



**PROVIDER REPORT
FOR**

**Life Needs Co-op Inc.
205 North Plain Rd.
Great Barrington, MA 01230**

October 07, 2025

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider Life Needs Co-op Inc.

Review Dates 8/4/2025 - 8/8/2025

Service Enhancement Meeting Date 8/22/2025

Survey Team Ken Jones (TL)
Eric Lunden

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	4 location(s) 5 audit (s)	Full Review	60/72 2 Year License 08/22/2025 - 08/22/2027		21 / 26 Certified 08/22/2025 - 08/22/2027
Placement Services	4 location(s) 5 audit (s)			Full Review	19 / 20
Planning and Quality Management (For all service groupings)				Full Review	2 / 6

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	1 location(s) 6 audit (s)	Full Review	50/61 2 Year License 08/22/2025 - 08/22/2027		15 / 21 Certified with Progress Report 08/22/2025 - 08/22/2027
Community Based Day Services	1 location(s) 6 audit (s)			Full Review	13 / 15
Planning and Quality Management (For all service groupings)				Full Review	2 / 6

EXECUTIVE SUMMARY :

Founded in 1986, Life Needs Co-op (formally known as Stanton Homes) is a small, nonprofit organization, located in Great Barrington, MA. The agency provides Placement (Shared Living) services and Community-Based Day Services (CBDS) to individuals with Intellectual and Developmental Disabilities, and Autism Spectrum Disorder within Southern Berkshire County and Connecticut. Life Needs Coop provides these services through a network of homes supported by paid staff, and volunteers who are recruited internationally for a yearlong commitment. At the time of this review, the agency operated four homes within the southern Berkshire County area. The agency's CBDS operates out of the agency's corporate address and provides much of the daily programming on-site, and in and around the Great Barrington area and surrounding communities.

The scope of this 2025 survey conducted by the Department of Developmental Services (DDS) Central West Office of Quality Enhancement was a full licensure and certification review of the agency's residential service grouping which included placement services, and the employment and day service grouping which included community-based day services.

Life Needs Coop had an effective oversight system which ensured that individuals maintained overall good health, and engaged in active, healthy lifestyles. Findings of the review showed that through mechanisms such as the agency RN oversight, weekly team meetings with case managers, day program manager oversight, and oversight by key administrative staff, individuals were supported to attend all scheduled healthcare appointments including annual physical, dental examinations, and appointments with specialists. The utility of the RN's medical calendar guided the medical portion of the review and discussions about each person's medical appointments. It was noted that individuals were also supported to attend follow-up medical appointments where identified.

Life Needs Coop's commitment to supporting the overall wellbeing of individuals was highly evident across residential services. This was reflected in how program staff across residential services were knowledgeable of individuals' health care needs, dietary requirements, and procedures to follow for prompt treatment for emergent health conditions. Healthcare protocols including seizure protocols and use of Epi-pen were implemented as required. Medication administration was also viewed as effective, as support personnel followed requirements for placement services. A hallmark of Life Needs Coop was its vested interest in ensuring that individuals were supported to make healthy meal choices, participate in meal/menu planning, and were knowledgeable of healthy eating habits. The agency actively participated in a food share program that benefited both residential and day services and focused on using fresh foods that were produced locally. Individuals were also engaged in different forms of exercises that included walking on area trails and public spaces, swimming, horseback riding, yoga, bowling, gardening, and participating at the area fitness center.

In areas subject to certification, survey findings showed that individuals received consistent support to exercise choice and control over their daily routines across both service types. Individuals were supported to decide how and when they participated in household routines and how they spent their personal time. Likewise, individuals were supported to develop skills to maximize independence in their personal routines and preferred activities in the community. Life Needs Coop also recognized the importance of maintaining family connections as individuals across settings were supported to maintain relationships with family members and guardians on an ongoing basis through telephone calls and/or by in-person visits.

In day services, Life Needs Coop program staff were equally knowledgeable of individuals healthcare needs, dietary requirements, and procedures to follow for prompt treatment of emergent health conditions. Healthcare protocols including seizure protocols and use of Epi-Pen were implemented as required. Medication Administration was also implemented in line with requirements by MAP certified staff. Individuals were consistently supported to participate in weekly on-site and community-based activities of their choice. Individuals participated in several community-based activities that brought

them in contact with people in the broader community. They were supported to develop skills to maximize independence with their personal routines and preferred activities in the community.

