



**PROVIDER REPORT
FOR
NONOTUCK RESOURCE
ASSOCIATES
425 Prospect St
Northampton, MA 01060**

April 09, 2024

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider NONOTUCK RESOURCE ASSOCIATES

Review Dates 3/6/2024 - 3/12/2024

Service Enhancement Meeting Date 3/25/2024

Survey Team Andrea Comeau
Ken Jones
Danielle Chiaravallotti
Janina Millet
John Downing
Katherine Gregory
Linda Griffith
Scott Nolan
Melanie McNamara (TL)
Eric Lunden

Citizen Volunteers

Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	30 location(s) 30 audit (s)	Targeted Review	DDS 17/20 Provider 57 / 57 74 / 77 2 Year License 03/25/2024-03/25/2026		6/6 Certified 03/25/2024 - 03/25/2026
Placement Services	22 location(s) 22 audit (s)			Deemed	0/0(Provider)
ABI-MFP Placement Services	8 location(s) 8 audit (s)			Deemed	0/0(Provider)
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	2 location(s) 5 audit (s)	Targeted Review	DDS 5/6 Provider 31 / 31 36 / 37 2 Year License 03/25/2024-03/25/2026		DDS 2 / 2 Provider 40 / 40 42 / 42 Certified 03/25/2024 - 03/25/2026
Community Based Day Services	1 location(s) 4 audit (s)			DDS Targeted Review	15 / 15
Employment Support Services	1 location(s) 1 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

Nonotuck Resource Associates, Inc. (Nonotuck) is a nonprofit organization that provides placement, ABI/MFP placement services, individual home supports, community-based day supports (CBDS) and employment services to individuals with intellectual disabilities and acquired brain injury throughout the Commonwealth of Massachusetts. The agency is headquartered in Northampton, MA and operates additional satellite offices across the state. Nonotuck received a two-year license during the previous full licensing and certification review in November 2021 conducted by the Department of Development Services (DDS) Office of Quality Enhancement (OQE). This outcome resulted in the agency's eligibility to conduct a self-assessment review of its quality management processes for this current licensing and certification cycle. This occurred in conjunction with a targeted review completed by OQE. Nonotuck is currently accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and is deemed for CARF accreditation in lieu of DDS Certification for the residential service type.

Through its self-assessment process, the agency utilized an internal audit tool and chose a random sample from each residential service type, which included twenty-one individuals. For the community-based day program, a total of four audits were completed. The targeted review, conducted by DDS OQE, included twenty-two placement and eight ABI placement locations as well as four individuals receiving community-based and one individual receiving employment supports. The residential survey focused on critical licensing indicators applicable to placement as, not met indicators from the last cycle, and new licensing indicators. For community-based day supports a similar procedure was followed by QE for targeted indicators applicable to day supports. The survey results reflected a combination of ratings for the self-assessment process conducted by Nonotuck and the targeted review conducted by OQE.

Findings from the review demonstrated positive results in both licensing and certification domains. Evidence supported that Nonotuck had safeguards and oversight practices in place which promoted quality services particularly with respect to training and knowledge around medical procedures and devices. Overall, consistent monthly visits to shared living provider homes by care managers provided documentation that, among other areas, reviewed safety of home environments and ensured medical needs of each individual were reviewed at each visit. The CBDS program had a monthly visit form that addressed similar areas and included information regarding individual's interests with respect to types of gainful employment. The organization's quality enhancement department conducted agency-wide audits at least twice per year utilizing a tool that dovetails with the DDS indicators. Lastly, the agency's quality enhancement committee functioned to provide ongoing, agency-wide technical support and training.

The results derived from the OQE targeted licensing review were positive overall. All seven critical indicators reviewed demonstrated that required standards were in place. Of the nine indicators that were previously not met, seven were found to be in compliance as a result of Nonotuck's implementation of its own corrective action plan. There were two licensing indicators from the previous survey which will require further agency attention. The agency will need to address the composition of its human rights committees and ensure that medication treatment plans contain the required components. Additionally, the agency will need to ensure that medical monitoring devices have been authorized and documentation for those devices include information about care, cleaning and maintenance of each device so staff may be appropriately trained in how to support individuals with such devices.

In certification areas subject to the OQE review, the agency was found to have a variety of methods for assessing an individual's interest in employment through the CBDS programming for those interested in that track.

