



**PROVIDER REPORT
FOR
LIVING INDEPENDENTLY
FOREVER
550 Lincoln Rd Ext
Hyannis, MA 02601**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	LIVING INDEPENDENTLY FOREVER
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Review Dates	12/15/2022 - 12/21/2022
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Service Enhancement Meeting Date	1/5/2023
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Survey Team	Michael Marchese (TL) Tina Napolitan Linda Griffith
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Citizen Volunteers	
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Survey scope and findings for Residential and Individual Home Supports					
Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	9 location(s) 14 audit (s)	Targeted Review	DDS 22/28 Provider 56 / 56 78 / 84 Defer Licensure		DDS 5 / 5 Provider 62 / 62 67 / 67 Certified
Residential Services	2 location(s) 6 audit (s)			DDS Targeted Review	20 / 20
Placement Services	3 location(s) 4 audit (s)			DDS Targeted Review	20 / 20
Individual Home Supports	4 location(s) 4 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6
Survey scope and findings for Employment and Day Supports					
Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	3 location(s) 14 audit (s)	Targeted Review	DDS 11/16 Provider 43 / 46 54 / 62 Defer Licensure		DDS 6 / 7 Provider 34 / 35 40 / 42 Certified
Community Based Day Services	2 location(s) 7 audit (s)			DDS Targeted Review	15 / 15
Employment Support Services	1 location(s) 7 audit (s)			DDS Targeted Review	19 / 21
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

Living Independently Forever (LIFE), Inc. is a private, not for profit human services agency founded in 1992 that provides an array of community-based supports and services to adults with developmental/intellectual challenges, autism spectrum and behavioral health needs. The agency has expanded their geographic service area beyond Cape Cod to now encompass Plymouth and the surrounding South Shore area. The agency currently provides Residential and Individual Home, and Community Based Day and Employment Supports anchored by their three residential communities located in Hyannis, Mashpee, and Plymouth, along with CBDS/Employment service sites in Sandwich and Plymouth.

Based on the outcome of the agency's previous DDS licensure and certification review conducted in November of 2019, the agency was eligible and chose the option of conducting a self-assessment for this review. As a result, the DDS survey team conducted a targeted review of the agency's Residential, Placement, Individual Home Support (IHS), Employment, and Community Based Day Support (CBDS) services. The targeted review consisted of evaluating the eight critical licensure indicators, any new/revised licensure and certification indicators, and indicators that received a 'Not Met' rating in the agency's previous (2019) survey.

The targeted review identified several areas of strength in the licensing domain.

Organizationally, the agency has an effective system for reporting allegations of abuse/neglect consistent with DDS/DPPC regulations. The review identified a number of positive practices across all services. The agency has in place a practice of including individuals served in the agency's staff onboarding and ongoing performance evaluation processes. Individuals and their guardians were informed of their human rights and what to do if they have a complaint. Emergency back-up plans to assist individuals to plan for emergencies and/or disasters were in place and staff was knowledgeable of them. Staff was observed to be respectful in their interactions with individuals, and the use of personal space and/or private areas were respected.

Across residential services, individuals' homes were found to be safe, clean, and well maintained, and individuals who were visited as part of this review were clearly excited to showcase their homes. The review also identified positive practices occurring in homes that provide twenty-four-hour support, including strategies to ensure timely evacuation of individuals in an emergency, and medications were being administered by certified staff according to physicians' orders and MAP regulations. Individuals' health related management protocols were in place, staff appeared well versed with individuals' unique support needs, and assistive technology needs had been assessed and staff were knowledgeable and supporting their use.

In CBDS/Employment services, individuals were gainfully employed in careers of their liking in the community, and staff actively supported individuals and their employers to ensure adequate supports were in place to promote positive outcomes and progress in their jobs. For example, one individual has achieved remarkable success at his job and recently received a promotion, which he credited, in part, to the level of support he has obtained from his staff. The targeted review also identified the following positive practices in CBDS/Employment services. Individuals' health related management protocols were in place, staff appeared well versed with individuals' unique support needs.

