



**PROVIDER REPORT  
FOR**

**Northeast ED and Develop.  
Support Ctr.  
1390 Main Street  
Tewksbury, MA01876**

**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** 4/24/2024 - 4/30/2024

**Service Enhancement Meeting Date** 5/14/2024

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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
<b>Residential and Individual Home Supports</b>	6 location(s) 6 audit (s)	Targeted Review	DDS 15/16 Provider 75 / 75  90 / 91 2 Year License 05/14/2024-05/14/2026		26/26 Certified 05/14/2024 - 05/14/2026
Residential Services	6 location(s) 6 audit (s)			Deemed	20/20(Provider)
Planning and Quality Management (For all service groupings)				Deemed	6/6(Provider)

**Survey scope and findings for Employment and Day Supports**

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
<b>Employment and Day Supports</b>	3 location(s) 11 audit (s)	Targeted Review	DDS 13/17 Provider 57 / 57  70 / 74 2 Year License 05/14/2024-05/14/2026		21/21 Certified 05/14/2024 - 05/14/2026
Community Based Day Services	3 location(s) 11 audit (s)			Deemed	15/15(Provider)
Planning and Quality Management (For all service groupings)				Deemed	6/6(Provider)

## **EXECUTIVE SUMMARY :**

The North East Educational and Developmental Support Center (NEEDS Center) is a human services agency that began providing Residential Services and Community Based Day Supports (CBDS) in 2014 in Massachusetts. The NEEDS Center specializes in providing supports to individuals with Developmental Disabilities, including those diagnosed with Autism Spectrum Disorder (ASD). The agency operates residential homes and Community Based Day Support programs serving individuals in the Metro, Northeast and Southeast regions of Massachusetts.

For this 2024 survey, the NEEDS Center was eligible for and elected to complete a self-assessment for all licensing and certification indicators. The agency also received a three-year accreditation from The Commission on Accreditation of Rehabilitation Facilities (CARF) and were thus deemed in lieu of DDS certification reviews of their residential and day support programs. The agency also underwent a targeted review conducted by the DDS Northeast Office of Quality Enhancement (OQE) on the eight critical licensing indicators, indicators that received a rating of 'not met' during the previous survey, and new and revised indicators. The overall results from this survey process are a combination of the agency's self-assessment and the DDS targeted review.

The survey identified a number of accomplishments across both day and residential services. Within the domain of Environmental Safety, all residential and day locations were clean, well maintained, and in good repair. All required inspections were completed, and during fire drill exercises individuals were supported to safely evacuate their locations within two-and-one half minutes for residential programs, and the amount of time identified within Safety Plans for day programs as required. Specific to the residential programs, hot water temperatures were maintained within required limits.

The agency demonstrated strength in the domain of healthcare as evidenced by staff understanding of and provision for the medical and physical needs of individuals they support. Medication was being administered as prescribed. Medical protocols were in place for conditions that required them such as seizure disorders and Diabetes management; staff had received training in all medical protocols.

Organizationally, one area requiring attention that was identified by the agency in their self-assessment and the DDS survey was the creation and finalization of physical restraint forms within the required timelines.

In day supports, there were a few areas that require attention. ISP goals need to be actively implemented in accordance with support strategies, and data on progress towards achieving goals needs to be maintained. Another area identified was ensuring that Assistive Technology assessments are thoroughly completed, and that the agency obtains AT for any identified areas of need. Lastly, all incident reports need to be submitted and finalized within the required timelines.

The NEEDS Center's met 99% of licensing indicators in residential services with all critical indicators rated as met. The agency will thus receive a Two-Year License for the Residential Service groupings. The Community Based Day Services met 95% of licensing indicators with all critical indicators rated as met. The day/employment service grouping will also earn a Two-Year license. The agency is certified for both service groupings due to its CARF accreditation. The agency will complete its own follow-up on indicators rated "not met, within 60 days of the Service Enhancement Meeting (SEM) and submit the results to the DDS Northeast OQE.

The survey identified a number of positive practices across all locations surveyed. In the domain of Environmental Safety, all homes were clean and in good repair. All required inspections were conducted on time, and fire drills were conducted as outlined in Safety Plans.

