



**PROVIDER REPORT  
FOR**

**NEW ENGLAND VILLAGE  
664 School St  
Pembroke, MA 02359**

**September 20, 2022**

**Version**

**Public Provider Report**

**Prepared by the Department of Developmental Services  
OFFICE OF QUALITY ENHANCEMENT**

## **SUMMARY OF OVERALL FINDINGS**

**Provider** NEW ENGLAND VILLAGE

**Review Dates** 8/17/2022 - 8/23/2022

**Service Enhancement  
Meeting Date** 9/6/2022

**Survey Team** Michelle Boyd  
Kayla Condon (TL)  
Katherine Gregory  
Michael Marchese  
Tina Napolitan

**Citizen Volunteers**

### **Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	6 location(s) 9 audit (s)	Full Review	71/89 2 Year License 09/06/2022-09/06/2024		40 / 47 Certified 09/06/2022 - 09/06/2024
Residential Services	4 location(s) 6 audit (s)			Full Review	17 / 20
Individual Home Supports	2 location(s) 3 audit (s)			Full Review	17 / 21
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

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

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Employment and Day Supports</b>	2 location(s) 14 audit (s)	Targeted Review	DDS 25/28 Provider 38 / 38  63 / 66 2 Year License 09/06/2022-09/06/2024		DDS 8 / 13 Provider 29 / 29  37 / 42 Certified 09/06/2022 - 09/06/2024
Community Based Day Services	2 location(s) 7 audit (s)			DDS Targeted Review	11 / 15
Employment Support Services	0 location(s) 7 audit (s)			DDS Targeted Review	20 / 21
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

## **EXECUTIVE SUMMARY :**

New England Village, Inc. (NEV) is a non-profit agency that provides a variety of services to individuals with intellectual and developmental disabilities in southeastern Massachusetts. These services include residential supports, consisting of 24-hour residential supports and individual home supports (IHS) for those needing less than 24 hours of support a day. NEV also provides day supports, including community-based day services (CBDS) and employment supports for those people who want to obtain a competitive job. They also provided services through a day habilitation program, a memory café, and manage a small farm which provides opportunities for employment and volunteerism.

The Department of Developmental Services (DDS) Office of Quality Enhancement (OQE) conducted a full licensing and certification review of NEV's Residential services. A targeted review was conducted for Employment and Day supports. NEV was eligible and elected to conduct a self-assessment based on their previous level of licensure during the last review period. The scoring for the Employment and Day supports is a combination of the agency's self-assessed ratings and those from DDS.

The results of the review showed several positives practices across the agency. Within the domain of competent and skilled workforce the agency showed a strong system to ensure that all mandated trainings, such as human rights and mandated reporting, were completed by all staff. New hires met all of the minimum requirements of their position and licensed professionals were all current on their licenses and certifications. Across all services, environmental controls were in place to ensure that all locations were clean, well maintained, required inspections were occurring, and all fire safety systems were functioning.

Within the residential services the agency showed positive outcomes regarding several licensing areas. Within the domain of health, annual physicals and dentals occurred for all individuals. Locations had nutritional food available and specialized diets were followed as recommended by the healthcare provider (HCP). Physical activity was encouraged and in several homes exercise equipment was available. Human rights were upheld and promoted. All behavior support plans were written, and data was being collected. Individuals and guardians were made aware of how to file a grievance with the agency, what their human rights are, and how to report potential abuse/neglect.

Across residential and day services, the agency showed improvements with supporting individuals that require supports with managing significant medical conditions. When needed, healthcare management plans were in place and staff were trained regarding implementing these plans. All communication about individuals was respectful and individuals were afforded privacy when discussing personal matters.

Strengths were displayed within the certification indicators as well. Within the residential supports, individuals were supported to have choice and control. Individuals were able to decide what they ate and where. They had control over their daily schedules and determined how they filled their leisure time at home. Within the area of communication, all individuals were provided the opportunity to give feedback regarding the staff that support them. Communication with guardians/family was open and frequent. Guardians reported they felt supported by the agency. Residential homes and apartments were individualized, tastefully decorated, and reflected the individuals' unique personalities.

