|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | | --- | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | | --- | | **PROVIDER REPORT FOR** | | | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | | --- | | **MAB COMMUNITY SERVICES 200 Ivy St  Brookline, MA 02446** | | | | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  | | --- | | **August 27, 2021** | | | | | | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | | --- | | **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** | |  | |  | | --- | | 6/22/2021 - 6/28/2021 | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Service Enhancement  Meeting Date** | |  | |  | | --- | | 7/13/2021 | |  |  | |  |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Survey Team** | |  | |  | | --- | | Lisa MacPhail (TL) | | Raymond Edi-Osagie | | Leslie Hayes | | Cheryl Hampton | | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Citizen Volunteers** | |  | |  | | --- | |  | |  |  | | | |  |

|  |  |
| --- | --- |
|  |  |
| |  |  |  | | --- | --- | --- | |  |  |  | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Survey scope and findings for Residential and Individual Home Supports** | | | | | | | **Service Group Type** | **Sample Size** | **Licensure Scope** | **Licensure Level** | **Certification Scope** | **Certification Level** | | **Residential and Individual Home Supports** | 8 location(s) 14 audit (s) | Targeted Review | DDS 16/20 Provider 61 / 64   77 / 84 2 Year License 07/13/2021- 07/13/2023 |  | DDS 6 / 7 Provider 47 / 51   53 / 58 Certified 07/13/2021 - 07/13/2023 | | Residential Services | 4 location(s) 6 audit (s) |  |  | DDS Targeted Review | 17 / 18 | | ABI-MFP Residential Services | 3 location(s) 7 audit (s) |  |  | DDS Targeted Review | 16 / 18 | | Individual Home Supports | 1 location(s) 1 audit (s) |  |  | DDS Targeted Review | 14 / 16 | | 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** | 2 location(s) 6 audit (s) | Targeted Review | DDS 8/12 Provider 46 / 47   54 / 59 2 Year License 07/13/2021- 07/13/2023 |  | DDS 1 / 1 Provider 36 / 36   37 / 37 Certified 07/13/2021 - 07/13/2023 | | Community Based Day Services | 1 location(s) 3 audit (s) |  |  | DDS Targeted Review | 9 / 9 | | Employment Support Services | 1 location(s) 3 audit (s) |  |  | DDS Targeted Review | 22 / 22 | | Planning and Quality Management (For all service groupings) |  |  |  | DDS Targeted Review | 6 / 6 | |  | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  | | --- | --- | --- | |  |  |  | | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  | |  |  |  | | |  | | --- | | MAB Community Services is a social services agency that provides supports to adults with Intellectual and Developmental Disabilities (ID/DD), Acquired Brain Injuries (ABI-MFP), as well as those living with compromised vision and mobility. MAB operates 24/7 Residential Homes which provide services to individuals with ID/DD and ABI diagnoses. In addition, the agency provides Individual Home Supports (IHS) and day services including Community Based Day Services (CBDS), and Employment Supports. In addition to DDS Services MAB Community Services operates the Ivy Street School which is a residential school for children aged 13-22 who have acquired brain injury, Autism Spectrum Disorder, and/or behavioral challenges. The Massachusetts Association for the Blind and Visually impaired is another component of services offered by the agency which provides vision support services to adults with visual impairments.   For this 2021 Licensing and Certification review, the agency was offered and elected to perform a self-assessment of both licensing and certification indicators. A targeted review performed by DDS Office of Quality Enhancement encompassed all critical indicators as well as all the licensing and certification indicators that were found to be not met at the agency's last review. As a result of the pandemic and in accordance with recent guidelines, the targeted review was conducted utilizing a virtual platform as well as electronic document sharing. This survey report details the cumulative findings of both the agency's self-assessment process as well as the DDS targeted review.  