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| **PROVIDER REPORT FOR** |

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| **The Michael Lisnow Respite Center, Inc.112 Main Street Hopkinton, MA 01748**  |

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| **May 19, 2022** |

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| **Public Provider Report** |

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| **Prepared by the Department of Developmental ServicesOFFICE OF QUALITY ENHANCEMENT** |

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| **SUMMARY OF OVERALL FINDINGS** |

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| **Provider** |

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| The Michael Lisnow Respite Center, Inc. |

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| **Review Dates** |

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| 3/15/2022 - 3/21/2022 |

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| **Service Enhancement Meeting Date** |

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| 4/4/2022 |

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| **Survey Team** |

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| Raymond Edi-Osagie |
| Cheryl Hampton (TL) |
| Lisa MacPhail |

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| **Citizen Volunteers** |

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| **Survey scope and findings for Residential and Individual Home Supports** |
| **Service Group Type** | **Sample Size** | **Licensure Scope** | **Licensure Level** | **Certification Scope** | **Certification Level** |
| **Residential and Individual Home Supports** | 1 location(s) 3 audit (s)  | Full Review | 64/68 2 Year License 04/04/2022 - 04/04/2024 |  | 27 / 28 Certified 04/04/2022 - 04/04/2024 |
| Residential Services | 1 location(s) 3 audit (s)  |  |  | Full Review | 21 / 22 |
| Planning and Quality Management (For all service groupings) |   |  |  | Full 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** | 1 location(s) 7 audit (s)  | Full Review | 48/50 2 Year License 04/04/2022 - 04/04/2024 |  | 20 / 23 Certified 04/04/2022 - 04/04/2024 |
| Community Based Day Services | 1 location(s) 7 audit (s)  |  |  | Full Review | 14 / 17 |
| Planning and Quality Management (For all service groupings) |   |  |  | Full Review | 6 / 6 |

