



**PROVIDER REPORT
FOR**

**Open Sky Community
Services
50 Douglas Rd
Whitinsville, MA 01588**

February 06, 2024

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider Open Sky Community Services

Review Dates 11/27/2023 - 12/1/2023

Service Enhancement Meeting Date 12/15/2023

Survey Team

Susan Dudley-Oxx
Raymond Edi-Osagie
Mark Boghoian
Cheryl Hampton
Margareth Larrieux
Lisa MacPhail (TL)
Melanie Hutchison
Melanie Cruz
Raymond Obeng
David Bullard

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	20 location (s) 23 audit (s)	Full Review	79/92 Defer Licensure		63 / 67 Certified
Residential Services	8 location(s) 8 audit (s)			Full Review	18 / 20
ABI-MFP Residential Services	1 location(s) 3 audit (s)			Full Review	18 / 20
Placement Services	9 location(s) 10 audit (s)			Deemed	
Individual Home Supports	2 location(s) 2 audit (s)			Full Review	21 / 21
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	5 location(s) 14 audit (s)	Full Review	62/67 2 Year License 12/15/2023 - 12/15/2025		Certified 12/15/2023 - 12/15/2025
Community Based Day Services	3 location(s) 7 audit (s)			Deemed	
Employment Support Services	2 location(s) 7 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

EXECUTIVE SUMMARY :

Open Sky Community Services is a not-for-profit human services agency based in Central Massachusetts; the agency offers various services and supports to adults with Intellectual and Developmental Disabilities (ID/DD), Autism-Spectrum-Disorder (ASD), and Acquired Brain Injury (ABI). The agency also provides services to LGBTQIA+ youth, homeless individuals, as well as behavioral support services to different age ranges.

For this 2023 Department of Developmental Services (DDS) survey conducted by the DDS Metro Office of Quality Enhancement, a full licensing review was performed on the agency's administrative systems, twenty-four-hour Residential Services (Including ABI), Individual Home Supports, Placement Services, as well as Open Sky's Community-Based Day and Employment Supports. A full certification review was also conducted on twenty-four-hour residential services (including ABI), and Individual Home Supports. Placement Services, CBDS, and Employment supports were deemed for certification due to the agency's CARF accreditation of those services.

In the area of licensing, the agency's administrative systems were found to be effective relative to the reporting of allegations of abuse and neglect; reports were made as mandated and immediate action was taken when an individual was subject to alleged abuse or neglect. Additionally, action plans in response to abuse or neglect allegations were completed as required. Regarding staff competency, the agency screened prospective employees prior to hire, and support staff were trained on human rights.

Organizationally, in the realm of certification, the agency demonstrated a system for collecting data, analyzing information, and establishing patterns and trends within its programs. Open Sky had a three-year strategic plan that included goals of "becoming a fully trauma informed and responsive organization on every level and promoting diversity and equity." It had a mechanism for measuring progress towards meeting the goals in the plan. The agency also had effective forums for seeking input from both internal and external stakeholders and utilized the input to inform service and workplace improvement.

Open Sky demonstrated a commitment to the safety of people served across both residential and day service settings. The locations visited were clean, well maintained, and welcoming. Annual inspections were conducted as required, and DDS approved safety plans were in place at different sites. Open Sky staff supported individuals to evacuate in a safe and timely manner during emergency drills; and emergency back-up plans to assist individuals in an emergency were in place across all settings. Where medication administration was practiced, site MAP registrations were current, and medication was stored safely and appropriately.

In residential services, effective systems were observed in several domains: In the area of health care, medication was administered in accordance with written doctor's orders; and individuals were supported to be self-medicating when assessed to have the ability. As it relates to routine medical care, individuals were supported to attend annual physical checkups; and prompt treatment was facilitated in cases of medical emergencies. For people on special diets, dietary requirements were followed, and people were generally supported to follow healthy diets and engage in physical activity. Agency staff were noted to be knowledgeable about the unique needs of people they support.

Open Sky demonstrated a commitment to protecting the human rights of people it supports. Individuals/ guardians were well informed of human rights and abuse/neglect reporting. Relative to relationships, individuals were supported to visit with family and friends, and to maintain contact using different communication mediums. It was widely observed that individuals in Open Sky programs had privacy for discussing personal matters and taking care of personal needs; staff communication with and about people served was also noted to be respectful.