### **DESCRIPTION OF THE SELF ASSESSMENT PROCESS:**

The NEEDS Center has many systems for monitoring the quality of services and ensuring health and safety in accordance with DDS and CARF standards, as well as our own. The majority of monitoring

done is completed through on-going audits facilitated by direct supervisors, upper management, and internal consultants. The NEEDS Center has a number of committees responsible for reviewing and analyzing data including Leadership, Quality Improvement (QI), Peer Review, Human Rights, Safety and Compliance, and the Administrative Meeting chaired by the CEO of The NEEDS Center. The focus of these committees is to identify and analyze trends that ultimately drive improvements of services and the quality of the individual's lives.

### Residential and Facility Safety

The NEEDS Center uses monthly environmental safety checklist, completed by the Program Managers, as well as periodic reviews by the Facilities Department, members of the administration, and Executive Officers to collect data on immediate and potential safety issues. Programs also have access to a universal maintenance request form to help ensure facility and safety needs are addressed quickly. In September 2022, Maintain X an online maintenance tracking platform was added to help the ease and flow of reporting maintenance needs. A preventative maintenance schedule is coordinated by the CEO of The NEEDS Center in conjunction with the Facilities Department to assure all required inspections are completed and that identified issues are resolved. The NEEDS Center also proactively uses a Maintenance Needs list to identify annual projects and improvements for the programs and facilities. Further program and facility reviews are completed by licensed 3rd party inspectors on an annual basis. All data related to safety and compliance, including Safety Plans, Fire and Disaster Drills, and Vehicle Inspections, is tracked centrally and is reviewed by the Leadership Team and the Corporate Compliance Officer during Quality Improvement (QI) meetings.

All of the existing residential programs and any new development thus far, have been sought out by the CEO of The NEEDS Center while keeping in mind the unique needs of the individuals served. As a result, the majority of the homes offer a spacious or open layout with more than one common area to promote the opportunity for social skills development or to take space in another area other than the individual's bedroom.

### Human Rights and Abuse & Neglect

The NEEDS Center uses an annual Human Rights training packet as well as monthly discussions focused on a "Right of the Month" to ensure the individuals are educated on their Human Rights. Annual satisfaction surveys are conducted and assess how the individuals feel their rights are respected, they are treated with dignity and respect, and they are supported to understand communication. A similar Human Rights training consent form and satisfaction survey are sent to the guardians and family of the individuals served. The survey results are reviewed by The NEEDS Center's administration and the Human Rights Committee.

The Human Rights Committee meets quarterly and is comprised of all essential members according to the DDS regulations, and in addition, volunteer guardians of individuals served at The NEEDS Center. All restrictive practices, Supportive and Protectives Devices, and Safety Plans are reviewed and approved by the Human Rights Committee at least annually. These plans are all written on standard forms to ensure the appropriate information is conveyed to the committee members regarding efficacy of the planned intervention and criteria for fading the additional supports. All restraint and significant incident reports, as well as investigations involving DPPC are routinely reviewed by the Human Rights Committee and reviewed in monthly quality improvement meetings and documented in the meeting minutes. Any incident involving the potential of a Human Rights violation is immediately reported to the Executive Officers.

All employees of The NEEDS Center receive a Human Rights training during orientation, and annually thereafter, which focuses on individual rights in addition to our restrictive practices policy and incident reporting. All restraint and significant incident reports are submitted to The NEEDS Center administration who enter them into HCSIS to be reviewed by the Human Rights Coordinators.

## **Description of Self Assessment Process:**

### Workforce

The NEEDS Center strives to hire employees that can meet the specific needs of the individuals we serve. This is done through an extensive screening and interviewing process that includes meeting with the individuals they would be working with and obtaining feedback from them. The Individuals complete a form, with staff assistance, with their comments and observations. This helps ensure a good fit for the employees and the individuals.

The NEEDS Center conducts required background checks and references/verifications to ensure candidate's meet all DDS requirements, and information on the candidate's application is verified. Background checks are conducted annually for all employees to ensure compliance with DDS regulations.

The NEEDS Center uses a variety of methods to recruit qualified candidates. This includes internal postings, on-line job boards, social media, Job/career fairs, web site and employee referrals.

