



**PROVIDER REPORT  
FOR**

**MAB COMMUNITY  
SERVICES  
200 Ivy St  
Brookline, MA 02446**

**October 09, 2025**

**Version**

**Public Provider Report**

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

# **SUMMARY OF OVERALL FINDINGS**

**Provider** MAB COMMUNITY SERVICES

**Review Dates** 9/8/2025 - 9/12/2025

**Service Enhancement Meeting Date** 9/25/2025

**Survey Team** Cristina Calderon  
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**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
<b>Residential and Individual Home Supports</b>	9 location(s) 13 audit (s)	Targeted Review	DDS 9/11 Provider 77 / 80  86 / 91 2 Year License 09/25/2025-09/25/2027		DDS 4 / 4 Provider 58 / 63  62 / 67 Certified 09/25/2025 - 09/25/2027
Residential Services	4 location(s) 6 audit (s)			DDS Targeted Review	18 / 20
ABI-MFP Residential Services	4 location(s) 6 audit (s)			DDS Targeted Review	17 / 20
Individual Home Supports	1 location(s) 1 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
<b>Employment and Day Supports</b>	2 location(s) 12 audit (s)	Targeted Review	DDS 10/10 Provider 49 / 49  59 / 59 2 Year License 09/25/2025-09/25/2027		DDS 11 / 11 Provider 31 / 31  42 / 42 Certified 09/25/2025 - 09/25/2027
Community Based Day Services	1 location(s) 7 audit (s)			DDS Targeted Review	15 / 15
Employment Support Services	1 location(s) 5 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

**EXECUTIVE SUMMARY :**

MAB Community Services is a social service agency in the Greater Boston, Southeast Boston, and Central Massachusetts areas that provides support services to adults with Intellectual and Developmental Disabilities (ID/DD), Acquired Brain Injuries (ABI-MFP), as well as those who are blind or visually impaired. MAB Adult Disability Services provides residential supports in more than 25 homes, community living supports through Individual Home Supports (IHS) services, and both vocational support and day programming services in their Community Based Day Services (CBDS) and Employment Supports. In addition to DDS Services, MAB operates the Ivy Street School, which is a residential school for neurodivergent youth.

The agency was eligible for and received approval from the DDS Regional Office to conduct a self-assessment of its quality management processes for the current Licensing and Certification review of its Residential and Individual Home Supports, and Employment and Day Supports. This occurred in conjunction with a targeted Licensing and Certification review completed by the DDS Office of Quality Enhancement (OQE). The final survey results reflect a combination of ratings from the self-assessment process conducted by MAB Community Services and the targeted review conducted by DDS, with ratings from DDS prevailing where indicators were rated by both entities.

Regarding residential services, survey findings revealed many positive outcomes related to licensing indicators. Environmentally, all locations were clean and had current required inspections, fire safety systems were operational, and individuals were supported to evacuate within the required timeframes in emergency drills. In the area of medical support, Physician Orders and treatment protocols were followed, medication was administered by MAP certified staff in accordance with Physician Orders and MAP guidelines, and individuals were supported to become self-medicating when appropriate.

Relative to certification indicators within residential services, people were supported to provide feedback regarding the hiring of staff and their performance. The agency also demonstrated that staff were familiar with people's preferences for intimacy and companionship and offered any support needed in these areas.

Within the agency's employment and day support services, a review of licensing indicators revealed that all locations were clean, accessible, and had current required inspections, fire safety systems were operational, and individuals were supported to evacuate within the required timeframes in emergency drills. Incidents were reported within the required timelines and staff were trained in the correct utilization of health-related protections and supports.

Outcomes related to certification indicators for employment and day support services showed that individuals were supported to develop a plan which identified job goals and support needs towards gaining employment, and to explore job interests. For those who were already employed, the agency supported people to understand how to manage their entitlements, explore job interests, work in integrated job settings, understand their employee rights and benefits, and receive feedback from their employer(s) regarding their job performance. The agency also supported individuals in ensuring they received the optimal level of support with plans for fading support as appropriate over time.

