



**PROVIDER REPORT
FOR**

**Opportunities for Inclusion
56 Chestnut St
Waltham, MA 02453**

June 01, 2026

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	Opportunities for Inclusion
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Review Dates	4/30/2026 - 5/6/2026
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Service Enhancement Meeting Date	5/20/2026
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Survey Team	Melanie Cruz (TL) Lisa MacPhail Cheryl Hampton Marie Fabiola Louis-Disla
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Citizen Volunteers	
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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	1 location(s) 2 audit (s)	Full Review	53/73 2 Year License with Mid-Cycle Review 05/20/2026 - 05/20/2028		17 / 26 Certified with Progress Report 05/20/2026 - 05/20/2028
Residential Services	1 location(s) 2 audit (s)			Full Review	17 / 20
Planning and Quality Management (For all service groupings)				Full Review	0 / 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	3 location(s) 13 audit (s)	Full Review	40/51 Defer Licensure		29 / 42 Certified with Progress Report
Community Based Day Services	1 location(s) 7 audit (s)			Full Review	12 / 15
Employment Support Services	2 location(s) 6 audit (s)			Full Review	17 / 21
Planning and Quality Management (For all service groupings)				Full Review	0 / 6

EXECUTIVE SUMMARY :

Opportunities for Inclusion (OFI) is a human services agency located in Waltham Massachusetts that serves individuals with intellectual, developmental and physical disabilities, frail elders, and their families. The agency offers Residential and Day Services to individuals diagnosed with Intellectual and Developmental Disabilities. The agency also provides Day Habilitation, Adult Family Care, and School to Work Transitions Programs as part of its service to the community.

For this 2026 Department of Developmental Services (DDS) review, the DDS Metro Office of Quality Enhancement (OQE) conducted a full licensing and certification review of OFI's organizational systems, twenty-four-hour Residential home, Community Based Day Supports (CBDS), Group Supported Employment supports, and Individual Supported Employment services.

At the organizational level, relative to licensure, the agency had several effective systems in place that ensured positive outcomes for the people they support. The agency reported allegations of abuse or neglect as mandated, and implemented immediate actions to protect individuals for whom allegations of abuse and neglect were made.

Relative to licensure standards for Residential services, the residential location maintained current inspections, smoke and carbon monoxide detectors were in proper locations and operational and fire drills were conducted as required. Medications were administered as prescribed by Medication Administration Program (MAP) certified staff and individuals were supported to receive annual physical and dental exams. All individuals were afforded privacy in the home, were supported to eat a healthy diet and encouraged to engage in regular physical activity.

In the area of certification, the residential location blended naturally with the neighborhood and the interior common areas and bedrooms were decorated in accordance with individuals' personal tastes. Observations and interviews confirmed that staff empowered individuals to make choices throughout the day about their household routines, leisure activities, and meals, and supported individuals to maintain connections with families.

Relative to licensing for Day and Employment Services, OFI had some effective systems and processes. Regarding environmental and personal safety, locations surveyed were clean, in good repair, and had current inspections, and individuals who participated in CBDS were supported to evacuate within a reasonable timeframe during fire drills. Communication, both with and about, individuals was respectful, and people at the various sites indicated that they had privacy when taking care of and discussing personal matters. In employment supports, the agency supported several individuals to have integrated employment within the community.

Relative to Certification for Day and Employment Services, individuals were supported to identify skills and support needs for employment. They participated in volunteer opportunities and were supported to access activities in the community to explore their interests. Individuals who were employed all earned at least minimum wage and those who were interviewed voiced satisfaction with their current employment and supports offered by the agency. Overall, findings showed that many individuals were supported to be part of their workplace cultures.

In addition to these positive findings, there are many areas identified during the survey as requiring agency attention to develop systems of oversight and compliance. Regarding licensure standards at an organizational level, the agency needs to re-establish a functioning Human Rights Committee and prioritize the development of a robust system to ensure all employees completed and maintain DDS required training and certification. Systems should be developed to ensure the screening of prospective employees so that employees hired meet the requirements set forth in job descriptions.

