|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | | --- | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | | --- | | **PROVIDER REPORT FOR** | | | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | | --- | | **Northeast ED and Develop. Support Ctr.  1390 Main Street  Tewksbury, MA 01876** | | | | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  | | --- | | **June 06, 2022** | | | | | | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | | --- | | **Version** | | | | | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | --- | | **Public Provider Report** | | | | | | | | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | **Prepared by the Department of Developmental Services OFFICE OF QUALITY ENHANCEMENT** | | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
|  |  |  |  |  |
|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  | |  | | --- | | **Provider** | |  | |  | | --- | | Northeast ED and Develop. Support Ctr. | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Review Dates** | |  | |  | | --- | | 4/13/2022 - 4/19/2022 | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Service Enhancement  Meeting Date** | |  | |  | | --- | | 5/3/2022 | |  |  | |  |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Survey Team** | |  | |  | | --- | | Jennifer Conley-Sevier (TL) | | Anne Carey | | John Hazelton | | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **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)  5 audit (s) | Full Review | 83/87 2 Year License 05/03/2022 - 05/03/2024 |  | 27 / 28 Certified 05/03/2022 - 05/03/2024 | | Residential Services | 5 location(s)  5 audit (s) |  |  | Full Review | 21 / 22 | | Planning and Quality Management (For all service groupings) |  |  |  | Full Review | 6 / 6 | | **Survey scope and findings for Employment and Day Supports** | | | | | | | **Service Group Type** | **Sample Size** | **Licensure Scope** | **Licensure Level** | **Certification Scope** | **Certification Level** | | **Employment and Day Supports** | 2 location(s)  9 audit (s) | Full Review | 64/69 2 Year License 05/03/2022 - 05/03/2024 |  | Certified 05/03/2022 - 05/03/2024 | | Community Based Day Services | 2 location(s)  9 audit (s) |  |  | Deemed |  | | Planning and Quality Management (For all service groupings) |  |  |  | Full Review | 6 / 6 | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  |
|  |  |  |  |
|  | |  | | --- | | The North East Educational and Developmental Support Center (NEEDS Center) began providing Department of Developmental Services (DDS) funded services and supports in April of 2014 to individuals with developmental disabilities, including Autism Spectrum Disorder (ASD). The agency operates eighteen residential programs in the communities of the Merrimack Valley, the greater Lowell area and Revere. The NEEDS Center also provides Community Based Day Supports (CBDS) focused on developing community and pre-vocational skills at two locations in Rowley and Tewksbury.  The scope of this survey conducted by the Office of Quality Enhancement (OQE) was a full licensing and certification review of its Residential Services grouping and a licensing review of the CBDS day services. The agency elected to deem CARF scores in lieu of a DDS OQE review of the certification indicators for CBDS.   In the licensing arena, the survey identified several accomplishments on the part of the agency which resulted in positive outcomes for individuals served. At an organizational level, the agency had an effective staff training system that ensured that its staff received all mandated trainings, including the newly required prevention of transmission of communicable diseases training and incident reporting. The NEEDS Center also has an active Human Rights Committee (HRC) that is fully constituted and conducting regular meetings as outlined in the by-laws. Monthly minutes demonstrated a thorough review of restrictive practices and behavior plans and quorum requirements were in place. Individuals received annual and monthly human rights trainings, and guardians had been notified of Human Rights and to whom they should contact for grievances.   Residentially and within the domain of environmental safety, the agency had implemented several systems to ensure that health and safety practices were consistently followed. For example, fire drills were being conducted as required, inspections were up-to-date, and all the homes were clean, well maintained and in good repair. Within the domain of medical care, medication was consistently being administered according to physician orders and individuals were receiving prompt treatment for emergent medical conditions.    