In addition to these positive findings, there were a few licensure areas that would benefit from further attention. Within residential services, the agency must ensure all incidents are submitted and finalized within the required timelines. When there are restrictive practices in place that are intended for an individual, there must be documented mitigation measures for those for whom the restriction is not intended.

As a result of this review, MAB will receive a Two-Year License for its Residential Service grouping having achieved a Licensing score of 95%; and is Certified having met 93% of certification indicators. The agency will also receive a Two-Year License for its Day and Employment service grouping having met 100% of licensing indicators; it is Certified with 100% of the certification indicators having received an overall rating of Met. The agency will complete a follow-up on all not-met licensure indicators in residential services and submit the results to the DDS Metro office of Quality Enhancement within 60 days of the Service Enhancement Meeting.

The following is a description of the agency's self-assessment process:

## **Description of Self Assessment Process:**

The following report outlines internal audit methodology and findings for the MAB Adult Disability Services (ADS) 2025 survey cycle. Our internal audit for this survey was designed to mirror the standards and structure of the DDS Office of Quality enhancement licensing standards and scoring systems. The audits were conducted by members of our Quality Assurance, Nursing, Facilities, and Residential Admin Teams.

ADS has multiple systems in place to measure quality and ensure regulatory compliance across program models in an ongoing way. This comprehensive approach has positioned us to complete this self-assessment with accuracy, transparency, and confidence.

ADS has a Quality Assurance Team comprised of the Director of Day Services and Quality Assurance, Assistant Director of Quality Assurance, and two Quality Assurance Program Managers. Each of our programs has an assigned Quality Assurance Director or Manager who visits the program sites on a scheduled basis to conduct routine audits, provide training in regulatory standards, and offer feedback to teams.

The QA Team conducts full quarterly audits at each program site based on the standardized audit tools provided by the Department of Developmental Services (DDS). This includes an environmental audit, staff training and supervision records, fire drills, human rights records, health care protocols, ISP Documentation, finances, medical records, and all required data collection.

The Nursing Team conducts quarterly Medication Administration Program (MAP) audits at each licensed site based on the standard audit tools provided by the Department of Public Health. Each MAP Licensed Site Manager is required to conduct what we call a "Mini Map" audit weekly. Residential staff and managers are required to audit participant finance transactions, records, and cash on hand as outlined in our Financial Management Policies and Procedures.

ADS conducts participant and stakeholder satisfaction surveys on an annual basis. The results inform our organizational priorities, including goal setting, policy development, training needs, and strategic planning.

MAB conducts quarterly Employee Engagement Surveys to ensure each employee has ongoing opportunities to influence decisions around policy, culture, and well-being.

All of our Full Program and MAP Audits results are collected in a self-developed digital audit application. This tool allows administrative and quality assurance leaders to provide real-time feedback to program teams, identify areas for growth, and communicate corrective action steps with clear timelines and due dates. The result is a system that supports immediate accountability while fostering continuous improvement across all programs.

For this internal audit cycle, ADS intentionally aligned its methodology with the standards and practices of the OQE process. To ensure fairness and eliminate bias, the Executive Director and Director of Quality Assurance entered all program and participant names into an artificial intelligence program, which randomly generated the audit sample. For the CBDS and employment samples the two rosters were inputted and seven CBDS and 4 Employment were randomly selected. For the residential sample parameters were applied to select four residential programs and four ABI programs to guarantee balanced representation across service types. From each selected residential program, two participants were randomly identified for review. Only one Individual Home Supports participant meets the contracted hours criteria for an OQE review.

Following the selection process, audit teams were assigned, and review schedules were established. Programs received notice of their scheduled audit 10 days in advance. Each audit team conducted reviews using the Residential and CBDS/Employment worksheets, carefully evaluating indicators against established standards. Teams were instructed to provide detailed documentation for any indicator rated as "not met," ensuring that each finding included sufficient context for follow-up action.

