|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
|  |

 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **PROVIDER REPORT FOR** |

 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Open Sky Community Services50 Douglas Rd Whitinsville, MA 01588**  |

 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |

|  |
| --- |
| **January 03, 2022** |

 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Version** |

 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |

|  |
| --- |
| **Public Provider Report** |

 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| **Prepared by the Department of Developmental ServicesOFFICE OF QUALITY ENHANCEMENT** |

 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |

|  |
| --- |
| **SUMMARY OF OVERALL FINDINGS** |

 |  |  |
|  |  |  |  |  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Provider** |

 |  |

|  |
| --- |
| Open Sky Community Services |

 |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Review Dates** |

 |  |

|  |
| --- |
| 10/27/2021 - 11/2/2021 |

 |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Service Enhancement Meeting Date** |

 |  |

|  |
| --- |
| 11/17/2021 |

 |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Survey Team** |

 |  |

|  |
| --- |
| Andrea Comeau |
| Susan Dudley-Oxx |
| Raymond Edi-Osagie |
| Mark Boghoian (TL) |
| Cheryl Hampton |
| Margareth Larrieux |
| Lisa MacPhail |
| Leslie Hayes |
| Melanie Hutchison |
| Eric Lunden |
| Danielle Robidoux |

 |  |
|  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **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 | 75/88 2 Year License 11/17/2021 - 11/17/2023 |  | 89 / 93 Certified 11/17/2021 - 11/17/2023 |
| Residential Services | 8 location(s) 8 audit (s)  |  |  | Full Review | 20 / 22 |
| ABI-MFP Residential Services | 1 location(s) 3 audit (s)  |  |  | Full Review | 22 / 22 |
| Placement Services | 10 location(s) 10 audit (s)  |  |  | Full Review | 20 / 22 |
| Individual Home Supports | 1 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** | 6 location(s) 16 audit (s)  | Full Review | 61/66 2 Year License 11/17/2021 - 11/17/2023 |  | 29 / 29 Certified 11/17/2021 - 11/17/2023 |
| Community Based Day Services | 3 location(s) 7 audit (s)  |  |  | Deemed |  |
| Employment Support Services | 3 location(s) 9 audit (s)  |  |  | Full Review | 23 / 23 |
| Planning and Quality Management (For all service groupings) |   |  |  | Full Review | 6 / 6 |

