



**PROVIDER REPORT  
FOR**

**Melmark New England  
461 River Rd.  
Andover, MA 01810**

**Version**

**Public Provider Report**

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

# SUMMARY OF OVERALL FINDINGS

**Provider** Melmark New England

**Review Dates** 7/19/2023 - 7/25/2023

**Service Enhancement Meeting Date** 8/8/2023

**Survey Team** Meagan Caccioppoli (TL)  
Raquel Rodriguez

**Citizen Volunteers**

### **Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	2 location(s) 6 audit (s)	Targeted Review	DDS 14/14 Provider 76 / 76  90 / 90 2 Year License 08/08/2023-08/08/2025		DDS 0 / 0 Provider 26 / 26  26 / 26 Certified 08/08/2023 - 08/08/2025
Residential Services	2 location(s) 6 audit (s)			DDS Targeted Review	20 / 20
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

### **Survey scope and findings for Employment and Day Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Employment and Day Supports</b>	1 location(s) 7 audit (s)	Targeted Review	DDS 14/15 Provider 59 / 59  73 / 74 2 Year License 08/08/2023-08/08/2025		DDS 2 / 2 Provider 19 / 19  21 / 21 Certified 08/08/2023 - 08/08/2025
Community Based Day Services	1 location(s) 7 audit (s)			DDS Targeted Review	15 / 15
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

## **EXECUTIVE SUMMARY :**

Melmark New England was established in 1998 in Andover, MA, and provides services to children and adults with ID, DD, and Autism Spectrum Disorder. They currently have seven residences for adults in Northeastern MA, and a CBDS program in Lawrence.

For this 2023 licensing review, Melmark performed a self assessment of all licensing and certification indicators. DDS OQE performed a targeted review of critical and new indicators. Organizationally, Melmark excelled in ensuring that all allegations of abuse or neglect were reported to DPPC. A review of all incident reports showed that immediate action was always taken to ensure the safety of the individuals served.

Across both residential and CBDS settings, Melmark also showed great strength in following physicians' orders and treatment protocols. Staff were trained on each protocol regularly, and provided a depth of understanding when interviewed. Each protocol also included a plan for what to do in the event the individual was out in the community.

One area needing improvement was the assessment of individuals' assistive technology needs. While many individuals had items they utilized, they were often devices that had been used for many years. The agency needs to ensure that each individual is thoroughly assessed on a regular basis to identify new areas of need. The assessments should include areas where independence can be increased, and a plan to identify what items would be most beneficial.

Based on the findings of this review, Melmark residential services met 100% of licensing and certification indicators, and is both licensed and certified. Melmark Community Based Day Services met 99% of licensing indicators, and 100% of certification indicators, and is also both licensed and certified.

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

Melmark New England (MNE), a not-for-profit, community-based organization, was founded in 1998 as a service division of Melmark, Inc., of Berwyn, Pennsylvania. It was developed to meet the educational, clinical, rehabilitative and vocational needs of children, adolescents and adults with complex and challenging needs -- specifically, autism spectrum disorders, acquired brain injury, neurodevelopmental disorders, dual diagnosis and severe challenging behaviors. MNE opened its first adult residence in June of 2011. Since then, MNE has opened additional adult residences. Currently five individuals reside at the East Street residence in Tewksbury, Massachusetts; five individuals reside at the Wildrose Drive residence in Dracut, Massachusetts; five individuals reside at the Hampshire Road residence in Methuen, Massachusetts; five individuals in the Boxford Street residence in North Andover, Massachusetts; five individuals in the Concord Rd., Dracut; five individuals reside in the Allen Street/North Andover residence and 5 individuals will reside at Spring Park Ave in Dracut as of 7/2023. The Senior Director of Residential Services in conjunction with the Director of Adult Services visits and oversees the adult residential program within the areas of community access, human rights, maintenance, safety, health, staff training and development.

MNE began providing adult community-based day services (CBDS) in July of 2015 to young adults transitioning from school to adult services. It has been in its current location at the Riverwalk in Lawrence, Massachusetts since November 2015. The Director of Adult Services oversees the adult day program within the areas of community access, human rights, maintenance, safety, health, staff training and development.

In preparing for this 2023 self-assessment, Melmark New England reviewed all indicators and determined compliance across the indicators and individuals served for all programs established through 2022 utilizing audits routinely conducted and spot-checks of sampled records. We also considered the impact of COVID-19 throughout 2021 and 2022 on our individuals and our workforce. It is important to state that the period of assessment and targeted licensure encompasses a significant period of time in which prolonged periods of illnesses and workforce challenges presented disruptions to routine systems implementation. During 2021 and 2023, we did have group homes who experienced turnover in staffing and program managers. In some cases, existing vacancies existed for up to a year. Various roles and shifts were covered with tenured supervisory staff and staff across our agency to ensure health, safety and compliance with regulations. This was an extraordinary period of time where pivoting between illness and ensuring daily program activities and enriched quality of life was demonstrated across all of our programs.

