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|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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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** | 6 location(s) 14 audit (s) | Full Review | 62/79 2 Year License with Mid-Cycle Review 08/03/2021 - 08/03/2023 |  | 76 / 88 Certified 08/03/2021 - 08/03/2023 | | Residential Services | 2 location(s) 6 audit (s) |  |  | Full Review | 20 / 22 | | ABI-MFP Residential Services | 2 location(s) 6 audit (s) |  |  | Full Review | 14 / 21 | | Placement Services | 1 location(s) 1 audit (s) |  |  | Full Review | 20 / 21 | | Individual Home Supports | 1 location(s) 1 audit (s) |  |  | Full Review | 16 / 18 | | 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) 8 audit (s) | Full Review | 24/30 2 Year License 08/03/2021 - 08/03/2023 |  | 29 / 34 Certified 08/03/2021 - 08/03/2023 | | Community Based Day Services | 1 location(s) 6 audit (s) |  |  | Full Review | 10 / 12 | | Employment Support Services | 1 location(s) 2 audit (s) |  |  | Full Review | 13 / 16 | | Planning and Quality Management (For all service groupings) |  |  |  | Full Review | 6 / 6 | |  | |

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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  |
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|  | |  | | --- | | Eliot Community Human Services ("Eliot") was originally founded in the 1950's as a child guidance center. In the 1970's the agency expanded its service delivery system to include community programming for individuals with severe and persistent mental illness. The agency continued to expand the scope of services provided to include residential and day services for individuals with mental illness as well as individuals with developmental disabilities. Since then, this non-profit organization has merged with several mental health organizations and continues to provide behavioral health and specialized services. In the Developmental Disability and Brain Injury division, the agency currently provides 24-hour Residential Supports, Individual Home Supports, Placement Supports, and Employment and Community Based Day Supports to adults with developmental disabilities based out of its new location on Hartwell Avenue in Lexington.  The scope of this survey conducted by the Office of Quality Enhancement (OQE) was a full licensing and certification review of Eliot's Residential Services Grouping and its CBDS and Employment Service Grouping. Licensure and certification has resumed conducting in-person surveys with some parts such as the administrative review being conducted virtually.  Within the residential system, several positive practices were noted. Homes were found to be clean and well-maintained. Staff followed the agency's infection control policy throughout the survey, wiping down surfaces, maintaining the cleanliness of the home, and using the proper PPE. The agency's maintenance department that was on-call twenty-four hours a day to respond to any emergencies in homes. Homes were found to be well-maintained and safe. In several cases, the agency worked to customize individualized services based on the current needs of those supported who were unable to attend day programs.  Several areas of increased attention within the residential services were identified during the survey. Within the domain of medical care, several individuals had not received dental care or preventive screenings, and medical protocols were not developed and followed per direction from physicians; the agency needs to refine systems to ensure that individuals receive support for significant medical conditions, timely follow-up, screenings and medical appointments. Tracking and monitoring to ensure that medication information is current and accurate requires further attention as health care records, emergency fact sheets, and medical supports did not have complete and accurate information pertaining to individuals' medical histories and support needs. Relative to ISP's, the agency needs to provide increased focus on implementing ISP objectives, and the timely submission of required information such as assessments, objectives, and medication treatment plans. Within the domain of staff training and oversight, the agency needs to ensure that staff are specifically trained and knowledgeable around the unique support needs of individuals as well as the use and care of their supportive devices. In addition to individual specific trainings, direct support staff and managers would benefit from increased supervision and oversight to ensure that required elements for homes are known and in place. For example, some safety plans were not current, money management training plans were not present, and staff interactions with individuals were minimal.  