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| **PROVIDER REPORT FOR** |

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| **PEOPLE INC4 South Main St Fall River, MA 02721**  |

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| **Public Provider Report** |

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

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| **SUMMARY OF OVERALL FINDINGS** |

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| **Review Dates** |

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| 6/17/2021 - 6/24/2021 |

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| **Service Enhancement Meeting Date** |

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| 7/7/2021 |

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| **Survey Team** |

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| Jamie Savage (TL) |
| Michael Marchese |
| Katherine Gregory |
| Tina Napolitan |
| Scott Nolan |
| Michelle Boyd |
| Kayla Condon |

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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** | 16 location(s) 18 audit (s)  | Full Review | 72/89 2 Year License 07/07/2021 - 07/07/2023 |  | 63 / 73 Certified 07/07/2021 - 07/07/2023 |
| Residential Services | 8 location(s) 8 audit (s)  |  |  | Full Review | 19 / 22 |
| ABI-MFP Residential Services | 1 location(s) 3 audit (s)  |  |  | Full Review | 17 / 22 |
| Placement Services | 4 location(s) 4 audit (s)  |  |  | Deemed |  |
| Individual Home Supports | 3 location(s) 3 audit (s)  |  |  | Full Review | 21 / 23 |
| 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** | 2 location(s) 8 audit (s)  | Full Review | 67/68 2 Year License 07/07/2021 - 07/07/2023 |  |  Certified 07/07/2021 - 07/07/2023 |
| Community Based Day Services | 1 location(s) 3 audit (s)  |  |  | Deemed |  |
| Employment Support Services | 1 location(s) 5 audit (s)  |  |  | Deemed |  |
| Planning and Quality Management (For all service groupings) |   |  |  | Full Review | 6 / 6 |

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| **EXECUTIVE SUMMARY :** |

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| People Incorporated is a nonprofit agency established in 1968 with two office locations in Fall River and an office location in Taunton. The agency serves over 6,000 children, adults, and families on an annual basis and in addition, 650 DDS eligible individuals. People Inc. provides a comprehensive array of services including 24/7 residential services, which includes individuals with Acquired Brain Injury, individualized home supports, placement support services, Community Based Day Supports (CBDS) and employment service supports throughout southeast Massachusetts.The scope of this survey included all licensure and certification indicators for 24-hour residential services and individualized home supports. For Employment, Community Based Day Supports (CBDS), and Placement Services only licensure indicators were reviewed as the agency attainment of CARF Accreditation for those services. The review was conducted through virtual observation, interviews, and document review and electronic exchange. Based on the results of this review, the agency achieved positive outcomes organizationally, including ensuring that all staff are appropriately trained in mandated trainings. During the COVID-19 pandemic the agency continued to successfully supplement trainings with the provision of additional training in areas of universal precautions and transmission prevention. The agency demonstrated that they had up to date materials and had trained staff in these additional essential topics. All staff and individuals were aware of the importance of these added protections. In the area of personal safety, the agency's system to ensure that all staff were aware of how to identify, report, and prevent abuse and mistreatment was in place across all service types. Incidents were reported as required and staff were knowledgeable about the criteria for reporting. The agency ensured that immediate actions were taken and that longer-term action steps were implemented to maintain the safety of individuals. Within the area of human rights, guardians and individuals were trained and notified of their rights, how to report abuse and neglect, and how to file a grievance. In a 24hour home, one individual had expressed a concern about a staff person to his human rights officer, this concern was successfully addressed through the grievance process. Within the employment, another individual expressed his happiness with being treated with respect and dignity.The agency's Human Rights Committee (HRC) maintained full membership for the last two years and attendance exceeded requirements for more than 75% of meetings. The HRC meeting minutes demonstrated a comprehensive review of all issues that potentially impacted the human rights of individuals being served. In the environmental domain, all locations were well maintained, clean and in good repair. Homes were accessible and appliances and fire protection systems were in working condition. Residences also had supplies to ensure that universal healthcare precautions would be followed as well as COVID-19 cleaning guidelines were in place. In the area of healthcare, the agency ensured that individuals maintained a healthy lifestyle by supporting and encouraging individuals to engage in physical activity. Individuals were supported to exercise in programs by using zoom and other video technology during the COVID-19 pandemic. One individual was supported to engage in physical activity by gardening. Additionally, staff administered medications in accordance with the Medication Administration Program requirements.People Inc's Community Based Day Supports (CBDS) and Employment supports continue to work with individuals to safely return to receiving day and employment services. The review of these services resulted in a total service group score of 99% met in the license indicators. Within certification the agency also demonstrated several positive outcomes. People received support to purchase personal belongings and to make meal choices based on their food preferences. This was reflective in meetings minutes, menu planning, activity calendars, and interviews. One individual is supported in choosing a recipe and cooking for his housemates. Written and oral communication with and about the individuals People Inc. serves was respectful and supportive. The agency was also effective in supporting individuals to explore interests and develop activities based on the individual's personal preferences throughout the COVID-19 Pandemic. One individual was supported to engage in numerous activities of their choosing including trips to a preferred Dunkin Donuts, banking, shopping in stores, taking preferred routes to places, and driving by homes they like to see. The agency also encourages individuals to maintain on going connections with their neighbors. One individual enjoys greeting the mailman for a brief conversation daily. While the agency has demonstrated positive findings in many areas of service delivery, the survey also revealed several areas that require strengthening.Oversight and case management of individual's healthcare needs to be strengthened to effectively track all healthcare practitioner's recommendations and to ensure follow-up occurs according to practitioner instructions. Special dietary needs also need to be implemented as outlined by the healthcare provider. The agency also needs to ensure that when individuals have support and health related protections, all required components and reviews are present and staff are appropriately trained. Additionally, the agency needs to ensure that medication treatment plans include all required components that these are reviewed by required groups. Efforts are needed to ensure that when the agency has shared and/or delegated funds management, support plans are developed with all required components, and effective tracking and monitoring systems are in place to safeguard individuals' funds. Within residential and in home supports, findings indicated that the agency needs to increase assistance to individuals to explore, pursue and express their needs related to intimacy and companionship. Additionally, exploration of assistive technology to address individual needs was limited or not completed across all service areas. Based on the findings of this review, the agency has earned a Two-Year License for both Residential/IHS supports (81%) and Employment/Day supports (99%.). The agency is also Certified for all services including both Residential/IHS receiving a rating of met for 19 of 22 indicators. (86%). Within the next 60-days, the DDS Office of Quality Enhancement will complete the follow-up for Residential supports. The provider will complete the follow-up for Employment/Day supports. |

