|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
|  |

 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **PROVIDER REPORT FOR** |

 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **LATHAM CENTERS14 Lots Hollow Rd Orleans, MA 02653**  |

 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |

|  |
| --- |
|  |

 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Version** |

 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |

|  |
| --- |
| **Public Provider Report** |

 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |

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

 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |

|  |
| --- |
| **SUMMARY OF OVERALL FINDINGS** |

 |  |  |
|  |  |  |  |  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Provider** |

 |  |

|  |
| --- |
| LATHAM CENTERS |

 |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Review Dates** |

 |  |

|  |
| --- |
| 8/20/2021 - 8/26/2021 |

 |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Service Enhancement Meeting Date** |

 |  |

|  |
| --- |
| 9/7/2021 |

 |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Survey Team** |

 |  |

|  |
| --- |
| Jamie Savage |
| Scott Nolan |
| Katherine Gregory (TL) |
| Tina Napolitan |
| Jessica Reilly |

 |  |
|  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **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** | 8 location(s) 12 audit (s)  | Full Review | 71/88 2 Year License 09/07/2021 - 09/07/2023 |  | 71 / 73 Certified 09/07/2021 - 09/07/2023 |
| Residential Services | 3 location(s) 7 audit (s)  |  |  | Full Review | 20 / 22 |
| Placement Services | 4 location(s) 4 audit (s)  |  |  | Full Review | 22 / 22 |
| Individual Home Supports | 1 location(s) 1 audit (s)  |  |  | Full Review | 23 / 23 |
| Planning and Quality Management |   |  |  | Full Review | 6 / 6 |

 |  |

 |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |

|  |
| --- |
| **EXECUTIVE SUMMARY :** |

 |  |  |
|  |  |  |  |
|  |

|  |
| --- |
| Latham Centers was founded in 1970 to offer services for children with Prader Willi Syndrome. Since then, their services have expanded to include programs for both children and adults in Massachusetts, New York, and other states providing educational, therapeutic and residential services for individuals with intellectual disabilities and Prader-Willi Syndrome. The agency's adult residential division currently provides 24-hour Residential Supports, Individual Home Supports, and Placement Supports, in homes located on Cape Cod and in Southeastern MA.  The scope of this survey was a full Licensure and Certification review completed by the Department of Developmental Services (DDS) Office of Quality Enhancement. The survey included the review of 24-hour residential, and placement services and In Home Supports.  The outcomes seen required significant re-focusing of the agency's resources as policies and procedures were honed to meet individual health care needs and changing requirements to ensure safety. Medical oversight, managed by the nursing department in conjunction with managers within residential services supported the scheduling and completion of routine and preventative screenings for all individuals. Medical Assistants were hired and trained to dedicate their time to ensuring attendance at appointments. Nursing tracked intensive medical needs on a risk board and attended appointments requiring more medical expertise. Prompt treatment was provided when episodic illnesses emerged. In one case an individual, who took the initiative to make his own appointment, was supported to attend it despite the appointment not being at the most convenient time. The agency also not only ensured that individuals supported and staff had opportunities to receive vaccinations for COVID-19, but it offered clinics to family members living with staff.  Overall homes were clean and well-maintained. The agency had an electronic system through which staff could submit and track facilities requests, and there was an employee in the facilities department available after hours for emergencies as well.  Positive outcomes were identified within the certification indicators as well. In response to the pandemic. Systems to address infection control were developed and implemented across the agency with weekly informative updates to ensure staff knowledge regarding changes. These practices were applied consistently, and staff demonstrated thorough understanding of the procedures.  Individuals' feedback was sought regarding their services, and overall they reported a high level of satisfaction. Many stated during the review that staff were very responsive to their needs, and most felt they were able to enjoy personally fulfilling activities within their homes and maintain connections with friends and family during the pandemic.  The process of matching individuals with providers for Shared Living Services involved a series of meetings, and individuals' opinions were sought throughout the process. At any point an individual was able to state they would like to back out of the match. Individuals interviewed conveyed a high level of satisfaction with their providers. One individual who had achieved significant improvement in his overall stability stated he would not choose to live anywhere else.  Individuals were supported to explore, define, and express their need for intimacy and or sexuality. Individuals' needs in this area were assessed and results were used to establish a baseline for further conversation, and a team approach was used to address more complex issues. Staff were educated regarding the impact Prader Willi Syndrome can have on an adult's sexuality and were also supported to become comfortable with conversations around difficult topics should they arise. Nurses supported individuals needing related medical information, and clinical supports were provided for individuals with more complex issues. Individuals who participated were supported to enjoy different types of relationships including marriage. All had received support to ensure they were making informed choices and were allowed to take reasonable risks.  Individuals were supported to successfully use assistive technology to enhance their independence. Individuals had been assessed based on areas in which they could benefit/or wanted greater independence. Assistive technology was matched to the needs of the individuals, enabling them to increase their self-determination. One home had a Ring doorbell allowing the individuals to determine who was at the door before opening it, and to monitor for package delivery when not at home. Individuals in this home also use Alexa to call room to room or request assistance from staff if needed.  The agency was transparent regarding the impact of its shifting focus to the prevention of Covid infections and the effect on certain aspects of services and was aware of areas that may not have received the usual monitoring. Areas were identified during the review that could benefit from increased consideration.   Oversight of the implementation of agency procedures regarding the management of individual funds, was not completed at the frequency seen in the previous survey. Issues identified included a lack of real time transactions, and carry over balances each month and accurate real-time balance recorded. The agency should continue its efforts to identify resource to reimplement its systems of oversight in this area.  Ensuring assessment of individuals swimming and water safety skills for all individuals, receiving Shared Living/placement services, who have access to pools and other bodies of water is necessary. Improvement in the dissemination of water safety information to shared living providers could use increased attention.  Within the Residential, Shared Living and Individual Home Supports service grouping, Latham Centers received a rating of 81% of licensing indicators met, inclusive of all critical indicators. The services also received a rating of 97% of certification indicators met. As a result, the agency will receive a Two-Year License, and is Certified for its Residential Services, Individual Home Supports and Placement Services.  Follow-up on the licensing indicators rated will be conducted by the Office for Quality Enhancement within 60 days of the Service Enhancement Meeting. |

