**PROVIDER REPORT
FOR**

**FIDELITY HOUSE
439 S. Union Street
Ste. 401 Lawrence, MA 01843**

July 16, 2021

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	FIDELITY HOUSE
Review Dates	5/18/2021 - 5/25/2021
Service Enhancement Meeting Date	6/9/2021
Survey Team	Meagan Caccioppoli
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Citizen Volunteers	

Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	17 location (s) 19 audit (s)	Full Review	75/86 2 Year License 06/09/2021 - 06/09/2023		104 / 113 Certified 06/09/2021 - 06/09/2023
Residential Services	6 location(s) 6 audit (s)			Full Review	21 / 22
ABI-MFP Residential Services	2 location(s) 4 audit (s)			Full Review	22 / 22
Placement Services	6 location(s) 6 audit (s)			Full Review	20 / 22
ABI-MFP Placement Services	2 location(s) 2 audit (s)			Full Review	18 / 20
Individual Home Supports	1 location(s) 1 audit (s)			Full Review	21 / 21
Planning and Quality Management (For all service groupings)				Full Review	2 / 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) 6 audit (s)	Full Review	46/47 2 Year License 06/09/2021 - 06/09/2023		38 / 42 Certified 06/09/2021 - 06/09/2023
Community Based Day Services	1 location(s) 3 audit (s)			Full Review	14 / 14
Employment Support Services	1 location(s) 3 audit (s)			Full Review	22 / 22
Planning and Quality Management (For all service groupings)				Full Review	2 / 6

EXECUTIVE SUMMARY :

Fidelity House is a multi-service agency providing supports to adults with disabilities living in the Northeast region of Massachusetts. In 2019, Fidelity House, Inc. and Career Resources Center (CRC) merged into one organization. Residential supports include 24-hour Residential, Individual Home Supports (I H S), Shared Living/Placement services, and 24-hour ABI/MFP Residential and ABI Shared Living/Placement. Day supports include Community Based Day Supports (CBDS) and Employment Supports

The scope of this survey conducted by the Office of Quality Enhancement (OQE) was a full licensing and certification review of its Residential Services grouping and its CBDS and Employment service Grouping. This survey was conducted through WebEx, document exchanged and virtual video conferencing interviews and environmental reviews.

In the licensing area, the survey identified several accomplishments on the part of the agency which resulted in positive outcomes for individuals served. At an organizational level, the agency's commitment to human rights and dignity was an overall strength. The agency has an active and effective Human Rights Committee (HRC). Monthly minutes demonstrated the HRC was fully constituted with all required members and full attendance, by-laws, and quorum requirements were in place. Individuals received annual human rights trainings, and in most instances the guardians had been notified of Human Rights, and of the Human Rights Officers and to whom they should contact with complaints or grievances. The agency had an effective staff training system that ensured that its staff received all mandated trainings.

Residentially and within the domain of environmental safety, the homes were found to be clean, safe and well-maintained. The agency had implemented effective maintenance safety measures and systems to ensure that fire drills were occurring, safety plans were updated to reflect current evacuation procedures, and hot water temperatures were well within the acceptable range. Staff were supporting individuals to accomplish their identified ISP goals and were tracking progress on agreed upon objectives. In addition, the agency was meeting timelines for incident reporting and submission of ISP assessments and support strategies.

Another positive outcome was noted regarding the agency's support of individuals to improve their health by following healthy diets and engaging in physical activity. For example, in one home, the individual was working on his ISP goal of learning to cook healthy meals incorporating cultural influences from Puerto Rico and Guatemala. In another home, staff were supporting an individual who had been in a wheelchair to regain her strength and mobility by ensuring that she received her physical therapy twice per week, even during the pandemic. The agency had also recognized that she would be better served by moving into a home with more room to exercise and practice her mobility skills.

In the certification realm, homes were decorated to the liking of the residents and individuals were observed to have choices in such things as their personal and household schedules, as well as what and where and with whom they would like to eat. The agency has also focused its efforts on supporting relationships with friends and family throughout the pandemic through daily phone calls, video chats and other opportunities for social connection. For example, in one location, staff arranged to have individuals meet up safely outdoors in a local park and assisted residents to plan an outdoor Cinco de Mayo party.