Relative to certification standards, the agency should focus attention on the collection, review, and

analysis of data collected from internal and external stakeholders and utilize this analysis to drive service delivery improvement. A strategic plan should be developed to guide identification and implementation of programmatic improvements. The agency is encouraged to develop and implement a system to solicit individual feedback on the staff who support them, and to enable participation in the hiring process for potential new staff.

In the area of licensing for Residential Services, individuals should be supported to receive routine and preventative screenings. Emergency fact sheets and individual Health Care Records should be kept up to date and contain accurate information. Medication treatment plans should be developed where required, shared with each person's ISP team, and corresponding data collection occurring. Charges for Care information must be shared with the individual and/or guardian along with clear information relative to appeal rights. Required ISP assessments and support strategies should be submitted within required timelines and support strategies should be implemented consistently with corresponding data collection.

Relative to Day and Employment services licensure, service improvement efforts should ensure that all individuals receive annual training on human rights, and guardians are provided information on how to report abuse and neglect. In the area of healthcare, emergency fact sheets should contain current or accurate information and staff should be fully trained in the proper implementation of all physician ordered medical protocols.

With regard to certification within Day and Employment services, OFI is encouraged to work toward assessing and supporting individuals in its CBDS programs in various aspects of career interest exploration, job readiness, and support needs for employment. In Employment Supports, the agency should further its attempts at making connections with local businesses to generate employment options for people it serves. Individuals should be fully assessed for their skills, interests, and abilities related to employment; and detailed written career plans should be developed accordingly. When individuals are employed, the agency needs to ensure that employee benefits are explained and that individuals receive feedback on job performance.

As a result of this review, the agency's Residential Services received an overall licensure score of 73%, including all critical indicators, and will receive a Two-Year License with Mid-Cycle Review. OQE will conduct follow-up on all licensing indicators rated Not Met within 60 days of the Service Enhancement Meeting. A sanction on accepting new business is imposed pending follow-up results. If the agency improves to at least 80% compliance at follow-up, the sanction will be lifted. If the agency remains between 60% and 79%, the sanction will remain in place. The service group met 65% of certification indicators and is Certified with Progress Report.

The agency's Day and Employment service grouping received an overall licensure score of 78% with one critical indicator (L38) receiving a rating of Not Met. The service group's level of licensure will be deferred, pending follow-up conducted by OQE within sixty days of the Service Enhancement Meeting on all licensing indicators that received an overall rating of Not Met. A sanction on accepting new business is imposed pending follow-up results. If the agency meets at least 80% of licensing indicators and corrects the critical indicator at follow-up, the agency will receive a Two-Year License with Mid-Cycle Review and the sanction will be lifted. If the agency remains between 60% and 79% but corrects all critical indicators, the agency will receive a Two-Year License with Mid-Cycle Review and the sanction will remain in place. The service group met 69% of certification indicators and is Certified with Progress Report.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	4/8	4/8	
Residential and Individual Home Supports	49/65	16/65	
Residential Services			
Critical Indicators	8/8	0/8	
Total	53/73	20/73	73%
2 Year License with Mid-Cycle Review			
# indicators for 60 Day Follow-up		20	

	Met / Rated	Not Met / Rated	% Met
Organizational	4/8	4/8	
Employment and Day Supports	36/43	7/43	
Community Based Day Services Employment Support Services			
Critical Indicators	5/6	1/6	
Total	40/51	11/51	78%
Defer Licensure			
# indicators for 60 Day Follow-up		11	

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 agency does not have an active Human Rights Committee (HRC). Meeting minutes shared with OQE for review reflected that the last time an agency HRC convened was 4/28/2025. The agency needs to establish an active HRC, inclusive of all required members that meets quarterly to fulfill review of all information within it's purview.

