



**PROVIDER REPORT  
FOR  
ELIOT COMMUNITY HUMAN  
SERVICES  
125 Hartwell Ave  
Lexington, MA 02173**

**October 01, 2025**

**Version**

**Public Provider Report**

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

# **SUMMARY OF OVERALL FINDINGS**

**Provider** ELIOT COMMUNITY HUMAN SERVICES

**Review Dates** 8/26/2025 - 9/2/2025

**Service Enhancement Meeting Date** 9/17/2025

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**Citizen Volunteers**

**Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	6 location(s) 13 audit (s)	Full Review	67/84 2 Year License 09/17/2025 - 09/17/2027		76 / 78 Certified 09/17/2025 - 09/17/2027
Residential Services	2 location(s) 5 audit (s)			Full Review	19 / 20
ABI-MFP Residential Services	2 location(s) 6 audit (s)			Full Review	20 / 20
Placement Services	1 location(s) 1 audit (s)			Full Review	20 / 20
Individual Home Supports	1 location(s) 1 audit (s)			Full Review	11 / 12
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

**Survey scope and findings for Employment and Day Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Employment and Day Supports</b>	2 location(s) 11 audit (s)	Full Review	54/59 2 Year License 09/17/2025 - 09/17/2027		37 / 42 Certified 09/17/2025 - 09/17/2027
Community Based Day Services	1 location(s) 6 audit (s)			Full Review	14 / 15
Employment Support Services	1 location(s) 5 audit (s)			Full Review	17 / 21
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

## **EXECUTIVE SUMMARY :**

Eliot Community Human Services (ECHS) was originally founded in 1958 as a child guidance institute. Over the following decades, ECHS expanded its scope of services through relationships with the Department of Youth Services (DYS) and the Department of Children and Families (DCF). The agency has continued to expand the services provided to include residential and day services for individuals with mental health challenges, as well as individuals with developmental disabilities. In the Developmental Disability and Acquired 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 or Acquired Brain Injury.

The scope of this survey conducted by the Office of Quality Enhancement (OQE) was a full licensing and certification review of ECHS's Residential an Individual Home Supports Services Grouping and its Employment and Day Supports Service Grouping.

At the organizational level, the survey revealed a robust system of quality management initiatives informed by data collection and analysis of systemic patterns and trends. The agency utilized several artifacts, such as the results of annual stakeholder surveys, as well as the compilation of individuals' direct feedback on staff performance, to inform service improvement efforts. Also, the agency had an effective staff training system that ensured that its staff received all mandated trainings, which were tracked in the agency database.

Within the agency's residential programs, various positive practices were noted in several domains. With regard to safety, individuals were being evacuated within the requisite timeframe, fire drills were being conducted at required intervals and homes were clean and well maintained. Within the domain of medical care, staff were knowledgeable about the implementation of individualized medical protocols. In most instances, physical exams, annual dental visits and treatment for episodic health conditions occurred in a timely manner. Across the Residential Service Grouping, agency staff exhibited a high level of understanding of the individuals' unique support needs and preferences. Support staff knew individuals well, including how to use their assistive technology and medical devices. Surveyors noted the overall focus on healthy dietary options in most homes, as evidenced by the utilization of in-house nutritionists, who tailored recommended menus according to individualized preferences and dietary recommendations. Individuals had also planted and tended vegetable gardens, which fostered not only healthier eating habits, but also encouraged a sense of community in working toward a common goal within the households.

In the certification realm, staff provided support and guidance to expand on social skills and develop community connections according to individualized interests. For instance, in one home, individuals expressed an interest in artistic endeavors, such as painting and working with beads. Staff had worked toward connecting these individuals to participate in local art shows and sales events. Also, many of the individuals in this home expressed a desire to attend religious services. Staff were facilitating transportation to church services and events, and individuals reported that they felt part of the local faith community of their choosing.

Within the agency's Employment and Day Supports program, positive findings were noted in several areas. The day program location was found to be clean, in good repair and water temperatures were within the required range. Surveyors saw various examples of person-centered support in action, including tailoring daily schedules to align with individuals' choices. Each individual had completed an interest survey, as well as a CBDS Resource Inventory and Vocational assessment, while monthly activity calendars provided several community participation opportunities, including visits to the Museum of Fine Arts, volunteerism with Meals on Wheels and outings to local stores and the library.