Fidelity House's Day supports and Employment services had safeguard systems which were effective across licensing domains, including personal and environmental safety, human rights, and respectful communication. Individuals with CBDS supports were supported to stay virtually engaged in programming during the pandemic. Individuals typically had four to five session options each day to choose from based on interests. Individuals could participate in as many or as few sessions as they

desired. The agency put together kits containing the items necessary to participate and fully benefit from the virtual sessions. Materials in the kit were dependent on the programming offered for that week and each schedule indicated what was delivered to their homes and what to bring to each session with an asterisk. For example, one week included paints, wooden items to build and paint as well as activity packets based on the theme of the week. Another week focused on cooking so the delivered kits included the ingredients needed to cook.

Individuals supported by the agency's employment program faced unexpected changes in their employment status from temporary layoffs related to changes in the employer's ability to maintain full operations to permanent layoffs for those individuals whose employer went out of business. For those eligible and interested individuals whose employment ended due to employer closure, the agency supported them using Zoom meetings and telephone communications throughout the entire process from layoff to the filing for unemployment benefits. For those who desired to continue working, they were also supported similarly and located alternative temporary employment positions.

Organizationally, while the agency has successfully solicited and utilized input from the individuals, families, and other stakeholders regarding satisfaction with services and formulated a strategic plan, the agency needs to increase its focus on developing and implementing a full strategic plan with objectives to increase program/ service quality. Specifically, the agency needs to ensure that its systems for collecting internal data are comprehensive and that there is a mechanism in place to analyze data collected to identify patterns or trends. For example, although the agency has 4 medical model homes as well as medically complex ABI-MFP residences, there is minimal and sometimes inaccurate data being collected regarding medical care to ensure the identification of areas in need of improvement. In addition, the agency would benefit from implementing measurable benchmarks in its strategic planning effort to address themes identified by stakeholder satisfaction surveys and to adequately evaluate progress and the need for mid-course corrections.

There were several areas requiring further attention identified in the agency's residential services. Fidelity House would benefit from enhancing its systems to ensure that behavior modifying medication treatment plans include all required components, including data collection on observable behaviors and outlining a viable process to reduce the need for the medication in collaboration with the prescriber and the clinical support team. In addition, the agency needs to place increased focus on its oversight systems to ensure that physician's orders are in place for all medications, that individuals' medication regimens are accurately administered, and that when medication regimens are changed, documentation such as the Health Care Record is updated accordingly. The agency would benefit from a review of its systems relative to funds management to ensure there is a funds management plan with a training component in place, as well as an accurate tracking of funds when the agency has shared or delegated money management responsibility. Lastly, while mandated trainings were in place, the agency needs to place a greater emphasis on ensuring that the staff are knowledgeable and familiar with all the unique needs, interests and treatment plans for the individuals served as many staff were not knowledgeable with regard to the unique needs and interests of the individuals they support. Specifically, within the ABI-MFP service type, all support staff should be trained on Acquired Brain Injury and be familiar with the required complaint and resolution process. The agency needs to implement a system of supervision for adequate oversight and staff development in these areas.

In the certification realm, staff were not always knowledgeable regarding individuals' support needs and the provision of resources relative to intimacy and companionship, as well as assistive technology, as the individuals' needs and interests were not always known or thoroughly assessed. In addition, in its placement services, the agency would benefit from implementing a system for obtaining ongoing feedback from individuals on the performance of staff who support them.

As a result of the survey, within the Residential service grouping, Fidelity House received a met rating in 87% of licensing indicators, inclusive of all critical indicators. The service also received a rating of met in 92% of certification indicators reviewed. As a result, the agency will receive a Two-Year

License and is Certified for its Residential Service Grouping. Within the Employment and Day Supports program, the agency met 98% of all licensing indicators, including all critical indicators, and met 90% 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 Grouping. Follow-up on the residential licensing indicators rated not met will be conducted by OQE, and the agency will conduct their own follow-up for licensure indicators rated not met at the employment/ day services within 60 days of the Service Enhancement Meeting.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Residential and Individual Home Supports	65/76	11/76	

ABI-MFP Residential Services
   Placement Services
   ABI-MFP Placement Services
   Individual Home Supports
   Residential Services			