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

Indicator #	Indicator	Area Needing Improvement
L74	The agency screens prospective employees per requirements.	For both new employees surveyed, the agency was unable to provide OQE with information to validate that a system of screening applicants occurred to ensure prospective employees met the requirements for hire as defined in an agency job description. The agency needs to ensure all candidates for employment meet the agency's qualifications for the position.
L76	The agency has and utilizes a system to track required trainings.	For three of four employees, documentation to validate that CPR and First Aid training had occurred was not present. The agency needs to develop a system to ensure that all employees have completed DDS mandated training and hold current required certifications.
L83	Support staff are trained in human rights.	For two of four employees, documentation of DDS Mandated Reporter training was not present. The agency needs to ensure that all employees are trained in the DDS Mandated Reporter training curriculum, inclusive of an initial training with subsequent annual refresher training.

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

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	Both individuals' emergency fact sheets were missing required information. The agency needs to ensure that emergency fact sheets contain all required components.
L20	Exit doors are easily operable by hand from inside without the use of keys.	At the residential location, the egress doors in one individual's bedroom were difficult to open, sticking on the threshold. The agency needs to ensure that exit doors are free of inside locks that require keys, and are easily operable.
L35	Individuals receive routine preventive screenings.	One of two individuals had not received all recommended routine and preventative screenings. The agency needs to ensure that individuals receive preventive health screenings in accordance with their age and gender.
L43	The health care record is maintained and updated as required.	Both individuals' Health Care Records were not updated and maintained as required. The agency needs to ensure Health Care Records are maintained and updated as required; annually at the time of an individual's ISP, and within thirty days of significant changes or events.

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

Indicator #	Indicator	Area Needing Improvement
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	For both individuals, the agency could not demonstrate that individuals were fully trained and/or guardians received information regarding human rights and how to file a grievance if they had a concern. The agency needs to ensure that individuals and guardians receive annual training in human rights (using a DDS approved curriculum) and residential agreements are in place as appropriate.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For one of two individuals who required the use of health-related supports, the agency did not yet have written authorization for proper use, cleaning and maintenance. When individuals require health-related devices, the use of these devices must be authorized by a medical professional. This authorization must include instructions for applying and using the device, instructions for the care and cleaning of the device and the frequency of safety checks.
L63	Medication treatment plans are in written format with required components.	The agency had not yet developed Medication Treatment Plans (MTP) for two individuals within the residential program, whose medication necessitated an MTP. The agency needs to develop MTP's where applicable, and ensure that plans contain all required components, inclusive of the behavior for which medication is prescribed being clearly described in individualized measurable terms. The agency must also ensure that once plans are developed, that aligned data collection occurs in an ongoing and sustained manner. The agency must also develop a mechanism to share data in an ongoing manner with each person's prescribing physician.
L70	Charges for care are calculated appropriately.	For one person where charges for care were being calculated, the agency did not have a formal document or mechanism for calculating the charges. Information contained within an email regarding charges for care indicated that charges for care were being calculated inaccurately and in an untimely manner. The agency needs to develop and implement a formal process to ensure that charges for care are calculated and documented as required by regulation, with accompanying notification of charges conducted annually with adjustments as necessary.
L71	Individuals are notified of their appeal rights for their charges for care.	The agency does not have a clear and established process for documenting charges for care calculation, inclusive of a system for notification inclusive of appeal rights. The agency needs to ensure that charges for care documentation includes notification to individuals and guardians of their appeal rights.

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

Indicator #	Indicator	Area Needing Improvement
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For one of two individuals who used health-related devices, staff had not been trained in the proper use, care, and cleaning of the equipment. The agency needs to ensure that staff are trained and knowledgeable in the safe use, application, proper care, and cleaning of all health-related devices.
L85	The agency provides ongoing supervision, oversight and staff development.	At the agency's residential location, the agency did not have an effective system for oversight and monitoring. The agency needs to ensure that oversight systems are established and implemented on an agency-wide basis to ensure that effective monitoring occurs in areas including but not limited to money management, healthcare coordination and environmental safety. Supervisory oversight systems need to ensure that support staff receive adequate training and support in areas such as medication treatment plan development, ISP goal implementation, and in the utilization and care of health-related supports.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	One individual's ISP assessments were not completed and submitted within the established timeline. The agency needs to ensure that it completes and submits ISP assessments at least 15 days prior to each ISP meeting.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	One individual's ISP support strategies were not completed and submitted within the established timeline. The agency needs to ensure that it completes and submits ISP support strategies at least 15 days prior to each ISP meeting.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	One of two individuals was not supported to work towards accomplishing their identified ISP goals through the implementation of support strategies identified and agreed upon in their ISP. The agency needs to ensure that staff implement identified support strategies to support individuals to achieve their identified goals, and that corresponding data collection is occurring in an ongoing and sustained manner.
L91	Incidents are reported and reviewed as mandated by regulation.	At the residential location, incidents were not reported, and/or submitted reviewed by the agency within the required timelines. The agency needs to ensure that all incidents are reported, submitted and reviewed within the required timelines.

