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| **PROVIDER REPORT FOR** |

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| **MINUTE MAN ARC FOR HUMAN SERVICES35 Forest Ridge Road Concord, MA 01742**  |

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| **October 29, 2021** |

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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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| MINUTE MAN ARC FOR HUMAN SERVICES |

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| **Review Dates** |

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| 8/25/2021 - 8/31/2021 |

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| **Service Enhancement Meeting Date** |

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| 9/14/2021 |

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| **Survey Team** |

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| Anne Carey |
| Raquel Rodriguez (TL) |
| Meagan Caccioppoli |
| Michelle Stomboly-Lorenzo (TL) |
| Jennifer Conley-Sevier |
| Cheryl Dolan |

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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** | 5 location(s) 9 audit (s)  | Full Review | 61/79 Defer Licensure  |  |  Certified  |
| Residential Services | 2 location(s) 6 audit (s)  |  |  | Deemed |  |
| Placement Services | 2 location(s) 2 audit (s)  |  |  | Deemed |  |
| Individual Home Supports | 1 location(s) 1 audit (s)  |  |  | Deemed |  |
| Planning and Quality Management (For all service groupings) |   |  |  | Deemed |  |
| **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) 16 audit (s)  | Full Review | 50/55 Defer Licensure  |  |  Certified  |
| Community Based Day Services | 1 location(s) 9 audit (s)  |  |  | Deemed |  |
| Employment Support Services | 1 location(s) 7 audit (s)  |  |  | Deemed |  |
| Planning and Quality Management (For all service groupings) |   |  |  | Deemed |  |

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| **EXECUTIVE SUMMARY :** |

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| Minute Man Arc for Human Services, Inc. was established in 1958 and currently provides a wide range of supports to people with developmental disabilities living in communities west of Boston. The agency offers several non-DDS programs, including early intervention, after-school and after-work programs, family support, recreation, and day habilitation. DDS services include employment and community based day services; residential service models include 24 hour residential, Individual Home Supports (IHS), and Placement/Shared Living. The scope of this survey was a full review of all licensing indicators within the agency's Residential Services/Individual Home Supports and Employment and Day Supports services. As the agency is currently accredited by CARF and CARF is deemed for Certification, Minute Man Arc did not undergo a DDS Certification review in this survey cycle.Positive practices and outcomes in the domain of Human Rights were observed in all areas of the agency. Organizationally the agency has a robust Human Rights Committee that meets regularly and completes all reviews as required. The Committee also has two volunteers in place for each position rather than one as required by regulations. The agency has further strengthened its commitment to human rights by adding a Spiritual Liaison position to support individuals in connecting with their chosen spiritual/religious community and/or learn more about those communities if they so choose. Trainings for individuals and families in the areas of human rights and DPPC reporting occur annually and the agency's self-advocates group is both dynamic and active. Also noted across settings was the agency's success in ensuring that support staff were informed of individuals unique needs utilizing personalized and informative "My unique Supports" write ups. Communication between support staff and individuals was respectful and based in the principles of positive behavioral supports. Staff training and knowledge in Universal Precautions and Transmission Prevention was evident by on-going cleaning/sanitizing, use of PPE, and use of check in stations at all locations. Positive practices and outcomes were observed within the agency's residential supports in the areas of promoting physical activity as well as safety. The agency ensured that individuals were able to safely utilize equipment within their homes with or without supports as needed. Individuals were also supported to communicate and visit with friends and family utilizing technology and virtual visits when circumstances prevented in person visits. Many positive practices and outcomes were also observed within the agency's employment and day supports services. ISP assessments and support strategies were submitted in accordance with DDS timelines. The environmental review demonstrated that the location was clean and in good repair, and individuals were frequently seen enjoying the outdoor spaces of the property. Individuals were able to access and keep their possessions in personalized lockers and use their cell phones or office phones as needed and individuals were supported to understand verbal and written communication. Several areas requiring attention within the agency's residential services models were identified during the survey. Several issues were revealed in the areas of environmental and fire safety. The agency needs to improve maintenance and repair of homes, specifically related to decks, walls, and protective railings being in good repair, ensure that appliances remain operational, and ensure that safety plans are up to date and that fire drills are conducted as required. Residentially, there are some areas requiring attention within health care. While individuals were supported to obtain annual physical examinations and receive routine medical care, there were several instances when follow-up medical care, medical protocols, and the proper use of medically prescribes supportive devices were not fully supported. In addition, health care records and emergency fact sheets did not always contain all pertinent data. The agency also needs to ensure that all staff are consistently complying with such areas as ISP timeline requirements and goal implementation, as well as data collection and review related to medication treatment plans. Lastly, when restrictive practices are being implemented, there needs to be a clear rationale that this the least restrictive alternative and consideration for use needs to ensure individual's rights to privacy.The agency day services were successful in meeting almost all licensure indicators reviewed, however there were a few indicators such as the completion of emergency fact sheets, fire drills, and support strategies being implemented as agreed upon in the ISP, that require attention going forward.Organizationally, the agency needs to ensure that incidents which rise to the level of abuse and neglect reporting is occurring and action plans are completed in full. Both the Residential and the Employment / Day Service grouping licenses are deferred, pending 60 day follow-up as a result of an organizational critical indicator (on abuse and mistreatment reporting) being not met. Within the Residential Services/Individual Home Supports services Minute Man Arc received a rating of met in 77% of licensing indicators; with one additional critical indicator (L38 physician's orders) not met. Within the Employment and Day Supports program, the agency met 91% of all licensing indicators. Both Residential and Employment / Day service groupings are Certified by virtue of their CARF accreditation. This licensure status will remain pending the results of a follow-up review conducted by DDS, which will occur within 60 days. If successful in correcting the critical indicators, each service grouping will receive Two Year with Mid-cycle licenses. |

