



**PROVIDER REPORT  
FOR**

**BERKSHIRE FAMILY AND  
IND RESOURCES  
771 South Church St  
North Adams, MA 01247**

**May 21, 2024**

**Version**

**Public Provider Report**

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

# **SUMMARY OF OVERALL FINDINGS**

**Provider** BERKSHIRE FAMILY AND IND RESOURCES

**Review Dates** 4/17/2024 - 4/23/2024

**Service Enhancement Meeting Date** 5/7/2024

**Survey Team** Andrea Comeau  
Susan Dudley-Oxx (TL)  
Janina Millet  
Elsa Adorno  
Carole Black  
Eric Lunden  
Danielle Chiaravallotti

**Citizen Volunteers**

<b>Survey scope and findings for Residential and Individual Home Supports</b>					
<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	8 location(s) 16 audit (s)	Targeted Review	DDS 20/20 Provider 62 / 70  82 / 90 2 Year License 05/07/2024-05/07/2026		DDS 3 / 3 Provider 63 / 63  66 / 66 Certified 05/07/2024 - 05/07/2026
Residential Services	2 location(s) 6 audit (s)			DDS Targeted Review	20 / 20
ABI-MFP Residential Services	2 location(s) 6 audit (s)			DDS Targeted Review	20 / 20
Placement Services	4 location(s) 4 audit (s)			DDS Targeted Review	20 / 20
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6
<b>Survey scope and findings for Employment and Day Supports</b>					
<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Employment and Day Supports</b>	2 location(s) 14 audit (s)	Targeted Review	DDS 11/11 Provider 59 / 62  70 / 73 2 Year License 05/07/2024-05/07/2026		DDS 0 / 0 Provider 42 / 42  42 / 42 Certified 05/07/2024 - 05/07/2026
Community Based Day Services	1 location(s) 7 audit (s)			DDS Targeted Review	15 / 15
Employment Support Services	1 location(s) 7 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

## **EXECUTIVE SUMMARY :**

Berkshire Family and Individual Resources (BFAIR) is a nonprofit agency headquartered in North Adams, MA. Located in the Berkshire region of Western Massachusetts, the agency provides an array of residential, day and employment support programs to individuals with intellectual disabilities, autism, and acquired brain injury (ABI). Services subject to the current Department of Developmental Services (DDS) licensing and certification review included 24-hour residential supports, placement services, residential services for individuals with acquired brain injury (ABI), community-based day supports, and employment support services.

The agency was eligible and received approval from the Department of Development Services (DDS) Regional Office to conduct a self-assessment of its quality management systems for the current licensing and certification cycle. This occurred in conjunction with a targeted licensing review completed by the Office of Quality Enhancement (OQE). The targeted review focused on eight critical licensing indicators, licensing indicators that were added or revised since the agency's last review, and six licensing indicators and three certification indicators that were not met during the previous survey cycle. The final survey results reflect a combination of ratings from the self-assessment process conducted by BFAIR and targeted review conducted by OQE, with ratings from DDS prevailing where indicators were rated by both entities.

Findings from the targeted licensing review were positive with all critical indicators met. The agency's oversight systems ensured standards for individuals' personal and environmental safety were in place with positive outcomes related to abuse and neglect reporting, and emergency evacuation strategies. A healthy and safe environment was maintained in 24-hour residences, with the agency ensuring overall required inspections were up to date, smoke and CO detectors were operable and placed where required, hot water temperatures were safely maintained, and locations surveyed were sanitary and clean.

Further results found outcomes were achieved for supported individuals in domains related to health care, human rights, and individual goal development. Staff were familiar and trained in individuals' health care protocols and correct utilization of health-related supports such as wheelchairs, shower chairs, lifts, and eyeglasses. In addition, medications were properly administered by MAP certified staff. ISP assessments and support strategies to assist in the development of individual goals were submitted within the required timelines.

Overall findings subject to certification review were positive. All certification indicators were met with the agency successfully addressing the three not met indicators from the previous review. The results found that individuals were provided the opportunity to have input into hiring of staff that support them and provide feedback on annual performance evaluations. In addition, agency staff supported individuals to explore and engage in integrated community-based activities consistent with the individuals' capability and interest.