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

Indicator #	Indicator	Area Needing Improvement
L94 (05/22)	Individuals have assistive technology to maximize independence.	For two of two individuals, the agency had not yet assessed them in the area of Assistive Technology (AT) to ascertain any areas in life where AT could increase independence and decrease in any way reliance on support staff. The agency needs to ensure to assess all individuals with a view to identifying AT which could further their independence. Once assessed, the agency needs to support each person to obtain and implement the use of any identified AT.

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

Indicator #	Indicator	Area Needing Improvement
L1	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	For eleven of thirteen individuals, the agency could not demonstrate that individuals were fully trained and/or guardians received information regarding mandated reporting. The agency needs to ensure that all individuals are trained and guardians where applicable are provided information with how to report alleged abuse/neglect.
L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For one individual, where a medical diagnosis necessitated the presence of a medical protocol, staff were neither properly trained nor adequately prepared to execute treatment protocols ordered by the individual's physician. The agency must ensure that the staff are trained on and equipped with resources to complete specific actions contained in all individuals' physicians' orders and treatment protocols.
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	For eleven of thirteen individuals, the agency could not demonstrate that individuals were fully trained and/or guardians received information regarding human rights and how to file a grievance if they had a concern. The agency needs to ensure that individuals and guardians receive annual training in human rights (using a DDS approved curriculum) and residential agreements are in place as appropriate.

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

Indicator #	Indicator	Area Needing Improvement
L85	The agency provides ongoing supervision, oversight and staff development.	At the CBDS location and across agency Employment Services, the agency did not have an effective system of oversight and monitoring. The agency needs to ensure that oversight systems are established and implemented on an agency-wide basis to ensure that effective monitoring occurs in areas including but not limited to healthcare oversight, ISP goal implementation, training provided to individuals, guardians and agency employees, and adherence to regulatory timelines in relation to ISP documentation submission. Supervisory oversight systems need to ensure that support staff receive adequate training to support all individuals within the services provided.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Six of ten individuals' ISP assessments were not completed and submitted within the established timeline. The agency needs to ensure that it completes and submits ISP assessments at least 15 days prior to each ISP meeting.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Six of eleven individuals' ISP support strategies were not completed and submitted within the established timeline. The agency needs to ensure that it completes and submits ISP support strategies at least 15 days prior to each ISP meeting.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Six of thirteen individuals were not supported to work towards accomplishing their identified ISP goals through the implementation of support strategies identified and agreed upon in their ISP. The agency needs to ensure that staff implement identified support strategies to support individuals to achieve their identified goals, and that corresponding data collection is occurring in an ongoing and sustained manner.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	0/6	6/6	
Residential and Individual Home Supports	17/20	3/20	
Residential Services	17/20	3/20	
Total	17/26	9/26	65%
Certified with Progress Report			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	0/6	6/6	
Employment and Day Supports	29/36	7/36	
Community Based Day Services	12/15	3/15	
Employment Support Services	17/21	4/21	
Total	29/42	13/42	69%
Certified with Progress Report			

Planning and Quality Management Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C1	The provider collects data regarding program quality including but not limited to incidents, investigations, restraints, and medication occurrences.	The agency does not have an internal quality management and improvement system that regularly gathers data on program and service quality, including but not limited to, incidents, investigations, and other program quality information. The agency needs to develop an effective data collection system so that ongoing data collection is occurring and available for ongoing review and analysis with a view to service quality improvement.

