to increase the frequency of community activities that offer opportunities for connection and to continue its education of individuals and families regarding infection control measures in place to ensure maximum participation. |
|  |  C43 | Staff act as bridge builders to support individuals to develop, sustain, and enhance relationships with others.  | Three individuals were not participating in activities in the community, and staff were not functioning as bridge builders to assist them in developing and sustaining relationships with other community members. The agency needs to continue education of individuals and families in order to encourage resumption of individuals' participation in activities in which staff can support individuals to develop and maintain strong relationships with other community members. |
|  |  C46 | Staff (Home Providers) support individuals to learn about and use generic community resources. | Four individuals were not participating in activities which would expose them to generic resources in their communities. The agency needs to ensure individuals are supported to learn about and use generic resources. |
|  |  |  |  |
|  | **Employment Support Services- Areas Needing Improvement on Standards not met:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  C28 | Staff maintain and develop relationships with local businesses in order to facilitate job development opportunities. | Community efforts to cultivate and maintain active relationships with local businesses to facilitate job development was not occurring. The agency needs to actively pursue and develop ongoing relationships with local businesses that are willing to hire interested individuals in order to increase the scope of available job development and placement opportunities. |
|  |  C29 | Individuals are supported to obtain employment that matches their skills and interests. | One of three individuals had not obtained employment that matched their skills or interests. The agency needs to assist individuals in exploring all job options in a sustained effort to ensure employment is obtained within a reasonable timeframe. |
|  |  C35 | Individuals are given feedback on job performance by their employer. | One of two individuals had not received feedback on their job performance. The agency needs to advocate with businesses to ensure that feedback on performance is provided commensurate with other employees in order that the individual has the opportunity to better understand their areas of strength and areas of growth. |
|  |  |  |  |

 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |

|  |
| --- |
| **MASTER SCORE SHEET LICENSURE** |

 |  |  |  |
|  |  |  |  |  |
|  |

|  |
| --- |
| **Organizational: Cooperative Production Inc** |

 |  |  |  |
|  |  |  |  |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **12/12** | **Met** |
|  |  L3 | Immediate Action | **15/15** | **Met** |
|  |  L4 | Action taken | **15/15** | **Met** |
|  |  L48 | HRC | **1/1** | **Met** |
|  |  L65 | Restraint report submit | **28/31** | **Met(90.32 % )** |
|  |  L66 | HRC restraint review | **30/30** | **Met** |
|  |  L74 | Screen employees | **8/8** | **Met** |
|  |  L75 | Qualified staff | **3/3** | **Met** |
|  |  L76 | Track trainings | **17/18** | **Met(94.44 % )** |
|  |  L83 | HR training | **15/18** | **Met(83.33 % )** |