Critical Indicators	8/8	0/8	
Total	75/86	11/86	87%
2 Year License			
# indicators for 60 Day Follow-up		11	

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Employment and Day Supports	36/37	1/37	
Community Based Day Services Employment Support Services			
Critical Indicators	5/5	0/5	
Total	46/47	1/47	98%
2 Year License			
# indicators for 60 Day Follow-up		1	

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

Indicator #	Indicator	Area Needing Improvement
L10	The provider implements interventions to reduce risk for individuals whose behaviors may pose a risk to themselves or others.	In one location, data sheets noted that the individual had been hitting and aggressing on housemates with frequency over the past year. The incidents were not reported and the data sheets fail to indicate whom was assaulted or a narrative of the occurrence. The behavior guidelines addressed interventions to prevent/reduce assault but the interventions were not updated when they were shown to be unsuccessful. The agency needs to ensure interventions are implemented that reduce risk when an individual's behaviors pose a risk to themselves or others.
L27	If applicable, swimming pools and other bodies of water are safe and secure according to policy.	In one location where there was a swimming pool, the individual had not been assessed for swimming skills. The agency needs to ensure that individuals are able to safely use all bodies of water in accordance with its water safety policy.

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

Indicator #	Indicator	Area Needing Improvement
L43	The health care record is maintained and updated as required.	At 5 locations Health Care Records had not been updated to reflect new vaccinations, current healthcare providers, current medications and/or current diagnosis. The agency needs to ensure Healthcare records are updated at the ISP as well as within 30 days of a significant health care event.
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 one location the restriction plan around locked cabinets, fridges, and food did not contain a mitigation plan. The agency needs to ensure restriction plans have a written rationale, are reviewed as required, and contain provisions so as not to unduly restrict the right of others.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	In one location, data was not being collected on all of the observable behaviors outlined in the behavior plan. The agency needs to ensure data are consistently and accurately recorded to determine whether the targeted behavioral interventions are effective.
L63	Medication treatment plans are in written format with required components.	Eight out of thirteen Medication Treatment Plans did not include all of d the following: baseline or historical data for course of treatment, consistent data for the treating clinician to assess the effectiveness of the plan or process to reduce or fade the need for the medication. The agency needs to ensure that medication treatment plans are written with the required components.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	The money management plans for seven individuals were missing components such as the amount of money the individual can independently hold and/or lacked a training plan designed to enhance their independence and understanding with managing their finances. The agency needs to ensure there is a written plan accompanied by a training plan for every individual for whom they have shared or delegated money management responsibility.
L69	Individual expenditures are documented and tracked.	The financial tracking sheets for five individuals demonstrated individual expenditures were not being documented and tracked as required. Receipts for purchases greater than $25.00 were not being documented and tracked. The agency needs to ensure that for every individual they have a shared or delegated money management responsibility, all expenditures are documented and tracked, and any expenditure greater than $25.00 has a receipt.

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

Indicator #	Indicator	Area Needing Improvement
L77	The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals.	In five instances, supporters had either not received or fully comprehended required training materials pertaining to the unique needs of those served, such as specific training in acquired brain injuries when working with individuals with this diagnosis. The provider needs to ensure that supporters receive and comprehend trainings pertaining to the unique needs of those they support.
L85	The agency provides ongoing supervision, oversight and staff development.	In five locations, the agency had not consistently provided adequate and ongoing monitoring of systems and oversight to identify and address systemic trends. The agency policy of quarterly supervision was not occurring in some locations, and the monthly monitoring in placement was inconsistent. The agency needs to ensure there is a monitoring and oversight system in place to identify systemic patterns and issues.
L89	The provider has a complaint and resolution process that is effectively implemented at the local level.	At three locations providing supports to individuals with acquired brain injuries, programs did not have a complaint log to record complaints and their resolution. The provider needs to ensure that each home has on site, in paper or electronic form, 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.