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| **LICENSURE FINDINGS** |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **10/10** | **0/10** |  |
| **Residential and Individual Home Supports** | **62/79** | **17/79** |  |
|  Residential Services ABI-MFP Residential Services Placement Services Individual Home Supports |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **72/89** | **17/89** | **81%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **17** |  |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **10/10** | **0/10** |  |
| **Employment and Day Supports** | **57/58** | **1/58** |  |
|  Community Based Day Services Employment Support Services |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **67/68** | **1/68** | **99%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **1** |  |

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|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L35 | Individuals receive routine preventive screenings.  | For seven out of seventeen individuals routine preventative screenings had not occurred. The agency needs to ensure that preventative screenings outlined in the DDS Adult Screening Recommendations are discussed with a health care provider and occur based on those recommendations. Alternatives to routine screenings should be discussed when needed. |
|  |  L36 | Recommended tests and appointments with specialists are made and kept.  | For five individuals, follow-up appointments with specialists or recommended tests did not occur as recommended, or efforts to determine if appointments/testing were needed did not take place. The agency needs to ensure that recommended tests and appointments with specialists are scheduled and kept. |
|  |  L39 | Special dietary requirements are followed.  | Three of the nine individuals were not supported to follow special dietary requirements. In one instance caloric intake was not being consistently tracked for an individual who required a specific caloric intake. In two instances food purchased was not aligned with their unique diets. The agency needs to ensure that staff are knowledgeable about individual's special dietary needs, that recommendations are implemented, and that individuals are supported to make knowledgeable decisions regarding their food choices when they have dietary restrictions. |
|  |  L43 | The health care record is maintained and updated as required.  | Four healthcare records (HCRs) were not maintained and updated. The HRCs were missing information such as hospitalizations, diagnoses, healthcare providers and dates of most recent exams and immunizations. In one instance the HCR listed dates for preventative screenings, but it could not be verified that they had occurred. They agency needs to ensure that HCRs are updated when changes occur and that they contain accurate and relevant information. |
|  |  L56 | Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others. | Two out of seven restrictive practices did not contain components such as a mitigation plan to not unduly restrict the rights of others, and a plan to fade or eliminate the practice. One of seven plans was not being implemented as written. |
|  |  L61 | Supports and health related protections are included in ISP assessments and the continued need is outlined. | Supportive and health related protections used by two individuals either had not been authorized for use or they lacked details such as a description of the device, guidance on proper use, and procedures for their cleaning and care and monitoring of use. The agency needs to ensure that all supportive and health related protections are clearly outlined in the ISP and articulated in a written plan for implementation. |
|  |  L62 | Supports and health related protections are reviewed by the required groups. | Two out of six individuals' health related supports and protective equipment were not reviewed by the required groups. The agency needs to ensure that these are included in the ISP for review. |
|  |  L63 | Medication treatment plans are in written format with required components. | Six out of thirteen Medication Treatment Plans (MTPs) reviewed did not include all required components, such as inclusion of all behavior modifying medications, data to be shared with prescribing practitioner to evaluate the effectiveness of the medication, description of the behavior(s) to be modified, and strategies to help minimize potential risks associated with the medication. Additionally, one individual is prescribed medication to relax him/her during medical treatment; this plan did not include strategies to assist the individual to learn how to cope with this medical treatment that could potentially lead to decreasing this medication. The agency needs to ensure that medication treatment plans contain all required components. |
|  |  L64 | Medication treatment plans are reviewed by the required groups. | Four out of thirteen Medication Treatment Plans were not reviewed as part of the ISP. The agency needs to ensure that Medication Treatment Plans are reviewed by the required groups. |
|  |  L67 | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | Five out of fifteen financial training plans did not include all required components including the amount of money that can be independently managed by an individual, how the agency safeguards individuals' funds and securing required agreement. The agency needs to ensure that money management plans include all required components. |
|  |  L68 | Expenditures of individual's funds are made only for purposes that directly benefit the individual. | Expenditures for four out of fifteen individuals were not made for purposes that directly benefit the individual. In two instances, there was no documentation regarding the purpose of the expenditure. In two other instances, purchases were made for items such as cleaning supplies and paper goods which should be covered by the provider. The agency needs to ensure that expenditures of individual's funds are made for purposes that directly benefit the individual. |
|  |  L69 | Individual expenditures are documented and tracked. | For five out of fourteen individuals the agency was not documenting and tracking all expenditures. Additionally, receipts for personal spending that exceeded $25.00 were not available to review. The agency needs to ensure that all expenditures are documented and tracked and receipts are maintained for purchases that exceed $25.00. |
|  |  L71 | Individuals are notified of their appeal rights for their charges for care. | The agency's charges for care notification letter includes a 10-day limit from the date of the letter for appealing the charges for care fee calculation. The agency needs to ensure that the charges for care letter includes a minimum 30-day appeal allowance |
|  |  L84 | Staff / care providers are trained in the correct utilization of health related protections per regulation. | For three out of six individuals, staff were not trained on all of the individuals health related supports and protective equipment. The agency needs to ensure that all health related protections are included in the trainings and that all staff have been trained. |
|  |  L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For seven out of fourteen individuals, assessments were not submitted within the required timeline prior to the ISP. The agency needs to ensure timely submission of all required and requested ISP assessments. |
|  |  L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | For five out of fourteen individuals, Support Strategies were not submitted within the required timeline prior to the ISP. The agency needs to ensure Support Strategies are submitted within the required timelines. |
|  |  L91 | Incidents are reported and reviewed as mandated by regulation. | AAT 16 locations reviewed, 3 had incidents that were either not submitted or finalized within the required timelines, and 2 incidents were not filed when medical attention was sought either at a hospital emergency room or an urgent care facility. The agency needs to ensure all incidents that require reporting are submitted and finalized in HCSIS within the required timelines. |

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|  | **Employment/Day 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 two of six individuals, data was not being collected to show support strategies were being implemented. |