Some areas of need were identified during the survey process. On an organizational level, the agency needs to ensure that the Human Rights Committee conducts regular meetings at the intervals

outlined in the by-laws and in compliance with DDS regulatory requirements; members with the requisite expertise must also regularly attend the meetings. In addition, the agency needs to improve its systems related to the timely submission of DDS-required documentation in HCSIS to ensure that incident reports are submitted and reviewed within the required timelines and that ISP documentation is completed in preparation for the ISP.

Within the Residential programs, the agency needs to place an increased focus on updating the health care records in HCSIS with pertinent information in a timely manner, as well as ensuring that emergency fact sheets contain all required components. In the financial realm, financial management plans need to contain required content, and the agency needs to obtain agreement; practices identified in plans should be accurately followed and the agency must ensure that all expenditures are accurately tracked. In the area of health care, the agency needs to ensure individuals receive routine preventive screenings and that all specialty appointments and tests occur as ordered. Within the Human Rights arena, when environmental restrictions are in place for one person, notice of this restriction to those individuals impacted by the restrictions is required to ensure their rights are not unduly affected. The agency should also direct its attention to monitoring hot water temperatures and ensure that all inspections have occurred. In the Certification realm, the agency needs to ensure that individuals are afforded the opportunity to provide feedback on staff that support them both at the time of hire and on an ongoing basis.

Within Employment and Day Supports Services, areas for the agency to further strengthen include ensuring that for individuals working competitively, career planning includes the sharing of information surrounding benefits analysis, that individuals understand their rights as employees, and that employment planning includes thoughtful plans for fading job coaching supports over time.

Within Residential and Individual Home Supports, the agency met 80% of all licensing indicators, including all critical indicators, and met 97% of the certification indicators reviewed. As a result, the agency will receive a Two-Year License and is Certified for its Residential and Individual Home Supports service group. OQE will conduct a follow-up review within 60 days of the Service Enhancement Meeting (SEM) on all licensing indicators rated as Not Met.

Within the Employment and Day Supports service group, the agency met 92% of all licensing indicators, including all critical indicators, and met 88% 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 service group. Follow-up on the licensing indicators rated not met in the Employment and Day Supports service group will be conducted by the agency and reported to OQE within 60 days of the SEM.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	7/8	1/8	
<b>Residential and Individual Home Supports</b>	60/76	16/76	
Residential Services Individual Home Supports Placement Services ABI-MFP Residential Services			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	67/84	17/84	80%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		17	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	7/8	1/8	
<b>Employment and Day Supports</b>	47/51	4/51	
Employment Support Services Community Based Day Services			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	54/59	5/59	92%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		5	

### **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 (HRC) did not have a member with legal expertise regularly attend the meetings. In addition, meetings were not being held at quarterly intervals as outlined in the by-laws and as required by regulation. The agency needs to ensure that its HRC is fully constituted with all members with requisite expertise regularly participating in meetings, and meetings need to be held at least quarterly in accordance with regulatory requirements.

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

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	Five of thirteen emergency fact sheets were missing required information. The agency needs to ensure that all emergency fact sheets contain all of the required information.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At two of five locations the water temperatures were not within the required 110 and 120 degrees Fahrenheit range. The agency needs to ensure for every site hot water is delivered between 110 and 120 degrees.
L35	Individuals receive routine preventive screenings.	Three of eleven individuals had not received some of the recommended health screenings. The agency needs to ensure that its staff review recommendations outlined in the DDS Adult Screening Checklist with the individuals' healthcare providers to ensure that individuals are supported to receive these screenings.
L36	Recommended tests and appointments with specialists are made and kept.	For six of twelve individuals, recommended tests or appointments with specialists were not completed. The agency needs to ensure that all recommended tests and appointments are conducted as ordered and occur within a reasonable time frame.
L39	Special dietary requirements are followed.	For one out of three individuals, staff were not knowledgeable concerning the individual's specialized diet, and the specialized diet was not being consistently followed.
L43	The health care record is maintained and updated as required.	Five of twelve health care records had not been updated when significant changes occurred. The agency needs to ensure health care records are updated when significant changes occur throughout the year in accordance with current DDS definitions. The agency must also ensure the Health Care Record contains all the needed information in accordance with regulations and is updated at the time of the ISP.
L56	Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.	For four out of five individuals, restrictive practices for one individual that affected others did not have all the required components, including a mitigation plan and notifying the individuals for whom the restriction was not necessary and/or their guardians that the restriction was present. The agency needs to ensure that all restrictive practices have the required written rationale, approvals, mitigation plans, and that individuals for whom the restriction is not necessary and their guardians are informed of the presence of the restriction.
L64	Medication treatment plans are reviewed by the required groups.	For three of twelve individuals prescribed behavior modifying medications, medication treatment plans had not been submitted to the ISP team for review as required. The agency needs to ensure that plans are submitted into HCSIS for inclusion in the ISP.

