**PROVIDER REPORT**
**FOR**

**PEOPLE INC**
**4 South Main St**
**Fall River, MA 02721**

**Version**

**Public Provider Report**

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

# SUMMARY OF OVERALL FINDINGS

| | |
|---|---|
| **Provider** | PEOPLE INC |
| **Review Dates** | 6/22/2023 - 6/28/2023 |
| **Service Enhancement Meeting Date** | 7/12/2023 |
| **Survey Team** | Michael Marchese |
| | Katherine Gregory |
| | Tina Napolitan |
| | Scott Nolan |
| | Michelle Boyd |
| | Linda Griffith (TL) |
| | William Muguro |
| **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** | 15 location (s) 18 audit (s) | Full Review | 82/90 2 Year License 07/12/2023 - 07/12/2025 | | 62 / 67 Certified 07/12/2023 - 07/12/2025 |
| Residential Services | 8 location(s) 8 audit (s) | | | Full Review | 20 / 20 |
| ABI-MFP Residential Services | 1 location(s) 3 audit (s) | | | Full Review | 15 / 20 |
| Placement Services | 3 location(s) 4 audit (s) | | | Deemed | |
| Individual Home Supports | 3 location(s) 3 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** | 3 location(s) 16 audit (s) | Full Review | 55/60 2 Year License 07/12/2023 - 07/12/2025 | | Certified 07/12/2023 - 07/12/2025 |
| Community Based Day Services | 1 location(s) 7 audit (s) | | | Deemed | |
| Employment Support Services | 2 location(s) 9 audit (s) | | | Deemed | |
| Planning and Quality Management (For all service groupings) | | | | Full Review | 6 / 6 |

## EXECUTIVE SUMMARY :

People Incorporated, established in 1968, provides a comprehensive array of services to adults, children, and families throughout southeastern Massachusetts. This includes 24/7 residential services, ABI/MFP residential services, individualized home supports (IHS), placement support services, Community Based Day Supports (CBDS), and employment services. The scope of the survey consisted of a full licensing and certification review for 24-hour residential services, ABI/MFP residential services, and individualized home supports. Only licensure indicators were reviewed for Employment, Community Based Day Supports, and Placement Services, due to CARF accreditation for those service groups.

Based on the results of this review, People Inc achieved positive outcomes organizationally. The agency ensured that staff are appropriately trained in mandated trainings. The Human Rights Committee met consistently over the last two years, reviewed the necessary materials during meetings, and maintained the required membership, attendance, and quorum for meetings. In the area of personal safety, the agency ensured that staff were aware how to identify and report suspected abuse and mistreatment across all service types. Investigations from DPPC cases of abuse and/or neglect were consistently reviewed, and the agency ensured that immediate actions were taken and that longer-term action steps were implemented to maintain the safety of individuals.

In Licensing, many positive practices were noted within the domain of human rights within residential services. The agency had created a human rights brochure with pictures to supplement the written information. This brochure supported individuals who learn best with visual materials to be trained and knowledgeable regarding human rights, DPPC, and the agency's grievance procedure.  Written and oral communication about the individuals served was consistently respectful, and individuals were afforded privacy within their homes.

In the domain of environmental safety, most locations were well maintained, clean, and in good repair.  Homes were accessible and appliances were in working condition. Landscaping was well maintained, and the homes blended in well with the neighboring area.

In the domain of health, the agency ensured that individuals maintained a healthy lifestyle by encouraging healthy diets and physical activity.  A variety of nutritional foods including fruits, vegetables, and proteins were in the homes, and staff were knowledgeable regarding Executive Order 509 around nutritional standards and healthy eating. Individuals consistently received annual physicals and dental exams, and they attended follow-up visits with medical specialists. For example, an IHS individual who is a breast cancer survivor had been supported to attend her scheduled follow-up appointments with the oncologist.

In the domain of competent and skilled workforce, there was consistent staff training around the signs and symptoms of illness, which facilitated individuals to receive prompt medical care for episodic illnesses. In many residential homes, a narrative summary and "snapshot" was created for each of the individuals in the home, which provided comprehensive information about the individuals' personal preferences and health and safety needs to facilitate staff's knowledge of individuals' unique needs.