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| **CERTIFICATION FINDINGS** |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **6/6** | **0/6** |  |
| **Residential and Individual Home Supports** | **57/67** | **10/67** |  |
| ABI-MFP Residential Services | 17/22 | 5/22 |  |
| Individual Home Supports | 21/23 | 2/23 |  |
| Residential Services | 19/22 | 3/22 |  |
| **TOTAL** | **63/73** | **10/73** | **86%** |
| **Certified** |  |  |  |

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

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|  | **ABI-MFP 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. | Opportunities are not being offered to all individuals to provide feedback on an on-going basis on the performance of staff who are supporting them. The agency needs to ensure that individuals have opportunities to provide feedback on an ongoing basis on the performance of staff. |
|  |  C9 | Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts. | One individual was not being supported to utilize her existing resources/tools to explore the development or enhancement of personal relationships and social contacts. The agency needs to ensure that staff provide opportunities to develop, and/or increase individuals' personal relationships and social contacts. |
|  |  C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | Three individuals were not supported to explore, define, and express their need for intimacy and companionship. The agency needs to ensure they are aware of each individuals' potential wants/needs regarding companionship and that they are supported to explore these. This includes maintaining current relationships and exploring new ones. |
|  |  C16 | Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities. | One individual was not being supported to explore cultural, social, and/or recreational activities, including the further exploration by one individual in an identified interest of another culture. The agency needs to ensure that staff support individuals to explore cultural, social, recreational and spiritual activities. |
|  |  C54 | Individuals have the assistive technology and/or modifications to maximize independence.  | Assistive technology was not explored for one of the three individuals. The agency needs to ensure that they are identifying areas where individuals require additional supports and could potentially utilize assistive technology to increase their independence. Once those areas are identified strategies should be created to support the individual with utilizing the assistive technology. |
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|  | **Individual Home Supports- 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. | Two individuals were not being provided opportunities to provide feedback on an on-going basis on the performance of staff who support them. The agency needs to ensure that individuals have opportunities to provide feedback on an ongoing basis on the performance of staff. |
|  |  C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | One individual was not supported to explore, define, and express their need for intimacy and companionship. They agency needs to ensure they are aware of each individuals' potential wants/needs regarding companionship and that they are supported to explore these. This includes maintaining current relationships and exploring new ones. |
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|  | **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. | Two individuals were not being provided opportunities to provide feedback on an on-going basis on the performance of staff who support them. The agency needs to ensure that individuals have opportunities to provide feedback on an ongoing basis on the performance of staff. |
|  |  C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | Six individuals were not supported to explore, define, and express their need for intimacy and companionship. The agency needs to ensure they are aware of each individuals potential wants/needs regarding companionship and they are supported to explore these. This includes maintaining current relationships and exploring new ones. |
|  |  C54 | Individuals have the assistive technology and/or modifications to maximize independence.  | Assistive technology was not explored for three of the eight individuals reviewed. The agency needs to ensure that they are identifying areas where individuals require additional supports and could potentially utilize assistive technology to increase their independence. Once those areas are identified strategies should be created to support the individual with utilizing the assistive technology. |
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| **MASTER SCORE SHEET LICENSURE** |

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| **Organizational: PEOPLE INC** |

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|  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **17/17** | **Met** |
|  |  L3 | Immediate Action | **15/15** | **Met** |
|  |  L4 | Action taken | **15/15** | **Met** |
|  |  L48 | HRC | **1/1** | **Met** |
|  |  L65 | Restraint report submit | **9/10** | **Met(90.0 % )** |
|  |  L66 | HRC restraint review | **100/101** | **Met(99.01 % )** |
|  |  L74 | Screen employees | **10/10** | **Met** |
|  |  L75 | Qualified staff | **5/5** | **Met** |
|  |  L76 | Track trainings | **20/20** | **Met** |
|  |  L83 | HR training | **20/20** | **Met** |

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| **Residential and Individual Home Supports:** |