The agency demonstrated strength in their understanding and knowledge of the persons supported and their unique needs, strengths and everyday challenges. For example, during the pandemic, the agency undertook great efforts to retain staff who are familiar to the individuals, including cross over of support staff working at the day program locations, residential locations and also those same support staff providing transportation. Ensuring knowledgeable and familiar support staff at all times meant that staff members were extremely well trained in positive behavioral support plans, including intensive level plans, and were well versed in individuals' unique needs. This provided a sense of consistency for individuals and ensured the delivery of individualized care and support. The agency also uniformly utilized behavior modifying medication treatment plans which included all required components, including outlining a viable process to reduce the need for the medication or alter the clinical course in collaboration with the prescriber and the clinical support team. Specifically, agency clinicians were effectively utilizing data to track behaviors and review the efficacy of behavioral interventions with the entire team on a monthly and quarterly basis to foster positive outcomes through the least restrictive methods. There was clear benefit for the individuals receiving medications, with medication being challenged, decreased and or discontinued as necessary.  In the certification realm, homes were decorated to the liking of the residents and individuals had choices in such things as their personal and household schedules, as well as what and where and with whom they would like to eat. The agency has also focused its efforts on supporting relationships with friends and family throughout the pandemic to maintain positive social connections.   In the agency's Day supports, effective systems were in place in several licensing domains, including personal safety, human rights, and respectful communication. In addition, there was a comprehensive medical system in place to ensure that individuals received all medication as prescribed, and staff were collecting and utilizing requisite behavioral data.  There were several areas requiring further attention identified in the agency's residential services. The agency needs to improve systems to track incident reporting and ISP documentation submission in HCSIS, so that incidents are reported and reviewed within the required timelines and ISP documents are submitted to the Area Office 15 days prior to the ISP meeting. Also, the agency needs to ensure that it is utilizing effective systems for the safety and accuracy of service delivery in individuals' care. Specifically, the agency would benefit from a review of its systems relative to the accurate implementation of dietary and health-related protocols, as well as an environmental oversight system to ensure that hot water temperatures are maintained within the acceptable range. Lastly, the agency needs to focus on assessing the needs for intimacy, sexuality and companionship on an individualized basis and that staff demonstrate knowledge of those needs and be afforded a mechanism with which to assist individuals in meeting their support needs.   In day services, the submission of ISP documentation and incident reports within required timelines was identified as an area for continued efforts to be made to ensure that required assessments and support strategies for the ISP, as well as incident reports, were submitted and approved via HCSIS. In addition, the agency would benefit from increased attention to implementing ISP objectives and utilizing the support strategies as outlined in the ISP.   Within the Residential Services programs, the NEEDS Center received a rating of met in 95% of licensing indicators; all critical indicators were met. The agency also received a rating of met in 96% of certification indicators reviewed. As a result, the agency will receive a Two-Year license for its Residential services and is Certified by DDS. Within Day support services the agency received a rating of met in 93% of licensing indicators; all critical indicators were met. As a result, the agency will receive a Two-Year License for its Day Services. Follow-up on all not met licensing indicators will be conducted by the agency within 60 days of the Service Enhancement Meeting. | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | |  |  | | |  | | --- | | **LICENSURE FINDINGS** | | | |  |  | |  | | |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **9/10** | **1/10** |  | | **Residential and Individual Home Supports** | **74/77** | **3/77** |  | | Residential Services |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **83/87** | **4/87** | **95%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **4** |  | |  |  |  |  | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **9/10** | **1/10** |  | | **Employment and Day Supports** | **55/59** | **4/59** |  | | Community Based Day Services |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **64/69** | **5/69** | **93%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **5** |  | |  |  |  |  | |  | | |  | |  | | |  |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  | | |  |  | |  | **Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L65 | | | Restraint reports are submitted within required timelines. | Thirty-four restraint reports were not submitted within required timelines either at the initial input and/or finalization level within HCSIS. The agency needs to ensure that restraint reports are submitted within required timelines. | |  |  | | | |  |
|  |  |  |
|  | |  | | --- | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L15 | | | Hot water temperature tests between 110 and 120 degrees (as of 1/2014). | At two locations, water temperatures were found to be outside of the required range.  The agency needs to ensure that water temperature at all sink, tub and showers fall within required range (sinks: 110-120 degrees, tub/shower 110-112 degrees). | |  | L39 | | | Special dietary requirements are followed. | For one individual, dietary recommendations from a consulting nutritionist spanning 2019 to present were not followed in regard to the daily calorie intake suggested for this person in consultation notes. The agency needs to ensure that staff receive training on any dietary requirements a person is recommended to follow for good health so that they are best equipped on how to implement recommendations. The agency needs to ensure review of clinical recommendations so that any contradictions can be queried and the entire team fully informed. | |  | L91 | | | Incidents are reported and reviewed as mandated by regulation. | At two locations, during a 13 month period reviewed, there were incidents which had not been reported within the required time frames. The agency needs to ensure that all incidents are submitted and finalized within the required time frames: major incidents require submission within one business day, finalization within seven business days, minor incident reports require submission within three business days and finalization within seven business days. | | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L86 | | | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For four individuals, required ISP assessments had not been submitted within required timeframes. The agency needs to ensure that ISP assessments are submitted at least 15 days prior to the ISP meeting. | |  | 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 individuals, required ISP support strategies had not been submitted within required timeframes. The agency needs to ensure that ISP support strategies are submitted at least 15 days prior to the ISP meeting. | |  | 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 according to the outlined support strategies, or data collection is not occurring. The agency needs to ensure that ISP objectives are implemented as described within support strategies, and that data collection is occurring. | |  | L91 | | | Incidents are reported and reviewed as mandated by regulation. | At one location, during a 13 month period reviewed, there were incidents which had not been reported within the required time frames. The agency needs to ensure that all incidents are submitted and finalized within the required time frames: major incidents require submission within one business day, finalization within seven business days, minor incident reports require submission within three business days and finalization within seven business days. | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  |  |  |
|  | |  | | --- | | **CERTIFICATION FINDINGS** | | | |  |  |  |
|  |  | | |  |  |  |
|  | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Certification - Planning and Quality Management** | **6/6** | **0/6** |  | | **Residential and Individual Home Supports** | **21/22** | **1/22** |  | | Residential Services | 21/22 | 1/22 |  | | **Total** | **27/28** | **1/28** | **96%** | | **Certified** |  |  |  | |  |  |  |  | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Certification - Planning and Quality Management** | **6/6** | **0/6** |  | | **Employment and Day Supports** |  |  |  | | **Total** |  |  |  | | **Certified** |  |  |  | |  |  |  |  | |  | | |  |  |
|  |  | | |  |  |  |
