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|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | | |  |  |
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|  | |  | | --- | | The Nemasket Group is a non-profit human service agency founded in 1984, and currently serving around 125 people with intellectual disabilities in the Greater New Bedford and Wareham Areas. The agency's day services program, Job Path, serves about 42 individuals providing both Employment services and Community Based Day Supports (CBDS). Nemasket's Community Based Day Supports (CBDS) offers a variety of opportunities in the community to meet the social, recreational and volunteer interests of the individual served. Residential services are provided to about 6 individuals living in their homes in the community with 24 hour or less of staffing.  This full Licensing and Certification conducted by the Department of Developmental Services (DDS) encompassed the entire scope of licensing and certification indicators for both Nemasket's day and residential services.  Organizationally the agency demonstrated strengths in several areas. Staff were trained in Human Rights, Mandated Reporting and all other required trainings. New staff were screened to meet qualifications and staff had current licenses when required.  In residential services, areas of strength were found. Regarding health care, medications were administered accurately according to doctors' orders by MAP certified staff and individuals received annual physical and dental exams. Nutritional food was offered, ongoing discussions around healthy eating occurred, and strategies for maintaining portion control were discussed and buy-in from individuals was obtained. In terms of personal safety, safety plans were current, and staff were knowledgeable about emergency evacuation at the individuals' homes. Regarding relationships, communication with individuals and written documentation was respectful of persons served. Individuals were supported to spend time with their families and friends and were assisted to explore and participate in activities that would help them build connections with others sharing similar interests. Staff supported individuals' intimate relationships, and relationships with neighbors.  Positive practices in the agency's day services were also revealed. In the agency's CBDS program, activities took place exclusively in the community and local resources were regularly utilized including libraries, museums, zoos, bowling alleys, several farms, an arcade, and local restaurants. Individuals participating had developed relationships with those they encountered in the community while revisiting their favorite places and were also able to spend time with their peers. Nemasket's Employment Service maintained relationships with local business in a variety of fields including local media, retail, fast food, realty, medical supplies, grocery, social services, insurance, and banking provided an array of options for individuals seeking employment. In the area of human rights, respectful communication with and about individuals was maintained in both the CBDS and Employment programs. The staff were knowledgeable in individuals' unique needs, and emergency back up plans were in place for individuals.   . Several areas are in need of strengthening. Organizationally, feedback on staff performance and on satisfaction with services should be gathered regularly from all stakeholders including individuals and families, analyzed and used to drive the agency's service improvement goals and to aid with staff performance.  Within residential services, required inspections need to be completed in a timely manner, and the agency needs to ensure that environmental safety concerns are recognized and addressed promptly. Regarding health care, there were a few areas that would benefit from strengthening. When individuals have significant health care conditions necessitating staff support and the development of a Health Care Management Plan, the agency needs to ensure that these plans are developed with input from the physician and are comprehensive. Staff need to ensure that individuals receive required health care screenings in a timely manner and ensure that they are familiar with everyone's specific diagnoses and modified diets, and that this information is reflected on the Emergency Fact Sheet and Health Care Records. Individuals would also benefit from evaluations to determine if any assistive technology would help enhance their independence and plans to implement its introduction. Gathering individuals' input regarding their staff's performance and sharing that information with their staff would allow for those directly receiving services to have a voice in the quality of their service delivery and daily experiences.  