In addition to the positive findings noted above, some areas were identified within licensure where further attention is required from the agency to meet compliance with standards. In the human rights domain, Life Needs Coop must support its human rights committee to meet membership composition and attendance requirements. It must also ensure timely responses to the DDS directives as outlined in Decision and Action Letters and the Complaint Resolution Team regarding investigations.

Within residential services, Life Needs Coop must ensure that all restrictive interventions are identified in a written PBS plan and data is collected and utilized to address target behaviors. Greater effort is also needed in meeting timelines for the reporting and finalizing of incidents; and submission of ISP assessments and support strategies in HCSIS. The agency must also ensure that individuals are equipped with back-up plans for use in the event of an emergency and have been assessed for the use of assistive technology. When needed as part of an individual's treatment milieu, the agency must inform DDS of the need for Roger's monitor. It must also ensure that funds management plans include all aspects of how individuals' funds are managed, including guardian involvement and agreement. In the area of sexuality and intimacy, individuals need to be supported to receive education, training, and support when people's preferences have been identified.

In day services, fire drills and evacuation requirements must be addressed in accordance with the DDS approved safety plan; compliance with hot water temperature range must also be prioritized. Life Needs Coop must ensure that all restrictive interventions are identified in a written PBS plan and data must be collected and utilized to address target behaviors. Greater effort is also needed in meeting timelines for the reporting and finalizing of incidents; and submission of ISP assessments and support strategies in HCSIS. The agency must also ensure that individuals are equipped with back-up plans/information for use in the event of an emergency. Individuals must be assessed and supported with the use of assistive technology; they must also be assisted individuals to identify areas of work interests, gain necessary skills, and develop career plans towards pathways to employment.

Among the areas subject to certification that require additional attention is the organization's quality improvement process which was lax. The agency is encouraged to develop clear strategies for collecting and analyzing information on service quality to accurately identify patterns and trends, and to effectively develop and track service improvement goals. This should also include timely responses to the DDS area office request for service improvement.

As a result of the review, Life Need Coop's Residential and Individual Home Supports service grouping operated by Life Needs Coop is licensed for Two-Years having attained an overall score of 83% of licensure indicators met. A follow-up review will be conducted by DDS OQE within sixty days on all licensing indicators that received a rating of Not Met. The residential service grouping is Certified with an overall score of 81% of certification indicators met.

The Employment and Day Supports service grouping is licensed for Two-Years having received an overall score of 82% of licensure indicators met. The follow-up review for this service will also be conducted by DDS OQE within sixty days on all licensing indicators that received a rating of Not Met. The employment/day service grouping is Certified with a one-year Progress Report, with an overall score of 71% of certification indicators met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	6/8	2/8	
Residential and Individual Home Supports	54/64	10/64	
Placement Services			
Critical Indicators	7/7	0/7	
Total	60/72	12/72	83%
2 Year License			
# indicators for 60 Day Follow-up		12	

	Met / Rated	Not Met / Rated	% Met
Organizational	7/9	2/9	
Employment and Day Supports	43/52	9/52	
Community Based Day Services			
Critical Indicators	8/8	0/8	
Total	50/61	11/61	82%
2 Year License			
# indicators for 60 Day Follow-up		11	

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

Indicator #	Indicator	Area Needing Improvement
L4	Action is taken when an individual is subject to abuse or neglect.	The review of Life Needs Coop responses to DDS Area Office Decision and Action Plans and the Complaint Resolution Team showed that the agency did not submit any requested documentation to DDS within the prescribed timelines. The agency needs to develop an internal process for responding to DDS Decision and Action timelines, as required.

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The Human Rights Committee did not meet attendance requirements due to the two advocates on the committee having attended 50% or less meetings. The HRC also did not conduct site visits or review agency policies related to human rights. Life Needs Co-op needs to support its human rights committee members, especially the requisite ones, to attend HRC meetings on a consistent basis and to fulfil their responsibilities in promoting and protecting the rights of individuals who receive services.

