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|  |  | | | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | | |  |  |
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|  | |  | | --- | | Murphy and Others Living Interdependently for Future Endeavors (M.O. L.I.F.E.) is a non-profit human service agency founded in 1994 serving individuals with intellectual and developmental disabilities in the Greater New Bedford area.   The scope of this survey conducted by the Office of Quality Enhancement (OQE) included a full review of all licensing and certification indicators for 24 hour Residential Supports, Individual Home Supports (IHS), Community Based Day Service (CBDS) , Employment Supports and the organizational indicators. In addition to the services that comprised this review, the agency also offers medical transportation services, and pre-employment transition services. In 2000, the agency opened a food pantry that supports 300-500 people in need each month in the Greater New Bedford area.  Organizationally, the agency continued to develop and track progress towards goals identified in their strategic plan, with many strategic plan goals having been individually driven. Within the area of human rights, the HRC was found to be effective, included all mandated composition requirements, met on a quarterly basis, and reviewed required components.   A strength identified across the agency was how individuals were supported to have meaningful and quality lives through inclusion into their community, while assisting individuals to connect with others with similar social and recreational interests. As individuals expressed interest in a community sport, the agency reached out to a local organization, arranged for interested individuals to observe pickleball matches as well as connect interested individuals to join the pickleball league. Across all settings, staff were observed being respectful when interacting with and when discussing individuals.  Within residential services, several positive practices are noted. The home was found to be in good repair with required inspections in place and operational smoke/CO detectors. The individuals were supported to follow a healthy diet and engage in physical activity. Interactions with individuals were found to be respectful and privacy was provided to individuals. Staff supported individuals to connect with friends and family in the home and in the community. Individuals were supported to make knowledgeable decisions. Staff work closely with the individuals to make knowledgeable decisions by identifying the pros and cons of each option, and thoughtfully discussing and weighing each option to arrive at the decision.   Within community-based day supports, individuals were supported to access their community which matched their interests. The agency promotes a person-centered approach, which was evident throughout as staff supported individuals to make frequent and ongoing changes to their daily schedules. Individuals added preferred activities and options to the schedule and staff supported them to take place. Staff were knowledgeable in individuals' unique needs; they were supported to follow diets and physician ordered protocols.   Individuals' receiving employment services were supported to successfully maintain jobs in integrated community settings that matched their interests. Individuals were supported to retain and maintain their employment while fading supports in place to maximize individual's independence in their jobs. The review highlighted individuals who were supported to work with a range of supports in place. For instance, some individuals were supported to work with natural supports while receiving check-ins. While others were supported to work 1:1 with a job coach while learning their task at their job. In addition, staffing supports were provided in the least intrusive manner, promoting dignity, respect and independence. For example, when brief spot check support was needed to one individual at a community job, this was performed through discretely, maintaining the individual's independence at work.   The review identified several areas requiring attention to enhance essential safeguards in licensing. Within residential services, the agency could benefit from enhancing medical oversight to ensure individuals are receiving annual dental, routine preventive screenings and recommended tests and appointments with specialists are completed. The agency needs to review practices for individuals capable of self-administrating medication and in the event that individuals are found to need support to administer medications, the agency will need to implement practices and procedures for medication administration. Efforts should be made to ensure Medication Treatment Plans are implemented with all required components as required.   