Positive outcomes were also found in Community Based Day Supports (CBDS) and Employment supports. The locations were clean and well maintained, and required inspections were in order at all locations. Individuals' medical protocols and dietary restrictions were in place, with demonstrated staff knowledge of those protocols and diets. Similarly, staff were knowledgeable about the signs and symptoms of illness and the unique needs of the individuals. Safety assessments had been completed for individuals, including the safe use of equipment and appliances, which helped to guide job safety and career development. Individuals reviewed were gainfully employed in agency-owned businesses, such as childcare and maintenance. ISP goals were being implemented, and individuals

were supported to make progress on their goals. For example, one individual had always wanted to work for CVS Pharmacy, and she was able to successfully complete an internship at a local CVS through grant funding for training related to stocking positions.

Within certification for residential services, the agency also demonstrated several positive outcomes. In the area of choice and control, individuals received support to purchase personal belongings and to make meal choices based on their food preferences. The homes were decorated with artwork and pictures of the individuals who lived in the home. Individuals' bedrooms were personalized with family photographs, posters, and artwork, and the individuals had input into decorating the common spaces of their homes. One individual had a pet turtle, and his room reflected his interest in video games and arcade games. Other individuals were involved in picking the paint and tile colors for a bathroom renovation in their home.

While the agency demonstrated positive findings in many areas, the survey also revealed areas that require strengthening. Across all service areas, the agency needs to ensure timely submission and finalization of incident reports and restraint reports. Submission of assessments and support strategies for the ISP also need to be submitted within timelines across all service areas.

Within residential services, when individuals have health-related supports and protective equipment, the agency needs to ensure that all required safety checks are consistently completed and that staff are appropriately trained. Assistive technology options need to be further explored, so that identified assistive technology items/equipment can be implemented to maximize the independence of individuals.

Within ABI/MFP residential services, the agency needs to increase assistance to individuals to explore, pursue, and express their needs related to intimacy and companionship. Increased attention is also needed toward increasing individuals' participation in community activities and the use of generic resources in ABI/MFP residential services.

Within CBDS and employment, the agency needs to ensure that all necessary contact information is included on each individual's Emergency Fact Sheet. The agency also needs to strengthen their process to ensure that required ISP assessments and support strategies are submitted according to timeframe requirements.

People Inc has earned a Two-Year License for its Residential Services, scoring 91% for licensure indicators and 93% for certification indicators (for 24-7 Residential, ABI/MFP Residential, and Individualized Home Supports). The agency has also earned a Two-Year License for Employment/Day Supports, meeting 92% of the licensure indicators. Placement, CBDS, and Employment are deemed for Certification due to CARF accreditation. Earning above 90%, People Inc will conduct its own follow-up review within 60 days for any licensure indicators that were rated "Not Met" within Residential Services and Employment/Day Supports.

## LICENSURE FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|---|---|---|---|
| **Organizational** | 9/10 | 1/10 | |
| **Residential and Individual Home Supports** | 73/80 | 7/80 | |
|    Residential Services<br>   Individual Home Supports<br>   Placement Services<br>   ABI-MFP Residential Services | | | |
| **Critical Indicators** | 8/8 | 0/8 | |
| **Total** | 82/90 | 8/90 | 91% |
| **2 Year License** | | | |
| **# indicators for 60 Day Follow-up** | | 8 | |

| | Met / Rated | Not Met / Rated | % Met |
|---|---|---|---|
| **Organizational** | 10/11 | 1/11 | |
| **Employment and Day Supports** | 45/49 | 4/49 | |
|    Community Based Day Services<br>   Employment Support Services | | | |
| **Critical Indicators** | 8/8 | 0/8 | |
| **Total** | 55/60 | 5/60 | 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 |
|---|---|---|
| L65 | Restraint reports are submitted within required timelines. | Twenty restraint reports were not created and/or finalized within the required timelines. The agency needs to ensure that all restraint reports are created and/or finalized within the required timelines. |