Planning and Quality Management Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C2	The provider analyzes information gathered from all sources and identifies patterns and trends.	The agency did not have an identifiable mechanism for the ongoing review of quality management data across services that could be utilized to analyze information and identify patterns and trends within each service type and for the organization as a whole. The agency needs to develop a system whereby data analysis can occur, patterns and trends can be identified, and whereby individuals, families, and provider staff are involved in the review of information and in the provision of feedback.
C3	The provider actively solicits and utilizes input from the individuals and families regarding satisfaction with services.	The agency did not have an identifiable mechanism in place to reflect whether feedback had been collected from families and individuals, nor any evidence to demonstrate how any feedback received was utilized to inform service improvement efforts. The agency needs to develop a system in which feedback from families and individuals is documented and utilized to inform service improvement efforts across each service type.
C4	The provider receives and utilizes input received from DDS and other stakeholders to inform service improvement efforts.	The agency does not have an effective system for evaluating any information potentially received from all major stakeholders including data gathered on program quality, to determine the process for utilizing this information in service improvement efforts. The agency needs to establish clear methodology for soliciting and responding to input received from internal data collection, DDS, CMS and other major stakeholders, and incorporating information received into the design of service improvement efforts in a timely manner.

Planning and Quality Management Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C5	The provider has a process to measure progress towards achieving service improvement goals.	The agency does not have current clearly defined organizational goals and objectives, nor system in place to track progress towards future service improvement goals. The agency needs to establish clear service improvement goals based on the data analysis of patterns and trends. Strategic planning efforts need to include a process in place to target areas upon which to work and a consensus within the agency regarding the importance of these service improvement targets. The agency needs to establish quantifiable targets against which it can measure its progress in reaching its desired goal(s), a process for measuring and monitoring progress, and an ability to make "mid-course" corrections if necessary. The agency also needs to have mechanisms to ensure that individuals and families receive information regarding the achievement of targeted service improvements.
C6	The provider has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans.	The agency does not have documented mechanisms in place to plan for future directions in service delivery. The agency needs to establish a formal mechanism for strategic organizational planning so that long range planning can occur with broad organizational goals being established. The agency needs to ensure that individuals' current and future needs are incorporated into the agency's planning process and that the planning process results in strategies being implemented and plans being actualized.

Residential Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	Neither of the two individuals had been provided the opportunity to give input during the time of hire and/or give feedback about the staff that support them to be incorporated into ongoing professional development for staff. The agency needs to develop a system to ensure that all individuals have both the opportunity to participate in the hiring process of new support staff and the opportunity to give feedback on staff who support them so that feedback can be utilized to inform performance evaluation and training.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For both individuals, the agency had not yet thoroughly assessed support needs in the areas of intimacy and companionship; nor had education and support in these areas been provided. The agency needs to assess all individuals relative to their preferences for intimacy and companionship and have available a curriculum to provide training and support to individuals and support staff in this area.
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	For both individuals, the agency did not have systems in place for staff to support each person's exploration, discovery and participation in a wide variety of cultural, social, recreational and/or spiritual activities to potentially broaden each individual's knowledge and potentially broaden interests. The agency needs to develop mechanisms so that staff may support each person to explore a broad array of activities and potential new interests in an ongoing manner.

Community Based Day Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	None of the seven individuals had been provided the opportunity to give input during the time of hire and/or give feedback about the staff that support them to be incorporated into ongoing professional development for staff. The agency needs to develop a system to ensure that all individuals have both the opportunity to participate in the hiring process of new support staff and the opportunity to give feedback on staff who support them so that feedback can be utilized to inform performance evaluation and training.
C39 (07/21)	There is a plan developed to identify job goals and support needs that would lead to movement into supported employment.	For one of two individuals, the agency had not yet developed a plan to identify each person's job goals and support needs that would lead to movement into supported employment. The agency needs to ensure that each person's support needs have been identified based on the individual's current interests, strengths and needs and that there is a detailed written plan in place that addresses the individual's goals and support needs, so that each individual is presented with employment as an option within the CBDS Pathway to Employment.
C44	Staff have effective methods to assist individuals to explore their job interests if appropriate.	For both individuals surveyed, the methods used to assist them with exploring their job interests were limited. The agency needs to ensure there are effective and multiple methods to assist all individuals in discovering their job interests.