Several positive practices were identified within the CBDS and Employment supports services. While the agency has not re-opened its program for day supports, the agency has recently begun providing virtual CBDS services three times per week, and community based social/recreational services two days per week. Individuals had frequent, sometimes daily, choices regarding what types of activities would be provided to them; support staff were also found to have a thorough understanding of each individuals' preferences, and these were incorporated into recreational options, both in activities known to be enjoyable to individuals, as well as activities that had not previously occurred but were anticipated to be of interest to the individuals. Support staff took full advantage of the benefits of virtual CBDS services, utilizing the challenges of technology to educate consumers in the use of virtual platforms. Individuals were engaged with staff and appeared to have a high level of interest in socializing with one another, as well as participating in such activities as yoga and karaoke. Knowledge of each individual's comfort levels with technology and social engagement were utilized to teach social skills such as conflict resolution and respectful communication; during virtual programming, individuals were frequently encouraged to see the benefits in every situation, and were repeatedly met with empowering and self-esteem building phrases such as "we are winners" and "we can do anything". Within employment supports, general assistance was provided as needed, with additional support provided to address individual needs; staff assisted one individual in advocating for and receiving increased hours at her existing job; another individual was found to be receiving supports specific to critical feedback she had received from her employer.  Within the CBDS and Employment Supports programs, the agency would benefit from increased attention to implementing ISP objectives, and meeting ISP submission timelines. Focus also needs to be brought to bear on utilizing an assessment to determine the need for assistive technology, as well as developing back-up plans in response to unforeseen environmental or individualized emergencies.  Within the Residential and Individual Home Supports service grouping, Eliot received a met rating in 78% of licensing indicators, inclusive of all critical indicators. The service also received a rating of met in 86% of certification indicators reviewed. As a result, the agency will receive a Two Year License with a Mid-Cycle Review, and is Certified for its Residential Services, Individual Home Supports and Placement Services. The agency is subject to the no new business sanction for Residential / IHS Service Grouping, until such time as they can meet at least 80% of the licensure indicators. Within the Employment and Day Supports program, the agency met 80% of all licensing indicators, including all critical indicators, and met 85% of the certification indicators reviewed. As a result, the agency will receive a Two Year License, and is Certified for its Employment and Day Supports programs. Follow-up on the licensing indicators rated not met in both service groups will be conducted by the Office for Quality Enhancement within 60 days of the Service Enhancement Meeting. | | |  |

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|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | | | |  |  |  | | |  | | --- | | **LICENSURE FINDINGS** | | | | |  |  |  | |  | | | |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **7/8** | **1/8** |  | | **Residential and Individual Home Supports** | **55/71** | **16/71** |  | | Residential Services  ABI-MFP Residential Services  Placement Services  Individual Home Supports |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **62/79** | **17/79** | **78%** | | **2 Year License with Mid-Cycle Review** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **17** |  | |  | | | |  | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **7/8** | **1/8** |  | | **Employment and Day Supports** | **17/22** | **5/22** |  | | Community Based Day Services  Employment Support Services |  |  |  | | **Critical Indicators** | **1/1** | **0/1** |  | | **Total** | **24/30** | **6/30** | **80%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **6** |  | | |  | | | |  |  |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  | | |  |  | |  | **Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L48 | | | The agency has an effective Human Rights Committee. | The agency's Human Rights Committee did not maintain the required membership, as it has been without a nurse and clinician for over a year. The agency needs to ensure that it's HRC membership meets both DDS regulations and their own bylaws. | |  |  |  | | | | |  |
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The agency needs to ensure each component of an Emergency Fact Sheet contains current and complete data. | |  | L35 | | | Individuals receive routine preventive screenings. | Three individuals had not received some recommended health screenings. The agency needs to ensure that its staff review recommendations outlined in the DDS Adult Screening Checklist with the individuals' health care practitioners to ensure that individuals are supported to receive these screenings. | |  | L43 | | | The health care record is maintained and updated as required. | For 7 individuals, health care records had not been updated to reflect new vaccinations, current healthcare providers, and/or the most recent health screenings. The agency needs to ensure health care records are updated at the ISP as well as within 30 days of a significant health care