As a result of the agency's self-assessment findings and the survey team's targeted review, Nonotuck will receive a Two-Year License for its residential and employment/day service groupings, with an overall score of 96% and 97% respectively. It will also receive Two-Year Certification for employment/day while certified for residential via CARF deeming. Follow-up will be conducted by the agency on licensing standards that were not met and results reported to OQE within sixty days.

In preparation for this review, Nonotuck presented the following self-assessment report describing the organization's ongoing quality assurance systems and the agency's current evaluation of compliance with DDS licensing and certification standards.

Description of Self Assessment Process:

Nonotuck's Quality Management System uses a variety of practices to evaluate our services. Procedures identify excellence and trends that compel service enhancement and best practices to be duplicated across the organization. The foundations of the system are directed by and implemented through the Quality Enhancement Department (QED), comprised of the Executive VP of Operations, Directors of Quality Enhancement, Training Coordinator, two Quality Enhancement Specialists, and two Quality Enhancement Assistants.

As part of on-going staff development, the QE Department holds weekly technical assistance and systems training through agency-wide video conferencing and attends regularly scheduled staff meetings. The training courses are targeted to meet identified needs, including DDS standards and Licensure regulations. In addition, comprehensive education sessions are conducted to ameliorate deficiencies identified through the previous survey and certification process.

QE conducts on-going sample audits of records regularly throughout the year. Nonotuck's most experienced members of the Department function as internal auditors. Multiple times a year, the QE Department conducts agency-wide audit surveys using tools that have been developed to meet the DDS requirements. The internal audit process is comprised of record reviews, home visits (virtual or in-person), interviews with the Shared Living Provider and Person Served, as well as an environmental check of the home. Following completion of each internal audit, results and time frames for correction are provided to the Care Manager, RN (if applicable), Assistant Program Director, Program Directors, and Executive Team member who supervises the Program Director. Timelines for corrections are followed-up upon during supervisions, and subsequent QE reviews. Any serious deficiencies that have been identified, including flagged areas, are corrected immediately.

The agency has implemented a weekly incident review process that includes all members of the QE Department, all Vice Presidents, the RN Quality Coordinator, and Program Directors when necessary. All incidents that have occurred in the previous week are identified and reviewed. These include critical incidents, DPPC/Elder Abuse complaints and investigations, restraints, and multiples incidents occurring for a single person within thirty days. Follow up steps and action plans are reviewed and/or requested from the respective teams when necessary. Documentation and tracking for all incidents reviewed are maintained by the QE Department.

The agency has developed a PBS Leadership Team to guide Nonotuck in the ongoing implementation of Positive Behavior Supports. The leadership team is currently comprised of the Clinical Director, Executive VP of Operations, two Directors of Quality Enhancement, two VPs of Operations, the Training Coordinator, a Clinician, and a Program Director. The leadership team has developed an agency-wide training outlining the tenants of Positive Behavior Supports and how they relate to agency values and shared living homes. Through this initiative, QE has redeveloped a tool formally known as the Plan to Enhance Social Life into a comprehensive Plan to Enhance Quality Life. The person-centered tool helps each person guide their support team in identified steps to meet their specific goals. The PBS Leadership Team has also developed a PBS Overview Training for Shared Living Providers to familiarize them with this initiative and to demonstrate how organizational values and Positive Behavior Supports are intertwined.

At the program level, Care Managers [CM] conduct monthly home visits with each person served and the shared living provider. These visits produce critical written information in the home visit note [HVN]. The HVN is an on-going review of critical indicators such as safety plans, smoke detectors and furnace inspections. Other required reviews include ISP goal data collection, medication, and funds management documentation. Human Rights is an important focus also. Two rights per month are reviewed and the full HR packet one time per year.

The HVN also provides documentation about choices in community involvement, leisure activities, personal relationships, get-togethers with family and friends, choices of food and other routines. The HVN has been enhanced to include collection about civility, providing an opportunity for the person and the shared living provider to give feedback about services, respite staff and the care manager

themselves. The information is incorporated into provider and staff annual evaluations. This provides the CM with a forum to discuss concerns and creates a resolution process for said issue. In these situations, guidance is given that either the caregiver or the person served has the means to discuss any concern with someone other than the CM. The HVN also documents fire drills, installation of door locks, issues with the home blending into the neighborhood and specific transportation needs.

Since our last licensure survey, targeted training and audits have been held with each program to address areas needing improvement noted in the licensing report. Agency efforts regarding these areas are documented below:

L48 - The agency has effective Human Rights Committees.

