



**PROVIDER REPORT
FOR**

**LIFEWORKS INC
789 Clapboardtree Street
Westwood, MA 02090**

July 21, 2022

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	LIFEWORKS INC
Review Dates	5/16/2022 - 5/20/2022
Service Enhancement Meeting Date	6/6/2022
Survey Team	Barbara Mazzella Mark Boghoian (TL) Raymond Edi-Osagie Cheryl Hampton Leslie Hayes Margareth Larrieux Lisa MacPhail
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	9 location(s) 9 audit (s)	Full Review	77/85 2 Year License 06/06/2022-06/06/2024		No Review Conducted
Residential Services	5 location(s) 5 audit (s)			Deemed	
Placement Services	4 location(s) 4 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	5/6(Provider)
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	4 location(s) 22 audit (s)	Targeted Review	DDS 28/28 Provider 34 / 36 62 / 64 2 Year License 06/06/2022-06/06/2024		38/42 Certified 06/06/2022 - 06/06/2024
Community Based Day Services	2 location(s) 11 audit (s)			Deemed	14/15(Provider)
Employment Support Services	2 location(s) 11 audit (s)			Deemed	19/21(Provider)
Planning and Quality Management (For all service groupings)				Deemed	5/6(Provider)

EXECUTIVE SUMMARY :

Lifeworks, Inc. is a non-profit agency that offers services to persons with intellectual and developmental disabilities in the Metro-Boston, Newton/South Norfolk, Middlesex and Taunton /Attleboro areas of Massachusetts. The services the agency provides include: 24-hour Residential Supports, Placement Services, Community Based Day Supports (CBDS), and Employment Supports. The agency merged with the Arc of South Norfolk in October 2020, and with that merger, Lifeworks now also provides such services as Day Habilitation, Family Supports including a Family Support Center, Adult Family Care, Autism Supports including an Autism Support Center, Harbor Counseling and a department providing Social and Recreation programs.

For this 2022 survey, the Department of Developmental Services (DDS) Office of Quality Enhancement conducted a full licensing review of the agency's residential services, and a targeted review of day and employment supports which encompassed a review of all critical indicators and licensing indicators that were not met during the agency's last full DDS Licensing and Certification survey. The agency was eligible for and elected to conduct a self-assessment review of its day and employment services. The agency was deemed for certification in consideration of its Three-Year accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF). This report reflects the combined findings of the DDS full review of residential services, the DDS targeted review of day/employment, and the agency's self-assessment review of its Day/employment programs.

The evaluation of organizational licensing indicators revealed that Lifeworks Inc. had effective methods for the screening, hiring, and credentialing of employees. Staff training was also prioritized as staff received all mandated training. Lifeworks had an active Human Rights Committee (HRC) that met on a regular basis, with the required composition of members to discuss topics under its purview. A review of complaints, investigations, and action plans revealed that when the agency was made aware of allegations, it took immediate actions and complied with action plans issued by DDS at the conclusion of inquiries.

The agency demonstrated positive outcomes across both residential and day supports. All the locations where audits occurred were clean and current for all required annual inspections. The locations also had current and accurate emergency evacuation safety plans and emergency back-up plans. A review of evacuation drills revealed that staff supported individuals to evacuate within the required timeframes.

Within residential services, the agency had processes in place that enhanced living standards for people it supports. In the area of healthcare, annual medical and dental appointments, as well as routine/recommended follow-up visits were well supported. Regarding medication administration, staff was compliant with Physician orders and the Medication Administration Program (MAP) in the dispensation of medication. Surveyors found that health-related protections and medication treatment plans were present, contained all required components and received the requisite reviews. As it relates to nutrition, individuals were supported to follow healthy diets and had nutritious foods available to them; they were also engaged in physical activity. In the area of the ISP, staff assisted individuals to work on and meet their identified ISP goals. It was noteworthy that communication with and about individuals was observed to be done in a respectful and adult-oriented manner, and staff was familiar with assistive technology used by individuals.

Within CBDS and employment services, medication administration was done in accordance with Physician orders and the Medication Administration Program (MAP), and physician ordered medical protocols were familiar to staff and well implemented. In the area of the ISP, required assessment and support strategies for the ISP were completed and submitted in a timely fashion. The agency supported individuals to maintain their privacy when discussing personal matters and communication with and about individuals was respectful. It also secured consent from guardians/individuals prior to allowing peoples images to be used in public forums. As it relates to technology, staff was able to support the use of various technology devices by individuals.