As we are half-way through 2023, we do see positive changes occurring in the recruitment and retention of our workforce. In addition, we see tremendous growth and happiness among the individuals we serve and the families with which we have developed long standing relationships. Operational Indicators: To ensure that MNE continues to meet the licensing standards as set by the Department of Developmental Services (DDS), an Operational Audit is completed on a quarterly basis within each residential program and CBDS program. This audit assesses staff shift reports, emergency plans and protocols, community access, ratio sheets, weekly meetings including human rights topics covered with individuals, safety components (emergency food, fire drill completion and evacuation times, first aid checklists), necessary postings, and an environmental review. These quarterly audits are reviewed with the Program Coordinator at each site for necessary follow up, and shared with the Executive Director and the Chief Clinical Officer. The January - May 2023 Operational Audits received an average overall score of 95% compliance across all operational residences (did not include Spring Park Avenue due to opening of the program in May - July 2023). Monthly case record audits are completed by the Program Coordinator to ensure required documentation for each individual is present.

Program Coordinators are required to review these audits, complete any needed items and return a signed copy to the Senior Director of Residential Services or the Director of Adult Services.

Feedback and Staff Training: MNE identifies that a large feature of effective programming starts with comprehensive staff training and frequent feedback to staff. MNE has an agency-wide database system that tracks all required and optional trainings provided to all staff. The data-based staff performance management is called Symplr Manager and it tracks the type of training per staff, date training provided and staff acknowledge receiving this training, expiration dates and training content areas. It also allows for immediate staff communication and notification to all staff around treatment issues, medical changes and any program changes.

Any feedback provided to staff at all levels is immediately reviewed, as well as reflected on quarterly and annual appraisals. Symplr Manager is also used to track all staff performance. Monthly performance feedback checklists are completed, minimally three times per month on each staff, and these as well as various audits implemented throughout the month are scanned into Symplr Manager. These documents are then utilized for a quarterly/annual appraisal, in which staff are scored on all items as written on their corresponding job description: does not meet, meets, or exceeds expectations.

These appraisals are written and delivered in a face to face meeting by the Program Coordinator, after being reviewed by the Senior Director of Residential Services or Director of Adult Services. At the conclusion of the meeting, the employee is given the opportunity to address any questions or concerns they have, and these items are added into the appraisal document as well.

For new hire employees, onsite staff training consists of an eight day training in which they must demonstrate competency on performance feedback checklists rating each individual's implementation of all of their Positive Behavior Support plans, ISP objectives, medical needs and challenging behaviors as well as training on group engagement and management when working with two individuals. Day to day responsibilities, overnight responsibilities and case management training are all completed during this onsite training period as well. Staff then receive training and annual re-certifications at staff meetings held for two hours twice per month.

Maintenance: A maintenance department oversees all the maintenance and facilities related needs of each program. A maintenance staff member is at the residence minimally once per week and at the day program twice weekly to ensure everything is in working order. MNE has a Maintenance Request system that is accessed through our company's intranet (Sharepoint) that is also connected to the computers in the residence and day program. Supervisors submit requests that can be categorized as High, Medium or Low in order to determine the timeliness of response to the problem. There is also maintenance on call at all times for the residence to access in the case of an immediate need or emergency. As part of our organizational goals and metric tracking, each request is monitored for days open to completion of the maintenance request.

Maintenance ensures that water temperature is monitored and kept within the correct temperature range as identified within the regulations. Maintenance also works with local town departments to ensure that annual inspections are kept up to date and any needed follow up is completed.

Human Rights: At the residence and day program, human rights meetings are held minimally monthly with the individuals run by the human rights officer and agendas are signed by all individuals attending the meeting to the best of their abilities and or attendance reflected in the meeting minutes by the HR Officer. Melmark also has a Human Rights Committee run by the Chief Clinical Officer which meets quarterly, and includes an allied health professional, a social worker, an attorney, clinicians, parents and the residential human rights officers. During these meetings, the following items are reviewed: restrictive procedures, positive behavior support plans, restraints, critical incident reports, any internal/external investigations, medication plans and supports and health related protections.

Health and Safety: Individuals on any behavior modifying medications who live in a residential program are overseen by Dr. Joseph Gold, Melmark's consulting psychiatrist. A nursing department oversees medication administration at the residence in conjunction with MAP trained staff, and there is a nurse on call for any emergency medical needs at all times. Staff members administering medications have received MAP training and their MAP certificates are posted in the residence. Guardians/parents work with the nursing department, Senior Director of Residential Services and Program Coordinator on medical appointments, ensuring that annual physicals and dental appointments occur.