 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|

|  |
| --- |
| **LICENSURE FINDINGS** |

 |  |  |
|  |  |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **6/10** | **4/10** |  |
| **Residential and Individual Home Supports** | **65/78** | **13/78** |  |
|  Residential Services Placement Services Individual Home Supports |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **71/88** | **17/88** | **81%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **17** |  |

 |  |
|  |  |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **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. | For seven of eleven meetings, the agency lacked representation from members with expertise, particularly nursing. The agency needs to ensure that membership requirements are met. |
|  |  L65 | Restraint reports are submitted within required timelines. | Of the twenty-one restraints reviewed, four were finalized outside of timelines and 6 were both created and finalized outside of required timelines. The agency needs to ensure that all restraints are both submitted and finalized within required timelines. |
|  |  L66 | All restraints are reviewed by the Human Rights Committee. | Four of fourteen restraints reviewed were either outside the 120 day timeline, or had not yet been reviewed by the Human Rights Committee. The agency needs to ensure that the Human Rights Committee reviews all restraints within the required timeframe. |
|  |  L74 | The agency screens prospective employees per requirements. | One of three employees did not meet the provider requirements identified in the job description. The agency needs to ensure that the employees' education, skills and experience at least meet the outline in the job description. |

 |

 |  |
|  |  |  |
|  |

|  |
| --- |
|  |
|

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L7 | Fire drills are conducted as required. | At two out of three locations, the agency did not conduct the number of asleep drills in accordance with the Safety Plan. The agency needs to ensure fire drills are conducted as required. |
|  |  L24 | Locks on doors not providing egress can be opened by the individuals from the inside and staff carry a key to open in an emergency. | For one out of three homes, staff did not have access to the keys to opened locked doors in the event of an emergency (e.g. keys were in a locked kitchen in a locked cabinet).l The agency needs to ensure staff carry a key to open a locked door during emergencies. |
|  |  L27 | If applicable, swimming pools and other bodies of water are safe and secure according to policy. | For three individuals receiving placement services, individuals did not have an assessment of their swimming ability and water safety skills, and in one instance the provider had not been provided training in water safety. The agency needs to ensure individuals can use swimming pools/water source in a safe and secure manner according to policy. |
|  |  L43 | The health care record is maintained and updated as required.  | For three out of seven individuals, their Health Care Records were missing medical information such as COVID vaccination status and/or diagnoses. The agency needs to ensure the Health Care Record is updated when changes are noted in the individual's health status. |
|  |  L61 | Supports and health related protections are included in ISP assessments and the continued need is outlined. | One of two individuals was partially responsible for the care of his health-related support. The agency lacked a written protocol for use including items such as reason for use, when to use, cleaning and care of device; documentation of use and safety checks. |
|  |  L62 | Supports and health related protections are reviewed by the required groups. | Two of four individuals did not have documentation containing HCP orders or review by a prescribing practitioner for the use of health-related protections. The agency needs to ensure health related protections are ordered by qualified practitioner and that required reviews are conducted. |
|  |  L63 | Medication treatment plans are in written format with required components. | For seven of twelve individuals, their Medication Treatment Plans did not contain all their prescribed behavioral medications or there was no data being collected regarding the observance of specific behaviors targeted by their medications. The agency needs to ensure that all behavioral medications are included in the MTP. Data for behaviors that are targeted by prescribed behavioral medications needs to be collected and conveyed to the prescribing practitioner to ensure the efficacy of the treatment. |
|  |  L69 | Individual expenditures are documented and tracked. | For four out of eleven individuals whose financial accounts were reviewed, there was inconsistent recording of transactions, and balances were inaccurate or absent. The agency needs to ensure that all transactions for each account including cash on hand and bank accounts, need to be recorded as they occur with resulting balances recorded and brought forward month to month and reconciled consistently. |
|  |  L79 | Staff are trained in safe and correct administration of restraint. | At one of two locations, staff did not have current restraint training. The agency needs to ensure that all staff who work in programs where restraint supports are needed, have restraint training and the required refreshers to maintain their certification. |
|  |  L84 | Staff / care providers are trained in the correct utilization of health related protections per regulation. | Staff for three of four individuals supported with health related protections had not received training in the application and care of the devices or how to support individuals in how to safely maintain their devices. |
|  |  L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For eight out of ten individuals, ISP assessments were not submitted in preparation for the ISP according to established timelines. The agency needs to ensure that all requested assessments are completed and submitted in accordance with the required timeframes. |
|  |  L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | For eight out of ten individuals, support strategies were not submitted by the established timelines in preparation for the ISP. The agency needs to ensure that all support strategies are submitted in accordance with the required timeframes. |
|  |  L88 | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For four out of twelve individuals, there was a lack of information regarding the supports provided or of the level of progress individuals have made towards meeting ISP goals. The agency needs to ensure support strategies are implemented as agreed upon in the ISP. |

 |
|  |

 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |

|  |
| --- |
| **CERTIFICATION FINDINGS** |

 |  |  |
|  |  |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **6/6** | **0/6** |  |
| **Residential and Individual Home Supports** | **65/67** | **2/67** |  |
| Individual Home Supports | 23/23 | 0/23 |  |
| Placement Services | 22/22 | 0/22 |  |
| Residential Services | 20/22 | 2/22 |  |
| **TOTAL** | **71/73** | **2/73** | **97%** |
| **Certified** |  |  |  |

 |  |  |  |
|  |  |  |  |  |
|  |

|  |  |
| --- | --- |
|  | **Residential Services- Areas Needing Improvement on Standards not met:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  C13 | Staff (Home Providers) provide support for individuals to develop skills to enable them to maximize independence and participation in typical activities and routines.  | Two of seven individuals had not been successfully supported to meet expectations placed on them. These two individuals would benefit from increased support to maximize independence and perform household activities and become more self-reliant. The agency needs to ensure all individuals are participating in typical household activities to the best of their ability. |
|  |  C15 | Staff (Home Providers) support individuals to personalize and decorate their rooms/homes and personalize common areas according to their tastes and preferences. | For one home, the bedrooms did not reflect the personal interests, tastes and preferences. The agency needs to ensure that individuals decorate and personalize their personal spaces. |
|  |  |  |  |

