



**PROVIDER REPORT
FOR**

**Cooperative Production Inc
PO Box 506
North Dighton, MA 02764**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider Cooperative Production Inc

Review Dates 11/8/2023 - 11/14/2023

Service Enhancement Meeting Date 11/27/2023

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Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	9 location(s) 11 audit (s)	Full Review	84/92 2 Year License 11/27/2023-11/27/2025		45 / 46 Certified 11/27/2023 - 11/27/2025
Residential Services	5 location(s) 5 audit (s)			Full Review	20 / 20
ABI-MFP Residential Services	4 location(s) 6 audit (s)			Full Review	19 / 20
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	2 location(s) 9 audit (s)	Targeted Review	DDS 25/26 Provider 46 / 46 71 / 72 2 Year License 11/27/2023-11/27/2025		DDS 10 / 12 Provider 28 / 30 38 / 42 Certified 11/27/2023 - 11/27/2025
Community Based Day Services	2 location(s) 7 audit (s)			DDS Targeted Review	11 / 15
Employment Support Services	0 location(s) 2 audit (s)			DDS Targeted Review	21 / 21
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 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 currently now serves over 150 individuals in adult residential and day services.

The DDS Office of Quality Enhancement (OQE) conducted a full Licensing and Certification review for Cooperative Productions' Residential Services rating all indicators. Cooperative Productions was eligible for and chose to conduct a self-assessment of licensure and certification indicators for its Community Based Day Supports and its Employment Services. The scope of the OQE licensing review for these two services was limited to critical indicators, indicators receiving a rating of 'not met' during the previous survey, and any new or strengthened licensing indicators that came into effect since the last full review. Licensing scores for both day services are the result of combined ratings by both the agency and the OQE. In the area of certification for day and employment, only the certification indicators receiving a rating of "not met" from the prior review were surveyed. Certification scores for both day services are the result of combined ratings by both the agency and the OQE.

Within the organizational domain the agency demonstrated areas of strength included an effective Human Rights Committee which consisted of all requisite membership throughout the past two years. The Committee conducted reviews of required materials, and committee discussions led to outcomes effectively preserving the rights of individuals served. Immediate action was taken to protect individuals when there was suspected abuse or neglect and the agency ensured that any follow-up actions were carried out. The agency sought input from all stakeholders and offered a town hall to guardians and family members. Input from these sources and systemic data collection allowed for effective strategic planning focused on service improvement goals and future directions planning.

Within licensing for residential, Cooperative Productions had effective systems in place to support fulfillment of environmental upkeep and medication administration. The agency utilized a software database for maintenance needs which allowed for efficient communication of facilities repair needs. The environmental review revealed that overall, properties were well-maintained and clean. In the domain of medication and health, menus were developed with the use of reference materials providing healthier alternative recipes for favorite foods. The agency employed a system of regular audits for oversight of medication delivery and accuracy of documentation. The licensing review revealed that all medications were administered according to the doctors' orders by MAP certified staff, and documentation was accurate and up to date.

Internal reviews of medical appointments and follow-ups occurred with oversight from nursing, and individuals were receiving their annual physical appointments. Staff were responsive to episodic illnesses and ensured prompt medical care and follow-up for these events. In the domain of personal safety, the agency had effective emergency back-up plans that incorporated personalized information about each individual to assist in a variety of emergency situations.

The OQE Licensing review for day services revealed areas of consistency and success. All individuals were able to evacuate the premises in a timely fashion, all required inspections were present, and smoke detectors were in working order. Sites were clean and in good repair. In day services in the domain of health, all individuals' health related protocols were present with all required components and staff training, and medications were being administered by MAP certified staff.

For Certification in residential services, it was noted that individuals' homes and rooms were highly personalized with rooms decorated in individuals' favorite colors and themes with displays of favorite music, collectibles and many photographs of families and friends. In the domain of access and integration, individuals were supported to explore and share their interests such as country music, or gardening in downtown Taunton with others. Community activities were abundant in residential homes and reflected the varied interests of the residents in each home. Individuals selecting from a variety of possibilities including attending concerts, having their nails done, walking at the mall, going to the canal for a walk, or going to local parks and museums. In one home individuals initiated a spontaneous

discussion about what restaurant to go to next and produced menus from multiple restaurants they had been to for reference.