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| **EXECUTIVE SUMMARY :** |

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| The Michael Lisnow Respite Center is a non-profit agency based in Hopkinton, MA; the agency provides an array of services to adults with Intellectual and Developmental Disabilities. The Center operates 24 hour Residential and Respite services, as well as Community-Based Day Support services (CBDS) primarily to individuals residing around Hopkinton, MA, and surrounding communities. The agency suspended all services during the high point of the Covid 19 pandemic but switched shortly after to virtual Day programming. It restarted in-person CBDS services in 2021 and was at 95% attendance rate at the time of this review. It plans to begin discussions on the resumption of Respite and Childcare services sometime during the fall of 2022. For this 2022 survey, the agency was offered a self-assessment, but opted instead to undergo a full licensure and certification review conducted by the Department of Developmental Services (DDS) Metro Office of Quality Enhancement. The scope of the review included an evaluation of the agency's administrative policies and procedures, and the quality of supports offered in its residential and day/employment services.Survey findings revealed many positive practices that enhanced the quality of supports offered to people across all agency sites. Staff training and development was prioritized, and this was highly evident in the quality of supports. Staff received all mandated trainings and were conversant with individuals' unique needs. It was also evident that individuals and Guardians were trained in human rights and abuse and neglect reporting. In the area of personal safety, safety plans were present and approved by DDS, and fire evacuation drills were conducted in accordance with requirements. Home and day sites were in good repair and current for inspections. In response to the covid pandemic, the agency ensured people's safety and well-being by consistent adherence to public health recommendations; they provided PPE protection to individuals and staff and collaborated with a local pharmacy to ensure that staff and individuals were fully vaccinated. Within residential services, effective ongoing support to maintain people's healthcare was evident. Direct nursing involvement and oversight was observed for all individuals; and, in some cases, nurses spent one night per week in homes as a form of safeguard and to monitor and provide staff training. People were current for routine and ancillary medical care, and episodic healthcare and follow-up was provided as needed. Additionally, medical treatment protocols when present were well implemented. In the area of the ISP, people were supported to work on their goals, and modifications occurred when goals were not tenable. Regarding the management of funds, external representative payees were the common observance, but individuals were supported to cash spending checks at local banks and held their own spending funds in lockboxes within their rooms. Lisnow ensured that people had control over their own lives and maximized their independence; they used house meeting forums to ensure that planning occurred for this purpose. Individuals used the meetings to plan activities, assign household chore, and discuss issues of concern. Individuals were assessed relative to the use of assistive technology, and many were supported to use cell phones and iPad especially when community access was limited due to the pandemic. Continuity of care crossed over from residential to the CBDS/Day service; many staff worked in both service models. Individuals were offered opportunities to be involved in the hiring and evaluation of their support staff. They, as well as their staff and families were also afforded opportunities to provide input/ feedback to the agency via the annual satisfaction survey process. Within its CBDS service, the Michael Lisnow Center proactively adjusted services delivery to meet the safety needs of people during the height of the Covid pandemic. Community access and programming were suspended, and the agency provided equipment and trained its individuals and staff for a switch to virtual programming. Virtual programming commenced with an offering of a variety of groups and classes which eventually totaled 72 offerings. The offerings included evening virtual programing to support people in 24-hour homes as well as those who resided with their families. Individuals participated in groups that promoted skill development such as technology, art classes, cooking, travel, yoga, exercise.While the survey revealed many positive outcomes for individuals, some support areas needed further attention. Organizationally, the human rights committee fell short of meeting the requirements for required member attendance. Within the residences, hot water was not maintained to be within the required range, and the DPH MAP registration certificates at sites were expired for about a year before renewal. In the area of certification, the sexuality and companionship curriculum and assessment were not comprehensive. Individuals had no identified areas of need for further education to broaden people's knowledge. The agency also had not taken steps to address the requirements for CBDS that all individuals of working age be evaluated for job related interest and be oriented towards being on a pathway to potential employmentIn summary, The Michael Lisnow Respite Center received a score of 94% Met for licensing in the residential/IHS licensing, earning a Two-Year license for that service grouping. The agency also scored 96% in licensing for the Day/Employment resulting in a Two-Year License for that service grouping as well. Regarding certification, the agency scored 96% Met for certification in the Residential/IHS service grouping, and 87% Met for the Day/Employment service grouping, thus earning a certification for each grouping. Considering these scores, the agency will conduct its own follow-up for the licensing indicators that were not met in both residential and CBDS and submit the findings to the DDS office of quality enhancement within 60 days of their SEM meetings. |

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| **LICENSURE FINDINGS** |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **5/6** | **1/6** |  |
| **Residential and Individual Home Supports** | **59/62** | **3/62** |  |
|  Residential Services Respite Services |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **64/68** | **4/68** | **94%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **4** |  |
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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **5/6** | **1/6** |  |
| **Employment and Day Supports** | **43/44** | **1/44** |  |
|  Community Based Day Services |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **48/50** | **2/50** | **96%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **2** |  |
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|  | **Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L48 | The agency has an effective Human Rights Committee. | The agency human rights committee did not meet its mandate for required member attendance during the review timeframe. The agency needs to maintain an effective human rights committee that meets all mandates including member attendance. |

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|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L8 | Emergency fact sheets are current and accurate and available on site. | For two of three individuals, emergency fact sheets were missing relevant diagnoses. The agency needs to ensure that emergency fact sheets are updated and include the most current information. |
|  |  L15 | Hot water temperature tests between 110 and 120 degrees (as of 1/2014). | Hot water at the one site exceeded allowable limits. The agency needs to ensure that hot water is maintained to be in the range of 110-120 at its residential sites. |
|  |  L44 | The location where MAP certified staff is administering medication is registered by DPH. | The MAP registration certificate was expired for about a year and was renewed just before the survey. The agency needs to ensure that it maintains a current MAP registration at all sites where it stores and administers medication. |

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|  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L44 | The location where MAP certified staff is administering medication is registered by DPH. | The MAP registration certificate was expired for about a year and was renewed just before the survey. The agency needs to ensure that it maintains a current MAP registration at all sites where it stores and administers medication. |