The findings of the DDS review highlighted some agency strengths and efficient practices. Administratively, allegations of abuse and neglect were reported as mandated, and individuals and guardians were trained on Human Rights in both the residential and day services groupings. In both 24-Hour ABI Residential Supports and Employment Supports services, individuals were given the opportunity to provide feedback on the performance of staff that supported them. In the area of personal and environmental safety, homes and day service sites were clean, and had enhanced cleaning and disinfecting protocols in place in response to the Covid-19 Pandemic. Required environmental inspections were also completed as required.   Health care systems within MAB's 24 Hour Residential homes were robust. In the area of health care, staff were knowledgeable of the health needs and requirements of the individuals living in the homes. The review also showed that medication administration and documentation occurred in accordance with Physician's orders and protocols, and Medication Treatment Plans were well developed by MAB staff and contained all required components including consistent data collection.   In addition to the positive findings, the results of this Targeted Review revealed some areas that require further attention. In the area of reporting, across service groupings, the agency needs to adhere to submission timelines for restraint reporting, incident reporting, and the submission of support strategies. Additionally, support Strategies set forth in the provider support documents submitted for the ISP meeting should be adhered to and closely monitored to assist individuals in meeting their identified goals and objectives. Finally, the agency should fully assess the individuals served to determine whether there is a need for any assistive technology to enhance independence. Assessments should be administered keeping in the forefront an individual's unique needs, learning, and communication styles.   MAB Community Services will receive a Two-Year License for its Residential Services Grouping with 92% if licensing indicators met. It will also receive a Two-Year License for its Employment/Day Services Grouping with 92% of licensing indicators met. Consequently, the agency will conduct its own follow-up of licensing indicators that were not met during the survey and submit the result to the DDS Office of Quality Enhancement within 60 days of the Service Enhancement Meeting. The agency scored 91% in its Residential Services Grouping for Certification, and 100% in its Employment and Day Supports Grouping and is Certified for both.  The Provider's self-assessment is outlined below. | | |  | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  | | --- | --- | --- | |  | |  | | |  | | --- | | **Description of Self Assessment Process:** | | |  | |  | |  | | |  | | --- | | MAB's Adult Disability Services Division (ADS) has multiple systems in place to ensure quality indicator and standards are consistently being met across its residential, day, and individual supports programs. ADS Quality Management systems are coordinated by the Director of Day Services and Quality Management in collaboration with Admin, Clinical, Nursing, and Management Team Leads.  Monthly and Quarterly Program Audits.  Quarterly Program Audits are conducted by Program Directors, nurse managers, human resources, and management staff. The audit outcomes are shared with the Quality Management and ADS Administration. Follow up items are documented with timelines for completion. In addition, Program Managers conduct monthly self-audits in MAP Systems, mandatory training and a monthly site safety checklist. Results of the monthly audits are shared with the admin team, human resources, administration, and maintenance. All completed monthly and quarterly audit forms are filed on ADS a shared Quality Management File drive.  Quarterly Property Management Audits.  