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| **PROVIDER REPORT FOR** |

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| **FRIENDSHIP HOME INC458 Main St. Norwell, MA 02061**  |

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| **Public Provider Report** |

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

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| **SUMMARY OF OVERALL FINDINGS** |

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| **Provider** |

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| FRIENDSHIP HOME INC |

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| **Review Dates** |

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| 5/17/2019 - 5/21/2019 |

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| **Service Enhancement Meeting Date** |

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| 5/30/2019 |

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| **Survey Team** |

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| Barbara Mazzella (TL) |

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| **Citizen Volunteers** |

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| **Survey scope and findings for Residential and Individual Home Supports** |
| **Service Group Type** | **Sample Size** | **Licensure Scope** | **Licensure Level** | **Certification Scope** | **Certification Level** |
| **Residential and Individual Home Supports** | 2 location(s) 2 audit (s)  | Targeted Review | DDS 12/14Provider 54 / 5466 / 68 2 Year License 05/30/2019- 05/30/2021 |  |  No Review Conducted  |
| Respite Services | 2 location(s) 2 audit (s)  |  |  | No Review | No Review |
| Planning and Quality Management (For all service groupings) |   |  |  | DDS Targeted 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** | 3 location(s) 7 audit (s)  | Targeted Review | DDS 10/12Provider 44 / 4454 / 56 2 Year License 05/30/2019- 05/30/2021 |  | DDS 11 / 12Provider 30 / 3041 / 42 Certified 05/30/2019 - 05/30/2021 |
| Community Based Day Services | 1 location(s) 3 audit (s)  |  |  | DDS Targeted Review | 14 / 14 |
| Employment Support Services | 2 location(s) 4 audit (s)  |  |  | DDS Targeted Review | 21 / 22 |
| Planning and Quality Management (For all service groupings) |   |  |  | DDS Targeted Review | 6 / 6 |

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| **EXECUTIVE SUMMARY :** |

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| Friendship Home, Inc. was founded in 1999 by two women who have adult children with developmental and intellectual disabilities. In concert with other families, their vision was to create a recreational/social club (Friendship Club) to ensure social and recreational opportunities for family members as well as opportunities for individuals with developmental disabilities to share similar interests. The agency has expanded its network of services to include programs for adults with intellectual and developmental disabilities including its Bridges to Work program which consists of both Community Based Day Services (CBDS) and Employment Supports, a Respite program offering weeklong respite opportunities for individuals as well as weekend overnight respite care. The agency has also been designated as an Agency with Choice since 2010. The Bridges to Work program supports 55 individuals and the respite program can accommodate up to 5 individuals in each side of the home for a total capacity of 10. Friendship Home also continues to provide services to approximately 200 individuals and families through its Friendship Club. As Friendship Home had earned a Two-Year License for its residential (respite) and employment/day service during the previous review, the agency was eligible to conduct a self-assessment, which it elected to do. In conjunction with the agency's self-assessment, DDS conducted a 'Targeted Review' which consisted of the eight licensing indicators considered 'critical' as well as any licensing indicators which were Not Met during the previous survey. In addition, DDS reviewed certification indicators that were Not Met during the previous survey for Community Based Day and Employment supports. The result of the current survey represents a combination of the DDS targeted review and the agency's self-assessment.  The findings of the survey revealed a number of strengths in the agency's residential (respite services.) The respite home was found to be safe and in good repair. All inspections were current. Physician's orders were current, medications were stored appropriately and staff who administered medications had valid certifications. The survey team also noted several strengths within the CBDS and Employment programs. The location was clean, well maintained and accessible. Staff were knowledgeable of individual's unique health care needs and ensured that individuals who had specialized diets were supported to follow requirements. The agency received a grant from a community partner regarding nutrition education and provided training to staff and individuals which included specific guidance and information relative to portion control and heart healthy options. Participants were excited to share that they continue to offer a Café weekly cooking event in which they prepare and serve nutritious meals to community members. Within the Employment program, the majority of individuals were working competitively in integrated jobs and were proud of their accomplishments and longevity in these settings. Individuals were supported to be as independent as possible and many individuals were excited to share that they are now only supported on an as needed basis. The agency has placed a significant focus on expanding the number of community businesses that employ individuals it supports as well as strengthening individual's understanding of compensation packages including benefits and pay. For example, the agency created a benefits and employment document which clearly articulates the benefits and pay information for each individual who is employed in language that is easily understood and are reviewed with individuals regularly. The agency also created a mechanism for companies to provide feedback on the performance of individuals and several participants were pleased to share the positive findings in these reviews. A renewed focused was aimed at identifying the benefits of assistive technology for individuals within both CBDS and Employment supports. The agency provided education and training to staff. Individuals in CBDS and Employment were assessed regarding their need for assistive technology and implementation strategies were being utilized. For example, the agency developed weekly schedules for all participants in CBDS and provided pictorial schedules for those who have difficulty with reading. The agency also provided visual cues which enabled individuals to use kitchen appliances during cooking classes. One individual was supported with a checklist at her employment location which allowed her to independently check off when each task was completed.  Since the last review the agency strengthened several organizational areas related to both licensing and certification. The agency's Human Rights Committee merged with another agency and the committee is reviewing issues that impact the rights of individuals and ensured that the committee meets composition requirements. The agency has also developed oversight systems and monitoring mechanisms which complemented its strategic planning efforts to ensure that progress towards goals is reviewed. These systems included a comprehensive process to collect data and utilize these measures to identify trends and develop benchmarks for service improvement efforts. Within the agency's residential (respite) and day/employment supports the agency needs to strengthen its oversight regarding the finalization of incidents within the DDS HCSIS system. Within the health care domain, staff within the respite home needs to strengthen its implementation and oversight when individuals require specialized diets. Based on the findings of this report, Friendship Home, Inc. has earned two Two-Year Licenses for Residential (respite) and Employment/Day Supports, and is Certified for its Employment services. The combined DDS and provider scores were 97% for licensing within Residential Services and 96% for Employment/Day Supports and 98% for certification. Within sixty days, the agency will conduct its own follow-up on any licensing indicators rated Not Met and submit the results to the DDS Office of Quality Enhancement. The agency's description of its self-assessment process follows. |