 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |

|  |
| --- |
| **MASTER SCORE SHEET LICENSURE** |

 |  |  |  |
|  |  |  |  |  |
|  |

|  |
| --- |
| **Organizational: LATHAM CENTERS** |

 |  |  |
|  |  |  |  |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **8/8** | **Met** |
|  |  L3 | Immediate Action | **13/13** | **Met** |
|  |  L4 | Action taken | **13/13** | **Met** |
|  |  L48 | HRC | **0/1** | **Not Met(0 % )** |
|  |  L65 | Restraint report submit | **10/21** | **Not Met(47.62 % )** |
|  |  L66 | HRC restraint review | **10/14** | **Not Met(71.43 % )** |
|  |  L74 | Screen employees | **2/3** | **Not Met(66.67 % )** |
|  |  L75 | Qualified staff | **3/3** | **Met** |
|  |  L76 | Track trainings | **1/1** | **Met** |
|  |  L83 | HR training | **8/8** | **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 | 7/7 | 1/1 | 4/4 |  |  |  | **12/12** | **Met** |
|  |  L5 | Safety Plan | L | 2/3 | 1/1 | 4/4 |  |  |  | **7/8** | **Met(87.50 %)** |
| O |  L6 | Evacuation | L | 3/3 | 1/1 | 4/4 |  |  |  | **8/8** | **Met** |
|  |  L7 | Fire Drills | L | 1/3 |  |  |  |  |  | **1/3** | **Not Met(33.33 %)** |
|  |  L8 | Emergency Fact Sheets | I | 7/7 | 1/1 | 4/4 |  |  |  | **12/12** | **Met** |
|  |  L9 (07/21) | Safe use of equipment | I | 7/7 | 1/1 |  |  |  |  | **8/8** | **Met** |
|  |  L10 | Reduce risk interventions | I | 5/6 | 1/1 | 3/3 |  |  |  | **9/10** | **Met(90.0 %)** |
| O |  L11 | Required inspections | L | 3/3 | 1/1 | 3/4 |  |  |  | **7/8** | **Met(87.50 %)** |
| O |  L12 | Smoke detectors | L | 3/3 | 1/1 | 4/4 |  |  |  | **8/8** | **Met** |
| O |  L13 | Clean location | L | 3/3 | 1/1 | 4/4 |  |  |  | **8/8** | **Met** |
|  |  L14 | Site in good repair | L | 2/2 | 1/1 | 3/4 |  |  |  | **6/7** | **Met(85.71 %)** |
|  |  L15 | Hot water | L | 3/3 | 1/1 | 4/4 |  |  |  | **8/8** | **Met** |
|  |  L16 | Accessibility | L | 3/3 | 1/1 | 4/4 |  |  |  | **8/8** | **Met** |
|  |  L17 | Egress at grade  | L | 3/3 | 1/1 | 4/4 |  |  |  | **8/8** | **Met** |
|  |  L18 | Above grade egress | L | 2/2 | 1/1 | 2/2 |  |  |  | **5/5** | **Met** |
|  |  L19 | Bedroom location | L | 2/2 | 1/1 |  |  |  |  | **3/3** | **Met** |
|  |  L20 | Exit doors | L | 3/3 | 1/1 |  |  |  |  | **4/4** | **Met** |
|  |  L21 | Safe electrical equipment | L | 3/3 | 1/1 | 4/4 |  |  |  | **8/8** | **Met** |
|  |  L22 | Well-maintained appliances | L | 3/3 | 1/1 | 4/4 |  |  |  | **8/8** | **Met** |
|  |  L23 | Egress door locks | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L24 | Locked door access | L | 2/3 |  |  |  |  |  | **2/3** | **Not Met(66.67 %)** |