All results were systematically tabulated and analyzed across the selected programs. Where questions or complexities arose, findings were escalated to the Executive Director and Director of Quality Assurance for deliberation and final determination.

MAB Community Services is confident that the practices outlined in this report demonstrate our agency's strong infrastructure for compliance and quality assurance. The strategies we have implemented not only meet state standards but also embody our organizational commitment to innovation, transparency, and excellence in service delivery. We appreciate the opportunity to share this internal audit process and remain fully dedicated to collaborating with OQE and DDS to ensure that every individual we serve continues to thrive in safe, supportive, and high-quality environments.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	10/10	0/10	
<b>Residential and Individual Home Supports</b>	76/81	5/81	
ABI-MFP Residential Services Residential Services Individual Home Supports			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	86/91	5/91	95%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		5	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	10/10	0/10	
<b>Employment and Day Supports</b>	49/49	0/49	
Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	7/7	0/7	
<b>Total</b>	59/59	0/59	100%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		0	

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

Indicator #	Indicator	Area Needing Improvement
L56	Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.	For four individuals affected by restrictive practices intended for another individual, there were no documented mitigation measures. The agency needs to ensure that documentation of all environmental restrictive practices is clearly written to contain all components, including mitigation measures for others affected by the restriction, but for whom the restriction is not intended.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L91	Incidents are reported and reviewed as mandated by regulation.	At five of nine locations, incidents were not submitted and/or finalized within the required timelines. The agency needs to ensure that all incidents are submitted within required timelines, including finalization within seven business days.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Issue identified</b>	<b>Action planned to address</b>
L5	There is an approved safety plan in home and work locations.	5 out of the 8 programs had missing team members from the training sheets.	Annual training calendar has been developed ensuring all trainings and completed, documented and tracked completely.
L42	Individuals are supported to engage in physical activity.	In 4 out of 8 programs there is no evidence that participants are engaging in regular physical activity.	Develop and implement staff training around this indicator. Convene a work group to establish opportunities for physical activity that the participants can choose. Monitor on-site visits and quarterly audits.
L85	The agency provides ongoing supervision, oversight and staff development.	6 out of 8 programs do not have consistent documented supervisions for direct care staff.	Continue providing training for managers in conducting quality, consistent supervision. We have added staff supervision reviews to quarterly audits and to site visit tasks.

## CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	<b>DDS 0/0 Provider 6/6</b>	<b>6/6</b>	<b>0/6</b>	
<b>Residential and Individual Home Supports</b>	<b>DDS 4/4 Provider 52/57</b>	<b>56/61</b>	<b>5/61</b>	
ABI-MFP Residential Services	DDS 2/2 Provider 15/18	17/20	3/20	
Individual Home Supports	DDS 1/1 Provider 20/20	21/21	0/21	
Residential Services	DDS 1/1 Provider 17/19	18/20	2/20	
<b>Total</b>		<b>62/67</b>	<b>5/67</b>	<b>93%</b>
<b>Certified</b>				

	Reviewed By	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	<b>DDS 0/0 Provider 6/6</b>	<b>6/6</b>	<b>0/6</b>	
<b>Employment and Day Supports</b>	<b>DDS 11/11 Provider 25/25</b>	<b>36/36</b>	<b>0/36</b>	
Community Based Day Services	DDS 2/2 Provider 13/13	15/15	0/15	
Employment Support Services	DDS 9/9 Provider 12/12	21/21	0/21	
<b>Total</b>		<b>42/42</b>	<b>0/42</b>	<b>100%</b>
<b>Certified</b>				