 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **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 | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L5 | Safety Plan | L | 4/5 |  |  |  | 2/4 |  | **6/9** | **Not Met(66.67 %)** |
| O |  L6 | Evacuation | L | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L7 | Fire Drills | L | 4/5 |  |  |  | 4/4 |  | **8/9** | **Met(88.89 %)** |
|  |  L8 | Emergency Fact Sheets | I | 4/5 |  |  |  | 3/4 |  | **7/9** | **Not Met(77.78 %)** |
|  |  L9 (07/21) | Safe use of equipment | I | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L10 | Reduce risk interventions | I | 3/3 |  |  |  | 3/3 |  | **6/6** | **Met** |
| O |  L11 | Required inspections | L | 5/5 |  |  |  | 2/2 |  | **7/7** | **Met** |
| O |  L12 | Smoke detectors | L | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
| O |  L13 | Clean location | L | 4/5 |  |  |  | 4/4 |  | **8/9** | **Met(88.89 %)** |
|  |  L14 | Site in good repair | L | 4/4 |  |  |  | 2/2 |  | **6/6** | **Met** |
|  |  L15 | Hot water | L | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L16 | Accessibility | L | 4/5 |  |  |  | 4/4 |  | **8/9** | **Met(88.89 %)** |
|  |  L17 | Egress at grade  | L | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L18 | Above grade egress | L | 2/2 |  |  |  | 3/3 |  | **5/5** | **Met** |
|  |  L19 | Bedroom location | L | 4/4 |  |  |  | 2/2 |  | **6/6** | **Met** |
|  |  L20 | Exit doors | L | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L21 | Safe electrical equipment | L | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L22 | Well-maintained appliances | L | 4/5 |  |  |  | 4/4 |  | **8/9** | **Met(88.89 %)** |
|  |  L23 | Egress door locks | L | 1/2 |  |  |  |  |  | **1/2** | **Not Met(50.0 %)** |
|  |  L24 | Locked door access | L | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L25 | Dangerous substances | L | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L26 | Walkway safety | L | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L27 | Pools, hot tubs, etc. | L |  |  |  |  | 1/1 |  | **1/1** | **Met** |
|  |  L28 | Flammables | L | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L29 | Rubbish/combustibles | L | 5/5 |  |  |  | 3/4 |  | **8/9** | **Met(88.89 %)** |
|  |  L30 | Protective railings | L | 3/4 |  |  |  | 2/2 |  | **5/6** | **Met(83.33 %)** |
|  |  L31 | Communication method | I | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L32 | Verbal & written | I | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L33 | Physical exam | I | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L34 | Dental exam | I | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L35 | Preventive screenings | I | 5/5 |  |  |  | 3/4 |  | **8/9** | **Met(88.89 %)** |
|  |  L36 | Recommended tests | I | 4/5 |  |  |  | 3/4 |  | **7/9** | **Not Met(77.78 %)** |
|  |  L37 | Prompt treatment | I | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
| O |  L38 | Physician's orders | I | 4/5 |  |  |  | 2/2 |  | **6/7** | **Met(85.71 %)** |
|  |  L39 | Dietary requirements | I | 5/5 |  |  |  | 1/2 |  | **6/7** | **Met(85.71 %)** |
|  |  L40 | Nutritional food | L | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L41 | Healthy diet | L | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L42 | Physical activity | L | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L43 | Health Care Record | I | 4/5 |  |  |  | 3/4 |  | **7/9** | **Not Met(77.78 %)** |