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

Indicator #	Indicator	Area Needing Improvement
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For five of nine individuals, money management plans either did not contain all of the required components, or agreement to the plans was missing. The agency needs to ensure that financial management plans are in place whenever the agency holds an individual's funds, and that agreement to these plans is obtained.
L69	Individual expenditures are documented and tracked.	For two of six individuals, some deposits and/or expenditures were not documented and tracked. The agency needs to ensure that personal funds are tracked and audited per the agency financial policy.
L71	Individuals are notified of their appeal rights for their charges for care.	For five of ten individuals, the charges for care notice with appeal rights was not sent to the guardians. The agency needs to ensure that the charges for care notice is sent to all required parties.
L78	Staff are trained to safely and consistently implement restrictive interventions.	At one location, staff were not trained in the restrictive intervention in the home. The agency needs to ensure that all staff are trained in all restrictions.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For eight out of twelve individuals, ISP assessments were not submitted at least 15 days prior to the ISP meeting. The agency needs to ensure that all required assessments are completed and submitted within the mandated timelines.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For six out of twelve individuals, ISP support strategies were not submitted at least 15 days prior to the ISP. The agency needs to ensure that all required goals and objectives are submitted within required timelines.
L89	The provider has a complaint and resolution process that is effectively implemented at the local level.	One ABI program did not have a complaint log to record complaints and their resolution. The agency needs to ensure that each ABI 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 ABI complaint resolution policy.
L91	Incidents are reported and reviewed as mandated by regulation.	At three of six locations, there were incident reports that were not submitted or finalized within the required timeframes. The agency needs to ensure all incidents are reported and reports are reviewed within the required timelines, based on incident classification.

**Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L8	Emergency fact sheets are current and accurate and available on site.	Four of eleven emergency fact sheets were missing required information. The agency needs to ensure that all emergency fact sheets contain all of the required information.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For two out of six individuals, ISP assessments were not submitted at least 15 days prior to the ISP meeting. The agency needs to ensure that all required assessments are completed and submitted within the mandated timelines.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For three out of six individuals, ISP support strategies were not submitted at least 15 days prior to the ISP. The agency needs to ensure that all required goals and objectives are submitted within required timelines.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Four of eleven individuals had not been thoroughly assessed in the area of Assistive Technology (AT) to determine if they would benefit from the addition of AT to increase their level of independence. The agency needs to ensure all individuals are fully assessed in this area. The agency also needs to ensure that when an assessment identifies areas of need, each individual is then supported to obtain and use the identified AT.

## CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	<b>6/6</b>	<b>0/6</b>	
<b>Residential and Individual Home Supports</b>	<b>70/72</b>	<b>2/72</b>	
Placement Services	20/20	0/20	
ABI-MFP Residential Services	20/20	0/20	
Individual Home Supports	11/12	1/12	
Residential Services	19/20	1/20	
<b>Total</b>	<b>76/78</b>	<b>2/78</b>	<b>97%</b>
<b>Certified</b>			

	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	<b>6/6</b>	<b>0/6</b>	
<b>Employment and Day Supports</b>	<b>31/36</b>	<b>5/36</b>	
Community Based Day Services	14/15	1/15	
Employment Support Services	17/21	4/21	
<b>Total</b>	<b>37/42</b>	<b>5/42</b>	<b>88%</b>
<b>Certified</b>			

### Individual Home Supports- 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.	The individual did not have the opportunity to provide feedback on an ongoing basis on the performance of staff that support him. The agency needs to ensure individuals are provided the opportunity to provide feedback at the time of hire and on an ongoing basis on the staff that support them.

**Individual Home Supports- Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
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.	Two of five individuals did not have the opportunity to provide feedback on an ongoing basis on the performance of staff that support them. The agency needs to ensure individuals are provided the opportunity to provide feedback at the time of hire and on an ongoing basis on the staff that support them.