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| **LICENSURE FINDINGS** |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **8/10** | **2/10** |  |
| **Residential and Individual Home Supports** | **53/69** | **16/69** |  |
|  Residential Services Placement Services Individual Home Supports |  |  |  |
| **Critical Indicators** | **6/8** | **2/8** |  |
| **Total** | **61/79** | **18/79** | **77%** |
| **Defer Licensure** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **18** |  |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **8/10** | **2/10** |  |
| **Employment and Day Supports** | **42/45** | **3/45** |  |
|  Community Based Day Services Employment Support Services |  |  |  |
| **Critical Indicators** | **5/6** | **1/6** |  |
| **Total** | **50/55** | **5/55** | **91%** |
| **Defer Licensure** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **5** |  |

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|  | **Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
| O |  L2 |  Allegations of abuse/neglect are reported as mandated by regulation. | Three incident reports described potential cases of abuse/neglect/mistreatment that had not been reported to DPPC. The agency needs to ensure that all potential cases of abuse/neglect/mistreatment are reported to DPPC and that all staff are knowledgeable of what constitutes reportable allegations. |
|  |  L4 | Action is taken when an individual is subject to abuse or neglect. | Not all specified actions had been completed in four plans of thirteen. The agency needs to have a system for ensuring that all specific actions are taken as set forth in the action plan or resolution letter and provide documentation to the Complaint Resolution Team coordinator as soon as the corrective action(s) have been implemented. |

