



**PROVIDER REPORT
FOR**

**Riverside Community Care,
Inc.
270 Bridge Street, #301
Dedham, MA 02026**

September 13, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider Riverside Community Care, Inc.

Review Dates 7/10/2023 - 7/14/2023

Service Enhancement Meeting Date 7/28/2023

Survey Team

- Mark Boghoian
- David Bullard
- Cheryl Hampton
- Margareth Larrieux (TL)
- Melanie Cruz
- Lisa MacPhail
- Anne Carey-Stone
- Raymond Obeng

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 | 18 location (s) 16 audit (s) | Full Review | 73/91 Defer Licensure | | 100 / 107 Certified |
| Residential Services | 5 location(s) 5 audit (s) | | | Full Review | 19 / 20 |
| ABI-MFP Residential Services | 3 location(s) 4 audit (s) | | | Full Review | 18 / 20 |
| Placement Services | 4 location(s) 4 audit (s) | | | Full Review | 20 / 20 |
| ABI-MFP Placement Services | 3 location(s) 0 audit (s) | | | Full Review | 19 / 20 |
| Individual Home Supports | 3 location(s) 3 audit (s) | | | Full Review | 19 / 21 |
| Planning and Quality Management | | | | Full Review | 5 / 6 |

EXECUTIVE SUMMARY :

Riverside Community Care Inc. is a human services agency based in Dedham, Massachusetts; the agency provides a wide range of services including adult disabilities services, mental health counseling, homelessness, and services to children, youth, adults, and families across the Metro-Boston, Northeast and Southeast regions. Riverside operates 24/7 community support homes (including ABI-MFP 24/7), placement (including ABI-MFP placement), and Individual Home Supports (IHS) for adults diagnosed with Intellectual and Developmental Disabilities and Acquired Brain Injury (ABI-MFP).

For this 2023 Department of Developmental Services (DDS) survey, Riverside was eligible for a targeted review but elected instead to undergo a full licensing and certification review conducted by the DDS Metro Office of Quality Enhancement. The scope of the survey included a review of Riverside's organizational systems, and supports offered in its 24/7 Residential homes, 24/7 ABI-MFP homes, IHS, and DD/ID and ABI-MFP placement homes.

Survey results showed that organizationally, Riverside had policies and systems in place, including for the reporting of allegations of abuse and neglect. When complaints were filed, immediate action was taken to protect people and action plans developed in response to investigations were well implemented. As it relates to staff competency, the screening of potential employees occurred as required, and credentialed staff licenses were current.

Riverside had effective support mechanisms across all residential settings. In the area of safety, in 24/7 residential, IHS, and placement, homes that were visited were clean and in good repair. Environmental requirements such as effective fire detection systems (smoke and carbon monoxide detectors), and current inspections were in place. Emergency back-up plans to support individuals in an emergency were also in place, and individuals were supported to safely use small kitchen equipment and appliances in their homes. Regarding choice, individuals' rooms were decorated to reflect their personal interests and tastes.

In the area of healthcare, individuals were supported to attend annual physical and dental exams, and current DPH MAP registration and staff medication administration certificates were present where required. Emergency fact sheets were also present and mostly up to date. In the area of human rights, individuals were trained, and their guardians were informed relative to human rights and abuse and neglect reporting. Staff were observed to be respectful, and people were afforded privacy when taking care of personal needs and concerns. Staff also demonstrated through interviews and observation, a working knowledge of the needs of individuals they serve. Regarding funds management, where the agency had shared or delegated responsibilities for assisting individuals in managing their funds, systems were in place for the tracking of expenditures, and charges for care were calculated appropriately.

A review of certification indicators, across all settings, showed that individual's community activity preferences were known to staff. People were supported to utilize community resources including local restaurants, beauty salons, and barbershops, and Riverside staff promoted individuals' choice in the completion of household routines and chores. Within 24/7 residential supports, people were assisted to maintain connections with family and friends through weekend visits and video/ phone calls. In placement services, individuals were well matched with providers who encouraged their involvement in family and social activities, while promoting goal accomplishment. Regarding staff hiring and performance feedback, the agency showed evidence of efforts it made to solicit input from individuals regarding staff who support them.