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|  | **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 | 3/3 | 4/4 |  | 3/3 |  | **18/18** | **Met** |
|  |  L5 | Safety Plan | L | 7/8 | 3/3 | 3/4 |  | 1/1 |  | **14/16** | **Met(87.50 %)** |
| O |  L6 | Evacuation | L | 8/8 | 3/3 | 4/4 |  | 1/1 |  | **16/16** | **Met** |
|  |  L7 | Fire Drills | L | 7/8 |  |  |  | 1/1 |  | **8/9** | **Met(88.89 %)** |
|  |  L8 | Emergency Fact Sheets | I | 8/8 | 3/3 | 2/4 |  | 3/3 |  | **16/18** | **Met(88.89 %)** |
|  |  L9 | Safe use of equipment | L | 8/8 | 3/3 |  |  | 1/1 |  | **12/12** | **Met** |
|  |  L10 | Reduce risk interventions | I | 5/5 |  | 1/2 |  | 2/2 |  | **8/9** | **Met(88.89 %)** |
| O |  L11 | Required inspections | L | 7/7 | 1/1 | 4/4 |  | 1/1 |  | **13/13** | **Met** |
| O |  L12 | Smoke detectors | L | 7/7 | 1/1 | 4/4 |  | 1/1 |  | **13/13** | **Met** |
| O |  L13 | Clean location | L | 8/8 | 1/1 | 4/4 |  | 1/1 |  | **14/14** | **Met** |
|  |  L14 | Site in good repair | L | 7/7 | 1/1 | 4/4 |  | 1/1 |  | **13/13** | **Met** |
|  |  L15 | Hot water | L | 8/8 | 1/1 | 3/4 |  | 1/1 |  | **13/14** | **Met(92.86 %)** |
|  |  L16 | Accessibility | L | 8/8 | 1/1 | 4/4 |  | 1/1 |  | **14/14** | **Met** |
|  |  L17 | Egress at grade  | L | 7/7 | 1/1 | 2/2 |  | 1/1 |  | **11/11** | **Met** |
|  |  L18 | Above grade egress | L | 5/5 | 1/1 |  |  |  |  | **6/6** | **Met** |
|  |  L19 | Bedroom location | L | 3/3 |  |  |  | 1/1 |  | **4/4** | **Met** |
|  |  L20 | Exit doors | L | 7/8 | 1/1 |  |  | 1/1 |  | **9/10** | **Met(90.0 %)** |
|  |  L21 | Safe electrical equipment | L | 8/8 | 1/1 | 4/4 |  | 1/1 |  | **14/14** | **Met** |
|  |  L22 | Well-maintained appliances | L | 8/8 | 1/1 | 2/2 |  | 1/1 |  | **12/12** | **Met** |
|  |  L23 | Egress door locks | L | 3/3 |  |  |  | 1/1 |  | **4/4** | **Met** |
|  |  L24 | Locked door access | L | 8/8 |  |  |  | 1/1 |  | **9/9** | **Met** |
|  |  L25 | Dangerous substances | L | 7/8 | 1/1 |  |  | 1/1 |  | **9/10** | **Met(90.0 %)** |
|  |  L26 | Walkway safety | L | 8/8 | 1/1 | 4/4 |  | 1/1 |  | **14/14** | **Met** |
|  |  L27 | Pools, hot tubs, etc. | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L28 | Flammables | L | 8/8 | 1/1 |  |  | 1/1 |  | **10/10** | **Met** |
|  |  L29 | Rubbish/combustibles | L | 7/8 | 1/1 | 3/4 |  | 1/1 |  | **12/14** | **Met(85.71 %)** |
|  |  L30 | Protective railings | L | 6/6 | 1/1 | 3/3 |  |  |  | **10/10** | **Met** |
|  |  L31 | Communication method | I | 8/8 | 3/3 | 4/4 |  | 3/3 |  | **18/18** | **Met** |