Residential staff complete monthly maintenance walk-throughs of each property, which are focused on meeting health and safety standards. On a quarterly basis, additional walk-throughs are completed by MAB maintenance staff. The quarterly walk-throughs completed by maintenance also focus on basic health and safety requirements in addition to seasonal maintenance tasks. All ongoing maintenance tasks, such as routine inspections (pest, furnace etc.), are completed by long-standing vendors on either a monthly, quarterly, or annual basis. Emergency maintenance requests are submitted on SharePoint by residential staff and addressed by maintenance as received and in order of priority. Monthly reports are compiled to assess maintenance timeliness and response to maintenance requests related to health and safety. Nurse Management Audits  MAP and healthcare audits are completed by both program and nursing staff. Each week, all programs complete a Weekly MAP review (RC&ARC) which is also reviewed by the overseeing PSD and the assigned program nurse. In addition, program staff along with the PSD complete quarterly audits including an audit of medications and medical appointments. Program audits results requiring follow-up are reviewed within a 3-week period post-audit by the PSD to ensure all corrections are completed. The assigned program nurses also complete regular MAP and healthcare audits, independent of the program audits, using the DDS Tech Tool. The audits completed by nurses are documented on an app located on SharePoint and include all items requiring follow-up. The nursing team has also identified critical items, such as potential MORs, that require immediate follow-up within 48 hours. Once follow-up items are identified, the nursing team admin support staff communicates and tracks all required follow-up identified throughout the audit process using the SP app. A formal follow-up is also completed by Ann and the assigned program nurse within 3 weeks post-audit to ensure all tasks are completed.   Human Resources The following outlines Human Resource's systems for ensuring participant feedback in hiring decisions and staff evaluations, verifying credentials for professional level staff, and our new Learning Management System for training delivery and tracking:   Participant Feedback at Hire and Annual Evaluations  For all hires that work directly with program participants, we require managers to obtain client input on the specific hire from their participants and return the feedback form to HR  The meeting between participants and new staff was historically an in-person meeting and is now being conducted virtually via video conferencing until in-person meetings can resume  Our feedback form requires managers to write down the questions that were asked by the participants and the staff responses. The form offers the participants to ask open-ended questions that are important to them as it relates to those that work with them, as opposed to a prescribed list of questions.  Documentation of participant feedback must be returned to HR in order to generate and send an offer letter to a candidate.  For annual evaluations, Program Managers interview participants using a basic set of questions. Participants also have the opportunity to provide additional feedback beyond the basic answers about the staff who work with them regularly.  Each staff member is required to have feedback from at least 1 participant, but feedback from more is expected.  The feedback is reviewed with staff when the supervisor reviews the evaluation with them and staff evaluations are not deemed "complete" until both evaluation and feedback are completed   Credentials matching job description  For Professional-level staff, we include requirements as part of our job postings so that recruiters can easily compare the job requirements to staff resumes. Furthermore, for positions that require a specific licensure or education level, we request a copy of such prior to making the offer to ensure they meet that qualification for the required licensure.   Learning Management System  In the fall of 2020, MAB implemented an online Learning Management System, TalentLMS, which is used to administer, create, document, track, report and deliver trainings. Given the COVID pandemic and our inability to train new and incumbent staff in person, the LMS has been an essential tool in delivering mandatory trainings for new hires as well as incumbent employees to ensure compliance is met. These courses are automatically assigned by job role and reports are generated on a regular basis to reflect completion status. The system auto generates reminders for annual trainings as well as reminders when certifications are set to expire at 90, 60 and 30 day increments. The LMS also has professional development trainings, which can be assigned as well as selected by an employee to learn new skills. Currently in development is exploring system functionality to offer external training to family/guardians and other types of interactive training.   The HR and ADS Management teams meet on a regular basis to provide oversight and guidance for staff trainings, staff development, and role-based training needs. | |  | | |  |

