|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | | --- | | ..\bl.jpg | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | | --- | | **PROVIDER REPORT FOR** | | | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | | --- | | **EDINBURG CENTER,INC (THE) 205 Burlington Road   Bedford, MA 01730** | | | | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  | | --- | |  | | | | | | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | | --- | | **Version** | | | | | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | --- | | **Provider Web Report** | | | | | | | | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | **Prepared by the Department of Developmental Services OFFICE OF QUALITY ENHANCEMENT** | | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |
|  |  |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  | |  | | --- | | **Provider** | |  | |  | | --- | | EDINBURG CENTER,INC (THE) | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Review Dates** | |  | |  | | --- | | 1/30/2017 - 2/3/2017 | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Service Enhancement  Meeting Date** | |  | |  | | --- | | 2/17/2017 | |  |  | |  |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Survey Team** | |  | |  | | --- | | John Downing | | Sarah Flibotte (TL) | | John Hazelton | | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **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** | 7 location(s) 13 audit (s) | Targeted Review | DDS 23 / 25 Provider 61 / 61   84 / 86 2 Year License 02/17/2017- 02/17/2019 |  | DDS 58 / 58 Provider 15 / 15   73 / 73 Certified 02/17/2017 - 02/17/2019 | | Residential Services | 4 location(s) 6 audit (s) |  |  | DDS Targeted Review | 22 / 22 | | ABI-MFP Residential Services | 1 location(s) 3 audit (s) |  |  | DDS Targeted Review | 22 / 22 | | Respite Services |  |  |  | No Review | No Review | | Individual Home Supports | 1 location(s) 2 audit (s) |  |  | DDS Targeted Review | 23 / 23 | | Planning and Quality Management |  |  |  | DDS Targeted Review | 6 / 6 | |  | |  |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | |  |  |  | | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  | |  |  |  | | |  | | --- | | The Edinburg Center, founded in 1977, is a non-profit organization providing a range of services and supports to adults in the Northeast and Metro Regions with developmental disabilities, dual diagnoses, autism, acquired brain injury and mental health issues. The agency currently provides supports to individuals who live in twenty-four hour supervised residential settings in 17 community residences, Individual Home Supports (IHS), Respite and one home that supports individuals with Acquired Brain Injury (ABI).   As a result of receiving a two year license in 2015, the agency was eligible to complete a self-assessment and receive a DDS targeted review in lieu of a full review. The scope of the Department of Developmental Services (DDS) licensing and certification targeted review consisted of a review of the critical indicators, indicators which were 'not met' during the 2015 survey and the new and strengthened indicators that came into effect in August of 2016.  Since the last survey the agency has developed systems to ensure improvement in many of the indicators that were previously rated 'not met' and this was evident to the survey team. For example, surveyors noted that individuals were able to access and keep possessions and there were no restrictive practices in place that unduly restricted the rights of individuals. Emergency Fact Sheets were fully completed and all individuals had Self Medication Assessments. The agency was found to have an effective Human Rights Committee with the requisite composition and quorum at timely meetings.  Throughout the course of the survey, it was noted that the agency had incorporated most of the new and strengthened standards recently implemented by DDS in response to the Centers for Medicare and Medicaid Services (CMS) requirements of the Community Rule. For example, the agency had successfully integrated assistive technology and unique modifications into individuals' lives to maximize independence according to individual needs. Electric toothbrushes, water pics, electric razors and beard trimmers were used to assist individuals to increase their independence with self-grooming. Communication picture books, individualized calendars and dry erase boards were used to assist individuals to understand their schedules and to better communicate effectively. In two of the homes where individuals had low vision or were legally blind, color coding labels were used on the washer and dryer to assist the residents to do their laundry independently without having to use a magnifying glass. In another instance, staff used tangible sensory items to help a gentleman learn to complete beginning stages of hand washing independently instead of becoming distracted and not able to focus on the task. Additionally, for each residential location surveyed, bedroom and bathroom doors had been fitted with locks, allowing individuals' choice regarding the use of locks to ensure privacy.   