The survey identified supports offered by Riverside that were effective in different domains; however, there were other key areas that would benefit from further attention from the agency. In the area of human rights, Riverside's human rights committee did not meet the mandate for membership

requirements as it was missing a medical representative member for the two-year period and also missing a legal representative/attorney for 50 percent of meetings held in the last year. Where restrictive practices exist, plans were missing some components including mitigation for others affected by the restrictive practices. Staff must be knowledgeable, and the Human Rights Committee must review and approve the practice. As it relates to grievance reporting, a complaint resolution process and log were absent at some ABI locations, and staff and individuals needed to be trained on the process. Regarding staff competency, Riverside had no identifiable system for tracking staff trainings to ensure that all DDS mandated trainings (including CPR/ First Aid) are completed.

In the area of healthcare, medical treatment protocols for significant medical conditions were not in place and/or were not being implemented as ordered. Recommended test and appointments ordered by physicians were not consistent scheduled and completed. Additionally, medication treatment plans did not contain required components, and/or were not submitted to the ISP team. Also, supports and health-related equipment outlines were either not in place for all equipment being used, or did not include required components. As it relates to behavior management, the agency needs to fully transition to positive behavior support plans (PBS). It must also ensure that PBS plans are trained to staff, reviewed/ approved by all relevant parties, and well implemented. In the area of the ISP, assessments were not developed and submitted within the required timelines, and individuals were not consistently supported to meet their goals. Additionally, fire drills were not completed as required in 24/7 residential services, and incidents were not submitted and finalized in HCSIS within the required timelines.

Regarding certification indicators, individuals were not adequately assessed, educated, and assisted to actualize intimacy and companionship. They were also not supported to be successful at maintaining social contact and personal relationships.

Based on the finding of this review, Riverside met 80% of licensing indicators in residential services, but did not meet the standard for one critical indicator. The agency is therefore in Deferred License status for the residential service grouping. The DDS Metro office of Quality Enhancement will conduct a follow-up review of licensing indicators that were not met within 60 days of the service enhancement meeting (SEM); if the agency meets the standard for the one critical indicator at follow-up, it will then earn a two-year license with a Mid-Cycle review for the residential service grouping.

The agency's residential service grouping is certified having met 93% of certification indicators.

LICENSURE FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|--|-------------|-----------------|-------|
| Organizational | 6/8 | 2/8 | |
| Residential and Individual Home Supports | 67/83 | 16/83 | |
| Residential Services Placement Services Individual Home Supports ABI-MFP Placement Services ABI-MFP Residential Services | | | |
| Critical Indicators | 7/8 | 1/8 | |
| Total | 73/91 | 18/91 | 80% |
| Defer Licensure | | | |
| # indicators for 60 Day Follow-up | | 18 | |

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

| Indicator # | Indicator | Area Needing Improvement |
|-------------|---|---|
| L48 | The agency has an effective Human Rights Committee. | The Human Rights Committee (HRC) was missing a medical representative member for the two-year period. The committee was also missing a legal representative/attorney for 50 percent of meetings held in the last year. Additionally, the agency held monthly meetings that were summarized in quarterly minutes which did not reflect the deliberations from each meeting. The agency needs to maintain separate minutes for each HRC meeting held. |
| L76 | The agency has and utilizes a system to track required trainings. | Seven of twenty staff members reviewed at the organizational level had expired First Aid and CPR training certificates. |

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

| Indicator # | Indicator | Area Needing Improvement |
|-------------|---|--|
| L15 | Hot water temperature tests between 110 and 120 degrees (as of 1/2014). | At five of fourteen locations, water temperature tested outside of the required range. The agency needs to ensure that water temperature is maintained between 110 and 120 degrees for faucets, and 110 and 112 for shower/tubs. |