In the area of certification in residential services, staff need to support individuals to assess, identify and utilize assistive technology to maximize their independence. Supports are needed to assist individuals in the area of exploring and defining their need for intimacy and companionship.   In Community Based Day Services and employment, the agency needs to ensure restrictive practices have a written rationale and mitigating factors are in place as to not unduly restrict the rights of others. The agency needs to ensure that staff are trained in the proper use and care of all health related supportive and protective equipment.  The license for residential services is Deferred as a result of a not met in a critical indicator. Residential services received a licensing score of 75% indicators met, and are subject to the No new business sanction until the service grouping receives a score of 80% licensure indicators met or greater.. Pending the results of a successful follow-up review where the critical indicator is corrected in 60 days, the agency will be granted a Two Year with Mid-Cycle License for Residential Service Grouping. The agency received a Two-Year License for Employment/ Day Service Grouping. Employment and day licensing services scored a 93% of indicators met.   The agency's Residential Services are Certified with 94% of the certification indicators receiving a rating of Met. The Employment/Day services are also Certified with 100% of the certification indicators receiving a rating of Met. | |  | |  |

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|  | |  |  |  | | --- | --- | --- | |  | |  | | |  | | --- | | **LICENSURE FINDINGS** | | |  | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **6/6** | **0/6** |  | | **Residential and Individual Home Supports** | **44/61** | **17/61** |  | | Residential Services  Individual Home Supports |  |  |  | | **Critical Indicators** | **5/6** | **1/6** |  | | **Total** | **50/67** | **17/67** | **75%** | | **Defer Licensure** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **17** |  | |  |  |  |  | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **6/6** | **0/6** |  | | **Employment and Day Supports** | **45/49** | **4/49** |  | | Community Based Day Services  Employment Support Services |  |  |  | | **Critical Indicators** | **6/6** | **0/6** |  | | **Total** | **51/55** | **4/55** | **93%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **4** |  | |  |  |  |  | |  | | |  | |  | | |  |  |
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|  | |  | | --- | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **Residential Commendations on Standards Met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Commendations** | |  | L50 (07/21) | | | Written and oral communication with and about individuals is respectful. | All communication observed was person centered and demonstrated that staff strived for reciprocal and mutual relationships that started with a base of respect. | |  |  |  | | |  | |  | **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. | For one location, the safety plan did not identify strategies to ensure the individual could exit safely in case of an emergency. The agency needs to ensure that the strategies in place reflect the individuals capabilities and are included in the safety plans. | |  | L7 | | | Fire drills are conducted as required. | Fire drills were not conducted at the staffing ratio noted in the safety plan. They agency needs to ensure that fire drill are conducted as outlined in the safety plan. | |  | L8 | | | Emergency fact sheets are current and accurate and available on site. | For two individuals the emergency fact sheet (EFS) did not list all relevant diagnoses and allergies. The agency needs to ensure that all allergies and diagnoses are listed on the EFS. | |  | L20 | | | Exit doors are easily operable by hand from inside without the use of keys. | At one location the 2 egresses doorknobs could not be turned when the knob was locked. The agency needs to ensure that all doors that lead to a means of egress are easily operable (Corrected). | |  | L35 | | | Individuals receive routine preventive screenings. | For one individual some preventative screenings had not occurred. The agency needs to ensure that preventative screenings are occurring based on the DDS Adult Screening Recommendations. | |  | L36 | | | Recommended tests and appointments with specialists are made and kept. | For two individuals recommended tests did not occur. The agency needs to ensure that all recommended tests and treatments are completed as requested. | | O | L38 | | | Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team). | A healthcare management plan was not in place for an individual with a significant medical condition. The agency needs to ensure that when an individual has a significant medical condition that a healthcare management plan is in place to guide staff on how to monitor and support the individual. | |  | L47 | | | Individuals are supported to become self medicating when appropriate. | For two individuals, support plans for self-medicating were not in place and physician's orders for medications were not present. The agency needs to ensure that individuals that are self-medicating meet all criteria to do so, that support plans are in place, and current physician's orders are present for all medications. | |  | L61 | | | Supports and health related protections are included in ISP assessments and the continued need is outlined. | For one individual the health care provider has not authorized the use of a health related supportive device. The agency needs to ensure that health related supportive and protective devices are authorized by a healthcare provider | |  | L63 | | | Medication treatment plans are in written format with required components. | For one individual that takes behavior modifying medications, a medication treatment plan (MTP) was not present. The agency needs to ensure that MTPs are in place when an individual takes behavior modifying medications. | |  | L64 | | | Medication treatment plans are reviewed by the required groups. | For two individuals, the MTP was not included in the ISP. The agency needs to ensure that MTPs are included in the ISP. | |  | L67 | | | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | For two individuals for whom the agency had shared and delegated responsibility of their funds there were no money management plans in place. The agency needs to ensure that money management plans are in place when there is shared or delegated responsibilities for funds. The plans need to outline their responsibilities, how funds are secured, and how much money the individuals can independently manage | |  | L68 | | | Expenditures of individual's funds are made only for purposes that directly benefit the individual. | Receipts were not present and there was no system in place to ensure individuals received funds given directly to them. The agency needs to ensure that all funds are used to benefit the individual directly. | |  | L69 | | | Individual expenditures are documented and tracked. | Individuals expenditures were not fully documented or tracked and the agency supporting individuals were not aware of individual account specifics so that they can assist the individual in tracking purchases. Bank statements were not available for individuals who had community bank accounts. The agency needs to ensure that there is a system that shows when individuals directly receive their own funds. Bank statements must be available. | |  | L84 | | | Staff / care providers are trained in the correct utilization of health related protections per regulation. | For one individual, staff were not trained in the use of their health related protective equipment. The agency needs to ensure that staff are trained in the proper use and cleaning of all health related supportive and protective equipment. | |  | L85 | | | The agency provides ongoing supervision, oversight and staff development. | At one location there was no system to ensure a continuity of operations when key roles are vacant. The agency needs to ensure that systems are in place that provide adequate oversight. | |  | L86 | | | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For one of two individuals, the ISP assessments were not submitted within required timelines. The agency needs to ensure that ISP assessments are submitted within required timelines. | | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L56 | | | Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others. | The agency has alarm on a door which is used as a restrictive practice. For five individuals, the agency did not develop mitigating factors. The agency needs to ensure that mitigating factors are developed and shared with individuals/guardians and practiced so as not to unduly restrict the rights of participants. | |  | L78 | | | Staff are trained to safely and consistently implement restrictive interventions. | Staff had not received training on the restrictive practice of the use of door alarms. The agency needs to ensure that all staff are trained in restrictive practices. | |  | L84 | | | Staff / care providers are trained in the correct utilization of health related protections per regulation. | For one individual, staff were not trained in the use of their health-related protective equipment. The agency needs to ensure that staff are trained in the proper use and cleaning of all health related supportive and protective equipment. | |  | L87 | | | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | For four of ten individuals, the ISP support strategies were not submitted within required timelines. The agency needs to ensure that ISP support strategies are submitted within required timelines. | | |  | |  |

