PROVIDER REPORT
FOR

MINUTE MAN ARC FOR
HUMAN SERVICES
35 Forest Ridge Road
Concord, MA 01742

October 25, 2025

Version

Public Provider Report

Prepared by the Department of Developmental Services
OFFICE OF QUALITY ENHANCEMENT

SUMMARY OF OVERALL FINDINGS

Provider	MINUTE MAN ARC FOR HUMAN SERVICES
Review Dates	9/24/2025 - 9/30/2025
Service Enhancement Meeting Date	10/14/2025
Survey Team	Meagan Caccioppoli
	Cheryl Dolan
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Citizen Volunteers	

Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	5 location(s) 9 audit (s)	Targeted Review	DDS 11/15 Provider 74 / 76 85 / 91 2 Year License 10/14/2025-10/14/2027		No Review Conducted
Residential Services	3 location(s) 7 audit (s)			Deemed	0/0(Provider)
Placement Services	2 location(s) 2 audit (s)			Deemed	0/0(Provider)
Planning and Quality Management (For all service groupings)				DDS Targeted Review	0 / 0

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	3 location(s) 18 audit (s)	Targeted Review	DDS 13/16 Provider 49 / 51 62 / 67 2 Year License 10/14/2025-10/14/2027		No Review Conducted
Community Based Day Services	1 location(s) 9 audit (s)			Deemed	0/0(Provider)
Employment Support Services	2 location(s) 9 audit (s)			Deemed	0/0(Provider)
Planning and Quality Management (For all service groupings)				DDS Targeted Review	0 / 0

EXECUTIVE SUMMARY :

Founded in 1958, Minute Man Arc is a human service agency that provides a wide array of services to adults with intellectual and developmental disabilities in Concord and the surrounding communities. Programs offered by Minute Man Arc include Residential Services (24/7 and Placement), Community Based Day Supports (CBDS), and Employment Support. The agency also provides non-DDS funded services such as Early Intervention and Pediatric therapies, Adult Foster Care, Day Habilitation, Recreational programs, and Family Support services.

During the agency's 2023 survey, MMARC met over 90% of licensing indicators within their Residential and Individual Home Supports, and Employment and Day Support service groupings. As a result, the agency was eligible and elected to complete a Self-Assessment for the 2025 survey cycle. The agency also holds CARF accreditation and chose to deem CARF scores in lieu of DDS review of certification indicators. The scope of the DDS Office of Quality Enhancement (OQE) survey was limited to a targeted review of all critical indicators and those licensing indicators that were rated 'not met' during the previous survey. The ratings from this survey process are a combination of the agency's self-assessment and DDS application of licensing standards.

Within the agency's residential locations, the agency demonstrated strength within the domain of health care. In most instances, medications were being administered as prescribed, and medical protocols and accompanying staff training were in place when required, and individuals received required preventative health care screenings. All staff requiring MAP certification to administer medications had current MAP certification.

The agency also made improvements to its money management plans as this was an area of challenge during the previous survey cycle. Money management plans were found to be descriptive of the agency's role in holding funds, and teaching plans were in place when needed; all plans had received required agreement from individuals and/or guardians.

Positive practices and outcomes were observed promoting individual safety. The fire alarm systems and carbon monoxide detectors were inspected and operational at all sites, and individuals were able to be evacuated safely and within 2.5 minutes.

A few residential Licensing indicators were identified as requiring the continued attention of the agency to achieve resolution. The agency would benefit from a review of its systems with regards to the timely submission of incident reports, required ISP materials, and updating of individual's healthcare records as many submission timelines were not met, and health care records were not updated with required information.

Additional focus is also required to ensure that medication treatment plans contain all required components, and that all individuals are assessed to identify the need for assistive technology to further promote levels of independence. Identified sources of AT should be explored, obtained and trialed by the individual to determine their level of interest in using the available technology.

The agency's Employment and Day services demonstrated many of the same positives and areas requiring additional attention. Specifically, the fire alarm systems and carbon monoxide detectors were inspected and operational at all sites, and individuals were able to be evacuated safely and within the time identified on Emergency Evacuation Safety Plans. Medications were being administered as prescribed, medical protocols and accompanying staff training were in place when required, and staff administering medications had current MAP certification. .