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|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L5 | There is an approved safety plan in home and work locations.  | Two safety plans (for placement service locations) had not been submitted to the Area Office for approval. The agency needs to ensure all safety plans are reviewed and approved by the Area Office. At one Residential location, the evacuation support needs for two individuals had significantly changed and were not reflected in the current plan. The agency needs to ensure safety plans are updated to reflect current needs and abilities. |
|  |  L7 | Fire drills are conducted as required. | At one or two locations, fire drills were not conducted for 8 months. The agency needs to ensure fire drills are completed as required in the safety plan. |
|  |  L8 | Emergency fact sheets are current and accurate and available on site. | All emergency fact sheets were missing personal characteristics and likely response to search efforts (such as tendency to hide); and do not list daytime whereabouts/places frequented. One reviewed did not contain the current medication list. The agency needs to ensure emergency fact sheets include all relevant information. |
| O |  L38 | Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).  | For two of eight individuals, Physician's orders or protocols were not being followed. The agency needs to ensure all physician orders are followed. |
|  |  L43 | The health care record is maintained and updated as required.  | The health care records for five of nine individuals had not been updated to reflect new vaccinations, hospitalizations and/or a new diagnosis. The agency needs to ensure health care records are updated at the time of the ISP and within 30 days of a significant health care event. |
|  |  L61 | Supports and health related protections are included in ISP assessments and the continued need is outlined. | For three of five individuals, supports and health-related protective equipment did not have authorization for use by the prescriber, including the purpose, criteria for discontinuance and duration of use. The agency needs to ensure that any supports and health-related protections are being implemented correctly according to the health care provider's authorization. |
|  |  L63 | Medication treatment plans are in written format with required components. | Two out of five medication treatment plans did not have data collection strategies or information so that the treating clinician could assess the effectiveness of the plan and/or did not outline a process to reduce or fade the need for the medication. The agency needs to ensure that medication treatment plans are written with the required components. |
|  |  L64 | Medication treatment plans are reviewed by the required groups. | For two of five individuals prescribed behavior modifying medications, plans had not been submitted to the ISP team for review. The agency needs to ensure that medication treatment plans are submitted into HCSIS in preparation for ISP review by the team. |
|  |  L78 | Staff are trained to safely and consistently implement restrictive interventions. | At one location, not all staff had been trained to safely implement restrictive interventions. The agency needs to ensure that all staff working with individuals who require restrictive interventions are properly trained. |
|  |  L84 | Staff / care providers are trained in the correct utilization of health related protections per regulation. | At three locations, not all staff had been trained in the correct utilization of health care related protections. The agency needs to ensure that all staff are trained on each health care related protection for each individual. |
|  |  L85 | The agency provides ongoing supervision, oversight and staff development. | Supervision, monitoring and oversight in two of five homes was not sufficient to ensure that location specific requirements such as safety plans and fire drills and individual requirements such as ISP implementation, associated data collection, and implementation of restrictive practices, were consistently occurring at the home. |
|  |  L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For seven individuals, assessments had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that assessments are completed in preparation for the ISP and submitted in accordance with regulatory requirements. |
|  |  L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | For six individuals, support strategies had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that support strategies are completed in preparation for the ISP and submitted in accordance with regulatory requirements. |
|  |  L88 | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For two individuals, ISP objectives are either not being implemented, or data collection is not occurring. The agency needs to ensure that ISP objectives are implemented as described within support strategies, and that data relating to ISP objectives is collected. |
|  |  L90 | Individuals are able to have privacy in their own personal space. | At three locations, individuals did not have privacy in their own space. The agency needs to ensure that bedroom doors have locks on them, as well as ensure that audio monitors meant for one individual do not impede on the privacy of others. |
|  |  L91 | Incidents are reported and reviewed as mandated by regulation. | At three locations, incident reports were not created and finalized within the required HCSIS time frames. The agency needs to ensure all incident reports are generated and finalized by the required HCSIS due dates. |

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|  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L7 | Fire drills are conducted as required. | Fire drill logs for the CBDS location were not conducted with the minimum staffing required for individuals to evacuate or document staff assisting with drills. The agency needs to ensure that fire drills are conducted according to the minimum staffing ratio indicated in the safety plan and staffing is documented on the fire drill report. |
|  |  L8 | Emergency fact sheets are current and accurate and available on site. | All emergency fact sheets were missing personal characteristics and likely response to search efforts (such as tendency to hide); and do not list daytime whereabouts/places frequented. One was missing pertinent medical information. The agency needs to ensure emergency fact sheets include all relevant information. |
|  |  L88 | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For eight of fifteen individuals, support strategies were not being implemented as agreed upon in the ISP and/or data on progress notes was not present. The agency needs to ensure support strategies agreed upon in the ISP are implemented as designed and that progress notes capture that information. |

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| **MASTER SCORE SHEET LICENSURE** |

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| **Organizational: MINUTE MAN ARC FOR HUMAN SERVICES** |