Community Based Day Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	None of the six individuals had been provided the opportunity to give input during the time of hire and/or give feedback about the staff that support them to be incorporated into ongoing professional development for staff. The agency needs to develop a system to ensure that all individuals have both the opportunity to participate in the hiring process of new support staff and the opportunity to give feedback on staff who support them so that feedback can be utilized to inform performance evaluation and training.
C28	Staff maintain and develop relationships with local businesses in order to facilitate job development opportunities.	Across the agency Employment Services, there were no new job development activities occurring so that new employment opportunities could be explored outside of historically offered group employment options. The agency needs to support staff who work within Employment Services to be able to work in a variety of ways with a sustained effort to develop relationships with local businesses in order to facilitate job development opportunities.
C33	Employee benefits and rights are clearly explained to the individual.	For four of six individuals, who were employed in group employment settings with the agency as the employer on record, as employees of the agency, employee benefits and rights had not been explained. The agency needs to ensure that each individual is aware of the same benefits and rights as are explained to all agency employees at time of hire or ongoing as applicable

Community Based Day Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C35	Individuals are given feedback on job performance by their employer.	For four of six individuals, who were employed in group employment settings with the agency as the employer on record, the agency had not yet established a mechanism whereby individuals could receive feedback on their job performance. The agency needs to ensure that all individuals are not given feedback on their job performance, and that staff are able to facilitate and reinforce evaluation results when needed.

MASTER SCORE SHEET LICENSURE

Organizational: Opportunities for Inclusion

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	1/1	Met
L3	Immediate Action	8/8	Met
L4	Action taken	3/3	Met
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	0/2	Not Met(0 %)
L75	Qualified staff	1/1	Met
L76	Track trainings	1/4	Not Met(25.00 %)
L83	HR training	2/4	Not Met(50.0 %)