There are also areas identified within licensing that need to be strengthened. Within the area of healthcare, additional oversight is needed to ensure that recommended tests and appointments with specialist occur. Health care records need to be up to date with the most recent exam dates, diagnoses, and current healthcare providers noted. Individuals that are self-medicating need to have support plans in place. Additional oversight within the domain of goal development is required for residential and day services. ISP assessments and support strategies should be submitted within required timelines.

Additional support needs were identified within areas subject to certification. In residential services individuals could benefit from support to explore and define their need for intimacy and companionship. NEV is located on a campus, and not integrated within the community. An emphasis should be placed on exploring, building, and increasing natural connections within the greater community. Day and

Employment services could benefit from additional attention to ensuring the individuals are exploring and participating in community activities that are based on their interests and preferences. Lastly, goals and support plans should be developed for individual who are seeking employment.

The agency will receive a two-year License for its Residential Services with 80% of indicators being met and for Employment and Day Services with 95% of the indicators. Residential Services and Employment and Day services are Certified receiving a met for 85% and 88% of the indicators respectfully . DDS will conduct follow up within 60 days for any licensing indicators rated Not Met within Residential Services. The agency will conduct their own follow-up for Employment and Day Supports as they scored above 90%.

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

At New England Village, the men and women with intellectual and developmental disabilities that we support are in charge of defining the direction of their own lives, and our job as we see it, is to support them through this self-discovery process. One of the ways we accomplish this is through a variety of program and service offerings, each tailored to meet the unique needs of the individuals who participate in them.

New England Village has undergone several organizational changes since our last review, worth noting here. In August of 2021, Michael A. Rodrigues, CEO had completed his journey here with NEV. During the interim period without a CEO, the Executive Team were assigned to the task, On September 14, 2021; New England Village's Board of Directors selected Stephanie Costa, MPH as NEV's new Chief Executive Officer effective immediately. Ms. Costa had been serving as New England Village's Chief Operating Officer since January of 2019 and was part of the interim transition team. In alignment with our strategic plan, two new roles were introduced into the organization structure and we welcomed the Associate Vice President of Clinical and Professional Development along with the Associate Vice President of Programs in September of 2021. In October of 2021, NEV welcomed Lauren Miller to her role as Health Services Director. Our most recent role introduced on August 1, 2022 was the addition of the Director of Quality, Improvement and Training.

A number of systems are in place to support the services offered. New England Village is committed to the continued growth and evolution of these systems in order to provide the highest quality of service to the men and women we support.

Our Human Rights committee meets a minimum of quarterly, typically meeting an average of 6 times per calendar year. The committee reviews significant incidents and trends, complaints, investigations, restraints, medication occurrences, supportive and protective devices, restrictive practices, and behavior plans. The committee also ensures that there is a system in place that individuals and person served are informed of their human rights, the mechanism to report suspected abuse or neglect, and the process to file complaints. In-person trainings are provided to the individuals within their programming sites, and informational material is mailed to family members and guardians.

Clinical and nursing services provides consultative services to the participants in our Day and Employment Services. The clinical team holds monthly Behavior Support Meetings with the day services team to review data and discuss any concerns related to those who do not have formal data collection. This team is available to conduct trainings on written plans, guidelines, and practices as needed. The clinical team on a quarterly basis completes observations, with feedback offered at the time of the observation. Nursing services at New England Village provide consultative services to participants and is available for specialized trainings on as needed basis as well as reviewing specialized protocols.

Trainings and development occur at the organizational level as well as the programmatic level. New England Village utilizes Relias Learning and maintains the database to monitor employees training requirements and assure the completion of all required trainings. Program specific trainings occur on an ongoing basis during staff meetings and group supervisions. Training content may include person specific needs, specialized protocols, agency updates, guidance and policies. The training database was reviewed during this assessment process for evidence of trainings completed. Staff training logs and protocol books were reviewed at the program site for additional training compliance.

Facilities management utilizes an online system where staff are able to request maintenance or repairs, and track the completion of the projects. Routine site visits occur by this team to assess the physical site, conduct spot check water temperature checks, and complete routine maintenance. This team conducts and tracks the required inspections at each site as needed, and outsources maintenances needs as required. For the purpose of this assessment, water temperature logs were reviewed for compliance. Inspection compliance was reviewed through site logs during site review.