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

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| To consistently continue to meet DDS standards, FH evaluated the physical site &amp; records of persons served using L&amp;C indicators; utilizing these measures ensures adherence to providing person centered &amp; quality supports in a safe and well-maintained environment. Internal audits occur regularly, with the last being completed in the month prior to the DDS targeted review. Tools utilized during the process include: Training Record Spreadsheet; Safety/Evacuation Plans; Fire Drill record; Environmental Safety Record; Confidential Files; Monthly Building Safety &amp; Maintenance Checklist; site walk-through; Assistive Technology Assessments; physician orders, specialized diets, MAR's; Human Rights Committee materials; health related protections; personnel records; Quality Assurance Tracker; financial drivers; performance goal tracker; HCSIS management reports; employment records; employment data tracker; satisfaction survey results; service delivery observation. During this process the following record samples were reviewed: All Employment records, 46 (or 85%) of CBDS confidential files, and 52 (or 85%) Respite confidential files. For all critical indicators &amp; those indicators rated as "Not Met" from the 2017 survey, 100% of individuals served were reviewed. The criteria determining "standard met" was based on a compliance factor of 85% or higher. Personal Safety: All DSP's are actively trained to prevent &amp; report instances of suspected abuse, &amp; all instances are reported to DPPC &amp; immediately acted upon to ensure the safety of individuals. Complaints &amp; restraints are actively reviewed by the agency HRC, as well as internal administrative review. Evacuation Plans are submitted as necessary to all involved Area Offices for review &amp; approval; fire drills are conducted as required for CBDS. Emergency Fact Sheets are kept current &amp; regularly updated to reflect ongoing changes. The ability of individuals to safely use physical equipment is assessed through the annual Safety Assessment &amp; staff are trained to support the individual to gain greater personal independence. Environmental Safety: To promote environmental safety &amp; identify emerging needs, the FH Facilities Manager completes monthly building &amp; safety inspections. Required inspections are conducted by vendors (i.e.: septic, HVAC, fire alarms, etc.); these are coordinated by the Facilities Manager. Program Directors &amp; Admin. work directly with the Facilities Manager to coordinate action appropriate to area of concern. There is an emphasis on maintaining a quality &amp; aesthetically attractive facility, &amp; this emphasis is promoted by &amp; to all personnel. The FH building is adapted &amp; accessible to the needs of persons served &amp; includes wheelchair accessible stovetops, sinks, &amp; counters, as well as an elevator to support those with mobility challenges. Water temperatures throughout the building have not exceeded allowable limits within the past year. Audit results show that various water sources throughout the building have tested below 110 degrees, this area has been identified as requiring further development. Communication: There has been increased emphasis on the ability of DSP's to understand how the population we serve communicates both expressively &amp; receptively. This is reflected through increasing use of adaptive means to assist the person to communicate their wants &amp; needs, &amp; also understand tasks &amp; concepts. There is increased focus on enhancing communication between programs in order to enhance &amp; improve the quality of service provided. There is ongoing attention to ensure that all communications &amp; interactions promote the respect &amp; dignity of the person. Individuals now participate &amp; provide input into hiring staff &amp; performance reviews; this includes participating directly in the interview process by asking questions of the candidate, providing feedback after an interview, and again providing feedback at the time of the annual performance review. Health: Medical Awareness training is required for all staff. Additionally, specialized medical trainings (i.e.: health related protections, seizure protocols, specialized diets etc.) are offered at staff meetings &amp; on an as needed basis. DSP's have ongoing access to protocol &amp; procedure information within staff resource or shift binders. Nutrition education for staff &amp; participants is an ongoing initiative, education is facilitated by registered dietitians or DSP's. Additionally, Program Managers/Coordinators recently became certified DDS Nutrition Food Standards Trainers. Through this initiative persons served are supported to follow a healthy diet. Human Rights: FH remains committed to providing person centered quality care in the most dignified &amp; respectful manner possible. Staff receive training on Human Rights &amp; Abuse Prevention &amp; Reporting. Individuals served are regularly educated &amp; informed of their rights, as well as informed of means to file complaints &amp; grievances. Two Human Rights Officers are assigned to each program &amp; all staff are encouraged to act as advocates at all times. Information regarding Abuse Prevention &amp; Reporting is shared with families &amp; guardians of individuals served during the annual ISP, or via an annual mailing. FH is part of an active, vocal Human Rights Committee, &amp; HRC members have been an effective oversight; minutes of the HRC meetings are distributed to the appropriate Area Offices &amp; HR Specialists. The HRC reviews DPPC complaints, restraints, significant behavior incidents, unplanned hospital visits, supportive &amp; protective devices &amp; behavior plans. Competent Workforce: Applicant credentials are screened