 |  |

 |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |

|  |
| --- |
| **EXECUTIVE SUMMARY :** |

 |  |  |
|  |  |  |  |
|  |

|  |
| --- |
| Open Sky Community Services is a non-profit human services organization that provides a wide array of services and supports to individuals with Intellectual and Developmental Disabilities, Acquired Brain Injury, Autism and behavioral health needs in Massachusetts. The agency also provides supports for behavioral health and other complex challenges to children, adults, and families (including in the areas of substance abuse disorders and homelessness). For this 2021 licensing and certification review conducted by the Department of Developmental Services (DDS) Office of Quality Enhancement, the agency underwent an evaluation of the it's organizational systems, and reviews of services offered in twenty-four-hour residential supports (including acquired brain injury homes), individual home supports and placement homes. The agency's Community Based Day supports, and Employment supports were also evaluated. All services received a full DDS licensing and certification review except for the CBDS which was deemed for certification in lieu of its CARF accreditation.Organizationally and across all services, relative to licensing, the agency had systems that supported it to meet all critical indicators. It ensured that appropriate action was taken when DPPC and other complaints were filed and throughout the course of an investigation. Regarding competent workforce, the agency's hiring and onboarding processes ensured that staff were qualified for the positions they were hired for, and that they completed all requisite training for their positions. Relative to certification, Open Sky continued to integrate its services and systems from the merger of two agencies that occurred in 2018. The agency utilized its safety, compliance, and executive committees to analyze data from various sources including HCSIS; it used these and internal audits to determine trends and remedy issues. The agency was in the process of conducting an annual satisfaction survey during the DDS review and reported positive initial data. Open Sky worked tirelessly throughout the pandemic to ensure that individuals and families served were protected in accordance with guidelines set forth by the commonwealth.The survey revealed that within residential services, people were well supported with health management. Individuals received routine and specialized healthcare services via in-person and remote telehealth platforms. Staff were trained to recognize signs and symptoms of illness and knew how to respond to medical emergencies. Staff educated individuals to follow healthy diets and encouraged them to exercise. Human rights knowledge was also well supported by Open Sky; individuals and their guardians received education and information relative to human rights and abuse and neglect reporting. They also received information relative to freedom from arbitrary eviction. Communication was another strength of Open Sky's. It was evident from the review that the agency was consistent in enhancing individuals' abilities and resources in this area especially during the Covid 19 pandemic. People were supported to engage with family and friends using various communication devices and on-line platforms, as well as in-person, in line with DDS guidelines. Individuals utilized community resources for making purchases and engaging in community-based activities of their choice. Within its CBDS and Employment services, locations were in good repair, underwent all required inspections and were accessible to people receiving services. Open Sky stored and administered medication to individuals at its day sites in accordance with Physician's orders and MAP policies. Where required, restrictive practices and behavior plans were developed and implemented in accordance with DDS regulations. As it relates to certification for employment supports, the agency supported people to explore their job interests and engage in work related goals; it provided support that suited people's ongoing skill development. Individuals were placed at integrated work settings and received job accommodations when required. Additionally, individuals were supported to understand performance feedback, employee benefits and be part of the work culture.  The survey identified areas where added attention is needed to meet requirements. Restraint reporting was one such area; the agency needs to submit restraint reports within the established timeframes. The Human Rights Committee also needs to conduct its meetings with the required representatives in attendance. Within residential services, staff supervision was inadequate at some sites. The agency needs to provide consistent supervision and oversight to ensure compliance with standards. Water temperature needs to measure within required parameters, and fire drills need to be conducted as stipulated in approved safety plans. Continued need for health-related supports and protections need to be included in ISP assessments, and eligible protections need to receive the required reviews. Relative to money management, comprehensive money management plans for people with whom Open Sky has shared and/or delegated money management responsibilities need to be developed. In the area of certification, Open Sky needs to assess individuals in relation to their needs for intimacy, companionship and assistive technology; they also need to provide necessary supports in these areas.Within Day services, Open Sky should ensure that individuals are assessed regarding the safe use of equipment and machinery (including work related equipment), and staff must ensure consistent implementation and documentation of ISP objectives. In addition, staff need to be trained on recognizing the signs and symptoms of illness and health-related protections, to ensure their proper use. Open Sky Community Services will receive a Two-Year License for its Residential Supports Grouping with 85% of all licensing indicators met. The agency's Day and Employment Supports grouping will also receive a Two-Year license with 92% of licensing indicators met. The agency is also Certified in residential with 96% of certification indicators met, and day supports groupings with 100% of certification indicators met. The agency will conduct its own follow-up review of licensing indicators that were not met in Day services, and the DDS Office of Quality Enhancement will conduct a Follow-up review of licensing indicators that were not met in residential services within 60 days of the Service Enhancement Meeting. |

 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|

|  |
| --- |
| **LICENSURE FINDINGS** |

 |  |  |  |
|  |  |  |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **8/10** | **2/10** |  |
| **Residential and Individual Home Supports** | **67/78** | **11/78** |  |
|  Residential Services ABI-MFP Residential Services Placement Services Individual Home Supports |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **75/88** | **13/88** | **85%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **13** |  |

 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **8/10** | **2/10** |  |
| **Employment and Day Supports** | **53/56** | **3/56** |  |
|  Community Based Day Services Employment Support Services |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **61/66** | **5/66** | **92%** |
| **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. | A review of the agency's Human Rights Committee meeting minutes showed that the medical professional was absent for 75% of the meetings, and the clinical representative was absent for 50% of the meetings. Furthermore, there was no annual review of the agency's policies and procedures for human rights. The agency needs to ensure that the Human Rights Committee meets regulatory requirements for membership, attendance and review of its policies and procedures for human rights as required. |
|  |  L65 | Restraint reports are submitted within required timelines. | 38 restraint reports were submitted late and/or received late manager's review, outside of the established timeframes. The agency needs to ensure that it submits restraint reports within the established timeframes. |