Due to the emerging pandemic, New England Village closed our Day and Employment Services in

March of 2020 transitioning to virtual programming during this time. Focus was placed on the ever-evolving guidance set for in response to COVID, securing PPE, and training on all staff and participants. We reopened our Day Services to residential participants in September of 2020. All participants were welcomed back on a part time basis in May Of 2021 after COVID vaccinations were made available. We have continued to experience the need for intermittent program closures during COVID surges. We currently remain at a part time schedule offering 2-3 days of programming to members based on site location. As we transitioned to less restrictive measures, we were faced with a systemic workforce crisis, which continues to limit to ability to return members to full service.

New England Village received a two-year License for its Employment and Day Services during its last Licensing Survey and was therefore afforded the option to conduct a self-assessment. Senior leadership including the Associate Vice President of Programs, The Director of Day and Employment, the Director of Day Habilitative Services and the Director of Residential Services conducted the self-assessment review. The review consisted of randomly selecting a sample of individuals by site attended. The sample consisted of all individuals currently receiving day and employment services, whether funded through DDS or another source including private pay individuals. Selection of the sample was generated utilizing an iOs app called "Random: All things Generator." A list of Individuals was entered into a list by program site and generating a 50% sample from that list without duplication, for a combined sample of n=36. The breakdown of this sample is as follows: 42 Winter St site, the final sample included 25 individuals; comprised of 2 individuals receiving Employment Services, 4 individuals receiving CBDS services and 11 receiving a combined service of CBDS and Employment. 664 School St. site the final sample included 12 individuals, comprised of 1 individual receiving combined CBDS/Employment Services and 10 individuals receiving CBDS services at that location. A full survey was conducted from July 25, 2022 through August 6, 2022. The survey began by completing a full walk through of each site to review environmental safety indicators and well as confirm completion of required inspections.

The assessment process consisted of chart / documentation review, systems review, HCSIS review of incidents, investigations, ISP's and assessments, training records review, medication review, direct observation, interviewing staff and individuals, and additional supporting documentation needed to determine if the agency met the licensure and certification indicators being reviewed.

Several influencing factors are noted to affect daily programming. As mentioned, our Day and Employments Services continues to function on a part time basis. Four individuals still have not returned to programming since the program closure in 2020. Factors affecting this involves the part time schedule and a reduced workforce due to the ongoing workforce crisis. Currently our CCEC site has three key roles vacancies, which has shifted other roles into day-to-day programming at the site level. The CBDS Program Manager role has been vacant for 9 months creating a shift in the case management of individuals. Recruitment continues for the Activities Specialist, which will focus on creating individualized opportunities for enrichment and daily skill development both within the program as well as the community. With the reduced workforce,

In total 79 Licensing, indicators were reviewed for combined CBDS and Employment Services and 36 certification indicators were reviewed. As part of the assessment process, an 80% compliance factor was implemented to determine an indicator was met and those not meeting the 80% compliance rate were determined not met. 10 Licensing indicators were not rated during this review. L18, L27, L28, and L30, L99 were inapplicable to either site reviewed. In addition, CBDS does not directly oversee funds management or maintain individual expenditure tracking at the program sites reviewed, and as a result L 63-L69 were not rated.

There were seven unmet licensing indicators: L61 (Health protection in ISP), L62 (Health protection review), L64 (Med. Treatment plan review), L84 (Health protection training, L86 (Required assessments), L87 (Support strategies and L65 (Restraint report review). There were four unmet certification indicators: C42 (Connection to others), C44 (Job exploration), C25 (Skill development), C29 (Support to obtain employment). (Add rationale / explanation leading to unmet indicators). Common themes and factors are noted as affecting the overall progress in meeting these indicators. The COVID -19 pandemic along with the ongoing workforce crisis and reduced staffing resources have been a factor in creating sustained progress in these areas.

## **LICENSURE FINDINGS**

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>9/10</b>	<b>1/10</b>	
<b>Residential and Individual Home Supports</b>	<b>62/79</b>	<b>17/79</b>	
Residential Services Individual Home Supports			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>71/89</b>	<b>18/89</b>	<b>80%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>18</b>	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>10/11</b>	<b>1/11</b>	
<b>Employment and Day Supports</b>	<b>53/55</b>	<b>2/55</b>	
Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>63/66</b>	<b>3/66</b>	<b>95%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>3</b>	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The legal representative was not present for seven of the twelve meetings held. The agency needs to ensure that all committee members consistently attends all HRC meetings.