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

| Indicator # | Indicator | Area Needing Improvement |
|-------------|---|---|
| L36 | Recommended tests and appointments with specialists are made and kept. | Six of nineteen individuals were not supported to attend medical appointments recommended by a healthcare practitioner or have recommended tests conducted. The agency needs to ensure that staff support individuals to attend all recommended medical appointments and undergo all recommended medical tests. |
| L38 | Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team). | For four of thirteen individuals, medical treatment protocols were either not in place, or were not being implemented properly. The agency needs to ensure that medical treatment protocols are implemented as required. |
| L43 | The health care record is maintained and updated as required. | For six of nineteen individuals, health care records were not current and accurate. The agency needs to ensure that health care records are maintained and updated as required. |
| L56 | Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others. | Three individuals who live at locations where restrictive practices were in place (and/or their guardians), were not formally informed of the restrictions. Furthermore, staff were not knowledgeable on how to mitigate the restrictions for those for whom the restriction was not intended. The agency needs to ensure that restrictive practices intended for one individual that affect all individuals served at a location are outlined and have provisions so as not to unduly restrict the rights of others. |
| L57 | All behavior plans are in a written plan. | For one of three individuals, a positive behavior support plan was not being implemented as agreed. The agency needs to ensure that behavior support plans for individuals they support are implemented as agreed. |
| L60 | Data are consistently maintained and used to determine the efficacy of behavioral interventions. | For two of three individuals, behavior plan data was not consistently collected. The agency needs to ensure that data is consistently maintained for help in determining the efficacy of behavioral interventions. |
| L61 | Supports and health related protections are included in ISP assessments and the continued need is outlined. | For two of six individuals, supports and health-related equipment outlines were either not in place for all equipment being used, or did not include required components. The agency needs to ensure that supports and health related support outlines are developed to contain all equipment being used by individuals and include all the required components. |
| L63 | Medication treatment plans are in written format with required components. | For five of twelve individuals, medication treatment plans did not include required components/current information. The agency needs to ensure that medication treatment plans when needed include all components and are current. Additionally, data must be collected and shared with prescribing physicians. |

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

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|---|--|
| L78 | Staff are trained to safely and consistently implement restrictive interventions. | At one of three locations, staff were not trained on a restrictive practice in place. The agency needs to ensure that staff are trained to safely and consistently implement restrictive interventions. |
| L85 | The agency provides ongoing supervision, oversight and staff development. | At four of eighteen locations, supervision, oversight, and staff development was not occurring consistently. The agency needs to ensure that it provides consistent oversight, supervision, and staff development to ensure effective supports. |
| L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For five of fifteen individuals, required assessments for the ISP were not developed and submitted within the required timeframe. The agency needs to ensure that ISP assessments are developed and submitted to the DDS Area Office at least 15 days prior to scheduled 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 five of fifteen individuals, support strategies for the ISP were not developed and submitted within the required timeframes. The agency needs to ensure that support strategies for the ISP are submitted to the DDS Area Office at least 15 days prior to scheduled ISP meetings. |
| L88 | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For five out of nineteen individuals, agreed upon ISP goals were not being implemented and documented. The agency needs to support individuals to work on their agreed upon ISP goals. |
| L89 | The provider has a complaint and resolution process that is effectively implemented at the local level. | At two ABI-MFP locations, complaint and resolution process and log were not present. The agency needs to ensure that a complaint resolution process and log is in place at all ABI-MFP locations. |
| L91 | Incidents are reported and reviewed as mandated by regulation. | At four of the seventeen locations, incidents were not reported and finalized in HCSIS within the required timelines. The agency needs to ensure that incidents are reported and finalized in HCSIS within the required timelines. |