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

Indicator #	Indicator	Area Needing Improvement
L91	Incidents are reported and reviewed as mandated by regulation.	Not every Incident Report was finalized by the required due date. The agency needs to ensure all incident reports are generated and finalized by their required due dates.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	2/6	4/6	
Residential and Individual Home Supports	102/107	5/107	
ABI-MFP Residential Services	22/22	0/22	
ABI-MFP Placement Services	18/20	2/20	
Individual Home Supports	21/21	0/21	
Residential Services	21/22	1/22	
Placement Services	20/22	2/22	
TOTAL	104/113	9/113	92%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	2/6	4/6	
Employment and Day Supports	36/36	0/36	
Community Based Day Services	14/14	0/14	
Employment Support Services	22/22	0/22	
TOTAL	38/42	4/42	90%
Certified			

Planning and Quality Management Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C1	The provider collects data regarding program quality including but not limited to incidents, investigations, restraints, and medication occurrences.	The Provider data collection system does not include a broad range of internal data such as the quality of ISP objectives, and agency responses to medical needs. The provider needs to ensure that quality measures internal data collection occurs for all relevant quality measures for each service type provided. Data must be accurate, and broader in scope than HCSIS Incident Management data.
C2	The provider analyzes information gathered from all sources and identifies patterns and trends.	The agency has no mechanism in place to analyze data collected to identify patterns and trends. The agency needs to ensure that once data on internal quality indicators is collected, there is a mechanism to analyze the data and identify patterns and trends.

Planning and Quality Management Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C3	The provider actively solicits and utilizes input from the individuals and families regarding satisfaction with services.	Information gleaned from satisfaction surveys has not fully been utilized by the agency to inform service improvement efforts. The agency needs to ensure that not only is individual and family feedback solicited, but that this information is used to guide and inform service improvement efforts.
C5	The provider has a process to measure progress towards achieving service improvement goals.	The majority of service improvement goals are not measurable, and there is no consistent mechanism to evaluate the effectiveness of service improvement efforts, or the need for mid-course corrections. The agency needs to develop quality improvement goals that are measurable, develop strategies to address the goals, and implement consistent means by which the progress towards goals can be evaluated and revised as needed.

ABI-MFP Placement 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.	One 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 the opportunity to provide feedback at the time of hire and on an ongoing basis is afforded to every individual.
C54	Individuals have the assistive technology and/or modifications to maximize independence.	At one location it was identified that the individual would have benefited from the use of assistive technology to maximize his independence. The agency needs to ensure staff are aware of assistive technology, and develop a process to actualize AT solutions based on assessed individual needs across programs and supports.

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.	Individuals' needs and desires in the area of intimacy and companionship had not been thoroughly assessed. The agency currently uses an assessment that is very broad, and does not adequately assess people's individual specific needs and desires in this area, and did not take into consideration people's learning and communication styles. Furthermore, for each person assessed, the "Additional support is not needed at this time" box was checked off. The agency needs to ensure that all individuals are thoroughly assessed and that support provided utilizes methods and models of delivery that are consistent with the individuals' unique abilities, goals and support needs.
C54	Individuals have the assistive technology and/or modifications to maximize independence.	At two locations it was identified that the individuals would have benefited from the use of assistive technology to maximize their independence. The agency needs to ensure staff are aware of assistive technology, and develop a process to actualize assistive technology solutions for individual's assessed needs across programs and supports.

Residential Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C54	Individuals have the assistive technology and/or modifications to maximize independence.	At two locations it was identified that the individuals would have benefited from the use of assistive technology to maximize their independence The agency needs to ensure staff are aware of assistive technology, and develop a process to actualize assistive technology solutions for individual's assessed needs across programs and supports.

MASTER SCORE SHEET LICENSURE

Organizational: FIDELITY HOUSE

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	21/21	Met
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	1/1	Met
L65	Restraint report submit	3/3	Met
L66	HRC restraint review	3/3	Met
L74	Screen employees	10/10	Met
L75	Qualified staff	3/3	Met
L76	Track trainings	18/20	Met(90.0 %)
L83	HR training	20/20	Met