**ABI-MFP Residential Services- Areas Needing Improvement on Standards not met From Provider review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Issues identified</b>	<b>Action planned to address</b>
C17	Community activities are based on the individual's preferences and interests.	4 out of 4 ABI homes did not have evidence of participants engaging in community activities.	Develop and implement staff training around this indicator. Convene a work group to establish opportunities for community activities that the participants can choose from based on their interests. Monitor on-site visits and quarterly audits.
C48	Individuals are a part of the neighborhood.	In 3 out of 4 ABI programs there was no documentation of neighborhood connections	We will ensure re-training and clarity around expectations on this indicator for all staff, create a guide for programs to follow, and implement data collection and reporting systems.
C53	Individuals are supported to have choice and control over what, when, where and with whom they want to eat.	In 3 out of 8 programs the weekly meal planner was consistent across several weeks with minimal variation.	In collaboration with the nursing and clinical departments, program teams will be supported in building a larger variety of food options allowing for more participant driven menu development.

**Residential Services- Areas Needing Improvement on Standards not met From Provider review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Issues identified</b>	<b>Action planned to address</b>
C48	Individuals are a part of the neighborhood.	In 3 out of 4 Residential homes here was no documentation of neighborhood connections	We will ensure re-training and clarity around expectations on this indicator for all staff, create a guide for programs to follow, and implement data collection and reporting systems.
C53	Individuals are supported to have choice and control over what, when, where and with whom they want to eat.	In 3 out of 8 programs the weekly meal planner was consistent across several weeks with minimal variation.	In collaboration with the nursing and clinical departments, program teams will be supported in building a larger variety of food options allowing for more participant driven menu development.

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**MASTER SCORE SHEET LICENSURE**

**Organizational: MAB COMMUNITY SERVICES**

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
☐ L2	Abuse/neglect reporting	DDS	1/1	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	Provider	-	Met
L65	Restraint report submit	Provider	-	Met
L66	HRC restraint review	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	-	-			-	-	-	Not Met
☐ L6	Evacuation	L	DDS	4/4	1/1			4/4		9/9	Met
L7	Fire Drills	L	Provider	-	-			-	-	-	Met
L8	Emergency Fact Sheets	I	Provider	-	-			-	-	-	Met
L9 (07/21)	Safe use of equipment	I	Provider	-	-			-	-	-	Met
☐ L11	Required inspections	L	DDS	4/4	1/1			4/4		9/9	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	4/4	1/1			4/4		9/9	Met
☒ L13	Clean location	L	DDS	4/4	1/1			4/4		9/9	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
L19	Bedroom location	L	Provider	-	-			-	-	-	Met
L20	Exit doors	L	Provider	-	-			-	-	-	Met
L21	Safe electrical equipment	L	Provider	-	-			-	-	-	Met
L22	Well-maintained appliances	L	Provider	-	-			-	-	-	Met
L23	Egress door locks	L	Provider	-	-			-	-	-	Met
L24	Locked door access	L	Provider	-	-			-	-	-	Met
L25	Dangerous substances	L	Provider	-	-			-	-	-	Met
L26	Walkway safety	L	Provider	-	-			-	-	-	Met
L28	Flammables	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
L29	Rubbish /combustibles	L	Provider	-	-			-	-	-	Met
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	6/6				6/6		12/12	Met
L39	Dietary requirements	I	Provider	-	-			-	-	-	Met
L40	Nutritional food	L	Provider	-	-			-	-	-	Met
L41	Healthy diet	L	Provider	-	-			-	-	-	Met
L42	Physical activity	L	Provider	-	-			-	-	-	Not Met
L43	Health Care Record	I	Provider	-	-			-	-	-	Met
L44	MAP registration	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
L45	Medication storage	L	Provider	-	-			-	-	-	Met
L46	Med. Administration	I	DDS	6/6				6/6		12/12	Met
L47	Self medication	I	DDS		1/1			1/1		2/2	Met
L49	Informed of human rights	I	Provider	-	-			-	-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider	-	-			-	-	-	Met
L51	Possessions	I	Provider	-	-			-	-	-	Met
L52	Phone calls	I	Provider	-	-			-	-	-	Met
L53	Visitation	I	Provider	-	-			-	-	-	Met
L54 (07/21)	Privacy	I	Provider	-	-			-	-	-	Met
L55	Informed consent	I	Provider	-	-			-	-	-	Met
L56	Restrictive practices	I	DDS	0/4				0/1		0/5	Not Met (0 %)
L57	Written behavior plans	I	Provider	-	-			-	-	-	Met
L58	Behavior plan component	I	Provider	-	-			-	-	-	Met
L59	Behavior plan review	I	Provider	-	-			-	-	-	Met
L60	Data maintenance	I	Provider	-	-			-	-	-	Met