Lifeworks showed numerous positive outcomes for individuals they support within residential services,

however, there were some areas where further attention is needed. In the area of Human Rights for example, when restrictive practices are in place for a person(s) at a location, the agency needs to outline mitigation measures for those not requiring the restriction(s) but are affected by it; it needs to document and communicate those mitigation measures to individuals and their guardians. Relative to money management, the agency needs to ensure that when shared and/or delegated money management responsibility exist, that the established guidelines identified in money management plans are adhered to. In addition, regarding incident management, the agency needs to comply with the established timelines for submitting and finalizing incidents in HCSIS.

Lifeworks met 91% of licensing indicators and will receive a Two-Year License for its Residential Service Grouping. It met 97% of licensing indicators in Day/Employments services and will receive a Two-Year License for its Day/Employment Service Grouping. The agency will conduct its own follow-up of licensing indicators that were not met residential and day/employment services within 60 days of the service enhancement meeting and submit the findings to the DDS Office of Quality Enhancement. The agency is certified for both the residential and day/employment service groupings.

The providers self-assessment process and ratings are outlined below.

Description of Self Assessment Process:

Lifeworks, Inc. has a comprehensive quality enhancement program that incorporates all levels of our agency, overseen by our Sr. Leadership Team and several different staff committees chaired by division directors. These committees include PBS, marketing, safety, technology, leadership, financial and electronic case record review. These committees have continued through the pandemic. For the most part have been held remotely. In addition, Lifeworks seeks input from its stakeholders, who include individuals supported, families/guardians, funding sources and employers through its survey process on an annual basis. The agency maintains a human rights committee that is comprised of professional members with medical, legal and clinical expertise, as well as representation from informed family members and supported individuals. Lifeworks and its subsidiaries owns most of its homes, the agency employs a maintenance department to address and remedy physical plant issues and ongoing property upkeep. All committees meet on a regular basis to ascertain and ensure that the quality of support to the individuals served, and the organizations mission are consistently maintained. Lifeworks hires an outside consultant to implement a strategic planning process. This process happens on a three-year cycle and is currently taking place. This is a very comprehensive process and elicits feedback from the Lifeworks Board of Directors, Agency Sr. Leadership, all levels of Management, staff, individuals served, other stakeholders and funding sources.

For this OQE licensing self-assessment, Lifeworks established a committee, consisting of the Chief Operating Officer, Vice President of Quality and Community Services, Vice President of Employment and Day Services, Director of Quality Assurance and both Directors of Employment/CBDS for the Boston and Norwood Programs. This self-assessment is only for the Employment/CBDS Programs located in Norwood and Boston. For these two programs a total of 21 files were randomly selected. Directors were assigned to go through each licensing and certification indicators and assess whether it was met, not met or in some instances not rated because a particular indicator did not apply. Lifeworks utilized the threshold of 80% to determine if an indicator was met or not. Lifeworks received a three-year accreditation from CARF in January of 2020. Although many of the OQE certification indicators match up with many of the CARF areas of accreditation, Lifeworks conducted its own audit on each certification indicator.

Health Promotion and Medical Supports

Lifeworks has a director of nursing to oversee all agency nursing. In addition, Lifeworks employs many Licensed Practical Nurses (LPN's) and Registered Nurses (RN's) to provide support to all programs. Lifeworks provide medication administration audits for Lifeworks programs. During these audits all medications are checked to ensure that MAP regulations are being followed. Nursing also provides individualized trainings for home and day programs. In addition to individualized trainings Lifeworks nurses provide trainings on medical protocols, vital signs, EpiPen, blood glucose monitoring, oxygen therapy. Nursing is also consulted on a regular basis regarding any specialty appointments for individuals served. Many of these appointments are attended by one of the nursing staff. Discharge meetings from hospitals/care facilities are attended by nursing so that proper follow up/medical supports can be put in place for the person to return home to a comfortable, safe and supportive environment. Onboarding for Hospice at residential houses are attended by nursing staff to support the individual, staff, and families. One of Lifeworks RN's is the agency Medication Administration Protocol (MAP) Consultant/Trainer. This person provides MAP certification/re-certification for staff and any assistance regarding medication administration. All medication occurrences are reviewed by the MAP Consultant/Trainer and any follow up with staff for training/re-training is provided in accordance with the agency Medication Administration Errors Policy. On-call nursing is utilized during off business hours for emergencies questions or MAP consultations.

