



**PROVIDER REPORT
FOR**

**RESOURCES FOR HUMAN
DEVELOPMENT
70 Colby Street
Medford, MA 02155**

July 14, 2025

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider RESOURCES FOR HUMAN DEVELOPMENT

Review Dates 6/9/2025 - 6/13/2025

Service Enhancement Meeting Date 6/30/2025

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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	6 location(s) 8 audit (s)	Full Review	70/85 Defer Licensure		41 / 47 Certified
Residential Services	4 location(s) 6 audit (s)			Full Review	17 / 20
Individual Home Supports	2 location(s) 2 audit (s)			Full Review	21 / 21
Planning and Quality Management (For all service groupings)				Full Review	3 / 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	1 location(s) 6 audit (s)	Full Review	64/66 2 Year License 06/30/2025 - 06/30/2027		18 / 21 Certified 06/30/2025 - 06/30/2027
Community Based Day Services	1 location(s) 6 audit (s)			Full Review	15 / 15
Planning and Quality Management (For all service groupings)				Full Review	3 / 6

EXECUTIVE SUMMARY :

Resources for Human Development (RHD) Boston is a branch of Resources for Human Development that began in 1970 and is headquartered in Philadelphia, PA. The agency provides services to individuals with Intellectual and Developmental Disabilities. The larger agency also provides mental health, addiction and recovery, children and families, and homelessness services, and operates in multiple states. RHD Boston operates 24-hour residential homes and Individual Home Supports (IHS) in the metropolitan area and also operates a Community-Based Day Supports (CBDS) program called Outside the Lines Studio, which is an arts-based day program.

For this 2025 survey, the Department of Developmental Services (DDS) Metro Region Office of Quality Enhancement conducted a full licensing and certification review of RHD's organizational systems and supports offered to individuals in the agency's 24/7 residential homes, IHS homes, and CBDS program.

The survey yielded many positive results. At the organizational level, relative to licensure, RHD demonstrated an effective system for the screening of potential employees prior to hire, and an effective staff training tracking system which ensured that staff received all the DDS-mandated trainings, including abuse and neglect training. RHD Boston's Human Rights Committee met all mandates, with full attendance and coverage of required topics. The agency took immediate action when complaints occurred, and when necessary, it developed and implemented action plans to protect the individuals served.

Relative to certification at the organizational level, RHD demonstrated a system for collecting programmatic data, and analyzing this information with a view to making service improvement changes based on data. For example, the agency prioritized the ongoing review of the presence of environmental and other restrictive practices and as a result have reduced the number of these agency-wide over the past two years. The agency's system for gathering and including input from individuals and guardians identified an area for future focus related to Individual Service Plan (ISP) goals. In response, the agency has developed a plan to enhance person-centered planning across locations, with the goal of creating more focused and meaningful ISP goals for individuals.

In the Residential Service grouping relative to licensure, location Medication Administration Program (MAP) registrations were current, medication was stored safely and in accordance to MAP policy, and staff were administering medication as prescribed. Support staff were trained and familiar with the unique needs of individuals, and individuals were supported to eat healthy diets and maintain a physically active lifestyle. Within the homes, individuals' bedrooms were decorated to suit their preferences, and the bedrooms had lockable doors for privacy. Individuals and guardians were informed of human rights and abuse/neglect reporting. Individuals had privacy for discussing personal matters and taking care of personal needs, and all written and verbal communication with and about person's served was noted to be respectful.

In the Residential Service grouping relative to certification, all individuals were supported to connect with friends and family members on a regular basis, were assessed with a view to any support needs relating to companionship and intimacy, and were supported to exercise choice and control on a daily basis regarding household routines, and where and what to eat.

In the Day & Employment Service grouping relative to licensure, the location was clean, well maintained and all required inspections were current. Support staff were found to be knowledgeable about each person's unique needs, medical protocols and special dietary requirements.

In the Day & Employment Service grouping relative to certification, the agency demonstrated a consistent system for ensuring that individuals participated both at the time of hire for potential new support staff, and the ongoing evaluation of staff who support them. Individuals were well supported

to participate in daily community-based activities which aligned with personal interests, were well connected to peers and community members, and were supported to explore vocational interests, primarily art focused paid activities (beading, painting on different mediums and jewelry making).

In addition to these positive findings, the survey identified several areas where additional attention is needed. At the organizational level, the agency strategic planning mechanisms are in need of strengthening, and ongoing feedback from a wider variety of stakeholders should be gathered, analyzed and incorporated into ongoing service improvement efforts.