|  |  L32 | Verbal & written | I | 7/8 | 3/3 | 4/4 |  | 3/3 |  | **17/18** | **Met(94.44 %)** |
|  |  L33 | Physical exam | I | 7/7 | 2/2 | 4/4 |  | 1/1 |  | **14/14** | **Met** |
|  |  L34 | Dental exam | I | 7/8 | 2/2 | 3/3 |  | 2/2 |  | **14/15** | **Met(93.33 %)** |
|  |  L35 | Preventive screenings | I | 5/8 | 1/2 | 3/4 |  | 1/3 |  | **10/17** | **Not Met(58.82 %)** |
|  |  L36 | Recommended tests | I | 6/8 | 2/2 | 2/4 |  | 2/3 |  | **12/17** | **Not Met(70.59 %)** |
|  |  L37 | Prompt treatment | I | 8/8 | 2/2 | 3/3 |  | 3/3 |  | **16/16** | **Met** |
| O |  L38 | Physician's orders | I | 5/7 | 1/1 | 1/1 |  | 3/3 |  | **10/12** | **Met(83.33 %)** |
|  |  L39 | Dietary requirements | I | 4/6 |  | 1/2 |  | 1/1 |  | **6/9** | **Not Met(66.67 %)** |
|  |  L40 | Nutritional food | L | 8/8 | 2/2 |  |  | 1/1 |  | **11/11** | **Met** |
|  |  L41 | Healthy diet | L | 8/8 | 2/3 | 4/4 |  | 1/1 |  | **15/16** | **Met(93.75 %)** |
|  |  L42 | Physical activity | L | 8/8 | 3/3 | 4/4 |  | 1/1 |  | **16/16** | **Met** |
|  |  L43 | Health Care Record | I | 6/8 | 2/2 | 3/4 |  | 2/3 |  | **13/17** | **Not Met(76.47 %)** |
|  |  L44 | MAP registration | L | 7/7 | 1/1 |  |  | 1/1 |  | **9/9** | **Met** |
|  |  L45 | Medication storage | L | 7/7 | 1/1 |  |  | 1/1 |  | **9/9** | **Met** |
| O |  L46 | Med. Administration | I | 7/7 | 1/1 | 2/3 |  | 3/3 |  | **13/14** | **Met(92.86 %)** |
|  |  L47 | Self medication | I | 1/2 | 1/1 | 1/1 |  |  |  | **3/4** | **Met** |
|  |  L49 | Informed of human rights | I | 8/8 | 3/3 | 4/4 |  | 3/3 |  | **18/18** | **Met** |
|  |  L50 | Respectful Comm. | L | 8/8 | 3/3 | 4/4 |  | 1/1 |  | **16/16** | **Met** |
|  |  L51 | Possessions | I | 7/8 | 3/3 | 4/4 |  | 3/3 |  | **17/18** | **Met(94.44 %)** |
|  |  L52 | Phone calls | I | 8/8 | 3/3 | 4/4 |  | 3/3 |  | **18/18** | **Met** |
|  |  L53 | Visitation | I | 8/8 | 3/3 | 4/4 |  | 3/3 |  | **18/18** | **Met** |
|  |  L54 | Privacy | L | 5/8 | 3/3 | 4/4 |  | 1/1 |  | **13/16** | **Met(81.25 %)** |
|  |  L55 | Informed consent | I | 2/2 |  | 1/1 |  |  |  | **3/3** | **Met** |
|  |  L56 | Restrictive practices | I | 1/4 |  |  |  | 3/3 |  | **4/7** | **Not Met(57.14 %)** |
|  |  L57 | Written behavior plans | I | 6/6 |  |  |  |  |  | **6/6** | **Met** |
|  |  L58 | Behavior plan component | I | 4/4 |  |  |  |  |  | **4/4** | **Met** |
|  |  L59 | Behavior plan review | I | 4/4 |  |  |  |  |  | **4/4** | **Met** |