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

Indicator #	Indicator	Area Needing Improvement
L30	Every porch, balcony, deck or roof used as a porch or deck has a wall or protective railing in good repair.	Two of the four sites were either in disrepair or were inadequate to meet the needs of the individuals that resided in the site/s. The agency needs to maintain its sites to be in good repair and to adequately meet the comfort/safety needs of the people that reside at the sites.
L57	All behavior plans are in a written plan.	For three of the individuals reviewed, restrictive interventions that addressed specified target behaviors that posed a threat to the person's wellbeing and safety were not included in a formalized Positive Behavioral Support (PBS) plan. The agency needs to ensure that restrictive interventions and practices are included in a formal PBS plan that has been properly designated.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	For one of three individuals reviewed, the agency was not collecting data on the individual's target behaviors in relation to restrictive interventions that were being utilized. The agency needs to collect, maintain, and share data on individuals' target behaviors.
L64	Medication treatment plans are reviewed by the required groups.	For two out of three individuals reviewed, the medication treatment plan had not been incorporated into the ISP. The agency needs to share the individual's medication treatment plan with DDS Service Coordinators to ensure that it is incorporated into the ISP.

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

Indicator #	Indicator	Area Needing Improvement
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	Funds management plans for three of five individuals did not address required elements and/or current practices at the homes. When the agency assumes shared or delegated responsibility for managing an individual's funds, a plan needs to be developed that fully describes the agency's role in managing those funds. In these instances, the funds management agreement needs to include the arrangements between Life Needs Coop and the guardian/representative payee on the responsibility and liability of reconciling aspects of the bank accounts that are not under the agency's control (i.e. guardians direct involvement in bank withdrawals).
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For four individuals reviewed, ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that ISP assessments are submitted to DDS at least 15 days prior to the ISP.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For four individuals, ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that ISP support strategies are submitted to DDS at least 15 days prior to the ISP.
L91	Incidents are reported and reviewed as mandated by regulation.	At four locations, incidents were not submitted or finalized within the required timelines. The agency needs to ensure that incident reports are submitted and finalized within required timelines in HCSIS.
L93 (05/22)	The provider has emergency back up plans to assist individuals to plan for emergencies and/or disasters.	For the five individuals reviewed, the agency had not developed emergency back-up plans to assist individuals in planning for emergencies or disasters. The agency needs to ensure that each individual has contact information and is knowledgeable of what to do in the event of an emergency or disaster.
L94 (05/22)	Individuals have assistive technology to maximize independence.	For two out of five individuals reviewed, support needs and the potential benefits of assistive technology had not been assessed and supported. The agency needs to ensure that all individuals are assessed to identify assistive technology to maximize independence and take steps to provide this support when a need is identified.

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

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

Indicator #	Indicator	Area Needing Improvement
L7	Fire drills are conducted as required.	Only one fire drill was conducted for the Weavery CBDS program site over the last twelve months. The agency needs to ensure that at least two fire drills are conducted annually at day service locations. These fire drills must be conducted in accordance with all provisions outlined within the DDS approved safety plan.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	The bathroom hot water temperature at the main CBDS location exceeded 120 degrees when tested. The agency needs to ensure water temperatures test at 110° degrees Fahrenheit. Corrected
L57	All behavior plans are in a written plan.	For three individuals reviewed, the agency utilized restrictive interventions to address specified target behaviors that posed a threat to the person's wellbeing and safety. These interventions were not included in a formalized Positive Behavioral Support (PBS) plan. The agency needs to ensure that restrictive interventions and practices are included in a formal PBS plan with HRC review and approval.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	For two individuals reviewed, the agency was not collecting data on the individuals' target behaviors in relation to restrictive interventions. The agency needs to collect, maintain, and share data on individuals' target behaviors.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For four out of five individuals reviewed, ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that ISP assessments are submitted to DDS at least 15 days prior to the ISP.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For four out of five individuals reviewed, ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that ISP support strategies are submitted to DDS at least 15 days prior to the ISP.
L91	Incidents are reported and reviewed as mandated by regulation.	Several incident reports were submitted and/or finalized late at this site. The agency needs to ensure that incident reports are submitted and finalized within the regulatory timelines in HCSIS.
L93 (05/22)	The provider has emergency back up plans to assist individuals to plan for emergencies and/or disasters.	For the six individuals reviewed, the agency had not developed emergency back-up plans to assist individuals in planning for emergencies or disasters. The agency needs to ensure each individual has contact information and is knowledgeable of what to do in the event of an emergency or disaster.