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	6/6	1/1	6/6		2/4	2/2	**17/19**	**Met (89.47 %)**
L5	Safety Plan	L	6/6	1/1	6/6		2/2	2/2	**17/17**	**Met**
L6	Evacuation	L	6/6	1/1	6/6		2/2	2/2	**17/17**	**Met**
L7	Fire Drills	L	6/6				1/2		**7/8**	**Met (87.50 %)**
L8	Emergency Fact Sheets	I	6/6	1/1	5/6		2/4	2/2	**16/19**	**Met (84.21 %)**
L9	Safe use of equipment	L	6/6	1/1			2/2		**9/9**	**Met**
L10	Reduce risk interventions	I	0/1						**0/1**	**Not Met (0 %)**
L11	Required inspections	L	6/6		6/6		2/2	2/2	**16/16**	**Met**
L12	Smoke detectors	L	6/6		5/6		2/2	2/2	**15/16**	**Met (93.75 %)**
L13	Clean location	L	6/6		6/6		2/2	2/2	**16/16**	**Met**
L14	Site in good repair	L	6/6		6/6		2/2	2/2	**16/16**	**Met**
L15	Hot water	L	6/6		6/6		2/2	2/2	**16/16**	**Met**
L16	Accessibility	L	6/6		6/6		2/2	2/2	**16/16**	**Met**
L17	Egress at grade	L	6/6		5/5		2/2		**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
L18	Above grade egress	L	4/4		5/5		1/1	2/2	**12/12**	**Met**
L19	Bedroom location	L	5/5				2/2		**7/7**	**Met**
L20	Exit doors	L	6/6				2/2		**8/8**	**Met**
L21	Safe electrical equipment	L	6/6		6/6		2/2	2/2	**16/16**	**Met**
L22	Well-maintained appliances	L	6/6		6/6		2/2	2/2	**16/16**	**Met**
L23	Egress door locks	L	6/6				2/2		**8/8**	**Met**
L24	Locked door access	L	6/6				2/2		**8/8**	**Met**
L25	Dangerous substances	L	6/6				2/2		**8/8**	**Met**
L26	Walkway safety	L	6/6		6/6		2/2	2/2	**16/16**	**Met**
L27	Pools, hot tubs, etc.	L			1/2				**1/2**	**Not Met (50.0 %)**
L28	Flammables	L	6/6				2/2		**8/8**	**Met**
L29	Rubbish /combustibles	L	6/6		6/6		2/2	2/2	**16/16**	**Met**
L30	Protective railings	L	6/6		6/6		2/2	2/2	**16/16**	**Met**
L31	Communication method	I	6/6	1/1	6/6		4/4	2/2	**19/19**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L32	Verbal & written	I	6/6	1/1	6/6		4/4	2/2	**19/19**	**Met**
L33	Physical exam	I	6/6	1/1	6/6		4/4	2/2	**19/19**	**Met**
L34	Dental exam	I	5/5	1/1	6/6		4/4	2/2	**18/18**	**Met**
L35	Preventive screenings	I	6/6	1/1	4/5		2/2	2/2	**15/16**	**Met (93.75 %)**
L36	Recommended tests	I	6/6	1/1	5/6		4/4	2/2	**18/19**	**Met (94.74 %)**
L37	Prompt treatment	I	6/6	1/1	6/6		3/3	2/2	**18/18**	**Met**
L38	Physician's orders	I	5/6		4/4		2/4	2/2	**13/16**	**Met (81.25 %)**
L39	Dietary requirements	I	4/4		1/1		2/2	2/2	**9/9**	**Met**
L40	Nutritional food	L	6/6	1/1			2/2		**9/9**	**Met**
L41	Healthy diet	L	6/6	1/1	5/5		2/2	2/2	**16/16**	**Met**
L42	Physical activity	L	6/6	1/1	6/6		2/2	2/2	**17/17**	**Met**
L43	Health Care Record	I	4/6	1/1	4/6		4/4	1/2	**14/19**	**Not Met (73.68 %)**
L44	MAP registration	L	6/6				2/2		**8/8**	**Met**
L45	Medication storage	L	6/6				2/2		**8/8**	**Met**
L46	Med. Administration	I	5/6		2/4		4/4	2/2	**13/16**	**Met (81.25 %)**
L47	Self medication	I	1/1		2/2		3/3		**6/6**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L49	Informed of human rights	I	6/6	0/1	5/5		3/4	2/2	**16/18**	**Met (88.89 %)**
L50	Respectful Comm.	L	6/6	1/1	6/6		2/2	2/2	**17/17**	**Met**
L51	Possessions	I	5/6	1/1	6/6		2/4	2/2	**16/19**	**Met (84.21 %)**
L52	Phone calls	I	6/6	1/1	6/6		4/4	2/2	**19/19**	**Met**
L53	Visitation	I	6/6	1/1	6/6		4/4	1/1	**18/18**	**Met**
L54	Privacy	L	6/6	1/1	6/6		2/2	2/2	**17/17**	**Met**
L55	Informed consent	I			3/3		3/3	1/1	**7/7**	**Met**
L56	Restrictive practices	I	0/1				2/2		**2/3**	**Not Met (66.67 %)**
L57	Written behavior plans	I	1/1						**1/1**	**Met**
L60	Data maintenance	I	0/1						**0/1**	**Not Met (0 %)**
L61	Health protection in ISP	I	5/5		3/3		3/3	2/2	**13/13**	**Met**
L62	Health protection review	I	5/5		1/1		3/3	2/2	**11/11**	**Met**
L63	Med. treatment plan form	I	3/6		0/3		1/2	1/2	**5/13**	**Not Met (38.46 %)**
L64	Med. treatment plan rev.	I	6/6		2/3		2/2	1/2	**11/13**	**Met (84.62 %)**

