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| **PROVIDER REPORT FOR** |

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| **EDINBURG CENTER,INC (THE)205 Burlington Road  Bedford, MA 01730**  |

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| **Public Provider Report** |

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

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| **SUMMARY OF OVERALL FINDINGS** |

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| EDINBURG CENTER,INC (THE) |

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| **Review Dates** |

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| 2/9/2022 - 2/15/2022 |

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| **Service Enhancement Meeting Date** |

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| 3/1/2022 |

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| **Survey Team** |

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| Anne Carey |
| Raquel Rodriguez |
| Meagan Caccioppoli |
| John Hazelton |
| Jennifer Conley-Sevier (TL) |
| Cheryl Dolan |

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| **Citizen Volunteers** |

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| **Survey scope and findings for Residential and Individual Home Supports** |
| **Service Group Type** | **Sample Size** | **Licensure Scope** | **Licensure Level** | **Certification Scope** | **Certification Level** |
| **Residential and Individual Home Supports** | 7 location(s) 12 audit (s)  | Targeted Review | DDS 14/17Provider 62 / 6276 / 79 2 Year License 03/01/2022- 03/01/2024 |  | DDS 5 / 7Provider 63 / 6668 / 73 Certified 03/01/2022 - 03/01/2024 |
| Residential Services | 4 location(s) 6 audit (s)  |  |  | DDS Targeted Review | 20 / 22 |
| ABI-MFP Residential Services | 1 location(s) 3 audit (s)  |  |  | DDS Targeted Review | 21 / 22 |
| Respite Services | 1 location(s) 2 audit (s)  |  |  | No Review | No Review |
| Individual Home Supports | 1 location(s) 1 audit (s)  |  |  | DDS Targeted Review | 21 / 23 |
| Planning and Quality Management |   |  |  | DDS Targeted Review | 6 / 6 |

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| **EXECUTIVE SUMMARY :** |

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| The Edinburg Center (Edinburg), founded in 1977, is a non-profit human service organization providing an array of services to individuals in the Northeast and Metro regions with developmental and intellectual disabilities, acquired brain injury, and behavioral health issues. The services provided to individuals supported by the Department of Developmental Services (DDS) include twenty-four supervised residential homes, Acquired Brain Injury (ABI) supports, Individual Home Supports (IHS), and Respite Services.  As a result of the agency's 2019 survey, Edinburg was eligible and elected to complete, a self-assessment for the current licensing cycle, with DDS conducting a targeted review on the eight critical licensing indicators and licensing and certification indicators receiving a rating of not met during the previous survey. The overall ratings from this survey process are a combination of the agency's self-assessment and the DDS targeted review. The survey identified several accomplishments on the part of the agency which resulted in positive individual outcomes. In the realm of environmental safety, all locations were clean, well maintained, and in good repair. All critical indicators pertaining to site reviews were rated as met, indicating the presence of effective systems to ensure fire safety and timely evacuation. Another area of strength was noted regarding the implementation of treatment protocols and medication oversight and administration. Staff were effectively utilizing existing health-related systems to support individuals with intensive medical needs, many of whom require extensive medication regimens. An area requiring attention was identified during the survey, both by means of the self-assessment and the DDS review. The submission of ISP documentation and incident reports within required timelines was identified as an area for continued efforts to be made to ensure that required assessments and support strategies for the ISP, as well as incident reports, were submitted and approved via HCSIS. Another area identified during the DDS review was in the certification area of intimacy and companionship. Individuals were not routinely assessed for their support needs and were not being supported to explore and define their need for intimacy and companionship either through assessment or using a curriculum. As a result of this survey, Edinburg's Residential Services received a rating of met in 96% of licensing indicators with all critical indicators rated as met. The agency is certified having received a rating of met in 93% of certification indicators reviewed. As a result, the agency will receive a Two-Year License for Residential Services. Because the agency scored above 90 percent, Edinburg will complete its own follow-up on the licensing indicators rated not met within 60 days of the Service Enhancement Meeting (SEM). |