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Indiv.</b>	<b>Reviewed by</b>	<b>Res. Sup.</b>	<b>Ind. Home Sup.</b>	<b>Place.</b>	<b>Resp.</b>	<b>ABI-MFP Res. Sup.</b>	<b>ABI-MFP Place.</b>	<b>Total Met/Rated</b>	<b>Rating</b>
L61	Health protection in ISP	I	Provider	-	-			-	-	-	Met
L62	Health protection review	I	Provider	-	-			-	-	-	Met
L63	Med. treatment plan form	I	Provider	-	-			-	-	-	Met
L64	Med. treatment plan rev.	I	Provider	-	-			-	-	-	Met
L67	Money mgmt. plan	I	Provider	-	-			-	-	-	Met
L68	Funds expenditure	I	Provider	-	-			-	-	-	Met
L69	Expenditure tracking	I	Provider	-	-			-	-	-	Met
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
L79	Restraint training	L	Provider	-	-			-	-	-	Met
L80	Symptoms of illness	L	Provider	-	-			-	-	-	Met
L81	Medical emergency	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
Ⓡ L82	Medication admin.	L	DDS	4/4				4/4		8/8	Met
L84	Health protect. Training	I	Provider	-	-			-	-	-	Met
L85	Supervision	L	Provider	-	-			-	-	-	Not Met
L86	Required assessments	I	Provider	-	-			-	-	-	Met
L87	Support strategies	I	Provider	-	-			-	-	-	Met
L88	Strategies implemented	I	Provider	-	-			-	-	-	Met
L89	Complaint and resolution process	L	Provider	-	-			-	-	-	Met
L90	Personal space/bedroom privacy	I	Provider	-	-			-	-	-	Met
L91	Incident management	L	DDS	2/4	1/1			1/4		4/9	Not Met (44.44%)
L93 (05/22)	Emergency back-up plans	I	Provider	-	-			-	-	-	Met
L94 (05/22)	Assistive technology	I	Provider	-	-			-	-	-	Met
L96 (05/22)	Staff training in devices and applications	I	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
L99 (05/22)	Medical monitoring devices	I	Provider	-	-			-	-	-	Met
<b>#Std. Met/# 81 Indicator</b>										76/81	
<b>Total Score</b>										86/91	
										94.51%	

**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
L5	Safety Plan	L	Provider		-	-	-	Met
Ⓡ L6	Evacuation	L	DDS			1/1	1/1	Met
L7	Fire Drills	L	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	Provider		-	-	-	Met
Ⓡ L11	Required inspections	L	Provider		-	-	-	Met
Ⓡ L12	Smoke detectors	L	DDS			1/1	1/1	Met
Ⓡ L13	Clean location	L	DDS			1/1	1/1	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