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L67	Money mgmt. plan	I	5/6	0/1	2/5		1/3	1/1	**9/16**	**Not Met (56.25 %)**
L68	Funds expenditure	I	5/6	1/1	3/5		3/3	1/1	**13/16**	**Met (81.25 %)**
L69	Expenditure tracking	I	6/6	0/1	3/5		1/3	1/1	**11/16**	**Not Met (68.75 %)**
L70	Charges for care calc.	I	6/6		5/5		3/3	2/2	**16/16**	**Met**
L71	Charges for care appeal	I	6/6		5/5		3/3	2/2	**16/16**	**Met**
L77	Unique needs training	I	6/6	1/1	5/6		1/4	1/2	**14/19**	**Not Met (73.68 %)**
L78	Restrictive Int. Training	L					2/2		**2/2**	**Met**
L80	Symptoms of illness	L	6/6	1/1	6/6		1/2	2/2	**16/17**	**Met (94.12 %)**
L81	Medical emergency	L	6/6	1/1	5/6		2/2	2/2	**16/17**	**Met (94.12 %)**
L82	Medication admin.	L	6/6				2/2		**8/8**	**Met**
L84	Health protect. Training	I	4/5		3/3		3/3	2/2	**12/13**	**Met (92.31 %)**
L85	Supervision	L	5/6	1/1	4/6		1/2	1/2	**12/17**	**Not Met (70.59 %)**
L86	Required assessments	I	5/6	1/1	4/6		4/4	2/2	**16/19**	**Met (84.21 %)**
L87	Support strategies	I	5/6	1/1	5/6		4/4	1/2	**16/19**	**Met (84.21 %)**