Overall, it was found the agency had developed and implemented methods that were effective in ensuring that health and safety licensing standards were met for its Residential Services. As a result, homes were found to be clean and well maintained; heating systems had received the required inspections and individuals were found to be participating in routine evacuation drills. Individuals were administered medications as prescribed and all prescribed medical treatment protocols were found to be in place and staff had been trained accordingly.   An identified strength for Edinburg was its commitment to ensuring that individuals were well respected in all facets of their lives. Throughout the survey, staff were observed to be respectful about the individuals when engaged in conversation with them, their family members and outside resources. The survey team observed staff knocking on bedroom and bathroom doors before entering, and ensuring that individuals were given the utmost privacy and respect when dealing with personal care issues.  The agency assisted individuals to learn more about their human rights by empowering them to make individualized Human Rights Binders. Individuals were also found to be supported in making choices in all areas of their lives. For example, individuals were supported in decorating their personal living spaces. Individuals were also supported to make choices in the exploration of intimate relationships, spiritual and cultural activities and the cultivation of community connections and resources. The agency had provided "Community Activities and Community Membership" training to all direct support staff. This provided them with the tools to assist individuals to decide what was meaningful to them and how to further explore choices in their communities and in their leisure time. Staff assisted individuals to further explore interests through interviews with those who knew them well, completing interest surveys and taking exploratory trips to try new things based on individualized preferences. During interviews, individuals expressed that they were supported to define their interests and then make decisions about how to spend their time.  Results of the current review identified some areas where the agency should focus additional attention. In the area of licensing, Edinburg needs to ensure that individuals and Guardians are trained annually in human rights and how to file a grievance. The agency is responsible for ensuring that all individuals and guardians are informed of their right to be free from eviction through the use of residency agreements. In addition, medication treatment plans need to include all of the required components.  As a result of this review, Edinburg's Residential Services Program received a rating of met in 98% of licensing indicators; all critical indicators were met. The agency also received a rating of met in 100% of certification indicators reviewed. As a result, the agency will receive a Two Year License for Residential Services and is certified; follow-up on all not met licensing indicators will be conducted by Edinburg within 60 days. Edinburg Center is congratulated for its continued commitment to provide quality services for persons with disabilities and the survey team sincerely thanks Edinburg staff and individuals for their responsiveness during the survey.  Below is a copy of the Provider Self-Assessment: | | |  | |  |  |  | |

|  |
| --- |
|  |
| |  |  |  | | --- | --- | --- | |  |  |  | | |  | | --- | | **Description of Self Assessment Process:** | |  |  | |  |  |  | | |  | | --- | | The Edinburg Center (The Center) has a well-established Quality Improvement (QI) Program and services are evaluated annually. Programs use data from a wide-range of internal and external sources. Information and data from all sources is analyzed and incorporated into the development of quality improvement plans that include performance objectives, action plans to achieve the objectives, and monitoring of progress. Quality improvement plans are designed to further develop the effectiveness of services and to correct any deficiencies in compliance with performance requirements.   The Developmental Disability Division (DD) began implementation of the QI program in 1994 and has revised and re-visited the plan each year since. Currently the DD Division includes all DD Residential programs, the Emergency Residential program (respite), Individual Supports, Clinical Team Services and Acquired Brain Injury Services. The QI system is a continuous process that collects input from a variety of sources including; individuals, families/guardians, DDS area and Regional staff. Data is summarized on an on-going basis and documented. The data identify strengths and needs of the program or service. Areas of significant concern which may affect the health and safety of individuals or are essential to the continued growth of the program are addressed through an immediate plan of action.  