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| **Description of Self Assessment Process:** |

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| 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 are 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 is 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 Senior Directors and Residential 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 Group Home Director with a copy to the Residential Directors and the Senior Directors. The Residential Director responsible for the site reviews the deficiency statement with the responsible Group Home Director. When the deficiency is corrected the Residential Director notifies the Senior Directors. If a site has deficiencies the responsible Residential Director conducts follow-up until the problems are resolved.In preparation for Survey and Certification an additional audit was conducted in January of 2022 for the purpose of assessing the 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.In March of 2020 in response to the increasing needs of the program the Director of 24-Hour Supports position was replaced by two Senior Directors. Within a week of this change the COVID19 pandemic struck, and the best laid plans were initially grounded. Most of the next few months focused entirely on maintaining the health and safety of the persons served and evaluating the needs of each person and program. The response by DD management to the pandemic resulted in a division wide system change based solely on a self- assessment of the current conditions within the homes called The Meaningful Whole Life Program (MWL). We are so proud of MWL and the creative implementation of this program.Initially designed to keep persons safer during the pandemic, MWL has proven to be a better way to deliver supports and ensure person centered programming. MWL creates life changing opportunities for the persons served who are identified as members. MWL members are living their lives as they choose, without restrictive barriers on daily schedules and with the support of family and friends. MWL is a fully person-centered approach to serving people living in the DD / ABI homes. This new approach has been met with the full support and appreciation of leaders at The Department of Developmental Services (DDS). To implement our MWL vision, we hired four staff called 'Meaningful Whole Life Champions' who make it their mission to seek out and explore opportunities for each member to support them to identify and achieve their dreams. In just the first year of running the MWL program, this program has shown tremendous success. Members attending this program report they are living happier now and are enthusiastic about participating in the MWL program. With our four amazing Champions leading the way, we have seen a member's dream of singing in front of an audience realized at a WooSox game last summer (See WBZ Radio and WCVB Channel 5 for feature story on Claudia Andrade). Another member has opened an Etsy online store to display and sell her crochet works of art. Yet another MWL member is writing a children's book which she hopes to publish with the support of a MWL illustrator and editor. A team of budding MWL artists worked with a local professional artist to create a variety of art projects, including two large canvas paintings that were featured at our 1st Annual Art Show. One of them hangs proudly in The Edinburg Center Bedford office for all to see and admire. The future of Meaningful Whole Life program is very bright, and we believe this service model will benefit our growing group of members for many years to come. Please visit this link to watch the WCVB special feature: www.edinburgcenter.org/news We are looking forward to sharing the MWL vision with DDS Survey and Certification team. It is truly an example of the importance of on-going active and critical program self-assessment. |

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| **LICENSURE FINDINGS** |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **8/8** | **0/8** |  |
| **Residential and Individual Home Supports** | **68/71** | **3/71** |  |
|  Residential Services Individual Home Supports Respite Services ABI-MFP Residential Services |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **76/79** | **3/79** | **96%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **3** |  |
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|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:From DDS review:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For four individuals, assessments had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that mandatory assessments are submitted to the DDS Area Office at least 15 days prior to ISP meetings. |
|  |  L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | For four individuals, support strategies had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that support strategies are submitted to the DDS Area Office at least 15 days prior to ISP meetings. |
|  |  L91 | Incidents are reported and reviewed as mandated by regulation. | At four locations, incident reports were not created and finalized within the required HCSIS time frames. The agency needs to ensure that incident reports are submitted and finalized within required timeframes. |

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| **CERTIFICATION FINDINGS** |

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|  | **Reviewed By** | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **DDS 0/0Provider 6/6** | **6/6** | **0/6** |  |
| **Residential and Individual Home Supports** | **DDS 5/7Provider 57/60** | **62/67** | **5/67** |  |
| ABI-MFP Residential Services | DDS 1/1Provider 20/21 | 21/22 | 1/22 |  |
| Individual Home Supports | DDS 3/4Provider 18/19 | 21/23 | 2/23 |  |
| Residential Services | DDS 1/2Provider 19/20 | 20/22 | 2/22 |  |
| Respite Services |  | 0/0 | 0/0 |  |
| **Total** |  | **68/73** | **5/73** | **93%** |
| **Certified** |  |  |  |  |