Licensing areas where further attention is warranted include the following. Within Residential services, healthcare management protocols must contain all required components, be clearly written, staff must be trained on them, and they must be implemented correctly. Medication Treatment Plans (MTP) must address all required components including all behavior modifying medications and the tracking of all relevant targeted behaviors, and the MTPs need to be incorporated into individuals' ISP. Money management plans in place when the agency has shared or delegated responsibility need to include all required components, including a teaching component when appropriate and should accurately reflect the actual money management supports in place for the individual.

In CBDS/Employment services, further attention is warranted in the following licensing areas. The

agency needs to ensure that environmental safety systems, including fire alarms, are inspected annually, and are verified to be properly working. Individuals participating in activities utilizing appliances and/or equipment need to be assessed to determine if they are able to safely utilize them. Individuals' assistive technology needs should be assessed, including identifying areas where assistive technology may maximize their independence and/or support current use of assistive technology when identified.

Among certification indicators reviewed, the agency needs to make sure that employment benefits and rights have been clearly explained to the individual.

Based upon the findings of this report, Living Independently Forever (LIFE), Inc.'s Residential and Day/Employment licenses are deferred due to not meeting one critical indicator in each service. This deferred status will remain pending the results of a follow-up review which will occur within 60 days of the Service Enhancement Meeting (SEM). Upon successful review of the two critical indicators at follow-up, the agency's Residential and Day/Employment services will receive a two-year license with a Mid-Cycle review. The agency is certified in both Residential and Day/Employment services.

The provider's description of its self-assessment process follows:

Description of Self Assessment Process:

Self-Assessment Process:

LIFE's Self-Assessment process began in July. Directors received a Survey Preparation Calendar, the Licensure and Certification Tools, and instructions to review records and regulations with staff according to the schedules provided. LIFE's Survey and Certification Folder was updated with the latest regulations, assessment tools, consent forms, and a Survey Supervision folder. A Survey Supervision Team was formed. The Supervision Team met semi-monthly to review standards and develop consensus on how each standard would be rated. The team then went out to each community and reviewed records, saving the Survey Supervision sheets for the Director and staff to address the issues we found. Team meetings were held to review certain standards, discuss the Survey process, and identify priorities.

Ongoing Quality Assurance Practices:

Despite challenges presented by the pandemic and staffing crisis, LIFE undertook ongoing Quality Assurance practices in the following ways since Survey:

QE Dashboard: The QE Dashboard was established to monitor and measure quality enhancement activities across LIFE. In the last year we measured each Director's adherence to HCSIS deadlines by community, establishing an Annual Goal Setting meetings for all private pay individuals, and adherence to DDS's Emergency Fact Sheet regulations.

Satisfaction Surveys: We revamped our satisfaction surveys for families and guardians to measure their satisfaction according to the Licensure and Certification standards. We did this to measure quality, to familiarize our staff with the standards, and to learn how families and guardians felt we were doing against DDS's QE standards. The results of the Satisfaction Survey led to many professional development enhancements, Relias, a new program in Employment for career development, and more. (See Attachment A: Satisfaction Survey Results Presentation)

Human Resources Committee: We have a standing Human Resources Committee populated with individuals to conduct an annual review of the Individual Satisfaction Survey, Staff Evaluation, and share tips on how to interview staff. Input from individuals on the committee inform changes to the satisfaction survey. Around the time of the last survey, the committee shared frustration with staff showing up late without calling first and added that as a question to the survey. Directors prioritized timely case time, made sure staff who consistently showed up late received feedback and goals around this in their evaluation, and increased communication when inevitable schedule changes do take place. Year-to-year comparison of Satisfaction Survey results yielded proof of improvement in this area.