In June 2022, the NEEDS Center added Bamboo HR for managing our recruiting processes. This provides a more streamlined process for improved communication with potential candidates, faster processing of screening and initial interviews. All pre-hire and onboarding paperwork can be completed electronically and securely. This system also provides us with real-time metrics on hiring, turnover and retention rates to aid our efforts in securing a qualified workforce and sustain our organizational growth.

### Staff Training

All New hired employees receive extensive orientation training that spans 2 weeks. During this time, new hires are oriented to both DDS and NEEDS Center's mission, vision and philosophy of providing services. New hires receive all DDS required trainings, Safety Care, an introduction to Applied Behavior Analysis (ABA), as well as the NEEDS Standards of Care and Standards of Expectations. New hire orientation also includes a full week of observation in their perspective program ensuring they are properly oriented to all individuals unique needs, and Program specific orientation is documented for all new hires.

The NEEDS Center has in place a training tracking system to ensure compliance with DDS regulations. HR distributes a training database to all managers notifying them of the status of employee training. Training calendars are also distributed quarterly listing all required on-site training scheduled and additional training available through DDS for staff development. Training letters are sent to employees 30 days prior to their mandatory certifications expiring (Safety Care, CPR/FA\_ to further ensure compliance. Employees who do not maintain current mandatory certifications will be removed from shift until required certifications are completed.

The NEEDS Center utilizes Relias online training system. This provides enhanced tracking of all required DDS and NEEDS Centers trainings. The system provides advanced notice to the managers and the employees regarding upcoming recertification dates. This also provides all employees with various online courses for professional development or continuing education. NEEDS Center recently implemented the use of Bamboo HR for further training compliance. This system provides easy access to managers for program reports on required certifications (CPR/FA, Safety Care, MAP). This gives managers additional support for training compliance.

In November 2022, The NEEDS Center added a Training and Development Manager position. This has provided a more direct focus on ensuring training compliance across the organization. Ensuring that training material is up to date and meets DDS requirements. This position also provides employees with more direct engagement in professional development and mentoring opportunities.

All employees receive regular feedback regarding work performance. This is done monthly in the program, at 6 months (for a new hire) and annually. Individuals are also included in all annual performance reviews and their feedback/comments are documented with the review in the employee's

file. Employees also complete a self-assessment of their performance and the support/training they are receiving from their supervisor and identify professional development goals for the coming year.

### Individual and Behavior Supports

Collaborative efforts between the Program Manager, the assigned Board Certified Behavior Analyst (BCBA) or master's level clinician, and The NEEDS Center administration are made to ensure prompt submission of the required ISP materials and upkeep of the ISP database. The implementation of ISP and BSP strategies are reviewed monthly during staff meetings and between the Program Manager and BCBA/master's level clinician during Behavior Management Meetings (BMM). Periodically to ensure valid support strategies are in place or as clinical concerns arise, the BCBA will complete integrity checks on the plan's implementation.

Due to the unique needs of the individuals served, The NEEDS Center strives to complete a Functional Behavior Assessment (FBA) for all individuals within our residential and day programs. All new admissions, or as a clinical need arises, will have an FBA completed by a BCBA. Each FBA is reviewed by the Vice President of Clinical Services.

Further clinical oversight of Safety Plans and residential programs of high clinical need is offered through a peer review committee chaired by the Senior Vice President of Clinical Services in collaboration with a licensed psychologist contracted by The NEEDS Center. The meeting minutes are reviewed by the Executive Officers and The NEEDS Center administration.

### Supportive Technology for Autonomy and Independence

The NEEDS Center serves some individuals who are primarily non-verbal and use iPads with communication applications to communicate. These communicators have varying levels of independence with their devices and may need support from staff including prompts to use the device to communicate or assistance with navigation within the application. There are also individuals served by the NEEDS Center that have lower tech communication strategies such as pointing at pictures to make their needs known as well as the notes application to spell out what they wish to communicate. Staff supporting these individuals are given training to assist, and a clinician is available should questions arise. Clinicians include BCBAs/master level clinicians and speech and language therapists by consult.