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| **CERTIFICATION FINDINGS** |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **6/6** | **0/6** |  |
| **Residential and Individual Home Supports** | **21/22** | **1/22** |  |
| Residential Services | 21/22 | 1/22 |  |
| **Total** | **27/28** | **1/28** | **96%** |
| **Certified** |  |  |  |
|  |  |  |  |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **6/6** | **0/6** |  |
| **Employment and Day Supports** | **14/17** | **3/17** |  |
| Community Based Day Services | 14/17 | 3/17 |  |
| **Total** | **20/23** | **3/23** | **87%** |
| **Certified** |  |  |  |
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|  | **Residential Services- Areas Needing Improvement on Standards not met:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | For three individuals, the agency could not demonstrate a comprehensive method for evaluating, educating and supporting the preferences for intimacy and companionship of the people it supports. The agency needs to develop a comprehensive method for evaluating the preferences for intimacy and companionship of the people it supports, and for providing all necessary education and support. |
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|  | **Community Based Day Services- Areas Needing Improvement on Standards not met:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  C38 (07/21) | Specific habilitative and behavioral goals necessary to prepare individuals for work are identified. | For seven individuals, the agency acknowledged not addressing the requirements of identifying specific habilitative and behavioral goals necessary to prepare people for work . The agency needs to assess peoples' habilitative and behavioral needs, and once identified, develop goals to prepare people to work. |
|  |  C39 (07/21) | There is a plan developed to identify job goals and support needs that would lead to movement into supported employment. | For seven individuals, the agency acknowledged that it was not yet working with people on identifying job goals and support needs that would lead to movement into supported employment. . The agency needs to assess peoples' habilitative and behavioral needs, and once identified, develop goals to prepare people to work.. The agency needs to develop individualized work plans with specific goals and support needs to foster progression towards supportive employment. |
|  |  C44 | Staff have effective methods to assist individuals to explore their job interests if appropriate. | For seven individuals, the agency's staff could not demonstrate effective methods used to assist individuals to explore their job interests. The agency needs to develop effective methods for supporting people to explore job interests that would lead to supportive employment or a pathway to employment. Job interests need to be explored and customized to the specific individual learning styles. |
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| **MASTER SCORE SHEET LICENSURE** |

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| **Organizational: The Michael Lisnow Respite Center, Inc.** |

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|  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **2/2** | **Met** |
|  |  L48 | HRC | **0/1** | **Not Met(0 % )** |
|  |  L74 | Screen employees | **4/4** | **Met** |
|  |  L75 | Qualified staff | **2/2** | **Met** |
|  |  L76 | Track trainings | **4/4** | **Met** |
|  |  L83 | HR training | **4/4** | **Met** |

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| **Residential and Individual Home Supports:** |