Professional Development: One of the enhancements adopted from feedback received from the staff and family and guardian Satisfaction Surveys is Relias, a training software. Relias requires staff to pass a quiz after most trainings to demonstrate mastery of the topic and offers compliance reports for management to monitor adherence to required trainings. Based on family and guardian feedback and from DDS, LIFE also sent staff to Train the Trainer courses in Positive Approaches to Behavioral Challenges and Sexuality and the IDD population.

iCentrix: iCentrix, LIFE's Electronic Healthcare Record, was created with DDS regulations in mind. The EFS in iCentrix bases its required fields on DDS requirements for the EFS. The pandemic slowed down our full utilization of the software, but some areas of quality enhancement include:

- o Integration of tracking capability of behavior plans and Medication Treatment Protocols into the Group Home Daily Individual Progress Note.
- o Score Cards for EFS to monitor adherence to regulations
- o Internal Incident Report

Environmental Safety: LIFE's first Director of Facilities reduced his work hours and responsibilities in 2020 to only focus on capital projects. Working with the Board, this staff is executing a multi-year Capital Expenditure plan. This plan was drawn up with input from staff and members of the Finance and Aging Committees of the Board. The CapEx Plan allows us to update LIFE-owned properties and renovate with accessibility in mind to enable individuals to remain in their homes as they age when possible. Recent examples include the Settlers renovation, combining two bathrooms into one that allows for use of a wheelchair and room for staff to provide hands on assistance in showering, etc.

Through this plan we are about to undertake work to add wheelchair ramps to group homes that do not yet have them.

We welcomed a new Director of Facilities last year. He has implemented or is in process of implementing new quality controls for environmental safety including:

- o Vehicle Monitoring Software
- o Professional Dryer Vent Cleaning
- o Adding Speed Bumps to the Mashpee Community
- o Mapping and adding reflective tape to direct venting and generators, which need to be cleared during heavy snowstorms
- o Adding a generator to Mashpee Group Home
- o Radon Testing

Cyber Safety: LIFE has added the following Cyber Security measures to protect the integrity of protected health information of the people we serve:

- o Encrypted data at rest
- o Added Multi Factor Authentication
- o Removed local admin rights
- o Implemented Securify, a software detecting changes to data that may indicate a breach
- o Tightened email password security by requiring updates to passwords every 90 days
- o Added a mandatory Cyber Security training for staff

Social Skill Development/PABC Following Feedback from the Cape and Islands DDS regarding the need for LIFE staff in group homes to have a better grasp on managing challenging behaviors, LIFE sent two trainers to the Positive Approaches to Behavioral Challenges training. LIFE also provided complimentary Social Skills groups in each of its group homes to model the development of social skills for staff and provide a growth opportunity for the individuals served.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Residential and Individual Home Supports	70/76	6/76	
Residential Services Individual Home Supports Placement Services			
Critical Indicators	7/8	1/8	
Total	78/84	6/84	93%
Defer Licensure			
# indicators for 60 Day Follow-up		6	

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Employment and Day Supports	46/54	8/54	
Community Based Day Services Employment Support Services			
Critical Indicators	5/6	1/6	
Total	54/62	8/62	87%
Defer Licensure			
# indicators for 60 Day Follow-up		8	

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

Indicator #	Indicator	Area Needing Improvement
P L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	Eight health care management plans/protocols were reviewed, four of which did not address the specific diagnosis, specific instructions for unified care per the physician's recommendations, when to contact the physician and/or 911 or had not been developed. Additionally, the agency could not demonstrate that staff were trained and knowledgeable. The agency needs to ensure all healthcare management protocols outline the diagnoses, staff actions, when to call the HCP and when to seek/ call for emergency services as well as ensure staff are trained and knowledgeable.