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|  | **ABI-MFP Residential Services- Areas Needing Improvement on Standards not met From Provider review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Issues identified** | **Action planned to address** |
|  |  C46 | Staff (Home Providers) support individuals to learn about and use generic community resources. | Individuals were not able to use generic resources due to limitations as a result of COVID | Will continue to provide as many opportunities while still keeping individuals safe. |
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|  | **Individual Home Supports- Areas Needing Improvement on Standards not met From DDS Review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |  |
|  |  C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | For this individual, the agency had either not fully assessed the support needs and desires in the area of intimacy and companionship or was not providing this support once the individual's needs became known. The agency needs to ensure that it formulates a curriculum or has access to adequate resources as a framework of support in this realm. The agency then needs to utilize these resources to ensure that the individual's support needs, interests and goals are thoroughly assessed, and that support is provided relative to these individualized needs. |  |
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|  | **Individual Home Supports- Areas Needing Improvement on Standards not met From Provider review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Issues identified** | **Action planned to address** |
|  |  C46 | Staff (Home Providers) support individuals to learn about and use generic community resources. | Individuals were not able to use generic resources due to limitations as a result of COVID | Will continue to provide as many opportunities while still keeping individuals safe. |
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|  | **Residential Services- Areas Needing Improvement on Standards not met From DDS Review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |  |
|  |  C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | For all six individuals, the agency had either not fully assessed the support needs and desires in the area of intimacy and companionship or was not providing this support once the individuals' needs became known. The agency needs to ensure that it formulates a curriculum or has access to adequate resources as a framework of support in this realm. The agency then needs to utilize these resources to ensure that the individuals' support needs, interests and goals are thoroughly assessed, and that support is provided relative to these individualized needs. |  |
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|  | **Residential Services- Areas Needing Improvement on Standards not met From Provider review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Issues identified** | **Action planned to address** |
|  |  C46 | Staff (Home Providers) support individuals to learn about and use generic community resources. | Individuals were not able to use generic resources due to limitations as a result of COVID. | Will continue to provide as many opportunities while still keeping individuals safe. |
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| **MASTER SCORE SHEET LICENSURE** |

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| **Organizational: EDINBURG CENTER,INC (THE)** |

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|  | **Indicator #** | **Indicator** | **Reviewed by** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **DDS** | **7/7** | **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** |

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| **Residential and Individual Home Supports:** |