Home and Facility Safety

Although only required quarterly by DDS, Lifeworks performs evacuation drills on a monthly basis in all residential and day programs. All programs also run severe weather, utility failure, medical emergency, violent situation drills and bomb drills on a yearly basis. Reports of these drills are sent to the safety committee chair and reviewed and kept on file. All fire safety equipment such as extinguishers and sprinkler systems are inspected on a regular basis. All AED devices are maintained on an annual contract. All safety plans are updated as necessary and signed off by the Chief Operating and area office of DDS. Safety plans are also reviewed by the Safety Committee. The agency conducts internal safety inspections in all programs twice per year. Our insurance company completes an annual external inspection on all buildings owned/leased by Lifeworks. Lifeworks has a fleet of vehicles which

are maintained on a regular schedule. Monthly maintenance vehicle sheets are completed by staff and sent to the transportation coordinator for review. Our in-house maintenance department maintains a list of ongoing repairs that all managers have access to report issues/concerns with the building to be addressed.

Program Supports and Implementation

Quality assurance of the ISP process is achieved in a number of ways. Weekly compliance reports are sent to supervisors, managers, and vice presidents. These include ISP dates, internal incident reports, HCSIS incident reports for reconciliation. The electronic case record review process utilizes a random selection of cases for audit, and these are conducted on a quarterly basis by managerial staff. Case files are assessed for consistency and completeness of documentation and evidence of its relevance to the goals of the individuals supported. In addition, supervisors meet individually with staff on a regular basis with regards to their caseloads to ensure compliance with the ISP process. Documents forwarded to DDS Service Coordinators are required to be date and time-stamped through the state HCSIS System to ensure timely submission in accordance with regulatory requirements.

Human Rights

The Lifeworks Human Rights Committee has all of the required components and is chaired by a consultant who is the Human Rights Coordinator. The committee meets on a six-week cycle. The Human Rights Coordinator reviews all incident reports forwarded by the Lifeworks CEO or COO. These also include any situations which are reported to DPPC. All behavioral intervention plans are presented by the Human Rights Coordinator for review by the Human Rights Committee. All supportive and protective documents are reviewed and sign off by the Registered Nurse on the committee. Staff and individuals are trained on both human rights and DPPC/mandated reporting. Historically the committee has conducted site visits, due to COVID-19 the Director of Quality Assurance has completed the visits.

Staff Training and Development

Lifeworks utilizes a proactive approach to staff training that ensures the high professional standards needed to carry out our mission. Under the guidance of the Director of Human Resources, staff development starts with an orientation process that includes a review of all policies and required trainings. Lifeworks uses a tracking system that identifies expiring certification, applicable licensures and other mandatory requirements. Directors are kept abreast of staff training needs on a regular basis. Staff also have access to and are encouraged to engage in outside professional development programs. Lifeworks also contracts with various consultants to provide onsite training on various topics.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Residential and Individual Home Supports	67/75	8/75	
Residential Services Placement Services			
Critical Indicators	8/8	0/8	
Total	77/85	8/85	91%
2 Year License			
# indicators for 60 Day Follow-up		8	

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Employment and Day Supports	52/54	2/54	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	62/64	2/64	97%
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
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At two of nine locations, water temperature measured outside of the established parameters. The agency needs to ensure that water temperature measures between 110-120 degrees at all locations.
L35	Individuals receive routine preventive screenings.	The agency did not support four of nine individuals to have routine preventative screenings. The agency needs to ensure that all individuals receive routine and preventative screenings per DDS guide for preventative screening.