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|  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **7/10** | **Not Met(70.0 % )** |
|  |  L3 | Immediate Action | **15/15** | **Met** |
|  |  L4 | Action taken | **9/13** | **Not Met(69.23 % )** |
|  |  L48 | HRC | **1/1** | **Met** |
|  |  L65 | Restraint report submit | **1/1** | **Met** |
|  |  L66 | HRC restraint review | **1/1** | **Met** |
|  |  L74 | Screen employees | **2/2** | **Met** |
|  |  L75 | Qualified staff | **1/1** | **Met** |
|  |  L76 | Track trainings | **10/10** | **Met** |
|  |  L83 | HR training | **9/10** | **Met(90.0 % )** |

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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 | 6/6 | 1/1 | 2/2 |  |  |  | **9/9** | **Met** |
|  |  L5 | Safety Plan | L | 1/2 | 1/1 | 0/2 |  |  |  | **2/5** | **Not Met(40.0 %)** |
| O |  L6 | Evacuation | L | 2/2 | 1/1 | 2/2 |  |  |  | **5/5** | **Met** |
|  |  L7 | Fire Drills | L | 1/2 |  |  |  |  |  | **1/2** | **Not Met(50.0 %)** |
|  |  L8 | Emergency Fact Sheets | I | 0/6 | 1/1 | 1/2 |  |  |  | **2/9** | **Not Met(22.22 %)** |
|  |  L9 (07/21) | Safe use of equipment | I | 6/6 | 1/1 |  |  |  |  | **7/7** | **Met** |
| O |  L11 | Required inspections | L | 2/2 |  | 2/2 |  |  |  | **4/4** | **Met** |
| O |  L12 | Smoke detectors | L | 2/2 |  | 2/2 |  |  |  | **4/4** | **Met** |
| O |  L13 | Clean location | L | 1/2 |  | 2/2 |  |  |  | **3/4** | **Met** |
|  |  L14 | Site in good repair | L | 1/2 |  | 2/2 |  |  |  | **3/4** | **Met** |
|  |  L15 | Hot water | L | 2/2 |  | 1/2 |  |  |  | **3/4** | **Met** |
|  |  L16 | Accessibility | L | 2/2 |  | 2/2 |  |  |  | **4/4** | **Met** |
|  |  L17 | Egress at grade  | L | 2/2 |  | 2/2 |  |  |  | **4/4** | **Met** |
|  |  L18 | Above grade egress | L | 2/2 |  | 2/2 |  |  |  | **4/4** | **Met** |
|  |  L19 | Bedroom location | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L20 | Exit doors | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L21 | Safe electrical equipment | L | 2/2 |  | 2/2 |  |  |  | **4/4** | **Met** |
|  |  L22 | Well-maintained appliances | L | 1/2 |  | 2/2 |  |  |  | **3/4** | **Met** |
|  |  L23 | Egress door locks | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L24 | Locked door access | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L25 | Dangerous substances | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L26 | Walkway safety | L | 2/2 |  | 2/2 |  |  |  | **4/4** | **Met** |
|  |  L28 | Flammables | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L29 | Rubbish/combustibles | L | 2/2 |  | 2/2 |  |  |  | **4/4** | **Met** |
|  |  L30 | Protective railings | L | 1/2 |  | 2/2 |  |  |  | **3/4** | **Met** |
|  |  L31 | Communication method | I | 6/6 | 1/1 | 2/2 |  |  |  | **9/9** | **Met** |
|  |  L32 | Verbal & written | I | 6/6 | 1/1 | 2/2 |  |  |  | **9/9** | **Met** |
|  |  L33 | Physical exam | I | 5/5 | 1/1 | 2/2 |  |  |  | **8/8** | **Met** |
|  |  L34 | Dental exam | I | 6/6 | 1/1 | 1/1 |  |  |  | **8/8** | **Met** |
|  |  L35 | Preventive screenings | I | 5/5 | 1/1 | 2/2 |  |  |  | **8/8** | **Met** |
|  |  L36 | Recommended tests | I | 5/6 | 1/1 | 2/2 |  |  |  | **8/9** | **Met(88.89 %)** |
|  |  L37 | Prompt treatment | I | 6/6 | 1/1 | 2/2 |  |  |  | **9/9** | **Met** |
| O |  L38 | Physician's orders | I | 3/5 | 1/1 | 2/2 |  |  |  | **6/8** | **Not Met(75.00 %)** |