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

Indicator #	Indicator	Area Needing Improvement
-------------	-----------	--------------------------



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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L5	There is an approved safety plan in home and work locations.	At two of the six locations, there were instances where staff worked alone and were not trained regarding the safety plan and evacuation procedures. The agency needs to ensure that staff are trained and knowledgeable regarding the safety plan.
L8	Emergency fact sheets are current and accurate and available on site.	Emergency fact sheets (EFS) did not contain all pertinent diagnoses for three of the nine individuals. The agency needs to ensure that EFSs are current and accurate.
L35	Individuals receive routine preventive screenings.	Two of eight individuals were not supported to receive routine/preventative screenings such as a colonoscopy an bone density scan. The agency needs to ensure that individuals receive routine preventive screenings.
L36	Recommended tests and appointments with specialists are made and kept.	Recommended tests and appointments with specialists were not kept for four of nine individuals. This included dental services, follow-up related to diabetes maintenance, and follow-up with an ophthalmologist. The agency needs to ensure that recommended tests and appointments with specialists occur.
L43	The health care record is maintained and updated as required.	For four of nine individuals the health care record (HCR) was not up to date. The agency needs to ensure that healthcare records are up to date and include the most recent information regarding specialist, exam/immunization dates, and diagnoses.
L47	Individuals are supported to become self medicating when appropriate.	Two of four individuals were not fully supported to self-medicate as there was no support plan detailing needed supports, oversight required, and the plan to follow if the individual becomes unable to safely self-administer. The agency needs to ensure individuals are fully supported when self-medicating.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	Three individuals' money management plans were incomplete or lacked required components. One plan lacked a training component, another did not address supports for managing the individual's earned income, and two did not have guardian approval. The agency needs to ensure that a shared or delegated money management plan is in place, including a training plan when indicated, and that agreement is present as required.
L69	Individual expenditures are documented and tracked.	For one individual multiple gift cards were not being tracked. For another individual their total assets exceeded the allowable limits and protected savings accounts had not been explored. The agency needs to ensure that all funds are tracked and individuals do not exceed maximum assets to ensure all benefits are maintained.

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

Indicator #	Indicator	Area Needing Improvement
L77	The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals.	For two of seven individuals, staff had not received training regarding the individuals unique support needs. The agency needs to ensure that staff are familiar with and trained to support the unique needs of individuals.
L78	Staff are trained to safely and consistently implement restrictive interventions.	At one location staff were not trained and/or knowledgeable regarding restrictive interventions that need to be implemented. The agency needs to ensure staff are trained to safely and consistently implement restrictive interventions.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	At one location staff were not trained and/or knowledgeable regarding an individuals' health related supports and protective equipment. The agency needs to ensure staff are trained in the correct utilization of health-related protections.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For three of the eight individuals, the ISP assessment were not submitted within the required timeline. The agency needs to ensure that required assessments are submitted on time in preparation for the ISP.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For five of the eight individuals, the ISP support strategies were not submitted within the required timeline. The agency needs to ensure that support strategies are submitted on time in preparation for the ISP.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Support strategies were not being implemented for two of nine individuals. The agency needs to ensure that support strategies are being implemented as agreed upon in the ISP.
L91	Incidents are reported and reviewed as mandated by regulation.	At two locations, incident reports were not submitted and/or finalized within the required timelines. The agency needs to ensure that incidents are reported and reviewed as mandated by regulation.
L93 (05/22)	The provider has emergency back up plans to assist individuals to plan for emergencies and/or disasters.	For three of nine individuals, individualized emergency back-up plans were not in place. The agency needs to ensure back up plans are in place to assist individuals to plan for emergencies and/or disasters.
L94 (05/22)	Individuals have assistive technology to maximize independence.	One individual has not been assessed to determine if assistive technology (AT) could increase their independence, nor was AT being used. Two individuals had been assessed and had identified areas of needs where AT could potentially benefit them, but AT has not been explored. The agency needs to ensure individuals have assistive technology to maximize independence.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For five of the twelve individuals, the ISP assessment were not submitted within the required timeline. The agency needs to ensure that required assessments are submitted on time in preparation for the ISP.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For five of the twelve individuals, the ISP support strategies were not submitted within the required timeline. The agency needs to ensure that support strategies are submitted on time in preparation for the ISP.