In RHD's Residential Service grouping, the agency needs to ensure that fire safety systems are maintained and operational, and fire drills conducted in accordance with safety plans. Individuals should be consistently supported to receive annual dental exams and routine preventative screenings. Health Care Records should be updated as required to include all required information and when Medication Treatment Plans are in place, plans should include all required components, and be submitted for ISP team review. Regarding health-related supports and protective equipment, these devices must have written outlines that include authorization, schedules for care, maintenance, and cleaning and staff must be fully trained in documenting care and safety checks of equipment. In the area of financial oversight, money management plans need to include all required components in each plan. In the area of Individual Service Plans, individual goals and objectives must be supported and properly tracked. Incidents must be reported and finalized within the mandated timelines.

Relative to certification, the agency needs to strengthen and consistently implement it's mechanism to ensure that individuals have the opportunity to participate in the hiring of staff as well as the ongoing evaluation of staff who support them. The agency also needs to direct focus to ensure that all individuals' interests are broadly assessed so that they can then be supported to make connections with cultural interests and have opportunities to be involved with activities in the community, connected to their individual preferences and interests.

In the Day & Employment Service grouping, staff must be fully trained in documenting care and safety checks of the equipment that individuals utilize at the day program and all incidents must also be reported and finalized within the mandated timelines.

As a result of this review, the agency's Residential Service group received an overall licensure score of 82%. This service group is Certified with an overall score of 87% of certification indicators met. The service group's level of licensure will be Deferred due to a rating of Not Met on a critical licensing indicator (L12). Follow-up will be conducted by OQE within sixty days of the Service Enhancement Meeting on all licensing indicators that received an overall Not Met rating, including one critical indicator (L12), that received a rating of Not Met. To be issued a Two-Year License with a mid-cycle review, the agency must demonstrate compliance with the critical indicator during the follow-up review.

The agency's Employment and Day Supports service group received an overall licensure score of 97% and will receive a Two-Year license. This service group is Certified with an overall score of 86% of certification indicators met. For this service group, RHD will complete follow-up on licensing indicators not met during the survey and will submit their results to OQE within 60 days following the Service Enhancement Meeting.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	9/9	0/9	
Residential and Individual Home Supports	61/76	15/76	
Residential Services Individual Home Supports			
Critical Indicators	7/8	1/8	
Total	70/85	15/85	82%
Defer Licensure			
# indicators for 60 Day Follow-up		15	

	Met / Rated	Not Met / Rated	% Met
Organizational	9/9	0/9	
Employment and Day Supports	55/57	2/57	
Community Based Day Services			
Critical Indicators	8/8	0/8	
Total	64/66	2/66	97%
2 Year License			
# indicators for 60 Day Follow-up		2	

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

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

Indicator #	Indicator	Area Needing Improvement
L7	Fire drills are conducted as required.	At two locations, fire drills were not being conducted as required. At one home overnight fire drills were being run outside of the "asleep" hours specified in the location safety plan. At a second home, overnight fire drills had been completed without all people who live in the home present. The agency needs to ensure that quarterly fire drills are conducted, with at least two drills per year conducted in the nighttime when individuals are in bed and asleep. Fire drills need to be conducted with the minimum number of staff noted in the safety plan, and the agency needs to demonstrate success in meeting evacuation time with the requisite number of staff.
L12	Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.	At one residential location, a smoke detector located within a bedroom was not operational when tested. At one IHS location, a smoke detector located in the hallway was not operational when tested. The agency needs to ensure that all locations have operating smoke detectors and carbon monoxide detectors present, installed and operational throughout each home.
L21	Electrical equipment is safely maintained.	Two residential locations were found to have electrical equipment that was not being properly maintained. At one home, multiple power strips were overloaded and in use. At a second home, an electrical outlet was in need of immediate maintenance to ensure safety. The agency needs to ensure that at all locations, electrical equipment is safely maintained.
L34	Individuals receive an annual dental exam.	Two individuals had not been supported to receive a dental examination within the last fifteen months. The agency needs to ensure that all individuals are supported to receive annual dental examinations.
L35	Individuals receive routine preventive screenings.	Two individuals had not been supported to receive routine preventative screenings. The agency needs to ensure that all individuals are supported to receive routine preventative screenings based on their age and gender, and inclusive of recommended immunizations.
L43	The health care record is maintained and updated as required.	For two of eight individuals, Health Care Records were not updated to include all required information. The agency needs to ensure Health Care Records are maintained and updated as required.