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|  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Res. Sup.** | **Ind. Home Sup.** | **Place.** | **Resp.** | **ABI-MFP Res. Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** |
|  |  L1 | Abuse/neglect training | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L5 | Safety Plan | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
| O |  L6 | Evacuation | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L7 | Fire Drills | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L8 | Emergency Fact Sheets | I | 1/3 |  |  |  |  |  | **1/3** | **Not Met(33.33 %)** |
|  |  L9 (07/21) | Safe use of equipment | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L10 | Reduce risk interventions | I | 1/1 |  |  |  |  |  | **1/1** | **Met** |
| O |  L11 | Required inspections | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
| O |  L12 | Smoke detectors | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
| O |  L13 | Clean location | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L14 | Site in good repair | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L15 | Hot water | L | 0/1 |  |  |  |  |  | **0/1** | **Not Met(0 %)** |
|  |  L17 | Egress at grade  | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L18 | Above grade egress | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L19 | Bedroom location | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L20 | Exit doors | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L21 | Safe electrical equipment | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L22 | Well-maintained appliances | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L23 | Egress door locks | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L24 | Locked door access | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L25 | Dangerous substances | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L26 | Walkway safety | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L28 | Flammables | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L29 | Rubbish/combustibles | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L30 | Protective railings | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L31 | Communication method | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L32 | Verbal & written | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L33 | Physical exam | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L34 | Dental exam | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L35 | Preventive screenings | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L36 | Recommended tests | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L37 | Prompt treatment | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
| O |  L38 | Physician's orders | I | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L40 | Nutritional food | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L41 | Healthy diet | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L42 | Physical activity | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L43 | Health Care Record | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L44 | MAP registration | L | 0/1 |  |  |  |  |  | **0/1** | **Not Met(0 %)** |
|  |  L45 | Medication storage | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
| O |  L46 | Med. Administration | I | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L47 | Self medication | I | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L49 | Informed of human rights | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L51 | Possessions | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L52 | Phone calls | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L53 | Visitation | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L54 (07/21) | Privacy | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L55 | Informed consent | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L63 | Med. treatment plan form | I | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L64 | Med. treatment plan rev. | I | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L70 | Charges for care calc. | I | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L71 | Charges for care appeal | I | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L77 | Unique needs training | I | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L80 | Symptoms of illness | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L81 | Medical emergency | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
| O |  L82 | Medication admin. | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L85 | Supervision  | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L86 | Required assessments | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L87 | Support strategies | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L88 | Strategies implemented | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L90 | Personal space/ bedroom privacy | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L91 | Incident management | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  | **#Std. Met/# 62 Indicator** |  |  |  |  |  |  |  |  | **59/62** |  |
|  | **Total Score** |  |  |  |  |  |  |  |  | **64/68** |  |
|  |  |  |  |  |  |  |  |  |  | **94.12%** |  |

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| **Employment and Day Supports:** |

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|  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** |
|  |  L1 | Abuse/neglect training | I |  |  | 7/7 | **7/7** | **Met** |
|  |  L5 | Safety Plan | L |  |  | 1/1 | **1/1** | **Met** |
| O |  L6 | Evacuation | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L7 | Fire Drills | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L8 | Emergency Fact Sheets | I |  |  | 7/7 | **7/7** | **Met** |
|  |  L9 (07/21) | Safe use of equipment | I |  |  | 7/7 | **7/7** | **Met** |
| O |  L11 | Required inspections | L |  |  | 1/1 | **1/1** | **Met** |
| O |  L12 | Smoke detectors | L |  |  | 1/1 | **1/1** | **Met** |
| O |  L13 | Clean location | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L14 | Site in good repair | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L15 | Hot water | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L16 | Accessibility | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L17 | Egress at grade  | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L18 | Above grade egress | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L20 | Exit doors | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L21 | Safe electrical equipment | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L22 | Well-maintained appliances | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L25 | Dangerous substances | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L26 | Walkway safety | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L28 | Flammables | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L29 | Rubbish/combustibles | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L30 | Protective railings | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L31 | Communication method | I |  |  | 7/7 | **7/7** | **Met** |
|  |  L32 | Verbal & written | I |  |  | 7/7 | **7/7** | **Met** |
|  |  L37 | Prompt treatment | I |  |  | 5/5 | **5/5** | **Met** |
| O |  L38 | Physician's orders | I |  |  | 4/4 | **4/4** | **Met** |
|  |  L44 | MAP registration | L |  |  | 0/1 | **0/1** | **Not Met(0 %)** |
|  |  L45 | Medication storage | L |  |  | 1/1 | **1/1** | **Met** |
| O |  L46 | Med. Administration | I |  |  | 6/6 | **6/6** | **Met** |
|  |  L49 | Informed of human rights | I |  |  | 7/7 | **7/7** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I |  |  | 7/7 | **7/7** | **Met** |
|  |  L51 | Possessions | I |  |  | 7/7 | **7/7** | **Met** |
|  |  L52 | Phone calls | I |  |  | 7/7 | **7/7** | **Met** |
|  |  L54 (07/21) | Privacy | I |  |  | 7/7 | **7/7** | **Met** |
|  |  L55 | Informed consent | I |  |  | 7/7 | **7/7** | **Met** |
|  |  L77 | Unique needs training | I |  |  | 7/7 | **7/7** | **Met** |
|  |  L80 | Symptoms of illness | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L81 | Medical emergency | L |  |  | 1/1 | **1/1** | **Met** |
| O |  L82 | Medication admin. | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L85 | Supervision  | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L86 | Required assessments | I |  |  | 6/6 | **6/6** | **Met** |
|  |  L87 | Support strategies | I |  |  | 7/7 | **7/7** | **Met** |
|  |  L88 | Strategies implemented | I |  |  | 7/7 | **7/7** | **Met** |
|  |  L91 | Incident management | L |  |  | 1/1 | **1/1** | **Met** |
|  | **#Std. Met/# 44 Indicator** |  |  |  |  |  | **43/44** |  |
|  | **Total Score** |  |  |  |  |  | **48/50** |  |
|  |  |  |  |  |  |  | **96.00%** |  |