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

| Indicator # | Indicator | Area Needing Improvement |
|---|---|---|
| L61 | Supports and health related protections are included in ISP assessments and the continued need is outlined. | For two out of nine individuals, safety checks were not being conducted on their Health-Related Supports and Protective Devices. The agency needs to ensure that safety checks are carried out with the recommended frequency to ensure devices are in optimal working order. |
| L84 | Staff / care providers are trained in the correct utilization of health related protections per regulation. | For three out of ten individuals, staff had not been trained in their Health-Related Supports and Protective Devices. The agency needs to ensure that staff are trained in a timely fashion on all Supportive and Protective Devices and that each shift contains staff who is trained in the application and use of the devices. |
| L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | Assessments for seven out of thirteen individuals were not submitted within the required timelines. The agency needs to ensure that all assessments are submitted within the required timelines. |
| L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | Support strategies for six out of thirteen individuals were not submitted within the required timelines. The agency needs to ensure all support strategies are submitted within the required timelines. |
| L91 | Incidents are reported and reviewed as mandated by regulation. | At six out of fifteen locations, incidents were not submitted and/or finalized within the required timelines. The agency needs to ensure that all incidents are submitted and/or finalized within the required timelines. |
| L93 (05/22) | The provider has emergency back up plans to assist individuals to plan for emergencies and/or disasters. | For four individuals who received supports within Placement services, emergency back up plans had not been developed. The agency needs to ensure that emergency back up plans are developed for all individuals. |
| L94 (05/22) | Individuals have assistive technology to maximize independence. | Four out of eighteen individuals reviewed had identified areas of support needed relating to the use of assistive technology, however there was no further exploration and/or actual attempts at using assistive technology to evaluate if the individuals could maximize their independence. The agency needs to ensure that assistive technology assessments include exploration and attempts at use of either low or high technology devices in the identified areas of need. |

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

| Indicator # | Indicator | Area Needing Improvement |
|---|---|---|
| L8 | Emergency fact sheets are current and accurate and available on site. | Five out of sixteen emergency fact sheets did not contain all pertinent information. The agency needs to ensure all pertinent information is included on the emergency fact sheet. |
| L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | Assessments for five out of thirteen individuals were not submitted within the required timelines. The agency needs to ensure all assessments are submitted within the required timelines. |
| L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | Support strategies for seven out of fourteen individuals were not submitted within the required timelines. The agency needs to ensure all support strategies are submitted within the required timelines. |
| L91 | Incidents are reported and reviewed as mandated by regulation. | At one of two locations, incidents were not submitted and/or finalized within the required timelines. The agency needs to ensure all incidents are submitted and/or finalized within the required timelines. |

## CERTIFICATION FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|---|---|---|---|
| **Certification - Planning and Quality Management** | 6/6 | 0/6 | |
| **Residential and Individual Home Supports** | 56/61 | 5/61 | |
| ABI-MFP Residential Services | 15/20 | 5/20 | |
| Individual Home Supports | 21/21 | 0/21 | |
| Residential Services | 20/20 | 0/20 | |
| **Total** | **62/67** | **5/67** | **93%** |
| **Certified** | | | |

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

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

| Indicator # | Indicator | Area Needing Improvement |
|---|---|---|
| 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. | One of three individuals has not been offered opportunities to provide feedback/input on staff at the time of hire and/or on their performance on an annual and ongoing basis. The agency needs to ensure that all individuals are afforded opportunities to provide input at the time of hire and/or on an ongoing basis of the performance of staff supporting them. |
| C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | Two of three individuals' needs and/or desires in the area of sexuality/romantic relationship development have not been reviewed. The agency needs to ensure that all individuals are supported to explore, define, and express their need for intimacy and companionship. |
| C17 | Community activities are based on the individual's preferences and interests. | Two of three individuals did not have opportunities to engage in community-based activities related to their personal interests, including attending services at local church(es), going to the movies, and/or attending concerts or musical events. The agency needs to ensure that all individuals are provided opportunities to explore involvement in community activities that reflect their interests and preferences. |
| C46 | Staff (Home Providers) support individuals to learn about and use generic community resources. | Two of three individuals have not explored the potential use of generic resources in their community, such as the local library, senior center, etc. The agency needs to ensure that all individuals are supported to learn about and use generic community resources. |
| C48 | Individuals are a part of the neighborhood. | Two of three individuals have not had opportunities to make connections with their neighbors and/or to explore local community activities, clubs or other events where connections with others would be possible. The agency needs to ensure that all individuals are supported to become part of their neighborhood and/or to connect with others in their community. |