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 three individuals who utilized health related protections, the accompanying documentation in place for equipment, did not contain all required components, for example, criteria for use, specifications for care, cleaning and maintenance. The agency needs to ensure that all supports and health related protections are authorized by medical professionals, and that documentation on the use of a health-related protective equipment includes the following elements: purpose; specificity of use (frequency and duration); safety checks; cleanliness.
L63	Medication treatment plans are in written format with required components.	For two individuals with Medication Treatment Plans (MTPs) in place, plans did not contain all required components- for one person, the plan did not fully define insomnia so that corresponding accurate nighttime data tracking could occur, and for one person, data tracking sheets were lacking one of the person's identified target behaviors. The agency needs to ensure that Medication Treatment Plans contain all required components, and that the tracking of target behaviors is occurring consistently in alignment with each plan.
L64	Medication treatment plans are reviewed by the required groups.	For two individuals with Medication Treatment Plans (MTPs) in place, the agency had not submitted the MTPs for ISP team review in HCSIS or by another method such as via email. The agency needs to ensure that all Medication Treatment Plans are submitted for ISP team review.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For two of seven individuals, shared or delegated money management plans did not contain all required components such as spelling out what supports the agency is delivering, including Representative Payee responsibilities, identifying the general mechanisms for each individual to access their money. The agency needs to ensure that shared or delegated money management plans contain all required components.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For three of seven individuals, who utilized health-related protections and supports, staff had either not received training, or had received basic training but were not documenting the care, maintenance, and safety checks on each piece of equipment used as outlined in the health-related support documentation on file. The agency needs to ensure that staff are fully trained in how to safely and effectively implement the use of each person's health-related protections and supports, including a mechanism for ensuring regular care, maintenance and safety checks on each piece of equipment.

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

Indicator #	Indicator	Area Needing Improvement
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For one of three individuals, required assessments had not been submitted within ISP timelines. The agency needs to ensure that ISP assessments are submitted at least 15 days in advance of the ISP meeting.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For one of three individuals, support strategies had not been submitted within ISP timelines. The agency needs to ensure that ISP support strategies are submitted at least 15 days in advance of the ISP meeting.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Two of six individuals were not being supported to work towards their current identified ISP objectives. The agency needs to ensure that all individuals are supported to work towards their current ISP objectives as identified, outlined and agreed upon in each person's ISP.
L91	Incidents are reported and reviewed as mandated by regulation.	At two of six locations, incident reports were either not reported as required, or were not submitted and/or finalized within the required timelines. The agency needs to ensure all incidents are submitted within the required timelines, which includes finalization within seven business days.

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

Indicator #	Indicator	Area Needing Improvement
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For all six individuals who utilized health-related protections and supports, staff had received some training but were not documenting the care, maintenance, and safety checks on each piece of equipment used as outlined in the health-related support documentation on file. The agency needs to ensure that staff are fully trained in how to safely and effectively implement the use of each person's health-related protections and supports, including implementing a mechanism for ensuring regular care, maintenance and safety checks are occurring on each piece of equipment.
L91	Incidents are reported and reviewed as mandated by regulation.	At the day program location, one major incident report was not submitted within the required timelines. The agency needs to ensure all incidents are submitted within the required timelines.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	3/6	3/6	
Residential and Individual Home Supports	38/41	3/41	
Residential Services	17/20	3/20	
Individual Home Supports	21/21	0/21	
Total	41/47	6/47	87%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	3/6	3/6	
Employment and Day Supports	15/15	0/15	
Community Based Day Services	15/15	0/15	
Total	18/21	3/21	86%
Certified			

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

Indicator #	Indicator	Area Needing Improvement
C4	The provider receives and utilizes input received from DDS and other stakeholders to inform service improvement efforts.	The agency did not have a mechanism to inform service improvement efforts based on input from internal systems, DDS and other stakeholders, for example employees, community employers, volunteer site stakeholders and other community partners connected to CBDS participants. The agency needs to ensure it utilizes input receives internally and externally to develop and implement service improvement efforts.