|  |  |
| --- | --- |
|  |  |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  | | --- | | **LICENSURE FINDINGS** | | | | |  |  |  |  | |  |  | | | |  |  |  |  | |  | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **9/10** | **1/10** |  | | **Residential and Individual Home Supports** | **68/74** | **6/74** |  | | Residential Services  ABI-MFP Residential Services  Individual Home Supports |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **77/84** | **7/84** | **92%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **7** |  | |  | | | |  | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **9/10** | **1/10** |  | | **Employment and Day Supports** | **45/49** | **4/49** |  | | Community Based Day Services  Employment Support Services |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **54/59** | **5/59** | **92%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **5** |  | |  | |  |  | | | |  |  |  |  | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  | | |  |  | |  | **Organizational Areas Needing Improvement on Standards not met/Follow-up to occur: From DDS review:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L65 | | | Restraint reports are submitted within required timelines. | The agency had one restraint which was not reported within the required timeline. The agency needs to ensure that it submits/completes restraint reports within the required timelines. | |  |  |  | | | |  | |  |  | | | |  |  |  |  | |  |
|  |  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | |  |  | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur: From DDS review:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L87 | | | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | Six of the eight individual's ISP support strategies were not submitted within the required timelines.  The agency needs to ensure that support strategies are completed/submitted within the required timelines. | |  | L88 | | | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For five of twelve individuals, ISP objectives were not being implemented as written in the provider support strategies.  The agency must adhere to ISP support strategies and effectively monitor progress or lack thereof toward meeting goals. Alternatively, if goals or strategies need to change, the agency needs to seek to modify them. | |  | L91 | | | Incidents are reported and reviewed as mandated by regulation. | At six of eight sites, incidents were reported and/or finalized outside of the required timelines.  The agency must adhere to the HCSIS timelines for incident reporting and finalization. | |  | |  | |  |  | |  |  | |  |  | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | | | |  |  | |  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur: From Provider review:** |  |  |  | | | | |  | **Indicator #** | | | | **Indicator** | **Issue identified** | **Action planned to address** | |  | L35 | | | | Individuals receive routine preventive screenings. | Residents did not receive prompt preventative screenings | Residential program coordinators will submit quarterly visit logs to their Program Support Directors to be reviewed for promptness and completion. For participants transitioning into our residential programs coordinators will schedule both initial visits with the primary care as well as annual physicals. | |  | L79 | | | | Staff are trained in safe and correct administration of restraint. | Less than 100% of Direct Support staff have current CPI training. | Bi Weekly CPI trainings have been held since March of 2021 to get 100% of our staff trained or re-certified. The goal is to add an additional CPI trainer to have a total of three trainers by 6/18/21. Three CPI certification trainings will be offered per month going forward and it will be required during new employee on-boarding. | |  | L86 | | | | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | Across locations audited in Residential, IS, and Mabworks, ISP assessments were submitted outside established time frames. | The ISP timeline tracker fell out of use during the pandemic. It has been re-instated, and will updated as a shared calendar that will release trigger reminders to the appropriate parties. | |  | |  |  | |  |  | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur: From DDS review:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L87 | | | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | Six individual's ISP support strategies were not submitted within the required timelines.  