In the area of certification, in the residential service grouping, bedrooms/ personal spaces were decorated to the taste and preferences of people residing in the homes. People were afforded choice regarding how they spend their leisure time; they also enjoyed meal and dining preference choices. The agency supported individuals to utilize local community resources for shopping and recreation, using available reliable transportation.

In the area of licensing, within the Day services grouping, effective systems were noted in several domains. In the area of health care, medication was administered in accordance with written doctor's orders; and physician's orders and medical treatment protocols were properly implemented. Additionally, staff was trained and familiar with medical emergency response, and the unique needs and interests of the individuals they support. In the area of human rights, individuals and guardians were well informed on human rights and abuse and neglect reporting; and communication with and about individuals both verbal and written was respectful.

The survey identified areas where additional attention is needed to optimize supports and meet standards. Administratively, the Human Rights Committee did not meet the mandate for member attendance; the committee must have required voting members present at meetings. Restraint reporting was a concern; restraints need to be submitted and finalized within the required timelines. Relative to staff competency, the agency needs to maintain an effective staff training tracking system to ensure that all staff receive all DDS mandated trainings.

In the residential services grouping, in the health care domain, medical treatment protocols were not properly implemented; physician's orders and protocols must be in place for medical conditions that warrant one, and all staff working with individuals must be trained on the correct implementation of the protocols. Health-related supports/ protective equipment, and medical monitoring devices require attention as well; these devices must have written outlines that include authorization, schedules for care, maintenance, and cleaning. Health care records must be regularly updated to include current and accurate information. In the area of financial, money management practices allowed for individual's funds to exceed SSI allowable limits and could affect benefits and entitlements. Relative to environmental restrictive practices, plans must be written to contain all required components, and staff trained on the safe and correct implementation of the restrictions. In the ISP domain, individual goals for which the provider has responsibility for implementing were not effectively supported; individual goals and objectives must be supported and properly tracked. Incidents must also be reported and finalized within the mandated timelines.

In Day services, a few areas in need of attention were noted: In medical, emergency fact sheet must be developed to contain all necessary information including allergies, medications, and diagnoses. Additionally, individual's goals agreed upon in the ISP must be implemented as written and tracked appropriately.

Open Sky Community Services met 86% of the residential licensing indicators with one critical indicator (L:38) receiving a not met rating. Therefore, the agency's residential service grouping is in deferred license status pending the correction of the critical indicator. The residential service grouping will undergo a follow-up review conducted by the DDS Metro Office of Quality Enhancement on not met licensing indicators within 60 days of the Service Enhancement Meeting. If the agency meets the critical indicator at follow-up, it will receive a two-year license with a Mid-Cycle review for the service grouping. Open Sky's residential service grouping is certified with 94% of indicators met (except for Placement Services which is Deemed due to the agency's CARF accreditation).

Open Sky's Day service grouping met 93% of licensing indicators; the agency will receive a Two-Year license for this service grouping. Open Sky will conduct its own follow-up on the not met licensing indicators for the Day services grouping and submit the results to the DDS Metro Office of Quality Enhancement within 60 days of the Service Enhancement Meeting. The Day services grouping is certified due to the agency's CARF accreditation.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/10	3/10	
Residential and Individual Home Supports	72/82	10/82	
Residential Services Individual Home Supports Placement Services ABI-MFP Residential Services			
Critical Indicators	7/8	1/8	
Total	79/92	13/92	86%
Defer Licensure			
# indicators for 60 Day Follow-up		13	

	Met / Rated	Not Met / Rated	% Met
Organizational	7/10	3/10	
Employment and Day Supports	55/57	2/57	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	62/67	5/67	93%
2 Year License			
# indicators for 60 Day Follow-up		5	

Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The Human Rights Committee did not meet the mandate for requisite member meeting attendance. The agency must ensure that its Human Rights Committee operates with consistent attendance of members with mandated roles at its meetings.
L65	Restraint reports are submitted within required timelines.	Four of thirteen restraints were submitted and/or finalized beyond the required timelines. The agency must ensure that restraint reports are submitted and finalized within five days of the restraint.

Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L76	The agency has and utilizes a system to track required trainings.	Five of twenty agency staff reviewed did not receive DDS mandated trainings. The agency must ensure through effective staff training tracking, that staff are trained on all DDS mandated topics.