event. | |  | L61 | | | Supports and health related protections are included in ISP assessments and the continued need is outlined. | For 7 of nine individuals, supports and health related protections were not included as part of the ISP and/or the health-related protective equipment did not have authorization for use by the prescriber, including the purpose, and duration of use. The agency needs to ensure that any supports and health-related protections are being implemented correctly according to the health care provider's authorization. | |  | L63 | | | Medication treatment plans are in written format with required components. | For some individuals prescribed behavior modifying medications, medication treatment plans were not in place. For those individuals who had medication treatment plans in place, plans did not include all of the required components. Plans were missing baseline/historical data, descriptions of behaviors in observable terms, current data and the clinical plan/ course for use of the medication such as criteria for re-evaluating / adjusting the medication based on the treatment data. The agency needs to ensure that there is a plan in place for all individuals prescribed behavior modifying medications, and these plans need to include all the required components. | |  | L64 | | | Medication treatment plans are reviewed by the required groups. | For 5 of 10 individuals prescribed behavior modifying medications, plans had not been submitted to the ISP team for review as required. The agency needs to ensure that plans are submitted into HCSIS in preparation for ISP review by the team. | |  | L67 | | | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | For most individuals with money management plans in place, the plans did not include support strategies for assisting the individual to become more independent in the management of their money. The agency needs to ensure that training plans are in place and include not only goals, but strategies for teaching individuals to become more independent. | |  | L71 | | | Individuals are notified of their appeal rights for their charges for care. | For 6 individuals, the appeal process for the charges for care was not outlined. Although the charges for care/room and board notification did include the right to appeal statement, it did not include an explanation of the appeal process and who to contact. The agency needs to include what the process is for appealing charges for care, and information on who to contact within the agency. | |  | L77 | | | The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals. | Training documentation did not include the topics of trainings staff were receiving, and not all staff had received training relative to unique needs of the individuals supported in the home. The agency needs to ensure that all staff receive the requisite trainings for all individuals' unique needs. Trainings should include topics, curricula and dates that each staff received the training. | |  | L84 | | | Staff / care providers are trained in the correct utilization of health related protections per regulation. | In four of nine instances, staff had not been fully trained on the use of health related protections in place for individuals. The agency needs to ensure that staff are trained on all components of health-related protections per regulation. | |  | L86 | | | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For 9 individuals, assessments had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that assessments are completed in preparation for the ISP and submitted in accordance with regulatory requirements. | |  | L87 | | | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | For 7 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 completed in preparation for the ISP and submitted in accordance with regulatory requirements. | |  | L88 | | | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For four individuals, ISP objectives were either not being implemented, or data collection was not occurring. The agency needs to ensure that ISP objectives are implemented as described within support strategies, and that data relating to ISP objectives is collected. | |  | L89 | | | The provider has a complaint and resolution process that is effectively implemented at the local level. | At 2 locations, programs did not have a complaint log to record complaints and their resolution, and staff were unfamiliar with the complaint resolution process. The provider needs to ensure that each home has on site, a complaint log containing the complaint with date, short description, name of the complainant, date resolved and who and how this was resolved. Individuals, staff, and family/guardians must receive training in the complaint resolution policy. | |  | L91 | | | Incidents are reported and reviewed as mandated by regulation. | At 3 locations, incident reports were not created and/or finalized in HCSIS within the required time frames. The agency needs to ensure all incident reports are generated and finalized by the required HCSIS due dates. | | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L1 | | | Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect. | Eight individuals and/or guardians had not been provided with