Each program within the DD Division schedules a series of planning meetings. The meetings include management and other staff deemed essential to the planning of the programs' future direction. The meeting members review the identified needs and begin to categorize each of them into one of six program planning areas. The prioritizing of needs are based on the trends identified, the impact on the continuity of service delivery and/ or a mandate from DDS or DPH. The prioritized needs are then translated into a quality improvement objective. The areas of review are: Personnel Management / Staff Performance and Development; Health and Wellness; Facility/Individual Homes; Clinical Service Delivery; Individual Rights and Involvement; and Administrative and Fiscal Operations.  To assess the effectiveness of the DD Residential QI Program a team comprised of the Director and Assistant Directors of DD Residential Services audit all sites on a regularly scheduled basis throughout the year, resulting in each site being audited at least annually using the DDS Residential Audit Worksheet. If any ratings are found to be unmet a deficiency statement with timelines for correction is issued to the Program Director with a copy to the Director of DD Residential Services. The Assistant Director responsible for the site reviews the deficiency statement with the responsible Program Director. When the deficiency is corrected the Assistant Director notifies the Director of DD Residential Services. If a site has deficiencies the responsible Assistant Director conducts follow-up until the problems are resolved.  In preparation for Survey and Certification an additional audit was conducted in December 2016 for the purpose of assessing the current status of the licensure indicators and the certification indicators that were not met previously, and the new and enhanced indicators. A sample of DD Residential and relevant Individual Support sites were reviewed over the course of a week. All licensure indicators that had not been met during the previous survey were assessed through site review, documentation review, and staff interview. The scores from both services were combined. The results of the audits were summarized and aggregate ratings for each indicator were established using 80% as the criteria for standard met. The ratings from the final set of evaluations are recorded on the Provider Self- Assessment Report for the purposes of licensing.  An example of a system change based on an internal self-assessment is the complete overhaul and re-organization of the DD residential ananagement team. Approximately two years ago it became apparent that a tighter internal system was needed to standardize transparency and accountability across programs. The DD Division underwent a major reorganization at the program management level. The position of Program Coordinator was eliminated. The position of Program Director was created. The new position requires higher qualifications and increased demands. All houses were assigned a House Manager. The trainings for Program Directors and House Managers were revamped. New reporting forms and systems were created and implemented. New systems regarding the supervision of direct care support staff and program managers were implemented.   In addition documentation systems were developed for management positions to ensure consistency and follow-up on job related responsibilities. For example House Managers are required to fill out a Daily Reporting Form and then to send it by email to the Program Director, Assistant Director, and Director at the end of every shift. The form collects data on house cleanliness, administrative matters, incidents, medication system reviews, and anything notable that should be reported to the Program Director. The new system and its protocols have been successful and have increased efficiencies across sites.  The self-assessment and internal audits have also resulted in the hiring of two new positions; a special Projects Director and Administrative Nurse; the development of improved systems relating to Behavior Modifying Medication Assessment and Treatment Plans, financial management, oversight and clinical documentation. | | |  | |  |  |  | |

|  |  |
| --- | --- |
|  |  |
| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **LICENSURE FINDINGS** | |  |  | |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **8/8** | **0/8** |  | | **Residential and Individual Home Supports** | **76/78** | **2/78** |  | | Residential Services  ABI-MFP Residential Services  Respite Services  Individual Home Supports |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **84/86** | **2/86** | **98%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **2** |  | | |  | |  |  |  | |  |
|  |  |
| |  | | --- | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  | |  | |  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur: From DDS review:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | L49 | Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern. | For eleven out of thirteen individuals surveyed, individuals and Guardians had been trained annually in human rights and grievance procedures however, two individuals had not received the individual training and for thirteen out of thirteen of those parties the agency had not notified all parties that individuals are free from arbitrary eviction through the presence of a residential rental agreement. The agency needs to ensure that all parties have received this information and an attestation list is available to certify that this has occurred. Additionally, the agency needs to insure that all individuals receive annual human rights training. | |  | L63 | Medication treatment plans are in written format with required components. | For three individuals surveyed who were taking behavior modifying medication, treatment plans did not include all required components. Plans need to include target behaviors defined in observable terms; data collection must occur for all target behavior identified within plans; this includes baseline behaviors present prior to taking the medication, and ongoing data collection while the medication is being administered. Also within the plan, there needs to be a general clinical plan for the use of the medication, such as criteria for re-evaluating or adjusting the medication. This should be described in specific terms so that the type of data being collected is consistent with the criteria for evaluating the course of treatment. It should also be specific so as to identify under what conditions (such as frequency of target behaviors) the prescriber may wish to consider the next steps of treatment, such as terminating/fading/reducing the medication. The analysis of this data should form the basis from which the individual's clinical course is evaluated. | | |  | | |

|  |
| --- |
|  |
| |  |  |  | | --- | --- | --- | |  |  |  | |  | |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **CERTIFICATION FINDINGS** | |  |  | |  |  |  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Reviewed by** | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Certification - Planning and Quality Management** | **DDS 1/1 Provider 5/5** | **6/6** | **0/6** |  | | **Residential and Individual Home Supports** | **DDS 57/57 Provider 10/10** | **67/67** | **0/67** |  | | ABI-MFP Residential Services | DDS 19/19 Provider 3/3 | 22/22 | 0/22 |  | | Individual Home Supports | DDS 19/19 Provider 4/4 | 23/23 | 0/23 |  | | Residential Services | DDS 19/19 Provider 3/3 | 22/22 | 0/22 |  | | Respite Services |  | 0/0 | 0/0 |  | | **Total** |  | **73/73** | **0/73** | **100%** | | **Certified** |  |  |  |  | | |  | |  | |  |  |  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **ABI-MFP Residential Services Commendations on Standards Met:** | | | | |  | **Indicator #** | **Indicator** | **Commendations** |  | |  | C11 | Staff (Home Providers) support individuals to get together with families and friends. | The agency is commended for the exceptional level of support it provides to individuals in order to create every opportunity for them to get together with their families and friends. Regardless of the varied dynamics of the relationships between the individuals and their family members, the agency used every available resource and took every measure to promote, nurture and mend these important relationships. Examples of the agency's efforts included locating estranged family members of one person, and making continued and successful attempts to repair and restore relationships with her family. There were numerous examples of the agency supporting individuals to maintain relationships with family and friends from their hometown neighborhoods. Another example of the extraordinary support given to individuals were the accommodations implemented at one location so that the individual could have more meaningful visits with family that included a private area to complete homework or crafts, and a specialized swing-set in the back yard so they could enjoy some outdoor time together as a family unit. |  | |  |  |  |  |  | |  | **Individual Home Supports Commendations on Standards Met:** | | | | |  | **Indicator #** | **Indicator** | **Commendations** |  | |  | C11 | Staff (Home Providers) support individuals to get together with families and friends. | The agency is