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
Ⓜ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For four of thirteen individuals, physician's orders or treatment protocols were not implemented in line with DDS requirements and/or Physician recommendations. The agency must ensure that physician ordered medical treatment protocols are implemented as required.
L43	The health care record is maintained and updated as required.	For seven of twenty-three individuals, health care records were not current and accurate. The agency must ensure that all health care records are current and accurate.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For four of fourteen individuals, the use of supports and health-related equipment was not supported in line with DDS standards. The agency must ensure that the use of supports, and health-related equipment is supported in line with DDS standards.
L69	Individual expenditures are documented and tracked.	Seven of eighteen individuals, individual expenditure and bank balances were not properly managed. The agency must ensure that individual expenditure and bank balances are properly managed.
L78	Staff are trained to safely and consistently implement restrictive interventions.	At two of three sites, staff were not trained on the safe and consistent implementation of restrictive interventions. The agency must ensure that staff are trained on the safe and consistent implementation of all restrictive practices.
L79	Staff are trained in safe and correct administration of restraint.	At one of three sites, staff were not trained on the safe and proper administration of restraints. The agency must ensure that staff who work at sites where restraints may be necessary, are trained on safe and correct restraint administration practices and procedures.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For four of fourteen individuals, staff were not trained on the correct utilization of health-related protections and supports. The agency must ensure that staff who work with individuals who utilize health-related equipment and supports, are trained on the correct utilization of the devices.

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For nine of twenty-three individuals, goals agreed upon in the ISP were not properly and consistently implemented. The agency must ensure that individual's ISP goals for which it has responsibility are properly and consistently implemented.
L91	Incidents are reported and reviewed as mandated by regulation.	At five of twenty sites, incidents were submitted and/or finalized beyond the required timelines. The agency must ensure that incidents are submitted and/or finalized within the mandated timelines.
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 three of four individuals, medical monitoring devices needed for health and safety was either not authorized, agreed to, used, and data collected appropriately as required. The agency needs to ensure that medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately.

Employment/Day 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 four of thirteen individuals, emergency fact sheets were not current and accurate. The agency must ensure that individual's emergency fact sheets are current and accurate.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For six of fourteen individuals, goals agreed upon were not properly and consistently implemented. The agency must ensure that individual's ISP goals for which it has responsibility are properly and consistently implemented.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	57/61	4/61	
ABI-MFP Residential Services	18/20	2/20	
Individual Home Supports	21/21	0/21	
Residential Services	18/20	2/20	
Total	63/67	4/67	94%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Employment and Day Supports			
Total			
Certified			

ABI-MFP Residential Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	All three individuals were not supported to explore, define and express their needs for intimacy and companionship. The agency must fully assess individuals on their preferences, needs, and understanding in the areas of intimacy and companionship; and provide any needed education, support and assistance in line with each individuals learning style.
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	One of three individuals was not supported to explore cultural, social, recreational or spiritual activities that may be interested to them. The agency must support individuals to explore and learn about various activities that may be of interest to them.
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.	Five of eight individuals, or a representative, were not supported to give input on staff hiring and/or feedback regarding the performance of staff that support them. The agency must ensure that all individuals are supported to give input on staff hiring and the performance of staff that support them.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	Four of eight individuals were not supported to explore, define and express their needs for intimacy and companionship. The agency must fully assess individuals on their preferences, needs, and understanding in the areas of intimacy and companionship; and provide any needed education, support and assistance in line with each individuals learning style.

MASTER SCORE SHEET LICENSURE

Organizational: Open Sky Community Services

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	24/25	Met(96.00 %)
L3	Immediate Action	11/11	Met
L4	Action taken	13/13	Met
L48	HRC	0/1	Not Met(0 %)
L65	Restraint report submit	9/13	Not Met(69.23 %)
L66	HRC restraint review	13/13	Met
L74	Screen employees	11/11	Met
L75	Qualified staff	2/2	Met
L76	Track trainings	15/20	Not Met(75.00 %)
L83	HR training	18/20	Met(90.0 %)