Also noted was the need for the agency to enhance its system with regards to the timely submission of required ISP materials, and ensure that all individuals are assessed to identify the need for and benefit that assistive technology could provide to further levels of independence. Identified sources of AT should be explored, obtained and trialed by the individual to determine their level of interest in using the available technology.

Minute Man ARC for Human Services met the standards for 93% of the Residential and Individual Home Support Services licensing indicators with all critical indicators rated met. The agency also met the standards for 93% of the Employment and Day Supports licensing indicators with all critical indicators rated met. As a result, the agency will receive Two-Year licenses for both service groupings. The agency will conduct its own Follow Up Review of those licensing indicators rated not met, within sixty days of the Service Enhancement Meeting. The agency is CARF accredited in lieu of being DDS certified.

Description of Self Assessment Process:

This Provider Self-Assessment was conducted by using a standard audit process with randomized survey samples of individuals and employees. The samples were comprised of:
 Residential: total of 13 individuals across the department, with 3-4 individuals from 4 programs (3 24/7 supports programs and Placement Services), and 6 staff members (including direct care staff and management).
 Employment Services and Day Supports: total of 18 individuals across the department (9 from ES, 9 from CBDS), and 4 staff members (including direct care staff and management).

The audits were conducted by respective Department Directors and the Training and Quality Improvement Director, with interpretation guidance from the OQE Licensing Tool and the 2019 Licensure and Certification Interpretations document. The audit process consisted of reviews of consumers' physical/paper confidential files, electronic records (HCSIS, Therap and Relias), site visits and staff and consumer interview.

In addition to the auditing of the survey samples, information was gathered from on-going records of:
 Quality Assurance processes and systems
 Medical Management and Oversight systems
 Facilities and Operations maintenance and safety systems

Quality Assurance
Minute Man Arc maintains a Training and Quality Improvement (T/QI) Department staffed by two full-time employees dedicated to ensuring compliance with all relevant regulatory bodies, including:
 Department of Developmental Services (DDS)
 Department of Public Health (DPH)
 MassHealth
 Commission on Accreditation of Rehabilitation Facilities (CARF)

The department is led by the T/QI Director, who also chairs the Quality, Risk, and Safety (QRS) Committee. This monthly interdisciplinary committee includes:
 Service Delivery Directors
 Facilities Director
 HR Director
 Corporate Compliance Officer
 CEO

The QRS Committee provides strategic oversight and maintains records on a wide range of critical topics:
 Consumer and staff safety
 Incident reporting and mitigation
 Consumer risk
 Training compliance
 Facilities and operations updates
 Corporate compliance
 Hiring and retention
 Disaster preparedness
 Policy review
 Consumer complaints & grievances
 Emergency management and continuity planning

The T/QI Department plays a central role in maintaining quality and regulatory compliance across all programs, with responsibilities including:
 Reviews of HCSIS for incidents, restraints, investigations, and health records.
 Quarterly site visits using DDS OQE checklists at all program sites, including financial and MAP audits.

All aspects of training management, including new hire orientation and training, on-going trainings and certifications, tracking and compliance.
Oversight of DDS Positive Behavior Supports initiative recommendations.
Performance tracking and maintenance of departmental outcome measures.
Annual satisfaction surveys for staff and individuals served.
Internal investigations related to abuse or mistreatment.
Ongoing policy and procedure reviews.
Coordination with the Human Rights Committee to ensure documentation and oversight.

The T/QI Department is a cornerstone of MMA's commitment to excellence, ensuring that quality assurance is not episodic or reactive, but an integral, proactive part of daily operations. The T/QI Department is committed to maintaining continuous, year-round compliance with all DDS Office of Quality Enhancement (OQE) Licensing and Certification standards.