As a result of the agency's self-assessment findings and the targeted review conducted by OQE, the Residential and Individual Home Supports service group operated by BFAIR achieved a score of 100% of licensure indicators met and will receive a Two-Year License for its Residential and Individuals Supports services. Similarly, results for BFAIR's Employment and Day Supports found 100% of the licensure indicators met. In addition, based on OQE's targeted review and the agency's self-assessment, BFAIR achieved 100% in certification findings for Residential Supports. The results of the agency's self-assessment found 100% of certification indicators met for Employment and Day service group. As a result of the self-assessment and targeted review no follow-up is required.

## **Description of Self Assessment Process:**

### Self-Assessment Process:

In the furtherance of the agency's quality objectives and continuous improvement strategies, the Director of Quality Assurance conducts audits at all residential homes and day programs twice yearly using a tool based on the DDS Licensure Indicators. Record review includes Emergency Fact Sheets, Individual Profiles, ISP objectives, special diets, seizure protocols, medication treatment plans, positive behavior support plans, progress summaries, consents, restrictive intervention plans, supportive device plans, health care records, and funds management plans. Site review includes environment and current inspections; review of the site manual; fire drills records; dietary book; individual data, financial ledgers; water temperature; and a test of the fire alarm system. A MAP audit for everyone at the site is conducted during every visit. A report is generated after the visit, with a follow-up visit occurring approximately three weeks later to check the status of items not in compliance and to offer assistance as needed. The Director also completes desk audits for Shared Living, Employment, and Family and Individual Supports at least annually.

BFAIR's Quality Assurance Department also provides oversight of the ISP process, tracking of progress summaries, assessments, and support strategies to ensure they are submitted to DDS per required timelines. A database of all behavior plans, medication treatment/pre-medication plans, supportive device plans, seizure protocols, epi-pen protocols, restrictive interventions, and consents related to restrictive interventions is maintained and updated frequently to ensure annual revisions occur and that management staff are aware of what needs to be in site manuals.

For the current self-assessment, the Vice-President of Quality/Compliance and the Director of Quality Assurance were responsible for the self- assessment process. To determine the Residential and Individual Home Supports sample, two DDS Residential, two ABI Residential, and four Shared Living placements were randomly selected, with 17 individual audits being completed (seven DDS Residential, six ABI Residential, and four Shared Living). Within the Individual Home Support services, none of the individuals receives 15 or more hours of support, so they were not included within the sample selection. To determine the Employment and Day Supports sample, seven Community Based Day Service participants and seven Employment Service participants were randomly selected, with 14 individual audits being completed, ensuring that there were individuals receiving 3181, 3168A, and 3168B services. On-site reviews were conducted in March 2024. Notification of the on-site review for each location was provided one business day prior to the review. All Licensure and Certification indicators were reviewed for each individual in the sample. To ensure that all indicators were rated, if an indicator did not apply to an individual in the sample (i.e.: a medical protocol or a behavior plan), documentation related to that indicator was reviewed for another individual at the site, where applicable. Criteria for a Met rating for each indicator was set at 80%.

To ensure the integrity and consistency of the self-assessment process, the Vice-President and Director utilized the DDS Office of Quality Enhancement rating worksheets for Residential and Employment and Day Support services. The Vice-President and Director met to review each indicator and establish what documentation would be reviewed to establish a Met/Not Met rating. The self-assessment process started with a desk review of HCSIS information (Individual Support Plans, Assessment and Objective/Support Strategy submissions, and Health Care Records as appropriate to the service) as well as a review of documentation in iCentrix, the agency's electronic health record. On-site reviews consisted of a review of the environment and on-site documentation, observations, and interviews with supervisors (i.e.: House Managers, Directors, Case Managers) as well as direct service staff and individuals chosen as part of the sample. After each on-site visit, the Vice-President and Director completed the worksheet and then met to discuss the results and as needed, follow-up with the sites if additional clarification was needed. Once the results were finalized, each site was advised of any indicators that were not met and needed correcting.

For the review of the Financial Indicators (L67, L68, and L69), in addition to reviewing funds on site (cash on hand and current month receipts, as applicable), the Vice-President and Director reviewed financial documentation from the Finance Office from July 2023 to February 2024, including a review of bank statements, receipts, Charges for Care letters, and Funds Management Plans for all individuals in the sample who receive money management support within the services that they receive (DDS Residential, ABI Residential, and Shared Living). Charges for Care letters were reviewed to determine that calculations were correct, and notifications were made to appropriate parties.