The agency needs to ensure that support strategies are completed/submitted within the required timelines. | |  | L88 | | | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For three of six individuals, ISP objectives were not being implemented as written in the provider support strategies.  The agency must adhere to ISP support strategies and effectively monitor progress or lack thereof toward meeting goals. Alternatively, if goals or strategies need to change, the agency needs to seek to modify them. | |  | L91 | | | Incidents are reported and reviewed as mandated by regulation. | At one of two sites, incidents were reported and/or finalized outside of the required timelines.  The agency must adhere to the HCSIS timelines for incident reporting and finalization. | |  | |  | |  |  | |  |  | |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | | | |  |  | |  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur: From Provider review:** |  |  |  | | | | |  | **Indicator #** | | | | **Indicator** | **Issue identified** | **Action planned to address** | |  | L86 | | | | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | Across locations audited in Residential, IS, and Mabworks, ISP assessments were submitted outside established time frames. | The ISP timeline tracker fell out of use during the pandemic. It has been re-instated, and will updated as a shared calendar that will release trigger reminders to the appropriate parties. | |  | |  | |  |  | |  |  | |  |

|  |
| --- |
|  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | |  |  | |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  | | --- | | **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 6/7 Provider 41/45** | **47/52** | **5/52** |  | | ABI-MFP Residential Services | DDS 2/2 Provider 14/16 | 16/18 | 2/18 |  | | Individual Home Supports | DDS 1/1 Provider 13/15 | 14/16 | 2/16 |  | | Residential Services | DDS 3/4 Provider 14/14 | 17/18 | 1/18 |  | | **Total** |  | **53/58** | **5/58** | **91%** | | **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 1/1 Provider 30/30** | **31/31** | **0/31** |  | | Community Based Day Services | DDS 0/0 Provider 9/9 | 9/9 | 0/9 |  | | Employment Support Services | DDS 1/1 Provider 21/21 | 22/22 | 0/22 |  | | **Total** |  | **37/37** | **0/37** | **100%** | | **Certified** |  |  |  |  | |  | |  |  |  |  | |  | |  | |  |  | |  |  | |  |  | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **ABI-MFP Residential Services- Areas Needing Improvement on Standards not met From Provider review:** |  |  |  | | | | |  | **Indicator #** | | | | **Indicator** | **Issues identified** | **Action planned to address** | |  | C12 | | | | Individuals are supported to explore, define, and express their need for intimacy and companionship. | All assessments have been completed, and all managers/staff have received overall training, and the attending individual curriculum for participants is still in development. | The clinical and management teams will meet to meet to plan for implementation of the individualized intimacy goals. Timeframe for completion 9/1/21. | |  | C54 | | | | Individuals have the assistive technology and/or modifications to maximize independence. | Several participants reviewed did not have completed AT assessments and support plans created. | By 9/1/21, all plans will be created and implemented. Implementation and need for modification will be reviewed during quarterly audits. | |  |  | | | |  |  |  | |  | **Individual Home Supports- Areas Needing Improvement on Standards not met From Provider review:** |  |  |  | | | | |  | **Indicator #** | | | | **Indicator** | **Issues identified** | **Action planned to address** | |  | C12 | | | | Individuals are supported to explore, define, and express their need for intimacy and companionship. | All assessments have been completed, and all managers/staff have received overall training, and the attending individual curriculum for participants is still in development. | The clinical and management teams will meet to meet to plan for implementation of the individualized intimacy