|  |  L60 | Data maintenance | I | 5/5 |  |  |  |  |  | **5/5** | **Met** |
|  |  L61 | Health protection in ISP | I | 2/3 |  |  |  | 2/3 |  | **4/6** | **Not Met(66.67 %)** |
|  |  L62 | Health protection review | I | 1/3 |  |  |  | 3/3 |  | **4/6** | **Not Met(66.67 %)** |
|  |  L63 | Med. treatment plan form | I | 6/7 |  | 0/3 |  | 1/3 |  | **7/13** | **Not Met(53.85 %)** |
|  |  L64 | Med. treatment plan rev. | I | 6/7 |  | 2/3 |  | 1/3 |  | **9/13** | **Not Met(69.23 %)** |
|  |  L67 | Money mgmt. plan | I | 5/8 | 1/1 | 2/3 |  | 2/3 |  | **10/15** | **Not Met(66.67 %)** |
|  |  L68 | Funds expenditure | I | 7/8 | 1/1 | 2/3 |  | 1/3 |  | **11/15** | **Not Met(73.33 %)** |
|  |  L69 | Expenditure tracking | I | 6/8 | 1/1 | 1/2 |  | 1/3 |  | **9/14** | **Not Met(64.29 %)** |
|  |  L70 | Charges for care calc. | I | 8/8 | 1/1 | 4/4 |  | 3/3 |  | **16/16** | **Met** |
|  |  L71 | Charges for care appeal | I | 0/8 | 0/1 | 0/4 |  | 0/3 |  | **0/16** | **Not Met(0 %)** |
|  |  L77 | Unique needs training | I | 7/8 | 3/3 | 3/4 |  | 3/3 |  | **16/18** | **Met(88.89 %)** |
|  |  L78 | Restrictive Int. Training | L | 6/6 |  |  |  | 1/1 |  | **7/7** | **Met** |
|  |  L79 | Restraint training | L | 4/5 |  |  |  |  |  | **4/5** | **Met(80.0 %)** |
|  |  L80 | Symptoms of illness | L | 8/8 | 3/3 | 4/4 |  | 1/1 |  | **16/16** | **Met** |
|  |  L81 | Medical emergency | L | 8/8 | 3/3 | 4/4 |  | 1/1 |  | **16/16** | **Met** |
| O |  L82 | Medication admin. | L | 6/7 | 1/1 |  |  | 1/1 |  | **8/9** | **Met(88.89 %)** |
|  |  L84 | Health protect. Training | I | 1/3 |  |  |  | 2/3 |  | **3/6** | **Not Met(50.0 %)** |
|  |  L85 | Supervision  | L | 7/8 | 3/3 | 3/4 |  | 0/1 |  | **13/16** | **Met(81.25 %)** |
|  |  L86 | Required assessments | I | 4/6 | 2/3 | 0/2 |  | 1/3 |  | **7/14** | **Not Met(50.0 %)** |
|  |  L87 | Support strategies | I | 4/6 | 2/3 | 1/2 |  | 2/3 |  | **9/14** | **Not Met(64.29 %)** |
|  |  L88 | Strategies implemented | I | 7/8 | 2/3 | 3/4 |  | 3/3 |  | **15/18** | **Met(83.33 %)** |
|  |  L89 | Complaint and resolution process | L |  |  |  |  | 1/1 |  | **1/1** | **Met** |
|  |  L90 | Personal space/ bedroom privacy | I | 8/8 | 3/3 | 3/4 |  | 3/3 |  | **17/18** | **Met(94.44 %)** |
|  |  L91 | Incident management | L | 5/8 | 3/3 | 3/4 |  | 0/1 |  | **11/16** | **Not Met(68.75 %)** |
|  | **#Std. Met/# 79 Indicator** |  |  |  |  |  |  |  |  | **62/79** |  |
|  | **Total Score** |  |  |  |  |  |  |  |  | **72/89** |  |
|  |  |  |  |  |  |  |  |  |  | **80.90%** |  |