For the Administrative Personal Safety Indicators (L2, L3, and L4), during the self-assessment process, there was no indication of any incidents of abuse, neglect, or mistreatment that were not reported to DPPC. All DPPC complaints, including findings and responses to Action Plans, are tracked by the Director of Quality Assurance, with information being shared with the appropriate supervisory staff for follow-up, in addition to being reviewed by the Incident Review Committee.

For Administrative Indicator L48, Human Rights Committee, there was a review of meeting minutes from January 2022 through April 2024 to determine composition of the committee, review of attendance, and a review of information discussed and shared during meetings. The Director of Quality Assurance, who also serves as the Human Rights Coordinator, is responsible for preparing meeting agendas and ensuring that all required documents, including Positive Behavior Support Plans, Restrictive Interventions Plans, Medication Occurrence Reports, Restraint Reports, Incident Reports, and DPPC Complaints are reviewed as required. For Human Rights Indicator L49, to ensure that all individuals are informed of their human rights and the BFAIR Grievance Procedure and how to file a report to DPPC for abuse, neglect, or mistreatment, annual Human Rights training is conducted with all individuals, with documentation of training being forwarded to the Director of Quality Assurance for tracking and inclusion in each individual's record. In addition, the Right of the Month is shared with all staff and reviewed with individuals. Annually, the Director of Quality Assurance mails family members and guardians information on Human Rights, DPPC, and the agency's Grievance Procedure.

For the Administrative Indicators for Restraints (L65 and L66), a review of all restraints for the last 13 months (February 1, 2023 through March 31, 2024) were reviewed to validate that all restraints were submitted in HCSIS within three days, had the Restraint Manager review within five days, and had Human Rights Committee review within 120 days. The Director of Quality Assurance tracks all restraint reports and ensures that all restraints are reviewed by the Human Rights Committee at the next regularly scheduled meeting after the date of the restraint.

For the review of the Administrative Indicators for Human Resources/Competent Workforce (L76 and L83), a 10% random sample of staff within the services being surveyed (eleven files) were selected and required training information from Relias/e-Academy was validated. Trainings validated included CPR/First Aid, Human Rights, Positive Behavior Support (PBS), Mandated Reporting, Signs and Symptoms of Illness, Fire Safety, Incident Reporting, and Universal Precautions/Transmission Prevention, as well as MAP and START (as applicable). For L75, there was validation of required licenses/certifications required for the position for the nine licensed/credentialed staff (RN, LPN, BCBA). For L74, a 10% random sample of new hires (five files) were reviewed to validate that they had the requisite qualifications for the positions. During the on-site reviews, there was also a review of training information, including Signs and Symptoms of Illness, MAP Certification (as appropriate), and training on site-specific information (i.e.: safety plans, unique needs of individuals, Behavior Modifying Medication Treatment Plans, Supports and Health Related Protection Plans, Positive Behavior Support Plans, protocols, etc.). For C7, ten employee annual performance evaluations were reviewed to validate that there was feedback from individuals supported incorporated into the evaluation.

In addition to reviewing L91 for Incident Report review and submission for individuals within the sample, all incident reports submitted in HCSIS from February 1, 2023, through March 31, 2024 were reviewed to ensure initial submission within three days for minor incidents and one day for major incidents/those with police involvement, and finalization within seven days. In some instances, reports were not finalized within seven days due to the individual still being admitted for a Medical

Hospitalization, but those were rated as being in compliance if a report extension was requested in HCSIS and the finalization was submitted within a reasonable time from discharge. The Director of Quality Assurance is responsible for submitting all incident reports in HCSIS and tracks all reports to ensure compliance with the required timelines.

For the Administrative Review of the Certification Indicators (C1, C2, C3, C4, C5, and C6), BFAIR collects data on incident and restraint reports, medication occurrence reports, and DPPC complaints, which are analyzed and reported on through quarterly and annual trends reports prepared by the Director of Quality Assurance. These reports are shared with the Leadership team, Incident Review Committee, and Human Rights Committee, as well as the Board of Directors Quality Committee. The Vice-President of Quality/Compliance collects and analyzes data from annual satisfaction surveys for individuals, families, and guardians, which is shared with the Board of Directors, posted on the agency's website, and shared with the Leadership team for review within their programs. Supervisors are informed of any specific comments/concerns that require follow-up. The agency also uses feedback received from CARF, OQE, DDS, employers, staff, and the Human Rights Committee, as well as informal feedback from individuals supported, families, and guardians to guide service delivery and enhancement. BFAIR has a comprehensive, long range Strategic Plan based on four pillars: Staffing, Community Presence, Programming, and Technology. There is a strategic planning group that meets regularly and progress towards the established goals is tracked by the Vice-President of Quality/Compliance and reported back to the Leadership and the Board.