Within Day and Employment Services the agency needs to ensure that Health Care Protocols are developed as applicable, and that Emergency Fact Sheets contain all critical information, such as medical diagnosis, allergies, and medications. When the agency assists individuals with money management, individual money management plans need to contain details explaining all practices in place for the handling of the funds. As noted above, feedback and input from individuals regarding their staff's performance is needed in both CBDS and Employment services. For individuals in CBDS on a pathway to attain employment, regular assessment of individuals' job interests is needed, with increased focus on the development of the individuals' job goals and for determining the supports they may need to help them advance in their career interests. Individuals need to be assisted to determine what is of interest to them and then supported to explore the various community activities and options for community involvement. In Employment services, there is also a need to further assess individuals' strengths and skills, and to increase skill development specific to job attainment or career advancement. For those who are employed an analysis of their benefits and how they are or could be impacted by their employment needs to be conducted along with a review of the results and recommendations with the individuals and their families or guardians. Employee benefits and rights must be reviewed with the individual in a way that eases their comprehension.   Based on the findings of this report, The Licensing level for Nemasket Group is deferred for both day and residential services due to residential services receiving a not met in two critical indicators and day services receiving a not met in one. Scores in licensing were 88% for Residential and 77% for Day services. Pending successful resolution of the critical indicators at the Office of Quality Enhancement 60-day follow-up review, the agency will receive Two Year with Mid-cycle licenses for Residential and Employment / Day Service Groupings. The 60-day review will also include all licensing indicators receiving a not met. The agency is Certified in both residential and day services with a score of 94% for residential services and 83% for day services. | |  | |  |

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|  | |  |  |  | | --- | --- | --- | |  | |  | | |  | | --- | | **LICENSURE FINDINGS** | | |  | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **8/8** | **0/8** |  | | **Residential and Individual Home Supports** | **59/68** | **9/68** |  | | Residential Services  Individual Home Supports |  |  |  | | **Critical Indicators** | **5/8** | **3/8** |  | | **Total** | **67/76** | **9/76** | **88%** | | **Defer Licensure** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **9** |  | |  |  |  |  | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **8/8** | **0/8** |  | | **Employment and Day Supports** | **22/31** | **9/31** |  | | Community Based Day Services  Employment Support Services |  |  |  | | **Critical Indicators** | **0/2** | **2/2** |  | | **Total** | **30/39** | **9/39** | **77%** | | **Defer Licensure** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **9** |  | |  |  |  |  | |  | | |  | |  | | |  |  |
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|  | |  | | --- | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L8 | | | Emergency fact sheets are current and accurate and available on site. | For one of two individuals, the Emergency Fact sheet lacked information about the individual's diagnosis. The agency needs to ensure that all diagnosis effecting potential emergency services need to be contained on the emergency fact sheet. | | O | L11 | | | All required annual inspections have been conducted. | For two homes, there were no inspections conducted on furnaces. The agency needs to ensure that annual inspections occur for all furnaces. | |  | L21 | | | Electrical equipment is safely maintained. | One apartment owned by the agency had a electrical panel that were not labeled. The agency needs to ensure that all electrical panels are labeled for homes they own or lease. | |  | L29 | | | No rubbish or other combustibles are accumulated within the location including near heating equipment and exits. | In one of home there were combustible materials located within three feet of the furnace. The agency needs to ensure that there is no rubbish or combustible within three feet of furnaces. | |  | L35 | | | Individuals receive routine preventive screenings. | One individual did not have routine preventative screenings. The agency needs to ensure health care screenings are completed in a timely manner according to recommended guidelines. | | O | L38 | | | Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team). | One individual had a diagnosis that required a health care protocol with specialized diet, that needs to be developed. Another health care protocol was not complete for all potential scenarios resulting from her diagnosis. The agency needs to ensure that when an individual has a diagnosis which requires a health care protocol, that one is developed and that it contains all necessary components to ensure proper medical monitoring and intervention. | |  | L43 | | | The health care record is maintained and updated as required. | One individual's health care record did not include all diagnosis nor did it reference her modified diet. The agency needs to ensure that all individuals' health care records contain all diagnosis and specialized diets. | |  | L67 | | | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | One individual lacked a training plan for money management. The agency needs to ensure that training plans are developed for individuals when the need is documented in their ISP. | |  | L94 (05/22) | | | Individuals have assistive