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	2/2						2/2	Met
L5	Safety Plan	L	1/1						1/1	Met
R L6	Evacuation	L	1/1						1/1	Met
L7	Fire Drills	L	1/1						1/1	Met
L8	Emergency Fact Sheets	I	0/2						0/2	Not Met (0 %)
L9 (07/21)	Safe use of equipment	I	2/2						2/2	Met
R L11	Required inspections	L	1/1						1/1	Met
R L12	Smoke detectors	L	1/1						1/1	Met
R L13	Clean location	L	1/1						1/1	Met
L14	Site in good repair	L	1/1						1/1	Met
L15	Hot water	L	1/1						1/1	Met
L16	Accessibility	L	1/1						1/1	Met
L17	Egress at grade	L	1/1						1/1	Met
L18	Above grade egress	L	1/1						1/1	Met
L19	Bedroom location	L	1/1						1/1	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L20	Exit doors	L	0/1						0/1	Not Met (0 %)
L21	Safe electrical equipment	L	1/1						1/1	Met
L22	Well-maintained appliances	L	1/1						1/1	Met
L23	Egress door locks	L	1/1						1/1	Met
L24	Locked door access	L	1/1						1/1	Met
L25	Dangerous substances	L	1/1						1/1	Met
L26	Walkway safety	L	1/1						1/1	Met
L28	Flammables	L	1/1						1/1	Met
L29	Rubbish/combustibles	L	1/1						1/1	Met
L30	Protective railings	L	1/1						1/1	Met
L31	Communication method	I	2/2						2/2	Met
L32	Verbal & written	I	2/2						2/2	Met
L33	Physical exam	I	2/2						2/2	Met
L34	Dental exam	I	2/2						2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L35	Preventive screenings	I	1/2						1/2	Not Met (50.0 %)
L36	Recommended tests	I	2/2						2/2	Met
L37	Prompt treatment	I	2/2						2/2	Met
℞ L38	Physician's orders	I	2/2						2/2	Met
L39	Dietary requirements	I	1/1						1/1	Met
L40	Nutritional food	L	1/1						1/1	Met
L41	Healthy diet	L	1/1						1/1	Met
L42	Physical activity	L	1/1						1/1	Met
L43	Health Care Record	I	0/2						0/2	Not Met (0 %)
L44	MAP registration	L	1/1						1/1	Met
L45	Medication storage	L	1/1						1/1	Met
℞ L46	Med. Administration	I	2/2						2/2	Met
L49	Informed of human rights	I	0/2						0/2	Not Met (0 %)
L50 (07/21)	Respectful Comm.	I	2/2						2/2	Met
L51	Possessions	I	2/2						2/2	Met
L52	Phone calls	I	2/2						2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L53	Visitation	I	2/2						2/2	Met
L54 (07/21)	Privacy	I	2/2						2/2	Met
L55	Informed consent	I	1/1						1/1	Met
L61	Health protection in ISP	I	1/2						1/2	Not Met (50.0 %)
L63	Med. treatment plan form	I	0/2						0/2	Not Met (0 %)
L70	Charges for care calc.	I	0/1						0/1	Not Met (0 %)
L71	Charges for care appeal	I	0/1						0/1	Not Met (0 %)
L77	Unique needs training	I	2/2						2/2	Met
L80	Symptoms of illness	L	1/1						1/1	Met
L81	Medical emergency	L	1/1						1/1	Met
L82	Medication admin.	L	1/1						1/1	Met
L84	Health protect. Training	I	1/2						1/2	Not Met (50.0 %)
L85	Supervision	L	0/1						0/1	Not Met (0 %)
L86	Required assessments	I	0/1						0/1	Not Met (0 %)
L87	Support strategies	I	0/1						0/1	Not Met (0 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L88	Strategies implemented	I	1/2						1/2	Not Met (50.0 %)
L90	Personal space/ bedroom privacy	I	2/2						2/2	Met
L91	Incident management	L	0/1						0/1	Not Met (0 %)
L93 (05/22)	Emergency back-up plans	I	2/2						2/2	Met
L94 (05/22)	Assistive technology	I	0/2						0/2	Not Met (0 %)
#Std. Met/# 65 Indicator									49/65	
Total Score									53/73	
									72.60%	

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	2/6		0/7	2/13	Not Met (15.38 %)
L5	Safety Plan	L			1/1	1/1	Met
L6	Evacuation	L			1/1	1/1	Met
L7	Fire Drills	L			1/1	1/1	Met
L8	Emergency Fact Sheets	I	6/6		6/7	12/13	Met (92.31 %)