|  |  L44 | MAP registration | L | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L45 | Medication storage | L | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
| O |  L46 | Med. Administration | I | 4/5 |  |  |  | 2/3 |  | **6/8** | **Not Met(75.00 %)** |
|  |  L47 | Self medication | I | 1/1 |  |  |  | 2/2 |  | **3/3** | **Met** |
|  |  L49 | Informed of human rights | I | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L51 | Possessions | I | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L52 | Phone calls | I | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L53 | Visitation | I | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L54 (07/21) | Privacy | I | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L55 | Informed consent | I | 4/4 |  |  |  | 2/2 |  | **6/6** | **Met** |
|  |  L56 | Restrictive practices | I | 2/2 |  |  |  | 1/2 |  | **3/4** | **Met** |
|  |  L57 | Written behavior plans | I | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L60 | Data maintenance | I | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L61 | Health protection in ISP | I | 4/5 |  |  |  | 3/3 |  | **7/8** | **Met(87.50 %)** |
|  |  L62 | Health protection review | I | 4/4 |  |  |  | 2/2 |  | **6/6** | **Met** |
|  |  L63 | Med. treatment plan form | I | 5/5 |  |  |  | 3/3 |  | **8/8** | **Met** |
|  |  L64 | Med. treatment plan rev. | I | 5/5 |  |  |  | 3/3 |  | **8/8** | **Met** |
|  |  L67 | Money mgmt. plan | I | 5/5 |  |  |  | 0/1 |  | **5/6** | **Met(83.33 %)** |
|  |  L68 | Funds expenditure | I | 5/5 |  |  |  | 1/1 |  | **6/6** | **Met** |
|  |  L69 | Expenditure tracking | I | 3/5 |  |  |  | 1/1 |  | **4/6** | **Not Met(66.67 %)** |
|  |  L70 | Charges for care calc. | I | 5/5 |  |  |  | 3/3 |  | **8/8** | **Met** |
|  |  L71 | Charges for care appeal | I | 4/5 |  |  |  | 3/3 |  | **7/8** | **Met(87.50 %)** |
|  |  L77 | Unique needs training | I | 4/5 |  |  |  | 3/4 |  | **7/9** | **Not Met(77.78 %)** |
|  |  L78 | Restrictive Int. Training | L | 2/2 |  |  |  | 2/2 |  | **4/4** | **Met** |
|  |  L80 | Symptoms of illness | L | 5/5 |  |  |  | 3/4 |  | **8/9** | **Met(88.89 %)** |
|  |  L81 | Medical emergency | L | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
| O |  L82 | Medication admin. | L | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L84 | Health protect. Training | I | 3/5 |  |  |  | 1/3 |  | **4/8** | **Not Met(50.0 %)** |
|  |  L85 | Supervision  | L | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L86 | Required assessments | I | 3/4 |  |  |  | 1/4 |  | **4/8** | **Not Met(50.0 %)** |
|  |  L87 | Support strategies | I | 3/4 |  |  |  | 1/3 |  | **4/7** | **Not Met(57.14 %)** |
|  |  L88 | Strategies implemented | I | 3/5 |  |  |  | 4/4 |  | **7/9** | **Not Met(77.78 %)** |
|  |  L89 | Complaint and resolution process | L |  |  |  |  | 4/4 |  | **4/4** | **Met** |
|  |  L90 | Personal space/ bedroom privacy | I | 5/5 |  |  |  | 4/4 |  | **9/9** | **Met** |
|  |  L91 | Incident management | L | 4/5 |  |  |  | 2/4 |  | **6/9** | **Not Met(66.67 %)** |
|  | **#Std. Met/# 76 Indicator** |  |  |  |  |  |  |  |  | **63/76** |  |
|  | **Total Score** |  |  |  |  |  |  |  |  | **73/86** |  |
|  |  |  |  |  |  |  |  |  |  | **84.88%** |  |