**Community Based Day Services- Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C39 (07/21)	There is a plan developed to identify job goals and support needs that would lead to movement into supported employment.	Three of six individuals did not have a written plan developed to identify job goals and the supports needed that would lead to movement into supported employment. The agency needs to ensure that for all individuals not of retirement age, there is a plan identifying their job goals and listing the supports needed to move into supported employment.
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.	For two individuals, career planning did not include an analysis of how entitlements should be managed. The agency needs to ensure that analysis is provided, or that individuals are referred to outside agencies that provide this service.
C28	Staff maintain and develop relationships with local businesses in order to facilitate job development opportunities.	At one location staff were not maintaining or developing relationships with local businesses in order to facilitate job development opportunities. The agency needs to ensure staff are actively maintaining current relationships, as well as developing new relationships with local businesses to create additional job opportunities.

**Community Based Day Services- Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C34	The agency provides the optimal level of support to promote success with a specific plan for minimizing supports.	The four individuals surveyed did not have a plan for minimizing support as they become more proficient or independent in their positions. The agency needs to ensure that individuals have a plan for fading support and conduct regular assessments to determine when support can be faded.
C35	Individuals are given feedback on job performance by their employer.	For two individuals, feedback was not provided by their respective employers. The agency needs to ensure that feedback is provided by the employers, and not only by the agency.

## MASTER SCORE SHEET LICENSURE

Organizational: ELIOT COMMUNITY HUMAN SERVICES

<b>Indicator #</b>	<b>Indicator</b>	<b>Met/Rated</b>	<b>Rating(Met,Not Met,NotRated)</b>
Ⓜ L2	Abuse/neglect reporting	<b>12/12</b>	<b>Met</b>
L3	Immediate Action	<b>12/15</b>	<b>Met(80.0 % )</b>
L4	Action taken	<b>12/15</b>	<b>Met(80.0 % )</b>
L48	HRC	<b>0/1</b>	<b>Not Met(0 % )</b>
L74	Screen employees	<b>4/4</b>	<b>Met</b>
L75	Qualified staff	<b>2/2</b>	<b>Met</b>
L76	Track trainings	<b>14/14</b>	<b>Met</b>
L83	HR training	<b>14/14</b>	<b>Met</b>

