



**PROVIDER REPORT
FOR**

**RFK Community Alliance
971 Main St
Lancaster, MA 01523**

April 29, 2025

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider RFK Community Alliance

Review Dates 3/26/2025 - 4/1/2025

Service Enhancement Meeting Date 4/15/2025

Survey Team Janina Millet
Marisa Himes
Eric Lunden (TL)

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	2 location(s) 6 audit (s)	Targeted Review	DDS 11/14 Provider 66 / 68 77 / 82 Defer Licensure		0/0 No Review Conducted
Residential Services	2 location(s) 6 audit (s)			Deemed	0/0(Provider)
Residential Services	2 location(s) 6 audit (s)			Deemed	0/0(Provider)
Planning and Quality Management (For all service groupings)				Deemed	0/0(Provider)
Survey scope and findings for Employment and Day Supports					
Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	2 location(s) 12 audit (s)	Targeted Review	DDS 11/14 Provider 45 / 45 56 / 59 Defer Licensure		No Review Conducted
Community Based Day Services	1 location(s) 5 audit (s)			Deemed	0/0(Provider)
Community Based Day Services	1 location(s) 5 audit (s)			Deemed	0/0(Provider)
Employment Support Services	1 location(s) 7 audit (s)			Deemed	0/0(Provider)
Employment Support Services	1 location(s) 7 audit (s)			Deemed	0/0(Provider)
Planning and Quality Management (For all service groupings)				Deemed	0/0(Provider)

EXECUTIVE SUMMARY :

RFK Community Alliance located in Lancaster, MA, is a nonprofit organization that provides an array of services to adults with Intellectual and Developmental Disabilities and other mental health needs. The agency also offers services to children and adolescents. RFK Community Alliance provides supports in 24/7 residential homes, employment and community-based day (CBDS) sites in Central Massachusetts.

The agency was eligible for and elected to complete a self-assessment on all licensure indicators for this 2025 licensing cycle and is deemed for certification due to their COA accreditation. The Department of Developmental Services (DDS) Central West Office of Quality Enhancement conducted a targeted review of the eight critical licensing indicators, as well as licensing indicators that were not met during the agency's previous survey cycle for both the agency's Residential and Day Service Groupings. This survey report reflects a combination of ratings from the self-assessment process conducted by RFK Community Alliance and the targeted review conducted by DDS, with DDS ratings prevailing where indicators were rated by both entities.

The DDS targeted review results for organizational indicators showed that the agency had a system for abuse and neglect reporting, as well as for accurately tracking required staff training. Restraint reports were also submitted within the DDS required timelines.

In residential services, relative to healthcare, staff supported wellness efforts by ensuring that medical treatment protocols were in place for all individuals who needed them, and staff were trained to implement the protocols as ordered. Individual's emergency fact sheets were current and accurate. In relation to medication administration, prescription medications were administered in accordance with the written order of health practitioners and were properly documented on medication treatment charts. Staff who administered medication were also MAP certified. As it relates to the ISP, required assessments were submitted within required timeframes for ISP meetings. Regarding personal and environmental safety, individuals were supported to evacuate appropriately in the event of a fire emergency; required inspections were in place; and the locations that were visited were clean and free of pest infestation.

In day supports, concerning environmental safety at the CBDS site, required inspections were in place, and the locations that were visited were clean and free of pest infestation. Across CBDS in the healthcare domain, emergency fact sheets were current and accurate. Relative to medication administration, all prescription medications were administered in accordance with the written order of health practitioners and were properly documented on medication treatment charts. Staff who administered medication were also MAP certified. Regarding the ISP, required assessments and provider support strategies were submitted within the required timeframes. Additionally, in Employment Supports, medication was administered by staff that were MAP certified.

The survey highlighted several licensure areas where additional attention is required from the agency. Organizationally, the human rights committee did not meet the requisite member attendance mandate; the committee specifically did not have a legal representative. The agency needs to facilitate more regular attendance of requisite members at human rights committee meetings.

Within residential services, strengthened oversight is needed in several domains to ensure consistent and person-centered care. Environmentally, the smoke detection system in a home was not fully interconnected, so when one was activated, they did not all sound. Additionally, staff assisted individuals with their funds management, but staff-assisted transactions were not monitored and tracked. Additionally, the agency had the practice of issuing individual funds onto cards issued in the names of staff who assisted them with community purchases.