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L9 (07/21)	Safe use of equipment	I	6/6		7/7	13/13	Met
Ⓡ L11	Required inspections	L			1/1	1/1	Met
Ⓡ L12	Smoke detectors	L			1/1	1/1	Met
Ⓡ L13	Clean location	L			1/1	1/1	Met
L14	Site in good repair	L			1/1	1/1	Met
L15	Hot water	L			1/1	1/1	Met
L16	Accessibility	L			1/1	1/1	Met
L17	Egress at grade	L			1/1	1/1	Met
L18	Above grade egress	L			1/1	1/1	Met
L20	Exit doors	L			1/1	1/1	Met
L21	Safe electrical equipment	L			1/1	1/1	Met
L22	Well-maintained appliances	L			1/1	1/1	Met
L26	Walkway safety	L			1/1	1/1	Met
L29	Rubbish/combustibles	L			1/1	1/1	Met
L31	Communication method	I	6/6		7/7	13/13	Met
L32	Verbal & written	I	6/6		7/7	13/13	Met
L37	Prompt treatment	I	6/6		7/7	13/13	Met
Ⓡ L38	Physician's orders	I			0/1	0/1	Not Met (0 %)
L49	Informed of human rights	I	2/6		0/7	2/13	Not Met (15.38 %)
L50 (07/21)	Respectful Comm.	I	6/6		6/6	12/12	Met
L51	Possessions	I	6/6		7/7	13/13	Met
L52	Phone calls	I	6/6		7/7	13/13	Met
L54 (07/21)	Privacy	I	6/6		7/7	13/13	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L55	Informed consent	I	5/5		6/6	11/11	Met
L61	Health protection in ISP	I			1/1	1/1	Met
L72	DOL requirements	I			1/1	1/1	Met
L77	Unique needs training	I	6/6		5/5	11/11	Met
L80	Symptoms of illness	L	2/2		1/1	3/3	Met
L81	Medical emergency	L	2/2		1/1	3/3	Met
L84	Health protect. Training	I			1/1	1/1	Met
L85	Supervision	L	0/2		0/1	0/3	Not Met (0 %)
L86	Required assessments	I	3/5		1/5	4/10	Not Met (40.0 %)
L87	Support strategies	I	3/5		2/5	5/10	Not Met (50.0 %)
L88	Strategies implemented	I	2/6		6/7	8/13	Not Met (61.54 %)
L91	Incident management	L	2/2		1/1	3/3	Met
L93 (05/22)	Emergency back-up plans	I	6/6		7/7	13/13	Met
L94 (05/22)	Assistive technology	I	6/6		7/7	13/13	Met
L96 (05/22)	Staff training in devices and applications	I	5/5		3/3	8/8	Met
#Std. Met/# 43 Indicator						36/43	
Total Score						40/51	
						78.43%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	0/1	Not Met (0 %)
C2	Data analysis	0/1	Not Met (0 %)
C3	Service satisfaction	0/1	Not Met (0 %)
C4	Utilizes input from stakeholders	0/1	Not Met (0 %)
C5	Measure progress	0/1	Not Met (0 %)
C6	Future directions planning	0/1	Not Met (0 %)

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/2	Not Met (0 %)
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	0/2	Not Met (0 %)
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	0/2	Not Met (0 %)
C17	Community activities	2/2	Met
C18	Purchase personal belongings	2/2	Met
C19	Knowledgeable decisions	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

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/7	Not Met (0 %)
C8	Family/guardian communication	7/7	Met
C13	Skills to maximize independence	7/7	Met
C37	Interpersonal skills for work	7/7	Met
C38 (07/21)	Habilitative & behavioral goals	5/5	Met
C39 (07/21)	Support needs for employment	1/3	Not Met (33.33 %)
C40	Community involvement interest	7/7	Met
C41	Activities participation	7/7	Met
C42	Connection to others	7/7	Met
C43	Maintain & enhance relationship	7/7	Met
C44	Job exploration	0/3	Not Met (0 %)
C45	Revisit decisions	7/7	Met
C46	Use of generic resources	6/6	Met
C47	Transportation to/ from community	7/7	Met
C51	Ongoing satisfaction with services/ supports	7/7	Met

Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/6	Not Met (0 %)
C8	Family/guardian communication	6/6	Met
C22	Explore job interests	6/6	Met
C23	Assess skills & training needs	5/6	Met (83.33 %)
C24	Job goals & support needs plan	5/6	Met (83.33 %)
C25	Skill development	6/6	Met
C26	Benefits analysis	5/6	Met (83.33 %)
C27	Job benefit education	6/6	Met
C28	Relationships w/businesses	0/2	Not Met (0 %)
C29	Support to obtain employment	6/6	Met
C30	Work in integrated settings	6/6	Met
C31	Job accommodations	1/1	Met
C32	At least minimum wages earned	6/6	Met

Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C33	Employee benefits explained	2/6	Not Met (33.33 %)
C34	Support to promote success	6/6	Met
C35	Feedback on job performance	2/6	Not Met (33.33 %)
C36	Supports to enhance retention	6/6	Met
C37	Interpersonal skills for work	6/6	Met
C47	Transportation to/ from community	6/6	Met
C50	Involvement/ part of the Workplace culture	5/5	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met