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

Indicator #	Indicator	Area Needing Improvement
L54 (07/21)	Individuals have privacy when taking care of personal needs and discussing personal matters.	At two of nine locations, individuals were not afforded privacy when taking care of personal matters. The agency needs to ensure that mechanisms are in place at all its locations to afford individuals privacy.
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.	At two of four locations where there were restrictive practices, the agency did not provide a written rational to the other affected individuals and their Guardians. The agency needs to ensure that restrictive practices that affect others are communicated in writing to the other affected individuals and their Guardians.
L69	Individual expenditures are documented and tracked.	For three of eight individuals, financial expenditures were not documented and tracked in accordance with expectations set forth in individual money management assessments/plans. The agency needs to ensure that when it has a shared and/or delegated money management responsibility, it documents and tracks expenditures in accordance with individual's money management plan/assessments.
L78	Staff are trained to safely and consistently implement restrictive interventions.	At two of four locations, staff were not trained to implement restrictive interventions safely and consistently. The agency needs to ensure that all staff are trained to implement restrictive interventions safely and consistently
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For two of seven individuals, the agency did not complete and submit the provider support strategies for the ISP within the established timeframe. The agency needs to ensure that it completes and submits provider support strategies for the ISP within the established timeframe
L91	Incidents are reported and reviewed as mandated by regulation.	At two of nine locations, incidents were not reported and finalized within the established timeliness. The agency needs to ensure that all incidents are reported and reviewed within the established timelines.

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

Indicator #	Indicator	Issue identified	Action planned to address
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	1/2 A supportive and protective device was not documented in the ISP. 1/2 files did not contain the supportive and protective document with the proper signatures.	Re-training staff on what needs to be reviewed each ISP meeting. Re-training of staff on supportive protected paperwork with correct signatures of doctors and Registered Nurse.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	13/21 progress notes were missing how strategies were being implemented	Staff will be re-trained in completing progress notes for specific implementation strategies

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	5/6	1/6	
Residential and Individual Home Supports	0/0	0/0	
Placement Services	0/0	0/0	
Residential Services	0/0	0/0	
Total	5/6	1/6	83%
No Review Conducted			

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	Provider (also Deemed)	5/6	1/6	
Employment and Day Supports	Provider	33/36	3/36	
Community Based Day Services	Provider (also Deemed)	14/15	1/15	
Employment Support Services	Provider (also Deemed)	19/21	2/21	
Total		38/42	4/42	90%
Certified				

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

Indicator #	Indicator	Issue identified	Action planned to address
C3	The provider actively solicits and utilizes input from the individuals and families regarding satisfaction with services.	Due to Covid-19 Satisfaction surveys were not able to be obtained	The action plan for this indicator is a restructured plan of service satisfaction across all areas of stakeholders/individuals/guardians and families.