|  |  L25 | Dangerous substances | L | 3/3 | 1/1 |  |  |  |  | **4/4** | **Met** |
|  |  L26 | Walkway safety | L | 3/3 | 1/1 | 4/4 |  |  |  | **8/8** | **Met** |
|  |  L27 | Pools, hot tubs, etc. | L |  | 1/1 | 0/2 |  |  |  | **1/3** | **Not Met(33.33 %)** |
|  |  L28 | Flammables | L | 2/2 | 1/1 |  |  |  |  | **3/3** | **Met** |
|  |  L29 | Rubbish/combustibles | L | 3/3 | 1/1 | 3/4 |  |  |  | **7/8** | **Met(87.50 %)** |
|  |  L30 | Protective railings | L | 2/2 | 1/1 | 3/3 |  |  |  | **6/6** | **Met** |
|  |  L31 | Communication method | I | 7/7 | 1/1 | 4/4 |  |  |  | **12/12** | **Met** |
|  |  L32 | Verbal & written | I | 7/7 | 1/1 | 4/4 |  |  |  | **12/12** | **Met** |
|  |  L33 | Physical exam | I | 7/7 | 0/1 | 3/3 |  |  |  | **10/11** | **Met(90.91 %)** |
|  |  L34 | Dental exam | I | 7/7 | 0/1 | 4/4 |  |  |  | **11/12** | **Met(91.67 %)** |
|  |  L35 | Preventive screenings | I | 7/7 | 1/1 | 4/4 |  |  |  | **12/12** | **Met** |
|  |  L36 | Recommended tests | I | 5/7 | 1/1 | 4/4 |  |  |  | **10/12** | **Met(83.33 %)** |
|  |  L37 | Prompt treatment | I | 7/7 | 1/1 | 4/4 |  |  |  | **12/12** | **Met** |
| O |  L38 | Physician's orders | I | 5/5 | 1/1 |  |  |  |  | **6/6** | **Met** |
|  |  L39 | Dietary requirements | I | 7/7 | 1/1 | 3/3 |  |  |  | **11/11** | **Met** |
|  |  L40 | Nutritional food | L | 3/3 | 1/1 |  |  |  |  | **4/4** | **Met** |
|  |  L41 | Healthy diet | L | 3/3 | 1/1 | 4/4 |  |  |  | **8/8** | **Met** |
|  |  L42 | Physical activity | L | 3/3 | 1/1 | 4/4 |  |  |  | **8/8** | **Met** |
|  |  L43 | Health Care Record | I | 3/7 |  | 3/3 |  |  |  | **6/10** | **Not Met(60.0 %)** |
|  |  L44 | MAP registration | L | 2/3 | 1/1 |  |  |  |  | **3/4** | **Met** |
|  |  L45 | Medication storage | L | 3/3 | 1/1 |  |  |  |  | **4/4** | **Met** |
| O |  L46 | Med. Administration | I | 6/7 | 1/1 | 2/3 |  |  |  | **9/11** | **Met(81.82 %)** |
|  |  L47 | Self medication | I | 4/6 |  | 4/4 |  |  |  | **8/10** | **Met(80.0 %)** |
|  |  L49 | Informed of human rights | I | 7/7 | 1/1 | 4/4 |  |  |  | **12/12** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | 7/7 | 1/1 | 4/4 |  |  |  | **12/12** | **Met** |
|  |  L51 | Possessions | I | 7/7 | 1/1 | 4/4 |  |  |  | **12/12** | **Met** |
|  |  L52 | Phone calls | I | 7/7 | 1/1 | 4/4 |  |  |  | **12/12** | **Met** |
|  |  L53 | Visitation | I | 7/7 | 1/1 | 4/4 |  |  |  | **12/12** | **Met** |
|  |  L54 (07/21) | Privacy | I | 7/7 | 1/1 | 4/4 |  |  |  | **12/12** | **Met** |
|  |  L55 | Informed consent | I | 4/4 | 1/1 | 4/4 |  |  |  | **9/9** | **Met** |