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|  | **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** |
|  |  L5 | Safety Plan | L  | **Provider** | - | - | - | - | - | - | **-** | **Met** |
| O |  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  | **Provider** | - | - | - | - | - | - | **-** | **Met** |
|  |  L9 (07/21) | Safe use of equipment | I | **DDS** | 6/6 | 1/1 |  | 2/2 | 3/3 |  | **12/12** | **Met** |
|  |  L10 | Reduce risk interventions | I  | **Provider** | - | - | - | - | - | - | **-** | **Met** |
| O |  L11 | Required inspections | L | **DDS** | 4/4 | 1/1 |  | 1/1 | 1/1 |  | **7/7** | **Met** |
| O |  L12 | Smoke detectors | L | **DDS** | 4/4 | 1/1 |  | 1/1 | 1/1 |  | **7/7** | **Met** |
| O |  L13 | Clean location | L | **DDS** | 4/4 | 1/1 |  | 1/1 | 1/1 |  | **7/7** | **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 | Well-maintained appliances | L  | **Provider** | - | - | - | - | - | - | **-** | **Met** |
|  |  L23 | Egress door locks | L  | **Provider** | - | - | - | - | - | - | **-** | **Met** |
|  |  L24 | Locked door access | L  | **Provider** | - | - | - | - | - | - | **-** | **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** |
| O |  L38 | Physician's orders | I | **DDS** | 5/5 |  |  | 2/2 | 3/3 |  | **10/10** | **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** |
| O |  L46 | Med. Administration | I | **DDS** | 6/6 | 1/1 |  | 2/2 | 3/3 |  | **12/12** | **Met** |
|  |  L47 | Self medication | I  | **Provider** | - | - | - | - | - | - | **-** | **Met** |
|  |  L49 | Informed of human rights | I | **Provider** | - | - | - | - | - | - | **-** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | **DDS** | 6/6 | 1/1 |  | 2/2 | 3/3 |  | **12/12** | **Met** |
|  |  L51 | Possessions | I  | **Provider** | - | - | - | - | - | - | **-** | **Met** |
|  |  L52 | Phone calls | I  | **Provider** | - | - | - | - | - | - | **-** | **Met** |
|  |  L53 | Visitation | I  | **Provider** | - | - | - | - | - | - | **-** | **Met** |
|  |  L54 (07/21) | Privacy | I | **DDS** | 6/6 | 1/1 |  | 2/2 | 3/3 |  | **12/12** | **Met** |
|  |  L55 | Informed consent | I  | **Provider** | - | - | - | - | - | - | **-** | **Met** |
|  |  L61 | Health protection in ISP | I | **DDS** | 3/3 |  |  | 2/2 | 3/3 |  | **8/8** | **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** |
|  |  L70 | Charges for care calc. | I | **Provider** | - | - | - | - | - | - | **-** | **Met** |
|  |  L71 | Charges for care appeal | I | **Provider** | - | - | - | - | - | - | **-** | **Met** |
|  |  L77 | Unique needs training | I  | **Provider** | - | - | - | - | - | - | **-** | **Met** |
|  |  L80 | Symptoms of illness | L  | **Provider** | - | - | - | - | - | - | **-** | **Met** |
|  |  L81 | Medical emergency | L  | **Provider** | - | - | - | - | - | - | **-** | **Met** |
| O |  L82 | Medication admin. | L | **DDS** | 4/4 | 1/1 |  | 1/1 | 1/1 |  | **7/7** | **Met** |
|  |  L84 | Health protect. Training | I | **DDS** | 3/3 |  |  | 2/2 | 3/3 |  | **8/8** | **Met** |
|  |  L85 | Supervision  | L | **Provider** | - | - | - | - | - | - | **-** | **Met** |
|  |  L86 | Required assessments | I | **DDS** | 4/6 | 0/1 |  |  | 2/3 |  | **6/10** | **Not Met(60.0 %)** |
|  |  L87 | Support strategies | I | **DDS** | 4/6 | 0/1 |  |  | 2/3 |  | **6/10** | **Not Met(60.0 %)** |
|  |  L88 | Strategies implemented | I | **Provider** | - | - | - | - | - | - | **-** | **Met** |
|  |  L89 | Complaint and resolution process | L  | **Provider** | - | - | - | - | - | - | **-** | **Met** |
|  |  L90 | Personal space/ bedroom privacy | I  | **Provider** | - | - | - | - | - | - | **-** | **Met** |
|  |  L91 | Incident management | L | **DDS** | 1/4 |  |  | 1/1 | 0/1 |  | **2/6** | **Not Met(33.33 %)** |
|  | **#Std. Met/# 71 Indicator** |  |  |  |  |  |  |  |  |  | **68/71** |  |
|  | **Total Score** |  |  |  |  |  |  |  |  |  | **76/79** |  |
|  |  |  |  |  |  |  |  |  |  |  | **96.20%** |  |

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| **MASTER SCORE SHEET CERTIFICATION** |