information about how to report alleged abuse or neglect. The agency needs to ensure that guardians and individuals receive this information annually. | |  | 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. | Seven individuals and/or guardians had not received information or training regarding human rights. The agency needs to ensure that guardians and individuals receive this information annually. | |  | L86 | | | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For 6 individuals, assessments had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that assessments are completed in preparation for the ISP and submitted in accordance with regulatory requirements. | |  | L87 | | | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | For 5 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 completed in preparation for the ISP and submitted in accordance with regulatory requirements. | |  | L88 | | | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For four individuals, ISP objectives are either not being implemented, or data collection is not occurring. The agency needs to ensure that ISP objectives are implemented as described within support strategies, and that data relating to ISP objectives is collected. | | |  |

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|  | |  | | --- | | **CERTIFICATION FINDINGS** | |  | | | |  |  |  |
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|  | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Certification - Planning and Quality Management** | **6/6** | **0/6** |  | | **Residential and Individual Home Supports** | **70/82** | **12/82** |  | | ABI-MFP Residential Services | 14/21 | 7/21 |  | | Individual Home Supports | 16/18 | 2/18 |  | | Residential Services | 20/22 | 2/22 |  | | Placement Services | 20/21 | 1/21 |  | | **TOTAL** | **76/88** | **12/88** | **86%** | | **Certified** |  |  |  | | | | |  | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Certification - Planning and Quality Management** | **6/6** | **0/6** |  | | **Employment and Day Supports** | **23/28** | **5/28** |  | | Community Based Day Services | 10/12 | 2/12 |  | | Employment Support Services | 13/16 | 3/16 |  | | **TOTAL** | **29/34** | **5/34** | **85%** | | **Certified** |  |  |  | |  |  |
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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **ABI-MFP Residential Services- Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C7 | | | Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them. | Four individuals had not been provided the opportunity to give feedback about the staff that support them. The agency needs to ensure that all individuals have the opportunity to evaluate the staff that support them on an ongoing basis. | |  | C12 | | | Individuals are supported to explore, define, and express their need for intimacy and companionship. | For 5 of six individuals, the agency had either not fully assessed the needs and desires in the area of intimacy and companionship or was not providing support once the individuals' needs became known. The agency needs to ensure that it assesses the needs of each individual to determine the interests, goals, and support needs of individuals, and that support is provided relative to these needs. | |  | C47 | | | Individuals have full access to the community through transportation available and/or provided. | For three individuals, transportation options were limited due to the inability of outside relief agency staff to drive agency vans. The agency needs to ensure that transportation is available for individuals to have full access to their communities. | |  | C48 | | | Individuals are a part of the neighborhood. | For three individuals, the agency has not provided support for individuals to have access to local and extended community members and to become connected to people in the neighborhood and community at large. The agency needs to ensure individuals are supported to be part of their local and at large communities; when in person access is not available, the agency needs to explore what virtual options may be available to support individuals to interact with neighbors and local community members. | |  | C49 | | | The physical setting blends in with and is a natural part of the neighborhood and community. | One home was located in a primarily business zoned area and had an appearance not consistent with typical residential homes in the neighborhood. The agency needs to ensure that homes blend in with the neighborhood and larger community. | |  | C52 | | | Individuals have choice and control over their leisure and non-scheduled activities. | For three individuals, frequent and consistent support was not provided to individuals for them to plan for and participate in various leisure activities with which they were familiar, or be offered activities that could potentially be of interest. The agency needs to ensure that individuals are presented with the opportunity to choose from a variety of events/activities, both planned and unplanned. | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | Four individuals did not have an assessment to identify needs or benefits from the exploration and use of assistive technology to maximize independence. The