**MASTER SCORE SHEET LICENSURE**

**Organizational: PEOPLE INC**

| Indicator # | Indicator | Met/Rated | Rating(Met,Not Met,NotRated) |
|---|---|---|---|
| L2 | Abuse/neglect reporting | 18/18 | Met |
| L3 | Immediate Action | 14/14 | Met |
| L4 | Action taken | 14/14 | Met |
| L48 | HRC | 1/1 | Met |
| L65 | Restraint report submit | 18/38 | Not Met(47.37 % ) |
| L66 | HRC restraint review | 28/30 | Met(93.33 % ) |
| L74 | Screen employees | 12/12 | Met |
| L75 | Qualified staff | 6/6 | Met |
| L76 | Track trainings | 20/20 | Met |
| L83 | HR training | 20/20 | Met |
| L92 (07/21) | Licensed Sub-locations (e/d). | 5/5 | 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 | 7/8 | 3/3 | 4/4 | | 3/3 | | **17/18** | **Met (94.44 %)** |
| L5 | Safety Plan | L | 8/8 | 2/2 | 3/3 | | 0/1 | | **13/14** | **Met (92.86 %)** |
| L6 | Evacuation | L | 8/8 | 2/2 | 3/3 | | 1/1 | | **14/14** | **Met** |
| L7 | Fire Drills | L | 8/8 | | | | 1/1 | | **9/9** | **Met** |
| L8 | Emergency Fact Sheets | I | 8/8 | 3/3 | 4/4 | | 2/3 | | **17/18** | **Met (94.44 %)** |
| L9 (07/21) | Safe use of equipment | I | 8/8 | 2/2 | | | 1/3 | | **11/13** | **Met (84.62 %)** |
| L10 | Reduce risk interventions | I | 5/5 | | | | | | **5/5** | **Met** |
| L11 | Required inspections | L | 8/8 | | 3/3 | | 1/1 | | **12/12** | **Met** |
| L12 | Smoke detectors | L | 7/8 | | 3/3 | | 1/1 | | **11/12** | **Met (91.67 %)** |
| L13 | Clean location | L | 7/8 | | 3/3 | | 1/1 | | **11/12** | **Met (91.67 %)** |
| L14 | Site in good repair | L | 8/8 | | 3/3 | | | | **11/11** | **Met** |
| L15 | Hot water | L | 8/8 | | 3/3 | | 1/1 | | **12/12** | **Met** |
| L16 | Accessibility | L | 8/8 | 2/2 | 3/3 | | 1/1 | | **14/14** | **Met** |
| L17 | Egress at grade | L | 8/8 | 2/2 | 3/3 | | 1/1 | | **14/14** | **Met** |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|---|---|---|---|---|---|---|---|---|---|---|
| L18 | Above grade egress | L | 6/6 | | | | | | **6/6** | **Met** |
| L19 | Bedroom location | L | 6/6 | 2/2 | 3/3 | | 1/1 | | **12/12** | **Met** |
| L20 | Exit doors | L | 8/8 | 2/2 | | | 1/1 | | **11/11** | **Met** |
| L21 | Safe electrical equipment | L | 8/8 | | 3/3 | | 1/1 | | **12/12** | **Met** |
| L22 | Well-maintained appliances | L | 7/8 | | 3/3 | | 1/1 | | **11/12** | **Met (91.67 %)** |
| L23 | Egress door locks | L | 5/5 | 2/2 | | | 1/1 | | **8/8** | **Met** |
| L24 | Locked door access | L | 7/7 | 2/2 | 3/3 | | 1/1 | | **13/13** | **Met** |
| L25 | Dangerous substances | L | 8/8 | | | | 1/1 | | **9/9** | **Met** |
| L26 | Walkway safety | L | 8/8 | | 3/3 | | 1/1 | | **12/12** | **Met** |
| L28 | Flammables | L | 8/8 | | | | 1/1 | | **9/9** | **Met** |
| L29 | Rubbish /combustibles | L | 8/8 | | 3/3 | | 1/1 | | **12/12** | **Met** |
| L30 | Protective railings | L | 8/8 | 2/2 | 3/3 | | | | **13/13** | **Met** |
| L31 | Communication method | I | 8/8 | 3/3 | 4/4 | | 3/3 | | **18/18** | **Met** |
| L32 | Verbal & written | I | 8/8 | 3/3 | 4/4 | | 3/3 | | **18/18** | **Met** |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|---|---|---|---|---|---|---|---|---|---|---|
| L33 | Physical exam | I | 8/8 | 2/2 | 4/4 | | 3/3 | | **17/17** | **Met** |
| L34 | Dental exam | I | 8/8 | 2/2 | 4/4 | | 3/3 | | **17/17** | **Met** |
| L35 | Preventive screenings | I | 8/8 | 2/2 | 4/4 | | 1/3 | | **15/17** | **Met (88.24 %)** |
| L36 | Recommended tests | I | 8/8 | 2/2 | 4/4 | | 3/3 | | **17/17** | **Met** |