Historically, the agency operated three Human Rights Committees. At the last licensing review, a waiver was granted to consolidate the Eastern and Central MA Committees into one. Through ad placement, recruitment, and internal engagement, Nonotuck has continued to actively recruit new members to ensure that both Committees are properly constituted and represented. To assist Human Rights Committee members to attend quarterly meetings, a series of email reminders are distributed starting a month before each scheduled meeting and continue weekly thereafter. New systems have been implemented to ensure that all complaints and investigations involving people served by Nonotuck have been reviewed by the applicable Committee. As of February 6th, 2024, both Committees have full memberships with the addition of an RN to the western MA Committee.

L65 - Restraint Reports are submitted within required timelines.

Employees and Shared Living Providers have been retrained in the restraint review process to ensure prompt communication and documentation is completed should such incidents occur. As noted above, critical incidents, including restraints, are reviewed on a weekly basis and follow up/action plans are implemented by the corresponding program. The importance of meeting this standard, and all standards, was reinforced regularly at staff meetings and through ongoing supervision.

L56 - Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.

QE developed and presented training specific to circumstances where more than one person is served in a home. All applicable employees are required to complete this training upon onboarding and as needed thereafter. Included in the training are the requirements that must be followed if restrictive practices are in place. To ensure necessary practices are followed, homes with multiple people receiving services have been identified and focused on during ongoing internal audits. The importance of meeting this standard, and all standards, was reinforced regularly at staff meetings and through ongoing supervision.

L61 - Supports and Health Related Protections are included in ISP Assessments and the continued need is outlined.

QE developed and presented training specific to documentation and management of supportive and protective devices and health related protections. All applicable employees are required to complete this training upon onboarding and as needed thereafter. Included in the training is a tool that guides support staff in the completion and oversight of each type of device and/or equipment and specifies guidelines and criteria for Human Rights Committee review. The importance of meeting this standard, and all standards, was reinforced regularly at staff meetings and through ongoing supervision.

L63 - Medication Treatment Plans are in a written format with required components.

In collaboration with the clinical department, Nonotuck's QE Department developed and presented a new template for medication treatment plans. The clinical department developed and presented a new training course for all clinical staff and support staff. A specific tool for auditing medication treatment plans was also developed to ensure all standards are met. The files of people receiving services with

medication treatment plans are focused on during internal audit reviews. The importance of meeting this standard, and all standards, was reinforced regularly at staff meetings and through ongoing supervision.

L86 & L87 - Required assessment and support strategies necessary to support the individual are completed and submitted in preparation for and as part of the ISP.

Programs were asked to develop a tracking system are all ISPs. Training was conducted to instruct users how to track ISPs and required documentation through reports in HCSIS. The importance of meeting these standards, and all standards, was reinforced regularly at staff meetings and through ongoing supervision.

Community Based Day/Vocational Services

The Program director for the CBDS is part of Directors and Dept meetings, Diversity committee and the strategic planning committee. -and responsible for integrating operational systems information and strategic plan goals into CBDS.

The Director maintains an electronic record for each person (formerly a record book) to meet regulatory and best practice requirements- including specialized protocols and adaptive technology assessments. It is like the electronic record kept for shared living. The Program Director also meets monthly with each person and their staff - a monthly note is completed at these meetings.

CBDS participants use an evaluation input form to assist with the annual staff evaluation All new/ required trainings and initiatives such as PBS (updated plans to enhance social/ quality of life), the new version of mandated reporter training, technology assessments and back up plans have been integrated into training and implemented.

In addition, an interest profile, a choice model schedule, and an annual vocational Assessment "The Right job continue to be used for anyone on this track in CBDS and for the person who has vocational services. A list of preferred activities is kept while another list has "other" choices available. Weekly schedules are individually developed, then reviewed daily and per activity. Choices to move to new activities are built into the daily structure.

Each staff person carries masks and hand sanitizer to use as needed. A set of files needed in case of emergency for each person is also kept in the CBDS staff vehicles while in the community.

Self-Survey Process

The internal audit process is comprised of record reviews, home visits (virtual or in-person), interviews with the Shared Living Provider and Person Served, as well as an environmental check of the home. Our sample included 21 people receiving DDS/ABI/MFP funding from across the state. Efforts were made to include multiple Care Managers, Clinicians, and RNs (when applicable). The sample deliberately included and focused on people receiving services who have Medication Treatment Plans, frequent incidents, supportive and protective devices, and/or share a home with another person in services.