 |  |  |  |

 |  |
|  |  |  |
|  |

|  |
| --- |
|  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L7 | Fire drills are conducted as required. | At two of nine locations fire drills were not conducted in accordance with the specifications identified in the DDS authorized emergency evacuation safety plan for the location. The agency needs to ensure that it conducts fire drills in accordance with the DDS authorized plan. |
|  |  L8 | Emergency fact sheets are current and accurate and available on site. | Five of twenty-three emergency fact sheets were missing required information. The agency needs to ensure that Emergency Fact Sheets contain all required information and are current. |
|  |  L15 | Hot water temperature tests between 110 and 120 degrees (as of 1/2014). | At four of eighteen locations water temperature measured outside of the required parameters. The agency needs to ensure that water temperatures measure within the required parameters. |
|  |  L23 | There are no locks on bedroom doors that provide access to an egress. | At two of six locations where bedrooms had doors that lead to an egress from the home, locks were found on the bedroom doors. The agency needs to ensure that there are no locks on bedroom doors that provide access to an egress. |
|  |  L61 | Supports and health related protections are included in ISP assessments and the continued need is outlined. | For four of seven individuals who use supports and health related protections, the continued need for the devices was not included in ISP assessments. The agency needs to ensure that the continued need for support and health related protections is outlined in ISP assessments. |
|  |  L62 | Supports and health related protections are reviewed by the required groups. | One of three eligible supports and health related protections was not reviewed by the required groups. The agency needs to ensure that supports and health related protections are reviewed as required. |
|  |  L67 | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | For eight of nineteen individuals with whom the agency had shared and/or delegated money management responsibilities, there was no money management plan (accompanied by a training plan when required). The agency needs to ensure that it develops money management plans for individuals with whom it has shared and/or delegated money management responsibility. |
|  |  L85 | The agency provides ongoing supervision, oversight and staff development. | At five of twenty locations, the agency was not providing staff with consistent and ongoing supervision, oversight, and staff development to ensure that issues are identified and remedied in a timely fashion. The agency needs to ensure that it provides consistent staff development through ongoing supervision, oversight and identifies and remedies issues and needed supports. |
|  |  L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | Six of twenty individual's ISP assessments were not submitted in accordance with the established timeframe. The agency needs to ensure that ISP assessments are submitted within the established timeframe. |
|  |  L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | Nine of nineteen individual's ISP support strategies were not submitted in accordance with the established timeframe. The agency needs to ensure that ISP support strategies are submitted within the established timeframe. |
|  |  L88 | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For five of twenty-three individuals, the agency was not implementing the provider support strategies as identified and agreed upon in their ISP. The agency needs to ensure that is implements the support strategies identified and agreed upon in people's ISP's. |

 |
|  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L9 (07/21) | Individuals are able to utilize equipment and machinery safely.  | Four of sixteen individuals did not have assessments relative to their ability to utilize equipment and machinery in a safe manner. The agency needs to ensure that it evaluates everyone's ability to use equipment and machinery in a safe manner. |
|  |  L80 | Support staff are trained to recognize signs and symptoms of illness. | Support staff did not receive the requisite training relative to the recognition of signs and symptoms of illness. The agency needs to ensure that all staff receive the required training relative to recognizing the signs and symptoms of illness. |
|  |  L88 | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For seven of fifteen individuals, the agency was not implementing the support strategies identified and agreed upon in their ISP. The agency needs to ensure that it implements the support strategies as identified and agreed upon in people's ISP's. |

 |

 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **CERTIFICATION FINDINGS** |

 |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **6/6** | **0/6** |  |
| **Residential and Individual Home Supports** | **83/87** | **4/87** |  |
| ABI-MFP Residential Services | 22/22 | 0/22 |  |
| Individual Home Supports | 21/21 | 0/21 |  |
| Residential Services | 20/22 | 2/22 |  |
| Placement Services | 20/22 | 2/22 |  |
| **TOTAL** | **89/93** | **4/93** | **96%** |
| **Certified** |  |  |  |

 |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **6/6** | **0/6** |  |
| **Employment and Day Supports** | **23/23** | **0/23** |  |
| Employment Support Services | 23/23 | 0/23 |  |
| **TOTAL** | **29/29** | **0/29** | **100%** |
| **Certified** |  |  |  |

 |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Placement 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. | The agency had not assessed four of ten individuals relative to their need to explore, define and express their desire for companionship and intimacy. The agency needs to ensure that it supports people to explore, define and express their need for intimacy and companionship. |
|  |  C54 | Individuals have the assistive technology and/or modifications to maximize independence.  | For four of ten individuals, the agency had not assessed their need for assistive technology that may support them to maximize their independence. The agency needs to ensure that it assesses individuals relative to their need for assistive technology that may enable them to maximize their independence. |
|  |  |  |  |
|  | **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. | The agency had not assessed two of eight individuals relative to their need to explore, define and express their desire for companionship and intimacy. The agency needs to assess individuals, provide training to staff and individuals, and ensure that it supports people to explore, define and express their need for intimacy and companionship. |
|  |  C54 | Individuals have the assistive technology and/or modifications to maximize independence.  | For three of six individuals, the agency had not assessed their need for assistive technology that may support them to maximize their independence. The agency needs to ensure that it assesses individuals relative to their need for assistive technology that may enable them to maximize their independence. |
|  |  |  |  |