For Residential and Individual Home Supports, the agency achieved an overall rating of 89% for Licensure Indicators and 100% for Certification Indicators.

For Employment and Day Supports, the agency achieved an overall rating of 97% for Licensure Indicators and 100% for Certification Indicators.

For the Organizational Indicators, the agency achieved an overall rating of 91% for Licensure Indicators and 100% for Certification Indicators.

## LICENSURE FINDINGS

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

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	10/11	1/11	
<b>Employment and Day Supports</b>	60/62	2/62	
Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	70/73	3/73	96%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		3	

**Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:  
From Provider review:**

Indicator #	Indicator	Issue identified	Action planned to address
L76	The agency has and utilizes a system to track required trainings.	A review of the 10% sample of employee training records found that three staff did not have Positive Behavior Support (PBS) Training.	Two of the three staff members are signed up to take the PBS training; one person is on a leave, and it will be assigned upon their return. Training status is reviewed with all staff during their 90 Orientation

			<p>Evaluation and during their Quarterly and Annual Evaluations.</p> <p>House Managers will complete bi-monthly audits in Relias of staff training to ensure all staff receive and maintain required trainings.</p> <p>Assistant Residential Directors will review current status of staff training during weekly supervision with House Managers.</p> <p>The Human Resources Department will conduct a retraining with House Managers/Supervisors on running reports in Relias by May 31.</p>
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**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:  
From Provider review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Issue identified</b>	<b>Action planned to address</b>
L7	Fire drills are conducted as required.	At one of the four locations reviewed by the agency, only three of the required four fire drills were conducted in 2023.	Supervision with the House Manager to ensure that fire drills (awake and asleep) are conducted on a quarterly basis. Review with all House Managers and Assistant Residential Directors that fire drills (awake and asleep) are to be conducted on a quarterly basis.
L43	The health care record is maintained and updated as required.	Fourteen of the Health Care Records in the sample were not updated within 30 days of a new diagnosis, hospitalization, or vaccination.	The QA Department will conduct a training on the HCSIS Healthcare Record for applicable departments by May 31. House Managers are to notify the Assistant Residential Director (or the Director in their absence), of a change (new diagnosis, new vaccination, or hospitalization information) within 24 hours of such change. The Assistant

			Residential Directors will be responsible for updating the HCR in HCSIS within 30 days. Review of this will be added to the QA Visit tool by May 31.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	At one site, there was missing behavior data for one individual.	The importance of consistent documentation was reviewed with staff. House Manager will be responsible for completing audits twice weekly to ensure all documentation and data is complete. Staff members not completing required documentation will receive additional training on the importance of data collection and there will be additional follow-up as necessary.
L69	Individual expenditures are documented and tracked.	At one site, the cash on hand at the site for three individuals did not match the ledger sheets.	There was no House Manager at this site at the time of the review. The Finance Department reviewed ledgers/finances at the location and determined that some receipts were lost/missing. All accounts and ledgers were brought up to date and the discrepancies were rectified. When a home does not have a House Manager in place, the Assistant Director will be responsible for oversight of finances at the site and will reconcile accounts weekly.
L77	The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals.	For eleven individuals, not all staff had signed off on the Individual Profile in the site manual.	At the applicable sites, the House Managers were given a week from the review date to have all staff review and sign the documentation in the site manual. All missing reviews/signatures are current (aside from staff who are currently on leave). House Managers will be doing weekly audits to ensure that all staff at the site have reviewed all documents in the site manual and have signed off acknowledging they have read and understand its contents. Verification of staff