Included in the record review portion of the internal audit was an examination of medication, allergies, and diagnoses, as well as all other required documentation in the record. Following each record/home review, the internal auditors met with the case manager assigned to that selected person in which their findings were reviewed, and a plan of correction was established for all noted deficiencies. Corrections completed by the end of the survey were noted as MET. Results were compiled by the QE Department and reviewed at Licensure Check-In Meetings. A score of 80% for each indicator was used as criteria to score MET. The results of the self-survey process are documented in the table below.

The CBDS survey included four record reviews and visits with four individuals, including at community projects of their choice. Interviews with staff and people served by the program were conducted. The sample deliberately looked at people's records so that as many indicators as possible could be reviewed and scored. The DDS tool was used to evaluate scores of Met/ Not Met. This process was

used in late summer of 2023, again in Dec 2023, and then again in February 2023. A score of 80% or better was used as criteria for the Met. The findings were reviewed with the Program Director. Corrections completed by the end of the survey were used as criteria to score MET.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Residential and Individual Home Supports	65/67	2/67	
Placement Services ABI-MFP Placement Services			
Critical Indicators	7/7	0/7	
Total	74/77	3/77	96%
2 Year License			
# indicators for 60 Day Follow-up		3	

	Met / Rated	Not Met / Rated	% Met
Organizational	10/11	1/11	
Employment and Day Supports	26/26	0/26	
Community Based Day Services Employment Support Services			
Critical Indicators	1/1	0/1	
Total	36/37	1/37	97%
2 Year License			
# indicators for 60 Day Follow-up		1	

**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.	For both HRCs reviewed, the agency did not have the required composition. At the time of the review, the agency had filled all of the required positions and met composition requirements. They will need to ensure attendance of the required positions at quarterly meetings to ensure composition standards are maintained.

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

Indicator #	Indicator	Area Needing Improvement
L63	Medication treatment plans are in written format with required components.	For 10 out of 21 medication treatment plans reviewed, at least one of the required components were missing. The agency needs to ensure that targeted behaviors are clearly defined, data is tracked, procedures to minimize risk are defined, and clinical indicators determining the course of treatment are delineated. The agency also needs to include medications that promote sleep in its plans and track sleep data/patterns when these medications are prescribed.
L99 (05/22)	Medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately. (eg seizure watches; fall sensors).	For one of three medical monitoring devices utilized by individuals receiving services, directions for maintenance, care and cleaning were not included in the authorization for the device. The agency needs to ensure that maintenance, care and cleaning of each device is included in the authorization and training information.

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 1/1 Provider 5/5	6/6	0/6	
Residential and Individual Home Supports	Provider	0/0	0/0	
ABI-MFP Placement Services	Provider (also Deemed)	0/0	0/0	
Placement Services	Provider (also Deemed)	0/0	0/0	
Total		6/6	0/6	100%
Certified				

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 1/1 Provider 5/5	6/6	0/6	
Employment and Day Supports	DDS 1/1 Provider 35/35	36/36	0/36	
Community Based Day Services	DDS 1/1 Provider 14/14	15/15	0/15	
Employment Support Services	DDS 0/0 Provider 21/21	21/21	0/21	
Total		42/42	0/42	100%
Certified				

MASTER SCORE SHEET LICENSURE

Organizational: NONOTUCK RESOURCE ASSOCIATES

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓜ L2	Abuse/neglect reporting	DDS	32/32	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	DDS	0/2	Not Met(0 %)
L65	Restraint report submit	DDS	1/1	Met
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 Indiv.	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			22/22			8/8	30/30	Met
L8	Emergency Fact Sheets	I	Provider		-	-		-	-	-	Met
L10	Reduce risk interventions	I	Provider		-	-		-	-	-	Met
Ⓜ L11	Required inspections	L	DDS			21/22			8/8	29/30	Met (96.67 %)
Ⓜ L12	Smoke detectors	L	DDS			21/22			6/8	27/30	Met (90.0 %)

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
Ⓡ L13	Clean location	L	DDS			22/22			8/8	30/30	Met
L14	Site in good repair	L	Provider		-	-		-	-	-	Met
L15	Hot water	L	Provider		-	-		-	-	-	Met
L16	Accessibility	L	Provider		-	-		-	-	-	Met
L17	Egress at grade	L	Provider		-	-		-	-	-	Met
L19	Bedroom location	L	DDS			22/22				22/22	Met
L21	Safe electrical equipment	L	Provider		-	-		-	-	-	Met
L24	Locked door access	L	DDS			22/22				22/22	Met
L26	Walkway safety	L	Provider		-	-		-	-	-	Met
L27	Pools, hot tubs, etc.	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