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L88	Strategies implemented	I	6/6	1/1	6/6		3/3	2/2	**18/18**	**Met**
L89	Complaint and resolution process	L					1/2	0/2	**1/4**	**Not Met (25.00 %)**
L90	Personal space/ bedroom privacy	I	6/6	1/1	5/6		2/4	2/2	**16/19**	**Met (84.21 %)**
L91	Incident management	L	5/6	1/1	3/3		1/2	2/2	**12/14**	**Met (85.71 %)**
#Std. Met/# 76 Indicator									**65/76**	
Total Score									**75/86**	
									87.21%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	3/3		3/3	**6/6**	**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**
L8	Emergency Fact Sheets	I	3/3		3/3	**6/6**	**Met**
L9	Safe use of equipment	L	1/1		1/1	**2/2**	**Met**
⌐ L11	Required inspections	L			1/1	**1/1**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
♻ L12	Smoke detectors	L			1/1	**1/1**	**Met**
♻ L13	Clean location	L			1/1	**1/1**	**Met**
L14	Site in good repair	L			1/1	**1/1**	**Met**
L15	Hot water	L			1/1	**1/1**	**Met**
L16	Accessibility	L			1/1	**1/1**	**Met**
L17	Egress at grade	L			1/1	**1/1**	**Met**
L20	Exit doors	L			1/1	**1/1**	**Met**
L21	Safe electrical equipment	L			1/1	**1/1**	**Met**
L22	Well-maintained appliances	L			1/1	**1/1**	**Met**
L25	Dangerous substances	L			1/1	**1/1**	**Met**
L26	Walkway safety	L			1/1	**1/1**	**Met**
L28	Flammables	L			1/1	**1/1**	**Met**
L29	Rubbish/combustibles	L			1/1	**1/1**	**Met**
L30	Protective railings	L			1/1	**1/1**	**Met**
L31	Communication method	I	3/3		3/3	**6/6**	**Met**
L32	Verbal & written	I	3/3		3/3	**6/6**	**Met**
L37	Prompt treatment	I	3/3		3/3	**6/6**	**Met**
L49	Informed of human rights	I	3/3		3/3	**6/6**	**Met**
L50	Respectful Comm.	L	1/1		1/1	**2/2**	**Met**
L51	Possessions	I	3/3		3/3	**6/6**	**Met**
L52	Phone calls	I	3/3		3/3	**6/6**	**Met**
L54	Privacy	L	1/1		1/1	**2/2**	**Met**
L77	Unique needs training	I	3/3		3/3	**6/6**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
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	3/3		3/3	**6/6**	**Met**
L87	Support strategies	I	3/3		3/3	**6/6**	**Met**
L88	Strategies implemented	I	3/3		3/3	**6/6**	**Met**
L91	Incident management	L			0/1	**0/1**	**Not Met (0 %)**
#Std. Met/# 37 Indicator						**36/37**	
Total Score						**46/47**	
						97.87%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	0/1	**Not Met (0 %)**
C2	Data analysis	0/1	**Not Met (0 %)**
C3	Service satisfaction	0/1	**Not Met (0 %)**
C4	Utilizes input from stakeholders	1/1	**Met**
C5	Measure progress	0/1	**Not Met (0 %)**
C6	Future directions planning	1/1	**Met**

ABI-MFP Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	1/2	**Not Met (50.0 %)**
C8	Family/guardian communication	2/2	**Met**
C10	Social skill development	2/2	**Met**

ABI-MFP Placement Services

Indicator #	Indicator	Met/Rated	Rating
C11	Get together w/family & friends	2/2	**Met**
C12	Intimacy	2/2	**Met**
C13	Skills to maximize independence	2/2	**Met**
C14	Choices in routines & schedules	2/2	**Met**
C15	Personalize living space	2/2	**Met**
C16	Explore interests	2/2	**Met**
C18	Purchase personal belongings	2/2	**Met**
C19	Knowledgeable decisions	2/2	**Met**
C20	Emergency back-up plans	2/2	**Met**
C46	Use of generic resources	2/2	**Met**
C47	Transportation to/ from community	2/2	**Met**
C48	Neighborhood connections	2/2	**Met**
C49	Physical setting is consistent	2/2	**Met**
C51	Ongoing satisfaction with services/ supports	2/2	**Met**
C52	Leisure activities and free-time choices /control	2/2	**Met**
C53	Food/ dining choices	2/2	**Met**
C54	Assistive technology	1/2	**Not Met (50.0 %)**

ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	4/4	**Met**
C8	Family/guardian communication	4/4	**Met**
C9	Personal relationships	4/4	**Met**
C10	Social skill development	4/4	**Met**
C11	Get together w/family & friends	4/4	**Met**
C12	Intimacy	4/4	**Met**
C13	Skills to maximize independence	4/4	**Met**
C14	Choices in routines & schedules	4/4	**Met**
C15	Personalize living space	2/2	**Met**
C16	Explore interests	4/4	**Met**

ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C17	Community activities	4/4	**Met**
C18	Purchase personal belongings	4/4	**Met**
C19	Knowledgeable decisions	4/4	**Met**
C20	Emergency back-up plans	2/2	**Met**
C46	Use of generic resources	4/4	**Met**
C47	Transportation to/ from community	4/4	**Met**
C48	Neighborhood connections	4/4	**Met**
C49	Physical setting is consistent	2/2	**Met**
C51	Ongoing satisfaction with services/ supports	4/4	**Met**
C52	Leisure activities and free-time choices /control	4/4	**Met**
C53	Food/ dining choices	4/4	**Met**
C54	Assistive technology	4/4	**Met**