goals. Timeframe for completion 9/1/21. | |  | C54 | | | | Individuals have the assistive technology and/or modifications to maximize independence. | Several participants reviewed did not have completed AT assessments and support plans created. | By 9/1/21, all plans will be created and implemented. Implementation and need for modification will be reviewed during quarterly audits. | |  |  | | | |  |  |  | |  | **Residential Services- Areas Needing Improvement on Standards not met From DDS Review:** |  |  |  | | | | |  | **Indicator #** | | | | **Indicator** | **Area Needing Improvement** |  | |  | C54 | | | | Individuals have the assistive technology and/or modifications to maximize independence. | Four of six individuals did not receive comprehensive assistive technology assessments.  The agency needs to ensure that individuals are assessed for their individual needs for assistive technology and/or modification to maximize independence. |  | |  |  | | | |  |  |  | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | |  | |  |  |  |  |  |  |  |  | | | | | | | | | | |
|  | | | | |  | | | | | | |  |  |  |  |  |  |  |
|  | | | | | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | |  | | | | | | |  |  |  |  |  |  |
|  | | | | |  | | | | | | |  |  |  |  |  |  |  |
|  | | | | | |  | | --- | | **Organizational: MAB COMMUNITY SERVICES** | |  |  | | | | | | |  |  |  |  |  |
|  | | | | |  | | | | | | |  |  |  |  |  |  |  |
|  | | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Reviewed by** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **DDS** | **10/10** | **Met** | |  | L3 | Immediate Action | **Provider** | **-** | **Met** | |  | L4 | Action taken | **Provider** | **-** | **Met** | |  | L48 | HRC | **Provider** | **-** | **Met** | |  | L65 | Restraint report submit | **DDS** | **0/1** | **Not Met(0 % )** | |  | 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** | - | - |  |  | - | - | **-** | **Met** | | O | L6 | Evacuation | L | **DDS** | 3/4 | 1/1 |  |  | 3/3 |  | **7/8** | **Met (87.50 %)** | |  | L7 | Fire Drills | L | **Provider** | - | - |  |  | - | - | **-** | **Met** | |  | L8 | Emergency Fact Sheets | I | **Provider** | - | - |  |  | - | - | **-** | **Met** | |  | L9 | Safe use of equipment | L | **Provider** | - | - |  |  | - | - | **-** | **Met** | |  | L10 | Reduce risk interventions | I | **Provider** | - | - |  |  | - | - | **-** | **Met** | | O | L11 | Required inspections | L | **DDS** | 4/4 | 1/1 |  |  | 3/3 |  | **8/8** | **Met** | | O | L12 | Smoke detectors | L | **DDS** | 4/4 | 1/1 |  |  | 3/3 |  | **8/8** | **Met** | | O | L13 | Clean location | L | **DDS** | 4/4 | 1/1 |  |  | 3/3 |  | **8/8** | **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** | |  | 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** | - | - |  |  | - | - | **-** | **Not Met** | |  | L36 | Recommended tests | I | **Provider** | - | - |  |  | - | - | **-** | **Met** | |  | L37 | Prompt treatment | I | **Provider** | - | - |  |  | - | - | **-** | **Met** | | O | L38 | Physician's orders | I | **DDS** | 4/5 | 1/1 |  |  | 7/7 |  | **12/13** | **Met (92.31 %)** | |  | 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** | | O | L46 | Med. Administration | I | **DDS** | 6/6 |  |  |  | 7/7 |  | **13/13** | **Met** | |  | L47 | Self medication | I | **Provider** | - | - |  |  | - | - | **-** | **Met** | |  | L49 | Informed of human rights | I | **DDS** | 6/6 | 1/1 |  |  | 7/7 |  | **14/14** | **Met** | |  | L50 | Respectful Comm. | L | **Provider** | - | - |  |  | - | - | **-** | **Met** | |  | L51 | Possessions | I | **Provider** | - | - |  |  | - | - | **-** | **Met** | |  | L52 | Phone calls | I | **Provider** | - | - |  |  | - | - | **-** | **Met** | |  | L53 | Visitation | I | **Provider** | - | - |  |  | - | - | **-** | **Met** | |  | L54 | Privacy | L | **Provider** | - | - |  |  | - | - | **-** | **Met** | |  | L55 | Informed consent | I | **DDS** | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L56 | Restrictive practices | I | **DDS** | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L61 | Health protection in ISP | I | **Provider** | - | - |  |  | - | - | **-** | **Met** | |  | L62 | Health protection review | I | **Provider** | - | - |  |  | - | - | **-** | **Met** | |  | L63 | Med. treatment plan form | I | **DDS** | 5/5 |  |  |  | 6/7 |  | **11/12** | **Met (91.67 %)** | |  | L64 | Med. treatment plan