| L37 | Prompt treatment | I | 8/8 | 3/3 | 4/4 | | 3/3 | | **18/18** | **Met** |
| L38 | Physician's orders | I | 8/8 | 1/1 | 3/4 | | 3/3 | | **15/16** | **Met (93.75 %)** |
| L39 | Dietary requirements | I | 8/8 | 1/1 | 4/4 | | | | **13/13** | **Met** |
| L40 | Nutritional food | L | 8/8 | 2/2 | | | 1/1 | | **11/11** | **Met** |
| L41 | Healthy diet | L | 8/8 | 2/2 | 3/3 | | 1/1 | | **14/14** | **Met** |
| L42 | Physical activity | L | 8/8 | 3/3 | 2/3 | | 1/1 | | **14/15** | **Met (93.33 %)** |
| L43 | Health Care Record | I | 8/8 | 2/2 | 4/4 | | 3/3 | | **17/17** | **Met** |
| L44 | MAP registration | L | 8/8 | | | | 1/1 | | **9/9** | **Met** |
| L45 | Medication storage | L | 8/8 | | | | 1/1 | | **9/9** | **Met** |
| L46 | Med. Administration | I | 7/8 | | 4/4 | | 3/3 | | **14/15** | **Met (93.33 %)** |
| L47 | Self medication | I | 1/1 | 2/2 | 3/3 | | | | **6/6** | **Met** |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|---|---|---|---|---|---|---|---|---|---|---|
| L49 | Informed of human rights | I | 7/8 | 3/3 | 4/4 | | 3/3 | | **17/18** | **Met (94.44 %)** |
| L50 (07/21) | Respectful Comm. | I | 8/8 | 3/3 | 4/4 | | 3/3 | | **18/18** | **Met** |
| L51 | Possessions | I | 8/8 | 3/3 | 4/4 | | 3/3 | | **18/18** | **Met** |
| 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 (07/21) | Privacy | I | 8/8 | 3/3 | 4/4 | | 3/3 | | **18/18** | **Met** |
| L55 | Informed consent | I | 3/3 | | 1/1 | | 1/1 | | **5/5** | **Met** |
| L56 | Restrictive practices | I | 2/2 | | | | | | **2/2** | **Met** |
| L57 | Written behavior plans | I | 4/4 | | | | | | **4/4** | **Met** |
| L60 | Data maintenance | I | 4/4 | | | | | | **4/4** | **Met** |
| L61 | Health protection in ISP | I | 3/5 | | 2/2 | | 2/2 | | **7/9** | **Not Met (77.78 %)** |
| L62 | Health protection review | I | 1/1 | | | | 3/3 | | **4/4** | **Met** |
| L63 | Med. treatment plan form | I | 7/7 | | 3/3 | | 1/2 | | **11/12** | **Met (91.67 %)** |
| L64 | Med. treatment plan rev. | I | 5/7 | | 3/3 | | 2/2 | | **10/12** | **Met (83.33 %)** |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|---|---|---|---|---|---|---|---|---|---|---|
| L67 | Money mgmt. plan | I | 7/8 | 2/2 | 4/4 | | 3/3 | | **16/17** | **Met (94.12 %)** |
| L68 | Funds expenditure | I | 8/8 | 2/2 | 4/4 | | 2/2 | | **16/16** | **Met** |
| L69 | Expenditure tracking | I | 8/8 | 1/1 | 3/4 | | 2/2 | | **14/15** | **Met (93.33 %)** |
| L70 | Charges for care calc. | I | 8/8 | | 4/4 | | 3/3 | | **15/15** | **Met** |
| L71 | Charges for care appeal | I | 8/8 | | 4/4 | | 3/3 | | **15/15** | **Met** |
| L77 | Unique needs training | I | 8/8 | 3/3 | 4/4 | | 0/3 | | **15/18** | **Met (83.33 %)** |
| L78 | Restrictive Int. Training | L | 3/3 | | | | | | **3/3** | **Met** |
| L79 | Restraint training | L | 3/3 | | | | | | **3/3** | **Met** |
| L80 | Symptoms of illness | L | 8/8 | 3/3 | 3/3 | | | | **14/14** | **Met** |
| L81 | Medical emergency | L | 8/8 | 3/3 | 3/3 | | 1/1 | | **15/15** | **Met** |
| L82 | Medication admin. | L | 8/8 | | | | 1/1 | | **9/9** | **Met** |
| L84 | Health protect. Training | I | 5/5 | | 2/2 | | 0/3 | | **7/10** | **Not Met (70.0 %)** |
| L85 | Supervision | L | 8/8 | 3/3 | 3/3 | | 1/1 | | **15/15** | **Met** |
| L86 | Required assessments | I | 2/5 | 1/3 | 3/3 | | 0/2 | | **6/13** | **Not Met (46.15 %)** |
| L87 | Support strategies | I | 2/4 | 1/3 | 4/4 | | 0/2 | | **7/13** | **Not Met (53.85 %)** |