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	7/8	2/2	10/10		3/3		22/23	Met (95.65 %)
L5	Safety Plan	L	8/8	2/2	9/9		0/1		19/20	Met (95.00 %)
℞ L6	Evacuation	L	8/8	2/2	9/9		1/1		20/20	Met
L7	Fire Drills	L	7/8				1/1		8/9	Met (88.89 %)
L8	Emergency Fact Sheets	I	8/8	2/2	9/10		0/3		19/23	Met (82.61 %)
L9 (07/21)	Safe use of equipment	I	8/8	2/2			3/3		13/13	Met
L10	Reduce risk interventions	I	1/1						1/1	Met
℞ L11	Required inspections	L	7/7		9/9		1/1		17/17	Met
℞ L12	Smoke detectors	L	6/7		8/9		1/1		15/17	Met (88.24 %)
℞ L13	Clean location	L	7/7		9/9		1/1		17/17	Met
L14	Site in good repair	L	6/7		8/9				14/16	Met (87.50 %)
L15	Hot water	L	7/8		8/9		1/1		16/18	Met (88.89 %)
L16	Accessibility	L	7/7		8/8		1/1		16/16	Met
L17	Egress at grade	L	8/8		9/9		1/1		18/18	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L18	Above grade egress	L	5/5		6/6				11/11	Met
L19	Bedroom location	L	5/5		3/3		1/1		9/9	Met
L20	Exit doors	L	7/7				1/1		8/8	Met
L21	Safe electrical equipment	L	7/7		9/9		1/1		17/17	Met
L22	Well-maintained appliances	L	7/7		8/9		1/1		16/17	Met (94.12 %)
L23	Egress door locks	L	6/6				1/1		7/7	Met
L24	Locked door access	L	6/7		9/9				15/16	Met (93.75 %)
L25	Dangerous substances	L	8/8				1/1		9/9	Met
L26	Walkway safety	L	8/8		9/9		1/1		18/18	Met
L27	Pools, hot tubs, etc.	L			2/2				2/2	Met
L28	Flammables	L	8/8				1/1		9/9	Met
L29	Rubbish/combustibles	L	7/7		9/9		0/1		16/17	Met (94.12 %)
L30	Protective railings	L	7/7		8/9		1/1		16/17	Met (94.12 %)
L31	Communication method	I	8/8	2/2	10/10		3/3		23/23	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L32	Verbal & written	I	8/8	2/2	10/10		3/3		23/23	Met
L33	Physical exam	I	8/8	2/2	10/10		3/3		23/23	Met
L34	Dental exam	I	8/8	2/2	10/10		1/3		21/23	Met (91.30 %)
L35	Preventive screenings	I	7/8	2/2	7/10		3/3		19/23	Met (82.61 %)
L36	Recommended tests	I	7/8	1/2	9/10		2/3		19/23	Met (82.61 %)
L37	Prompt treatment	I	8/8	2/2	9/9		3/3		22/22	Met
Ⓡ L38	Physician's orders	I	6/6	1/1	2/3		0/3		9/13	Not Met (69.23 %)
L39	Dietary requirements	I	3/3	1/1	2/2				6/6	Met
L40	Nutritional food	L	8/8	1/1			1/1		10/10	Met
L41	Healthy diet	L	8/8	2/2	9/9		1/1		20/20	Met
L42	Physical activity	L	8/8	2/2	9/9		1/1		20/20	Met
L43	Health Care Record	I	6/8	2/2	8/10		0/3		16/23	Not Met (69.57 %)
L44	MAP registration	L	8/8				1/1		9/9	Met
L45	Medication storage	L	8/8				1/1		9/9	Met
Ⓡ L46	Med. Administration	I	8/8		8/8		3/3		19/19	Met
L47	Self medication	I	2/2	1/1	1/1		1/1		5/5	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L49	Informed of human rights	I	7/8	2/2	10/10		3/3		22/23	Met (95.65 %)
L50 (07/21)	Respectful Comm.	I	8/8	2/2	10/10		3/3		23/23	Met
L51	Possessions	I	8/8	2/2	10/10		3/3		23/23	Met
L52	Phone calls	I	6/6	2/2	10/10		3/3		21/21	Met
L53	Visitation	I	8/8	2/2	10/10		3/3		23/23	Met
L54 (07/21)	Privacy	I	8/8	2/2	10/10		3/3		23/23	Met
L56	Restrictive practices	I	3/4						3/4	Met
L57	Written behavior plans	I	5/5						5/5	Met
L58	Behavior plan component	I	2/2						2/2	Met
L59	Behavior plan review	I	2/2						2/2	Met
L60	Data maintenance	I	5/5						5/5	Met
L61	Health protection in ISP	I	6/7		4/4		0/3		10/14	Not Met (71.43 %)
L62	Health protection review	I	5/5	1/1	1/1				7/7	Met
L63	Med. treatment plan form	I	7/8		8/8		1/3		16/19	Met (84.21 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L64	Med. treatment plan rev.	I	8/8		8/8		3/3		19/19	Met
L67	Money mgmt. plan	I	8/8	1/1	8/8		0/2		17/19	Met (89.47 %)
L68	Funds expenditure	I	8/8	1/1	6/7		2/2		17/18	Met (94.44 %)
L69	Expenditure tracking	I	5/8	1/1	3/7		2/2		11/18	Not Met (61.11 %)
L70	Charges for care calc.	I	7/7		10/10		3/3		20/20	Met
L71	Charges for care appeal	I	7/7		9/10		3/3		19/20	Met (95.00 %)
L77	Unique needs training	I	7/8	2/2	10/10		3/3		22/23	Met (95.65 %)
L78	Restrictive Int. Training	L	1/3						1/3	Not Met (33.33 %)
L79	Restrained training	L	1/2		1/1				2/3	Not Met (66.67 %)
L80	Symptoms of illness	L	8/8	2/2	9/9		0/1		19/20	Met (95.00 %)
L81	Medical emergency	L	8/8	2/2	9/9		1/1		20/20	Met
L82	Medication admin.	L	8/8				1/1		9/9	Met
L84	Health protect. Training	I	6/7		4/4		0/3		10/14	Not Met (71.43 %)
L85	Supervision	L	6/8	2/2	8/9		1/1		17/20	Met (85.00 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L86	Required assessments	I	5/6	2/2	5/5				12/13	Met (92.31 %)
L87	Support strategies	I	6/6	2/2	5/5				13/13	Met
L88	Strategies implemented	I	6/8	2/2	5/10		1/3		14/23	Not Met (60.87 %)
L89	Complaint and resolution process	L					1/1		1/1	Met
L90	Personal space/bedroom privacy	I	8/8	2/2	8/10		3/3		21/23	Met (91.30 %)
L91	Incident management	L	6/8	2/2	7/9		0/1		15/20	Not Met (75.00 %)
L93 (05/22)	Emergency back-up plans	I	8/8	2/2	10/10		3/3		23/23	Met
L94 (05/22)	Assistive technology	I	7/8	2/2	8/10		3/3		20/23	Met (86.96 %)
L96 (05/22)	Staff training in devices and applications	I	5/5	2/2	7/8		3/3		17/18	Met (94.44 %)