technology to maximize independence. | One individual had not been evaluated to determine if they could benefit from the use of assistive technology to increase their independence, nor were any assistive technology in use. The agency needs to evaluate individuals for areas in which their independence could be improved through the use of assistive technology and to ensure that recommended devices are obtained and in use. | | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L1 | | | Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect. | Four individuals had not been trained and/or their guardians had not been provided with information on how to report alleged abuse/neglect. The agency needs to ensure that all individuals are trained, and guardians are informed on how to report alleged abuse/neglect. | |  | L8 | | | Emergency fact sheets are current and accurate and available on site. | Ten individuals' emergency fact sheets were lacking all required information, including diagnoses, medications, and other personal emergency information. The agency needs to ensure that all emergency fact sheets are current, accurate and include all require information. | | O | L38 | | | Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team). | Health management protocols for four individuals either lacked accurate/complete directions, and/or staff were not knowledgeable concerning health management protocols, or they were not being correctly followed. The agency needs to ensure that when individuals require health management protocols, that they are complete and accurate to medical orders, and that staff are knowledgeable of the protocol and implementing it correctly. | |  | L49 | | | Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern. | Four individuals had not been trained and/or their guardians had not been provided information on their human rights, and how to file a grievance or whom to contact if they had a concern. The agency needs to ensure that individuals have been trained and guardians have been informed of their human rights, and how to file a grievance or whom to contact if they have any concerns. | |  | L67 | | | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | Six individuals lacked complete and accurate money management support plans, including the lack of a teaching/training plan to increase their independence. The agency needs to ensure that money management plans are complete and accurate and include a training plan when indicated in their ISP. | |  | L86 | | | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | Required ISP assessments for six individuals had not been submitted within the required time frame. The agency needs to ensure that all required assessments are completed and submitted in preparation for individuals' ISPs. | |  | L87 | | | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | Support strategies for four individuals had not been submitted within the required time frame. The agency needs to ensure that individuals' support strategies are completed and submitted in preparation for the ISP. | |  | L91 | | | Incidents are reported and reviewed as mandated by regulation. | For one service type, two of five incident reports reviewed in HCSIS were submitted late and one of the two was also finalized late. The agency needs to ensure that incidents are reported and reviewed as mandated by regulation. | |  | L94 (05/22) | | | Individuals have assistive technology to maximize independence. | Seven individuals had not been evaluated to determine if they would benefit from the use of assistive technology to increase their independence, and they were not utilizing any assistive technology. The agency needs to ensure that individuals have been assessed to identify any assistive technology that may be of benefit, and assistive technology to maximize independence is provided when needed. | | |  | |  |

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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Planning and Quality Management Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C3 | | | The provider actively solicits and utilizes input from the individuals and families regarding satisfaction with services. | The agency did not solicit information from families and individuals regarding their satisfaction with agency services they were engaged in. The agency needs to ensure that they are actively seeking input from individuals and families for their satisfaction with services provided. | |  |  | | |  |  | |  |  | | |  |
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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Individual Home Supports- Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C7 | | | Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them. | Individuals have not been provided with opportunities to provide feedback on an ongoing basis on their staff. The agency needs to ensure all individuals are provided with an opportunity to provide feedback on their staff on an ongoing basis. | |  | C7 | | | Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them. | Individuals have not been provided with opportunities to provide feedback on an ongoing basis on their staff. The agency needs to ensure all individuals are provided with an opportunity to provide feedback on their staff on an ongoing basis. | |  |  | | |  |  | |  | **Community Based Day Services- Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C7 | | | Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them. | Individuals have not been provided with opportunities to provide feedback on an ongoing basis on their staff. The agency needs to ensure all individuals are provided with an opportunity to provide feedback on their staff on an ongoing basis. | |  | C39 (07/21) | | | There is a plan developed to identify job goals and support needs that would lead to movement into supported employment. | One of the individuals plan had not been reassessed to identify his current interests, strengths and needs. The agency needs to ensure all individuals have a plan to identify job goals and support needs that would lead to movement into supported employment. | |  | C7 | | | Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them. | Individuals have not been provided with opportunities to provide feedback on an ongoing basis on their staff. The agency needs to ensure all individuals are provided with an opportunity to provide feedback on their staff on an ongoing basis. | |  | C25 | | | Staff assist individuals to work on skill development for job attainment and success. | One individual has not been assisted to work on skill development. The agency needs to ensure staff assist individuals to work on skill development for job attainment and success. | |  | C26 | | | Career planning includes an analysis of how an individual's entitlements can be managed in a way that allows them to work successfully in the community. | An analysis of individual's earnings has not been completed to allow them to work successfully in the community. The agency needs to ensure an analysis of individual's earnings are completed so their earnings are not impacted. | |  | C33 | | | Employee benefits and rights are clearly explained to the individual. | Three of the six individuals had not been informed of their employee benefits and rights. The agency needs to ensure all individuals have had their employee benefits and rights explained to them. | |  |  | | |  |  | |  |  | | |  |

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|  | |  | | --- | | **Organizational: NEMASKET GROUP** | |  | | |  |  |
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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **3/4** | **Met(75.00 % )** | |  | L3 | Immediate Action | **2/2** | **Met** | |  | L4 | Action taken | **2/2** | **Met** | |  | L48 | HRC | **1/1** | **Met** | |  | L74 | Screen employees | **5/5** | **Met** | |  | L75 | Qualified staff | **1/1** | **Met** | |  | L76 | Track trainings | **1/1** | **Met** | |  | L83 | HR training | **5/5** | **Met** | |  |  | | |  |

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|  | |  | | --- | | **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 | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L5 | Safety Plan | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | | O | L6 | Evacuation | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L7 | Fire Drills | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L8 | Emergency Fact Sheets | I | 0/1 | 1/1 |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L9 (07/21) | Safe use of equipment | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L10 | Reduce risk interventions | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | | O | L11 | Required inspections | L | 0/1 | 0/1 |  |  |  |  | **0/2** | **Not Met (0 %)** | | O | L12 | Smoke detectors | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | | O | L13 | Clean location | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L14 | Site in good repair | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L15 | Hot water | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L16 | Accessibility | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L17 | Egress at grade | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L18 | Above grade egress | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L19 | Bedroom location | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L20 | Exit doors | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L21 | Safe electrical equipment | L | 1/1 | 0/1 |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L22 | Well-maintained appliances | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L23 | Egress door locks | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L24 | Locked door access | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L25 | Dangerous substances | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L26 | Walkway safety | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L28 | Flammables | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L29 | Rubbish/combustibles | L | 1/1 | 0/1 |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L30 | Protective railings | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L31 | Communication method | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L32 | Verbal & written | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L33 | Physical exam | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L34 | Dental exam | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L35 | Preventive screenings | I | 0/1 | 1/1 |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L36 | Recommended tests | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L37 | Prompt treatment | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | | O | L38 | Physician's orders | I | 0/1 |  |  |  |  |  | **0/1** | **Not Met (0 %)** | |  | L40 | Nutritional food | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L41 | Healthy diet | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L42 | Physical activity | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L43 | Health Care Record | I | 0/1 | 1/1 |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L44 | MAP registration | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L45 | Medication storage | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | | O | L46 | Med. Administration | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L49 | Informed of human rights | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L50 (07/21) | Respectful Comm. | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L51 | Possessions | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L52 | Phone calls | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L53 | Visitation | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L54 (07/21) | Privacy | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L55 | Informed consent | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L63 | Med. treatment plan form | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L64 | Med. treatment plan rev. | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L67 | Money mgmt. plan | I | 0/1 |  |  |  |  |  | **0/1** | **Not Met (0 %)** | |  | L68 | Funds expenditure | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L69 | Expenditure tracking | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L70 | Charges for care calc. | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L71 | Charges for care appeal | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | L77 | Unique needs training | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L80 | Symptoms of illness | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L81 | Medical emergency | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | | O | L82 | Medication admin. | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L85 | Supervision | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L86 | Required assessments | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L87 | Support strategies | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L88 | Strategies implemented | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L90 | Personal space/ bedroom privacy | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L91 | Incident management | L | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L93 (05/22) | Emergency back-up plans | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L94 (05/22) | Assistive technology | I | 0/1 | 1/1 |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L96 (05/22) | Staff training in devices and applications | I |  | 1/1 |  |  |  |  | **1/1** | **Met** | |  | **#Std. Met/# 68 Indicator** |  |  |  |  |  |  |  |  | **59/68** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **67/76** |  | |  |  |  |  |  |  |  |  |  |  | **88.16%** |  | |  |  |  | | | |  |
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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 | 5/7 |  | 5/7 | **10/14** | **Not Met (71.43 %)** | |  | L8 | Emergency Fact Sheets | I | 1/7 |  | 3/7 | **4/14** | **Not Met (28.57 %)** | |  | L9 (07/21) | Safe use of equipment | I | 7/7 |  | 7/7 | **14/14** | **Met** | |  | L31 | Communication method | I | 7/7 |  | 7/7 | **14/14** | **Met** | |  | L32 | Verbal & written | I | 7/7 |  | 7/7 | **14/14** | **Met** | |  | L37 | Prompt treatment | I | 7/7 |  | 6/7 | **13/14** | **Met (92.86 %)** | | O | L38 | Physician's orders | I | 1/1 |  | 3/7 | **4/8** | **Not Met (50.0 %)** | |  | L39 | Dietary requirements | I | 1/1 |  | 3/4 | **4/5** | **Met (80.0 %)** | |  | L49 | Informed of human rights | I | 5/7 |  | 5/7 | **10/14** | **Not Met (71.43 %)** | |  | L50 (07/21) | Respectful Comm. | I | 7/7 |  | 7/7 | **14/14** | **Met** | |  | L51 | Possessions | I | 7/7 |  | 7/7 | **14/14** | **Met** | |  | L52 | Phone calls | I | 7/7 |  | 7/7 | **14/14** | **Met** | |  | L54 (07/21) | Privacy | I | 7/7 |  | 7/7 | **14/14** | **Met** | |  | L55 | Informed consent | I |  |  | 1/1 | **1/1** | **Met** | |  | L61 | Health protection in ISP | I |  |  | 1/1 | **1/1** | **Met** | |  | L62 | Health protection review | I |  |  | 1/1 | **1/1** | **Met** | |  | L67 | Money mgmt. plan | I | 0/1 |  | 2/7 | **2/8** | **Not Met (25.00 %)** | |  | L68 | Funds expenditure | I | 1/1 |  | 5/5 | **6/6** | **Met** | |  | L69 | Expenditure tracking | I | 1/1 |  | 5/6 | **6/7** | **Met (85.71 %)** | |  | L77 | Unique needs training | I | 7/7 |  | 5/5 | **12/12** | **Met** | |  | 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 |  |  | 1/1 | **1/1** | **Met** | |  | L85 | Supervision | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L86 | Required assessments | I | 4/5 |  | 2/6 | **6/11** | **Not Met (54.55 %)** | |  | L87 | Support strategies | I | 6/6 |  | 4/7 | **10/13** | **Not Met (76.92 %)** | |  | L88 | Strategies implemented | I | 6/7 |  | 7/7 | **13/14** | **Met (92.86 %)** | |  | L91 | Incident management | L | 1/1 |  | 0/1 | **1/2** | **Not Met (50.0 %)** | |  | L93 (05/22) | Emergency