CERTIFICATION FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|--|--------------------|------------------------|--------------|
| Certification - Planning and Quality Management | 5/6 | 1/6 | |
| Residential and Individual Home Supports | 95/101 | 6/101 | |
| ABI-MFP Residential Services | 18/20 | 2/20 | |
| ABI-MFP Placement Services | 19/20 | 1/20 | |
| Individual Home Supports | 19/21 | 2/21 | |
| Residential Services | 19/20 | 1/20 | |
| Placement Services | 20/20 | 0/20 | |
| Total | 100/107 | 7/107 | 93% |
| Certified | | | |

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

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|---|---|
| C3 | The provider actively solicits and utilizes input from the individuals and families regarding satisfaction with services. | The agency did not show that it has a mechanism for collecting and using input from stakeholders regarding satisfaction with services. The agency needs to develop and use a mechanism for collecting input from stakeholders in effecting programmatic improvements. |

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

| Indicator # | Indicator | Area Needing Improvement |
|-------------|---|--|
| C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | For one of three individuals, the agency did not assess their needs in the areas of intimacy and companionship; nor did it provide necessary education and support in these areas. The agency needs to assess individuals for their preferences and using a curriculum, provide training and support in this area. |
| C9 | Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts. | For two individuals, opportunities to develop or increase social contacts and personal relationships were not offered. The agency needs to develop and implement strategies for offering opportunities to individuals to develop personal relationships and social contacts. |
| C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | For three of four individuals, the agency did not assess their needs in the areas of intimacy and companionship; nor did it provide education and support in these areas. The agency needs to assess individuals for their preferences and using a curriculum provide training and support in this area. |
| C9 | Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts. | For one individual, opportunities to develop or increase social contacts and personal relationships were not offered. The agency needs to develop and implement strategies for offering opportunities to individuals to develop personal relationships and social contacts. |
| C11 | Staff (Home Providers) support individuals to get together with families and friends. | One of three individuals was not supported to get together with families and friends. The agency needs to develop and implement strategies for offering opportunities for individuals to get together with families and friends. |
| C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | For two of five individuals, the agency did not assess their needs in the areas of intimacy and companionship; nor did it provide education and support in these areas. The agency needs to assess individuals for their preferences using a curriculum provide training and support in this area. |

MASTER SCORE SHEET LICENSURE

Organizational: Riverside Community Care, Inc.

| Indicator # | Indicator | Met/Rated | Rating(Met,Not Met,NotRated) |
|--------------------|-------------------------|------------------|-------------------------------------|
| Ⓜ L2 | Abuse/neglect reporting | 18/18 | Met |
| L3 | Immediate Action | 14/15 | Met(93.33 %) |
| L4 | Action taken | 15/15 | Met |
| L48 | HRC | 0/1 | Not Met(0 %) |
| L74 | Screen employees | 5/5 | Met |
| L75 | Qualified staff | 5/5 | Met |
| L76 | Track trainings | 13/20 | Not Met(65.00 %) |
| L83 | HR training | 20/20 | Met |