## **CERTIFICATION FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>6/6</b>	<b>0/6</b>	
<b>Residential and Individual Home Supports</b>	<b>34/41</b>	<b>7/41</b>	
Individual Home Supports	17/21	4/21	
Residential Services	17/20	3/20	
<b>Total</b>	<b>40/47</b>	<b>7/47</b>	<b>85%</b>
<b>Certified</b>			

	<b>Reviewed By</b>	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>DDS</b>	<b>6/6</b>	<b>0/6</b>	
<b>Employment and Day Supports</b>	<b>DDS 2/7 Provider 29/29</b>	<b>31/36</b>	<b>5/36</b>	
Community Based Day Services	DDS 1/5 Provider 10/10	11/15	4/15	
Employment Support Services	DDS 1/2 Provider 19/19	20/21	1/21	
<b>Total</b>		<b>37/42</b>	<b>5/42</b>	<b>88%</b>
<b>Certified</b>				

**Individual Home Supports- Areas Needing Improvement on Standards not met From DDS Review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	Individuals were not supported to explore, define, and express their need for intimacy and companionship. The agency needs to ensure that staff are aware of and supporting individuals' potential wants and needs related to intimacy and companionship.
C21	Staff helps to coordinate outreach efforts to other agencies, groups, community resources and natural supports when necessary to assist individuals to manage and maintain their independence.	Of the three individuals, one was not supported to explore and create natural supports within the community. The agency needs to ensure staff helps to coordinate outreach efforts to other agencies, groups, community resources and natural supports when necessary to assist individuals to manage and maintain their independence.
C48	Individuals are a part of the neighborhood.	One of three individuals was not supported to become a part of the larger neighborhood beyond the NEV campus. The agency needs to ensure individuals are part of the greater neighborhood of Pembroke and surrounding towns.
C49	The physical setting blends in with and is a natural part of the neighborhood and community.	One apartment is located within the NEV campus. The agency needs to ensure that homes blend into and are integrated into the community.

**Residential Services- Areas Needing Improvement on Standards not met From DDS Review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	Four individuals of six were not supported to explore, define, and express their need for intimacy and companionship. The agency needs to ensure that staff are aware of and supporting individuals' potential wants and needs related to intimacy and companionship.
C48	Individuals are a part of the neighborhood.	Two of four individuals were not supported to become a part of the larger neighborhood beyond the NEV campus. The agency needs to ensure individuals are part of the greater neighborhood of Pembroke and surrounding towns.
C49	The physical setting blends in with and is a natural part of the neighborhood and community.	The four homes are located within the NEV campus. The agency needs to ensure that homes blend into and are integrated into the community.

**Community Based Day Services- Areas Needing Improvement on Standards not met From DDS Review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C38 (07/21)	Specific habilitative and behavioral goals necessary to prepare individuals for work are identified.	For one of three individuals, habilitative and/or behavioral goals had not been developed to help assist the person with preparing for employment. The agency needs to ensure specific habilitative and behavioral goals necessary to prepare individuals for work are identified.

**Community Based Day Services- Areas Needing Improvement on Standards not met From DDS Review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C39 (07/21)	There is a plan developed to identify job goals and support needs that would lead to movement into supported employment.	There were no plans developed to identify job goals and support needs that would lead to movement into supported employment. The agency needs to ensure the individuals are supported to gaining employment and that plans are developed with goals and support needs to support them.
C41	Individuals participate in activities, including those in the community, that reflect their interests and preferences.	Three individuals were not supported to participate in community activities that were of interest to them. The agency needs to ensure individuals participate in activities, including those in the community, that reflect their interests and preferences.
C42	Individuals are involved in activities that connect them to other people in the community.	Five of seven individuals were not participating in activities that integrate them into the community. The agency needs to ensure individuals are involved in activities that connect them to other people in the community.

**Employment Support Services- Areas Needing Improvement on Standards not met From DDS Review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C29	Individuals are supported to obtain employment that matches their skills and interests.	Two of seven individuals were not supported to obtain employment. For one person transportation was a barrier and alternatives were not explored. For another person, employment in their desired field has not been explored fully. They agency needs to ensure individuals are supported to obtain employment that matches their skills and interests.