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

Indicator #	Indicator	Area Needing Improvement
C5	The provider has a process to measure progress towards achieving service improvement goals.	The agency did not have 2023-2025 service improvement goals identified nor a clear process to measure ongoing progress. The agency needs to establish quantifiable targets against which it can measure its progress in reaching its desired goal(s), a process for measuring and monitoring progress, and an ability to make "mid-course" corrections if necessary.
C6	The provider has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans.	The agency did not have a strategic plan in place during the period reviewed, 2023-2025. The agency needs to develop formal or informal documented mechanisms for strategic planning and develop a future directions plan with strategies in place to actualize its plan.

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.	At three locations, individuals were not afforded the opportunity to participate in the hiring of new support staff, or to give feedback regarding the staff that support them. The agency needs to ensure that individuals served are afforded the opportunity to participate in the hiring process of new staff, and to provide feedback on the staff who support them so that this information may be used as part of ongoing support staff evaluation and training.
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	Two of six individuals were not being thoroughly supported to explore, discover and connect with their individualized interests for cultural, social, recreational and spiritual activities. The agency needs to ensure that each individual is fully assessed to identify possible interests on an individualized basis, and that they are supported to explore those interests utilizing a variety of means. Exploration needs to include the identification of new interests not currently known by the individual as well as revisiting known preferences.
C17	Community activities are based on the individual's preferences and interests.	Two of six individuals were not being provided frequent opportunities to engage in individualized community interests and activities, nor did the agency have clearly articulated strategies or plans developed to do so. The agency needs to ensure that all individuals are provided with frequent opportunities to engage in community activities that align with the individual's expressed preferences and interests.

MASTER SCORE SHEET LICENSURE

Organizational: RESOURCES FOR HUMAN DEVELOPMENT

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
PE L2	Abuse/neglect reporting	7/7	Met
L3	Immediate Action	14/14	Met
L4	Action taken	9/9	Met
L48	HRC	1/1	Met
L65	Restraint report submit	2/2	Met
L66	HRC restraint review	2/2	Met
L74	Screen employees	4/4	Met
L76	Track trainings	14/15	Met(93.33 %)
L83	HR training	14/15	Met(93.33 %)