In the domain of human rights, choice, communication and control, individuals were supported to make knowledgeable decisions such as how best to end a relationship, or how to determine what reclining chair they would prefer to purchase. Choice was incorporated into many conversations allowing individuals options. A woman who had a limited ability to express herself was consistently given choices through visual means and indicated her decisions by fixing her gaze on her preferred selection. Autonomy in choice of leisure activities was demonstrated by individuals freely going about their chosen routines and communicating their preference for when they would like to relax, spend time out back, and when they would like to eat their snack.

For Certification for day services, in the domain of career planning, development and employment, individuals were supported to develop and sustain relationships with those in the community and individuals were supported to obtain employment that matched their skills and interests.

Areas that could use increased attention from the agency were also revealed during the survey. A review of trainings revealed that the agency could benefit from a strengthened system of tracking trainings that are particular to each location to ensure that all staff on duty have received training in the Safety Plan, Restrictive Practices, and Signs and Symptoms of Illness.

For routine and preventative screenings enhanced medical oversight is needed to ensure that staff are discussing all recommended medical screenings for with individuals' physicians and ensuring follow-through for related testing or lab work.

Additional attention is needed to improve the contents of individuals' Money Management Plans with required details such as how the individual will access their money, how much a person is safely able to carry on their person, and the agreement of the guardian to the personalized plan.

Increased oversight for HCSIS timelines is needed for the agency to consistently meet the required timelines for the submission and finalization of incident reports and restraints.

In the community-based day supports program in the domain of access and integration, the development of community activities could be further enhanced to include activities that reflect the personal interests and preferences of the participants. Additional planning is needed to enable increased frequency for the use of generic community resources with further variation in the types of activities offered.

Cooperative Productions earned a Two-Year License for residential services with a licensing score of 91%. The agency also earned a Two-Year License in day services with licensing scores of 99%. The agency's residential and day services are also Certified with a certification score of 98% for residential and 90% for day services. The agency will conduct a follow-up for its residential and day services on any licensing indicators not met and submit the report to OQE within 60 days of the SEM.

Description of Self Assessment Process:

CO-OP remains committed to ensuring quality services are delivered to all individuals supported. The self-assessment process utilized was comprised of a combination of existing monitoring systems and a comprehensive review of all applicable licensure and certification standards.

The following outlines numerous on-going quality assurance systems that are relied on to ensure regulatory compliance, best practice and effective service delivery:

Day Program records are reviewed at least one time annually, medication records are maintained and monitored on an ongoing basis by nursing staff.

CO-OP increasingly provides support to individuals with highly complex medical needs. Subsequently the agency has developed many health care systems to minimize risk in efforts to assure individuals can maintain optimum health and well-being. Tracking systems and individual curriculums have been developed for numerous specialized trainings including but not limited to G/J-tube training, Oxygen, Clozaril, Coumadin, blood sugar testing and EpiPen administration. A medical protocol resource manual has been developed and is reviewed by a nurse at each of our day programs at least annually with specific attention to individual protocols. New protocols are reviewed separately with staff when they are developed with an annual review thereafter.

On a monthly basis, the Day Program Manager completes an inspection of each site and vehicle, which is tracked on the Limble CMMs system. For each location they check the hot water temperatures, grab bars/railings, clear exits, for signs of pests, fire extinguishers, and look for any needed maintenance. For vehicles, they check the mileage, seatbelts, warning lights, inspection stickers, and look for needed repairs. Any needs that are identified are automatically sent to Property Management. In addition, they can submit work requests at any time which immediately notifies the Property Management team. The Property Manager has an established schedule with outside vendors, for sprinkler systems, fire alarms, fire extinguishers and generator inspections. Outside vendors are also secured for routine landscaping, cleaning, trash removal, pest control and snow removal.