**Residential and Individual Home Supports:**

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	5/5	1/1	1/1		6/6		13/13	Met
L5	Safety Plan	L	1/2		1/1		2/2		4/5	Met (80.0%)
℞ L6	Evacuation	L	2/2		1/1		2/2		5/5	Met
L7	Fire Drills	L	1/2				2/2		3/4	Met
L8	Emergency Fact Sheets	I	0/5	1/1	1/1		6/6		8/13	Not Met (61.54%)
L9 (07/21)	Safe use of equipment	I	5/5	1/1			6/6		12/12	Met
L10	Reduce risk interventions	I	2/2				3/3		5/5	Met
℞ L11	Required inspections	L	1/2		1/1		2/2		4/5	Met (80.0%)
℞ L12	Smoke detectors	L	2/2		1/1		2/2		5/5	Met
℞ L13	Clean location	L	2/2		1/1		2/2		5/5	Met
L14	Site in good repair	L	2/2		1/1		2/2		5/5	Met
L15	Hot water	L	2/2		1/1		0/2		3/5	Not Met (60.0%)
L16	Accessibility	L	2/2		1/1		2/2		5/5	Met
L17	Egress at grade	L	2/2		1/1		2/2		5/5	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L18	Above grade egress	L	1/1		1/1				2/2	Met
L19	Bedroom location	L	1/1		1/1		2/2		4/4	Met
L20	Exit doors	L	2/2				2/2		4/4	Met
L21	Safe electrical equipment	L	2/2		1/1		2/2		5/5	Met
L22	Well-maintained appliances	L	2/2		1/1		2/2		5/5	Met
L23	Egress door locks	L	2/2				2/2		4/4	Met
L24	Locked door access	L	2/2		1/1		2/2		5/5	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				2/2		4/4	Met
L29	Rubbish/combustibles	L	2/2		1/1		2/2		5/5	Met
L30	Protective railings	L	2/2		1/1		2/2		5/5	Met
L31	Communication method	I	4/5	1/1	1/1		6/6		12/13	Met (92.31%)
L32	Verbal & written	I	5/5	1/1	1/1		6/6		13/13	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L33	Physical exam	I	5/5		1/1		6/6		12/12	Met
L34	Dental exam	I	5/5		1/1		6/6		12/12	Met
L35	Preventive screenings	I	3/5				5/6		8/11	Not Met (72.73%)
L36	Recommended tests	I	1/5		1/1		4/6		6/12	Not Met (50.0%)
L37	Prompt treatment	I	5/5	1/1	1/1		6/6		13/13	Met
℞ L38	Physician's orders	I	5/5		1/1		6/6		12/12	Met
L39	Dietary requirements	I	0/1				2/2		2/3	Not Met (66.67%)
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	1/1		2/2		6/6	Met
L43	Health Care Record	I	3/5		1/1		3/6		7/12	Not Met (58.33%)
L44	MAP registration	L	2/2				2/2		4/4	Met
L45	Medication storage	L	2/2				2/2		4/4	Met
℞ L46	Med. Administration	I	5/5				5/6		10/11	Met (90.91%)
L49	Informed of human rights	I	5/5	1/1	1/1		6/6		13/13	Met
L50 (07/21)	Respectful Comm.	I	5/5	1/1	1/1		6/6		13/13	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L51	Possessions	I	5/5	1/1	1/1		6/6		13/13	Met
L52	Phone calls	I	5/5	1/1	1/1		6/6		13/13	Met
L53	Visitation	I	5/5	1/1	1/1		6/6		13/13	Met
L54 (07/21)	Privacy	I	5/5	1/1	1/1		6/6		13/13	Met
L55	Informed consent	I	2/2				1/1		3/3	Met
L56	Restrictive practices	I	0/2				1/3		1/5	Not Met (20.0%)
L61	Health protection in ISP	I	3/3				5/5		8/8	Met
L62	Health protection review	I	2/2				2/2		4/4	Met
L63	Med. treatment plan form	I	3/5		1/1		6/6		10/12	Met (83.33%)
L64	Med. treatment plan rev.	I	2/5		1/1		6/6		9/12	Not Met (75.00%)
L67	Money mgmt. plan	I	0/5				4/4		4/9	Not Met (44.44%)
L68	Funds expenditure	I	5/5				2/2		7/7	Met
L69	Expenditure tracking	I	3/5				1/1		4/6	Not Met (66.67%)
L70	Charges for care calc.	I	5/5				4/5		9/10	Met (90.0%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L71	Charges for care appeal	I	1/5				4/5		5/10	Not Met (50.0 %)
L77	Unique needs training	I	5/5	1/1	1/1		6/6		13/13	Met
L78	Restrictive Int. Training	L					0/1		0/1	Not Met (0 %)
L80	Symptoms of illness	L	1/2	1/1	1/1		2/2		5/6	Met (83.33 %)
L81	Medical emergency	L	2/2	1/1	1/1		2/2		6/6	Met
L82	Medication admin.	L	2/2				2/2		4/4	Met
L84	Health protect. Training	I	4/4				5/5		9/9	Met
L85	Supervision	L	2/2	1/1	1/1		2/2		6/6	Met
L86	Required assessments	I	1/5		0/1		3/6		4/12	Not Met (33.33 %)
L87	Support strategies	I	2/5		1/1		3/6		6/12	Not Met (50.0 %)
L88	Strategies implemented	I	2/4	1/1	1/1		6/6		10/12	Met (83.33 %)
L89	Complaint and resolution process	L					1/2		1/2	Not Met (50.0 %)
L90	Personal space/bedroom privacy	I	4/5		1/1		6/6		11/12	Met (91.67 %)

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L91	Incident management	L	1/2	1/1	1/1		0/2		3/6	Not Met (50.0%)
L93 (05/22)	Emergency back-up plans	I	5/5	1/1	1/1		6/6		13/13	Met
L94 (05/22)	Assistive technology	I	4/5		1/1		5/6		10/12	Met (83.33%)
L96 (05/22)	Staff training in devices and applications	I	4/4		1/1		4/4		9/9	Met
L99 (05/22)	Medical monitoring devices	I	2/2						2/2	Met
<b>#Std. Met/# 76 Indicator</b>									<b>60/76</b>	
<b>Total Score</b>									<b>67/84</b>	
									<b>79.76%</b>	