Medical Management and Oversight
Minute Man Arc maintains a high standard of healthcare supervision through a dedicated full-time Nurse Manager who oversees medical and healthcare services for individuals across all residential programs.
Key Responsibilities:
Healthcare Oversight & Coordination:
The Nurse Manager ensures continuity of care and high-quality medical supervision by working closely with:
o Residential program staff
o External healthcare providers
o Families and guardians

Medication Administration Program (MAP):
Serving as MMA's MAP Trainer and Coordinator, the Nurse Manager is responsible for:
o Delivering initial and ongoing MAP certification training to direct support staff
o Performing routine MAP audits to ensure safe and accurate medication administration
o Collaborating with the Training and Quality Improvement (T/QI) Department to review and submit Medication Occurrence Reports (MORs) in compliance with state regulations

The Nurse Manager role is critical to supporting safe and person-centered health practices, ensuring compliance with DDS, DPH, and MAP standards and strengthening the agency's capacity to respond to medical needs with efficiency, consistency, and accountability.

Facilities and Operations, Maintenance & Safety Systems

MMA maintains a Safety Systems Dashboard to enhance real-time monitoring and compliance across 12 locations. The dashboard tracks 15 key safety indicators, such as:
Fire alarm and fire sprinkler inspections
Dryer hose cleanouts
HVAC system maintenance
Fire extinguisher servicing
Hot water temperature testing

Each indicator is assigned a specific lifespan (e.g., HVAC - 1 year, dryer hose - 6 months, hot water temp - 3 months). The dashboard uses a color-coded system to signal status:
Yellow: 30 days before expiration
Red: On expiration

This visual interface allows for at-a-glance assessment of over 180 active safety indicators across all locations, significantly improving organizational awareness and response.
Each dashboard cell is hyperlinked to digital documentation stored on the central server. This includes:
The latest inspection reports

Full historical inspection records

This integration supports transparency, accountability, and audit-readiness, allowing users to instantly verify the frequency and consistency of inspections. It also helps to distinguish between routine safety culture and reactive compliance behavior.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Residential and Individual Home Supports	75/81	6/81	
Residential Services Placement Services			
Critical Indicators	8/8	0/8	
Total	85/91	6/91	93%
2 Year License			
# indicators for 60 Day Follow-up		6	

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Employment and Day Supports	52/57	5/57	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	62/67	5/67	93%
2 Year License			
# indicators for 60 Day Follow-up		5	

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

Indicator #	Indicator	Area Needing Improvement
L63	Medication treatment plans are in written format with required components.	Three of six medication treatment plans did not contain all of the required components, such as defining behaviors in observable terms, and developing teaching strategies to assist individuals prescribed pre-medical appointment relaxation medications to lessen the need for such medications. The agency needs to ensure all medication treatment plans have required components completed.

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

Indicator #	Indicator	Area Needing Improvement
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For four individuals, ISP assessments were not submitted within the required timelines. The agency needs to ensure all ISP assessments are submitted at least 15 days prior to the ISP date.
L91	Incidents are reported and reviewed as mandated by regulation.	Two of five locations did not meet the reporting timeline requirements for all reportable incident reports. The agency needs to ensure all reportable incidents are submitted and/or finalized within the designated timelines based on incident status.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Three of nine individuals either were not assessed for assistive technology needs or did not have identified technology available for trial and use. The agency needs to ensure all individuals are assessed to identify areas of need and available supports, are provided identified supports for trial, and determine their level of interest to continue use of the support.

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

Indicator #	Indicator	Issue identified	Action planned to address
L43	The health care record is maintained and updated as required.	Approx. 38% of HCRs updated with APE or Dental w/in 30 days of significant event	Recent changes to the requirements for the timelines for updating HCRs were reviewed with management staff when they occurred. Policies and forms were created to support these new requirements. A monthly compliance report system is being created that will ensure oversight on L43 by Assistant Directors.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	4/11 (36%) of individuals had their support strategies submitted on time	An ISP document tracking system was implemented in 2023 that included timeframe tracking and synthesis with Outlook event notifications. This tracking system was assigned to an Assistant Director, but not fully implemented. A monthly compliance report system is being created that will ensure oversight on L87 by Assistant Directors.