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|  | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Certification - Planning and Quality Management** | **6/6** | **0/6** |  | | **Residential and Individual Home Supports** | **42/45** | **3/45** |  | | Residential Services | 21/22 | 1/22 |  | | Individual Home Supports | 21/23 | 2/23 |  | | **Total** | **48/51** | **3/51** | **94%** | | **Certified** |  |  |  | |  |  |  |  | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Certification - Planning and Quality Management** | **6/6** | **0/6** |  | | **Employment and Day Supports** | **40/40** | **0/40** |  | | Community Based Day Services | 17/17 | 0/17 |  | | Employment Support Services | 23/23 | 0/23 |  | | **Total** | **46/46** | **0/46** | **100%** | | **Certified** |  |  |  | |  |  |  |  | |  | | |  |  |
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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Individual Home Supports- 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 one individual, an assessment to explore support needs for her expressed interests in the areas of companionship and intimacy had not been completed. The agency also lacks a curriculum to support staff in addressing this area of need. The agency needs to ensure that assessments are completed to identify and develop supports in the areas of companionship and intimacy. | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | For two individuals an AT assessment was completed however there was no AT solution identified for the areas of need. The agency needs to ensure that when an individual had an identified area that assistive technology is explored and secured in an effort to maximize the individual's level of independence. | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | For two individuals an AT assessment was completed however there was no AT solution identified for the areas of need. The agency needs to ensure that when an individual had an identified area that assistive technology is explored and secured in an effort to maximize the individual's level of independence. | |  |  | | |  |  | |  |  | | |  |

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|  | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | | | |  |  |  |
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|  | |  | | --- | | **Organizational: M.O. Life, Inc.** | |  | | |  |  |
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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **5/5** | **Met** | |  | L3 | Immediate Action | **4/4** | **Met** | |  | L48 | HRC | **1/1** | **Met** | |  | L74 | Screen employees | **4/4** | **Met** | |  | L76 | Track trainings | **6/6** | **Met** | |  | L83 | HR training | **6/6** | **Met** | |  |  | | |  |

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|  | |  | | --- | | **Residential and Individual Home Supports:** | | | | |  |  |  |  |
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Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L5 | Safety Plan | L | 1/1 | 1/2 |  |  |  |  | **2/3** | **Not Met (66.67 %)** | | O | L6 | Evacuation | L | 1/1 | 2/2 |  |  |  |  | **3/3** | **Met** | |  | L7 | Fire Drills | L | 0/1 |  |  |  |  |  | **0/1** | **Not Met (0 %)** | |  | L8 | Emergency Fact Sheets | I | 1/2 | 1/2 |  |  |  |  | **2/4** | **Not Met (50.0 %)** | |  | L9 (07/21) | Safe use of equipment | I | 2/2 | 2/2 |  |  |  |  | **4/4** | **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 | 0/1 |  |  |  |  |  | **0/1** | **Not Met (0 %)** | |  | L21 | Safe electrical equipment | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L22 | Well-maintained appliances | 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 | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L32 | Verbal & written | I | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L33 | Physical exam | I | 2/2 | 1/1 |  |  |  |  | **3/3** | **Met** | |  | L34 | Dental exam | I | 2/2 | 1/1 |  |  |  |  | **3/3** | **Met** | |  | L35 | Preventive screenings | I | 1/2 | 1/1 |  |  |  |  | **2/3** | **Not Met (66.67 %)** | |  | L36 | Recommended tests | I | 0/2 | 1/1 |  |  |  |  | **1/3** | **Not Met (33.33 %)** | |  | L37 | Prompt treatment | I | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | | O | L38 | Physician's orders | I | 0/1 |  |  |  |  |  | **0/1** | **Not Met (0 %)** | |  | L39 | Dietary requirements | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L40 | Nutritional food | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L41 | Healthy diet | L | 1/1 | 2/2 |  |  |  |  | **3/3** | **Met** | |  | L42 | Physical activity | L | 1/1 | 2/2 |  |  |  |  | **3/3** | **Met** | |  | L43 | Health Care Record | I | 1/2 | 2/2 |  |  |  |  | **3/4** | **Met** | |  | L47 | Self medication | I | 0/2 | 2/2 |  |  |  |  | **2/4** | **Not Met (50.0 %)** | |  | L49 | Informed of human rights | I | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L50 (07/21) | Respectful Comm. | I | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L51 | Possessions | I | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L52 | Phone calls | I | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L53 | Visitation | I | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L54 (07/21) | Privacy | I | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L61 | Health protection in ISP | I | 0/1 |  |  |  |  |  | **0/1** | **Not Met (0 %)** | |  | L63 | Med. treatment plan form | I | 0/1 | 1/1 |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L64 | Med. treatment plan rev. | I | 0/1 | 0/1 |  |  |  |  | **0/2** | **Not Met (0 %)** | |  | L67 | Money mgmt. plan | I | 0/2 |  |  |  |  |  | **0/2** | **Not Met (0 %)** | |  | L68 | Funds expenditure | I | 0/2 |  |  |  |  |  | **0/2** | **Not Met (0 %)** | |  | L69 | Expenditure tracking | I | 0/2 |  |  |  |  |  | **0/2** | **Not Met (0 %)** | |  | 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 | 1/2 | 2/2 |  |  |  |  | **3/4** | **Met** | |  | L80 | Symptoms of illness | L | 1/1 | 2/2 |  |  |  |  | **3/3** | **Met** | |  | L81 | Medical emergency | L | 1/1 | 2/2 |  |  |  |  | **3/3** | **Met** | |  | L84 | Health protect. Training | I | 0/1 |  |  |  |  |  | **0/1** | **Not Met (0 %)** | |  | L85 | Supervision | L | 0/1 | 2/2 |  |  |  |  | **2/3** | **Not Met (66.67 %)** | |  | L86 | Required assessments | I | 1/1 | 0/1 |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L87 | Support strategies | I | 1/1 | 2/2 |  |  |  |  | **3/3** | **Met** | |  | L88 | Strategies implemented | I | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L90 | Personal space/ bedroom privacy | I | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L91 | Incident management | L | 1/1 | 2/2 |  |  |  |  | **3/3** | **Met** | |  | **#Std. Met/# 61 Indicator** |  |  |  |  |  |  |  |  | **44/61** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **50/67** |  | |  |  |  |  |  |  |  |  |  |  | **74.63%** |  | |  |  |  | | | |  |
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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 | 6/6 |  | 6/6 | **12/12** | **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 | 5/6 |  | 6/6 | **11/12** | **Met (91.67 %)** | |  | L9 (07/21) | Safe use of equipment | I | 3/3 |  | 6/6 | **9/9** | **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 |  |  | 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 | 6/6 |  | 6/6 | **12/12** | **Met** | |  | L32 | Verbal & written | I | 6/6 |  | 6/6 | **12/12** | **Met** | |  | L37 | Prompt treatment | I | 6/6 |  | 6/6 | **12/12** | **Met** | | O | L38 | Physician's orders | I | 2/2 |  | 4/4 | **6/6** | **Met** | |  | L39 | Dietary requirements | I |  |  | 1/1 | **1/1** | **Met** | |  | L44 | MAP registration | L |  |  | 1/1 | **1/1** | **Met** | |  | L49 | Informed of human rights | I | 6/6 |  | 6/6 | **12/12** | **Met** | |  | L50 (07/21) | Respectful Comm. | I | 6/6 |  | 6/6 | **12/12** | **Met** | |  | L51 | Possessions | I | 6/6 |  | 6/6 | **12/12** | **Met** | |  | L52 | Phone calls | I | 6/6 |  | 6/6 | **12/12** | **Met** | |  | L54 (07/21) | Privacy | I | 6/6 |  | 6/6 | **12/12** | **Met** | |  | L56 | Restrictive practices | I | 0/1 |  | 0/4 | **0/5** | **Not Met (0 %)** | |  | L61 | Health protection in ISP | I | 1/1 |  |  | **1/1** | **Met** | |  | L67 | Money mgmt. plan | I | 1/1 |  | 3/3 | **4/4** | **Met** | |  | L68 | Funds expenditure | I | 1/1 |  | 3/3 | **4/4** | **Met** | |  | L69 | Expenditure tracking | I | 1/1 |  | 3/3 | **4/4** | **Met** | |  | L77 | Unique needs training | I | 6/6 |  | 6/6 | **12/12** | **Met** | |  | L78 | Restrictive Int. Training | L | 0/1 |  | 0/1 | **0/2** | **Not Met (0 %)** | |  | L80 | Symptoms of illness | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L81 | Medical emergency | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L84 | Health protect. Training | I | 0/1 |  |  | **0/1** | **Not Met (0 %)** | |  | L85 | Supervision | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L86 | Required assessments | I | 6/6 |  | 3/4 | **9/10** | **Met (90.0 %)** | |  | L87 | Support strategies | I | 4/6 |  | 2/4 | **6/10** | **Not Met (60.0 %)** | |  | L88 | Strategies implemented | I | 5/6 |  | 6/6 | **11/12** | **Met (91.67 %)** | |  | L91 | Incident management | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | **#Std. Met/# 49 Indicator** |  |  |  |  |  | **45/49** |  | |  | **Total Score** |  |  |  |  |  | **51/55** |  | |  |  |  |  |  |  |  | **92.73%** |  | |  |  |  | | | |  |