CO-OP has a Human Rights Committee with the required composition that meets six times yearly. The committee reviews incident reports, restraints, MORs, restrictive practices, behavioral support plans, investigations, health protections and human right complaints or concerns. Minutes are maintained and submitted in accordance with DDS regulatory requirements.

In efforts to recruit the most qualified personnel CO-OP ensures that credentials and background checks are maintained for candidates and existing staff. All candidates must provide a minimal of two sources for references, nurses and licensed staff are verified through the MA licensing web site, favorable MAP status is reviewed, acceptable CORI, fingerprinting, DPPC registry and SORI check is required. The Human Resource Department maintains a data base and tracking system for all required training which includes the following: First Aid, CPR* Bloodborne Pathogens, DDS Human Rights, DDS Fire Safety, Safety Care, MAP Certification / Recert, Philosophy and Values and Positive Behavior Supports. CO-OP provides a regular schedule of trainings with many qualified in-house trainers to ensure staff receive required training as quickly as possible. Additionally, each program adheres to a monthly training calendar with an accompanying curriculum that includes EESP Review, Basic Fire Safety, Human Rights, ISP, Incident Report/documentation, Vehicle and Relationship Training.

The following describes the self-assessment process utilized for this report:

A team was established to complete a self-assessment for CO-OP's CBDS and ES programs. The team was comprised of the Director of Day Services, Director of Quality Assurance and the Day Manager for each site being reviewed. Both CBDS programs and Employment Supports were reviewed throughout the month of October 2023. A total of 17 individuals were assessed which equaled 28% of individuals supported in these service components. This approach allowed for a sampling across the sites and services while helping to identify if systems were uniform,

The DDS Licensing and Certification Tool was used to complete each survey along with a corresponding worksheet to track results. An 80% threshold was used to determine an indicator was met Across each site and service component most licensing indicators were met well in excess of the

80% threshold. Program Manager received immediate feedback throughout and at the end of the review on the rating of each indicator, with instructions to begin rectifying any issues noted. Although the results demonstrated that licensing indicators reached the met criteria there are still areas the agency should work to improve systems and subsequent follow through. This includes monitoring to ensure authorization forms are sent out before they expire and adhering to ISP assessment timelines. Two of the Certification indicators, C44 and C45 were not met with 5 of the 17 individuals not meeting criteria. It should be note that these certification indicators were met at our Dighton site but not Ingel St. The total percentage for the overall sample was, however, below 80%.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	10/11	1/11	
Residential and Individual Home Supports	74/81	7/81	
Residential Services ABI-MFP Residential Services			
Critical Indicators	8/8	0/8	
Total	84/92	8/92	91%
2 Year License			
# indicators for 60 Day Follow-up		8	

	Met / Rated	Not Met / Rated	% Met
Organizational	11/12	1/12	
Employment and Day Supports	60/60	0/60	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	71/72	1/72	99%
2 Year License			
# indicators for 60 Day Follow-up		1	

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

Indicator #	Indicator	Area Needing Improvement
L65	Restraint reports are submitted within required timelines.	Three restraints were either submitted or finalized outside the required timelines. The agency needs to ensure that all restraints are reported within the required timelines.