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
L35	Preventive screenings	I	Provider		-	-		-	-	-	Met
L36	Recommended tests	I	Provider		-	-		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-		-	-	-	Met
☞ L38	Physician's orders	I	DDS			12/12			8/8	20/20	Met
L39	Dietary requirements	I	Provider		-	-		-	-	-	Met
L41	Healthy diet	L	Provider		-	-		-	-	-	Met
L42	Physical activity	L	Provider		-	-		-	-	-	Met
L43	Health Care Record	I	Provider		-	-		-	-	-	Met
☞ L46	Med. Administration	I	DDS			18/18			7/7	25/25	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

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
L56	Restrictive practices	I	DDS			2/2				2/2	Met
L61	Health protection in ISP	I	DDS			8/8			3/4	11/12	Met (91.67%)
L62	Health protection review	I	Provider		-	-		-	-	-	Met
L63	Med. treatment plan form	I	DDS			8/14			3/7	11/21	Not Met (52.38%)
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

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
L81	Medical emergency	L	Provider		-	-		-	-	-	Met
L84	Health protect. Training	I	Provider		-	-		-	-	-	Met
L85	Supervision	L	Provider		-	-		-	-	-	Met
L86	Required assessments	I	DDS			10/14			8/8	18/22	Met (81.82%)
L87	Support strategies	I	DDS			13/17			7/8	20/25	Met (80.0%)
L88	Strategies implemented	I	Provider		-	-		-	-	-	Met
L89	Complaint and resolution process	L	Provider		-	-		-	-	-	Met
L90	Personal space/bedroom privacy	I	Provider		-	-		-	-	-	Met
L91	Incident management	L	Provider		-	-		-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS			22/22			8/8	30/30	Met
L94 (05/22)	Assistive technology	I	DDS			21/22			8/8	29/30	Met (96.67%)
L96 (05/22)	Staff training in devices and applications	I	DDS			14/14			4/4	18/18	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
L99 (05/22)	Medical monitoring devices	I	DDS						2/3	2/3	Not Met (66.67%)
#Std. Met/# 67 Indicator										65/67	
Total Score										74/77	
										96.10%	

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	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	Provider		-	-	-	Met
L31	Communication method	I	Provider		-	-	-	Met
L32	Verbal & written	I	Provider		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-	-	Met
PE L38	Physician's orders	I	Provider		-	-	-	Met
L39	Dietary requirements	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

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L54 (07/21)	Privacy	I	Provider		-	-	-	Met
L55	Informed consent	I	Provider		-	-	-	Met
L61	Health protection in ISP	I	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Met
L80	Symptoms of illness	L	Provider		-	-	-	Met
L81	Medical emergency	L	Provider		-	-	-	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
L91	Incident management	L	Provider		-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS	1/1		4/4	5/5	Met
L94 (05/22)	Assistive technology	I	DDS	1/1		4/4	5/5	Met
L96 (05/22)	Staff training in devices and applications	I	DDS	1/1		1/1	2/2	Met
L99 (05/22)	Medical monitoring devices	I	Provider		-	-	-	Met
#Std. Met/# 26 Indicator							26/26	
Total Score							36/37	
							97.30%	

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	DDS	1/1	Met
C6	Future directions planning	Provider	-	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	Provider	-	Met
C39 (07/21)	Support needs for employment	Provider	-	Met
C40	Community involvement interest	Provider	-	Met
C41	Activities participation	Provider	-	Met
C42	Connection to others	Provider	-	Met
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
C51	Ongoing satisfaction with services/ supports	Provider	-	Met

Employment Support Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C22	Explore job interests	Provider	-	Met
C23	Assess skills & training needs	Provider	-	Met
C24	Job goals & support needs plan	Provider	-	Met
C25	Skill development	Provider	-	Met
C26	Benefits analysis	Provider	-	Met
C27	Job benefit education	Provider	-	Met
C28	Relationships w/businesses	Provider	-	Met
C29	Support to obtain employment	Provider	-	Met
C30	Work in integrated settings	Provider	-	Met
C31	Job accommodations	Provider	-	Met
C32	At least minimum wages earned	Provider	-	Met
C33	Employee benefits explained	Provider	-	Met
C34	Support to promote success	Provider	-	Met
C35	Feedback on job performance	Provider	-	Met
C36	Supports to enhance retention	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C50	Involvement/ part of the Workplace culture	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met