rev. | I | **DDS** | 5/5 |  |  |  | 7/7 |  | **12/12** | **Met** | |  | L67 | Money mgmt. plan | I | **DDS** | 5/5 | 1/1 |  |  | 4/4 |  | **10/10** | **Met** | |  | L68 | Funds expenditure | I | **Provider** | - | - |  |  | - | - | **-** | **Met** | |  | L69 | Expenditure tracking | I | **DDS** | 4/5 |  |  |  |  |  | **4/5** | **Met (80.0 %)** | |  | 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** | - | - |  |  | - | - | **-** | **Not Met** | |  | L80 | Symptoms of illness | L | **Provider** | - | - |  |  | - | - | **-** | **Met** | |  | L81 | Medical emergency | L | **Provider** | - | - |  |  | - | - | **-** | **Met** | | O | L82 | Medication admin. | L | **DDS** | 4/4 |  |  |  | 3/3 |  | **7/7** | **Met** | |  | L84 | Health protect. Training | I | **DDS** | 5/5 | 1/1 |  |  | 7/7 |  | **13/13** | **Met** | |  | L85 | Supervision | L | **Provider** | - | - |  |  | - | - | **-** | **Met** | |  | L86 | Required assessments | I | **Provider** | - | - |  |  | - | - | **-** | **Not Met** | |  | L87 | Support strategies | I | **DDS** | 2/5 | 0/1 |  |  | 0/2 |  | **2/8** | **Not Met (25.00 %)** | |  | L88 | Strategies implemented | I | **DDS** | 4/5 | 1/1 |  |  | 2/6 |  | **7/12** | **Not Met (58.33 %)** | |  | L89 | Complaint and resolution process | L | **Provider** | - | - |  |  | - | - | **-** | **Met** | |  | L90 | Personal space/ bedroom privacy | I | **Provider** | - | - |  |  | - | - | **-** | **Met** | |  | L91 | Incident management | L | **DDS** | 0/4 | 1/1 |  |  | 1/3 |  | **2/8** | **Not Met (25.00 %)** | |  | **#Std. Met/# 74 Indicator** |  |  |  |  |  |  |  |  |  | **68/74** |  | |  | **Total Score** |  |  |  |  |  |  |  |  |  | **77/84** |  | |  |  |  |  |  |  |  |  |  |  |  | **91.67%** |  | |  |  |  |  |  | | | | | | |  |  |
|  | | | | |  | | | | | | |  |  |  |  |  |  |  |
|  | | | | | |  | | --- | | **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** | | O | L6 | Evacuation | L | **DDS** | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L7 | Fire Drills | L | **Provider** |  | - | - | **-** | **Met** | |  | L8 | Emergency Fact Sheets | I | **Provider** |  | - | - | **-** | **Met** | |  | L9 | Safe use of equipment | L | **Provider** |  | - | - | **-** | **Met** | |  | L10 | Reduce risk interventions | I | **Provider** |  | - | - | **-** | **Met** | | O | L11 | Required inspections | L | **DDS** | 1/1 |  | 1/1 | **2/2** | **Met** | | O | L12 | Smoke detectors | L | **DDS** | 1/1 |  | 1/1 | **2/2** | **Met** | | O | L13 | Clean location | L | **DDS** | 1/1 |  | 1/1 | **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/combustibles | L | **Provider** |  | - | - | **-** | **Met** | |  | L30 | Protective railings | L | **Provider** |  | - | - | **-** | **Met** | |  | L31 | Communication method | I | **Provider** |  | - | - | **-** | **Met** | |  | L32 | Verbal & written | I | **Provider** |  | - | - | **-** | **Met** | | O | L38 | Physician's orders | I | **DDS** | 1/1 |  |  | **1/1** | **Met** | |  | L39 | Dietary requirements | I | **Provider** |  | - | - | **-** | **Met** | |  | L44 | MAP registration | L | **Provider** |  | - | - | **-** | **Met** | |  | L45 | Medication storage | L | **Provider** |  | - | - | **-** | **Met** | | O | L46 | Med. Administration | I | **DDS** | 1/1 |  |  | **1/1** | **Met** | |  | L49 | Informed of human rights | I | **Provider** |  | - | - | **-** | **Met** | |  | L50 | Respectful Comm. | L | **Provider** |  | - | - | **-** | **Met** | |  | L51 | Possessions | I | **Provider** |  | - | - | **-** | **Met** | |  | L52 | Phone calls | I | **Provider** |  | - | - | **-** | **Met** | |  | L54 | Privacy | L | **Provider** |  | - | - | **-** | **Met** | |  | L55 | Informed consent | I | **Provider** |  | - | - | **-** | **Met** | |  | L61 | Health protection in ISP | I | **Provider** |  | - | - | **-** | **Met** | |  | 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** | | O | L82 | Medication admin. | L | **DDS** | 1/1 |  |  | **1/1** | **Met** | |  | L84 | Health protect. Training | I | **Provider** |  | - | - | **-** | **Met** | |  | L85 | Supervision | L | **Provider** |  | - | - | **-** | **Met** | |  | L86 | Required assessments | I | **Provider** |  | - | - | **-** | **Not Met** | |  | L87 | Support strategies | I | **DDS** | 0/3 |  | 0/3 | **0/6** | **Not Met (0 %)** | |  | L88 | Strategies implemented | I | **DDS** | 3/3 |  | 0/3 | **3/6** | **Not Met (50.0 %)** | |  | L91 | Incident management | L | **DDS** | 1/1 |  | 0/1 | **1/2** | **Not Met (50.0 %)** | |  | **#Std. Met/# 49 Indicator** |  |  |  |  |  |  | **45/49** |  | |  | **Total Score** |  |  |  |  |  |  | **54/59** |  | |  |  |  |  |  |  |  |  | **91.53%** |  | |  |  |  |  |  |  | | | | | | |  |
