



**PROVIDER REPORT
FOR**

**LATHAM CENTERS
1646 MAIN STREET
BREWSTER, MA 02631**

September 25, 2025

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	LATHAM CENTERS
Review Dates	8/22/2025 - 8/28/2025
Service Enhancement Meeting Date	9/11/2025
Survey Team	Michelle Boyd (TL) Gina Ford Katherine Gregory Linda Griffith Tina Napolitan Roberto Polanco-Santana
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	79/90 2 Year License 09/11/2025-09/11/2027		63 / 65 Certified 09/11/2025 - 09/11/2027
Residential Services	3 location(s) 7 audit (s)			Full Review	19 / 20
Placement Services	4 location(s) 4 audit (s)			Full Review	19 / 20
Individual Home Supports	1 location(s) 1 audit (s)			Full Review	19 / 19
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

Survey scope and findings for Remote Supports and Monitoring Services

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Remote Supports and Monitoring Services	1 workstation location(s) 5 audit (s)	Targeted Review	DDS 12/13 Provider 20 / 21 32 / 34 2 Year License 09/11/2025-09/11/2027		DDS 6 / 6 Provider 4 / 4 10 / 10 Certified 09/11/2025 - 09/11/2027
Remote Supports and Monitoring Services	1 workstation location(s) 5 audit (s)			DDS Targeted Review	4 / 4
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

EXECUTIVE SUMMARY :

Latham Centers, established in 1970, provided services for children with Prader-Willi Syndrome (PWS) and has since expanded to serve children and adults with intellectual disabilities and PWS in Massachusetts, New York, and other states. The agency delivered 24-hour Residential Supports, Individual Home Supports (IHS), Placement Supports, and Remote Supports and Monitoring Services (RSMS) across Cape Cod and Southeastern Massachusetts.

The Department of Developmental Services' (DDS) Office of Quality Enhancement (OQE) conducted a full licensing and certification review of residential supports and a targeted licensing and certification review of RSMS. Based on eligibility from its prior performance, Latham Centers elected to complete a self-assessment of licensing and certification indicators for RSMS. The scope of the DDS licensing review for RSMS focused on critical indicators, indicators previously rated as Not Met, and newly developed or revised indicators not assessed in the prior cycle. Ratings for RSMS were a combination of the agency's self-assessment and OQE review, with DDS ratings prevailing when both assessed the same indicator. Ratings for residential services reflected a full DDS/OQE review.

The agency maintained organized systems for analyzing data, measuring progress, and establishing goals for service development. Oversight systems ensured that required staff trainings were tracked and that actions were taken in response to incidents or investigations. Human Rights Committee meeting minutes reflected thorough follow-up, with questions raised at one meeting addressed at the next. Documentation included extensions on incident reviews and Positive Behavior Support plans.

In residential services, environmental safety and maintenance were strengths. All homes were clean, well maintained, and equipped with operational fire detection systems. Décor reflected individual preferences, and staff supported individuals in working toward their ISP goals. One individual achieved an ISP goal to budget for a commitment ceremony with his long-term partner, which was celebrated with family, friends, and staff at a local function hall.

Within the healthcare domain, individuals received medical supports that promoted independence. Assistive technology, such as a medication dispenser, was used to increase autonomy. Health management protocols addressed the needs of individuals with specific diagnoses, and staff were trained to implement these protocols effectively. Medication management was documented consistently, and individuals were supported to attend annual physicals and dental examinations. Staff promoted wellness through safe food environments and opportunities for physical activity. The agency implemented a diet plan tailored to the needs of individuals with PWS, with a menu book of healthy meals and visual supports for staff to follow modified diets.

Across residential services, staff demonstrated familiarity with the unique communication styles, medical conditions, and support preferences of individuals. Interactions were person-centered and reflected a strong understanding of individual interests.

In RSMS, positive outcomes included individuals being treated with dignity and respect, completion of required staff training, and individuals receiving support to understand and use their assistive technology.

Within certification for residential services, individuals were supported to develop independence and exercise choice and control in daily activities. Examples included support for an individual to plan and enjoy a trip to a waterpark, with safeguards in place to allow her to focus on the recreational aspects of the trip. Individuals maintained regular contact with friends and family and were supported in exploring intimate relationships when desired. Staff engaged in ongoing conversations to ensure that individuals received the level of relationship support they requested.

For RSMS certification, individuals had choice and control over how supports were implemented, and satisfaction with supports was monitored. The agency maintained collaborative communication with Safe In Home, the remote support provider.