			signatures will be added to the QA Visit tool by May 31.
L78	Staff are trained to safely and consistently implement restrictive interventions.	For four individuals, not all staff had signed off on their Restrictive Intervention Plan.	At the applicable sites, the House Managers were given a week from the review date to have all staff review and sign the documentation in the site manual. All missing reviews/signatures are current (aside from staff who are currently on leave). House Managers will be doing weekly audits to ensure that all staff at the site have reviewed all documents in the site manual and have signed off acknowledging they have read and understand its contents. Verification of staff signatures will be added to the QA Visit tool by May 31.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For four individuals, not all staff had signed off on their Supports and Health Related Protection Plans.	For four individuals, not all staff had signed off on their Supports and Health Related Protection Plans. At the applicable sites, the House Managers were given a week from the review date to have all staff review and sign the documentation in the site manual. All missing reviews/signatures are current (aside from staff who are currently on leave). House Managers will be doing weekly audits to ensure that all staff at the site have reviewed all documents in the site manual and have signed off acknowledging they have read and understand its contents. Verification of staff signatures will be added to the QA Visit tool by May 31.

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

Indicator #	Indicator	Issue identified	Action planned to address
L5	There is an approved safety plan in home and work locations.	The Safety Plan at the Redemption Site (1000 Massachusetts Avenue) dated February 1,2023 had not been reviewed/signed by DDS.	The Safety Plan was sent to DDS for review and signature. It was received back and filed in the site manual. A tracking form for monitoring documentation expiration dates will be created and monitored by the Senior Director of CBDS and Employment Services.
L8	Emergency fact sheets are current and accurate and available on site.	Four of the Emergency Fact Sheets in the sample (two from Employment and two from CBDS) did not contain complete diagnosis and medication information.	The programs were advised to make the necessary updates to the Emergency Fact Sheets. Programs were reminded to update the EFS whenever they are notified of changes or receive updated documentation, with the EFS being reviewed at minimum one time per year, at the time of the ISP.

**CERTIFICATION FINDINGS**

	Reviewed By	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	<b>DDS 0/0 Provider 6/6</b>	<b>6/6</b>	<b>0/6</b>	
<b>Residential and Individual Home Supports</b>	<b>DDS 3/3 Provider 57/57</b>	<b>60/60</b>	<b>0/60</b>	
ABI-MFP Residential Services	DDS 1/1 Provider 19/19	20/20	0/20	
Placement Services	DDS 0/0 Provider 20/20	20/20	0/20	
Residential Services	DDS 2/2 Provider 18/18	20/20	0/20	
<b>Total</b>		<b>66/66</b>	<b>0/66</b>	<b>100%</b>
<b>Certified</b>				

	Reviewed By	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	<b>DDS 0/0 Provider 6/6</b>	<b>6/6</b>	<b>0/6</b>	
<b>Employment and Day Supports</b>	<b>DDS 0/0 Provider 36/36</b>	<b>36/36</b>	<b>0/36</b>	
Community Based Day Services	DDS 0/0 Provider 15/15	15/15	0/15	
Employment Support Services	DDS 0/0 Provider 21/21	21/21	0/21	
<b>Total</b>		<b>42/42</b>	<b>0/42</b>	<b>100%</b>
<b>Certified</b>				

**MASTER SCORE SHEET LICENSURE**

**Organizational: BERKSHIRE FAMILY AND IND RESOURCES**

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
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☐ L2	Abuse/neglect reporting	<b>DDS</b>	<b>12/12</b>	<b>Met</b>
L3	Immediate Action	<b>Provider</b>	-	<b>Met</b>
L4	Action taken	<b>Provider</b>	-	<b>Met</b>
L48	HRC	<b>Provider</b>	-	<b>Met</b>
L65	Restraint report submit	<b>Provider</b>	-	<b>Met</b>
L66	HRC restraint review	<b>Provider</b>	-	<b>Met</b>
L74	Screen employees	<b>Provider</b>	-	<b>Met</b>
L75	Qualified staff	<b>Provider</b>	-	<b>Met</b>
L76	Track trainings	<b>Provider</b>	-	<b>Not Met</b>
L83	HR training	<b>Provider</b>	-	<b>Met</b>
L92 (07/21)	Licensed Sub-locations (e/d).	<b>Provider</b>	-	<b>Met</b>