 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |

|  |
| --- |
| **MASTER SCORE SHEET LICENSURE** |

 |  |  |  |
|  |  |  |  |  |
|  |

|  |
| --- |
| **Organizational: Open Sky Community Services** |

 |  |  |  |
|  |  |  |  |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **23/23** | **Met** |
|  |  L3 | Immediate Action | **7/7** | **Met** |
|  |  L4 | Action taken | **2/2** | **Met** |
|  |  L48 | HRC | **0/1** | **Not Met(0 % )** |
|  |  L65 | Restraint report submit | **27/65** | **Not Met(41.54 % )** |
|  |  L66 | HRC restraint review | **61/61** | **Met** |
|  |  L74 | Screen employees | **7/7** | **Met** |
|  |  L75 | Qualified staff | **4/4** | **Met** |
|  |  L76 | Track trainings | **20/20** | **Met** |
|  |  L83 | HR training | **20/20** | **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 | 8/8 | 2/2 | 10/10 |  | 3/3 |  | **23/23** | **Met** |
|  |  L5 | Safety Plan | L | 8/8 | 1/1 | 7/10 |  | 1/1 |  | **17/20** | **Met(85.00 %)** |
| O |  L6 | Evacuation | L | 7/8 | 1/1 | 9/9 |  | 1/1 |  | **18/19** | **Met(94.74 %)** |
|  |  L7 | Fire Drills | L | 7/8 |  |  |  | 0/1 |  | **7/9** | **Not Met(77.78 %)** |
|  |  L8 | Emergency Fact Sheets | I | 7/8 | 2/2 | 7/10 |  | 2/3 |  | **18/23** | **Not Met(78.26 %)** |
|  |  L9 (07/21) | Safe use of equipment | I | 8/8 | 2/2 |  |  | 3/3 |  | **13/13** | **Met** |
|  |  L10 | Reduce risk interventions | I | 5/5 | 1/1 | 1/1 |  |  |  | **7/7** | **Met** |
| O |  L11 | Required inspections | L | 6/7 |  | 8/10 |  | 1/1 |  | **15/18** | **Met(83.33 %)** |
| O |  L12 | Smoke detectors | L | 7/7 |  | 7/10 |  | 1/1 |  | **15/18** | **Met(83.33 %)** |
| O |  L13 | Clean location | L | 6/7 |  | 9/10 |  | 1/1 |  | **16/18** | **Met(88.89 %)** |
|  |  L14 | Site in good repair | L | 7/7 |  | 9/10 |  | 1/1 |  | **17/18** | **Met(94.44 %)** |
|  |  L15 | Hot water | L | 6/8 |  | 7/9 |  | 1/1 |  | **14/18** | **Not Met(77.78 %)** |
|  |  L16 | Accessibility | L | 8/8 |  | 7/7 |  | 1/1 |  | **16/16** | **Met** |
|  |  L17 | Egress at grade  | L | 8/8 |  | 10/10 |  | 1/1 |  | **19/19** | **Met** |
|  |  L18 | Above grade egress | L | 4/4 |  | 5/5 |  |  |  | **9/9** | **Met** |
|  |  L19 | Bedroom location | L | 4/4 |  |  |  | 1/1 |  | **5/5** | **Met** |
|  |  L20 | Exit doors | L | 7/7 |  |  |  | 1/1 |  | **8/8** | **Met** |
|  |  L21 | Safe electrical equipment | L | 6/7 |  | 8/9 |  | 1/1 |  | **15/17** | **Met(88.24 %)** |
|  |  L22 | Well-maintained appliances | L | 7/7 |  | 10/10 |  | 1/1 |  | **18/18** | **Met** |
|  |  L23 | Egress door locks | L | 4/5 |  |  |  | 0/1 |  | **4/6** | **Not Met(66.67 %)** |