At the CBDS program, a dedicated nurse is responsible for overseeing the MAP process and delivery of medications daily. The day program does have program staff also MAP certified available to deliver medications. In addition, there is a MAP consultant available 24/7.

All meal menus are chosen by the individuals residing in the residence. They do their meal planning typically on a weekly basis during their resident's meeting. However, on a daily basis, if a resident chooses an alternate meal, staff will assist in meal planning with them at that time. Meals planned are supported by staff through assistance in the education of nutritional information for each meal, shopping for ingredients and followed by meal preparation. Any individual that has a physician ordered specialized diet, staff will assist in supporting them with this specialized need.

At the CBDS program, all individuals bring in their lunch to the day program or if preferred, will choose to order a lunch from local food establishments.

Exercise and physical activity is supported and developed with the individuals within the program, including the use of the day program and house treadmill, exercise bike and exercise ball. Many of the residents also have local YMCA memberships and will frequent the gym several times a week.

Additionally, one residence has an in ground pool used frequently by the individuals in warm weather. Pool rules and hours have been put in place and swimming assessment and proficiencies are posted within the residence. The pool area is fenced in and securely locked at all times that the pool is not in use. Keys are kept in a locked box in the office in which only staff members can access. All supervisors within the program have completed lifeguard training and must be present and in the pool area when any individual is using the pool. A water safety policy is also in place which all staff members are required to review and sign off on annually.

ISP and Clinical Oversight: Once annual ISP's are conducted, weekly integrity checks are completed on the implementation of all objectives. The Program Coordinator summarizes and shares with the Senior Directors as well as the staff member's monthly data on the progress of ISP implementation.

Positive Behavior Support plans are written, updated and overseen by a Board Certified Behavior Analyst (BCBA), who visits the residence minimally three hours or more weekly. At the CBDS program, the program coordinator (BCBA) develops the needed plans. Data is collected daily and graphed nightly and weekly reports are generated summarizing the data. These reports are then reviewed by the BCBA who uses this information to assess the efficacy of behavioral intervention supports. The BCBA meets monthly with individuals to use their feedback on behavior progress and goals to make changes as needed to the behavior plans. The day program and residential staff are able to offer feedback to ensure success.

Financial: Individuals' financial logs are maintained within each residential and CBDS site. Individuals have cash on hand at the program to utilize for recreational and personal expenses. Individuals are given money as requested as individuals are able to communicate that request or as needed and staff assist in the management of the completion of all financial logs given the skill level of the individuals within the program.

Community Access: Individuals participate in various community-based activities during the CBDS hours, weeknights and on both weekend days; individuals determine the outing locations in weekly human rights meetings. The community location varies, from bowling and arcades, local restaurants and to trips to Boston and Fenway Park. Additionally, some of the individuals participate in weekly gym memberships and one individual has weekly horseback riding lessons as well.

Annual satisfaction surveys reviewing all areas and their overall satisfaction are given to all parents/guardians of the individuals. Scores identified that parents/guardians "agree" to "strongly agree" with being satisfied across all areas. Satisfaction with the program is also reviewed with individuals served, in house meetings and where individuals are able to participate in feedback. An overall summary of these results is available to be provided to DDS.

Melmark's residential program and CBDS program meets 100% of the indicators within this provider self-assessment.

## **LICENSURE FINDINGS**

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>10/10</b>	<b>0/10</b>	
<b>Residential and Individual Home Supports</b>	<b>80/80</b>	<b>0/80</b>	
Residential Services			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>90/90</b>	<b>0/90</b>	<b>100%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>0</b>	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>10/10</b>	<b>0/10</b>	
<b>Employment and Day Supports</b>	<b>63/64</b>	<b>1/64</b>	
Community Based Day Services			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>73/74</b>	<b>1/74</b>	<b>99%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>1</b>	

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

Indicator #	Indicator	Area Needing Improvement
L94 (05/22)	Individuals have assistive technology to maximize independence.	Four individuals did not have completed assistive technology assessment, with recommendations for new items. The agency needs to ensure that each individual is assessed on a regular basis, to determine any new areas of need. Assessments should contain a plan for obtaining new items to maximize independence.