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

Indicator #	Indicator	Area Needing Improvement
L94 (05/22)	Individuals have assistive technology to maximize independence.	For six individuals reviewed, support needs and the potential benefits of assistive technology had not been assessed. The agency needs to ensure that all individuals are assessed to identify assistive technology to maximize independence and take steps to provide this support when a need is identified.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	2/6	4/6	
Residential and Individual Home Supports	19/20	1/20	
Placement Services	19/20	1/20	
Total	21/26	5/26	81%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	2/6	4/6	
Employment and Day Supports	13/15	2/15	
Community Based Day Services	13/15	2/15	
Total	15/21	6/21	71%
Certified with Progress Report			

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

Indicator #	Indicator	Area Needing Improvement
C1	The provider collects data regarding program quality including but not limited to incidents, investigations, restraints, and medication occurrences.	The agency did not have an effective method of gathering data and information on service quality. The agency needs to develop methods for gathering information and data on service quality that identifies needs for service improvement.
C2	The provider analyzes information gathered from all sources and identifies patterns and trends.	The agency did not have effective methods of analyzing data on service delivery in terms of patterns and trends. The agency needs to develop the capacity to analyze data in terms of patterns and trends. This data must be analyzed in a manner that pinpoints and prioritizes the need for service improvement.

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

Indicator #	Indicator	Area Needing Improvement
C4	The provider receives and utilizes input received from DDS and other stakeholders to inform service improvement efforts.	Findings from the survey highlighted some areas that could benefit from a continuous process of quality assurance review. The agency needs to strengthen its internal quality assurance process and use findings to identify service improvement goals. Additionally, the agency needs to utilize feedback from external sources such as DDS licensing and certification reviews to improve service quality.
C5	The provider has a process to measure progress towards achieving service improvement goals.	The agency did not have a process for developing service improvement goals or for measuring progress toward achieving them. Organization goals for service improvement must be developed and defined in ways that can be measured and tracked. The agency must take action to implement service improvement initiatives, utilize mechanisms to measure progress and success, and make mid-course corrections, if necessary.

Placement Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For two out of five individuals reviewed, interests and supports needs in the areas of intimacy, sexuality, and companionship had not been assessed. The agency needs to ensure that each individual is assessed and supported around human sexuality and intimacy based on the individual's preferences, learning style, language, and method of communication. In addition, the agency must establish effective methods of training their staff and home providers to assist individuals in obtaining education and support in the area of human sexuality and intimacy.

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

Indicator #	Indicator	Area Needing Improvement
C39 (07/21)	There is a plan developed to identify job goals and support needs that would lead to movement into supported employment.	For three of five individuals reviewed, the agency had not developed individualized plans to support individuals to build an understanding of job possibilities and pathways to employment. The agency must develop plans for individuals that include strategies, education, and training to enhance the person's skill set for job acquisition.
C44	Staff have effective methods to assist individuals to explore their job interests if appropriate.	Three out of six individuals reviewed had not been supported to explore job interest based upon the individual's learning style and needs. This exploration should include the utility of job interest inventories, visiting different job settings and volunteer activities.