In Employment and Day supports, there were several areas where additional attention is needed. At the CBDS location, fire drills were not conducted and documented to ensure that individuals are able to evacuate the building within a reasonable amount of time in a fire emergency. In the Employment service, greater oversight was not provided to ensure that a physicians ordered medical treatment

protocol was properly implemented for one person.

The result of the combined agency self-assessment findings and the DDS targeted review conducted by OQE, shows that RFK Community Alliance residential service grouping had a score of 94% of licensing indicators met with one critical indicator (L12) receiving a rating of not met. The agency's residential service's license will be deferred pending the results of a follow-up survey conducted by the DDS Central West Office of Quality Enhancement within sixty days of the SEM. If the agency meets an 80% threshold at follow-up on the not met indicators, the agency will then receive a 2-Year license with a mid-cycle review for the service grouping. RFK Community Alliance will receive a Two-year certification for its Residential service groupings due to their COA accreditation.

The agency's Employment and Day Supports grouping had a grouping score of 95% of licensing indicators met. The employment/day license will be deferred, due to two critical indicators (L6, L38) receiving a rating of not met. The DDS Central West Office of Quality Enhancement will conduct a follow-up within sixty days of the SEM on all licensing indicators that were not met. If the agency meets an 80% threshold at follow-up on the not met indicators, the agency will then receive a 2-Year license with a mid-cycle review for the employment/day service grouping. RFK Community Alliance will receive a Two-year certification for its Employment and Day Supports service groupings due to their COA accreditation.

Please see below, RFK Community Alliance's self-assessment report describing the organization's ongoing quality assurance systems and the agency's current evaluation of compliance with DDS licensing.

Description of Self Assessment Process:

To conduct a thorough self-assessment a random sample of residential, group supported employment, and community based day services program participants were chosen to spot check confidential records. For ALTR, 50% of all residents (8) were checked. For Group Supported Employment 10% (7 program participants) were reviewed, and for Community Based Day Supports 50% (7) program participants were reviewed. This sample size closely mirrors that review that will be conducted by the team from the Office of Quality Enhancement and therefore it was determined it would provide an accurate representation of quality of services provided and accuracy of record keeping. All reviews were conducted by the Vice President of Adult Services and program operations leadership was not provided with prior notice of individuals to be reviewed. Records were reviewed both in person for items such as individual specific protocols, S&Ps, and other items that are program and individual specific. Additionally medical records review was completed via the individuals electronic medical record, RFK Community Alliance utilizes eHana for this. Individuals were interviewed by the Vice President of Adult Services to solicit feedback on key certification indicators. Individuals were encouraged to be forthcoming with pros and cons of their experience in residential and day settings.

The agency utilizes a division specific Health Assistant who coordinates and supports the individuals in attending all medical appointments. These include routine providers, specialists, as well as medical attention for acute needs as they arise. Upon successful completion of the appointment, all pertinent members of the individual's team or notified of the outcome and any follow up needed. This communication is done via email as well as in-person review. All medical documentation is uploaded into eHana, which was then reviewed as part of the self-assessment process. Medical appointments for individuals supported residentially are kept on a spreadsheet which the Health Assistant maintains. Appointments for each upcoming week are disseminated via email to the residential team, along with the notes on staff identified to take each individual if the Health Assistant is unable to do so.

Fire drills for all programs are conducted bi-monthly in collaboration with the agency's maintenance and facilities team. These drills are conducted on both awake hours and designated overnight hours for residential settings and during program times for all day services. Upon completion of the fire drill, a review of the fire drill is conducted with program staff and facility team representative to confirm success or failure of the drill. All fire drill logs are provided to the division and a random check of 75% of all drills conducted within the last year were reviewed.

To ensure the environmental safety off residential and day settings, 50% of all residential sites were reviewed and 100% of day service settings were reviewed by the Vice President of Adult Services. This included ensuring the space was clean, and free of rodent and/or bug infestation, annual inspection of mechanical units, as well as a process to document advanced cleaning of the home. Residential homes were also reviewed for personalization to the individuals that live there. Hot water temperatures were checked by a member of the agency's maintenance team and results provided to the Vice President of Adult Services. Team members from the agency's facilities department also conduct routine spot checks of all division buildings to check for cleanliness, safety, and general security of the buildings. In the event that an issue is identified, these concerns are directed immediately to the Vice President of Adult Services for immediate corrective action.