agency needs to ensure all individuals have an assessment and access to assistive technology to maximize independence in all facets of their daily living. | |  |  | | |  |  | |  | **Individual Home Supports- Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C12 | | | Individuals are supported to explore, define, and express their need for intimacy and companionship. | The agency had not assessed an individual's needs and desires in the area of intimacy and companionship. The agency needs to ensure it support individuals to explore, define and express their need for support and education in the topic of intimacy. | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | One individual did not have an assessment to identify needs or benefits from the exploration and use of assistive technology to maximize independence. The agency needs to ensure all individuals have an assessment and access to assistive technology to maximize independence in all facets of their daily living. | |  |  | | |  |  | |  | **Placement Services- Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C12 | | | Individuals are supported to explore, define, and express their need for intimacy and companionship. | The agency had not assessed an individual's needs and desires in the area of intimacy and companionship. The agency needs to ensure it support individuals to explore, define and express their need for support and education in the topic of intimacy. | |  |  | | |  |  | |  | **Residential Services- Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C12 | | | Individuals are supported to explore, define, and express their need for intimacy and companionship. | For 3 individuals, the agency had either not fully assessed the needs and desires in the area of intimacy and companionship or was not providing support once the individuals' needs became known. The agency needs to ensure that it assesses the needs of each individual to determine the interests, goals, and support needs of individuals, and that support is provided relative to these needs. | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | None of the individuals had an assessment to identify needs or benefits from the exploration and use of assistive technology to maximize independence. The agency needs to ensure all individuals have an assessment and access to assistive technology to maximize independence in all facets of their daily living. | |  |  | | |  |  | |  | **Community Based Day Services- Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C51 | | | Staff (Home Providers) are knowledgeable about individuals' satisfaction with services and supports and support individuals to make changes as desired. | None of the individuals had been afforded the opportunity to express their satisfaction with current services and supports so that changes could be made as desired. The agency needs to implement a methodology whereby each individual is given the opportunity to express and rate their satisfaction with supports and services, and a mechanism to address dissatisfaction and desire for change. | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | Individuals did not have an assessment to identify needs or benefits from the exploration and use of assistive technology to maximize independence. The agency needs to ensure all individuals have an assessment and access to assistive technology to maximize independence in all facets of their daily living. | |  |  | | |  |  | |  | **Employment Support Services- Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C20 (07/21) | | | The provider has emergency back-up plans to assist individuals to plan for emergencies and/or disasters. | For two individuals, there are no emergency back-up plans in place. The agency needs to ensure that emergency back-up plans are in place for each individual served. | |  | C26 | | | Career planning includes an analysis of how an individual's entitlements can be managed in a way that allows them to work successfully in the community. | The agency had not conducted an analysis of how two individuals' entitlement benefits are affected by work income. The agency needs to conduct an individualized analysis of how entitlements are affected by work income. | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | Individuals did not have an assessment to identify needs or benefits from the exploration and use of assistive technology to maximize independence. The agency needs to ensure all individuals have an assessment and access to assistive technology to maximize independence in all facets of their daily living. | |  |  | | |  |  | |  |  |  | | | |  |

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|  | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | | | |  |  |  |
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|  | |  | | --- | | **Organizational: ELIOT COMMUNITY HUMAN SERVICES** | |  | | |  |  |
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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **9/10** | **Met(90.0 % )** | |  | L3 | Immediate Action | **14/14** | **Met** | |  | L4 | Action taken | **12/12** | **Met** | |  | L48 | HRC | **0/1** | **Not Met(0 % )** | |  | L74 | Screen employees | **3/3** | **Met** | |  | L75 | Qualified staff | **1/1** | **Met** | |  | L76 | Track trainings | **9/9** | **Met** | |  | L83 | HR training | **9/9** | **Met** | |  |  | | |  |