|  |  L39 | Dietary requirements | I | 1/1 | 1/1 | 2/2 |  |  |  | **4/4** | **Met** |
|  |  L40 | Nutritional food | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L41 | Healthy diet | L | 2/2 | 1/1 | 2/2 |  |  |  | **5/5** | **Met** |
|  |  L42 | Physical activity | L | 2/2 | 1/1 | 2/2 |  |  |  | **5/5** | **Met** |
|  |  L43 | Health Care Record | I | 4/6 | 0/1 | 0/2 |  |  |  | **4/9** | **Not Met(44.44 %)** |
|  |  L44 | MAP registration | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L45 | Medication storage | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
| O |  L46 | Med. Administration | I | 6/6 |  | 2/2 |  |  |  | **8/8** | **Met** |
|  |  L47 | Self medication | I |  | 1/1 | 1/1 |  |  |  | **2/2** | **Met** |
|  |  L49 | Informed of human rights | I | 6/6 | 1/1 | 2/2 |  |  |  | **9/9** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | 6/6 | 1/1 | 2/2 |  |  |  | **9/9** | **Met** |
|  |  L51 | Possessions | I | 6/6 | 1/1 | 2/2 |  |  |  | **9/9** | **Met** |
|  |  L52 | Phone calls | I | 6/6 | 1/1 | 2/2 |  |  |  | **9/9** | **Met** |
|  |  L53 | Visitation | I | 6/6 | 1/1 | 2/2 |  |  |  | **9/9** | **Met** |
|  |  L54 (07/21) | Privacy | I | 6/6 | 1/1 | 2/2 |  |  |  | **9/9** | **Met** |
|  |  L55 | Informed consent | I | 2/2 | 1/1 | 2/2 |  |  |  | **5/5** | **Met** |
|  |  L61 | Health protection in ISP | I | 0/3 | 1/1 | 1/1 |  |  |  | **2/5** | **Not Met(40.0 %)** |
|  |  L63 | Med. treatment plan form | I | 2/3 | 1/1 | 0/1 |  |  |  | **3/5** | **Not Met(60.0 %)** |
|  |  L64 | Med. treatment plan rev. | I | 1/3 | 1/1 | 1/1 |  |  |  | **3/5** | **Not Met(60.0 %)** |
|  |  L67 | Money mgmt. plan | I | 5/6 |  |  |  |  |  | **5/6** | **Met(83.33 %)** |
|  |  L68 | Funds expenditure | I | 6/6 |  | 1/1 |  |  |  | **7/7** | **Met** |
|  |  L69 | Expenditure tracking | I | 6/6 |  | 0/1 |  |  |  | **6/7** | **Met(85.71 %)** |
|  |  L70 | Charges for care calc. | I | 6/6 |  | 2/2 |  |  |  | **8/8** | **Met** |
|  |  L71 | Charges for care appeal | I | 6/6 |  | 2/2 |  |  |  | **8/8** | **Met** |
|  |  L77 | Unique needs training | I | 6/6 | 1/1 | 2/2 |  |  |  | **9/9** | **Met** |
|  |  L78 | Restrictive Int. Training | L | 0/1 |  |  |  |  |  | **0/1** | **Not Met(0 %)** |
|  |  L80 | Symptoms of illness | L | 2/2 | 1/1 | 2/2 |  |  |  | **5/5** | **Met** |
|  |  L81 | Medical emergency | L | 2/2 | 1/1 | 2/2 |  |  |  | **5/5** | **Met** |
| O |  L82 | Medication admin. | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L84 | Health protect. Training | I | 0/3 | 1/1 | 1/1 |  |  |  | **2/5** | **Not Met(40.0 %)** |
|  |  L85 | Supervision  | L | 1/2 | 1/1 | 1/2 |  |  |  | **3/5** | **Not Met(60.0 %)** |
|  |  L86 | Required assessments | I | 1/6 | 0/1 | 1/2 |  |  |  | **2/9** | **Not Met(22.22 %)** |
|  |  L87 | Support strategies | I | 1/6 | 1/1 | 1/2 |  |  |  | **3/9** | **Not Met(33.33 %)** |
|  |  L88 | Strategies implemented | I | 4/6 | 1/1 | 2/2 |  |  |  | **7/9** | **Not Met(77.78 %)** |
|  |  L90 | Personal space/ bedroom privacy | I | 4/6 | 1/1 | 1/2 |  |  |  | **6/9** | **Not Met(66.67 %)** |
|  |  L91 | Incident management | L | 0/2 | 1/1 | 1/2 |  |  |  | **2/5** | **Not Met(40.0 %)** |
|  | **#Std. Met/# 69 Indicator** |  |  |  |  |  |  |  |  | **53/69** |  |
|  | **Total Score** |  |  |  |  |  |  |  |  | **61/79** |  |
|  |  |  |  |  |  |  |  |  |  | **77.22%** |  |