|  |  L24 | Locked door access | L | 8/8 |  |  |  | 1/1 |  | **9/9** | **Met** |
|  |  L25 | Dangerous substances | L | 8/8 |  |  |  | 1/1 |  | **9/9** | **Met** |
|  |  L26 | Walkway safety | L | 8/8 |  | 9/10 |  | 1/1 |  | **18/19** | **Met(94.74 %)** |
|  |  L27 | Pools, hot tubs, etc. | L |  |  | 4/5 |  |  |  | **4/5** | **Met(80.0 %)** |
|  |  L28 | Flammables | L | 7/7 |  |  |  | 1/1 |  | **8/8** | **Met** |
|  |  L29 | Rubbish/combustibles | L | 7/7 |  | 10/10 |  | 1/1 |  | **18/18** | **Met** |
|  |  L30 | Protective railings | L | 6/7 |  | 9/10 |  | 1/1 |  | **16/18** | **Met(88.89 %)** |
|  |  L31 | Communication method | I | 8/8 | 2/2 | 10/10 |  | 3/3 |  | **23/23** | **Met** |
|  |  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 | 1/1 | 10/10 |  | 3/3 |  | **22/22** | **Met** |
|  |  L35 | Preventive screenings | I | 8/8 | 2/2 | 10/10 |  | 3/3 |  | **23/23** | **Met** |
|  |  L36 | Recommended tests | I | 8/8 | 2/2 | 9/10 |  | 3/3 |  | **22/23** | **Met(95.65 %)** |
|  |  L37 | Prompt treatment | I | 7/7 | 2/2 | 8/8 |  | 3/3 |  | **20/20** | **Met** |
| O |  L38 | Physician's orders | I | 4/5 | 1/1 | 4/4 |  | 3/3 |  | **12/13** | **Met(92.31 %)** |
|  |  L39 | Dietary requirements | I | 3/3 |  | 3/3 |  |  |  | **6/6** | **Met** |
|  |  L40 | Nutritional food | L | 8/8 |  |  |  | 1/1 |  | **9/9** | **Met** |
|  |  L41 | Healthy diet | L | 8/8 | 1/1 | 10/10 |  | 1/1 |  | **20/20** | **Met** |
|  |  L42 | Physical activity | L | 8/8 | 1/1 | 10/10 |  | 1/1 |  | **20/20** | **Met** |
|  |  L43 | Health Care Record | I | 8/8 | 2/2 | 8/10 |  | 2/3 |  | **20/23** | **Met(86.96 %)** |
|  |  L44 | MAP registration | L | 8/8 |  |  |  | 1/1 |  | **9/9** | **Met** |
|  |  L45 | Medication storage | L | 8/8 |  |  |  | 1/1 |  | **9/9** | **Met** |
| O |  L46 | Med. Administration | I | 7/7 |  | 6/8 |  | 3/3 |  | **16/18** | **Met(88.89 %)** |
|  |  L47 | Self medication | I | 1/1 |  | 5/5 |  |  |  | **6/6** | **Met** |
|  |  L49 | Informed of human rights | I | 8/8 | 2/2 | 10/10 |  | 3/3 |  | **23/23** | **Met** |
|  |  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 | 8/8 | 2/2 | 10/10 |  | 3/3 |  | **23/23** | **Met** |
|  |  L53 | Visitation | I | 8/8 | 2/2 | 10/10 |  | 3/3 |  | **23/23** | **Met** |
|  |  L54 (07/21) | Privacy | I | 7/8 | 2/2 | 10/10 |  | 3/3 |  | **22/23** | **Met(95.65 %)** |
|  |  L56 | Restrictive practices | I | 5/5 |  |  |  |  |  | **5/5** | **Met** |
|  |  L57 | Written behavior plans | I | 6/6 |  |  |  | 1/1 |  | **7/7** | **Met** |
|  |  L58 | Behavior plan component | I | 6/6 |  |  |  |  |  | **6/6** | **Met** |