MASTER SCORE SHEET LICENSURE

Organizational: LIFEWORKS INC

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	13/13	Met
L3	Immediate Action	13/13	Met
L4	Action taken	8/8	Met
L48	HRC	1/1	Met
L65	Restraint report submit	1/1	Met
L66	HRC restraint review	1/1	Met
L74	Screen employees	7/7	Met
L75	Qualified staff	7/7	Met
L76	Track trainings	20/20	Met
L83	HR training	20/20	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	5/5		4/4				9/9	Met
L5	Safety Plan	L	5/5		4/4				9/9	Met
Ⓡ L6	Evacuation	L	5/5		4/4				9/9	Met
L7	Fire Drills	L	4/5						4/5	Met (80.0 %)
L8	Emergency Fact Sheets	I	5/5		4/4				9/9	Met
L9 (07/21)	Safe use of equipment	I	5/5						5/5	Met
L10	Reduce risk interventions	I	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
Ⓡ L11	Required inspections	L	5/5		4/4				9/9	Met
Ⓡ L12	Smoke detectors	L	5/5		4/4				9/9	Met
Ⓡ L13	Clean location	L	5/5		4/4				9/9	Met
L14	Site in good repair	L	5/5		4/4				9/9	Met
L15	Hot water	L	4/5		3/4				7/9	Not Met (77.78 %)
L16	Accessibility	L	3/3		4/4				7/7	Met
L17	Egress at grade	L	5/5		4/4				9/9	Met
L18	Above grade egress	L	4/4		1/1				5/5	Met
L19	Bedroom location	L	2/2						2/2	Met
L20	Exit doors	L	5/5						5/5	Met
L21	Safe electrical equipment	L	5/5		4/4				9/9	Met
L22	Well-maintained appliances	L	5/5		4/4				9/9	Met
L23	Egress door locks	L	4/5						4/5	Met (80.0 %)
L24	Locked door access	L	5/5		4/4				9/9	Met
L25	Dangerous substances	L	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/Rat ed	Rating
L26	Walkway safety	L	5/5		4/4				9/9	Met
L27	Pools, hot tubs, etc.	L			1/1				1/1	Met
L28	Flammables	L	5/5						5/5	Met
L29	Rubbish/combustibles	L	5/5		4/4				9/9	Met
L30	Protective railings	L	5/5		4/4				9/9	Met
L31	Communication method	I	5/5		4/4				9/9	Met
L32	Verbal & written	I	5/5		4/4				9/9	Met
L33	Physical exam	I	4/5		4/4				8/9	Met (88.89 %)
L34	Dental exam	I	5/5		4/4				9/9	Met
L35	Preventive screenings	I	4/5		1/4				5/9	Not Met (55.56 %)
L36	Recommended tests	I	5/5		4/4				9/9	Met
L37	Prompt treatment	I	4/4		3/3				7/7	Met
Ⓡ L38	Physician's orders	I	4/4						4/4	Met
L39	Dietary requirements	I	4/4		2/2				6/6	Met
L40	Nutritional food	L	5/5						5/5	Met
L41	Healthy diet	L	5/5		4/4				9/9	Met
L42	Physical activity	L	5/5		4/4				9/9	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L43	Health Care Record	I	5/5		4/4				9/9	Met
L44	MAP registration	L	5/5						5/5	Met
L45	Medication storage	L	5/5						5/5	Met
Ⓡ L46	Med. Administration	I	5/5		3/3				8/8	Met
L47	Self medication	I	1/1		4/4				5/5	Met
L49	Informed of human rights	I	5/5		4/4				9/9	Met
L50 (07/21)	Respectful Comm.	I	5/5		4/4				9/9	Met
L51	Possessions	I	5/5		4/4				9/9	Met
L52	Phone calls	I	5/5		4/4				9/9	Met
L53	Visitation	I	5/5		4/4				9/9	Met
L54 (07/21)	Privacy	I	3/5		4/4				7/9	Not Met (77.78 %)
L56	Restrictive practices	I	2/4						2/4	Not Met (50.0 %)
L61	Health protection in ISP	I	3/3						3/3	Met
L62	Health protection review	I	2/2						2/2	Met
L63	Med. treatment plan form	I	4/4		3/3				7/7	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L64	Med. treatment plan rev.	I	4/4		3/3				7/7	Met
L67	Money mgmt. plan	I	5/5		2/3				7/8	Met (87.50 %)
L68	Funds expenditure	I	5/5		3/3				8/8	Met
L69	Expenditure tracking	I	5/5		0/3				5/8	Not Met (62.50 %)
L70	Charges for care calc.	I	5/5		4/4				9/9	Met
L71	Charges for care appeal	I	5/5		4/4				9/9	Met
L77	Unique needs training	I	5/5		3/4				8/9	Met (88.89 %)
L78	Restrictive Int. Training	L	2/4						2/4	Not Met (50.0 %)
L80	Symptoms of illness	L	5/5		4/4				9/9	Met
L81	Medical emergency	L	5/5		4/4				9/9	Met
Ⓡ L82	Medication admin.	L	5/5						5/5	Met
L84	Health protect. Training	I	3/3						3/3	Met
L85	Supervision	L	5/5		3/4				8/9	Met (88.89 %)
L86	Required assessments	I	4/4		1/2				5/6	Met (83.33 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L87	Support strategies	I	4/4		1/3				5/7	Not Met (71.43 %)
L88	Strategies implemented	I	4/5		4/4				8/9	Met (88.89 %)
L90	Personal space/ bedroom privacy	I	5/5		4/4				9/9	Met
L91	Incident management	L	3/5		4/4				7/9	Not Met (77.78 %)
L93 (05/22)	Emergency back-up plans	I	5/5		4/4				9/9	Met
L94 (05/22)	Assistive technology	I	4/5		4/4				8/9	Met (88.89 %)
L96 (05/22)	Staff training in devices and applications	I	5/5		4/4				9/9	Met
#Std. Met/# 75 Indicator									67/75	
Total Score									77/85	
									90.59%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	Provider		-	-	-	Met
L5	Safety Plan	L	Provider		-	-	-	Met
☐ L6	Evacuation	L	DDS			2/2	2/2	Met
L7	Fire Drills	L	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS	11/11		10/10	21/21	Met
☐ L11	Required inspections	L	DDS			2/2	2/2	Met
☐ L12	Smoke detectors	L	DDS			2/2	2/2	Met
☐ L13	Clean location	L	DDS			2/2	2/2	Met
L14	Site in good repair	L	Provider		-	-	-	Met
L15	Hot water	L	Provider		-	-	-	Met
L16	Accessibility	L	Provider		-	-	-	Met
L17	Egress at grade	L	Provider		-	-	-	Met
L18	Above grade egress	L	Provider		-	-	-	Met
L20	Exit doors	L	Provider		-	-	-	Met
L21	Safe electrical equipment	L	Provider		-	-	-	Met
L22	Well-maintained appliances	L	Provider		-	-	-	Met
L25	Dangerous substances	L	Provider		-	-	-	Met
L26	Walkway safety	L	Provider		-	-	-	Met
L28	Flammables	L	Provider		-	-	-	Met
L29	Rubbish/com bustibles	L	Provider		-	-	-	Met
L31	Communication method	I	Provider		-	-	-	Met
L32	Verbal & written	I	Provider		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
Ⓡ L38	Physician's orders	I	DDS			10/10	10/10	Met
L39	Dietary requirements	I	Provider		-	-	-	Met
L44	MAP registration	L	Provider		-	-	-	Met
L45	Medication storage	L	Provider		-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS			3/3	3/3	Met
L49	Informed of human rights	I	Provider		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS	11/11		10/10	21/21	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met
L54 (07/21)	Privacy	I	DDS	11/11		10/10	21/21	Met
L55	Informed consent	I	DDS	2/2		6/6	8/8	Met
L61	Health protection in ISP	I	Provider		-	-	-	Not Met
L63	Med. treatment plan form	I	DDS			1/1	1/1	Met
L72	DOL requirements	I	Provider		-	-	-	Met
L73	DOL certificate	L	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Met
L78	Restrictive Int. Training	L	Provider		-	-	-	Met
L79	Restraint training	L	Provider		-	-	-	Met
L80	Symptoms of illness	L	DDS	2/2		2/2	4/4	Met
L81	Medical emergency	L	Provider		-	-	-	Met
Ⓡ L82	Medication admin.	L	DDS			2/2	2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L84	Health protect. Training	I	Provider		-	-	-	Met
L85	Supervision	L	Provider		-	-	-	Met
L86	Required assessments	I	DDS	11/11		8/9	19/20	Met (95.00 %)
L87	Support strategies	I	DDS	11/11		9/10	20/21	Met (95.24 %)
L88	Strategies implemented	I	Provider		-	-	-	Not Met
L91	Incident management	L	Provider		-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS	11/11		10/10	21/21	Met
L94 (05/22)	Assistive technology	I	DDS	11/11		10/10	21/21	Met
L96 (05/22)	Staff training in devices and applications	I	DDS	5/5		8/8	13/13	Met
#Std. Met/# 54 Indicator							52/54	
Total Score							62/64	
							96.88%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