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Individ.</b>	<b>Reviewed by</b>	<b>Emp. Sup.</b>	<b>Cent. Based Work</b>	<b>Com. Based Day</b>	<b>Total Met / Rated</b>	<b>Rating</b>
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
Ⓡ L38	Physician's orders	I	DDS			7/7	7/7	Met
L39	Dietary requirements	I	Provider		-	-	-	Met
L44	MAP registration	L	Provider		-	-	-	Met
L45	Medication storage	L	Provider		-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS	1/1		7/7	8/8	Met
L49	Informed of human rights	I	Provider		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider		-	-	-	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met
L54 (07/21)	Privacy	I	Provider		-	-	-	Met
L61	Health protection in ISP	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L62	Health protection review	I	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Met
L79	Restraint training	L	Provider		-	-	-	Met
L80	Symptoms of illness	L	Provider		-	-	-	Met
L81	Medical emergency	L	Provider		-	-	-	Met
PE L82	Medication admin.	L	DDS			1/1	1/1	Met
L84	Health protect. Training	I	DDS			7/7	7/7	Met
L85	Supervision	L	Provider		-	-	-	Met
L86	Required assessments	I	Provider		-	-	-	Met
L87	Support strategies	I	Provider		-	-	-	Met
L88	Strategies implemented	I	DDS	5/5		6/7	11/12	Met (91.67 %)
L91	Incident management	L	DDS	1/1		1/1	2/2	Met
L93 (05/22)	Emergency back-up plans	I	Provider		-	-	-	Met
L94 (05/22)	Assistive technology	I	Provider		-	-	-	Met
L96 (05/22)	Staff training in devices and applications	I	Provider		-	-	-	Met
<b>#Std. Met/# 49 Indicator</b>							<b>49/49</b>	
<b>Total Score</b>							<b>59/59</b>	
							<b>100%</b>	

**MASTER SCORE SHEET CERTIFICATION**

### Certification - Planning and Quality Management

	Indicator #	Indicator	Reviewed By	Met/Rated	Rating
	C1	Provider data collection	Provider	-	<b>Met</b>
	C2	Data analysis	Provider	-	<b>Met</b>
	C3	Service satisfaction	Provider	-	<b>Met</b>
	C4	Utilizes input from stakeholders	Provider	-	<b>Met</b>
	C5	Measure progress	Provider	-	<b>Met</b>
	C6	Future directions planning	Provider	-	<b>Met</b>

### Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C9	Personal relationships	Provider	-	<b>Met</b>
C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	DDS	6/6	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	Provider	-	<b>Met</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Not Met (0 %)</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>

### Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Not Met (0 %)</b>

### ABI-MFP Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	DDS	6/6	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C9	Personal relationships	Provider	-	<b>Met</b>
C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	DDS	6/6	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	Provider	-	<b>Not Met (0 %)</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Not Met (0 %)</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Not Met (0 %)</b>

### Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>

### Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C8	Family/guardian communication	Provider	-	<b>Met</b>
C9	Personal relationships	Provider	-	<b>Met</b>
C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	DDS	1/1	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	Provider	-	<b>Met</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C21	Coordinate outreach	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Met</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>

### Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C37	Interpersonal skills for work	Provider	-	<b>Met</b>
C38 (07/21)	Habilitative & behavioral goals	Provider	-	<b>Met</b>

### Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C39 (07/21)	Support needs for employment	DDS	7/7	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	DDS	7/7	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	-	Met
C8	Family/guardian communication	Provider	-	Met
C22	Explore job interests	DDS	4/4	Met
C23	Assess skills & training needs	Provider	-	Met
C24	Job goals & support needs plan	DDS	4/4	Met
C25	Skill development	Provider	-	Met
C26	Benefits analysis	DDS	5/5	Met
C27	Job benefit education	Provider	-	Met
C28	Relationships w/businesses	DDS	1/1	Met
C29	Support to obtain employment	DDS	4/4	Met
C30	Work in integrated settings	DDS	2/2	Met
C31	Job accommodations	Provider	-	Met
C32	At least minimum wages earned	Provider	-	Met
C33	Employee benefits explained	DDS	5/5	Met
C34	Support to promote success	DDS	2/2	Met

### Employment Support Services

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C35	Feedback on job performance	DDS	2/2	<b>Met</b>
C36	Supports to enhance retention	Provider	-	<b>Met</b>
C37	Interpersonal skills for work	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C50	Involvement/ part of the Workplace culture	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>