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:
From DDS review:**

Indicator #	Indicator	Area Needing Improvement
L5	There is an approved safety plan in home and work locations.	At one location there were shifts where staff worked alone and were not trained in the safety plan. At a second location the safety plan does not accurately reflect the staffing pattern. The agency needs to ensure that all staff are trained in the safety plan and that they reflect current staffing patterns.
L35	Individuals receive routine preventive screenings.	Three of eleven individuals had not received routine preventative screenings/immunizations such as tetanus shots, testicular exams, or colonoscopies. The agency needs to ensure individuals receive routine screenings based on the DDS guidelines for preventative screenings.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	For one individual, data is not tracked consistently to determine if the individual is earning tokens as determined in the behavior plan. The agency needs to ensure data is tracked according to the behavior plan.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	At eight homes, money management plans had not been signed by either the guardian or the individual or were lacking details regarding how their money was to be secured and accessed. The agency needs to ensure that money management plans are signed by guardian, or the individual when individuals are their own guardians, and that all plans include details regarding the securing and accessing of their funds.
L78	Staff are trained to safely and consistently implement restrictive interventions.	At one home, staff on one shift had been not trained in a behavior support plan and staff on two additional shifts had not been trained in a restrictive practice.
L80	Support staff are trained to recognize signs and symptoms of illness.	At two homes, staff had not been trained to recognize signs and symptoms of illness. Agency need to ensure that all staff are trained to recognize signs and symptoms of illness.
L91	Incidents are reported and reviewed as mandated by regulation.	3 of 9 residential homes submitted or finalized incidents outside the given timelines. The agency needs to ensure that all incidents are submitted and finalized within the required timelines.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	39/40	1/40	
ABI-MFP Residential Services	19/20	1/20	
Residential Services	20/20	0/20	
Total	45/46	1/46	98%
Certified			

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS	6/6	0/6	
Employment and Day Supports	DDS 4/6 Provider 28/30	32/36	4/36	
Community Based Day Services	DDS 2/4 Provider 9/11	11/15	4/15	
Employment Support Services	DDS 2/2 Provider 19/19	21/21	0/21	
Total		38/42	4/42	90%
Certified				

ABI-MFP Residential Services- Areas Needing Improvement on Standards not met From DDS Review:

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.	Individuals had not been given the opportunity to participate in evaluating potential staff prior to hiring, or to offer feedback on current staff's ongoing performance. The agency needs to ensure individuals are offered opportunities to share their feedback at the time of hire and for ongoing staff performance.

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

Indicator #	Indicator	Area Needing Improvement
C41	Individuals participate in activities, including those in the community, that reflect their interests and preferences.	Three of seven individuals had not been supported to participate in activities that reflected their interests and preferences. The agency needs to ensure that there are a variety of activities that match the supported individuals interests and preferences.
C46	Staff (Home Providers) support individuals to learn about and use generic community resources.	Two of seven individuals have not been supported to use varied community resources on a frequent and ongoing basis. The agency needs to ensure individuals are supported to use community resources on a frequent and ongoing basis.

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

Indicator #	Indicator	Issues identified	Action planned to address
C44	Staff have effective methods to assist individuals to explore their job interests if appropriate.	Although there are methods in place, assessments were not consistently completed to assist individuals to explore job interests if desired.	The Director of Day Services will review status of interest assessments on all individuals with the program manager. A plan will be developed to ensure completion and exploration of desired interest(s).
C45	Individual's decisions of what to do during the day are revisited on a regular basis.	There was not adequate evidence of consistent opportunities for community resource usage in correspondence with interest assessments, subsequently choices were not revisited.	The Director of Day Services will work with the Program Manager after ensuring initial assessments are completed to create a system for follow-up to revisit exploration options/choices. A schedule will be created to include area of interest opportunities based on individual choices.

MASTER SCORE SHEET LICENSURE

Organizational: Cooperative Production Inc

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓟ L2	Abuse/neglect reporting	1/1	Met
L3	Immediate Action	13/13	Met
L4	Action taken	15/15	Met
L48	HRC	1/1	Met
L65	Restraint report submit	7/10	Not Met(70.0 %)
L66	HRC restraint review	1/1	Met
L74	Screen employees	2/2	Met
L75	Qualified staff	3/3	Met
L76	Track trainings	19/20	Met(95.00 %)
L83	HR training	19/20	Met(95.00 %)