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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** | |  |  | | | |  |  |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Residential Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 2/2 | **Met** | | C8 | | | | Family/guardian communication | 2/2 | **Met** | | C9 | | | | Personal relationships | 2/2 | **Met** | | C10 | | | | Social skill development | 2/2 | **Met** | | C11 | | | | Get together w/family & friends | 2/2 | **Met** | | C12 | | | | Intimacy | 2/2 | **Met** | | C13 | | | | Skills to maximize independence | 2/2 | **Met** | | C14 | | | | Choices in routines & schedules | 2/2 | **Met** | | C15 | | | | Personalize living space | 1/1 | **Met** | | C16 | | | | Explore interests | 2/2 | **Met** | | C17 | | | | Community activities | 2/2 | **Met** | | C18 | | | | Purchase personal belongings | 2/2 | **Met** | | C19 | | | | Knowledgeable decisions | 2/2 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 2/2 | **Met** | | C46 | | | | Use of generic resources | 2/2 | **Met** | | C47 | | | | Transportation to/ from community | 2/2 | **Met** | | C48 | | | | Neighborhood connections | 2/2 | **Met** | | C49 | | | | Physical setting is consistent | 1/1 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 2/2 | **Met** | | C52 | | | | Leisure activities and free-time choices /control | 2/2 | **Met** | | C53 | | | | Food/ dining choices | 2/2 | **Met** | | C54 | | | | Assistive technology | 0/2 | **Not Met (0 %)** | | **Individual Home Supports** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 2/2 | **Met** | | C8 | | | | Family/guardian communication | 2/2 | **Met** | | C9 | | | | Personal relationships | 2/2 | **Met** | | C10 | | | | Social skill development | 2/2 | **Met** | | C11 | | | | Get together w/family & friends | 2/2 | **Met** | | C12 | | | | Intimacy | 1/2 | **Not Met (50.0 %)** | | C13 | | | | Skills to maximize independence | 2/2 | **Met** | | C14 | | | | Choices in routines & schedules | 2/2 | **Met** | | C15 | | | | Personalize living space | 2/2 | **Met** | | C16 | | | | Explore interests | 2/2 | **Met** | | C17 | | | | Community activities | 2/2 | **Met** | | C18 | | | | Purchase personal belongings | 2/2 | **Met** | | C19 | | | | Knowledgeable decisions | 2/2 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 2/2 | **Met** | | C21 | | | | Coordinate outreach | 2/2 | **Met** | | C46 | | | | Use of generic resources | 2/2 | **Met** | | C47 | | | | Transportation to/ from community | 2/2 | **Met** | | C48 | | | | Neighborhood connections | 2/2 | **Met** | | C49 | | | | Physical setting is consistent | 2/2 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 2/2 | **Met** | | C52 | | | | Leisure activities and free-time choices /control | 2/2 | **Met** | | C53 | | | | Food/ dining choices | 2/2 | **Met** | | C54 | | | | Assistive technology | 0/2 | **Not Met (0 %)** | | **Community Based Day Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 6/6 | **Met** | | C8 | | | | Family/guardian communication | 6/6 | **Met** | | C13 | | | | Skills to maximize independence | 6/6 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 6/6 | **Met** | | C37 | | | | Interpersonal skills for work | 6/6 | **Met** | | C38 (07/21) | | | | Habilitative & behavioral goals | 4/4 | **Met** | | C39 (07/21) | | | | Support needs for employment | 4/4 | **Met** | | C40 | | | | Community involvement interest | 6/6 | **Met** | | C41 | | | | Activities participation | 6/6 | **Met** | | C42 | | | | Connection to others | 6/6 | **Met** | | C43 | | | | Maintain & enhance relationship | 6/6 | **Met** | | C44 | | | | Job exploration | 4/4 | **Met** | | C45 | | | | Revisit decisions | 6/6 | **Met** | | C46 | | | | Use of generic resources | 6/6 | **Met** | | C47 | | | | Transportation to/ from community | 6/6 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 6/6 | **Met** | | C54 | | | | Assistive technology | 6/6 | **Met** | | **Employment Support Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 6/6 | **Met** | | C8 | | | | Family/guardian communication | 6/6 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 6/6 | **Met** | | C22 | | | | Explore job interests | 3/3 | **Met** | | C23 | | | | Assess skills & training needs | 3/3 | **Met** | | C24 | | | | Job goals & support needs plan | 6/6 | **Met** | | C25 | | | | Skill development | 6/6 | **Met** | | C26 | | | | Benefits analysis | 6/6 | **Met** | | C27 | | | | Job benefit education | 6/6 | **Met** | | C28 | | | | Relationships w/businesses | 1/1 | **Met** | | C29 | | | | Support to obtain employment | 6/6 | **Met** | | C30 | | | | Work in integrated settings | 6/6 | **Met** | | C31 | | | | Job accommodations | 6/6 | **Met** | | C32 | | | | At least minimum wages earned | 5/5 | **Met** | | C33 | | | | Employee benefits explained | 6/6 | **Met** | | C34 | | | | Support to promote success | 6/6 | **Met** | | C35 | | | | Feedback on job performance | 5/5 | **Met** | | C36 | | | | Supports to enhance retention | 6/6 | **Met** | | C37 | | | | Interpersonal skills for work | 6/6 | **Met** | | C47 | | | | Transportation to/ from community | 6/6 | **Met** | | C50 | | | | Involvement/ part of the Workplace culture | 5/5 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 6/6 | **Met** | | C54 | | | | Assistive technology | 6/6 | **Met** | |  | | | |  |  |  | |  |  | | | |  |  |