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

Indicator #	Indicator	Area Needing Improvement
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Required ISP assessments for five of nine individuals were not submitted within the required timelines. The agency needs to ensure all required ISP assessments are submitted 15 days prior to the ISP date.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Required ISP support strategies for five of seven individuals were not submitted within the required timelines. The agency needs to ensure all required ISP support strategies are submitted 15 days prior to the ISP date.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Four of eighteen individuals either were not assessed for assistive technology needs or did not have identified technology available for trial and use. The agency needs to ensure all individuals are assessed to identify areas of need and supports available, are provided identified supports for trial, and determine their level of interest to continue use of the support.

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

Indicator #	Indicator	Issue identified	Action planned to address
L62	Supports and health related protections are reviewed by the required groups.	1 current Health-related Supports, but 1-year gap between reviews	The ES admin assistant will be tasked with tracking supportive and protective device forms, including expiration dates. Individuals will not be permitted to attend the program without current S&P forms in place.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Approx. 61% of individuals had monthly tracking to indicate strategies are being implemented.	Two-year objectives/ support strategies will be entered into Therap ISP goal module with start and end dates. This will provide direct care staff quick and easy access to reliably current objectives, which will allow for timely, consistent documentation of goal progress.

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	**DDS 0/0 Provider 0/0**	**0/0**	**0/0**	
Residential and Individual Home Supports	**Provider**	**0/0**	**0/0**	
Placement Services	Provider (also Deemed)	0/0	0/0	
Residential Services	Provider (also Deemed)	0/0	0/0	
Total		**0/0**	**0/0**	
No Review Conducted				

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	**DDS 0/0 Provider 0/0**	**0/0**	**0/0**	
Employment and Day Supports	**Provider**	**0/0**	**0/0**	
Community Based Day Services	Provider (also Deemed)	0/0	0/0	
Employment Support Services	Provider (also Deemed)	0/0	0/0	
Total		**0/0**	**0/0**	
No Review Conducted				

MASTER SCORE SHEET LICENSURE

Organizational: MINUTE MAN ARC FOR HUMAN SERVICES

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
⚑ L2	Abuse/neglect reporting	**DDS**	**5/6**	**Met(83.33 %)**
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**	3/3		2/2				**5/5**	**Met**
L7	Fire Drills	L	**Provider**	-	-	-		-	-	**-**	**Met**
L8	Emergency Fact Sheets	I	**Provider**	-	-	-		-	-	**-**	**Met**
L9 (07/21)	Safe use of equipment	I	**Provider**	-	-	-		-	-	**-**	**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**	2/3		2/2				**4/5**	**Met (80.0 %)**
⚐ L12	Smoke detectors	L	**DDS**	3/3		2/2				**5/5**	**Met**
⚐ L13	Clean location	L	**DDS**	2/3		2/2				**4/5**	**Met (80.0 %)**
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**
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	**DDS**	6/7		2/2				**8/9**	**Met (88.89%)**
L36	Recommended tests	I	**Provider**	-	-	-		-	-	**-**	**Met**
L37	Prompt treatment	I	**Provider**	-	-	-		-	-	**-**	**Met**
L38	Physician's orders	I	**DDS**	4/5						**4/5**	**Met (80.0%)**
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**	-	-	-		-	-	**-**	**Not 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
L44	MAP registration	L	**Provider**	-	-	-		-	-	**-**	**Met**
L45	Medication storage	L	**Provider**	-	-	-		-	-	**-**	**Met**
L46	Med. Administration	I	**DDS**	7/7		1/2				**8/9**	**Met (88.89 %)**
L47	Self medication	I	**Provider**	-	-	-		-	-	**-**	**Met**
L49	Informed of human rights	I	**Provider**	-	-	-		-	-	**-**	**Met**
L50 (07/21)	Respectful Comm.	I	**Provider**	-	-	-		-	-	**-**	**Met**
L51	Possessions	I	**Provider**	-	-	-		-	-	**-**	**Met**
L52	Phone calls	I	**Provider**	-	-	-		-	-	**-**	**Met**
L53	Visitation	I	**Provider**	-	-	-		-	-	**-**	**Met**
L54 (07/21)	Privacy	I	**Provider**	-	-	-		-	-	**-**	**Met**
L55	Informed consent	I	**Provider**	-	-	-		-	-	**-**	**Met**
L56	Restrictive practices	I	**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	**DDS**	2/5		1/1				**3/6**	**Not Met (50.0 %)**
L64	Med. treatment plan rev.	I	**Provider**	-	-	-		-	-	**-**	**Met**
L67	Money mgmt. plan	I	**DDS**	7/7		0/1				**7/8**	**Met (87.50 %)**
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**	3/3						**3/3**	**Met**
L84	Health protect. Training	I	**Provider**	-	-	-		-	-	**-**	**Met**
L85	Supervision	L	**Provider**	-	-	-		-	-	**-**	**Met**
L86	Required assessments	I	**DDS**	4/6		0/2				**4/8**	**Not Met (50.0%)**
L87	Support strategies	I	**Provider**	-	-	-		-	-	**-**	**Not Met**
L88	Strategies implemented	I	**Provider**	-	-	-		-	-	**-**	**Met**
L90	Personal space/ bedroom privacy	I	**Provider**	-	-	-		-	-	**-**	**Met**
L91	Incident management	L	**DDS**	1/3		2/2				**3/5**	**Not Met (60.0%)**
L93 (05/22)	Emergency back-up plans	I	**Provider**	-	-	-		-	-	**-**	**Met**
L94 (05/22)	Assistive technology	I	**DDS**	4/7		2/2				**6/9**	**Not Met (66.67%)**
L96 (05/22)	Staff training in devices and applications	I	**Provider**	-	-	-		-	-	**-**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L99 (05/22)	Medical monitoring devices	I	**DDS**			1/1				**1/1**	**Met**
#Std. Met/# 81 Indicator										**75/81**	
Total Score										**85/91**	
										93.41%	