|  |  L59 | Behavior plan review | I | 6/6 |  |  |  |  |  | **6/6** | **Met** |
|  |  L60 | Data maintenance | I | 6/6 |  |  |  | 1/1 |  | **7/7** | **Met** |
|  |  L61 | Health protection in ISP | I | 2/2 |  | 1/2 |  | 0/3 |  | **3/7** | **Not Met(42.86 %)** |
|  |  L62 | Health protection review | I | 2/2 |  | 0/1 |  |  |  | **2/3** | **Not Met(66.67 %)** |
|  |  L63 | Med. treatment plan form | I | 6/7 |  | 6/7 |  | 3/3 |  | **15/17** | **Met(88.24 %)** |
|  |  L64 | Med. treatment plan rev. | I | 6/7 |  | 6/7 |  | 3/3 |  | **15/17** | **Met(88.24 %)** |
|  |  L67 | Money mgmt. plan | I | 5/6 | 0/1 | 6/9 |  | 0/3 |  | **11/19** | **Not Met(57.89 %)** |
|  |  L68 | Funds expenditure | I | 6/6 | 1/1 | 6/7 |  | 3/3 |  | **16/17** | **Met(94.12 %)** |
|  |  L69 | Expenditure tracking | I | 6/6 | 1/1 | 5/7 |  | 2/3 |  | **14/17** | **Met(82.35 %)** |
|  |  L70 | Charges for care calc. | I | 8/8 |  | 7/8 |  | 2/3 |  | **17/19** | **Met(89.47 %)** |
|  |  L71 | Charges for care appeal | I | 8/8 |  | 7/9 |  | 3/3 |  | **18/20** | **Met(90.0 %)** |
|  |  L77 | Unique needs training | I | 7/8 | 2/2 | 9/10 |  | 3/3 |  | **21/23** | **Met(91.30 %)** |
|  |  L78 | Restrictive Int. Training | L | 4/4 |  |  |  |  |  | **4/4** | **Met** |
|  |  L79 | Restraint training | L | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L80 | Symptoms of illness | L | 8/8 | 1/1 | 9/10 |  | 1/1 |  | **19/20** | **Met(95.00 %)** |
|  |  L81 | Medical emergency | L | 8/8 | 1/1 | 10/10 |  | 1/1 |  | **20/20** | **Met** |
| O |  L82 | Medication admin. | L | 8/8 |  |  |  | 1/1 |  | **9/9** | **Met** |
|  |  L84 | Health protect. Training | I | 2/2 |  | 2/2 |  | 3/3 |  | **7/7** | **Met** |
|  |  L85 | Supervision  | L | 6/8 | 0/1 | 8/10 |  | 1/1 |  | **15/20** | **Not Met(75.00 %)** |
|  |  L86 | Required assessments | I | 6/8 | 1/2 | 6/7 |  | 1/2 |  | **14/19** | **Not Met(73.68 %)** |
|  |  L87 | Support strategies | I | 4/8 | 1/2 | 5/7 |  | 0/1 |  | **10/18** | **Not Met(55.56 %)** |
|  |  L88 | Strategies implemented | I | 8/8 | 2/2 | 7/10 |  | 1/3 |  | **18/23** | **Not Met(78.26 %)** |
|  |  L89 | Complaint and resolution process | L |  |  |  |  | 1/1 |  | **1/1** | **Met** |
|  |  L90 | Personal space/ bedroom privacy | I | 7/8 | 2/2 | 9/9 |  | 3/3 |  | **21/22** | **Met(95.45 %)** |
|  |  L91 | Incident management | L | 7/8 | 1/1 | 10/10 |  | 1/1 |  | **19/20** | **Met(95.00 %)** |
|  | **#Std. Met/# 78 Indicator** |  |  |  |  |  |  |  |  | **67/78** |  |
|  | **Total Score** |  |  |  |  |  |  |  |  | **75/88** |  |
|  |  |  |  |  |  |  |  |  |  | **85.23%** |  |