Areas identified for improvement in residential services included ensuring that all restrictions were

supported by a written rationale and mitigation plans for individuals not requiring the restriction. Funds management practices needed clear protocols for handling online purchases, prohibiting borrowing or lending of funds, and maintaining reliable tracking for shared or delegated funds. Timeliness of ISP assessment submissions and oversight of ISP goal data required attention. Fire drills needed to be conducted in accordance with agency safety plans.

In RSMS, the agency needed to develop comprehensive emergency fact sheets for individuals. For certification, opportunities existed to strengthen practices for obtaining feedback from individuals on staff and provider performance both at hire and on an ongoing basis.

Within Residential Supports, Latham Centers met 88% of licensing indicators, including all critical indicators, and will be issued a Two-Year License. The agency met 97% of certification indicators and is fully certified. OQE will conduct a follow-up review within 60 days of the Service Enhancement Meeting (SEM) for all licensing indicators rated as Not Met.

In RSMS, the agency met 94% of licensing indicators, including all critical indicators, and will receive a Two-Year License. The agency met 100% of certification indicators and is fully certified. The agency will submit follow-up documentation on all licensing indicators rated as Not Met within 60 days of the SEM.

Description of Self Assessment Process:

As part of Latham Centers' strategies to ensure the fulfillment of all indicators required for the Department of Developmental Services (DDS) Licensing and Certification, the organization conducts ongoing quality assurance throughout the year. The self-assessment process for Remote Supports and Monitoring mirrors the first portion of Latham Centers' Internal Audit Process and is supplemented with vendor oversight and monitoring practices unique to remote service delivery.

Annual quality assurance activities consist of internal audits conducted across all program types and service delivery models, including homes and apartments utilizing Remote Supports and Monitoring. These audits involve a peer review of vital program elements and are designed to ensure compliance with DDS licensing requirements, industry standards, and Latham Centers' internal policies/procedures. They are scheduled by the Quality Enhancement (QE) department to ensure each program is reviewed, with a review team from outside the program conducting on-site or virtual reviews using established tools and checklists. For programs with Remote Supports, the audit also includes a review of SafeinHome Care Notes to check for compliance with support plans, client satisfaction and needs that may not have been addressed as well as Support Plans for all necessary information related to client care.

The internal audit process places a strong emphasis on open communication and discussion. Throughout the audit, the review team may engage the Manager or staff members in discussions to gain deeper insights into the program's practices. Similarly, the Manager can seek clarification or challenge findings, encouraging a collaborative and constructive assessment process. If the team reports a lack of evidence for compliance, the Manager is given the chance to provide evidence while the team is still on-site, promoting transparency and fairness. Within 24 hours after the audit, the Team Leader/designee compiles the complete internal audit findings and emails them to the Manager and Program Director or their designee. This prompt communication ensures that corrective actions can be initiated swiftly. The Manager, supported by their team, diligently addresses any identified out-of-compliance items within one month. If the audit requires multiple sessions, the date for the next session is promptly communicated. Subsequent sessions include spot checks to verify the completion of previous audit findings, reinforcing the commitment to continuous improvement.

The Remote Service vendor, SafeinHome also has its own internal review process' and checks, in collaboration with Latham, including, but not limited to; weekly meetings to review client calls, needed updates, complaints and 30-60-90 day reviews of newly onboarded clients; manual and automated review of equipment to insure functionality; internal trainings and supervision of staff addressed as needed and at providers request; and continuous adjustments of client Support Plans to meet the needs of individuals in the moment, but to also meet both evolving licensing requirements and improvements suggested by Latham Centers.

For the current self-assessment, the team consisted of Rebecca Amaral, Director of Quality Enhancement Services, and Gregory Powers, Director of Supported Community Living. The process included on-site and virtual visits to homes and apartments, review of medical and clinical records where applicable, examination of remote support vendor reports, verification of training compliance, and consultation with other stakeholders. These combined mechanisms: annual internal audits, ongoing vendor monitoring, targeted spot checks, distinct oversight systems for maintenance, health care promotion, and human rights, and continuous staff training provide Latham Centers with comprehensive information to rate each licensing indicator. This approach ensures compliance with DDS standards for Remote Supports and Monitoring and promotes safety, independence, and quality of life for the individuals we serve.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Residential and Individual Home Supports	69/80	11/80	
Residential Services Individual Home Supports Placement Services			
Critical Indicators	8/8	0/8	
Total	79/90	11/90	88%
2 Year License			
# indicators for 60 Day Follow-up		11	