---



## MASTER SCORE SHEET LICENSURE

Organizational: NEW ENGLAND VILLAGE

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
☐ L2	Abuse/neglect reporting	9/9	Met
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	0/1	Not Met(0 % )
L65	Restraint report submit	4/4	Met
L66	HRC restraint review	6/6	Met
L74	Screen employees	5/5	Met
L75	Qualified staff	3/3	Met
L76	Track trainings	18/18	Met
L83	HR training	18/18	Met
L92 (07/21)	Licensed Sub-locations (e/d).	1/1	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	6/6	3/3					9/9	Met
L5	Safety Plan	L	3/4	1/2					4/6	Not Met (66.67 %)
☐ L6	Evacuation	L	4/4	2/2					6/6	Met
L7	Fire Drills	L	4/4						4/4	Met
L8	Emergency Fact Sheets	I	3/6	3/3					6/9	Not Met (66.67 %)
L9 (07/21)	Safe use of equipment	I	6/6	3/3					9/9	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L10	Reduce risk interventions	I	5/5	1/1					6/6	Met
☑ L11	Required inspections	L	4/4	2/2					6/6	Met
☑ L12	Smoke detectors	L	3/4	2/2					5/6	Met (83.33 %)
☑ L13	Clean location	L	4/4	2/2					6/6	Met
L14	Site in good repair	L	2/2	1/1					3/3	Met
L15	Hot water	L	4/4	2/2					6/6	Met
L16	Accessibility	L	4/4	2/2					6/6	Met
L17	Egress at grade	L	4/4	2/2					6/6	Met
L18	Above grade egress	L		1/1					1/1	Met
L19	Bedroom location	L	2/2	1/1					3/3	Met
L20	Exit doors	L	4/4	2/2					6/6	Met
L21	Safe electrical equipment	L	4/4	2/2					6/6	Met
L22	Well-maintained appliances	L	3/4	2/2					5/6	Met (83.33 %)
L24	Locked door access	L	3/4	2/2					5/6	Met (83.33 %)
L25	Dangerous substances	L	4/4	2/2					6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L26	Walkway safety	L	4/4	2/2					6/6	Met
L27	Pools, hot tubs, etc.	L	3/3						3/3	Met
L28	Flammables	L	4/4	2/2					6/6	Met
L29	Rubbish/combustibles	L	4/4	2/2					6/6	Met
L30	Protective railings	L	3/3	1/1					4/4	Met
L31	Communication method	I	6/6	3/3					9/9	Met
L32	Verbal & written	I	6/6	3/3					9/9	Met
L33	Physical exam	I	6/6	3/3					9/9	Met
L34	Dental exam	I	6/6	3/3					9/9	Met
L35	Preventive screenings	I	5/5	1/3					6/8	Not Met (75.00 %)
L36	Recommended tests	I	3/6	2/3					5/9	Not Met (55.56 %)
L37	Prompt treatment	I	6/6	3/3					9/9	Met
L38	Physician's orders	I	6/6						6/6	Met
L39	Dietary requirements	I	2/2	1/1					3/3	Met
L40	Nutritional food	L	4/4	2/2					6/6	Met
L41	Healthy diet	L	4/4	2/2					6/6	Met
L42	Physical activity	L	4/4	2/2					6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L43	Health Care Record	I	2/6	3/3					5/9	Not Met (55.56 %)
L44	MAP registration	L	4/4	1/1					5/5	Met
L45	Medication storage	L	4/4	1/1					5/5	Met
Ⓡ L46	Med. Administration	I	5/6						5/6	Met (83.33 %)
L47	Self medication	I	1/1	1/3					2/4	Not Met (50.0 %)
L49	Informed of human rights	I	6/6	3/3					9/9	Met
L50 (07/21)	Respectful Comm.	I	6/6	3/3					9/9	Met
L51	Possessions	I	6/6	3/3					9/9	Met
L52	Phone calls	I	6/6	3/3					9/9	Met
L53	Visitation	I	6/6	3/3					9/9	Met
L54 (07/21)	Privacy	I	6/6	3/3					9/9	Met
L55	Informed consent	I	6/6	3/3					9/9	Met
L56	Restrictive practices	I	4/5						4/5	Met (80.0 %)
L57	Written behavior plans	I	3/3						3/3	Met
L60	Data maintenance	I	3/3						3/3	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
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	5/6	1/1					6/7	Met (85.71 %)
L64	Med. treatment plan rev.	I	4/5	1/1					5/6	Met (83.33 %)
L67	Money mgmt. plan	I	3/6	3/3					6/9	Not Met (66.67 %)
L68	Funds expenditure	I	6/6	3/3					9/9	Met
L69	Expenditure tracking	I	4/6	3/3					7/9	Not Met (77.78 %)
L70	Charges for care calc.	I	4/5	3/3					7/8	Met (87.50 %)
L71	Charges for care appeal	I	4/5	3/3					7/8	Met (87.50 %)
L77	Unique needs training	I	4/6	3/3					7/9	Not Met (77.78 %)
L78	Restrictive Int. Training	L	2/3						2/3	Not Met (66.67 %)
L79	Restraint training	L	2/2	1/1					3/3	Met
L80	Symptoms of illness	L	4/4	2/2					6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L81	Medical emergency	L	4/4	2/2					6/6	Met
L82	Medication admin.	L	4/4	1/1					5/5	Met
L84	Health protect. Training	I	0/1						0/1	Not Met (0 %)
L85	Supervision	L	4/4	2/2					6/6	Met
L86	Required assessments	I	4/6	1/2					5/8	Not Met (62.50 %)
L87	Support strategies	I	3/6	0/2					3/8	Not Met (37.50 %)
L88	Strategies implemented	I	4/6	3/3					7/9	Not Met (77.78 %)
L90	Personal space/ bedroom privacy	I	6/6	3/3					9/9	Met
L91	Incident management	L	2/4	2/2					4/6	Not Met (66.67 %)
L93 (05/22)	Emergency back-up plans	I	3/6	3/3					6/9	Not Met (66.67 %)
L94 (05/22)	Assistive technology	I	3/6	3/3					6/9	Not Met (66.67 %)
L96 (05/22)	Staff training in devices and applications	I	2/2	1/1					3/3	Met