### Health and Wellbeing

The Vice President of Healthcare Services, along with the assistant director of Healthcare services, at The NEEDS Center maintains a database of all essential annual consults including physicals, dentals, and specialists for all persons served within residential programs. Monthly visits and routine audits of the program's health related practices such as nutrition, exercise, and medication administration are completed by the nursing department, consisting of the VP of Healthcare Services and the Assistant Director of HealthCare services.

In January 2024, The Healthy Lifestyle Initiative committee was formed to discuss and address the many challenges faced in getting individuals to adhere to healthy diet recommendations and exercise routines. Most recently, the committee formed a healthy cooking series and a walking group to make the idea of healthy living more exciting and enjoyable. The NEEDS contracted nutritionist continues to make recommendations, focusing on those who are most at risk due to being overweight or underweight. The trends from the program audits and the nutrition consults are reviewed at the program level and by The NEEDS Center administration during QI meetings. The Vice President of Healthcare Services is responsible for all health and medical trainings within The NEEDS Center and provides additional support as the on-call administrator for all health-related concerns within the programs. All unexpected hospital visits, medication occurrences, and concerns of an individual's wellbeing is immediately reported to the Vice President of Healthcare Services and Administrator, who enters these incidents into HCSIS.

In addition, The NEEDS Center contracts with an in-house psychiatrist which affords the unique opportunity for a multidisciplinary approach to treating individuals who exhibit challenging behaviors

while striving to maintain the lowest therapeutic dose of medication. Uniquely, he is accessible via cellphone for urgent or emergent concerns at all times, ensuring the highest quality of care for the individuals we serve.

### Intimacy

Jamy Whitcomb RN, along with Timothy Sobezenski, became certified sexuality educators by attending a 22 hour course allowing them to become certified sexuality educators using the curriculum "Sexuality Education for People with Developmental Disabilities". The relationship and Intimacy Assessment is completed on all individuals annually. Based on the results of the assessment, the individual is placed into a grouping of peers with the same educational need. The peer group is then trained based on need with contents of the "Sexuality Education for People with Developmental Disabilities".

### Employment and Day Services

The NEEDS Center uses monthly environmental safety checklist, completed by the Program Managers, as well as periodic reviews by the Facilities Department, members of the administration, and Executive Officers to collect data on immediate and potential safety issues. Programs also have access to a universal maintenance request form to help ensure facility and safety needs are addressed quickly. In September 2022, Maintain X an online maintenance tracking platform was added to help the ease and flow of reporting maintenance needs. A preventative maintenance schedule is coordinated by the CEO of The NEEDS Center in conjunction with the Facilities Department to assure all required inspections are completed and that identified issues are resolved. The NEEDS Center also proactively uses a Maintenance Needs list to identify annual projects and improvements for the programs and facilities. Further program and facility reviews are completed by licensed 3rd party inspectors on an annual basis. All data related to safety and compliance, including Safety Plans, Fire and Disaster Drills, and Vehicle Inspections, is tracked centrally and is reviewed by the Leadership Team and the Corporate Compliance Officer during Quality Improvement (QI) meetings. All of the existing day programs, have been sought out by the CEO of The NEEDS Center while keeping in mind the unique needs of the individuals served. As a result, the majority of the day programs offer more than enough space to promote the opportunity for social skills development.

### Self-Assessment Process

To complete this Self-Assessment the following process was followed: As part of the ongoing internal processes, audits are run weekly, bi-weekly, monthly and as needed. This same tool was used by members of The NEEDS Center administration to complete an audit of the residential, day and employment using a whole agency as a sample who received services through DDS. These audits were reviewed by the senior leadership team and evaluated utilizing a standard of 80% as the criteria for standard met. In September of 2023, The NEEDS Center completed an onsite CARF audit on community housing and community integration and a 3 year accreditation (expiration October 31, 2026) was obtained.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	9/10	1/10	
<b>Residential and Individual Home Supports</b>	81/81	0/81	
Residential Services			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	90/91	1/91	99%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		1	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	10/11	1/11	
<b>Employment and Day Supports</b>	60/63	3/63	
Community Based Day Services			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	70/74	4/74	95%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		4	

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

Indicator #	Indicator	Area Needing Improvement
L65	Restraint reports are submitted within required timelines.	Of the 662 physical restraint reports filed during the review period, 258 were not created and/or finalized within the required timelines. The agency needs to ensure all restraint reports are created within three days of the application of a restraint and finalized by the agency restraint manager within 5 days of the restraint application.