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	**DDS**			1/1	**1/1**	**Met**
L8	Emergency Fact Sheets	I	**DDS**	8/9		7/9	**15/18**	**Met (83.33 %)**
L9 (07/21)	Safe use of equipment	I	**Provider**		-	-	**-**	**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**
L16	Accessibility	L	**Provider**		-	-	**-**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
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**
L37	Prompt treatment	I	**Provider**		-	-	**-**	**Met**
L38	Physician's orders	I	**DDS**	3/3		5/5	**8/8**	**Met**
L39	Dietary requirements	I	**Provider**		-	-	**-**	**Met**
L44	MAP registration	L	**Provider**		-	-	**-**	**Met**
L45	Medication storage	L	**Provider**		-	-	**-**	**Met**
L46	Med. Administration	I	**DDS**			3/3	**3/3**	**Met**
L49	Informed of human rights	I	**Provider**		-	-	**-**	**Met**
L50 (07/21)	Respectful Comm.	I	**Provider**		-	-	**-**	**Met**
L51	Possessions	I	**Provider**		-	-	**-**	**Met**
L52	Phone calls	I	**Provider**		-	-	**-**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L54 (07/21)	Privacy	I	**Provider**		-	-	**-**	**Met**
L55	Informed consent	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**		-	-	**-**	**Not Met**
L77	Unique needs training	I	**Provider**		-	-	**-**	**Met**
L79	Restraint training	L	**Provider**		-	-	**-**	**Met**
L80	Symptoms of illness	L	**DDS**	2/2		1/1	**3/3**	**Met**
L81	Medical emergency	L	**DDS**	2/2		1/1	**3/3**	**Met**
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	**DDS**	3/4		1/4	**4/8**	**Not Met (50.0 %)**
L87	Support strategies	I	**DDS**	1/3		1/3	**2/6**	**Not Met (33.33 %)**
L88	Strategies implemented	I	**Provider**		-	-	**-**	**Not Met**
L91	Incident management	L	**DDS**	1/1		1/1	**2/2**	**Met**
L93 (05/22)	Emergency back-up plans	I	**Provider**		-	-	**-**	**Met**
L94 (05/22)	Assistive technology	I	**DDS**	7/9		7/9	**14/18**	**Not Met (77.78 %)**

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L96 (05/22)	Staff training in devices and applications	I	**Provider**		-	-	**-**	**Met**
#Std. Met/# 57 Indicator							**52/57**	
Total Score							**62/67**	
							92.54%	

MASTER SCORE SHEET CERTIFICATION

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