	Met / Rated	Not Met / Rated	% Met
Organizational	9/9	0/9	
Remote Supports and Monitoring Services	23/25	2/25	
Remote Supports and Monitoring Services			
Critical Indicators	3/3	0/3	
Total	32/34	2/34	94%
2 Year License			
# indicators for 60 Day Follow-up		2	

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

Indicator #	Indicator	Area Needing Improvement
L7	Fire drills are conducted as required.	For one of three locations, fire drills were not conducted as required. The agency must ensure fire drills were conducted at the frequency and with the minimum ratio of staff outlined in the safety plan and documentation of fire drills is complete.
L23	There are no locks on bedroom doors that provide access to an egress.	For two bedrooms, doors leading to an egress had a lock. The agency must ensure that there are no locks on any bedroom doors that lead to an egress.

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

Indicator #	Indicator	Area Needing Improvement
L28	Flammables are stored appropriately.	At one location there was a cigarette disposal located next to a propane gas grill. The agency needs to ensure that all flammables are stored in a safe manner.
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 three of eight individuals, a written rationale was not in place for current restrictive practices, and mitigation plans had not been implemented for other individuals in the home who did not require the restriction. The agency must ensure that written rationales and mitigation plans are put into place related to any restrictive practices.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For four of six individuals, supports and health related protections were not included in ISP assessments and/or their continued need was not outlined. The agency must ensure that supports and health related protections are included in ISP assessments, and the continued need is outlined.
L63	Medication treatment plans are in written format with required components.	For five individuals the medication treatment plans lacked required documentation. The agency must ensure that medication treatment plans include a description of behaviors to be modified, all prescribed behavior modifying medications and a description of these behaviors. The plans also need to include education to the individual being prescribed these medications as well as listed side effects for all medications in the plan,
L69	Individual expenditures are documented and tracked.	For two individuals expenditures on gift cards were not being tracked. One individual regularly borrowed and reimbursed their care provider for expenses. All funds received and dispersed need to be accurately tracked. The agency needs to ensure there can be no borrowing or lending of assets with care providers.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For three of eleven individuals, required assessments were not submitted at least 15 days prior to the ISP. The agency must ensure timely submission of all assessments.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For three of twelve individuals, ISP data was not being collected. The agency must ensure progress is being tracked to determine if goals are being worked on as identified in the ISP.
L91	Incidents are reported and reviewed as mandated by regulation.	At four locations, incident reports were not submitted and/or finalized within the required timelines. The agency must ensure that all incident reports are completed within the required timelines.

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

Indicator #	Indicator	Area Needing Improvement
L99 (05/22)	Medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately. (eg seizure watches; fall sensors).	For two individuals there was no medical practitioner's authorization for the use of a sleep mat which took data on their sleep patterns. For another there was no information on the cleaning and care of an individual's Bi-PAP device. Medical monitoring devices need to contain authorization by a medical practitioner, with completion of all components for use including instructions for care and cleaning of the device.

**Remote Supports and Monitoring Services Areas Needing Improvement on Standards not met/Follow-up to occur:
From DDS review:**

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	For two of five individuals, the Emergency Fact Sheet did not include all significant medical diagnoses and/or allergies. The agency needs to ensure that all significant medical diagnoses and allergies are included on the individuals' Emergency Fact Sheets.

**Remote Supports and Monitoring Services Areas Needing Improvement on Standards not met/Follow-up to occur:
From Provider review:**

Indicator #	Indicator	Issue identified	Action planned to address
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 not submitted in a timely manner.	<p>Immediate Actions: Weekly HCSIS alert excel pulled and provided to Remote manager for review and actions to be completed noted.</p> <p>A new Remote Service manager was hired after a long lapse in the previous one leaving the program with no staff outside of the director until three months ago. Latham will be continuing to hire additional staff as the program grows in the coming months to avoid similar situations and falling behind on required supporting documents.</p>

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	57/59	2/59	
Individual Home Supports	19/19	0/19	
Placement Services	19/20	1/20	
Residential Services	19/20	1/20	
Total	63/65	2/65	97%
Certified			

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS	6/6	0/6	
Remote Supports and Monitoring Services	DDS 0/0 Provider 4/4	4/4	0/4	
Remote Supports and Monitoring Services	DDS 0/0 Provider 4/4	4/4	0/4	
Total		10/10	0/10	100%
Certified				

Placement Services- Areas Needing Improvement on Standards not met From DDS Review:

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.	Two homes did not have a process in place for individuals to provide feedback for new staff or evaluations on existing staff. The agency must ensure that all individuals have the opportunity to provide feedback on the staff working in the home.