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

Indicator #	Indicator	Area Needing Improvement
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For four individuals, ISP objectives were not being implemented as described within support strategies. The agency needs to ensure all services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are implemented.
L91	Incidents are reported and reviewed as mandated by regulation.	At one location, not all Incident Reports had been submitted and finalized within the required timelines. The agency needs to ensure all Incident Reports are submitted and finalized within the required timelines based on classification.
L94 (05/22)	Individuals have assistive technology to maximize independence.	For 3 of the 11 individuals reviewed, Assistive Technology assessments were either not fully completed or available sources of AT had not been explored and/or obtained to maximize independence. The agency needs to ensure all individuals receive a thorough AT assessment, and identified sources of technology are explored and obtained upon determining interest in their use.

## CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	Provider (also Deemed)	6/6	0/6	
<b>Residential and Individual Home Supports</b>	Provider	20/20	0/20	
Residential Services	Provider (also Deemed)	20/20	0/20	
<b>Total</b>		<b>26/26</b>	<b>0/26</b>	<b>100%</b>
<b>Certified</b>				

	Reviewed By	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	Provider (also Deemed)	6/6	0/6	
<b>Employment and Day Supports</b>	Provider	15/15	0/15	
Community Based Day Services	Provider (also Deemed)	15/15	0/15	
<b>Total</b>		<b>21/21</b>	<b>0/21</b>	<b>100%</b>
<b>Certified</b>				

## MASTER SCORE SHEET LICENSURE

Organizational: Northeast ED and Develop. Support Ctr.

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	DDS	9/9	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	Provider	-	Met
L65	Restraint report submit	DDS	404/662	Not Met(61.03 % )
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
L92 (07/21)	Licensed Sub-locations (e/d).	Provider	-	Met

### Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	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	6/6						6/6	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 Individ.	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	6/6						6/6	Met
☒ L12	Smoke detectors	L	DDS	6/6						6/6	Met
☒ L13	Clean location	L	DDS	6/6						6/6	Met
L14	Site in good repair	L	Provider	-						-	Met
L15	Hot water	L	DDS	6/6						6/6	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	Provider	-						-	Met
L36	Recommended tests	I	Provider	-						-	Met
L37	Prompt treatment	I	Provider	-						-	Met
Ⓡ L38	Physician's orders	I	DDS	5/5						5/5	Met
L39	Dietary requirements	I	DDS	6/6						6/6	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	-						-	Met
L44	MAP registration	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
L45	Medication storage	L	Provider	-						-	Met
L46	Med. Administration	I	DDS	6/6						6/6	Met
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

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Indiv.</b>	<b>Reviewed by</b>	<b>Res. Sup.</b>	<b>Ind. Home Sup.</b>	<b>Place.</b>	<b>Resp.</b>	<b>ABI-MFP Res. Sup.</b>	<b>ABI-MFP Place.</b>	<b>Total Met/Rated</b>	<b>Rating</b>
L61	Health protection in ISP	I	Provider	-						-	Met
L62	Health protection review	I	Provider	-						-	Met
L63	Med. treatment plan form	I	Provider	-						-	Met
L64	Med. treatment plan rev.	I	Provider	-						-	Met
L67	Money mgmt. plan	I	Provider	-						-	Met
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	6/6						6/6	Met
L84	Health protect. Training	I	Provider	-						-	Met
L85	Supervision	L	Provider	-						-	Met
L86	Required assessments	I	Provider	-						-	Met
L87	Support strategies	I	Provider	-						-	Met
L88	Strategies implemented	I	Provider	-						-	Met
L90	Personal space/bedroom privacy	I	Provider	-						-	Met
L91	Incident management	L	DDS	5/6						5/6	Met (83.33%)
L93 (05/22)	Emergency back-up plans	I	DDS	6/6						6/6	Met
L94 (05/22)	Assistive technology	I	DDS	6/6						6/6	Met
L96 (05/22)	Staff training in devices and applications	I	DDS	3/3						3/3	Met