MASTER SCORE SHEET LICENSURE

Organizational: Life Needs Co-op Inc.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	6/6	Met
L3	Immediate Action	13/13	Met
L4	Action taken	0/7	Not Met(0 %)
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	4/4	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	4/4	Met
L83	HR training	4/4	Met
L92 (07/21)	Licensed Sub-locations (e/d).	4/4	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I			4/5				4/5	Met (80.0%)
L5	Safety Plan	L			4/4				4/4	Met
℞ L6	Evacuation	L			4/4				4/4	Met
L8	Emergency Fact Sheets	I			5/5				5/5	Met
℞ L11	Required inspections	L			4/4				4/4	Met
℞ L12	Smoke detectors	L			3/4				3/4	Met
℞ L13	Clean location	L			4/4				4/4	Met
L14	Site in good repair	L			3/4				3/4	Met
L15	Hot water	L			4/4				4/4	Met
L16	Accessibility	L			4/4				4/4	Met
L17	Egress at grade	L			4/4				4/4	Met
L19	Bedroom location	L			4/4				4/4	Met
L21	Safe electrical equipment	L			3/4				3/4	Met
L22	Well-maintained appliances	L			2/2				2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L24	Locked door access	L			4/4				4/4	Met
L26	Walkway safety	L			4/4				4/4	Met
L29	Rubbish/combustibles	L			4/4				4/4	Met
L30	Protective railings	L			2/4				2/4	Not Met (50.0%)
L31	Communication method	I			5/5				5/5	Met
L32	Verbal & written	I			5/5				5/5	Met
L33	Physical exam	I			5/5				5/5	Met
L34	Dental exam	I			5/5				5/5	Met
L35	Preventive screenings	I			5/5				5/5	Met
L36	Recommended tests	I			5/5				5/5	Met
L37	Prompt treatment	I			5/5				5/5	Met
Ⓡ L38	Physician's orders	I			2/2				2/2	Met
L41	Healthy diet	L			4/4				4/4	Met
L42	Physical activity	L			4/4				4/4	Met
L43	Health Care Record	I			4/4				4/4	Met
Ⓡ L46	Med. Administration	I			5/5				5/5	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L49	Informed of human rights	I			4/5				4/5	Met (80.0%)
L50 (07/21)	Respectful Comm.	I			5/5				5/5	Met
L51	Possessions	I			5/5				5/5	Met
L52	Phone calls	I			5/5				5/5	Met
L53	Visitation	I			5/5				5/5	Met
L54 (07/21)	Privacy	I			5/5				5/5	Met
L55	Informed consent	I			5/5				5/5	Met
L56	Restrictive practices	I			4/4				4/4	Met
L57	Written behavior plans	I			0/3				0/3	Not Met (0%)
L60	Data maintenance	I			2/3				2/3	Not Met (66.67%)
L61	Health protection in ISP	I			1/1				1/1	Met
L62	Health protection review	I			1/1				1/1	Met
L63	Med. treatment plan form	I			4/5				4/5	Met (80.0%)
L64	Med. treatment plan rev.	I			2/3				2/3	Not Met (66.67%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L67	Money mgmt. plan	I			2/5				2/5	Not Met (40.0 %)
L68	Funds expenditure	I			5/5				5/5	Met
L69	Expenditure tracking	I			4/4				4/4	Met
L70	Charges for care calc.	I			5/5				5/5	Met
L71	Charges for care appeal	I			5/5				5/5	Met
L77	Unique needs training	I			5/5				5/5	Met
L78	Restrictive Int. Training	L			3/3				3/3	Met
L80	Symptoms of illness	L			4/4				4/4	Met
L81	Medical emergency	L			4/4				4/4	Met
L84	Health protect. Training	I			1/1				1/1	Met
L85	Supervision	L			4/4				4/4	Met
L86	Required assessments	I			0/4				0/4	Not Met (0 %)
L87	Support strategies	I			0/4				0/4	Not Met (0 %)
L88	Strategies implemented	I			5/5				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
L90	Personal space/bedroom privacy	I			5/5				5/5	Met
L91	Incident management	L			0/4				0/4	Not Met (0 %)
L93 (05/22)	Emergency back-up plans	I			0/5				0/5	Not Met (0 %)
L94 (05/22)	Assistive technology	I			3/5				3/5	Not Met (60.0 %)
L96 (05/22)	Staff training in devices and applications	I			2/2				2/2	Met
L99 (05/22)	Medical monitoring devices	I			1/1				1/1	Met
#Std. Met/# 64 Indicator									54/64	
Total Score									60/72	
									83.33%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I			5/6	5/6	Met (83.33 %)