commended for the exceptional level of support it provides to individuals in order to create every opportunity for them to get together with their families and friends. Regardless of the varied dynamics of the relationships between the individuals and their families and friends, the agency used every available resource and took every measure to mend, promote and nurture these important relationships. Examples of the agency's efforts included supporting individuals to maintain relationships with family and friends from their hometown neighborhoods, regardless of the location or distance by providing or coordinating transportation. Individuals also stayed connected with friends in their hometown communities by returning to local businesses such as churches, restaurants and barber shops to visit and spend enjoyable times together. |  | |  |  |  |  |  | |  | **Residential Services Commendations on Standards Met:** | | | | |  | **Indicator #** | **Indicator** | **Commendations** |  | |  | C11 | Staff (Home Providers) support individuals to get together with families and friends. | The agency is commended for the exceptional level of support it provides to individuals in order to create every opportunity for them to get together with their families and friends. Regardless of the varied dynamics of the relationships between the individuals and their families and friends, the agency used every available resource and took every measure to mend, promote and nurture these important relationships. Examples of the agency's efforts included supporting individuals to maintain relationships with family and friends from their hometown neighborhoods, regardless of the location or distance by providing or coordinating transportation. Individuals also stayed connected with friends in their hometown communities by returning to local businesses such as churches, restaurants and barber shops to visit and spend enjoyable times together. |  | |  |  |  |  |  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | |  | | | | | | | |
|  |  |  |  |  |  |  |
|  | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | |  | | --- | | **Organizational: EDINBURG CENTER,INC (THE)** | | | |  |  |  |
|  |  |  |  |  |  |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Reviewed by** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | |  | L2 | Abuse/neglect reporting | **DDS** | **6/6** | **Met** | |  | L3 | Immediate Action | **Provider** | **-** | **Met** | |  | L4 | Action taken | **Provider** | **-** | **Met** | |  | L48 | HRC | **DDS** | **1/1** | **Met** | |  | L74 | Screen employees | **Provider** | **-** | **Met** | |  | L75 | Qualified staff | **Provider** | **-** | **Met** | |  | L76 | Track trainings | **Provider** | **-** | **Met** | |  | L83 | HR training | **Provider** | **-** | **Met** | | | | | | | |
|  |  |  |  |  |  |  |
|  | |  | | --- | | **Residential and Individual Home Supports:** | |  |  |  |  |  |
|  |  |  |  |  |  |  |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Reviewed by** | **Res. Sup.** | **Ind. Home Sup.** | **Place.** | **Resp.** | **ABI-MFP Res. Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L4 | Action taken | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L5 | Safety Plan | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L6 | Evacuation | L | **DDS** | 4/4 | 1/1 |  | 1/1 | 1/1 |  | **7/7** | **Met** | |  | L7 | Fire Drills | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L8 | Emergency Fact Sheets | I | **DDS** | 6/6 | 2/2 |  | 2/2 | 3/3 |  | **13/13** | **Met** | |  | L9 | Safe use of equipment | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L10 | Reduce risk interventions | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L11 | Required inspections | L | **DDS** | 4/4 | 1/1 |  |  | 1/1 |  | **6/6** | **Met** | |  | L12 | Smoke detectors | L | **DDS** | 4/4 | 1/1 |  |  | 1/1 |  | **6/6** | **Met** | |  | L13 | Clean location | L | **DDS** | 4/4 | 1/1 |  |  | 1/1 |  | **6/6** | **Met** | |  | L14 | Site in good repair | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L15 | Hot water | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L16 | Accessibility | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L17 | Egress at grade | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L18 | Above grade egress | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L19 | Bedroom location | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L20 | Exit doors | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L21 | Safe electrical equipment | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L22 | Clean appliances | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L23 | Egress door locks | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L24 | Locked door access | L | **DDS** | 4/4 |  |  |  | 1/1 |  | **5/5** | **Met** | |  | L25 | Dangerous substances | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L26 | Walkway safety | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L28 | Flammables | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L29 | Rubbish/combustibles | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L30 | Protective railings | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L31 | Communication method | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L32 | Verbal & written | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L33 | Physical exam | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L34 | Dental exam | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L35 | Preventive screenings | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L36 | Recommended tests | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L37 | Prompt treatment | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L38 | Physician's orders | I | **DDS** | 4/4 | 2/2 |  |  | 3/3 |  | **9/9** | **Met** | |  | L39 | Dietary requirements | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L40 | Nutritional food | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L41 | Healthy diet | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L42 | Physical activity | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L43 | Health Care Record | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L44 | MAP registration | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L45 | Medication storage | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L46 | Med. Administration | I | **DDS** | 6/6 | 2/2 |  | 2/2 | 3/3 |  | **13/13** | **Met** | |  | L47 | Self medication | I | **DDS** | 6/6 | 2/2 |  |  | 3/3 |  | **11/11** | **Met** | |  | L49 | Informed of human rights | I | **DDS** | 0/6 | 0/2 |  | 2/2 | 0/3 |  | **2/13** | **Not Met (15.38 %)** | |  | L50 | Respectful Comm. | L | **DDS** | 4/4 | 1/1 |  | 1/1 | 1/1 |  | **7/7** | **Met** | |  | L51 | Possessions | I | **DDS** | 6/6 | 2/2 |  | 2/2 | 3/3 |  | **13/13** | **Met** | |  | L52 | Phone calls | I | **DDS** | 6/6 | 2/2 |  | 2/2 | 3/3 |  | **13/13** | **Met** | |  | L53 | Visitation | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L54 | Privacy | L | **DDS** | 4/4 | 1/1 |  | 1/1 | 1/1 |  | **7/7** | **Met** | |  | L55 | Informed consent | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L56 | Restrictive practices | I | **DDS** | 5/5 | 2/2 |  |  |  |  | **7/7** | **Met** | |  | L57 | Written behavior plans | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L58 | Behavior plan component | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L59 | Behavior plan review | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L60 | Data maintenance | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L61 | Health protection in ISP | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L62 | Health protection review | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L63 | Med. treatment plan form | I | **DDS** | 6/6 | 2/2 |  |  | 0/3 |  | **8/11** | **Not Met (72.73 %)** | |  | L64 | Med. treatment plan rev. | I | **DDS** | 4/4 | 2/2 |  |  |  |  | **6/6** | **Met** | |  | L67 | Money mgmt. plan | I | **DDS** | 6/6 | 2/2 |  |  | 2/3 |  | **10/11** | **Met (90.91 %)** | |  | L68 | Funds expenditure | I | **DDS** | 6/6 | 2/2 |  | 2/2 | 3/3 |  | **13/13** | **Met** | |  | L69 | Expenditure tracking | I | **DDS** | 6/6 | 2/2 |  | 2/2 | 3/3 |  | **13/13** | **Met** | |  | L70 | Charges for care calc. | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L71 | Charges for care appeal | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L77 | Unique needs training | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L78 | Restrictive Int. Training | L | **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** | 4/4 | 1/1 |  | 1/1 | 1/1 |  | **7/7** | **Met** | |  | L84 | Health protect. Training | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L85 | Supervision | L | **DDS** | 4/4 | 1/1 |  | 0/1 | 1/1 |  | **6/7** | **Met (85.71 %)** | |  | L86 | Required assessments | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L87 | Support strategies | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L88 | Strategies implemented | I | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L89 | Complaint and resolution process | L | **Provider** | - | - |  | - | - | - | **-** | **Met** | |  | L90 | Personal space/ bedroom privacy | I | **DDS** | 6/6 | 2/2 |  |  | 3/3 |  | **11/11** | **Met** | |  | **#Std. Met/# 78 Indicator** |  |  |  |  |  |  |  |  |  | **76/78** |  | |  | **Total Score** |  |  |  |  |  |  |  |  |  | **84/86** |  | |  |  |  |  |  |  |  |  |  |  |  | **97.67%** |  | | | | | |  |  |
|  |  |  |  |  |  |  |
|  | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | | | |  |  |  |