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| **Employment and Day Supports:** |

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|  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** |
|  |  L1 | Abuse/neglect training | I | 5/5 |  | 3/3 | **8/8** | **Met** |
|  |  L5 | Safety Plan | L | 1/1 |  | 1/1 | **2/2** | **Met** |
| O |  L6 | Evacuation | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L7 | Fire Drills | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L8 | Emergency Fact Sheets | I | 5/5 |  | 3/3 | **8/8** | **Met** |
|  |  L9 | Safe use of equipment | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L10 | Reduce risk interventions | I | 1/1 |  | 2/2 | **3/3** | **Met** |
| O |  L11 | Required inspections | L | 1/1 |  | 1/1 | **2/2** | **Met** |
| O |  L12 | Smoke detectors | L | 1/1 |  | 1/1 | **2/2** | **Met** |
| O |  L13 | Clean location | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L14 | Site in good repair | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L15 | Hot water | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L16 | Accessibility | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L17 | Egress at grade  | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L20 | Exit doors | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L21 | Safe electrical equipment | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L22 | Well-maintained appliances | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L25 | Dangerous substances | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L26 | Walkway safety | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L28 | Flammables | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L29 | Rubbish/combustibles | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L30 | Protective railings | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L31 | Communication method | I | 5/5 |  | 3/3 | **8/8** | **Met** |
|  |  L32 | Verbal & written | I | 5/5 |  | 3/3 | **8/8** | **Met** |
|  |  L37 | Prompt treatment | I | 4/4 |  | 2/2 | **6/6** | **Met** |
| O |  L38 | Physician's orders | I | 2/2 |  | 3/3 | **5/5** | **Met** |
|  |  L39 | Dietary requirements | I |  |  | 2/2 | **2/2** | **Met** |
|  |  L44 | MAP registration | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L45 | Medication storage | L | 1/1 |  | 1/1 | **2/2** | **Met** |
| O |  L46 | Med. Administration | I | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L49 | Informed of human rights | I | 5/5 |  | 3/3 | **8/8** | **Met** |
|  |  L50 | Respectful Comm. | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L51 | Possessions | I | 5/5 |  | 3/3 | **8/8** | **Met** |
|  |  L52 | Phone calls | I | 5/5 |  | 3/3 | **8/8** | **Met** |
|  |  L54 | Privacy | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L55 | Informed consent | I | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L56 | Restrictive practices | I | 1/1 |  | 2/2 | **3/3** | **Met** |
|  |  L57 | Written behavior plans | I |  |  | 1/1 | **1/1** | **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 |  |  | **1/1** | **Met** |
|  |  L62 | Health protection review | I | 1/1 |  |  | **1/1** | **Met** |
|  |  L63 | Med. treatment plan form | I |  |  | 2/2 | **2/2** | **Met** |
|  |  L64 | Med. treatment plan rev. | I |  |  | 1/1 | **1/1** | **Met** |
|  |  L73 | DOL certificate | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L77 | Unique needs training | I | 5/5 |  | 3/3 | **8/8** | **Met** |
|  |  L78 | Restrictive Int. Training | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L79 | Restraint training | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L80 | Symptoms of illness | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L81 | Medical emergency | L | 1/1 |  | 1/1 | **2/2** | **Met** |
| O |  L82 | Medication admin. | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L84 | Health protect. Training | I | 1/1 |  |  | **1/1** | **Met** |
|  |  L85 | Supervision  | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L86 | Required assessments | I | 5/5 |  | 1/2 | **6/7** | **Met(85.71 %)** |
|  |  L87 | Support strategies | I | 5/5 |  | 1/2 | **6/7** | **Met(85.71 %)** |
|  |  L88 | Strategies implemented | I | 2/3 |  | 2/3 | **4/6** | **Not Met(66.67 %)** |
|  |  L91 | Incident management | L | 1/1 |  | 1/1 | **2/2** | **Met** |
|  | **#Std. Met/# 58 Indicator** |  |  |  |  |  | **57/58** |  |
|  | **Total Score** |  |  |  |  |  | **67/68** |  |
|  |  |  |  |  |  |  | **98.53%** |  |