## **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 0/0 Provider 20/20</b>	<b>20/20</b>	<b>0/20</b>	
Residential Services	DDS 0/0 Provider 20/20	20/20	0/20	
<b>Total</b>		<b>26/26</b>	<b>0/26</b>	<b>100%</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 2/2 Provider 13/13</b>	<b>15/15</b>	<b>0/15</b>	
Community Based Day Services	DDS 2/2 Provider 13/13	15/15	0/15	
<b>Total</b>		<b>21/21</b>	<b>0/21</b>	<b>100%</b>
<b>Certified</b>				

## MASTER SCORE SHEET LICENSURE

Organizational: Melmark New England

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	-						-	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	6/6						6/6	Met
L10	Reduce risk interventions	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
☑ L11	Required inspections	L	DDS	2/2						2/2	Met
☑ L12	Smoke detectors	L	DDS	2/2						2/2	Met
☑ L13	Clean location	L	DDS	2/2						2/2	Met
L14	Site in good repair	L	Provider	-						-	Met
L15	Hot water	L	Provider	-						-	Met
L16	Accessibility	L	Provider	-						-	Met
L17	Egress at grade	L	Provider	-						-	Met
L18	Above grade egress	L	Provider	-						-	Met
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

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
L26	Walkway safety	L	Provider	-						-	Met
L27	Pools, hot tubs, etc.	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	-						-	Met
L36	Recommended tests	I	Provider	-						-	Met
L37	Prompt treatment	I	Provider	-						-	Met
Ⓡ L38	Physician's orders	I	DDS	2/2						2/2	Met
L39	Dietary requirements	I	Provider	-						-	Met
L40	Nutritional food	L	Provider	-						-	Met
L41	Healthy diet	L	Provider	-						-	Met
L42	Physical activity	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
L43	Health Care Record	I	Provider	-						-	Met
L44	MAP registration	L	Provider	-						-	Met
L45	Medication storage	L	Provider	-						-	Met
Ⓡ L46	Med. Administration	I	DDS	5/6						5/6	Met (83.33 %)
L49	Informed of human rights	I	Provider	-						-	Met
L50 (07/21)	Respectful Comm.	I	DDS	6/6						6/6	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						6/6	Met
L55	Informed consent	I	Provider	-						-	Met
L56	Restrictive practices	I	Provider	-						-	Met
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

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
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	2/2						2/2	Met
L84	Health protect. Training	I	Provider	-						-	Met
L85	Supervision	L	Provider	-						-	Met
L86	Required assessments	I	Provider	-						-	Met
L87	Support strategies	I	Provider	-						-	Met
L88	Strategies implemented	I	Provider	-						-	Met
L90	Personal space/bedroom privacy	I	Provider	-						-	Met
L91	Incident management	L	Provider	-						-	Met
L93 (05/22)	Emergency back-up plans	I	DDS	6/6						6/6	Met
L94 (05/22)	Assistive technology	I	DDS	6/6						6/6	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
L96 (05/22)	Staff training in devices and applications	I	DDS	6/6						6/6	Met
#Std. Met/# 80 Indicator										80/80	
Total Score										90/90	
										100%	

#### 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	DDS			7/7	7/7	Met
L10	Reduce risk interventions	I	Provider			-	-	Met
☞ L11	Required inspections	L	DDS			1/1	1/1	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

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L16	Accessibility	L	Provider			-	-	Met
L17	Egress at grade	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	Communicati on 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. Administratio n	I	DDS			6/6	6/6	Met
L49	Informed of human rights	I	Provider			-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS			7/7	7/7	Met
L51	Possessions	I	Provider			-	-	Met
L52	Phone calls	I	Provider			-	-	Met
L54 (07/21)	Privacy	I	DDS			7/7	7/7	Met

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Indiv.</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>
L55	Informed consent	I	Provider			-	-	Met
L56	Restrictive practices	I	Provider			-	-	Met
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
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
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
Ⓡ L82	Medication admin.	L	DDS			1/1	1/1	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			-	-	Met
L86	Required assessments	I	Provider			-	-	Met
L87	Support strategies	I	Provider			-	-	Met
L88	Strategies implemented	I	Provider			-	-	Met
L91	Incident management	L	Provider			-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS			7/7	7/7	Met
L94 (05/22)	Assistive technology	I	DDS			3/7	3/7	Not Met (42.86 %)
L96 (05/22)	Staff training in devices and applications	I	DDS			7/7	7/7	Met
L99 (05/22)	Medical monitoring devices	I	DDS			1/1	1/1	Met
#Std. Met/# 64 Indicator							63/64	
Total Score							73/74	
							98.65%	

## 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	-	<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	Provider	-	<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>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>

### Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C38 (07/21)	Habilitative & behavioral goals	DDS	7/7	<b>Met</b>
C39 (07/21)	Support needs for employment	DDS	7/7	<b>Met</b>
C40	Community involvement interest	Provider	-	<b>Met</b>
C41	Activities participation	Provider	-	<b>Met</b>
C42	Connection to others	Provider	-	<b>Met</b>
C43	Maintain & enhance relationship	Provider	-	<b>Met</b>
C44	Job exploration	Provider	-	<b>Met</b>
C45	Revisit decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>