**Residential and Individual Home Supports:**

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place	Total Met/Rate	Rating
L1	Abuse/neglect training	I	<b>Provider</b>	-	-	-		-	-	-	<b>Met</b>
L5	Safety Plan	L	<b>Provider</b>	-	-	-		-	-	-	<b>Met</b>
☐ L6	Evacuation	L	<b>DDS</b>	2/2		4/4		2/2		8/8	<b>Met</b>
L7	Fire Drills	L	<b>Provider</b>	-	-	-		-	-	-	<b>Not Met</b>
L8	Emergency Fact Sheets	I	<b>Provider</b>	-	-	-		-	-	-	<b>Met</b>
L9 (07/21)	Safe use of equipment	I	<b>Provider</b>	-	-	-		-	-	-	<b>Met</b>
L10	Reduce risk interventions	I	<b>Provider</b>	-	-	-		-	-	-	<b>Met</b>
☐ L11	Required inspections	L	<b>DDS</b>	2/2		4/4		1/2		7/8	<b>Met (87.50 %)</b>
☐ L12	Smoke detectors	L	<b>DDS</b>	2/2		4/4		2/2		8/8	<b>Met</b>
☐ L13	Clean location	L	<b>DDS</b>	2/2		4/4		2/2		8/8	<b>Met</b>
L14	Site in good repair	L	<b>Provider</b>	-	-	-		-	-	-	<b>Met</b>

L15	Hot water	L	DDS	1/2		4/4		2/2		7/8	Met (87.50 %)
L16	Accessibility	L	Provider	-	-	-		-	-	-	Met
L17	Egress at grade	L	Provider	-	-	-		-	-	-	Met
L18	Above grade egress	L	Provider	-	-	-		-	-	-	Met
L19	Bedroom location	L	DDS			4/4				4/4	Met
L20	Exit doors	L	Provider	-	-	-		-	-	-	Met
L21	Safe electrical equipment	L	Provider	-	-	-		-	-	-	Met
L22	Well-maintained appliances	L	Provider	-	-	-		-	-	-	Met
L23	Egress door locks	L	Provider	-	-	-		-	-	-	Met
L24	Locked door access	L	DDS			4/4				4/4	Met
L25	Dangerous substances	L	Provider	-	-	-		-	-	-	Met
L26	Walkway safety	L	Provider	-	-	-		-	-	-	Met
L28	Flammables	L	Provider	-	-	-		-	-	-	Met
L29	Rubbish/combustibles	L	Provider	-	-	-		-	-	-	Met
L30	Protective railings	L	Provider	-	-	-		-	-	-	Met
L31	Communication method	I	Provider	-	-	-		-	-	-	Met
L32	Verbal & written	I	Provider	-	-	-		-	-	-	Met
L33	Physical exam	I	Provider	-	-	-		-	-	-	Met
L34	Dental exam	I	Provider	-	-	-		-	-	-	Met
L35	Preventive screenings	I	Provider	-	-	-		-	-	-	Met
L36	Recommended tests	I	Provider	-	-	-		-	-	-	Met
L37	Prompt treatment	I	Provider	-	-	-		-	-	-	Met
Ⓟ L38	Physician's orders	I	DDS	6/6		2/2		2/2		10/10	Met
L39	Dietary requirements	I	Provider	-	-	-		-	-	-	Met
L40	Nutritional food	L	Provider	-	-	-		-	-	-	Met
L41	Healthy diet	L	Provider	-	-	-		-	-	-	Met
L42	Physical activity	L	Provider	-	-	-		-	-	-	Met
L43	Health Care Record	I	Provider	-	-	-		-	-	-	Not Met

L44	MAP registration	L	Provider	-	-	-	-	-	-	Met	
L45	Medication storage	L	Provider	-	-	-	-	-	-	Met	
☐ L46	Med. Administration	I	DDS	6/6		2/2		5/5		13/13	Met
L47	Self medication	I	Provider	-	-	-	-	-	-	Met	
L49	Informed of human rights	I	Provider	-	-	-	-	-	-	Met	
L50 (07/21)	Respectful Comm.	I	Provider	-	-	-	-	-	-	Met	
L51	Possessions	I	Provider	-	-	-	-	-	-	Met	
L52	Phone calls	I	Provider	-	-	-	-	-	-	Met	
L53	Visitation	I	Provider	-	-	-	-	-	-	Met	
L54 (07/21)	Privacy	I	Provider	-	-	-	-	-	-	Met	
L55	Informed consent	I	Provider	-	-	-	-	-	-	Met	
L56	Restrictive practices	I	DDS	3/3		1/1		1/1		5/5	Met
L57	Written behavior plans	I	Provider	-	-	-	-	-	-	Met	
L60	Data maintenance	I	Provider	-	-	-	-	-	-	Not Met	
L61	Health protection in ISP	I	DDS	6/6		4/4		4/4		14/14	Met
L62	Health protection review	I	Provider	-	-	-	-	-	-	Met	
L63	Med. treatment plan form	I	Provider	-	-	-	-	-	-	Met	
L64	Med. treatment plan rev.	I	Provider	-	-	-	-	-	-	Met	
L67	Money mgmt. plan	I	Provider	-	-	-	-	-	-	Met	
L68	Funds expenditure	I	Provider	-	-	-	-	-	-	Met	
L69	Expenditure tracking	I	Provider	-	-	-	-	-	-	Not Met	
L70	Charges for care calc.	I	Provider	-	-	-	-	-	-	Met	
L71	Charges for care appeal	I	Provider	-	-	-	-	-	-	Met	
L77	Unique needs training	I	Provider	-	-	-	-	-	-	Not Met	
L78	Restrictive Int. Training	L	Provider	-	-	-	-	-	-	Not Met	