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| **MASTER SCORE SHEET CERTIFICATION** |

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|  | **Certification - Planning and Quality Management** |
|  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  |  C1 | Provider data collection | 1/1 | **Met** |
|  |  C2 | Data analysis | 1/1 | **Met** |
|  |  C3 | Service satisfaction | 1/1 | **Met** |
|  |  C4 | Utilizes input from stakeholders | 1/1 | **Met** |
|  |  C5 | Measure progress | 1/1 | **Met** |
|  |  C6 | Future directions planning | 1/1 | **Met** |
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| **Residential Services** |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 3/3 | **Met** |
|  C8 | Family/guardian communication | 3/3 | **Met** |
|  C9 | Personal relationships | 3/3 | **Met** |
|  C10 | Social skill development | 3/3 | **Met** |
|  C11 | Get together w/family & friends | 3/3 | **Met** |
|  C12 | Intimacy | 0/3 | **Not Met (0 %)** |
|  C13 | Skills to maximize independence  | 3/3 | **Met** |
|  C14 | Choices in routines & schedules | 3/3 | **Met** |
|  C15 | Personalize living space | 1/1 | **Met** |
|  C16 | Explore interests | 3/3 | **Met** |
|  C17 | Community activities | 3/3 | **Met** |
|  C18 | Purchase personal belongings | 3/3 | **Met** |
|  C19 | Knowledgeable decisions | 3/3 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 3/3 | **Met** |
|  C46 | Use of generic resources | 3/3 | **Met** |
|  C47 | Transportation to/ from community | 3/3 | **Met** |
|  C48 | Neighborhood connections | 3/3 | **Met** |
|  C49 | Physical setting is consistent  | 1/1 | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | 3/3 | **Met** |
|  C52 | Leisure activities and free-time choices /control | 3/3 | **Met** |
|  C53 | Food/ dining choices | 3/3 | **Met** |
|  C54 | Assistive technology | 3/3 | **Met** |
| **Community Based Day Services** |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 7/7 | **Met** |
|  C8 | Family/guardian communication | 7/7 | **Met** |
|  C13 | Skills to maximize independence  | 7/7 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 7/7 | **Met** |
|  C37 | Interpersonal skills for work | 7/7 | **Met** |
|  C38 (07/21) | Habilitative & behavioral goals | 0/7 | **Not Met (0 %)** |
|  C39 (07/21) | Support needs for employment | 0/7 | **Not Met (0 %)** |
|  C40 | Community involvement interest | 7/7 | **Met** |
|  C41 | Activities participation | 7/7 | **Met** |
|  C42 | Connection to others | 7/7 | **Met** |
|  C43 | Maintain & enhance relationship | 7/7 | **Met** |
|  C44 | Job exploration | 0/7 | **Not Met (0 %)** |
|  C45 | Revisit decisions | 7/7 | **Met** |
|  C46 | Use of generic resources | 7/7 | **Met** |
|  C47 | Transportation to/ from community | 7/7 | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | 7/7 | **Met** |
|  C54 | Assistive technology | 7/7 | **Met** |
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