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 | 5/5 | 3/3 | 4/4 | | 2/4 | 3/3 | 17/19 | Met (89.47%) |
| L5 | Safety Plan | L | 4/5 | 3/3 | 3/3 | | 3/3 | 3/3 | 16/17 | Met (94.12%) |
| ℞ L6 | Evacuation | L | 4/5 | 2/2 | 3/3 | | 3/3 | 3/3 | 15/16 | Met (93.75%) |
| L7 | Fire Drills | L | 4/5 | | | | 3/3 | | 7/8 | Met (87.50%) |
| L8 | Emergency Fact Sheets | I | 4/5 | 3/3 | 4/4 | | 3/4 | 3/3 | 17/19 | Met (89.47%) |
| L9 (07/21) | Safe use of equipment | I | 5/5 | 3/3 | | | 4/4 | | 12/12 | Met |
| L10 | Reduce risk interventions | I | 2/2 | | | | 1/1 | | 3/3 | Met |
| ℞ L11 | Required inspections | L | 5/5 | | 3/3 | | 2/3 | 3/3 | 13/14 | Met (92.86%) |
| ℞ L12 | Smoke detectors | L | 4/5 | | 3/3 | | 3/3 | 3/3 | 13/14 | Met (92.86%) |
| ℞ L13 | Clean location | L | 4/5 | | 3/3 | | 3/3 | 3/3 | 13/14 | Met (92.86%) |
| L14 | Site in good repair | L | 5/5 | | 3/3 | | 3/3 | 3/3 | 14/14 | Met |
| L15 | Hot water | L | 3/5 | | 2/3 | | 2/3 | 2/3 | 9/14 | Not Met (64.29%) |
| L16 | Accessibility | L | 5/5 | | 3/3 | | 3/3 | 3/3 | 14/14 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|----------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|--------------|
| L17 | Egress at grade | L | 5/5 | | 3/3 | | 3/3 | 3/3 | 14/14 | Met |
| L18 | Above grade egress | L | 4/4 | | 2/2 | | 3/3 | 3/3 | 12/12 | Met |
| L19 | Bedroom location | L | 4/4 | | 1/1 | | 3/3 | | 8/8 | Met |
| L20 | Exit doors | L | 4/5 | | | | 3/3 | | 7/8 | Met (87.50%) |
| L21 | Safe electrical equipment | L | 5/5 | | 2/3 | | 3/3 | 3/3 | 13/14 | Met (92.86%) |
| L22 | Well-maintained appliances | L | 4/5 | | 3/3 | | 3/3 | 3/3 | 13/14 | Met (92.86%) |
| L23 | Egress door locks | L | 2/2 | | | | | | 2/2 | Met |
| L24 | Locked door access | L | 4/4 | | 2/2 | | 3/3 | | 9/9 | Met |
| L25 | Dangerous substances | L | 5/5 | | | | 3/3 | | 8/8 | Met |
| L26 | Walkway safety | L | 3/5 | | 3/3 | | 3/3 | 3/3 | 12/14 | Met (85.71%) |
| L27 | Pools, hot tubs, etc. | L | 1/1 | | 1/1 | | | | 2/2 | Met |
| L28 | Flammables | L | 5/5 | | | | 3/3 | | 8/8 | Met |
| L29 | Rubbish/combustibles | L | 5/5 | | 3/3 | | 3/3 | 3/3 | 14/14 | Met |