|  |  |  |  |  |  |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Certification - Planning and Quality Management** | | | | | |  | **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | |  | C1 | Provider data collection | Provider | - | **Met** | |  | C2 | Data analysis | Provider | - | **Met** | |  | C3 | Service satisfaction | Provider | - | **Met** | |  | C4 | Utilizes input from stakeholders | DDS | 1/1 | **Met** | |  | C5 | Measure progress | Provider | - | **Met** | |  | C6 | Future directions planning | Provider | - | **Met** | |  |  |  |  |  |  | | | | | | | |
|  |  |  |  |  |  |  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **ABI-MFP Residential Services** | | | | | | **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | | C7 | Feedback on staff performance | DDS | 3/3 | **Met** | | C8 | Family/guardian communication | Provider | - | **Met** | | C9 | Personal relationships | DDS | 3/3 | **Met** | | C10 | Social skill development | Provider | - | **Met** | | C11 | Get together w/family & friends | DDS | 3/3 | **Met** | | C12 | Intimacy | DDS | 3/3 | **Met** | | C13 | Skills to maximize independence | DDS | 3/3 | **Met** | | C14 | Choices in routines & schedules | DDS | 3/3 | **Met** | | C15 | Personalize living space | DDS | 1/1 | **Met** | | C16 | Explore interests | DDS | 3/3 | **Met** | | C17 | Community activities | DDS | 3/3 | **Met** | | C18 | Purchase personal belongings | DDS | 3/3 | **Met** | | C19 | Knowledgeable decisions | DDS | 3/3 | **Met** | | C20 | Emergency back-up plans | Provider | - | **Met** | | C46 | Use of generic resources | DDS | 3/3 | **Met** | | C47 | Transportation to/ from community | DDS | 3/3 | **Met** | | C48 | Neighborhood connections | DDS | 3/3 | **Met** | | C49 | Physical setting is consistent | DDS | 1/1 | **Met** | | C51 | Ongoing satisfaction with services/ supports | DDS | 3/3 | **Met** | | C52 | Leisure activities and free-time choices /control | DDS | 3/3 | **Met** | | C53 | Food/ dining choices | DDS | 3/3 | **Met** | | C54 | Assistive technology | DDS | 3/3 | **Met** | | **Individual Home Supports** | | | | | | **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | | C7 | Feedback on staff performance | DDS | 2/2 | **Met** | | C8 | Family/guardian communication | Provider | - | **Met** | | C9 | Personal relationships | DDS | 2/2 | **Met** | | C10 | Social skill development | Provider | - | **Met** | | C11 | Get together w/family & friends | DDS | 2/2 | **Met** | | C12 | Intimacy | DDS | 2/2 | **Met** | | C13 | Skills to maximize independence | DDS | 2/2 | **Met** | | C14 | Choices in routines & schedules | DDS | 2/2 | **Met** | | C15 | Personalize living space | DDS | 1/1 | **Met** | | C16 | Explore interests | DDS | 2/2 | **Met** | | C17 | Community activities | DDS | 2/2 | **Met** | | C18 | Purchase personal belongings | DDS | 2/2 | **Met** | | C19 | Knowledgeable decisions | DDS | 2/2 | **Met** | | C20 | Emergency back-up plans | Provider | - | **Met** | | C21 | Coordinate outreach | Provider | - | **Met** | | C46 | Use of generic resources | DDS | 2/2 | **Met** | | C47 | Transportation to/ from community | DDS | 2/2 | **Met** | | C48 | Neighborhood connections | DDS | 2/2 | **Met** | | C49 | Physical setting is consistent | DDS | 1/1 | **Met** | | C51 | Ongoing satisfaction with services/ supports | DDS | 2/2 | **Met** | | C52 | Leisure activities and free-time choices /control | DDS | 2/2 | **Met** | | C53 | Food/ dining choices | DDS | 2/2 | **Met** | | C54 | Assistive technology | DDS | 2/2 | **Met** | | **Residential Services** | | | | | | **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | | C7 | Feedback on staff performance | DDS | 6/6 | **Met** | | C8 | Family/guardian communication | Provider | - | **Met** | | C9 | Personal relationships | DDS | 6/6 | **Met** | | C10 | Social skill development | Provider | - | **Met** | | C11 | Get together w/family & friends | DDS | 6/6 | **Met** | | C12 | Intimacy | DDS | 6/6 | **Met** | | C13 | Skills to maximize independence | DDS | 6/6 | **Met** | | C14 | Choices in routines & schedules | DDS | 6/6 | **Met** | | C15 | Personalize living space | DDS | 4/4 | **Met** | | C16 | Explore interests | DDS | 6/6 | **Met** | | C17 | Community activities | DDS | 6/6 | **Met** | | C18 | Purchase personal belongings | DDS | 6/6 | **Met** | | C19 | Knowledgeable decisions | DDS | 6/6 | **Met** | | C20 | Emergency back-up plans | Provider | - | **Met** | | C46 | Use of generic resources | DDS | 6/6 | **Met** | | C47 | Transportation to/ from community | DDS | 6/6 | **Met** | | C48 | Neighborhood connections | DDS | 6/6 | **Met** | | C49 | Physical setting is consistent | DDS | 4/4 | **Met** | | C51 | Ongoing satisfaction with services/ supports | DDS | 6/6 | **Met** | | C52 | Leisure activities and free-time choices /control | DDS | 6/6 | **Met** | | C53 | Food/ dining choices | DDS | 6/6 | **Met** | | C54 | Assistive technology | DDS | 6/6 | **Met** | |  |  |  |  |  | | | | | | |  |