|  |  L56 | Restrictive practices | I | 6/7 | 1/1 | 3/3 |  |  |  | **10/11** | **Met(90.91 %)** |
|  |  L57 | Written behavior plans | I | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L58 | Behavior plan component | I | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L59 | Behavior plan review | I | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L60 | Data maintenance | I | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L61 | Health protection in ISP | I | 1/2 |  |  |  |  |  | **1/2** | **Not Met(50.0 %)** |
|  |  L62 | Health protection review | I | 2/4 |  |  |  |  |  | **2/4** | **Not Met(50.0 %)** |
|  |  L63 | Med. treatment plan form | I | 2/7 | 0/1 | 3/4 |  |  |  | **5/12** | **Not Met(41.67 %)** |
|  |  L64 | Med. treatment plan rev. | I | 6/7 | 1/1 | 4/4 |  |  |  | **11/12** | **Met(91.67 %)** |
|  |  L67 | Money mgmt. plan | I | 7/7 |  | 4/4 |  |  |  | **11/11** | **Met** |
|  |  L68 | Funds expenditure | I | 6/7 |  | 4/4 |  |  |  | **10/11** | **Met(90.91 %)** |
|  |  L69 | Expenditure tracking | I | 3/7 |  | 4/4 |  |  |  | **7/11** | **Not Met(63.64 %)** |
|  |  L70 | Charges for care calc. | I | 7/7 | 1/1 | 4/4 |  |  |  | **12/12** | **Met** |
|  |  L71 | Charges for care appeal | I | 7/7 | 1/1 | 4/4 |  |  |  | **12/12** | **Met** |
|  |  L77 | Unique needs training | I | 7/7 | 1/1 | 4/4 |  |  |  | **12/12** | **Met** |
|  |  L78 | Restrictive Int. Training | L | 3/3 | 1/1 | 3/3 |  |  |  | **7/7** | **Met** |
|  |  L79 | Restraint training | L | 1/2 |  |  |  |  |  | **1/2** | **Not Met(50.0 %)** |
|  |  L80 | Symptoms of illness | L | 3/3 | 1/1 | 4/4 |  |  |  | **8/8** | **Met** |
|  |  L81 | Medical emergency | L | 3/3 | 1/1 | 4/4 |  |  |  | **8/8** | **Met** |
| O |  L82 | Medication admin. | L | 3/3 | 1/1 |  |  |  |  | **4/4** | **Met** |
|  |  L84 | Health protect. Training | I | 2/4 |  |  |  |  |  | **2/4** | **Not Met(50.0 %)** |
|  |  L85 | Supervision  | L | 3/3 | 1/1 | 4/4 |  |  |  | **8/8** | **Met** |
|  |  L86 | Required assessments | I | 1/7 |  | 1/3 |  |  |  | **2/10** | **Not Met(20.0 %)** |
|  |  L87 | Support strategies | I | 1/7 |  | 1/3 |  |  |  | **2/10** | **Not Met(20.0 %)** |
|  |  L88 | Strategies implemented | I | 3/7 | 1/1 | 4/4 |  |  |  | **8/12** | **Not Met(66.67 %)** |
|  |  L90 | Personal space/ bedroom privacy | I | 7/7 | 1/1 | 4/4 |  |  |  | **12/12** | **Met** |
|  |  L91 | Incident management | L | 2/3 | 1/1 | 4/4 |  |  |  | **7/8** | **Met(87.50 %)** |
|  | **#Std. Met/# 78 Indicator** |  |  |  |  |  |  |  |  | **65/78** |  |
|  | **Total Score** |  |  |  |  |  |  |  |  | **71/88** |  |
|  |  |  |  |  |  |  |  |  |  | **80.68%** |  |