|  | | | | |  | | | | | | |  |  |  |  |  |  |  |
|  | | | | | |  | | --- | | **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** | |  |  | | | | |  |  |  |  | |  |  |  |  |  | | | | | | |  |  |
|  | | | | |  | | | | | | |  |  |  |  |  |  |  |
|  | | | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **ABI-MFP Residential Services** |  |  |  |  | | | | | | **Indicator #** | | | | | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | | C7 | | | | | Feedback on staff / care provider performance | DDS | 7/7 | **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 | - | **Not Met (0 %)** | | C13 | | | | | Skills to maximize independence | Provider | - | **Met** | | C14 | | | | | Choices in routines & schedules | Provider | - | **Met** | | C15 | | | | | Personalize living space | Provider | - | **Met** | | C17 | | | | | Community activities | DDS | 3/3 | **Met** | | C18 | | | | | Purchase personal belongings | Provider | - | **Met** | | C19 | | | | | Knowledgeable decisions | Provider | - | **Met** | | C20 | | | | | Emergency back-up plans | 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** | | C54 | | | | | Assistive technology | Provider | - | **Not Met (0 %)** | | **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** | | 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** | | C51 | | | | | Ongoing satisfaction with services/ supports | Provider | - | **Met** | | C54 | | | | | Assistive technology | Provider | - | **Met** | | **Employment Support Services** |  |  |  |  | | | | | | **Indicator #** | | | | | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | | C7 | | | | | Feedback on staff / care provider performance | DDS | 3/3 | **Met** | | 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** | | 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 | - | **Met** | | C54 | | | | | Assistive technology | Provider | - | **Met** | | **Individual Home Supports** |  |  |  |  | | | | | | **Indicator #** | | | | | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | | C7 | | | | | Feedback on staff / care provider performance | DDS | 1/1 | **Met** | | C8 | | | | | Family/guardian communication | Provider | - | **Met** | | C10 | | | | | Social skill development | Provider | - | **Met** | | C11 | | | | | Get together w/family & friends | Provider | - | **Met** | | C12 | | | | | Intimacy | Provider | - | **Not Met (0 %)** | | C13 | | | | | Skills to maximize independence | Provider | - | **Met** | | C14 | | | | | Choices in routines & schedules | Provider | - | **Met** | | C18 | | | | | Purchase personal belongings | Provider | - | **Met** | | C19 | | | | | Knowledgeable decisions | Provider | - | **Met** | | C20 | | | | | Emergency back-up plans | Provider | - | **Met** | | C21 | | | | | Coordinate outreach | 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** | | C54 | | | | | Assistive technology | Provider | - | **Not Met (0 %)** | | **Residential Services** |  |  |  |  | | | | | | **Indicator #** | | | | | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | | C7 | | | | | Feedback on staff / care provider performance | Provider | - | **Met** | | C8 | | | | | Family/guardian communication | Provider | - | **Met** | | C10 | | | | | Social skill development | Provider | - | **Met** | | C11 | | | | | Get together w/family & friends | Provider | - | **Met** | | C12 | | | | | Intimacy | DDS | 5/6 | **Met (83.33 %)** | | C13 | | | | | Skills to maximize independence | Provider | - | **Met** | | C14 | | | | | Choices in routines & schedules | Provider | - | **Met** | | C15 | | | | | Personalize living space | Provider | - | **Met** | | C16 | | | | | Explore interests | DDS | 1/1 | **Met** | | C17 | | | | | Community activities | DDS | 1/1 | **Met** | | C18 | | | | | Purchase personal belongings | Provider | - | **Met** | | C19 | | | | | Knowledgeable decisions | Provider | - | **Met** | | C20 | | | | | Emergency back-up plans | 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** | | C54 | | | | | Assistive technology | DDS | 2/6 | **Not Met (33.33 %)** | |  | | | | |  |  |  |  | |  |  |  | | | | | | |  |  |  |  |