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/3	**Met**
C8	Family/guardian communication	3/3	**Met**
C13	Skills to maximize independence	3/3	**Met**
C37	Interpersonal skills for work	3/3	**Met**
C40	Community involvement interest	3/3	**Met**
C41	Activities participation	3/3	**Met**
C42	Connection to others	3/3	**Met**
C43	Maintain & enhance relationship	3/3	**Met**
C44	Job exploration	3/3	**Met**
C45	Revisit decisions	3/3	**Met**
C46	Use of generic resources	3/3	**Met**
C47	Transportation to/ from community	3/3	**Met**
C51	Ongoing satisfaction with services/ supports	3/3	**Met**
C54	Assistive technology	3/3	**Met**

Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/3	**Met**
C8	Family/guardian communication	3/3	**Met**
C22	Explore job interests	3/3	**Met**
C23	Assess skills & training needs	3/3	**Met**
C24	Job goals & support needs plan	3/3	**Met**
C25	Skill development	3/3	**Met**
C26	Benefits analysis	3/3	**Met**
C27	Job benefit education	3/3	**Met**
C28	Relationships w/businesses	1/1	**Met**
C29	Support to obtain employment	3/3	**Met**
C30	Work in integrated settings	3/3	**Met**
C31	Job accommodations	3/3	**Met**
C32	At least minimum wages earned	3/3	**Met**
C33	Employee benefits explained	3/3	**Met**
C34	Support to promote success	3/3	**Met**
C35	Feedback on job performance	3/3	**Met**
C36	Supports to enhance retention	3/3	**Met**
C37	Interpersonal skills for work	3/3	**Met**
C47	Transportation to/ from community	3/3	**Met**
C50	Involvement/ part of the Workplace culture	3/3	**Met**
C51	Ongoing satisfaction with services/ supports	3/3	**Met**
C54	Assistive technology	3/3	**Met**

Individual Home Supports

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**

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C13	Skills to maximize independence	1/1	**Met**
C14	Choices in routines & schedules	1/1	**Met**
C15	Personalize living space	1/1	**Met**
C18	Purchase personal belongings	1/1	**Met**
C19	Knowledgeable decisions	1/1	**Met**
C20	Emergency back-up plans	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**
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**

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	6/6	**Met**
C8	Family/guardian communication	5/5	**Met**
C9	Personal relationships	5/5	**Met**
C10	Social skill development	6/6	**Met**
C11	Get together w/family & friends	5/6	**Met (83.33 %)**
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	6/6	**Met**
C16	Explore interests	3/3	**Met**
C17	Community activities	3/3	**Met**
C18	Purchase personal belongings	6/6	**Met**

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C19	Knowledgeable decisions	5/6	**Met (83.33 %)**
C20	Emergency back-up plans	6/6	**Met**
C46	Use of generic resources	4/4	**Met**
C47	Transportation to/ from community	6/6	**Met**
C48	Neighborhood connections	6/6	**Met**
C49	Physical setting is consistent	6/6	**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	5/5	**Met**
C54	Assistive technology	4/6	**Not Met (66.67 %)**

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	4/4	**Met**
C10	Social skill development	5/5	**Met**
C11	Get together w/family & friends	5/6	**Met (83.33 %)**
C12	Intimacy	5/6	**Met (83.33 %)**
C13	Skills to maximize independence	6/6	**Met**
C14	Choices in routines & schedules	6/6	**Met**
C15	Personalize living space	6/6	**Met**
C16	Explore interests	4/4	**Met**
C17	Community activities	2/2	**Met**
C18	Purchase personal belongings	6/6	**Met**
C19	Knowledgeable decisions	6/6	**Met**
C20	Emergency back-up plans	6/6	**Met**
C46	Use of generic resources	3/3	**Met**
C47	Transportation to/ from community	6/6	**Met**
C48	Neighborhood connections	6/6	**Met**

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C49	Physical setting is consistent	6/6	**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	4/6	**Not Met (66.67 %)**