Ind. #	Ind.	Loc. or Individ.	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	3/3						3/3	Met
<b>#Std. Met/#</b>										<b>81/81</b>	
<b>Total Score</b>										<b>90/91</b>	
										<b>98.90%</b>	

**Employment and Day Supports:**

Ind. #	Ind.	Loc. or Individ.	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			3/3	3/3	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
Ⓟ L11	Required inspections	L	DDS			3/3	3/3	Met
Ⓟ L12	Smoke detectors	L	DDS			3/3	3/3	Met
Ⓟ L13	Clean location	L	DDS			3/3	3/3	Met
L14	Site in good repair	L	Provider			-	-	Met
L15	Hot water	L	Provider			-	-	Met
L16	Accessibility	L	Provider			-	-	Met

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Individ.</b>	<b>Reviewed by</b>	<b>Emp. Sup.</b>	<b>Cent. Based Work</b>	<b>Com. Based Day</b>	<b>Total Met / Rated</b>	<b>Rating</b>
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
L27	Pools, hot tubs, etc.	L	Provider			-	-	Met
L28	Flammables	L	Provider			-	-	Met
L29	Rubbish/com bustibles	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			11/11	11/11	Met
L39	Dietary requirements	I	Provider			-	-	Met
L44	MAP registration	L	Provider			-	-	Met
L45	Medication storage	L	Provider			-	-	Met
Ⓡ L46	Med. Administration	I	DDS			11/11	11/11	Met
L49	Informed of human rights	I	Provider			-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider			-	-	Met
L51	Possessions	I	Provider			-	-	Met

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Individ.</b>	<b>Reviewed by</b>	<b>Emp. Sup.</b>	<b>Cent. Based Work</b>	<b>Com. Based Day</b>	<b>Total Met / Rated</b>	<b>Rating</b>
L52	Phone calls	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
L61	Health protection in ISP	I	Provider			-	-	Met
L62	Health protection review	I	Provider			-	-	Met
L63	Med. treatment plan form	I	Provider			-	-	Met
L64	Med. treatment plan rev.	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
Ⓡ L82	Medication admin.	L	DDS			3/3	3/3	Met
L84	Health protect. Training	I	Provider			-	-	Met
L85	Supervision	L	Provider			-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L86	Required assessments	I	DDS			8/9	8/9	Met (88.89 %)
L87	Support strategies	I	DDS			8/9	8/9	Met (88.89 %)
L88	Strategies implemented	I	DDS			6/10	6/10	Not Met (60.0 %)
L91	Incident management	L	DDS			2/3	2/3	Not Met (66.67 %)
L93 (05/22)	Emergency back-up plans	I	DDS			11/11	11/11	Met
L94 (05/22)	Assistive technology	I	DDS			8/11	8/11	Not Met (72.73 %)
L96 (05/22)	Staff training in devices and applications	I	DDS			3/3	3/3	Met
L99 (05/22)	Medical monitoring devices	I	DDS			3/3	3/3	Met
<b>#Std. Met/# 63 Indicator</b>							<b>60/63</b>	
<b>Total Score</b>							<b>70/74</b>	
							<b>94.59%</b>	

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C1	Provider data collection	Provider	-	Met
C2	Data analysis	Provider	-	Met
C3	Service satisfaction	Provider	-	Met
C4	Utilizes input from stakeholders	Provider	-	Met
C5	Measure progress	Provider	-	Met
C6	Future directions planning	Provider	-	Met

### Residential Services

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C9	Personal relationships	Provider	-	<b>Met</b>
C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	Provider	-	<b>Met</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Met</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>

### Community Based Day Services

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C37	Interpersonal skills for work	Provider	-	<b>Met</b>

### Community Based Day Services

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C38 (07/21)	Habilitative & behavioral goals	Provider	-	<b>Met</b>
C39 (07/21)	Support needs for employment	Provider	-	<b>Met</b>
C40	Community involvement interest	Provider	-	<b>Met</b>
C41	Activities participation	Provider	-	<b>Met</b>
C42	Connection to others	Provider	-	<b>Met</b>
C43	Maintain & enhance relationship	Provider	-	<b>Met</b>
C44	Job exploration	Provider	-	<b>Met</b>
C45	Revisit decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>