back-up plans | I | 7/7 |  | 7/7 | **14/14** | **Met** | |  | L94 (05/22) | Assistive technology | I | 4/7 |  | 3/7 | **7/14** | **Not Met (50.0 %)** | |  | L96 (05/22) | Staff training in devices and applications | I | 1/1 |  | 2/2 | **3/3** | **Met** | |  | **#Std. Met/# 31 Indicator** |  |  |  |  |  | **22/31** |  | |  | **Total Score** |  |  |  |  |  | **30/39** |  | |  |  |  |  |  |  |  | **76.92%** |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  | | --- | | **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 | 0/1 | **Not Met (0 %)** | |  | 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 | 0/1 | **Not Met (0 %)** | | C8 | | | | Family/guardian communication | 1/1 | **Met** | | C9 | | | | Personal relationships | 1/1 | **Met** | | C10 | | | | Social skill development | 1/1 | **Met** | | C11 | | | | Get together w/family & friends | 1/1 | **Met** | | C12 | | | | Intimacy | 1/1 | **Met** | | C13 | | | | Skills to maximize independence | 1/1 | **Met** | | C14 | | | | Choices in routines & schedules | 1/1 | **Met** | | C15 | | | | Personalize living space | 1/1 | **Met** | | C16 | | | | Explore interests | 1/1 | **Met** | | C17 | | | | Community activities | 1/1 | **Met** | | C18 | | | | Purchase personal belongings | 1/1 | **Met** | | C19 | | | | Knowledgeable decisions | 1/1 | **Met** | | C46 | | | | Use of generic resources | 1/1 | **Met** | | C47 | | | | Transportation to/ from community | 1/1 | **Met** | | C48 | | | | Neighborhood connections | 1/1 | **Met** | | C49 | | | | Physical setting is consistent | 1/1 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 1/1 | **Met** | | C52 | | | | Leisure activities and free-time choices /control | 1/1 | **Met** | | C53 | | | | Food/ dining choices | 1/1 | **Met** | | **Individual Home Supports** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 0/1 | **Not Met (0 %)** | | C8 | | | | Family/guardian communication | 1/1 | **Met** | | C9 | | | | Personal relationships | 1/1 | **Met** | | C10 | | | | Social skill development | 1/1 | **Met** | | C11 | | | | Get together w/family & friends | 1/1 | **Met** | | C12 | | | | Intimacy | 1/1 | **Met** | | C13 | | | | Skills to maximize independence | 1/1 | **Met** | | C14 | | | | Choices in routines & schedules | 1/1 | **Met** | | C15 | | | | Personalize living space | 1/1 | **Met** | | C16 | | | | Explore interests | 1/1 | **Met** | | C17 | | | | Community activities | 1/1 | **Met** | | C18 | | | | Purchase personal belongings | 1/1 | **Met** | | C19 | | | | Knowledgeable decisions | 1/1 | **Met** | | C21 | | | | Coordinate outreach | 1/1 | **Met** | | C46 | | | | Use of generic resources | 1/1 | **Met** | | C47 | | | | Transportation to/ from community | 1/1 | **Met** | | C48 | | | | Neighborhood connections | 1/1 | **Met** | | C49 | | | | Physical setting is consistent | 1/1 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 1/1 | **Met** | | C52 | | | | Leisure activities and free-time choices /control | 1/1 | **Met** | | C53 | | | | Food/ dining choices | 1/1 | **Met** | | **Community Based Day Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 0/7 | **Not Met (0 %)** | | C8 | | | | Family/guardian communication | 7/7 | **Met** | | C13 | | | | Skills to maximize independence | 7/7 | **Met** | | C37 | | | | Interpersonal skills for work | 3/3 | **Met** | | C38 (07/21) | | | | Habilitative & behavioral goals | 2/2 | **Met** | | C39 (07/21) | | | | Support needs for employment | 1/2 | **Not Met (50.0 %)** | | C40 | | | | Community involvement interest | 7/7 | **Met** | | C41 | | | | Activities participation | 7/7 | **Met** | | C42 | | | | Connection to others | 7/7 | **Met** | | C43 | | | | Maintain & enhance relationship | 7/7 | **Met** | | C44 | | | | Job exploration | 2/2 | **Met** | | C45 | | | | Revisit decisions | 7/7 | **Met** | | C46 | | | | Use of generic resources | 7/7 | **Met** | | C47 | | | | Transportation to/ from community | 7/7 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 7/7 | **Met** | | **Employment Support Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 0/7 | **Not Met (0 %)** | | C8 | | | | Family/guardian communication | 7/7 | **Met** | | C22 | | | | Explore job interests | 1/1 | **Met** | | C23 | | | | Assess skills & training needs | 1/1 | **Met** | | C24 | | | | Job goals & support needs plan | 1/1 | **Met** | | C25 | | | | Skill development | 0/1 | **Not Met (0 %)** | | C26 | | | | Benefits analysis | 0/7 | **Not Met (0 %)** | | C27 | | | | Job benefit education | 1/1 | **Met** | | C28 | | | | Relationships w/businesses | 1/1 | **Met** | | C29 | | | | Support to obtain employment | 1/1 | **Met** | | C30 | | | | Work in integrated settings | 7/7 | **Met** | | C31 | | | | Job accommodations | 6/6 | **Met** | | C32 | | | | At least minimum wages earned | 6/6 | **Met** | | C33 | | | | Employee benefits explained | 3/6 | **Not Met (50.0 %)** | | C34 | | | | Support to promote success | 6/6 | **Met** | | C35 | | | | Feedback on job performance | 6/6 | **Met** | | C36 | | | | Supports to enhance retention | 6/6 | **Met** | | C37 | | | | Interpersonal skills for work | 2/2 | **Met** | | C47 | | | | Transportation to/ from community | 7/7 | **Met** | | C50 | | | | Involvement/ part of the Workplace culture | 6/6 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 7/7 | **Met** | |  | | | |  |  |  | |  |  | | | |  |  |