A review of 25% of staff who support individuals was completed in collaboration with RFK Community Alliance training and professional development team. The agency utilizes a combination of both in person and virtual training as part of the Adult Services Division annual training plan. Virtual training is done in Relias were certificates of completion and annual training plan completion records are available for review.

Results of the self-assessment were provided for review to the President and Chief Executive Officer, Chief Operating Officer, and the Vice President of Performance and Quality Improvements for review prior to submission to OQE.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Residential and Individual Home Supports	68/72	4/72	
Residential Services			
Critical Indicators	7/8	1/8	
Total	77/82	5/82	94%
Defer Licensure			
# indicators for 60 Day Follow-up		5	

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Employment and Day Supports	47/49	2/49	
Community Based Day Services Employment Support Services			
Critical Indicators	5/8	3/8	
Total	56/59	3/59	95%
Defer Licensure			
# indicators for 60 Day Follow-up		3	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The agency's Human Rights Committee (HRC) did not have the required membership. Seven of the last eight meetings were missing a legal representative. The agency needs to ensure that the HRC meets membership requirements.

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

Indicator #	Indicator	Area Needing Improvement
Ⓟ 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 of the locations, the smoke detection system was not interconnected so that when one activates, they all sound. The agency needs to ensure that the smoke detection system in all homes is interconnected.
L69	Individual expenditures are documented and tracked.	For three of five individuals who require funds management supports, staff were not monitoring/tracking the use of individuals' funds. The agency needs to ensure all that staff-assisted transactions are tracked and monitored.

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

Indicator #	Indicator	Issue identified	Action planned to address
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	All programs reviewed were able to provide information in human rights training provided to individuals. This was gleaned through review of human rights curriculum as well as review of human rights training material, and interviews with individuals. However, residential sites were unable to provide clear documentation that the training had occurred. There was no clear documentation record of Human Rights training being conducted by the human rights officer.	Residential sites will complete an annual training record of individuals present during annual human rights training. This will supplement annual consents signed by individuals/guardians that provided basic information of human rights. This process will be implemented immediately.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For two of the eight individuals reviewed, support strategies were not submitted within the required timelines.	Operations team continues to emphasize importance of submission within the required timelines. The division has implemented a new quarterly review process for all individuals to help address this on-going area of concern.

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

Indicator #	Indicator	Area Needing Improvement
<p>Ⓟ L6</p>	<p>All individuals are able to evacuate homes in 2.5 minutes with or without assistance and workplaces within a reasonable amount of time.</p>	<p>Evacuation drills were not being conducted and documented as required in the CBDS program to promote prompt evacuation in the event of an emergency. The agency needs to ensure that individuals are supported to evacuate in a reasonable time.</p>
<p>Ⓟ L38</p>	<p>Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).</p>	<p>For one individual receiving employment supports, a seizure protocol was missing elements that would promote proper implementation. The agency needs to ensure that medical treatment protocols are present and properly implemented by staff who are trained on their use.</p>

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	Provider (also Deemed)	0/0	0/0	
Residential and Individual Home Supports	Provider	0/0	0/0	
Residential Services	Provider (also Deemed)	0/0	0/0	
Total		0/0	0/0	
No Review Conducted				

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	Provider (also Deemed)	0/0	0/0	
Employment and Day Supports	Provider	0/0	0/0	
Community Based Day Services	Provider (also Deemed)	0/0	0/0	
Employment Support Services	Provider (also Deemed)	0/0	0/0	
Total		0/0	0/0	
No Review Conducted				

MASTER SCORE SHEET LICENSURE

Organizational: RFK Community Alliance

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	DDS	3/3	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	DDS	0/1	Not Met(0 %)
L65	Restraint report submit	DDS	1/1	Met
L66	HRC restraint review	Provider	-	Met
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	DDS	7/7	Met
L83	HR training	Provider	-	Met