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

Indicator #	Indicator	Area Needing Improvement
L63	Medication treatment plans are in written format with required components.	Eight medication treatment plans did not contain all required components, including missing behavior modifying medications, methods of tracking identified behaviors, criteria for reassessing need for medication and/or fading strategies, and for PRN medication, plans for increasing coping strategies were not developed. The agency needs to ensure that medication treatment plans include all required components.
L64	Medication treatment plans are reviewed by the required groups.	Five medication treatment plans were either not included, or not accurately reflected in individuals' ISPs. The agency needs to ensure that medication treatment plans are reviewed by the required groups.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	Three money management plans either lacked a teaching component or did not accurately reflect the actual money management supports in place for the individual. The agency needs to ensure that money management plans are in place when the agency has shared or delegated responsibility, including, when appropriate, a teaching plan.
L85	The agency provides ongoing supervision, oversight and staff development.	At two group home locations there was a lack of oversight and supervision, particularly regarding healthcare management. The agency needs to ensure there is oversight and supervision of the individuals' healthcare needs.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Four individuals' support strategies were not submitted in HCSIS within 15 days prior to their ISP meeting dates. The agency needs to ensure that support strategies are completed and submitted in preparation for the ISP.

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

Indicator #	Indicator	Area Needing Improvement
L9 (07/21)	Individuals are able to utilize equipment and machinery safely.	Seven individuals had not been assessed to determine if they were able to safely utilize appliances and/or equipment during CBDS activities. The agency needs to ensure that all individuals are able to utilize equipment and machinery safely.

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

Indicator #	Indicator	Area Needing Improvement
 L12	Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.	Issues with the fire alarm system were identified at one location. The agency needs to ensure that all elements of fire alarm system have been inspected, identified issues have been resolved, and the system is fully functional.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	ISP assessments for three individuals were not submitted within 15 days prior to their ISP meeting date. The agency needs to ensure that required assessments are completed in preparation for 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.	Support strategies for three individuals were not submitted within 15 days prior to their ISP meeting date. The agency needs to ensure that support strategies are completed and submitted in preparation for the ISP.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Three individuals' assistive technology needs had not been assessed, including incomplete assessments where no areas of AT need and/or current use of AT were identified. The agency needs to ensure that individuals have been assessed of their assistive technology needs, and/or have assistive technology to maximize their independence.

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

Indicator #	Indicator	Issue identified	Action planned to address
L64	Medication treatment plans are reviewed by the required groups.	In record review, we found an outdated Medication Treatment Plan uploaded to HCSIS, a Medication Treatment Plan that had not yet been copied to the ISP team, and Medication Treatment Plan that did not reflect all mood-altering drugs prescribed to the individual. Additionally, in some areas of LIFE, we need to implement a new approach to consistently track behaviors associated with mood altering drugs.	LIFE's Nurse and COO are planning a training to be held by the end of February for all Community Directors and their designee that will refresh their understanding of the purpose, format, required tracking and approvals required of Medication Treatment Plans.¿ LIFE's COO will track adherence to the requirements of Medication Treatment Plans in the QE Dashboard.

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

Indicator #	Indicator	Issue identified	Action planned to address
L85	The agency provides ongoing supervision, oversight and staff development.	Some services at LIFE have grown significantly since our last Survey. Such growth during an historic staffing crisis and a Pandemic resulted in shortfalls in supervision and training around processes for intake, record keeping, HCSIS deadlines, and Medication Treatment Plans, for example.	Executive management is restructuring in impacted areas to create leadership roles that reflect the recent growth in these programs. Examples of changes include adding a full-time Director in one area, and reorganizing oversight responsibilities to streamline duties in another.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	During our record review, we found an instance where an individual's goal was to utilize technology to schedule public transportation to and from work but staff's notes consistently reflected that staff was scheduling the transportation instead. Another issue discovered in the record review undertaken to rate this indicator was that goals had not been updated in the electronic healthcare record to reflect the current year's ISP. This lead in some instances to case notes and staff support unrelated to the individual's current support strategies.	Directors utilizing the iCentrix Case Note tied to Goals have already received a link to a refresher training on how to update goas in iCentrix following the ISP. Through the use of signed attestations, Directors will ensure all staff serving the individual are familiar with the individual's support strategies. Directors will conduct a bi-annual review of case notes in preparation for progress reports and the ISP to ensure staff are utilizing support strategies agreed upon in the ISP.