| 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 | 7/7 | 3/3 | 4/4 | | 3/3 | | **17/17** | **Met** |
| L89 | Complaint and resolution process | L | | | | | 1/1 | | **1/1** | **Met** |
| L90 | Personal space/ bedroom privacy | I | 8/8 | 2/2 | 4/4 | | 3/3 | | **17/17** | **Met** |
| L91 | Incident management | L | 3/8 | 3/3 | 3/3 | | 0/1 | | **9/15** | **Not Met (60.0 %)** |
| L93 (05/22) | Emergency back-up plans | I | 8/8 | 3/3 | 0/4 | | 3/3 | | **14/18** | **Not Met (77.78 %)** |
| L94 (05/22) | Assistive technology | I | 8/8 | 2/3 | 2/4 | | 2/3 | | **14/18** | **Not Met (77.78 %)** |
| L96 (05/22) | Staff training in devices and applications | I | 8/8 | 1/1 | 2/2 | | 2/2 | | **13/13** | **Met** |
| L99 (05/22) | Medical monitoring devices | I | 3/3 | | 1/1 | | 1/2 | | **5/6** | **Met (83.33 %)** |
| **#Std. Met/# 80 Indicator** | | | | | | | | | **73/80** | |
| **Total Score** | | | | | | | | | **82/90** | |
| | | | | | | | | | **91.11%** | |

**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 | **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 | 5/9 | | 6/7 | **11/16** | **Not Met (68.75 %)** |
| L9 (07/21) | Safe use of equipment | I | 9/9 | | 7/7 | **16/16** | **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** |
| 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** |
| 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** |
| L31 | Communication method | I | 9/9 | | 7/7 | **16/16** | **Met** |
| L32 | Verbal & written | I | 9/9 | | 7/7 | **16/16** | **Met** |

| Ind. # | Ind. | Loc. or Indiv. | Emp. Sup. | Cent. Based Work | Com. Based Day | Total Met / Rated | Rating |
|---|---|---|---|---|---|---|---|
| L37 | Prompt treatment | I | 9/9 | | 7/7 | **16/16** | **Met** |
| L38 | Physician's orders | I | 4/4 | | 6/6 | **10/10** | **Met** |
| L39 | Dietary requirements | I | | | 1/1 | **1/1** | **Met** |
| L44 | MAP registration | L | | | 1/1 | **1/1** | **Met** |
| L45 | Medication storage | L | | | 1/1 | **1/1** | **Met** |
| L46 | Med. Administration | I | | | 5/5 | **5/5** | **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** |
| L57 | Written behavior plans | I | | | 4/4 | **4/4** | **Met** |
| L60 | Data maintenance | I | | | 4/4 | **4/4** | **Met** |
| L77 | Unique needs training | I | 7/7 | | 7/7 | **14/14** | **Met** |
| L79 | Restraint training | L | | | 1/1 | **1/1** | **Met** |
| L80 | Symptoms of illness | L | 1/1 | | 1/1 | **2/2** | **Met** |
| L81 | Medical emergency | L | 1/1 | | 1/1 | **2/2** | **Met** |
| L82 | Medication admin. | L | | | 1/1 | **1/1** | **Met** |
| L85 | Supervision | L | 1/1 | | 1/1 | **2/2** | **Met** |
| L86 | Required assessments | I | 5/7 | | 3/6 | **8/13** | **Not Met (61.54 %)** |
| L87 | Support strategies | I | 5/8 | | 2/6 | **7/14** | **Not Met (50.0 %)** |