**Employment and Day Supports:**

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	5/5		6/6	11/11	Met
L5	Safety Plan	L			1/1	1/1	Met
L6	Evacuation	L			1/1	1/1	Met
L7	Fire Drills	L			1/1	1/1	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L8	Emergency Fact Sheets	I	3/5		4/6	7/11	<b>Not Met (63.64 %)</b>
L9 (07/21)	Safe use of equipment	I	5/5		6/6	11/11	<b>Met</b>
℞ L11	Required inspections	L			1/1	1/1	<b>Met</b>
℞ L12	Smoke detectors	L			1/1	1/1	<b>Met</b>
℞ L13	Clean location	L			1/1	1/1	<b>Met</b>
L14	Site in good repair	L			1/1	1/1	<b>Met</b>
L15	Hot water	L			1/1	1/1	<b>Met</b>
L16	Accessibility	L			1/1	1/1	<b>Met</b>
L17	Egress at grade	L			1/1	1/1	<b>Met</b>
L18	Above grade egress	L			1/1	1/1	<b>Met</b>
L20	Exit doors	L			1/1	1/1	<b>Met</b>
L21	Safe electrical equipment	L			1/1	1/1	<b>Met</b>
L22	Well-maintained appliances	L			1/1	1/1	<b>Met</b>
L25	Dangerous substances	L			1/1	1/1	<b>Met</b>
L26	Walkway safety	L			1/1	1/1	<b>Met</b>
L28	Flammables	L			1/1	1/1	<b>Met</b>
L29	Rubbish/combustibles	L			1/1	1/1	<b>Met</b>
L30	Protective railings	L			1/1	1/1	<b>Met</b>
L31	Communication method	I	5/5		6/6	11/11	<b>Met</b>
L32	Verbal & written	I	5/5		6/6	11/11	<b>Met</b>
L37	Prompt treatment	I	5/5		6/6	11/11	<b>Met</b>
℞ L38	Physician's orders	I	1/1			1/1	<b>Met</b>

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Individ.</b>	<b>Emp. Sup.</b>	<b>Cent. Based Work</b>	<b>Com. Based Day</b>	<b>Total Met / Rated</b>	<b>Rating</b>
L39	Dietary requirements	I	3/3		1/1	4/4	Met
L44	MAP registration	L			1/1	1/1	Met
L45	Medication storage	L			1/1	1/1	Met
Ⓡ L46	Med. Administration	I			1/1	1/1	Met
L49	Informed of human rights	I	5/5		6/6	11/11	Met
L50 (07/21)	Respectful Comm.	I	5/5		6/6	11/11	Met
L51	Possessions	I	5/5		6/6	11/11	Met
L52	Phone calls	I	5/5		6/6	11/11	Met
L54 (07/21)	Privacy	I	5/5		6/6	11/11	Met
L63	Med. treatment plan form	I			1/1	1/1	Met
L64	Med. treatment plan rev.	I			1/1	1/1	Met
L72	DOL requirements	I	1/1			1/1	Met
L77	Unique needs training	I	5/5		6/6	11/11	Met
L79	Restraint training	L			1/1	1/1	Met
L80	Symptoms of illness	L	1/1		1/1	2/2	Met
L81	Medical emergency	L	1/1		1/1	2/2	Met
Ⓡ L82	Medication admin.	L			1/1	1/1	Met
L85	Supervision	L	1/1		1/1	2/2	Met
L86	Required assessments	I	0/1		4/5	4/6	Not Met (66.67 %)
L87	Support strategies	I	0/1		3/5	3/6	Not Met (50.0 %)
L88	Strategies implemented	I	4/4		6/6	10/10	Met
L91	Incident management	L			1/1	1/1	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L93 (05/22)	Emergency back-up plans	I	5/5		6/6	11/11	Met
L94 (05/22)	Assistive technology	I	5/5		3/6	8/11	Not Met (72.73 %)
L96 (05/22)	Staff training in devices and applications	I	1/1			1/1	Met
<b>#Std. Met/# 51 Indicator</b>						47/51	
<b>Total Score</b>						54/59	
						91.53%	