Ind. #	Ind.	Loc. or Indiv.	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	2/2						2/2	Met
#Std. Met/# 79 Indicator									62/79	
Total Score									71/89	
									79.78%	

#### Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	DDS	7/7		7/7	14/14	Met
L5	Safety Plan	L	Provider		-	-	-	Met
Ⓡ L6	Evacuation	L	DDS			2/2	2/2	Met
L7	Fire Drills	L	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS	5/6		7/7	12/13	Met (92.31 %)
L10	Reduce risk interventions	I	Provider		-	-	-	Met
Ⓡ L11	Required inspections	L	DDS			2/2	2/2	Met
Ⓡ L12	Smoke detectors	L	DDS			2/2	2/2	Met
Ⓡ L13	Clean location	L	DDS			2/2	2/2	Met
L14	Site in good repair	L	Provider		-	-	-	Met
L15	Hot water	L	Provider		-	-	-	Met
L16	Accessibility	L	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L17	Egress at grade	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
L29	Rubbish/com bustibles	L	Provider		-	-	-	Met
L31	Communicati on method	I	Provider		-	-	-	Met
L32	Verbal & written	I	Provider		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS			7/7	7/7	Met
L39	Dietary requirements	I	Provider		-	-	-	Met
L44	MAP registration	L	Provider		-	-	-	Met
L45	Medication storage	L	Provider		-	-	-	Met
Ⓡ L46	Med. Administratio n	I	DDS			4/4	4/4	Met
L49	Informed of human rights	I	Provider		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS	7/7		7/7	14/14	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met
L54 (07/21)	Privacy	I	DDS	7/7		7/7	14/14	Met
L55	Informed consent	I	Provider		-	-	-	Met
L56	Restrictive practices	I	Provider		-	-	-	Met



Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
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		-	-	-	Not Met
L62	Health protection review	I	Provider		-	-	-	Not Met
L63	Med. treatment plan form	I	Provider		-	-	-	Met
L64	Med. treatment plan rev.	I	DDS			3/4	3/4	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			2/2	2/2	Met
L84	Health protect. Training	I	Provider		-	-	-	Not Met
L85	Supervision	L	Provider		-	-	-	Met
L86	Required assessments	I	DDS	4/6		3/6	7/12	Not Met (58.33 %)
L87	Support strategies	I	DDS	4/6		3/6	7/12	Not Met (58.33 %)
L88	Strategies implemented	I	Provider		-	-	-	Met
L91	Incident management	L	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L93 (05/22)	Emergency back-up plans	I	DDS	7/7		7/7	14/14	Met
L94 (05/22)	Assistive technology	I	DDS	7/7		7/7	14/14	Met
L96 (05/22)	Staff training in devices and applications	I	DDS			2/2	2/2	Met
<b>#Std. Met/# 55 Indicator</b>							53/55	
<b>Total Score</b>							63/66	
							95.45%	