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	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				6/6		11/11	Met
L5	Safety Plan	L	4/5				3/4		7/9	Not Met (77.78 %)
Ⓟ L6	Evacuation	L	5/5				4/4		9/9	Met
L7	Fire Drills	L	5/5				4/4		9/9	Met
L8	Emergency Fact Sheets	I	4/5				6/6		10/11	Met (90.91 %)
L9 (07/21)	Safe use of equipment	I	5/5				6/6		11/11	Met
L10	Reduce risk interventions	I	3/3				3/3		6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
☒ L11	Required inspections	L	5/5				3/3		8/8	Met
☒ L12	Smoke detectors	L	5/5				4/4		9/9	Met
☒ L13	Clean location	L	5/5				4/4		9/9	Met
L14	Site in good repair	L	4/4				2/2		6/6	Met
L15	Hot water	L	4/5				4/4		8/9	Met (88.89%)
L16	Accessibility	L	5/5				4/4		9/9	Met
L17	Egress at grade	L	5/5				4/4		9/9	Met
L18	Above grade egress	L	2/2				1/1		3/3	Met
L19	Bedroom location	L	5/5				2/2		7/7	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	5/5				3/4		8/9	Met (88.89%)
L23	Egress door locks	L	1/1				1/1		2/2	Met
L24	Locked door access	L	5/5				4/4		9/9	Met
L25	Dangerous substances	L	5/5				4/4		9/9	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L26	Walkway safety	L	5/5				4/4		9/9	Met
L27	Pools, hot tubs, etc.	L					2/2		2/2	Met
L28	Flammables	L	4/5				4/4		8/9	Met (88.89%)
L29	Rubbish/combustibles	L	5/5				4/4		9/9	Met
L30	Protective railings	L	5/5				2/2		7/7	Met
L31	Communication method	I	5/5				6/6		11/11	Met
L32	Verbal & written	I	5/5				6/6		11/11	Met
L33	Physical exam	I	5/5				6/6		11/11	Met
L34	Dental exam	I	4/5				6/6		10/11	Met (90.91%)
L35	Preventive screenings	I	3/5				5/6		8/11	Not Met (72.73%)
L36	Recommended tests	I	4/5				5/6		9/11	Met (81.82%)
L37	Prompt treatment	I	5/5				6/6		11/11	Met
Ⓡ L38	Physician's orders	I	5/5				5/6		10/11	Met (90.91%)
L39	Dietary requirements	I	2/2				3/3		5/5	Met
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