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| **MASTER SCORE SHEET CERTIFICATION** |

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|  | **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** |
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| **ABI-MFP Residential Services** |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 0/3 | **Not Met (0 %)** |
|  C8 | Family/guardian communication | 3/3 | **Met** |
|  C9 | Personal relationships | 2/3 | **Not Met (66.67 %)** |
|  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** |
|  C20 | Emergency back-up plans | 1/1 | **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 | 2/3 | **Not Met (66.67 %)** |
| **Individual Home Supports** |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 1/3 | **Not Met (33.33 %)** |
|  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 | 2/3 | **Not Met (66.67 %)** |
|  C13 | Skills to maximize independence  | 3/3 | **Met** |
|  C14 | Choices in routines & schedules | 3/3 | **Met** |
|  C15 | Personalize living space | 3/3 | **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 | Emergency back-up plans | 3/3 | **Met** |
|  C21 | Coordinate outreach | 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  | 3/3 | **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** |
| **Residential Services** |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 6/8 | **Not Met (75.00 %)** |
|  C8 | Family/guardian communication | 8/8 | **Met** |
|  C9 | Personal relationships | 7/7 | **Met** |
|  C10 | Social skill development | 8/8 | **Met** |
|  C11 | Get together w/family & friends | 8/8 | **Met** |
|  C12 | Intimacy | 2/8 | **Not Met (25.00 %)** |
|  C13 | Skills to maximize independence  | 7/8 | **Met (87.50 %)** |
|  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 | 7/8 | **Met (87.50 %)** |
|  C20 | Emergency back-up plans | 8/8 | **Met** |
|  C46 | Use of generic resources | 7/8 | **Met (87.50 %)** |
|  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 | 5/8 | **Not Met (62.50 %)** |
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