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	7/7	2/2					9/9	Met
L5	Safety Plan	L	4/4	2/2					6/6	Met
℞ L6	Evacuation	L	4/4	2/2					6/6	Met
L7	Fire Drills	L	2/4						2/4	Not Met (50.0%)
L8	Emergency Fact Sheets	I	7/7	1/2					8/9	Met (88.89%)
L9 (07/21)	Safe use of equipment	I	7/7	2/2					9/9	Met
L10	Reduce risk interventions	I	1/1						1/1	Met
℞ L11	Required inspections	L	4/4	2/2					6/6	Met
℞ L12	Smoke detectors	L	3/4	1/2					4/6	Not Met (66.67%)
℞ L13	Clean location	L	4/4	2/2					6/6	Met
L14	Site in good repair	L	4/4	2/2					6/6	Met
L15	Hot water	L	4/4	1/2					5/6	Met (83.33%)
L16	Accessibility	L	3/3	1/1					4/4	Met
L17	Egress at grade	L	4/4	2/2					6/6	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L18	Above grade egress	L	1/1	1/1					2/2	Met
L19	Bedroom location	L	3/3	1/1					4/4	Met
L20	Exit doors	L	4/4	2/2					6/6	Met
L21	Safe electrical equipment	L	2/4	2/2					4/6	Not Met (66.67%)
L22	Well-maintained appliances	L	4/4	1/2					5/6	Met (83.33%)
L23	Egress door locks	L	1/1						1/1	Met
L24	Locked door access	L	4/4	1/1					5/5	Met
L25	Dangerous substances	L	3/3						3/3	Met
L26	Walkway safety	L	4/4	2/2					6/6	Met
L27	Pools, hot tubs, etc.	L		1/1					1/1	Met
L28	Flammables	L	4/4	1/1					5/5	Met
L29	Rubbish/combustibles	L	4/4	2/2					6/6	Met
L30	Protective railings	L	3/4	1/1					4/5	Met (80.0%)
L31	Communication method	I	7/7	2/2					9/9	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L32	Verbal & written	I	7/7	2/2					9/9	Met
L33	Physical exam	I	7/7	2/2					9/9	Met
L34	Dental exam	I	5/7	2/2					7/9	Not Met (77.78%)
L35	Preventive screenings	I	5/7	2/2					7/9	Not Met (77.78%)
L36	Recommended tests	I	7/7	2/2					9/9	Met
L37	Prompt treatment	I	7/7	2/2					9/9	Met
℞ L38	Physician's orders	I	7/7						7/7	Met
L40	Nutritional food	L	4/4	2/2					6/6	Met
L41	Healthy diet	L	4/4	2/2					6/6	Met
L42	Physical activity	L	4/4	2/2					6/6	Met
L43	Health Care Record	I	6/7	1/2					7/9	Not Met (77.78%)
L44	MAP registration	L	4/4						4/4	Met
L45	Medication storage	L	4/4						4/4	Met
℞ L46	Med. Administration	I	7/7						7/7	Met
L47	Self medication	I		2/2					2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L49	Informed of human rights	I	7/7	2/2					9/9	Met
L50 (07/21)	Respectful Comm.	I	7/7	2/2					9/9	Met
L51	Possessions	I	7/7	2/2					9/9	Met
L52	Phone calls	I	7/7	2/2					9/9	Met
L53	Visitation	I	7/7	2/2					9/9	Met
L54 (07/21)	Privacy	I	6/7	2/2					8/9	Met (88.89%)
L56	Restrictive practices	I	3/3						3/3	Met
L57	Written behavior plans	I	1/1						1/1	Met
L60	Data maintenance	I	1/1						1/1	Met
L61	Health protection in ISP	I	2/6	2/2					4/8	Not Met (50.0%)
L62	Health protection review	I	1/1	1/1					2/2	Met
L63	Med. treatment plan form	I	5/7	2/2					7/9	Not Met (77.78%)
L64	Med. treatment plan rev.	I	3/6	2/2					5/8	Not Met (62.50%)
L67	Money mgmt. plan	I	5/7	1/1					6/8	Not Met (75.00%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L68	Funds expenditure	I	6/7	1/1					7/8	Met (87.50%)
L69	Expenditure tracking	I	7/7	1/1					8/8	Met
L70	Charges for care calc.	I	7/7						7/7	Met
L71	Charges for care appeal	I	7/7						7/7	Met
L77	Unique needs training	I	6/6	2/2					8/8	Met
L78	Restrictive Int. Training	L	3/3						3/3	Met
L80	Symptoms of illness	L	4/4	1/1					5/5	Met
L81	Medical emergency	L	4/4	2/2					6/6	Met
L82	Medication admin.	L	4/4						4/4	Met
L84	Health protect. Training	I	2/6	2/2					4/8	Not Met (50.0%)
L85	Supervision	L	4/4	2/2					6/6	Met
L86	Required assessments	I	1/3	1/1					2/4	Not Met (50.0%)
L87	Support strategies	I	1/3	1/1					2/4	Not Met (50.0%)
L88	Strategies implemented	I	5/7	2/2					7/9	Not Met (77.78%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L90	Personal space/bedroom privacy	I	7/7	2/2					9/9	Met
L91	Incident management	L	3/4	1/2					4/6	Not Met (66.67%)
L93 (05/22)	Emergency back-up plans	I	7/7	2/2					9/9	Met
L94 (05/22)	Assistive technology	I	7/7	2/2					9/9	Met
L96 (05/22)	Staff training in devices and applications	I	6/6	2/2					8/8	Met
#Std. Met/# 76 Indicator									61/76	
Total Score									70/85	
									82.35%	