## 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	6/6	Met
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	5/6	Met (83.33 %)
C10	Social skill development	6/6	Met
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	2/6	Not Met (33.33 %)

### Residential Services

Indicator #	Indicator	Met/Rated	Rating
C13	Skills to maximize independence	6/6	<b>Met</b>
C14	Choices in routines & schedules	6/6	<b>Met</b>
C15	Personalize living space	4/4	<b>Met</b>
C16	Explore interests	6/6	<b>Met</b>
C17	Community activities	6/6	<b>Met</b>
C18	Purchase personal belongings	6/6	<b>Met</b>
C19	Knowledgeable decisions	6/6	<b>Met</b>
C46	Use of generic resources	6/6	<b>Met</b>
C47	Transportation to/ from community	6/6	<b>Met</b>
C48	Neighborhood connections	4/6	<b>Not Met (66.67 %)</b>
C49	Physical setting is consistent	0/4	<b>Not Met (0 %)</b>
C51	Ongoing satisfaction with services/ supports	6/6	<b>Met</b>
C52	Leisure activities and free-time choices /control	6/6	<b>Met</b>
C53	Food/ dining choices	6/6	<b>Met</b>

### Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/3	<b>Met</b>
C8	Family/guardian communication	3/3	<b>Met</b>
C9	Personal relationships	3/3	<b>Met</b>
C10	Social skill development	3/3	<b>Met</b>
C11	Get together w/family & friends	3/3	<b>Met</b>
C12	Intimacy	0/3	<b>Not Met (0 %)</b>
C13	Skills to maximize independence	3/3	<b>Met</b>
C14	Choices in routines & schedules	3/3	<b>Met</b>
C15	Personalize living space	2/2	<b>Met</b>
C16	Explore interests	3/3	<b>Met</b>
C17	Community activities	3/3	<b>Met</b>

### Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	3/3	Met
C21	Coordinate outreach	2/3	Not Met (66.67 %)
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	2/3	Not Met (66.67 %)
C49	Physical setting is consistent	1/2	Not Met (50.0 %)
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	3/3	Met
C53	Food/ dining choices	3/3	Met

### Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C38 (07/21)	Habilitative & behavioral goals	DDS	2/3	Not Met (66.67 %)
C39 (07/21)	Support needs for employment	DDS	0/3	Not Met (0 %)
C40	Community involvement interest	Provider	-	Met
C41	Activities participation	DDS	4/7	Not Met (57.14 %)
C42	Connection to others	DDS	2/7	Not Met (28.57 %)
C43	Maintain & enhance relationship	Provider	-	Met
C44	Job exploration	DDS	3/3	Met
C45	Revisit decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met

### Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>

### Employment Support Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C22	Explore job interests	Provider	-	<b>Met</b>
C23	Assess skills & training needs	Provider	-	<b>Met</b>
C24	Job goals & support needs plan	Provider	-	<b>Met</b>
C25	Skill development	DDS	6/6	<b>Met</b>
C26	Benefits analysis	Provider	-	<b>Met</b>
C27	Job benefit education	Provider	-	<b>Met</b>
C28	Relationships w/businesses	Provider	-	<b>Met</b>
C29	Support to obtain employment	DDS	5/7	<b>Not Met (71.43 %)</b>
C30	Work in integrated settings	Provider	-	<b>Met</b>
C31	Job accommodations	Provider	-	<b>Met</b>
C32	At least minimum wages earned	Provider	-	<b>Met</b>
C33	Employee benefits explained	Provider	-	<b>Met</b>
C34	Support to promote success	Provider	-	<b>Met</b>
C35	Feedback on job performance	Provider	-	<b>Met</b>
C36	Supports to enhance retention	Provider	-	<b>Met</b>
C37	Interpersonal skills for work	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C50	Involvement/ part of the Workplace culture	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>