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	1/2				0/2		1/4	Not Met (25.00 %)
#Std. Met/# 82 Indicator									72/82	
Total Score									79/92	
									85.87%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	7/7		7/7	14/14	Met
L5	Safety Plan	L	1/1		3/3	4/4	Met
℞ L6	Evacuation	L	1/1		3/3	4/4	Met
L7	Fire Drills	L	1/1		3/3	4/4	Met
L8	Emergency Fact Sheets	I	4/6		5/7	9/13	Not Met (69.23 %)
L9 (07/21)	Safe use of equipment	I	7/7		6/7	13/14	Met (92.86 %)
L10	Reduce risk interventions	I			1/1	1/1	Met
℞ L11	Required inspections	L	1/1		3/3	4/4	Met
℞ L12	Smoke detectors	L	1/1		3/3	4/4	Met
℞ L13	Clean location	L	1/1		3/3	4/4	Met
L14	Site in good repair	L	1/1			1/1	Met
L15	Hot water	L	1/1		3/3	4/4	Met
L16	Accessibility	L	1/1		2/2	3/3	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L17	Egress at grade	L	1/1		3/3	4/4	Met
L20	Exit doors	L	1/1		2/2	3/3	Met
L21	Safe electrical equipment	L	1/1		3/3	4/4	Met
L22	Well-maintained appliances	L	1/1		3/3	4/4	Met
L25	Dangerous substances	L	1/1		2/2	3/3	Met
L26	Walkway safety	L	1/1		2/2	3/3	Met
L28	Flammables	L	1/1		3/3	4/4	Met
L29	Rubbish/combustibles	L	1/1		2/2	3/3	Met
L30	Protective railings	L	1/1			1/1	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	6/6		5/5	11/11	Met
Ⓡ L38	Physician's orders	I	1/1		4/4	5/5	Met
L44	MAP registration	L	1/1		3/3	4/4	Met
L45	Medication storage	L	1/1		3/3	4/4	Met
Ⓡ L46	Med. Administration	I	1/1		6/6	7/7	Met
L49	Informed of human rights	I	7/7		7/7	14/14	Met
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			2/2	2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L57	Written behavior plans	I			2/2	2/2	Met
L58	Behavior plan component	I			1/1	1/1	Met
L59	Behavior plan review	I			1/1	1/1	Met
L60	Data maintenance	I			1/1	1/1	Met
L61	Health protection in ISP	I	1/1		4/4	5/5	Met
L62	Health protection review	I			2/2	2/2	Met
L63	Med. treatment plan form	I			1/1	1/1	Met
L64	Med. treatment plan rev.	I			1/1	1/1	Met
L77	Unique needs training	I	7/7		7/7	14/14	Met
L79	Restraint training	L			1/1	1/1	Met
L80	Symptoms of illness	L	1/1		3/3	4/4	Met
L81	Medical emergency	L	1/1		3/3	4/4	Met
L82	Medication admin.	L	1/1		3/3	4/4	Met
L84	Health protect. Training	I	1/1		4/4	5/5	Met
L85	Supervision	L	1/1		3/3	4/4	Met
L86	Required assessments	I	3/4		5/5	8/9	Met (88.89 %)
L87	Support strategies	I	3/5		5/5	8/10	Met (80.0 %)
L88	Strategies implemented	I	3/7		5/7	8/14	Not Met (57.14 %)
L91	Incident management	L	1/1		3/3	4/4	Met
L93 (05/22)	Emergency back-up plans	I	7/7		7/7	14/14	Met
L94 (05/22)	Assistive technology	I	6/7		6/7	12/14	Met (85.71 %)