 |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **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 | 9/9 |  | 7/7 | **16/16** | **Met** |
|  |  L5 | Safety Plan | L | 1/1 |  | 2/3 | **3/4** | **Met** |
| O |  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 | 9/9 |  | 6/7 | **15/16** | **Met(93.75 %)** |
|  |  L9 (07/21) | Safe use of equipment | I | 6/9 |  | 6/7 | **12/16** | **Not Met(75.00 %)** |
|  |  L10 | Reduce risk interventions | I | 2/2 |  |  | **2/2** | **Met** |
| O |  L11 | Required inspections | L | 1/1 |  | 3/3 | **4/4** | **Met** |
| O |  L12 | Smoke detectors | L | 1/1 |  | 3/3 | **4/4** | **Met** |
| O |  L13 | Clean location | L | 1/1 |  | 2/3 | **3/4** | **Met** |
|  |  L14 | Site in good repair | L |  |  | 2/2 | **2/2** | **Met** |
|  |  L15 | Hot water | L | 1/1 |  | 2/3 | **3/4** | **Met** |
|  |  L16 | Accessibility | L |  |  | 3/3 | **3/3** | **Met** |
|  |  L17 | Egress at grade  | L | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L18 | Above grade egress | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L20 | Exit doors | L | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L21 | Safe electrical equipment | L | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L22 | Well-maintained appliances | L | 1/1 |  | 2/3 | **3/4** | **Met** |
|  |  L25 | Dangerous substances | L |  |  | 3/3 | **3/3** | **Met** |
|  |  L26 | Walkway safety | L | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L28 | Flammables | L |  |  | 3/3 | **3/3** | **Met** |
|  |  L29 | Rubbish/combustibles | L | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L30 | Protective railings | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L31 | Communication method | I | 9/9 |  | 7/7 | **16/16** | **Met** |
|  |  L32 | Verbal & written | I | 9/9 |  | 7/7 | **16/16** | **Met** |
|  |  L37 | Prompt treatment | I | 3/3 |  | 7/7 | **10/10** | **Met** |
| O |  L38 | Physician's orders | I | 1/1 |  | 2/2 | **3/3** | **Met** |
|  |  L44 | MAP registration | L | 1/1 |  | 2/2 | **3/3** | **Met** |
|  |  L45 | Medication storage | L | 1/1 |  | 2/2 | **3/3** | **Met** |
| O |  L46 | Med. Administration | I |  |  | 4/4 | **4/4** | **Met** |
|  |  L49 | Informed of human rights | I | 9/9 |  | 7/7 | **16/16** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | 9/9 |  | 7/7 | **16/16** | **Met** |
|  |  L51 | Possessions | I | 9/9 |  | 7/7 | **16/16** | **Met** |
|  |  L52 | Phone calls | I | 9/9 |  | 7/7 | **16/16** | **Met** |
|  |  L54 (07/21) | Privacy | I | 9/9 |  | 7/7 | **16/16** | **Met** |
|  |  L55 | Informed consent | I | 1/1 |  |  | **1/1** | **Met** |
|  |  L56 | Restrictive practices | I | 1/1 |  |  | **1/1** | **Met** |
|  |  L57 | Written behavior plans | I | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L58 | Behavior plan component | I | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L59 | Behavior plan review | I | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L60 | Data maintenance | I | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L61 | Health protection in ISP | I | 1/1 |  |  | **1/1** | **Met** |
|  |  L62 | Health protection review | I | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L63 | Med. treatment plan form | I |  |  | 3/4 | **3/4** | **Met** |
|  |  L64 | Med. treatment plan rev. | I |  |  | 3/3 | **3/3** | **Met** |
|  |  L77 | Unique needs training | I | 4/4 |  | 5/7 | **9/11** | **Met(81.82 %)** |
|  |  L79 | Restraint training | L |  |  | 3/3 | **3/3** | **Met** |
|  |  L80 | Symptoms of illness | L |  |  | 2/3 | **2/3** | **Not Met(66.67 %)** |
|  |  L81 | Medical emergency | L | 1/1 |  | 3/3 | **4/4** | **Met** |
| O |  L82 | Medication admin. | L | 1/1 |  | 2/2 | **3/3** | **Met** |
|  |  L84 | Health protect. Training | I | 1/1 |  |  | **1/1** | **Met** |
|  |  L85 | Supervision  | L | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L86 | Required assessments | I | 8/8 |  | 4/7 | **12/15** | **Met(80.0 %)** |
|  |  L87 | Support strategies | I | 8/9 |  | 5/7 | **13/16** | **Met(81.25 %)** |
|  |  L88 | Strategies implemented | I | 4/9 |  | 4/6 | **8/15** | **Not Met(53.33 %)** |
|  |  L91 | Incident management | L | 1/1 |  | 3/3 | **4/4** | **Met** |
|  | **#Std. Met/# 56 Indicator** |  |  |  |  |  | **53/56** |  |
|  | **Total Score** |  |  |  |  |  | **61/66** |  |
|  |  |  |  |  |  |  | **92.42%** |  |