as part of the hiring process. Audits of required trainings are completed regularly via training spreadsheet. FH utilizes several approaches to staff training given the diverse schedules of employees. Modalities include interactive cloud-based trainings, on-site certification trainings &amp; self-teaching curriculum; training models include competency testing to ensure staff proficiency. Supervisory feedback occurs on a regular basis, monthly or quarterly according to program &amp; need. BTW Team meetings occur weekly, Respite Team Meetings occur quarterly, &amp; Director's meetings occur bi-weekly. Senior Leadership meets weekly &amp; Finance Meetings occur monthly. Individual-specific medical protocol/procedure trainings ensure staff are sufficiently trained to support the unique needs of persons served. Professional development opportunities for staff are extended as opportunities arise. Goal Development &amp; Implementation: Required assessments are completed in preparation for the ISP. Scheduling &amp; tracking systems are in place via shared calendars to ensure required assessments &amp; support strategies are completed. Monitoring occurs at the programmatic level to ensure that objectives, once agreed upon, are implemented for the individual. Case Managers strive to complete support strategies &amp; assessments according to the established ISP timeline. ISP timelines have not been consistently met, therefore this area has been identified as requiring further development. Planning &amp; Quality Improvement: FH actively seeks to measure progress towards outcomes through objective measures including utilizing input from stakeholders to inform decision making. Satisfaction Surveys were developed for participants, families &amp; DDS Service Coordinators. Participant surveys were adapted to meet the needs of limited &amp; non-readers by incorporating visual response options. Participant &amp; family surveys were administered in FY18; survey of DDS Service Coordinators is ongoing given limited responses to repeated requests &amp; inquiries. Surveys will be administered annually going forward. Additional quality improvement initiatives include the development of several systems to track &amp; monitor pertinent metrics related to areas such as Employment Supports, performance goals, incident reports, &amp; trainings; this data serves to identify patterns &amp; trends &amp; inform future directions. A 1-year Strategic Plan is currently in place and a long-term Strategic Plan is currently under development, this area has been identified as requiring further development. Career Planning, Development &amp; Employment: Participants are regularly assessed to determine skills, interests, career goals &amp; training support needs related to employment. Employment benefit &amp; entitlement information is reviewed &amp; shared with participants &amp; their guardians. Friendship Home currently engages with 33 community employment partners. Accommodations are made for participants in order to remove barriers to independent performance while on shift, examples include task lists, digital timers, grabbers &amp; knee pads. Employers provide annual feedback to participants related to job performance annually &amp; as needed. Participants receive direct support to enhance work related interpersonal skills on-site at work via job coach (as needed) as well as on-site at Friendship Home during skills classes. Meaningful &amp; Satisfying Day Activities: People are supported to explore opportunities &amp; interests as they relate to employment in a way that is person centered &amp; customized. Within the ES/CBDS setting, interest assessments have been implemented. In the CBDS setting, people structure their preferences for day to day options through daily check-in meetings, &amp; a weekly schedule that offers a menu of skill-building &amp; enrichment class options that refresh bi-annually (at a minimum). Individuals are supported to identify &amp; connect with personal interests related to hobbies &amp; community involvement. Access &amp; Integration: BTW participants are supported to explore &amp; expand their interests within the greater community. Along with regular use of community resources, there is continuing emphasis for people to become active members of their community (volunteering at the local COA, membership to the local gym 110 Fitness, etc.).Choices in routines, schedules, leisure activities, &amp; satisfaction with service are ongoing subjects of focus. 2-3 times each year the schedule offerings are revised to reflect the interests &amp; needs of participants. Participants meet with their respective Case Managers to identify their schedule preferences based on personal &amp; career goals. Choice, Control &amp; Growth: People are supported to maximize personal control of their lives according to the demands of their own person. Choices in routines, schedules, leisure activities, &amp; satisfaction with service are daily &amp; ongoing subjects of focus. Environmental supports are in place for participants to maximize independence with routines &amp; tasks. Assistive technology has been implemented within several areas including: within the participant feedback form used during the interview process, participant satisfaction surveys, use of appliances throughout the building, visual schedules, and task lists for employment and programmatic activities. Staff utilize resource binders during service delivery, these binders contain as series of support templates that can be used for any individual, at any time a need is presented. Binder resources include first/then chart, visual task list, and a visual schedule; these items can be dry-erased for one individual, and can also be reproduced for several individuals. Development of individual skills is ongoing through regular offerings of skill-building classes &amp; trainings. |