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|  | |  | | --- | | **Residential and Individual Home Supports:** | | | | |  |  |  |  |
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Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | 6/6 | 1/1 | 1/1 |  | 6/6 |  | **14/14** | **Met** | |  | L5 | Safety Plan | L | 2/2 |  | 1/1 |  | 0/2 |  | **3/5** | **Not Met (60.0 %)** | | O | L6 | Evacuation | L | 2/2 |  | 1/1 |  | 2/2 |  | **5/5** | **Met** | |  | L7 | Fire Drills | L | 2/2 |  |  |  | 2/2 |  | **4/4** | **Met** | |  | L8 | Emergency Fact Sheets | I | 5/6 | 0/1 | 0/1 |  | 6/6 |  | **11/14** | **Not Met (78.57 %)** | |  | L9 (07/21) | Safe use of equipment | I | 6/6 | 1/1 |  |  | 5/5 |  | **12/12** | **Met** | |  | L10 | Reduce risk interventions | I | 1/1 | 1/1 |  |  | 4/4 |  | **6/6** | **Met** | | O | L11 | Required inspections | L | 2/2 |  | 1/1 |  | 2/2 |  | **5/5** | **Met** | | O | L12 | Smoke detectors | L | 2/2 |  | 1/1 |  | 2/2 |  | **5/5** | **Met** | | O | L13 | Clean location | L | 2/2 |  | 1/1 |  | 2/2 |  | **5/5** | **Met** | |  | L14 | Site in good repair | L | 2/2 |  | 1/1 |  | 1/1 |  | **4/4** | **Met** | |  | L15 | Hot water | L | 2/2 |  | 0/1 |  | 2/2 |  | **4/5** | **Met (80.0 %)** | |  | L16 | Accessibility | L | 1/1 |  |  |  | 2/2 |  | **3/3** | **Met** | |  | L17 | Egress at grade | L | 2/2 |  | 1/1 |  | 2/2 |  | **5/5** | **Met** | |  | L18 | Above grade egress | L | 2/2 |  | 1/1 |  |  |  | **3/3** | **Met** | |  | L19 | Bedroom location | L | 2/2 |  |  |  | 2/2 |  | **4/4** | **Met** | |  | L20 | Exit doors | L | 1/2 |  |  |  | 2/2 |  | **3/4** | **Met** | |  | L21 | Safe electrical equipment | L | 2/2 |  | 1/1 |  | 1/2 |  | **4/5** | **Met (80.0 %)** | |  | L22 | Well-maintained appliances | L | 2/2 |  | 1/1 |  | 1/2 |  | **4/5** | **Met (80.0 %)** | |  | L23 | Egress door locks | L | 2/2 |  |  |  | 1/1 |  | **3/3** | **Met** | |  | L24 | Locked door access | L | 1/2 |  |  |  | 2/2 |  | **3/4** | **Met** | |  | L25 | Dangerous substances | L | 1/2 |  |  |  | 2/2 |  | **3/4** | **Met** | |  | L26 | Walkway safety | L | 2/2 |  | 1/1 |  | 2/2 |  | **5/5** | **Met** | |  | L28 | Flammables | L | 2/2 |  |  |  | 1/2 |  | **3/4** | **Met** | |  | L29 | Rubbish/combustibles | L | 2/2 |  | 1/1 |  | 2/2 |  | **5/5** | **Met** | |  | L30 | Protective railings | L | 2/2 |  | 1/1 |  | 1/1 |  | **4/4** | **Met** | |  | L31 | Communication method | I | 6/6 | 1/1 | 1/1 |  | 6/6 |  | **14/14** | **Met** | |  | L32 | Verbal & written | I | 6/6 | 1/1 | 1/1 |  | 5/6 |  | **13/14** | **Met (92.86 %)** | |  | L33 | Physical exam | I | 5/6 | 1/1 | 1/1 |  | 6/6 |  | **13/14** | **Met (92.86 %)** | |  | L34 | Dental exam | I | 3/4 | 1/1 | 1/1 |  | 5/5 |  | **10/11** | **Met (90.91 %)** | |  | L35 | Preventive screenings | I | 3/6 |  |  |  | 2/2 |  | **5/8** | **Not Met (62.50 %)** | |  | L36 | Recommended tests | I | 5/6 |  |  |  | 6/6 |  | **11/12** | **Met (91.67 %)** | |  | L37 | Prompt treatment | I | 6/6 |  |  |  | 6/6 |  | **12/12** | **Met** | | O | L38 | Physician's orders | I | 1/3 |  | 1/1 |  | 6/6 |  | **8/10** | **Met (80.0 %)** | |  | L39 | Dietary requirements | I | 2/2 |  | 1/1 |  | 4/4 |  | **7/7** | **Met** | |  | L40 | Nutritional food | L | 2/2 |  |  |  | 2/2 |  | **4/4** | **Met** | |  | L41 | Healthy diet | L | 2/2 |  | 1/1 |  | 2/2 |  | **5/5** | **Met** | |  | L42 | Physical activity | L | 2/2 |  | 1/1 |  | 2/2 |  | **5/5** | **Met** | |  | L43 | Health Care Record | I | 0/6 |  | 0/1 |  | 6/6 |  | **6/13** | **Not Met (46.15 %)** | |  | L44 | MAP registration | L | 2/2 |  |  |  | 2/2 |  | **4/4** | **Met** | |  | L45 | Medication storage | L | 2/2 |  |  |  | 1/2 |  | **3/4** | **Met** | | O | L46 | Med. Administration | I | 5/6 |  |  |  | 5/6 |  | **10/12** | **Met (83.33 %)** | |  | L47 | Self medication | I |  |  |  |  | 1/1 |  | **1/1** | **Met** | |  | L49 | Informed of human rights | I | 6/6 | 1/1 | 1/1 |  | 6/6 |  | **14/14** | **Met** | |  | L50 (07/21) | Respectful Comm. | I | 6/6 | 1/1 | 1/1 |  | 5/6 |  | **13/14** | **Met (92.86 %)** | |  | L51 | Possessions | I | 6/6 | 1/1 | 1/1 |  | 6/6 |  | **14/14** | **Met** | |  | L52 | Phone calls | I | 6/6 | 1/1 | 1/1 |  | 6/6 |  | **14/14** | **Met** | |  | L53 | Visitation | I | 6/6 | 1/1 | 1/1 |  | 6/6 |  | **14/14** | **Met** | |  | L54 (07/21) | Privacy | I | 6/6 | 1/1 | 1/1 |  | 6/6 |  | **14/14** | **Met** | |  | L55 | Informed consent | I | 1/1 | 1/1 | 1/1 |  | 3/3 |  | **6/6** | **Met** | |  | L61 | Health protection in ISP | I | 2/3 |  |  |  | 0/6 |  | **2/9** | **Not Met (22.22 %)** | |  | L62 | Health protection review | I | 2/3 |  |  |  | 6/6 |  | **8/9** | **Met (88.89 %)** | |  | L63 | Med. treatment plan form | I | 0/5 |  |  |  | 0/5 |  | **0/10** | **Not Met (0 %)** | |  | L64 | Med. treatment plan rev. | I | 4/5 |  |  |  | 2/5 |  | **6/10** | **Not Met (60.0 %)** | |  | L67 | Money mgmt. plan | I | 1/5 |  |  |  |  |  | **1/5** | **Not Met (20.0 %)** | |  | L68 | Funds expenditure | I | 5/5 |  |  |  | 1/1 |  | **6/6** | **Met** | |  | L69 | Expenditure tracking | I | 4/5 |  |  |  | 1/1 |  | **5/6** | **Met (83.33 %)** | |  | L70 | Charges for care calc. | I | 6/6 |  |  |  | 6/6 |  | **12/12** | **Met** | |  | L71 | Charges for care appeal | I | 0/6 |  |  |  | 6/6 |  | **6/12** | **Not Met (50.0 %)** | |  | L77 | Unique needs training | I | 5/6 | 1/1 | 1/1 |  | 2/6 |  | **9/14** | **Not Met (64.29 %)** | |  | L80 | Symptoms of illness | L | 2/2 |  | 1/1 |  | 2/2 |  | **5/5** | **Met** | |  | L81 | Medical emergency | L | 2/2 |  | 1/1 |  | 2/2 |  | **5/5** | **Met** | | O | L82 | Medication admin. | L | 2/2 |  |  |  | 2/2 |  | **4/4** | **Met** | |  | L84 | Health protect. Training | I | 2/3 |  |  |  | 3/6 |  | **5/9** | **Not Met (55.56 %)** | |  | L85 | Supervision | L | 1/2 |  | 1/1 |  | 2/2 |  | **4/5** | **Met (80.0 %)** | |  | L86 | Required assessments | I | 0/6 | 0/1 | 1/1 |  | 5/6 |  | **6/14** | **Not Met (42.86 %)** | |  | L87 | Support strategies | I | 1/6 | 0/1 | 1/1 |  | 6/6 |  | **8/14** | **Not Met (57.14 %)** | |  | L88 | Strategies implemented | I | 2/6 | 1/1 | 1/1 |  | 6/6 |  | **10/14** | **Not Met (71.43 %)** | |  | L89 | Complaint and resolution process | L |  |  |  |  | 0/2 |  | **0/2** | **Not Met (0 %)** | |  | L90 | Personal space/ bedroom privacy | I | 6/6 | 1/1 | 0/1 |  | 6/6 |  | **13/14** | **Met (92.86 %)** | |  | L91 | Incident management | L | 0/2 |  |  |  | 2/2 |  | **2/4** | **Not Met (50.0 %)** | |  | **#Std. Met/# 71 Indicator** |  |  |  |  |  |  |  |  | **55/71** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **62/79** |  | |  |  |  |  |  |  |  |  |  |  | **78.48%** |  | |  |  |  | | | |  |
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|  | |  | | --- | | **Employment and Day Supports:** | | | | |  |  |  |  |
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|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | 0/2 |  | 0/6 | **0/8** | **Not Met (0 %)** | |  | L5 | Safety Plan | L |  |  | 1/1 | **1/1** | **Met** | |  | L8 | Emergency Fact Sheets | I | 1/2 |  | 6/6 | **7/8** | **Met (87.50 %)** | |  | L9 (07/21) | Safe use of equipment | I | 2/2 |  | 6/6 | **8/8** | **Met** | |  | L31 | Communication method | I | 2/2 |  | 6/6 | **8/8** | **Met** | |  | L32 | Verbal & written | I | 2/2 |  | 6/6 | **8/8** | **Met** | |  | L37 | Prompt treatment | I |  |  | 5/5 | **5/5** | **Met** | |  | L39 | Dietary requirements | I | 1/1 |  |  | **1/1** | **Met** | |  | L49 | Informed of human rights | I | 0/2 |  | 0/6 | **0/8** | **Not Met (0 %)** | |  | L50 (07/21) | Respectful Comm. | I | 2/2 |  | 6/6 | **8/8** | **Met** | |  | L51 | Possessions | I | 2/2 |  | 6/6 | **8/8** | **Met** | |  | L52 | Phone calls | I | 2/2 |  | 6/6 | **8/8** | **Met** | |  | L54 (07/21) | Privacy | I | 2/2 |  | 6/6 | **8/8** | **Met** | |  | L77 | Unique needs training | I | 2/2 |  | 6/6 | **8/8** | **Met** | |  | L79 | Restraint training | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L80 | Symptoms of illness | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L81 | Medical emergency | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L85 | Supervision | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L86 | Required assessments | I | 0/1 |  | 0/5 | **0/6** | **Not Met (0 %)** | |  | L87 | Support strategies | I | 0/1 |  | 2/6 | **2/7** | **Not Met (28.57 %)** | |  | L88 | Strategies implemented | I | 0/1 |  | 3/6 | **3/7** | **Not Met (42.86 %)** | |  | L91 | Incident management | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | **#Std. Met/# 22 Indicator** |  |  |  |  |  | **17/22** |  | |  | **Total Score** |  |  |  |  |  | **24/30** |  | |  |  |  |  |  |  |  | **80.0%** |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | |  | | | |  |  |  |
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|  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **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** | |  |  | | | |  |  |  | |  |  |  | | | |  |
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|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **ABI-MFP Residential Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 2/6 | **Not Met (33.33 %)** | | C8 | | | | Family/guardian communication | 6/6 | **Met** | | C9 | | | | Personal relationships | 4/4 | **Met** | | C10 | | | | Social skill development | 6/6 | **Met** | | C11 | | | | Get together w/family & friends | 6/6 | **Met** | | C12 | | | | Intimacy | 1/6 | **Not Met (16.67 %)** | | C13 | | | | Skills to maximize independence | 6/6 | **Met** | | C14 | | | | Choices in routines & schedules | 6/6 | **Met** | | C15 | | | | Personalize living space | 2/2 | **Met** | | C17 | | | | Community activities | 1/1 | **Met** | | C18 | | | | Purchase personal belongings | 3/3 | **Met** | | C19 | | | | Knowledgeable decisions | 6/6 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 6/6 | **Met** | | C46 | | | | Use of generic resources | 5/6 | **Met (83.33 %)** | | C47 | | | | Transportation to/ from community | 3/6 | **Not Met (50.0 %)** | | C48 | | | | Neighborhood connections | 3/6 | **Not Met (50.0 %)** | | C49 | | | | Physical setting is consistent | 1/2 | **Not Met (50.0 %)** | | C51 | | | | Ongoing satisfaction with services/ supports | 5/6 | **Met (83.33 %)** | | C52 | | | | Leisure activities and free-time choices /control | 3/6 | **Not Met (50.0 %)** | | C53 | | | | Food/ dining choices | 5/6 | **Met (83.33 %)** | | C54 | | | | Assistive technology | 2/6 | **Not Met (33.33 %)** | | **Community Based Day Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 5/6 | **Met (83.33 %)** | | C8 | | | | Family/guardian communication | 6/6 | **Met** | | C13 | | | | Skills to maximize independence | 6/6 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 6/6 | **Met** | | C37 | | | | Interpersonal skills for work | 6/6 | **Met** | | C38 (07/21) | | | | Habilitative & behavioral goals | 3/3 | **Met** | | C39 (07/21) | | | | Support needs for employment | 3/4 | **Met** | | C40 | | | | Community involvement interest | 6/6 | **Met** | | C44 | | | | Job exploration | 6/6 | **Met** | | C45 | | | | Revisit decisions | 6/6 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 0/6 | **Not Met (0 %)** | | C54 | | | | Assistive technology | 0/6 | **Not Met (0 %)** | | **Employment Support Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 2/2 | **Met** | | C8 | | | | Family/guardian communication | 2/2 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 0/2 | **Not Met (0 %)** | | C26 | | | | Benefits analysis | 0/2 | **Not Met (0 %)** | | C30 | | | | Work in integrated settings | 2/2 | **Met** | | C31 | | | | Job accommodations | 2/2 | **Met** | | C32 | | | | At least minimum wages earned | 1/1 | **Met** | | C33 | | | | Employee benefits explained | 2/2 | **Met** | | C34 | | | | Support to promote success | 2/2 | **Met** | | C35 | | | | Feedback on job performance | 2/2 | **Met** | | C36 | | | | Supports to enhance retention | 2/2 | **Met** | | C37 | | | | Interpersonal skills for work | 1/1 | **Met** | | C47 | | | | Transportation to/ from community | 2/2 | **Met** | | C50 | | | | Involvement/ part of the Workplace culture | 2/2 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 2/2 | **Met** | | C54 | | | | Assistive technology | 0/2 | **Not Met (0 %)** | | **Individual Home Supports** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C8 | | | | Family/guardian communication | 1/1 | **Met** | | C9 | | | | Personal relationships | 1/1 | **Met** | | C10 | | | | Social skill development | 1/1 | **Met** | | C11 | | | | Get together w/family & friends | 1/1 | **Met** | | C12 | | | | Intimacy | 0/1 | **Not Met (0 %)** | | C13 | | | | Skills to maximize independence | 1/1 | **Met** | | C14 | | | | Choices in routines & schedules | 1/1 | **Met** | | C16 | | | | Explore interests | 1/1 | **Met** | | C17 | | | | Community activities | 1/1 | **Met** | | C19 | | | | Knowledgeable decisions | 1/1 | **Met** | | C21 | | | | Coordinate outreach | 1/1 | **Met** | | C46 | | | | Use of generic resources | 1/1 | **Met** | | C47 | | | | Transportation to/ from community | 1/1 | **Met** | | C48 | | | | Neighborhood connections | 1/1 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 1/1 | **Met** | | C52 | | | | Leisure activities and free-time choices /control | 1/1 | **Met** | | C53 | | | | Food/ dining choices | 1/1 | **Met** | | C54 | | | | Assistive technology | 0/1 | **Not Met (0 %)** | | **Placement Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 1/1 | **Met** | | C8 | | | | Family/guardian communication | 1/1 | **Met** | | C9 | | | | Personal relationships | 1/1 | **Met** | | C10 | | | | Social skill development | 1/1 | **Met** | | C11 | | | | Get together w/family & friends | 1/1 | **Met** | | C12 | | | | Intimacy | 0/1 | **Not Met (0 %)** | | C13 | | | | Skills to maximize independence | 1/1 | **Met** | | C14 | | | | Choices in routines & schedules | 1/1 | **Met** | | C15 | | | | Personalize living space | 1/1 | **Met** | | C16 | | | | Explore interests | 1/1 | **Met** | | C17 | | | | Community activities | 1/1 | **Met** | | C19 | | | | Knowledgeable decisions | 1/1 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 1/1 | **Met** | | C46 | | | | Use of generic resources | 1/1 | **Met** | | C47 | | | | Transportation to/ from community | 1/1 | **Met** | | C48 | | | | Neighborhood connections | 1/1 | **Met** | | C49 | | | | Physical setting is consistent | 1/1 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 1/1 | **Met** | | C52 | | | | Leisure activities and free-time choices /control | 1/1 | **Met** | | C53 | | | | Food/ dining choices | 1/1 | **Met** | | C54 | | | | Assistive technology | 1/1 | **Met** | | **Residential Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 6/6 | **Met** | | C8 | | | | Family/guardian communication | 6/6 | **Met** | | C9 | | | | Personal relationships | 3/3 | **Met** | | C10 | | | | Social skill development | 6/6 | **Met** | | C11 | | | | Get together w/family & friends | 6/6 | **Met** | | C12 | | | | Intimacy | 3/6 | **Not Met (50.0 %)** | | C13 | | | | Skills to maximize independence | 6/6 | **Met** | | C14 | | | | Choices in routines & schedules | 6/6 | **Met** | | C15 | | | | Personalize living space | 2/2 | **Met** | | C16 | | | | Explore interests | 1/1 | **Met** | | C17 | | | | Community activities | 1/1 | **Met** | | C18 | | | | Purchase personal belongings | 6/6 | **Met** | | C19 | | | | Knowledgeable decisions | 6/6 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 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 | 2/2 | **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** | | C54 | | | | Assistive technology | 0/6 | **Not Met (0 %)** | |  | | | |  |  |  | |  |  | | | |  |  |