Residential Services- Areas Needing Improvement on Standards not met From DDS Review:

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.	For two individuals, their residential services did not have a process in place to ensure their opinion was solicited for new staff. The agency needs to ensure that individuals feedback is sought regarding the new staff who will be working with them.

MASTER SCORE SHEET LICENSURE

Organizational: LATHAM CENTERS

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓜ L2	Abuse/neglect reporting	9/9	Met
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	1/1	Met
L65	Restraint report submit	32/32	Met
L66	HRC restraint review	28/28	Met
L74	Screen employees	4/4	Met
L75	Qualified staff	4/4	Met
L76	Track trainings	14/14	Met
L83	HR training	14/14	Met
Ⓜ L95 (05/22)	RSMS requirements	1/1	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	3/3	1/1	4/4				8/8	Met
Ⓜ L6	Evacuation	L	3/3	1/1	4/4				8/8	Met
L7	Fire Drills	L	2/3						2/3	Not Met (66.67%)
L8	Emergency Fact Sheets	I	6/7	0/1	4/4				10/12	Met (83.33%)
L9 (07/21)	Safe use of equipment	I	7/7	1/1					8/8	Met
L10	Reduce risk interventions	I			3/3				3/3	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
☒ L11	Required inspections	L	3/3		4/4				7/7	Met
☒ L12	Smoke detectors	L	3/3		4/4				7/7	Met
☒ L13	Clean location	L	3/3		4/4				7/7	Met
L14	Site in good repair	L	3/3		4/4				7/7	Met
L15	Hot water	L	3/3		4/4				7/7	Met
L16	Accessibility	L	3/3		4/4				7/7	Met
L17	Egress at grade	L	3/3		4/4				7/7	Met
L18	Above grade egress	L	1/1		1/1				2/2	Met
L19	Bedroom location	L	3/3		4/4				7/7	Met
L20	Exit doors	L	3/3						3/3	Met
L21	Safe electrical equipment	L	3/3		4/4				7/7	Met
L22	Well-maintained appliances	L	3/3		1/1				4/4	Met
L23	Egress door locks	L	1/2						1/2	Not Met (50.0%)
L24	Locked door access	L	3/3		4/4				7/7	Met
L25	Dangerous substances	L	3/3						3/3	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L26	Walkway safety	L	3/3		4/4				7/7	Met
L27	Pools, hot tubs, etc.	L	2/2		3/3				5/5	Met
L28	Flammables	L	2/3						2/3	Not Met (66.67%)
L29	Rubbish/combustibles	L	3/3		4/4				7/7	Met
L30	Protective railings	L	3/3		4/4				7/7	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	1/1	4/4				12/12	Met
L34	Dental exam	I	6/6	1/1	4/4				11/11	Met
L35	Preventive screenings	I	6/7	1/1	3/4				10/12	Met (83.33%)
L36	Recommended tests	I	7/7	1/1	4/4				12/12	Met
L37	Prompt treatment	I	7/7	1/1	4/4				12/12	Met
L38	Physician's orders	I	6/7	1/1					7/8	Met (87.50%)
L39	Dietary requirements	I	7/7		2/2				9/9	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

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L42	Physical activity	L	3/3	1/1	4/4				8/8	Met
L43	Health Care Record	I	7/7	0/1	4/4				11/12	Met (91.67%)
L44	MAP registration	L	3/3						3/3	Met
L45	Medication storage	L	3/3						3/3	Met
L46	Med. Administration	I	7/7		3/4				10/11	Met (90.91%)
L47	Self medication	I		1/1	2/2				3/3	Met
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	2/2	1/1	2/2				5/5	Met
L56	Restrictive practices	I	4/7		1/1				5/8	Not Met (62.50%)
L57	Written behavior plans	I	2/2		1/1				3/3	Met
L60	Data maintenance	I	3/3		2/2				5/5	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L61	Health protection in ISP	I	2/5		0/1				2/6	Not Met (33.33%)
L62	Health protection review	I	1/1						1/1	Met
L63	Med. treatment plan form	I	4/7	0/1	3/4				7/12	Not Met (58.33%)
L64	Med. treatment plan rev.	I	7/7	1/1	4/4				12/12	Met
L67	Money mgmt. plan	I	7/7		3/4				10/11	Met (90.91%)
L68	Funds expenditure	I	6/7		4/4				10/11	Met (90.91%)
L69	Expenditure tracking	I	5/7		3/4				8/11	Not Met (72.73%)
L70	Charges for care calc.	I	7/7		3/3				10/10	Met
L71	Charges for care appeal	I	7/7		3/3				10/10	Met
L77	Unique needs training	I	7/7	1/1	4/4				12/12	Met
L78	Restrictive Int. Training	L	2/2						2/2	Met
L79	Restraint training	L	1/1						1/1	Met
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