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| **LICENSURE FINDINGS** |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **7/7** | **0/7** |  |
| **Residential and Individual Home Supports** | **59/61** | **2/61** |  |
|  Respite Services |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **66/68** | **2/68** | **97%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **2** |  |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **7/7** | **0/7** |  |
| **Employment and Day Supports** | **47/49** | **2/49** |  |
|  Community Based Day Services Employment Support Services |  |  |  |
| **Critical Indicators** | **6/6** | **0/6** |  |
| **Total** | **54/56** | **2/56** | **96%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **2** |  |

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|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:From DDS review:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L39 | Special dietary requirements are followed.  | Special dietary requirements were reviewed for two individuals. In both instances there was a lack of information for staff to support individuals to follow dietary guidelines during meal preparation and/or when dining out. The agency needs to ensure that staff are knowledgeable about special dietary restrictions that are in place for individuals and provide support to ensure that strategies are present to implement requirements as designed.  |
|  |  L91 | Incidents are reported and reviewed as mandated by regulation. | Incidents were reported as required, however the finalization of two incidents did not meet reporting timelines. The agency needs to ensure that incident reports are finalized within required timelines.  |

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|  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:From DDS review:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | Support strategies were reviewed for four individuals. In three instances, the agency did not submit required support strategies within 15 days of the ISP. The agency needs to ensure that support strategies are submitted within required time frames.  |
|  |  L91 | Incidents are reported and reviewed as mandated by regulation. | Within CBDS incidents were reported as required, however seventeen incidents were not finalized within required timelines. The agency needs to ensure that incidents are finalized within required timelines.  |

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| **CERTIFICATION FINDINGS** |

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|  | **Reviewed by** | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **DDS 4/4Provider 2/2** | **6/6** | **0/6** |  |
| **Residential and Individual Home Supports** | **DDS** | **0/0** | **0/0** |  |
| Respite Services |  | 0/0 | 0/0 |  |
| **Total** |  |  |  |  |
| **No Review Conducted** |  |  |  |  |

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|  | **Reviewed By** | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **DDS 4/4Provider 2/2** | **6/6** | **0/6** |  |
| **Employment and Day Supports** | **DDS 7/8Provider 28/28** | **35/36** | **1/36** |  |
| Community Based Day Services | DDS 2/2Provider 12/12 | 14/14 | 0/14 |  |
| Employment Support Services | DDS 5/6Provider 16/16 | 21/22 | 1/22 |  |
| **Total** |  | **41/42** | **1/42** | **98%** |
| **Certified** |  |  |  |  |

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|  | **Employment Support Services- Areas Needing Improvement on Standards not met From DDS Review:** |  |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |  |
|  |  C23 | Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment. | One individual needed additional support to assess skills, interests and career goals in order to obtain employment. Assessments should address the individual's strengths and abilities, as well as settings that would promote learning and skill development. The agency needs to expand and refine the tools for assessing individual's employment related skills, interests and training needs.  |  |
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| **MASTER SCORE SHEET LICENSURE** |

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| **Organizational: FRIENDSHIP HOME INC** |

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|  | **Indicator #** | **Indicator** | **Reviewed by** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **DDS** | **3/3** | **Met** |
|  |  L3 | Immediate Action | **Provider** | **-** | **Met** |
|  |  L4 | Action taken | **Provider** | **-** | **Met** |
|  |  L48 | HRC | **DDS** | **1/1** | **Met** |
|  |  L74 | Screen employees | **Provider** | **-** | **Met** |
|  |  L76 | Track trainings | **Provider** | **-** | **Met** |
|  |  L83 | HR training | **Provider** | **-** | **Met** |