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L43	Health Care Record	I	4/5				6/6		10/11	Met (90.91%)
L44	MAP registration	L	5/5				3/3		8/8	Met
L45	Medication storage	L	5/5				3/3		8/8	Met
Ⓡ L46	Med. Administration	I	5/5				3/4		8/9	Met (88.89%)
L47	Self medication	I					3/3		3/3	Met
L49	Informed of human rights	I	4/5				5/6		9/11	Met (81.82%)
L50 (07/21)	Respectful Comm.	I	5/5				6/6		11/11	Met
L51	Possessions	I	5/5				6/6		11/11	Met
L52	Phone calls	I	5/5				6/6		11/11	Met
L53	Visitation	I	5/5				6/6		11/11	Met
L54 (07/21)	Privacy	I	5/5				6/6		11/11	Met
L55	Informed consent	I	1/1				1/1		2/2	Met
L56	Restrictive practices	I	1/1				1/1		2/2	Met
L57	Written behavior plans	I	2/2						2/2	Met
L60	Data maintenance	I	1/2						1/2	Not Met (50.0%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L61	Health protection in ISP	I	5/5				2/3		7/8	Met (87.50%)
L62	Health protection review	I	2/2				2/2		4/4	Met
L63	Med. treatment plan form	I	4/5				3/3		7/8	Met (87.50%)
L64	Med. treatment plan rev.	I	4/4				3/3		7/7	Met
L67	Money mgmt. plan	I	0/5				0/3		0/8	Not Met (0%)
L68	Funds expenditure	I	4/5				4/4		8/9	Met (88.89%)
L69	Expenditure tracking	I	5/5				3/4		8/9	Met (88.89%)
L70	Charges for care calc.	I	5/5				6/6		11/11	Met
L71	Charges for care appeal	I	5/5				6/6		11/11	Met
L77	Unique needs training	I	4/5				6/6		10/11	Met (90.91%)
L78	Restrictive Int. Training	L	0/1						0/1	Not Met (0%)
L79	Restraint training	L	2/2						2/2	Met
L80	Symptoms of illness	L	3/5				4/4		7/9	Not Met (77.78%)
L81	Medical emergency	L	5/5				4/4		9/9	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
Ⓡ L82	Medication admin.	L	5/5				3/3		8/8	Met
L84	Health protect. Training	I	5/5				2/3		7/8	Met (87.50 %)
L85	Supervision	L	5/5				4/4		9/9	Met
L86	Required assessments	I	5/5				4/5		9/10	Met (90.0 %)
L87	Support strategies	I	5/5				4/5		9/10	Met (90.0 %)
L88	Strategies implemented	I	5/5				6/6		11/11	Met
L89	Complaint and resolution process	L					4/4		4/4	Met
L90	Personal space/bedroom privacy	I	5/5				6/6		11/11	Met
L91	Incident management	L	3/5				3/4		6/9	Not Met (66.67 %)
L93 (05/22)	Emergency back-up plans	I	5/5				6/6		11/11	Met
L94 (05/22)	Assistive technology	I	4/5				6/6		10/11	Met (90.91 %)
L96 (05/22)	Staff training in devices and applications	I	4/4				5/5		9/9	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L99 (05/22)	Medical monitoring devices	I	2/2				2/3		4/5	Met (80.0%)
#Std. Met/# 81 Indicator									74/81	
Total Score									83/91	
									91.21%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	Provider		-	-	-	Met
L5	Safety Plan	L	Provider		-	-	-	Met
Ⓟ L6	Evacuation	L	DDS			2/2	2/2	Met
L7	Fire Drills	L	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	Provider		-	-	-	Met
L10	Reduce risk interventions	I	Provider		-	-	-	Met
Ⓟ L11	Required inspections	L	DDS			2/2	2/2	Met
Ⓟ L12	Smoke detectors	L	DDS			2/2	2/2	Met
Ⓟ L13	Clean location	L	DDS			2/2	2/2	Met
L14	Site in good repair	L	DDS			2/2	2/2	Met
L15	Hot water	L	DDS			2/2	2/2	Met
L16	Accessibility	L	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L17	Egress at grade	L	Provider		-	-	-	Met
L18	Above grade egress	L	Provider		-	-	-	Met
L20	Exit doors	L	Provider		-	-	-	Met
L21	Safe electrical equipment	L	Provider		-	-	-	Met
L22	Well-maintained appliances	L	Provider		-	-	-	Met
L25	Dangerous substances	L	Provider		-	-	-	Met
L26	Walkway safety	L	Provider		-	-	-	Met
L28	Flammables	L	Provider		-	-	-	Met
L29	Rubbish/com bustibles	L	DDS			2/2	2/2	Met
L30	Protective railings	L	Provider		-	-	-	Met
L31	Communication method	I	Provider		-	-	-	Met
L32	Verbal & written	I	Provider		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS	1/1		6/6	7/7	Met
L39	Dietary requirements	I	Provider		-	-	-	Met
L44	MAP registration	L	Provider		-	-	-	Met
L45	Medication storage	L	Provider		-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS			6/7	6/7	Met (85.71 %)
L49	Informed of human rights	I	Provider		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider		-	-	-	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L54 (07/21)	Privacy	I	Provider		-	-	-	Met
L55	Informed consent	I	Provider		-	-	-	Met
L57	Written behavior plans	I	Provider		-	-	-	Met
L60	Data maintenance	I	Provider		-	-	-	Met
L61	Health protection in ISP	I	DDS			4/4	4/4	Met
L62	Health protection review	I	Provider		-	-	-	Met
L63	Med. treatment plan form	I	Provider		-	-	-	Met
L64	Med. treatment plan rev.	I	Provider		-	-	-	Met
L67	Money mgmt. plan	I	Provider		-	-	-	Met
L68	Funds expenditure	I	Provider		-	-	-	Met
L69	Expenditure tracking	I	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Met
L79	Restraint training	L	Provider		-	-	-	Met
L80	Symptoms of illness	L	Provider		-	-	-	Met
L81	Medical emergency	L	Provider		-	-	-	Met
L82	Medication admin.	L	DDS			2/2	2/2	Met
L84	Health protect. Training	I	Provider		-	-	-	Met
L85	Supervision	L	Provider		-	-	-	Met
L86	Required assessments	I	Provider		-	-	-	Met
L87	Support strategies	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L88	Strategies implemented	I	Provider		-	-	-	Met
L91	Incident management	L	Provider		-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS	2/2		7/7	9/9	Met
L94 (05/22)	Assistive technology	I	DDS	1/1		6/7	7/8	Met (87.50 %)
L96 (05/22)	Staff training in devices and applications	I	DDS	1/1		4/4	5/5	Met
#Std. Met/# 60 Indicator							60/60	
Total Score							69/70	
							98.57%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	1/1	Met
C2	Data analysis	1/1	Met
C3	Service satisfaction	1/1	Met
C4	Utilizes input from stakeholders	1/1	Met
C5	Measure progress	1/1	Met
C6	Future directions planning	1/1	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	4/5	Met (80.0 %)
C8	Family/guardian communication	5/5	Met
C9	Personal relationships	4/5	Met (80.0 %)
C10	Social skill development	5/5	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C11	Get together w/family & friends	4/5	Met (80.0 %)
C12	Intimacy	4/5	Met (80.0 %)
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	5/5	Met
C17	Community activities	5/5	Met
C18	Purchase personal belongings	5/5	Met
C19	Knowledgeable decisions	5/5	Met
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

ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/6	Not Met (0 %)
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	6/6	Met
C10	Social skill development	6/6	Met
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	6/6	Met
C13	Skills to maximize independence	6/6	Met
C14	Choices in routines & schedules	6/6	Met
C15	Personalize living space	4/4	Met

ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C16	Explore interests	6/6	Met
C17	Community activities	6/6	Met
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met
C46	Use of generic resources	6/6	Met
C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	6/6	Met
C49	Physical setting is consistent	4/4	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met
C52	Leisure activities and free-time choices /control	6/6	Met
C53	Food/ dining choices	6/6	Met

Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C38 (07/21)	Habilitative & behavioral goals	Provider	-	Met
C39 (07/21)	Support needs for employment	Provider	-	Met
C40	Community involvement interest	Provider	-	Met
C41	Activities participation	DDS	4/7	Not Met (57.14 %)
C42	Connection to others	DDS	6/7	Met (85.71 %)
C43	Maintain & enhance relationship	DDS	7/7	Met
C44	Job exploration	Provider	-	Not Met (0 %)
C45	Revisit decisions	Provider	-	Not Met (0 %)
C46	Use of generic resources	DDS	5/7	Not Met (71.43 %)
C47	Transportation to/ from community	Provider	-	Met

Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C51	Ongoing satisfaction with services/ supports	Provider	-	Met

Employment Support Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C22	Explore job interests	Provider	-	Met
C23	Assess skills & training needs	Provider	-	Met
C24	Job goals & support needs plan	Provider	-	Met
C25	Skill development	Provider	-	Met
C26	Benefits analysis	Provider	-	Met
C27	Job benefit education	Provider	-	Met
C28	Relationships w/businesses	Provider	-	Met
C29	Support to obtain employment	DDS	2/2	Met
C30	Work in integrated settings	Provider	-	Met
C31	Job accommodations	Provider	-	Met
C32	At least minimum wages earned	Provider	-	Met
C33	Employee benefits explained	Provider	-	Met
C34	Support to promote success	Provider	-	Met
C35	Feedback on job performance	DDS	2/2	Met
C36	Supports to enhance retention	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C50	Involvement/ part of the Workplace culture	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met