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			6/6	6/6	Met
L5	Safety Plan	L			1/1	1/1	Met
L6	Evacuation	L			1/1	1/1	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L7	Fire Drills	L			1/1	1/1	Met
L8	Emergency Fact Sheets	I			6/6	6/6	Met
L9 (07/21)	Safe use of equipment	I			6/6	6/6	Met
L10	Reduce risk interventions	I			4/4	4/4	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
L30	Protective railings	L			1/1	1/1	Met
L31	Communication method	I			6/6	6/6	Met
L32	Verbal & written	I			6/6	6/6	Met
L37	Prompt treatment	I			6/6	6/6	Met
☐ L38	Physician's orders	I			5/5	5/5	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L39	Dietary requirements	I			2/2	2/2	Met
L44	MAP registration	L			1/1	1/1	Met
L45	Medication storage	L			1/1	1/1	Met
☐ L46	Med. Administration	I			6/6	6/6	Met
L49	Informed of human rights	I			6/6	6/6	Met
L50 (07/21)	Respectful Comm.	I			6/6	6/6	Met
L51	Possessions	I			6/6	6/6	Met
L52	Phone calls	I			6/6	6/6	Met
L54 (07/21)	Privacy	I			6/6	6/6	Met
L55	Informed consent	I			4/4	4/4	Met
L56	Restrictive practices	I			6/6	6/6	Met
L57	Written behavior plans	I			1/1	1/1	Met
L60	Data maintenance	I			1/1	1/1	Met
L61	Health protection in ISP	I			6/6	6/6	Met
L63	Med. treatment plan form	I			1/1	1/1	Met
L64	Med. treatment plan rev.	I			1/1	1/1	Met
L77	Unique needs training	I			6/6	6/6	Met
L78	Restrictive Int. Training	L			1/1	1/1	Met
L79	Restraint training	L			1/1	1/1	Met
L80	Symptoms of illness	L			1/1	1/1	Met
L81	Medical emergency	L			1/1	1/1	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
PL L82	Medication admin.	L			1/1	1/1	Met
L84	Health protect. Training	I			0/3	0/3	Not Met (0 %)
L85	Supervision	L			1/1	1/1	Met
L86	Required assessments	I			5/5	5/5	Met
L87	Support strategies	I			4/4	4/4	Met
L88	Strategies implemented	I			5/5	5/5	Met
L91	Incident management	L			0/1	0/1	Not Met (0 %)
L93 (05/22)	Emergency back-up plans	I			6/6	6/6	Met
L94 (05/22)	Assistive technology	I			5/6	5/6	Met (83.33 %)
L96 (05/22)	Staff training in devices and applications	I			5/5	5/5	Met
#Std. Met/# 57 Indicator						55/57	
Total Score						64/66	
						96.97%	

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	0/1	Not Met (0 %)
C5	Measure progress	0/1	Not Met (0 %)
C6	Future directions planning	0/1	Not Met (0 %)

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	4/7	Not Met (57.14 %)
C8	Family/guardian communication	7/7	Met
C9	Personal relationships	7/7	Met
C10	Social skill development	7/7	Met
C11	Get together w/family & friends	7/7	Met
C12	Intimacy	7/7	Met
C13	Skills to maximize independence	7/7	Met
C14	Choices in routines & schedules	7/7	Met
C15	Personalize living space	4/4	Met
C16	Explore interests	5/7	Not Met (71.43 %)
C17	Community activities	4/7	Not Met (57.14 %)
C18	Purchase personal belongings	7/7	Met
C19	Knowledgeable decisions	7/7	Met
C46	Use of generic resources	6/6	Met
C47	Transportation to/ from community	7/7	Met
C48	Neighborhood connections	7/7	Met
C49	Physical setting is consistent	4/4	Met
C51	Ongoing satisfaction with services/ supports	7/7	Met
C52	Leisure activities and free-time choices /control	7/7	Met
C53	Food/ dining choices	7/7	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	2/2	Met
C8	Family/guardian communication	2/2	Met
C9	Personal relationships	2/2	Met
C10	Social skill development	2/2	Met
C11	Get together w/family & friends	2/2	Met
C12	Intimacy	2/2	Met
C13	Skills to maximize independence	2/2	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C14	Choices in routines & schedules	2/2	Met
C15	Personalize living space	2/2	Met
C16	Explore interests	2/2	Met
C17	Community activities	2/2	Met
C18	Purchase personal belongings	2/2	Met
C19	Knowledgeable decisions	2/2	Met
C21	Coordinate outreach	2/2	Met
C46	Use of generic resources	2/2	Met
C47	Transportation to/ from community	2/2	Met
C48	Neighborhood connections	2/2	Met
C49	Physical setting is consistent	2/2	Met
C51	Ongoing satisfaction with services/ supports	2/2	Met
C52	Leisure activities and free-time choices /control	2/2	Met
C53	Food/ dining choices	2/2	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	6/6	Met
C8	Family/guardian communication	6/6	Met
C13	Skills to maximize independence	6/6	Met
C37	Interpersonal skills for work	6/6	Met
C38 (07/21)	Habilitative & behavioral goals	6/6	Met
C39 (07/21)	Support needs for employment	5/6	Met (83.33 %)
C40	Community involvement interest	6/6	Met
C41	Activities participation	6/6	Met
C42	Connection to others	6/6	Met
C43	Maintain & enhance relationship	6/6	Met
C44	Job exploration	6/6	Met
C45	Revisit decisions	6/6	Met
C46	Use of generic resources	6/6	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C47	Transportation to/ from community	6/6	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met