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

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|  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Reviewed by** | **Res. Sup.** | **Ind. Home Sup.** | **Place.** | **Resp.** | **ABI-MFP Res. Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** |
|  |  L1 | Abuse/neglect training | I | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L3 | Immediate Action | L | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L5 | Safety Plan | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
| O |  L6 | Evacuation | L | **DDS** |  |  |  | 1/1 |  |  | **1/1** | **Met** |
|  |  L8 | Emergency Fact Sheets | I  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L9 | Safe use of equipment | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L10 | Reduce risk interventions | I  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
| O |  L11 | Required inspections | L | **DDS** |  |  |  | 1/1 |  |  | **1/1** | **Met** |
| O |  L12 | Smoke detectors | L | **DDS** |  |  |  | 1/1 |  |  | **1/1** | **Met** |
| O |  L13 | Clean location | L | **DDS** |  |  |  | 1/1 |  |  | **1/1** | **Met** |
|  |  L14 | Site in good repair | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L15 | Hot water | L | **DDS** |  |  |  | 2/2 |  |  | **2/2** | **Met** |
|  |  L16 | Accessibility | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L17 | Egress at grade  | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L18 | Above grade egress | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L19 | Bedroom location | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L20 | Exit doors | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L21 | Safe electrical equipment | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L22 | Well-maintained appliances | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L23 | Egress door locks | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L24 | Locked door access | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L25 | Dangerous substances | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L26 | Walkway safety | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L28 | Flammables | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L29 | Rubbish/combustibles | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L30 | Protective railings | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L31 | Communication method | I  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L32 | Verbal & written | I  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L37 | Prompt treatment | I  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
| O |  L38 | Physician's orders | I | **DDS** |  |  |  | 2/2 |  |  | **2/2** | **Met** |
|  |  L39 | Dietary requirements | I | **DDS** |  |  |  | 0/2 |  |  | **0/2** | **Not Met(0 %)** |
|  |  L40 | Nutritional food | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L41 | Healthy diet | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L44 | MAP registration | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L45 | Medication storage | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
| O |  L46 | Med. Administration | I | **DDS** |  |  |  | 2/2 |  |  | **2/2** | **Met** |
|  |  L49 | Informed of human rights | I | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L50 | Respectful Comm. | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L51 | Possessions | I  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L52 | Phone calls | I  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L53 | Visitation | I  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L54 | Privacy | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L57 | Written behavior plans | I  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L58 | Behavior plan component | I  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L59 | Behavior plan review | I  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L60 | Data maintenance | I  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L61 | Health protection in ISP | I | **DDS** |  |  |  | 2/2 |  |  | **2/2** | **Met** |
|  |  L62 | Health protection review | I | **DDS** |  |  |  | 2/2 |  |  | **2/2** | **Met** |
|  |  L68 | Funds expenditure | I  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L69 | Expenditure tracking | I  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L70 | Charges for care calc. | I | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L71 | Charges for care appeal | I | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L77 | Unique needs training | I  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L78 | Restrictive Int. Training | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L79 | Restraint training | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L80 | Symptoms of illness | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L81 | Medical emergency | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