L79	Restraint training	L	Provider	-	-	-	-	-	-	Met
L80	Symptoms of illness	L	Provider	-	-	-	-	-	-	Met
L81	Medical emergency	L	Provider	-	-	-	-	-	-	Met
Pa L82	Medication admin.	L	DDS	2/2			2/2		4/4	Met
L84	Health protect. Training	I	Provider	-	-	-	-	-	-	Not Met
L85	Supervision	L	DDS	2/2		4/4	2/2		8/8	Met
L86	Required assessments	I	DDS	6/6		4/4	2/2		12/12	Met
L87	Support strategies	I	DDS	6/6		4/4	1/2		11/12	Met (91.67%)
L88	Strategies implemented	I	Provider	-	-	-	-	-	-	Met
L89	Complaint and resolution process	L	Provider	-	-	-	-	-	-	Met
L90	Personal space/ bedroom privacy	I	Provider	-	-	-	-	-	-	Met
L91	Incident management	L	Provider	-	-	-	-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS	6/6		4/4	5/5		15/15	Met
L94 (05/22)	Assistive technology	I	DDS	6/6		4/4	5/5		15/15	Met
L96 (05/22)	Staff training in devices and applications	I	DDS	3/3		4/4	5/5		12/12	Met
L99 (05/22)	Medical monitoring devices	I	DDS			1/1			1/1	Met
<b>#Std. Met/# 80 Indicator</b>									<b>73/80</b>	
<b>Total Score</b>									<b>82/90</b>	
									<b>91.11%</b>	

**Employment and Day Supports:**

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	Provider		-	-	-	Met
L5	Safety Plan	L	Provider		-	-	-	Not Met
☐ L6	Evacuation	L	DDS	1/1		1/1	2/2	Met
L7	Fire Drills	L	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Not Met
L9 (07/21)	Safe use of equipment	I	Provider		-	-	-	Met
L10	Reduce risk interventions	I	Provider		-	-	-	Met
☐ L11	Required inspections	L	DDS	1/1		1/1	2/2	Met
☐ L12	Smoke detectors	L	DDS	1/1		1/1	2/2	Met
☐ L13	Clean location	L	DDS	1/1		1/1	2/2	Met
L14	Site in good repair	L	Provider		-	-	-	Met
L15	Hot water	L	Provider		-	-	-	Met
L16	Accessibility	L	Provider		-	-	-	Met
L17	Egress at grade	L	Provider		-	-	-	Met
L20	Exit doors	L	Provider		-	-	-	Met
L21	Safe electrical equipment	L	Provider		-	-	-	Met
L22	Well-maintained appliances	L	Provider		-	-	-	Met
L25	Dangerous substances	L	Provider		-	-	-	Met
L26	Walkway safety	L	Provider		-	-	-	Met
L28	Flammables	L	Provider		-	-	-	Met
L29	Rubbish/combustibles	L	Provider		-	-	-	Met
L30	Protective railings	L	Provider		-	-	-	Met
L31	Communication method	I	Provider		-	-	-	Met
L32	Verbal & written	I	Provider		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-	-	Met
☐ L38	Physician's orders	I	DDS	1/1		7/7	8/8	Met