|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Residential Services- Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C12 | | | Individuals are supported to explore, define, and express their need for intimacy and companionship. | The agency has not conducted effective assessments of individuals' needs relative to intimacy/sexuality, and is not providing support to individuals based on assessed needs. The agency needs to effectively assess the needs of those served in a manner that is consistent with their learning and communication styles. Once assessed, support should be provided either via an outside resource, or internally with the assistance of an agency curriculum geared to the learning styles of those receiving the instruction. | |  |  | | |  |  | |  |  | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  |  |  |
|  | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | | | |  |  |  |
|  |  | | |  |  |  |
|  | |  | | --- | | **Organizational: Northeast ED and Develop. Support Ctr.** | |  | | |  |  |
|  |  | | |  |  |  |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **7/7** | **Met** | |  | L3 | Immediate Action | **7/7** | **Met** | |  | L4 | Action taken | **12/12** | **Met** | |  | L48 | HRC | **1/1** | **Met** | |  | L65 | Restraint report submit | **133/167** | **Not Met(79.64 % )** | |  | L66 | HRC restraint review | **153/155** | **Met(98.71 % )** | |  | L74 | Screen employees | **6/6** | **Met** | |  | L75 | Qualified staff | **2/2** | **Met** | |  | L76 | Track trainings | **15/15** | **Met** | |  | L83 | HR training | **15/15** | **Met** | |  |  | | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | |  |  |  |  |
|  | |  | | --- | | **Residential and Individual Home Supports:** | | | | |  |  |  |  |
|  |  | | | |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **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 | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L5 | Safety Plan | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | | O | L6 | Evacuation | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L7 | Fire Drills | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L8 | Emergency Fact Sheets | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L9 (07/21) | Safe use of equipment | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L10 | Reduce risk interventions | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | | O | L11 | Required inspections | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | | O | L12 | Smoke detectors | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | | O | L13 | Clean location | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L14 | Site in good repair | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L15 | Hot water | L | 3/5 |  |  |  |  |  | **3/5** | **Not Met (60.0 %)** | |  | L16 | Accessibility | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L17 | Egress at grade | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L18 | Above grade egress | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L19 | Bedroom location | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L20 | Exit doors | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L21 | Safe electrical equipment | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L22 | Well-maintained appliances | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L23 | Egress door locks | L | 4/4 |  |  |  |  |  | **4/4** | **Met** | |  | L24 | Locked door access | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L25 | Dangerous substances | L | 4/5 |  |  |  |  |  | **4/5** | **Met (80.0 %)** | |  | L26 | Walkway safety | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L28 | Flammables | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L29 | Rubbish/combustibles | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L30 | Protective railings | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L31 | Communication method | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L32 | Verbal & written | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L33 | Physical exam | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L34 | Dental exam | I | 4/4 |  |  |  |  |  | **4/4** | **Met** | |  | L35 | Preventive screenings | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L36 | Recommended tests | I | 4/5 |  |  |  |  |  | **4/5** | **Met (80.0 %)** | |  | L37 | Prompt treatment | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | | O | L38 | Physician's orders | I | 3/4 |  |  |  |  |  | **3/4** | **Met** | |  | L39 | Dietary requirements | I | 2/3 |  |  |  |  |  | **2/3** | **Not Met (66.67 %)** | |  | L40 | Nutritional food | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L41 | Healthy diet | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L42 | Physical activity | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L43 | Health Care Record | I | 4/5 |  |  |  |  |  | **4/5** | **Met (80.0 %)** | |  | L44 | MAP registration | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L45 | Medication storage | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | | O | L46 | Med. Administration | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L47 | Self medication | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L49 | Informed of human rights | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L50 (07/21) | Respectful Comm. | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L51 | Possessions | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L52 | Phone calls | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L53 | Visitation | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L54 (07/21) | Privacy | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L55 | Informed consent | I | 4/4 |  |  |  |  |  | **4/4** | **Met** | |  | L56 | Restrictive practices | I | 4/4 |  |  |  |  |  | **4/4** | **Met** | |  | L57 | Written behavior plans | I | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L58 | Behavior plan component | I | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L59 | Behavior plan review | I | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L60 | Data maintenance | I | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L61 | Health protection in ISP | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L62 | Health protection review | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L63 | Med. treatment plan form | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L64 | Med. treatment plan rev. | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L67 | Money mgmt. plan | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L68 | Funds expenditure | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L69 | Expenditure tracking | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L70 | Charges for care calc. | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L71 | Charges for care appeal | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L77 | Unique needs training | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L78 | Restrictive Int. Training | L | 4/4 |  |  |  |  |  | **4/4** | **Met** | |  | L79 | Restraint training | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L80 | Symptoms of illness | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L81 | Medical emergency | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | | O | L82 | Medication admin. | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L84 | Health protect. Training | I | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L85 | Supervision | L | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L86 | Required assessments | I | 3/4 |  |  |  |  |  | **3/4** | **Met** | |  | L87 | Support strategies | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L88 | Strategies implemented | I | 4/5 |  |  |  |  |  | **4/5** | **Met (80.0 %)** | |  | L90 | Personal space/ bedroom privacy | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L91 | Incident management | L | 3/5 |  |  |  |  |  | **3/5** | **Not Met (60.0 %)** | |  | **#Std. Met/# 77 Indicator** |  |  |  |  |  |  |  |  | **74/77** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **83/87** |  | |  |  |  |  |  |  |  |  |  |  | **95.40%** |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  | | --- | | **Employment and Day Supports:** | | | | |  |  |  |  |
|  |  | | | |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** | |  | L1 | Abuse/neglect training | I |  |  | 9/9 | **9/9** | **Met** | |  | L5 | Safety Plan | L |  |  | 2/2 | **2/2** | **Met** | | O | L6 | Evacuation | L |  |  | 2/2 | **2/2** | **Met** | |  | L7 | Fire Drills | L |  |  | 2/2 | **2/2** | **Met** | |  | L8 | Emergency Fact Sheets | I |  |  | 8/9 | **8/9** | **Met (88.89 %)** | |  | L9 (07/21) | Safe use of equipment | I |  |  | 9/9 | **9/9** | **Met** | |  | L10 | Reduce risk interventions | I |  |  | 7/7 | **7/7** | **Met** | | O | L11 | Required inspections | L |  |  | 2/2 | **2/2** | **Met** | | O | L12 | Smoke detectors | L |  |  | 2/2 | **2/2** | **Met** | | O | L13 | Clean location | L |  |  | 2/2 | **2/2** | **Met** | |  | L14 | Site in good repair | L |  |  | 2/2 | **2/2** | **Met** | |  | L15 | Hot water | L |  |  | 2/2 | **2/2** | **Met** | |  | L16 | Accessibility | L |  |  | 2/2 | **2/2** | **Met** | |  | L17 | Egress at grade | L |  |  | 2/2 | **2/2** | **Met** | |  | L18 | Above grade egress | L |  |  | 2/2 | **2/2** | **Met** | |  | L20 | Exit doors | L |  |  | 2/2 | **2/2** | **Met** | |  | L21 | Safe electrical equipment | L |  |  | 2/2 | **2/2** | **Met** | |  | L22 | Well-maintained appliances | L |  |  | 2/2 | **2/2** | **Met** | |  | L25 | Dangerous substances | L |  |  | 2/2 | **2/2** | **Met** | |  | L26 | Walkway safety | L |  |  | 2/2 | **2/2** | **Met** | |  | L28 | Flammables | L |  |  | 2/2 | **2/2** | **Met** | |  | L29 | Rubbish/combustibles | L |  |  | 2/2 | **2/2** | **Met** | |  | L30 | Protective railings | L |  |  | 2/2 | **2/2** | **Met** | |  | L31 | Communication method | I |  |  | 9/9 | **9/9** | **Met** | |  | L32 | Verbal & written | I |  |  | 9/9 | **9/9** | **Met** | |  | L37 | Prompt treatment | I |  |  | 7/7 | **7/7** | **Met** | | O | L38 | Physician's orders | I |  |  | 7/7 | **7/7** | **Met** | |  | L39 | Dietary requirements | I |  |  | 6/6 | **6/6** | **Met** | |  | L44 | MAP registration | L |  |  | 2/2 | **2/2** | **Met** | |  | L45 | Medication storage | L |  |  | 2/2 | **2/2** | **Met** | | O | L46 | Med. Administration | I |  |  | 7/7 | **7/7** | **Met** | |  | L49 | Informed of human rights | I |  |  | 9/9 | **9/9** | **Met** | |  | L50 (07/21) | Respectful Comm. | I |  |  | 9/9 | **9/9** | **Met** | |  | L51 | Possessions | I |  |  | 9/9 | **9/9** | **Met** | |  | L52 | Phone calls | I |  |  | 9/9 | **9/9** | **Met** | |  | L54 (07/21) | Privacy | I |  |  | 9/9 | **9/9** | **Met** | |  | L55 | Informed consent | I |  |  | 4/4 | **4/4** | **Met** | |  | L56 | Restrictive practices | I |  |  | 6/6 | **6/6** | **Met** | |  | L57 | Written behavior plans | I |  |  | 1/1 | **1/1** | **Met** | |  | L58 | Behavior plan component | I |  |  | 1/1 | **1/1** | **Met** | |  | L59 | Behavior plan review | I |  |  | 1/1 | **1/1** | **Met** | |  | L60 | Data maintenance | I |  |  | 1/1 | **1/1** | **Met** | |  | L61 | Health protection in ISP | I |  |  | 3/3 | **3/3** | **Met** | |  | L62 | Health protection review | I |  |  | 3/3 | **3/3** | **Met** | |  | L63 | Med. treatment plan form | I |  |  | 8/8 | **8/8** | **Met** | |  | L64 | Med. treatment plan rev. | I |  |  | 8/8 | **8/8** | **Met** | |  | L73 | DOL certificate | L |  |  | 1/1 | **1/1** | **Met** | |  | L77 | Unique needs training | I |  |  | 9/9 | **9/9** | **Met** | |  | L78 | Restrictive Int. Training | L |  |  | 1/1 | **1/1** | **Met** | |  | L79 | Restraint training | L |  |  | 2/2 | **2/2** | **Met** | |  | L80 | Symptoms of illness | L |  |  | 2/2 | **2/2** | **Met** | |  | L81 | Medical emergency | L |  |  | 2/2 | **2/2** | **Met** | | O | L82 | Medication admin. | L |  |  | 2/2 | **2/2** | **Met** | |  | L84 | Health protect. Training | I |  |  | 3/3 | **3/3** | **Met** | |  | L85 | Supervision | L |  |  | 2/2 | **2/2** | **Met** | |  | L86 | Required assessments | I |  |  | 4/8 | **4/8** | **Not Met (50.0 %)** | |  | L87 | Support strategies | I |  |  | 4/8 | **4/8** | **Not Met (50.0 %)** | |  | L88 | Strategies implemented | I |  |  | 7/9 | **7/9** | **Not Met (77.78 %)** | |  | L91 | Incident management | L |  |  | 1/2 | **1/2** | **Not Met (50.0 %)** | |  | **#Std. Met/# 59 Indicator** |  |  |  |  |  | **55/59** |  | |  | **Total Score** |  |  |  |  |  | **64/69** |  | |  |  |  |  |  |  |  | **92.75%** |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | |  | | | |  |  |  |
|  |  | | | |  |  |  |  |
|  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **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 | 5/5 | **Met** | | C8 | | | | Family/guardian communication | 5/5 | **Met** | | C9 | | | | Personal relationships | 5/5 | **Met** | | C10 | | | | Social skill development | 5/5 | **Met** | | C11 | | | | Get together w/family & friends | 5/5 | **Met** | | C12 | | | | Intimacy | 3/5 | **Not Met (60.0 %)** | | C13 | | | | Skills to maximize independence | 5/5 | **Met** | | C14 | | | | Choices in routines & schedules | 5/5 | **Met** | | C15 | | | | Personalize living space | 5/5 | **Met** | | C16 | | | | Explore interests | 5/5 | **Met** | | C17 | | | | Community activities | 5/5 | **Met** | | C18 | | | | Purchase personal belongings | 5/5 | **Met** | | C19 | | | | Knowledgeable decisions | 5/5 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 5/5 | **Met** | | C46 | | | | Use of generic resources | 5/5 | **Met** | | C47 | | | | Transportation to/ from community | 5/5 | **Met** | | C48 | | | | Neighborhood connections | 5/5 | **Met** | | C49 | | | | Physical setting is consistent | 5/5 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 5/5 | **Met** | | C52 | | | | Leisure activities and free-time choices /control | 5/5 | **Met** | | C53 | | | | Food/ dining choices | 5/5 | **Met** | | C54 | | | | Assistive technology | 4/5 | **Met (80.0 %)** | |  | | | |  |  |  | |  |  | | | |  |  |