| O |  L82 | Medication admin. | L | **DDS** |  |  |  | 1/1 |  |  | **1/1** | **Met** |
|  |  L84 | Health protect. Training | I  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L85 | Supervision  | L  | **Provider** |  |  |  | - |  |  | **-** | **Met** |
|  |  L91 | Incident management | L | **DDS** |  |  |  | 0/2 |  |  | **0/2** | **Not Met(0 %)** |
|  | **#Std. Met/# 61 Indicator** |  |  |  |  |  |  |  |  |  | **59/61** |  |
|  | **Total Score** |  |  |  |  |  |  |  |  |  | **66/68** |  |
|  |  |  |  |  |  |  |  |  |  |  | **97.06%** |  |

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| **Employment and Day Supports:** |

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|  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Reviewed by** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** |
|  |  L1 | Abuse/neglect training | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L5 | Safety Plan | L  | **Provider** |  | - | - | **-** | **Met** |
| O |  L6 | Evacuation | L | **DDS** | 2/2 |  | 1/1 | **3/3** | **Met** |
|  |  L7 | Fire Drills | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L8 | Emergency Fact Sheets | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L9 | Safe use of equipment | L  | **Provider** |  | - | - | **-** | **Met** |
| O |  L11 | Required inspections | L | **DDS** |  |  | 1/1 | **1/1** | **Met** |
| O |  L12 | Smoke detectors | L | **DDS** |  |  | 1/1 | **1/1** | **Met** |
| O |  L13 | Clean location | L | **DDS** |  |  | 1/1 | **1/1** | **Met** |
|  |  L14 | Site in good repair | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L15 | Hot water | L | **DDS** |  |  | 1/1 | **1/1** | **Met** |
|  |  L16 | Accessibility | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L17 | Egress at grade  | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L18 | Above grade egress | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L20 | Exit doors | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L21 | Safe electrical equipment | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L22 | Well-maintained appliances | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L25 | Dangerous substances | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L26 | Walkway safety | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L28 | Flammables | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L29 | Rubbish/combustibles | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L30 | Protective railings | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L31 | Communication method | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L32 | Verbal & written | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L37 | Prompt treatment | I  | **Provider** |  | - | - | **-** | **Met** |
| O |  L38 | Physician's orders | I | **DDS** |  |  | 3/3 | **3/3** | **Met** |
|  |  L39 | Dietary requirements | I | **DDS** |  |  | 3/3 | **3/3** | **Met** |
|  |  L49 | Informed of human rights | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L50 | Respectful Comm. | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L51 | Possessions | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L52 | Phone calls | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L54 | Privacy | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L55 | Informed consent | I | **DDS** | 4/4 |  | 3/3 | **7/7** | **Met** |
|  |  L56 | Restrictive practices | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L57 | Written behavior plans | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L58 | Behavior plan component | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L59 | Behavior plan review | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L60 | Data maintenance | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L61 | Health protection in ISP | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L62 | Health protection review | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L77 | Unique needs training | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L79 | Restraint training | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L80 | Symptoms of illness | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L81 | Medical emergency | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L84 | Health protect. Training | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L85 | Supervision  | L  | **Provider** |  | - | - | **-** | **Met** |
|  |  L86 | Required assessments | I | **Provider** |  | - | - | **-** | **Met** |
|  |  L87 | Support strategies | I | **DDS** | 1/3 |  | 0/1 | **1/4** | **Not Met(25.00 %)** |
|  |  L88 | Strategies implemented | I  | **Provider** |  | - | - | **-** | **Met** |
|  |  L91 | Incident management | L | **DDS** | 2/2 |  | 0/1 | **2/3** | **Not Met(66.67 %)** |
|  | **#Std. Met/# 49 Indicator** |  |  |  |  |  |  | **47/49** |  |
|  | **Total Score** |  |  |  |  |  |  | **54/56** |  |
|  |  |  |  |  |  |  |  | **96.43%** |  |