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/Rated	Rating
L1	Abuse/neglect training	I	Provider	-	-			-	-	-	Met
L5	Safety Plan	L	Provider	-	-			-	-	-	Met
Ⓡ L6	Evacuation	L	DDS	2/2						2/2	Met
L7	Fire Drills	L	Provider	-	-			-	-	-	Met
L8	Emergency Fact Sheets	I	DDS	6/6						6/6	Met
L9 (07/21)	Safe use of equipment	I	Provider	-	-			-	-	-	Met
Ⓡ L11	Required inspections	L	DDS	2/2						2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
℞ L12	Smoke detectors	L	DDS	1/2						1/2	Not Met (50.0%)
℞ L13	Clean location	L	DDS	2/2						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
L18	Above grade egress	L	Provider	-	-			-	-	-	Met
L19	Bedroom location	L	Provider	-	-			-	-	-	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	Provider	-	-			-	-	-	Met
L25	Dangerous substances	L	Provider	-	-			-	-	-	Met
L26	Walkway safety	L	Provider	-	-			-	-	-	Met
L28	Flammables	L	Provider	-	-			-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L29	Rubbish /combustibles	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	4/4						4/4	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	-	-			-	-	-	Met
L44	MAP registration	L	Provider	-	-			-	-	-	Met
L45	Medication storage	L	Provider	-	-			-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS	6/6						6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L47	Self medication	I	Provider	-	-			-	-	-	Met
L49	Informed of human rights	I	Provider	-	-			-	-	-	Not 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
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	DDS	1/5						1/5	Not Met (20.0 %)
L70	Charges for care calc.	I	Provider	-	-			-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L71	Charges for care appeal	I	Provider	-	-			-	-	-	Met
L77	Unique needs training	I	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	2/2						2/2	Met
L84	Health protect. Training	I	Provider	-	-			-	-	-	Met
L85	Supervision	L	Provider	-	-			-	-	-	Met
L86	Required assessments	I	DDS	5/5						5/5	Met
L87	Support strategies	I	Provider	-	-			-	-	-	Not Met
L88	Strategies implemented	I	Provider	-	-			-	-	-	Met
L90	Personal space/bedroom privacy	I	Provider	-	-			-	-	-	Met
L91	Incident management	L	Provider	-	-			-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	Provider	-	-			-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L94 (05/22)	Assistive technology	I	Provider	-	-			-	-	-	Met
L96 (05/22)	Staff training in devices and applications	I	Provider	-	-			-	-	-	Met
L99 (05/22)	Medical monitoring devices	I	Provider	-	-			-	-	-	Met
#Std. Met/# 72 Indicator										68/72	
Total Score										77/82	
										93.90%	

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		-	-	-	Met
Ⓡ L6	Evacuation	L	DDS			0/1	0/1	Not Met (0 %)
L7	Fire Drills	L	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	DDS	5/7		5/5	10/12	Met (83.33 %)
L9 (07/21)	Safe use of equipment	I	Provider		-	-	-	Met
Ⓡ L11	Required inspections	L	DDS			1/1	1/1	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
Ⓡ L12	Smoke detectors	L	DDS			1/1	1/1	Met
Ⓡ L13	Clean location	L	DDS			1/1	1/1	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
L18	Above grade egress	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/com bustibles	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	0/1		2/2	2/3	Not Met (66.67 %)
L44	MAP registration	L	Provider		-	-	-	Met
L45	Medication storage	L	Provider		-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS			2/2	2/2	Met
L49	Informed of human rights	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
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
L61	Health protection in ISP	I	Provider		-	-	-	Met
L62	Health protection review	I	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Met
L80	Symptoms of illness	L	Provider		-	-	-	Met
L81	Medical emergency	L	Provider		-	-	-	Met
PE L82	Medication admin.	L	DDS	1/1		1/1	2/2	Met
L85	Supervision	L	Provider		-	-	-	Met
L86	Required assessments	I	DDS	5/6		4/4	9/10	Met (90.0 %)
L87	Support strategies	I	DDS	5/6		4/4	9/10	Met (90.0 %)
L88	Strategies implemented	I	Provider		-	-	-	Met
L91	Incident management	L	Provider		-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	Provider		-	-	-	Met
L94 (05/22)	Assistive technology	I	Provider		-	-	-	Met
L96 (05/22)	Staff training in devices and applications	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L99 (05/22)	Medical monitoring devices	I	Provider		-	-	-	Met
#Std. Met/# 49 Indicator							47/49	
Total Score							56/59	
							94.92%	

MASTER SCORE SHEET CERTIFICATION