 |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **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 |  | 7/7 | **11/11** | **Met** |
|  |  L5 | Safety Plan | L | 1/1 |  | 1/1 | **2/2** | **Met** |
| O |  L6 | Evacuation | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L7 | Fire Drills | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L8 | Emergency Fact Sheets | I | 4/4 |  | 7/7 | **11/11** | **Met** |
|  |  L9 (07/21) | Safe use of equipment | I | 4/4 |  | 7/7 | **11/11** | **Met** |
|  |  L10 | Reduce risk interventions | I |  |  | 3/3 | **3/3** | **Met** |
| O |  L11 | Required inspections | L | 1/1 |  | 1/1 | **2/2** | **Met** |
| O |  L12 | Smoke detectors | L | 1/1 |  | 1/1 | **2/2** | **Met** |
| O |  L13 | Clean location | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L14 | Site in good repair | L | 0/1 |  | 1/1 | **1/2** | **Not Met(50.0 %)** |
|  |  L15 | Hot water | L | 0/1 |  | 1/1 | **1/2** | **Not Met(50.0 %)** |
|  |  L16 | Accessibility | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L17 | Egress at grade  | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L18 | Above grade egress | L | 1/1 |  |  | **1/1** | **Met** |
|  |  L20 | Exit doors | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L21 | Safe electrical equipment | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L22 | Well-maintained appliances | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L25 | Dangerous substances | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L26 | Walkway safety | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L28 | Flammables | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L29 | Rubbish/combustibles | L | 0/1 |  |  | **0/1** | **Not Met(0 %)** |
|  |  L30 | Protective railings | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L31 | Communication method | I | 4/4 |  | 7/7 | **11/11** | **Met** |
|  |  L32 | Verbal & written | I | 4/4 |  | 7/7 | **11/11** | **Met** |
|  |  L37 | Prompt treatment | I | 3/3 |  | 7/7 | **10/10** | **Met** |
| O |  L38 | Physician's orders | I | 3/3 |  | 6/6 | **9/9** | **Met** |
|  |  L39 | Dietary requirements | I |  |  | 4/4 | **4/4** | **Met** |
|  |  L44 | MAP registration | L | 1/1 |  |  | **1/1** | **Met** |
|  |  L45 | Medication storage | L | 1/1 |  |  | **1/1** | **Met** |
| O |  L46 | Med. Administration | I | 1/1 |  | 5/5 | **6/6** | **Met** |
|  |  L49 | Informed of human rights | I | 4/4 |  | 7/7 | **11/11** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | 4/4 |  | 7/7 | **11/11** | **Met** |
|  |  L51 | Possessions | I | 4/4 |  | 7/7 | **11/11** | **Met** |
|  |  L52 | Phone calls | I | 4/4 |  | 6/6 | **10/10** | **Met** |
|  |  L54 (07/21) | Privacy | I | 4/4 |  | 7/7 | **11/11** | **Met** |
|  |  L55 | Informed consent | I |  |  | 3/3 | **3/3** | **Met** |
|  |  L61 | Health protection in ISP | I | 0/1 |  | 2/2 | **2/3** | **Not Met(66.67 %)** |
|  |  L62 | Health protection review | I | 1/1 |  | 2/2 | **3/3** | **Met** |
|  |  L63 | Med. treatment plan form | I | 1/1 |  | 4/4 | **5/5** | **Met** |
|  |  L64 | Med. treatment plan rev. | I | 1/1 |  | 4/4 | **5/5** | **Met** |
|  |  L67 | Money mgmt. plan | I | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L68 | Funds expenditure | I | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L69 | Expenditure tracking | I | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L77 | Unique needs training | I | 4/4 |  | 7/7 | **11/11** | **Met** |
|  |  L79 | Restraint training | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L80 | Symptoms of illness | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L81 | Medical emergency | L | 1/1 |  | 1/1 | **2/2** | **Met** |
| O |  L82 | Medication admin. | L | 1/1 |  |  | **1/1** | **Met** |
|  |  L84 | Health protect. Training | I | 1/1 |  | 2/2 | **3/3** | **Met** |
|  |  L85 | Supervision  | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L86 | Required assessments | I | 4/4 |  | 7/7 | **11/11** | **Met** |
|  |  L87 | Support strategies | I | 4/4 |  | 7/7 | **11/11** | **Met** |
|  |  L88 | Strategies implemented | I | 4/4 |  | 7/7 | **11/11** | **Met** |
|  |  L91 | Incident management | L | 1/1 |  | 2/2 | **3/3** | **Met** |
|  | **#Std. Met/# 55 Indicator** |  |  |  |  |  | **51/55** |  |
|  | **Total Score** |  |  |  |  |  | **61/65** |  |
|  |  |  |  |  |  |  | **93.85%** |  |