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| **MASTER SCORE SHEET CERTIFICATION** |

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|  | **Certification - Planning and Quality Management** |  |  |  |  |
|  | **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  |  C1 | Provider data collection | DDS | 1/1 | **Met** |
|  |  C2 | Data analysis | DDS | 1/1 | **Met** |
|  |  C3 | Service satisfaction | Provider | - | **Met** |
|  |  C4 | Utilizes input from stakeholders | Provider | - | **Met** |
|  |  C5 | Measure progress | DDS | 1/1 | **Met** |
|  |  C6 | Future directions planning | DDS | 1/1 | **Met** |
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| **Community Based Day Services** |  |  |  |  |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | DDS | 3/3 | **Met** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C13 | Skills to maximize independence  | Provider | - | **Met** |
|  C37 | Interpersonal skills for work | Provider | - | **Met** |
|  C40 | Community involvement interest | Provider | - | **Met** |
|  C41 | Activities participation | Provider | - | **Met** |
|  C42 | Connection to others | Provider | - | **Met** |
|  C43 | Maintain & enhance relationship | Provider | - | **Met** |
|  C44 | Job exploration | Provider | - | **Met** |
|  C45 | Revisit decisions | Provider | - | **Met** |
|  C46 | Use of generic resources | Provider | - | **Met** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C54 | Assistive technology | DDS | 3/3 | **Met** |
| **Employment Support Services** |  |  |  |  |
| **Indicator #** | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | DDS | 4/4 | **Met** |
|  C8 | Family/guardian communication | Provider | - | **Met** |
|  C22 | Explore job interests | Provider | - | **Met** |
|  C23 | Assess skills & training needs | DDS | 1/2 | **Not Met (50.0 %)** |
|  C24 | Job goals & support needs plan | Provider | - | **Met** |
|  C25 | Skill development | Provider | - | **Met** |
|  C26 | Benefits analysis | DDS | 2/2 | **Met** |
|  C27 | Job benefit education | Provider | - | **Met** |
|  C28 | Relationships w/businesses | Provider | - | **Met** |
|  C29 | Support to obtain employment | Provider | - | **Met** |
|  C30 | Work in integrated settings | Provider | - | **Met** |
|  C31 | Job accommodations | Provider | - | **Met** |
|  C32 | At least minimum wages earned | Provider | - | **Met** |
|  C33 | Employee benefits explained | DDS | 4/4 | **Met** |
|  C34 | Support to promote success | Provider | - | **Met** |
|  C35 | Feedback on job performance | DDS | 4/4 | **Met** |
|  C36 | Supports to enhance retention | Provider | - | **Met** |
|  C37 | Interpersonal skills for work | Provider | - | **Met** |
|  C47 | Transportation to/ from community | Provider | - | **Met** |
|  C50 | Involvement/ part of the Workplace culture | Provider | - | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | Provider | - | **Met** |
|  C54 | Assistive technology | DDS | 4/4 | **Met** |
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