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

Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Not Met (0 %)
C8	Family/guardian communication	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C38 (07/21)	Habilitative & behavioral goals	Provider	-	Met
C39 (07/21)	Support needs for employment	Provider	-	Met
C40	Community involvement interest	Provider	-	Met
C41	Activities participation	Provider	-	Met
C42	Connection to others	Provider	-	Met
C43	Maintain & enhance relationship	Provider	-	Met
C44	Job exploration	Provider	-	Met
C45	Revisit decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met

Employment Support Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Not Met (0 %)
C8	Family/guardian communication	Provider	-	Met
C22	Explore job interests	Provider	-	Met
C23	Assess skills & training needs	Provider	-	Met
C24	Job goals & support needs plan	Provider	-	Met
C25	Skill development	Provider	-	Met
C26	Benefits analysis	Provider	-	Met
C27	Job benefit education	Provider	-	Met
C28	Relationships w/businesses	Provider	-	Met

Employment Support Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C29	Support to obtain employment	Provider	-	Met
C30	Work in integrated settings	Provider	-	Met
C31	Job accommodations	Provider	-	Met
C32	At least minimum wages earned	Provider	-	Met
C33	Employee benefits explained	Provider	-	Met
C34	Support to promote success	Provider	-	Met
C35	Feedback on job performance	Provider	-	Met
C36	Supports to enhance retention	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C50	Involvement/ part of the Workplace culture	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Not Met (0 %)