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|  | **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 | Provider | - | **Met** |
|  |  C5 | Measure progress | Provider | - | **Met** |
|  |  C6 | Future directions planning | Provider | - | **Met** |
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| **Residential Services** |  |  |  |  |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | Provider | - | **Met** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C9 | Personal relationships | Provider | - | **Met** |
|  C10 | Social skill development | Provider | - | **Met** |
|  C11 | Get together w/family & friends | Provider | - | **Met** |
|  C12 | Intimacy | DDS | 0/6 | **Not Met (0 %)** |
|  C13 | Skills to maximize independence  | Provider | - | **Met** |
|  C14 | Choices in routines & schedules | Provider | - | **Met** |
|  C15 | Personalize living space | Provider | - | **Met** |
|  C16 | Explore interests | Provider | - | **Met** |
|  C17 | Community activities | Provider | - | **Met** |
|  C18 | Purchase personal belongings | Provider | - | **Met** |
|  C19 | Knowledgeable decisions | Provider | - | **Met** |
|  C20 (07/21) | Emergency back-up plans | DDS | 6/6 | **Met** |
|  C46 | Use of generic resources | Provider | - | **Not Met (0 %)** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C48 | Neighborhood connections | Provider | - | **Met** |
|  C49 | Physical setting is consistent  | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C52 | Leisure activities and free-time choices /control | Provider | - | **Met** |
|  C53 | Food/ dining choices | Provider | - | **Met** |
|  C54 | Assistive technology | Provider | - | **Met** |
| **ABI-MFP Residential Services** |  |  |  |  |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | Provider | - | **Met** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C9 | Personal relationships | Provider | - | **Met** |
|  C10 | Social skill development | Provider | - | **Met** |
|  C11 | Get together w/family & friends | Provider | - | **Met** |
|  C12 | Intimacy | Provider | - | **Met** |
|  C13 | Skills to maximize independence  | Provider | - | **Met** |
|  C14 | Choices in routines & schedules | Provider | - | **Met** |
|  C15 | Personalize living space | Provider | - | **Met** |
|  C16 | Explore interests | Provider | - | **Met** |
|  C17 | Community activities | Provider | - | **Met** |
|  C18 | Purchase personal belongings | Provider | - | **Met** |
|  C19 | Knowledgeable decisions | Provider | - | **Met** |
|  C20 (07/21) | Emergency back-up plans | DDS | 3/3 | **Met** |
|  C46 | Use of generic resources | Provider | - | **Not Met (0 %)** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C48 | Neighborhood connections | Provider | - | **Met** |
|  C49 | Physical setting is consistent  | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C52 | Leisure activities and free-time choices /control | Provider | - | **Met** |
|  C53 | Food/ dining choices | Provider | - | **Met** |
|  C54 | Assistive technology | Provider | - | **Met** |
| **Individual Home Supports** |  |  |  |  |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | Provider | - | **Met** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C9 | Personal relationships | Provider | - | **Met** |
|  C10 | Social skill development | Provider | - | **Met** |
|  C11 | Get together w/family & friends | Provider | - | **Met** |
|  C12 | Intimacy | DDS | 0/1 | **Not Met (0 %)** |
|  C13 | Skills to maximize independence  | Provider | - | **Met** |
|  C14 | Choices in routines & schedules | Provider | - | **Met** |
|  C15 | Personalize living space | Provider | - | **Met** |
|  C16 | Explore interests | DDS | 1/1 | **Met** |
|  C17 | Community activities | DDS | 1/1 | **Met** |
|  C18 | Purchase personal belongings | Provider | - | **Met** |
|  C19 | Knowledgeable decisions | Provider | - | **Met** |
|  C20 (07/21) | Emergency back-up plans | DDS | 1/1 | **Met** |
|  C21 | Coordinate outreach | Provider | - | **Met** |
|  C46 | Use of generic resources | Provider | - | **Not Met (0 %)** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C48 | Neighborhood connections | Provider | - | **Met** |
|  C49 | Physical setting is consistent  | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C52 | Leisure activities and free-time choices /control | Provider | - | **Met** |
|  C53 | Food/ dining choices | Provider | - | **Met** |
|  C54 | Assistive technology | Provider | - | **Met** |
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