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

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

### Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/5	Not Met (60.0 %)
C8	Family/guardian communication	5/5	Met
C9	Personal relationships	5/5	Met
C10	Social skill development	5/5	Met
C11	Get together w/family & friends	5/5	Met
C12	Intimacy	5/5	Met
C13	Skills to maximize independence	5/5	Met

### Residential Services

Indicator #	Indicator	Met/Rated	Rating
C14	Choices in routines & schedules	5/5	Met
C15	Personalize living space	2/2	Met
C16	Explore interests	5/5	Met
C17	Community activities	5/5	Met
C18	Purchase personal belongings	5/5	Met
C19	Knowledgeable decisions	5/5	Met
C46	Use of generic resources	5/5	Met
C47	Transportation to/ from community	5/5	Met
C48	Neighborhood connections	5/5	Met
C49	Physical setting is consistent	2/2	Met
C51	Ongoing satisfaction with services/ supports	5/5	Met
C52	Leisure activities and free-time choices /control	5/5	Met
C53	Food/ dining choices	5/5	Met

### ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	6/6	Met
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	6/6	Met
C10	Social skill development	6/6	Met
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	4/5	Met (80.0 %)
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	6/6	Met
C17	Community activities	6/6	Met
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met
C46	Use of generic resources	6/6	Met

### ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
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

### 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	1/1	Met
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
C18	Purchase personal belongings	1/1	Met
C19	Knowledgeable decisions	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

### Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/1	<b>Not Met (0 %)</b>
C8	Family/guardian communication	1/1	<b>Met</b>
C10	Social skill development	1/1	<b>Met</b>
C13	Skills to maximize independence	1/1	<b>Met</b>
C16	Explore interests	1/1	<b>Met</b>
C17	Community activities	1/1	<b>Met</b>
C19	Knowledgeable decisions	1/1	<b>Met</b>
C46	Use of generic resources	1/1	<b>Met</b>
C47	Transportation to/ from community	1/1	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	1/1	<b>Met</b>
C52	Leisure activities and free-time choices /control	1/1	<b>Met</b>
C53	Food/ dining choices	1/1	<b>Met</b>

### Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	6/6	<b>Met</b>
C8	Family/guardian communication	6/6	<b>Met</b>
C13	Skills to maximize independence	6/6	<b>Met</b>
C37	Interpersonal skills for work	6/6	<b>Met</b>
C38 (07/21)	Habilitative & behavioral goals	6/6	<b>Met</b>
C39 (07/21)	Support needs for employment	3/6	<b>Not Met (50.0 %)</b>
C40	Community involvement interest	6/6	<b>Met</b>
C41	Activities participation	6/6	<b>Met</b>
C42	Connection to others	6/6	<b>Met</b>
C43	Maintain & enhance relationship	6/6	<b>Met</b>
C44	Job exploration	6/6	<b>Met</b>
C45	Revisit decisions	6/6	<b>Met</b>
C46	Use of generic resources	6/6	<b>Met</b>
C47	Transportation to/ from community	6/6	<b>Met</b>

### Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C51	Ongoing satisfaction with services/ supports	6/6	<b>Met</b>

### Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	4/5	<b>Met (80.0 %)</b>
C8	Family/guardian communication	5/5	<b>Met</b>
C22	Explore job interests	1/1	<b>Met</b>
C23	Assess skills & training needs	1/1	<b>Met</b>
C24	Job goals & support needs plan	1/1	<b>Met</b>
C25	Skill development	1/1	<b>Met</b>
C26	Benefits analysis	1/3	<b>Not Met (33.33 %)</b>
C27	Job benefit education	1/1	<b>Met</b>
C28	Relationships w/businesses	0/1	<b>Not Met (0 %)</b>
C29	Support to obtain employment	1/1	<b>Met</b>
C30	Work in integrated settings	4/4	<b>Met</b>
C31	Job accommodations	3/3	<b>Met</b>
C32	At least minimum wages earned	5/5	<b>Met</b>
C33	Employee benefits explained	3/4	<b>Met</b>
C34	Support to promote success	0/4	<b>Not Met (0 %)</b>
C35	Feedback on job performance	3/5	<b>Not Met (60.0 %)</b>
C36	Supports to enhance retention	4/4	<b>Met</b>
C37	Interpersonal skills for work	3/3	<b>Met</b>
C47	Transportation to/ from community	5/5	<b>Met</b>
C50	Involvement/ part of the Workplace culture	4/4	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	5/5	<b>Met</b>