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L96 (05/22)	Staff training in devices and applications	I	6/6		2/2	8/8	Met
#Std. Met/# 57 Indicator						55/57	
Total Score						62/67	
						92.54%	

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	3/8	Not Met (37.50 %)
C8	Family/guardian communication	8/8	Met
C9	Personal relationships	8/8	Met
C10	Social skill development	8/8	Met
C11	Get together w/family & friends	8/8	Met
C12	Intimacy	4/8	Not Met (50.0 %)
C13	Skills to maximize independence	8/8	Met
C14	Choices in routines & schedules	8/8	Met
C15	Personalize living space	8/8	Met
C16	Explore interests	7/8	Met (87.50 %)

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C17	Community activities	7/8	Met (87.50 %)
C18	Purchase personal belongings	8/8	Met
C19	Knowledgeable decisions	8/8	Met
C46	Use of generic resources	8/8	Met
C47	Transportation to/ from community	8/8	Met
C48	Neighborhood connections	7/8	Met (87.50 %)
C49	Physical setting is consistent	7/8	Met (87.50 %)
C51	Ongoing satisfaction with services/ supports	8/8	Met
C52	Leisure activities and free-time choices /control	8/8	Met
C53	Food/ dining choices	8/8	Met

ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/3	Met
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	3/3	Met
C10	Social skill development	3/3	Met
C11	Get together w/family & friends	3/3	Met
C12	Intimacy	0/3	Not Met (0 %)
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	2/3	Not Met (66.67 %)
C17	Community activities	3/3	Met
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	3/3	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	3/3	Met
C49	Physical setting is consistent	1/1	Met

ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
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

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	2/2	Met
C8	Family/guardian communication	2/2	Met
C9	Personal relationships	2/2	Met
C10	Social skill development	2/2	Met
C11	Get together w/family & friends	2/2	Met
C12	Intimacy	2/2	Met
C13	Skills to maximize independence	2/2	Met
C14	Choices in routines & schedules	2/2	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	2/2	Met
C17	Community activities	2/2	Met
C18	Purchase personal belongings	2/2	Met
C19	Knowledgeable decisions	2/2	Met
C21	Coordinate outreach	2/2	Met
C46	Use of generic resources	2/2	Met
C47	Transportation to/ from community	2/2	Met
C48	Neighborhood connections	2/2	Met
C49	Physical setting is consistent	1/1	Met
C51	Ongoing satisfaction with services/ supports	2/2	Met
C52	Leisure activities and free-time choices /control	2/2	Met
C53	Food/ dining choices	2/2	Met