 |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **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** |
|  |  |  |  |  |

 |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
|  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** |
|  C20 (07/21) | 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 | 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 | 4/4 | **Met** |
|  C16 | Explore interests | 4/4 | **Met** |
|  C17 | Community activities | 4/4 | **Met** |
|  C18 | Purchase personal belongings | 4/4 | **Met** |
|  C19 | Knowledgeable decisions | 4/4 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 4/4 | **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  | 4/4 | **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 | 3/4 | **Met** |
| **Residential Services** |  |  |  |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 7/7 | **Met** |
|  C8 | Family/guardian communication | 7/7 | **Met** |
|  C9 | Personal relationships | 7/7 | **Met** |
|  C10 | Social skill development | 7/7 | **Met** |
|  C11 | Get together w/family & friends | 7/7 | **Met** |
|  C12 | Intimacy | 7/7 | **Met** |
|  C13 | Skills to maximize independence  | 5/7 | **Not Met (71.43 %)** |
|  C14 | Choices in routines & schedules | 7/7 | **Met** |
|  C15 | Personalize living space | 2/3 | **Not Met (66.67 %)** |
|  C16 | Explore interests | 7/7 | **Met** |
|  C17 | Community activities | 7/7 | **Met** |
|  C18 | Purchase personal belongings | 7/7 | **Met** |
|  C19 | Knowledgeable decisions | 7/7 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 7/7 | **Met** |
|  C46 | Use of generic resources | 7/7 | **Met** |
|  C47 | Transportation to/ from community | 7/7 | **Met** |
|  C48 | Neighborhood connections | 7/7 | **Met** |
|  C49 | Physical setting is consistent  | 3/3 | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | 7/7 | **Met** |
|  C52 | Leisure activities and free-time choices /control | 7/7 | **Met** |
|  C53 | Food/ dining choices | 7/7 | **Met** |
|  C54 | Assistive technology | 7/7 | **Met** |
|  |  |  |  |

 |  |  |  |  |