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
Ⓡ L82	Medication admin.	L	3/3						3/3	Met
L84	Health protect. Training	I	5/5		0/1				5/6	Met (83.33 %)
L85	Supervision	L	3/3	1/1	4/4				8/8	Met
L86	Required assessments	I	3/6	1/1	4/4				8/11	Not Met (72.73 %)
L87	Support strategies	I	4/6	1/1	4/4				9/11	Met (81.82 %)
L88	Strategies implemented	I	5/7	1/1	3/4				9/12	Not Met (75.00 %)
L90	Personal space/bedroom privacy	I	7/7		4/4				11/11	Met
L91	Incident management	L	0/3	1/1	3/4				4/8	Not Met (50.0 %)
L93 (05/22)	Emergency back-up plans	I	7/7	1/1	4/4				12/12	Met
L94 (05/22)	Assistive technology	I	6/7	1/1	3/4				10/12	Met (83.33 %)
L96 (05/22)	Staff training in devices and applications	I	4/4	1/1	3/3				8/8	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L99 (05/22)	Medical monitoring devices	I	1/2		0/2				1/4	Not Met (25.00%)
#Std. Met/# 80 Indicator									69/80	
Total Score									79/90	
									87.78%	

Remote Supports and Monitoring Services:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Remote	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider	-	-	Met
L8	Emergency Fact Sheets	I	DDS	3/5	3/5	Not Met (60.0%)
L9 (07/21)	Safe use of equipment	I	Provider	-	-	Met
L10	Reduce risk interventions	I	DDS	1/1	1/1	Met
L31	Communication method	I	Provider	-	-	Met
L32	Verbal & written	I	Provider	-	-	Met
L37	Prompt treatment	I	Provider	-	-	Met
L49	Informed of human rights	I	Provider	-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider	-	-	Met
L52	Phone calls	I	Provider	-	-	Met
L54 (07/21)	Privacy	I	Provider	-	-	Met
L77	Unique needs training	I	Provider	-	-	Met
L80	Symptoms of illness	L	DDS	1/1	1/1	Met
L81	Medical emergency	L	Provider	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Remote	Total Met/Rated	Rating
L85	Supervision	L	Provider	-	-	Met
L87	Support strategies	I	Provider	-	-	Not Met
L88	Strategies implemented	I	Provider	-	-	Met
L90	Personal space/bedroom privacy	I	Provider	-	-	Met
L91	Incident management	L	Provider	-	-	Met
L93 (05/22)	Emergency back-up plans	I	Provider	-	-	Met
L94 (05/22)	Assistive technology	I	Provider	-	-	Met
L97 (05/22)	Remote supports plan	I	Provider	-	-	Met
L98 (05/22)	Monitoring staff training in plan	I	Provider	-	-	Met
L100 (05/22)	RSMS Assessment	I	Provider	-	-	Met
Ⓡ L101 (05/22)	Individual training and knowledge in RSMS	I	DDS	5/5	5/5	Met
#Std. Met/# 25 Indicator					23/25	
Total Score					32/34	
					94.12%	

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
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Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	5/7	Not Met (71.43 %)
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	7/7	Met
C14	Choices in routines & schedules	7/7	Met
C15	Personalize living space	3/3	Met
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
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

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	2/4	Not Met (50.0 %)
C8	Family/guardian communication	4/4	Met
C9	Personal relationships	4/4	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
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
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

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

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
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
C21	Coordinate outreach	1/1	Met
C46	Use of generic resources	1/1	Met
C47	Transportation to/ from community	1/1	Met
C48	Neighborhood connections	1/1	Met
C51	Ongoing satisfaction with services/ supports	1/1	Met
C52	Leisure activities and free-time choices /control	1/1	Met
C53	Food/ dining choices	1/1	Met

Remote Supports and Monitoring Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C8	Family/guardian communication	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met