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 0/0 Provider 6/6	6/6	0/6	
Residential and Individual Home Supports	DDS 5/5 Provider 56/56	61/61	0/61	
Individual Home Supports	DDS 3/3 Provider 18/18	21/21	0/21	
Placement Services	DDS 1/1 Provider 19/19	20/20	0/20	
Residential Services	DDS 1/1 Provider 19/19	20/20	0/20	
Total		67/67	0/67	100%
Certified				

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 0/0 Provider 6/6	6/6	0/6	
Employment and Day Supports	DDS 6/7 Provider 28/29	34/36	2/36	
Community Based Day Services	DDS 2/2 Provider 13/13	15/15	0/15	
Employment Support Services	DDS 4/5 Provider 15/16	19/21	2/21	
Total		40/42	2/42	95%
Certified				

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

Indicator #	Indicator	Area Needing Improvement
C33	Employee benefits and rights are clearly explained to the individual.	Two of seven individuals did not have their employees benefits and rights clearly explained to them. The agency needs to ensure that employees understand their benefits and rights as an employee.

Employment Support Services- Areas Needing Improvement on Standards not met From Provider review:

Indicator #	Indicator	Issues identified	Action planned to address
C23	Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment.	At the time of the self-assessment this was statistically a not met.	As part of enhancing supervision, require a skills assessment within the first 90 days of service. Measure quarterly through QE Dashboard.

MASTER SCORE SHEET LICENSURE

Organizational: LIVING INDEPENDENTLY FOREVER

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
☐ L2	Abuse/neglect reporting	DDS	10/12	Met(83.33 %)
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	Provider	-	Met
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Met
L83	HR training	Provider	-	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider	-	-	-		-	-	-	Met
L5	Safety Plan	L	Provider	-	-	-		-	-	-	Met
☐ L6	Evacuation	L	DDS	2/2	4/4	3/3				9/9	Met
L7	Fire Drills	L	Provider	-	-	-		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider	-	-	-		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS	6/6	3/4					9/10	Met (90.0 %)
L10	Reduce risk interventions	I	Provider	-	-	-		-	-	-	Met
☐ L11	Required inspections	L	DDS	2/2		3/3				5/5	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
Ⓡ L12	Smoke detectors	L	DDS	2/2	4/4	3/3				9/9	Met
Ⓡ L13	Clean location	L	DDS	2/2		3/3				5/5	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	DDS	2/2		1/1				3/3	Met
L19	Bedroom location	L	DDS			2/2				2/2	Met
L20	Exit doors	L	Provider	-	-	-		-	-	-	Met
L21	Safe electrical equipment	L	Provider	-	-	-		-	-	-	Met
L22	Well-maintained appliances	L	Provider	-	-	-		-	-	-	Met
L24	Locked door access	L	DDS			3/3				3/3	Met
L25	Dangerous substances	L	Provider	-	-	-		-	-	-	Met
L26	Walkway safety	L	Provider	-	-	-		-	-	-	Met
L28	Flammables	L	Provider	-	-	-		-	-	-	Met
L29	Rubbish/combustibles	L	Provider	-	-	-		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L30	Protective railings	L	Provider	-	-	-		-	-	-	Met
L31	Communication method	I	Provider	-	-	-		-	-	-	Met
L32	Verbal & written	I	Provider	-	-	-		-	-	-	Met
L33	Physical exam	I	Provider	-	-	-		-	-	-	Met
L34	Dental exam	I	Provider	-	-	-		-	-	-	Met
L35	Preventive screenings	I	Provider	-	-	-		-	-	-	Met
L36	Recommended tests	I	Provider	-	-	-		-	-	-	Met
L37	Prompt treatment	I	Provider	-	-	-		-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS	3/6		1/2				4/8	Not Met (50.0 %)
L39	Dietary requirements	I	Provider	-	-	-		-	-	-	Met
L40	Nutritional food	L	Provider	-	-	-		-	-	-	Met
L41	Healthy diet	L	Provider	-	-	-		-	-	-	Met
L42	Physical activity	L	Provider	-	-	-		-	-	-	Met
L43	Health Care Record	I	Provider	-	-	-		-	-	-	Met
L44	MAP registration	L	Provider	-	-	-		-	-	-	Met
L45	Medication storage	L	Provider	-	-	-		-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS	6/6		1/2				7/8	Met (87.50 %)