 |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **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** |
|  |  |  |  |  |

 |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ABI-MFP Residential 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** |
|  C10 | Social skill development | 4/4 | **Met** |
|  C11 | Get together w/family & friends | 4/4 | **Met** |
|  C12 | Intimacy | 4/4 | **Met** |
|  C13 | Skills to maximize independence  | 4/4 | **Met** |
|  C14 | Choices in routines & schedules | 4/4 | **Met** |
|  C15 | Personalize living space | 4/4 | **Met** |
|  C16 | Explore interests | 3/4 | **Met** |
|  C17 | Community activities | 4/4 | **Met** |
|  C18 | Purchase personal belongings | 4/4 | **Met** |
|  C19 | Knowledgeable decisions | 4/4 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 4/4 | **Met** |
|  C46 | Use of generic resources | 4/4 | **Met** |
|  C47 | Transportation to/ from community | 4/4 | **Met** |
|  C48 | Neighborhood connections | 4/4 | **Met** |
|  C49 | Physical setting is consistent  | 4/4 | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | 4/4 | **Met** |
|  C52 | Leisure activities and free-time choices /control | 4/4 | **Met** |
|  C53 | Food/ dining choices | 4/4 | **Met** |
|  C54 | Assistive technology | 4/4 | **Met** |
| **Community Based Day Services** |  |  |  |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 7/7 | **Met** |
|  C8 | Family/guardian communication | 7/7 | **Met** |
|  C13 | Skills to maximize independence  | 7/7 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 7/7 | **Met** |
|  C37 | Interpersonal skills for work | 7/7 | **Met** |
|  C38 (07/21) | Habilitative & behavioral goals | 5/6 | **Met (83.33 %)** |
|  C39 (07/21) | Support needs for employment | 4/5 | **Met (80.0 %)** |
|  C40 | Community involvement interest | 5/6 | **Met (83.33 %)** |
|  C41 | Activities participation | 2/6 | **Not Met (33.33 %)** |
|  C42 | Connection to others | 1/5 | **Not Met (20.0 %)** |
|  C43 | Maintain & enhance relationship | 3/6 | **Not Met (50.0 %)** |
|  C44 | Job exploration | 5/5 | **Met** |
|  C45 | Revisit decisions | 7/7 | **Met** |
|  C46 | Use of generic resources | 3/7 | **Not Met (42.86 %)** |
|  C47 | Transportation to/ from community | 7/7 | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | 7/7 | **Met** |
|  C54 | Assistive technology | 7/7 | **Met** |
| **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** |
|  C20 (07/21) | Emergency back-up plans | 4/4 | **Met** |
|  C22 | Explore job interests | 1/1 | **Met** |
|  C23 | Assess skills & training needs | 1/1 | **Met** |
|  C24 | Job goals & support needs plan | 3/3 | **Met** |
|  C25 | Skill development | 3/3 | **Met** |
|  C26 | Benefits analysis | 3/3 | **Met** |
|  C27 | Job benefit education | 4/4 | **Met** |
|  C28 | Relationships w/businesses | 0/1 | **Not Met (0 %)** |
|  C29 | Support to obtain employment | 2/3 | **Not Met (66.67 %)** |
|  C30 | Work in integrated settings | 3/3 | **Met** |
|  C31 | Job accommodations | 4/4 | **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 | 1/2 | **Not Met (50.0 %)** |
|  C36 | Supports to enhance retention | 3/3 | **Met** |
|  C37 | Interpersonal skills for work | 4/4 | **Met** |
|  C47 | Transportation to/ from community | 4/4 | **Met** |
|  C50 | Involvement/ part of the Workplace culture | 2/2 | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | 4/4 | **Met** |
|  C54 | Assistive technology | 4/4 | **Met** |
| **Residential Services** |  |  |  |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 3/5 | **Not Met (60.0 %)** |
|  C8 | Family/guardian communication | 5/5 | **Met** |
|  C9 | Personal relationships | 2/5 | **Not Met (40.0 %)** |
|  C10 | Social skill development | 5/5 | **Met** |
|  C11 | Get together w/family & friends | 5/5 | **Met** |
|  C12 | Intimacy | 3/5 | **Not Met (60.0 %)** |
|  C13 | Skills to maximize independence  | 5/5 | **Met** |
|  C14 | Choices in routines & schedules | 5/5 | **Met** |
|  C15 | Personalize living space | 5/5 | **Met** |
|  C16 | Explore interests | 4/5 | **Met (80.0 %)** |
|  C17 | Community activities | 3/5 | **Not Met (60.0 %)** |
|  C18 | Purchase personal belongings | 5/5 | **Met** |
|  C19 | Knowledgeable decisions | 5/5 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 4/5 | **Met (80.0 %)** |
|  C46 | Use of generic resources | 5/5 | **Met** |
|  C47 | Transportation to/ from community | 5/5 | **Met** |
|  C48 | Neighborhood connections | 4/5 | **Met (80.0 %)** |
|  C49 | Physical setting is consistent  | 4/5 | **Met (80.0 %)** |
|  C51 | Ongoing satisfaction with services/ supports | 5/5 | **Met** |
|  C52 | Leisure activities and free-time choices /control | 5/5 | **Met** |
|  C53 | Food/ dining choices | 5/5 | **Met** |
|  C54 | Assistive technology | 3/5 | **Not Met (60.0 %)** |
|  |  |  |  |

 |  |  |  |  |