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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 | 6/7 |  | 9/9 | **15/16** | **Met(93.75 %)** |
|  |  L5 | Safety Plan | L | 1/1 |  | 1/1 | **2/2** | **Met** |
| O |  L6 | Evacuation | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L7 | Fire Drills | L |  |  | 0/1 | **0/1** | **Not Met(0 %)** |
|  |  L8 | Emergency Fact Sheets | I | 0/7 |  | 0/9 | **0/16** | **Not Met(0 %)** |
|  |  L9 (07/21) | Safe use of equipment | I | 7/7 |  | 8/8 | **15/15** | **Met** |
|  |  L10 | Reduce risk interventions | I |  |  | 2/2 | **2/2** | **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 |  | 9/9 | **16/16** | **Met** |
|  |  L32 | Verbal & written | I | 7/7 |  | 9/9 | **16/16** | **Met** |
|  |  L37 | Prompt treatment | I | 7/7 |  | 9/9 | **16/16** | **Met** |
| O |  L38 | Physician's orders | I | 2/2 |  | 5/5 | **7/7** | **Met** |
|  |  L39 | Dietary requirements | I | 0/1 |  | 3/3 | **3/4** | **Met** |
|  |  L44 | MAP registration | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L49 | Informed of human rights | I | 6/7 |  | 9/9 | **15/16** | **Met(93.75 %)** |
|  |  L50 (07/21) | Respectful Comm. | I | 7/7 |  | 9/9 | **16/16** | **Met** |
|  |  L51 | Possessions | I | 7/7 |  | 9/9 | **16/16** | **Met** |
|  |  L52 | Phone calls | I | 7/7 |  | 9/9 | **16/16** | **Met** |
|  |  L54 (07/21) | Privacy | I | 7/7 |  | 9/9 | **16/16** | **Met** |
|  |  L55 | Informed consent | I |  |  | 1/1 | **1/1** | **Met** |
|  |  L77 | Unique needs training | I | 7/7 |  | 9/9 | **16/16** | **Met** |
|  |  L78 | Restrictive Int. Training | L | 1/1 |  |  | **1/1** | **Met** |
|  |  L79 | Restraint training | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L80 | Symptoms of illness | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L81 | Medical emergency | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L85 | Supervision  | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L86 | Required assessments | I | 3/3 |  | 7/8 | **10/11** | **Met(90.91 %)** |
|  |  L87 | Support strategies | I | 3/3 |  | 7/8 | **10/11** | **Met(90.91 %)** |
|  |  L88 | Strategies implemented | I | 4/7 |  | 3/8 | **7/15** | **Not Met(46.67 %)** |
|  |  L91 | Incident management | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  | **#Std. Met/# 45 Indicator** |  |  |  |  |  | **42/45** |  |
|  | **Total Score** |  |  |  |  |  | **50/55** |  |
|  |  |  |  |  |  |  | **90.91%** |  |

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| **MASTER SCORE SHEET CERTIFICATION** |

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