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L47	Self medication	I	Provider	-	-	-		-	-	-	Met
L49	Informed of human rights	I	DDS	6/6	4/4	4/4				14/14	Met
L50 (07/21)	Respectful Comm.	I	DDS	6/6	4/4	4/4				14/14	Met
L51	Possessions	I	Provider	-	-	-		-	-	-	Met
L52	Phone calls	I	Provider	-	-	-		-	-	-	Met
L53	Visitation	I	Provider	-	-	-		-	-	-	Met
L54 (07/21)	Privacy	I	DDS	6/6	4/4	4/4				14/14	Met
L55	Informed consent	I	Provider	-	-	-		-	-	-	Met
L56	Restrictive practices	I	DDS	6/6	0/1					6/7	Met (85.71 %)
L57	Written behavior plans	I	Provider	-	-	-		-	-	-	Met
L59	Behavior plan review	I	Provider	-	-	-		-	-	-	Met
L61	Health protection in ISP	I	Provider	-	-	-		-	-	-	Met
L62	Health protection review	I	DDS	3/3		2/2				5/5	Met
L63	Med. treatment plan form	I	DDS	0/6	0/1	2/3				2/10	Not Met (20.0 %)
L64	Med. treatment plan rev.	I	DDS	3/5	0/1	1/3				4/9	Not Met (44.44 %)

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L67	Money mgmt. plan	I	DDS	3/4	0/1	0/1				3/6	Not Met (50.0 %)
L68	Funds expenditure	I	Provider	-	-	-		-	-	-	Met
L69	Expenditure tracking	I	DDS	5/5	1/1	0/1				6/7	Met (85.71 %)
L70	Charges for care calc.	I	Provider	-	-	-		-	-	-	Met
L71	Charges for care appeal	I	Provider	-	-	-		-	-	-	Met
L77	Unique needs training	I	Provider	-	-	-		-	-	-	Met
L78	Restrictive Int. Training	L	Provider	-	-	-		-	-	-	Met
L80	Symptoms of illness	L	Provider	-	-	-		-	-	-	Met
L81	Medical emergency	L	Provider	-	-	-		-	-	-	Met
L82	Medication admin.	L	DDS	2/2						2/2	Met
L84	Health protect. Training	I	Provider	-	-	-		-	-	-	Met
L85	Supervision	L	DDS	0/2	4/4	3/3				7/9	Not Met (77.78 %)
L86	Required assessments	I	DDS	6/6	2/2	1/2				9/10	Met (90.0 %)
L87	Support strategies	I	DDS	6/6	1/3	0/2				7/11	Not Met (63.64 %)