 |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **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** |
|  |  |  |  |  |

 |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | 2/2 | **Met** |
|  C12 | Intimacy | 3/3 | **Met** |
|  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 | 3/3 | **Met** |
|  C17 | Community activities | 3/3 | **Met** |
|  C18 | Purchase personal belongings | 3/3 | **Met** |
|  C19 | Knowledgeable decisions | 3/3 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 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** |
|  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** |
|  C54 | Assistive technology | 3/3 | **Met** |
| **Employment Support Services** |  |  |  |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 8/9 | **Met (88.89 %)** |
|  C8 | Family/guardian communication | 9/9 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 9/9 | **Met** |
|  C22 | Explore job interests | 9/9 | **Met** |
|  C23 | Assess skills & training needs | 9/9 | **Met** |
|  C24 | Job goals & support needs plan | 9/9 | **Met** |
|  C25 | Skill development | 9/9 | **Met** |
|  C26 | Benefits analysis | 9/9 | **Met** |
|  C27 | Job benefit education | 9/9 | **Met** |
|  C28 | Relationships w/businesses | 3/3 | **Met** |
|  C29 | Support to obtain employment | 9/9 | **Met** |
|  C30 | Work in integrated settings | 9/9 | **Met** |
|  C31 | Job accommodations | 5/5 | **Met** |
|  C32 | At least minimum wages earned | 2/2 | **Met** |
|  C33 | Employee benefits explained | 9/9 | **Met** |
|  C34 | Support to promote success | 9/9 | **Met** |
|  C35 | Feedback on job performance | 9/9 | **Met** |
|  C36 | Supports to enhance retention | 9/9 | **Met** |
|  C37 | Interpersonal skills for work | 9/9 | **Met** |
|  C47 | Transportation to/ from community | 9/9 | **Met** |
|  C50 | Involvement/ part of the Workplace culture | 9/9 | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | 9/9 | **Met** |
|  C54 | Assistive technology | 4/4 | **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** |
|  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** |
|  C20 (07/21) | Emergency back-up plans | 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** |
|  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** |
|  C54 | Assistive technology | 2/2 | **Met** |
| **Placement Services** |  |  |  |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 10/10 | **Met** |
|  C8 | Family/guardian communication | 10/10 | **Met** |
|  C9 | Personal relationships | 8/10 | **Met (80.0 %)** |
|  C10 | Social skill development | 10/10 | **Met** |
|  C11 | Get together w/family & friends | 10/10 | **Met** |
|  C12 | Intimacy | 6/10 | **Not Met (60.0 %)** |
|  C13 | Skills to maximize independence  | 10/10 | **Met** |
|  C14 | Choices in routines & schedules | 10/10 | **Met** |
|  C15 | Personalize living space | 10/10 | **Met** |
|  C16 | Explore interests | 9/10 | **Met (90.0 %)** |
|  C17 | Community activities | 10/10 | **Met** |
|  C18 | Purchase personal belongings | 9/9 | **Met** |
|  C19 | Knowledgeable decisions | 10/10 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 10/10 | **Met** |
|  C46 | Use of generic resources | 9/9 | **Met** |
|  C47 | Transportation to/ from community | 10/10 | **Met** |
|  C48 | Neighborhood connections | 9/10 | **Met (90.0 %)** |
|  C49 | Physical setting is consistent  | 9/10 | **Met (90.0 %)** |
|  C51 | Ongoing satisfaction with services/ supports | 10/10 | **Met** |
|  C52 | Leisure activities and free-time choices /control | 10/10 | **Met** |
|  C53 | Food/ dining choices | 9/10 | **Met (90.0 %)** |
|  C54 | Assistive technology | 6/10 | **Not Met (60.0 %)** |
| **Residential Services** |  |  |  |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 7/8 | **Met (87.50 %)** |
|  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 | 6/8 | **Not Met (75.00 %)** |
|  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 %)** |
|  C17 | Community activities | 7/8 | **Met (87.50 %)** |
|  C18 | Purchase personal belongings | 8/8 | **Met** |
|  C19 | Knowledgeable decisions | 8/8 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 8/8 | **Met** |
|  C46 | Use of generic resources | 8/8 | **Met** |
|  C47 | Transportation to/ from community | 8/8 | **Met** |
|  C48 | Neighborhood connections | 8/8 | **Met** |
|  C49 | Physical setting is consistent  | 8/8 | **Met** |
|  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** |
|  C54 | Assistive technology | 3/6 | **Not Met (50.0 %)** |
|  |  |  |  |

 |  |  |  |  |