| Ind. # | Ind. | Loc. or Indiv. | Emp. Sup. | Cent. Based Work | Com. Based Day | Total Met / Rated | Rating |
|---|---|---|---|---|---|---|---|
| L88 | Strategies implemented | I | 9/9 | | 7/7 | **16/16** | **Met** |
| L91 | Incident management | L | 1/1 | | 0/1 | **1/2** | **Not Met (50.0 %)** |
| L93 (05/22) | Emergency back-up plans | I | 9/9 | | 7/7 | **16/16** | **Met** |
| L94 (05/22) | Assistive technology | I | 6/8 | | 7/7 | **13/15** | **Met (86.67 %)** |
| L99 (05/22) | Medical monitoring devices | I | | | 4/4 | **4/4** | **Met** |
| **#Std. Met/# 49 Indicator** | | | | | | **45/49** | |
| **Total Score** | | | | | | **55/60** | |
| | | | | | | **91.67%** | |

**MASTER SCORE SHEET CERTIFICATION**

**Certification - Planning and Quality Management**

| Indicator # | Indicator | Met/Rated | Rating |
|---|---|---|---|
| C1 | Provider data collection | 1/1 | **Met** |
| C2 | Data analysis | 1/1 | **Met** |
| C3 | Service satisfaction | 1/1 | **Met** |
| C4 | Utilizes input from stakeholders | 1/1 | **Met** |
| C5 | Measure progress | 1/1 | **Met** |
| C6 | Future directions planning | 1/1 | **Met** |

**Residential Services**

| Indicator # | Indicator | Met/Rated | Rating |
|---|---|---|---|
| C7 | Feedback on staff / care provider performance | 8/8 | **Met** |
| 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** |

**Residential Services**

| Indicator # | Indicator | Met/Rated | Rating |
|---|---|---|---|
| C12 | Intimacy | 7/8 | **Met (87.50 %)** |
| 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 | 8/8 | **Met** |
| C17 | Community activities | 8/8 | **Met** |
| C18 | Purchase personal belongings | 8/8 | **Met** |
| C19 | Knowledgeable decisions | 8/8 | **Met** |
| C46 | Use of generic resources | 8/8 | **Met** |
| C47 | Transportation to/ from community | 8/8 | **Met** |
| C48 | Neighborhood connections | 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** |

**ABI-MFP Residential Services**

| Indicator # | Indicator | Met/Rated | Rating |
|---|---|---|---|
| C7 | Feedback on staff / care provider performance | 2/3 | **Not Met (66.67 %)** |
| 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 | 1/3 | **Not Met (33.33 %)** |
| 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 | 1/3 | **Not Met (33.33 %)** |
| C18 | Purchase personal belongings | 3/3 | **Met** |

**ABI-MFP Residential Services**

| Indicator # | Indicator | Met/Rated | Rating |
|---|---|---|---|
| C19 | Knowledgeable decisions | 3/3 | **Met** |
| C46 | Use of generic resources | 1/3 | **Not Met (33.33 %)** |
| C47 | Transportation to/ from community | 3/3 | **Met** |
| C48 | Neighborhood connections | 1/3 | **Not Met (33.33 %)** |
| 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** |

**Individual Home Supports**

| Indicator # | Indicator | Met/Rated | Rating |
|---|---|---|---|
| C7 | Feedback on staff / care provider performance | 3/3 | **Met** |
| C8 | Family/guardian communication | 3/3 | **Met** |
| C9 | Personal relationships | 3/3 | **Met** |
| C10 | Social skill development | 3/3 | **Met** |
| C11 | Get together w/family & friends | 3/3 | **Met** |
| C12 | Intimacy | 3/3 | **Met** |
| C13 | Skills to maximize independence | 3/3 | **Met** |
| C14 | Choices in routines & schedules | 3/3 | **Met** |
| C15 | Personalize living space | 2/2 | **Met** |
| C16 | Explore interests | 3/3 | **Met** |
| C17 | Community activities | 3/3 | **Met** |
| C18 | Purchase personal belongings | 2/2 | **Met** |
| C19 | Knowledgeable decisions | 3/3 | **Met** |
| C21 | Coordinate outreach | 2/2 | **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 | 2/2 | **Met** |
| C51 | Ongoing satisfaction with services/ supports | 3/3 | **Met** |

**Individual Home Supports**

| Indicator # | Indicator | Met/Rated | Rating |
|---|---|---|---|
| C52 | Leisure activities and free-time choices /control | 3/3 | **Met** |
| C53 | Food/ dining choices | 3/3 | **Met** |