L39	Dietary requirements	I	Provider		-	-	-	Met
L44	MAP registration	L	Provider		-	-	-	Met
L45	Medication storage	L	Provider		-	-	-	Met
Ⓟ L46	Med. Administration	I	DDS			6/6	6/6	Met
L49	Informed of human rights	I	Provider		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider		-	-	-	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met
L54 (07/21)	Privacy	I	Provider		-	-	-	Met
L55	Informed consent	I	Provider		-	-	-	Met
L57	Written behavior plans	I	Provider		-	-	-	Met
L58	Behavior plan component	I	Provider		-	-	-	Met
L59	Behavior plan review	I	Provider		-	-	-	Met
L60	Data maintenance	I	Provider		-	-	-	Met
L61	Health protection in ISP	I	Provider		-	-	-	Met
L62	Health protection review	I	Provider		-	-	-	Met
L63	Med. treatment plan form	I	Provider		-	-	-	Met
L64	Med. treatment plan rev.	I	Provider		-	-	-	Met
L67	Money mgmt. plan	I	Provider		-	-	-	Met
L68	Funds expenditure	I	Provider		-	-	-	Met
L69	Expenditure tracking	I	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Met
L78	Restrictive Int. Training	L	Provider		-	-	-	Met
L79	Restraint training	L	Provider		-	-	-	Met
L80	Symptoms of illness	L	Provider		-	-	-	Met
L81	Medical emergency	L	Provider		-	-	-	Met
Ⓟ L82	Medication admin.	L	DDS			1/1	1/1	Met
L84	Health protect. Training	I	Provider		-	-	-	Met

L85	Supervision	L	Provider		-	-	-	Met
L86	Required assessments	I	Provider		-	-	-	Met
L87	Support strategies	I	Provider		-	-	-	Met
L88	Strategies implemented	I	Provider		-	-	-	Met
L91	Incident management	L	Provider		-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS	7/7		7/7	14/14	Met
L94 (05/22)	Assistive technology	I	DDS	7/7		7/7	14/14	Met
L96 (05/22)	Staff training in devices and applications	I	DDS			1/1	1/1	Met
<b>#Std. Met/# 62 Indicator</b>							60/62	
<b>Total Score</b>							70/73	
							95.89%	

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

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

### Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met

C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	DDS	6/6	<b>Met</b>
C17	Community activities	DDS	6/6	<b>Met</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Met</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>

**ABI-MFP Residential Services**

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C7	Feedback on staff / care provider performance	DDS	5/5	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C9	Personal relationships	Provider	-	<b>Met</b>
C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>

C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	Provider	-	<b>Met</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Met</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>

**Placement Services**

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C9	Personal relationships	Provider	-	<b>Met</b>
C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	Provider	-	<b>Met</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>

C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Met</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>

#### **Community Based Day Services**

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C37	Interpersonal skills for work	Provider	-	<b>Met</b>
C38 (07/21)	Habilitative & behavioral goals	Provider	-	<b>Met</b>
C39 (07/21)	Support needs for employment	Provider	-	<b>Met</b>
C40	Community involvement interest	Provider	-	<b>Met</b>
C41	Activities participation	Provider	-	<b>Met</b>
C42	Connection to others	Provider	-	<b>Met</b>
C43	Maintain & enhance relationship	Provider	-	<b>Met</b>
C44	Job exploration	Provider	-	<b>Met</b>
C45	Revisit decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>

#### **Employment Support Services**

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>

C8	Family/guardian communication	Provider	-	<b>Met</b>
C22	Explore job interests	Provider	-	<b>Met</b>
C23	Assess skills & training needs	Provider	-	<b>Met</b>
C24	Job goals & support needs plan	Provider	-	<b>Met</b>
C25	Skill development	Provider	-	<b>Met</b>
C26	Benefits analysis	Provider	-	<b>Met</b>
C27	Job benefit education	Provider	-	<b>Met</b>
C28	Relationships w/businesses	Provider	-	<b>Met</b>
C29	Support to obtain employment	Provider	-	<b>Met</b>
C30	Work in integrated settings	Provider	-	<b>Met</b>
C31	Job accommodations	Provider	-	<b>Met</b>
C32	At least minimum wages earned	Provider	-	<b>Met</b>
C33	Employee benefits explained	Provider	-	<b>Met</b>
C34	Support to promote success	Provider	-	<b>Met</b>
C35	Feedback on job performance	Provider	-	<b>Met</b>
C36	Supports to enhance retention	Provider	-	<b>Met</b>
C37	Interpersonal skills for work	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C50	Involvement/ part of the Workplace culture	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>