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L88	Strategies implemented	I	Provider	-	-	-		-	-	-	Met
L90	Personal space/bedroom privacy	I	Provider	-	-	-		-	-	-	Met
L91	Incident management	L	DDS	1/1	4/4	3/3				8/8	Met
L93 (05/22)	Emergency back-up plans	I	DDS	6/6	4/4	4/4				14/14	Met
L94 (05/22)	Assistive technology	I	DDS	5/6	4/4	4/4				13/14	Met (92.86 %)
L96 (05/22)	Staff training in devices and applications	I	DDS	4/4	4/4	4/4				12/12	Met
#Std. Met/# 76 Indicator										70/76	
Total Score										78/84	
										92.86%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
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	5/7		2/7	7/14	Not Met (50.0 %)
L10	Reduce risk interventions	I	Provider		-	-	-	Met
☞ L11	Required inspections	L	DDS			2/2	2/2	Met
☞ L12	Smoke detectors	L	DDS			1/2	1/2	Not Met (50.0 %)
☞ 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
L30	Protective railings	L	Provider		-	-	-	Met
L31	Communication method	I	Provider		-	-	-	Met
L32	Verbal & written	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L37	Prompt treatment	I	Provider		-	-	-	Met
L38	Physician's orders	I	DDS	3/3		4/4	7/7	Met
L39	Dietary requirements	I	Provider		-	-	-	Met
L44	MAP registration	L	Provider		-	-	-	Met
L49	Informed of human rights	I	DDS	7/7		7/7	14/14	Met
L50 (07/21)	Respectful Comm.	I	DDS	7/7		7/7	14/14	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met
L54 (07/21)	Privacy	I	DDS	7/7		7/7	14/14	Met
L55	Informed consent	I	Provider		-	-	-	Met
L56	Restrictive practices	I	Provider		-	-	-	Met
L61	Health protection in ISP	I	Provider		-	-	-	Met
L62	Health protection review	I	Provider		-	-	-	Met
L63	Med. treatment plan form	I	DDS	2/2		1/2	3/4	Met
L64	Med. treatment plan rev.	I	Provider		-	-	-	Not Met
L77	Unique needs training	I	Provider		-	-	-	Met
L78	Restrictive Int. Training	L	Provider		-	-	-	Met
L79	Restraint training	L	Provider		-	-	-	Met
L80	Symptoms of illness	L	Provider		-	-	-	Met
L81	Medical emergency	L	Provider		-	-	-	Met
L84	Health protect. Training	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L85	Supervision	L	Provider		-	-	-	Not Met
L86	Required assessments	I	DDS	3/4		2/4	5/8	Not Met (62.50 %)
L87	Support strategies	I	DDS	3/4		2/4	5/8	Not Met (62.50 %)
L88	Strategies implemented	I	Provider		-	-	-	Not Met
L91	Incident management	L	Provider		-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS	7/7		7/7	14/14	Met
L94 (05/22)	Assistive technology	I	DDS	7/7		4/7	11/14	Not Met (78.57 %)
L96 (05/22)	Staff training in devices and applications	I	DDS	4/4		4/4	8/8	Met
L99 (05/22)	Medical monitoring devices	I	Provider		-	-	-	Met
#Std. Met/# 54 Indicator							46/54	
Total Score							54/62	
							87.10%	

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	-	Met
	C4	Utilizes input from stakeholders	Provider	-	Met
	C5	Measure progress	Provider	-	Met
	C6	Future directions planning	Provider	-	Met

Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	Provider	-	Met
C13	Skills to maximize independence	DDS	6/6	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met

Placement Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	DDS	4/4	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met

Placement Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C12	Intimacy	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met

Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	DDS	4/4	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	DDS	4/4	Met
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	DDS	4/4	Met
C17	Community activities	Provider	-	Met

Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C21	Coordinate outreach	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met

Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
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	DDS	7/7	Met
C39 (07/21)	Support needs for employment	DDS	6/7	Met (85.71 %)
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

Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
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	-	Met
C8	Family/guardian communication	Provider	-	Met
C22	Explore job interests	Provider	-	Met
C23	Assess skills & training needs	Provider	-	Not Met (0 %)
C24	Job goals & support needs plan	DDS	6/7	Met (85.71 %)
C25	Skill development	Provider	-	Met
C26	Benefits analysis	DDS	7/7	Met
C27	Job benefit education	Provider	-	Met
C28	Relationships w/businesses	Provider	-	Met
C29	Support to obtain employment	Provider	-	Met
C30	Work in integrated settings	Provider	-	Met
C31	Job accommodations	Provider	-	Met
C32	At least minimum wages earned	Provider	-	Met
C33	Employee benefits explained	DDS	5/7	Not Met (71.43 %)
C34	Support to promote success	DDS	7/7	Met
C35	Feedback on job performance	DDS	5/6	Met (83.33 %)
C36	Supports to enhance retention	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C50	Involvement/ part of the Workplace culture	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met