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L5	Safety Plan	L			1/1	1/1	Met
☒ L6	Evacuation	L			1/1	1/1	Met
L7	Fire Drills	L			0/1	0/1	Not Met (0 %)
L8	Emergency Fact Sheets	I			6/6	6/6	Met
L9 (07/21)	Safe use of equipment	I			3/3	3/3	Met
L10	Reduce risk interventions	I			1/1	1/1	Met
☒ L11	Required inspections	L			1/1	1/1	Met
☒ L12	Smoke detectors	L			1/1	1/1	Met
☒ L13	Clean location	L			1/1	1/1	Met
L14	Site in good repair	L			1/1	1/1	Met
L15	Hot water	L			0/1	0/1	Not Met (0 %)
L16	Accessibility	L			1/1	1/1	Met
L17	Egress at grade	L			1/1	1/1	Met
L20	Exit doors	L			1/1	1/1	Met
L21	Safe electrical equipment	L			1/1	1/1	Met
L22	Well-maintained appliances	L			1/1	1/1	Met
L25	Dangerous substances	L			1/1	1/1	Met
L26	Walkway safety	L			1/1	1/1	Met
L28	Flammables	L			1/1	1/1	Met
L29	Rubbish/combustibles	L			1/1	1/1	Met
L30	Protective railings	L			1/1	1/1	Met
L31	Communication method	I			6/6	6/6	Met
L32	Verbal & written	I			6/6	6/6	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L37	Prompt treatment	I			6/6	6/6	Met
Ⓜ L38	Physician's orders	I			3/3	3/3	Met
L39	Dietary requirements	I			3/3	3/3	Met
L44	MAP registration	L			1/1	1/1	Met
L45	Medication storage	L			1/1	1/1	Met
Ⓜ L46	Med. Administration	I			2/2	2/2	Met
L49	Informed of human rights	I			5/6	5/6	Met (83.33 %)
L50 (07/21)	Respectful Comm.	I			6/6	6/6	Met
L51	Possessions	I			6/6	6/6	Met
L52	Phone calls	I			6/6	6/6	Met
L54 (07/21)	Privacy	I			6/6	6/6	Met
L55	Informed consent	I			5/5	5/5	Met
L57	Written behavior plans	I			0/3	0/3	Not Met (0 %)
L60	Data maintenance	I			1/3	1/3	Not Met (33.33 %)
L61	Health protection in ISP	I			2/2	2/2	Met
L77	Unique needs training	I			6/6	6/6	Met
L80	Symptoms of illness	L			1/1	1/1	Met
L81	Medical emergency	L			1/1	1/1	Met
Ⓜ L82	Medication admin.	L			1/1	1/1	Met
L84	Health protect. Training	I			2/2	2/2	Met
L85	Supervision	L			1/1	1/1	Met
L86	Required assessments	I			1/5	1/5	Not Met (20.0 %)

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L87	Support strategies	I			1/5	1/5	Not Met (20.0 %)
L88	Strategies implemented	I			6/6	6/6	Met
L91	Incident management	L			0/1	0/1	Not Met (0 %)
L93 (05/22)	Emergency back-up plans	I			0/6	0/6	Not Met (0 %)
L94 (05/22)	Assistive technology	I			3/6	3/6	Not Met (50.0 %)
L96 (05/22)	Staff training in devices and applications	I			3/3	3/3	Met
#Std. Met/# 52 Indicator						43/52	
Total Score						50/61	
						81.97%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

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

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	4/5	Met (80.0 %)
C8	Family/guardian communication	5/5	Met
C9	Personal relationships	5/5	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C10	Social skill development	5/5	Met
C11	Get together w/family & friends	5/5	Met
C12	Intimacy	3/5	Not Met (60.0 %)
C13	Skills to maximize independence	5/5	Met
C14	Choices in routines & schedules	5/5	Met
C15	Personalize living space	4/4	Met
C16	Explore interests	5/5	Met
C17	Community activities	5/5	Met
C18	Purchase personal belongings	5/5	Met
C19	Knowledgeable decisions	5/5	Met
C46	Use of generic resources	5/5	Met
C47	Transportation to/ from community	5/5	Met
C48	Neighborhood connections	5/5	Met
C49	Physical setting is consistent	3/4	Met
C51	Ongoing satisfaction with services/ supports	5/5	Met
C52	Leisure activities and free-time choices /control	5/5	Met
C53	Food/ dining choices	5/5	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	4/5	Met (80.0 %)
C8	Family/guardian communication	6/6	Met
C13	Skills to maximize independence	6/6	Met
C37	Interpersonal skills for work	6/6	Met
C38 (07/21)	Habilitative & behavioral goals	5/5	Met
C39 (07/21)	Support needs for employment	2/5	Not Met (40.0 %)
C40	Community involvement interest	5/5	Met
C41	Activities participation	5/5	Met
C42	Connection to others	5/5	Met
C43	Maintain & enhance relationship	5/5	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C44	Job exploration	3/6	Not Met (50.0 %)
C45	Revisit decisions	6/6	Met
C46	Use of generic resources	5/5	Met
C47	Transportation to/ from community	6/6	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met