| Ind. # | Ind. | Loc. or Individ. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|-----------------------|------------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|------------------|
| L30 | Protective railings | L | 4/5 | 1/1 | 3/3 | | 3/3 | 3/3 | 14/15 | Met (93.33%) |
| L31 | Communication method | I | 5/5 | 3/3 | 4/4 | | 4/4 | 3/3 | 19/19 | Met |
| L32 | Verbal & written | I | 5/5 | 3/3 | 4/4 | | 4/4 | 3/3 | 19/19 | Met |
| L33 | Physical exam | I | 5/5 | 3/3 | 4/4 | | 3/3 | 3/3 | 18/18 | Met |
| L34 | Dental exam | I | 4/5 | 3/3 | 4/4 | | 2/2 | 2/3 | 15/17 | Met (88.24%) |
| L35 | Preventive screenings | I | 4/5 | 3/3 | 4/4 | | 3/4 | 3/3 | 17/19 | Met (89.47%) |
| L36 | Recommended tests | I | 2/5 | 3/3 | 3/4 | | 4/4 | 1/3 | 13/19 | Not Met (68.42%) |
| L37 | Prompt treatment | I | 5/5 | 3/3 | 4/4 | | 4/4 | 3/3 | 19/19 | Met |
| L38 | Physician's orders | I | 4/4 | | 2/2 | | 2/4 | 1/3 | 9/13 | Not Met (69.23%) |
| L39 | Dietary requirements | I | 4/4 | | 0/1 | | 2/2 | 1/1 | 7/8 | Met (87.50%) |
| L40 | Nutritional food | L | 5/5 | 1/1 | | | 3/3 | | 9/9 | Met |
| L41 | Healthy diet | L | 5/5 | 3/3 | 3/3 | | 3/3 | 3/3 | 17/17 | Met |
| L42 | Physical activity | L | 5/5 | 3/3 | 3/3 | | 3/3 | 3/3 | 17/17 | Met |
| L43 | Health Care Record | I | 3/5 | 3/3 | 4/4 | | 1/4 | 2/3 | 13/19 | Not Met (68.42%) |
| L44 | MAP registration | L | 5/5 | | | | 3/3 | | 8/8 | Met |
| L45 | Medication storage | L | 5/5 | | | | 3/3 | | 8/8 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|-------------|--------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|------------------|
| Ⓜ L46 | Med. Administration | I | 5/5 | | 2/4 | | 4/4 | 2/3 | 13/16 | Met (81.25%) |
| L47 | Self medication | I | | 2/2 | | | | | 2/2 | Met |
| L49 | Informed of human rights | I | 5/5 | 2/2 | 4/4 | | 3/4 | 3/3 | 17/18 | Met (94.44%) |
| L50 (07/21) | Respectful Comm. | I | 4/5 | 3/3 | 4/4 | | 4/4 | 3/3 | 18/19 | Met (94.74%) |
| L51 | Possessions | I | 5/5 | 3/3 | 4/4 | | 4/4 | 3/3 | 19/19 | Met |
| L52 | Phone calls | I | 5/5 | 3/3 | 4/4 | | 4/4 | 3/3 | 19/19 | Met |
| L53 | Visitation | I | 5/5 | 3/3 | 4/4 | | 4/4 | 3/3 | 19/19 | Met |
| L54 (07/21) | Privacy | I | 5/5 | 3/3 | 4/4 | | 4/4 | 3/3 | 19/19 | Met |
| L55 | Informed consent | I | 2/2 | | | | | | 2/2 | Met |
| L56 | Restrictive practices | I | 0/3 | | | | | | 0/3 | Not Met (0%) |
| L57 | Written behavior plans | I | 2/3 | | | | | | 2/3 | Not Met (66.67%) |
| L58 | Behavior plan component | I | 1/1 | | | | | | 1/1 | Met |
| L59 | Behavior plan review | I | 1/1 | | | | | | 1/1 | Met |
| L60 | Data maintenance | I | 1/3 | | | | | | 1/3 | Not Met (33.33%) |
| L61 | Health protection in ISP | I | 0/1 | | 1/1 | | 2/2 | 1/2 | 4/6 | Not Met (66.67%) |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|---------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|------------------|
| L62 | Health protection review | I | | | | | 1/1 | | 1/1 | Met |
| L63 | Med. treatment plan form | I | 2/5 | | 2/2 | | 1/2 | 2/3 | 7/12 | Not Met (58.33%) |
| L64 | Med. treatment plan rev. | I | 5/5 | | 2/2 | | 2/2 | 3/3 | 12/12 | Met |
| L67 | Money mgmt. plan | I | 5/5 | 1/1 | 3/3 | | 0/1 | 2/3 | 11/13 | Met (84.62%) |
| L68 | Funds expenditure | I | 5/5 | 1/1 | 3/3 | | 2/2 | 2/2 | 13/13 | Met |
| L69 | Expenditure tracking | I | 4/5 | 1/1 | 3/3 | | 2/2 | 2/2 | 12/13 | Met (92.31%) |
| L70 | Charges for care calc. | I | 5/5 | | 4/4 | | 4/4 | 3/3 | 16/16 | Met |
| L71 | Charges for care appeal | I | 5/5 | | 4/4 | | 4/4 | 3/3 | 16/16 | Met |
| L77 | Unique needs training | I | 5/5 | 3/3 | 4/4 | | 4/4 | 3/3 | 19/19 | Met |
| L78 | Restrictive Int. Training | L | 1/3 | | | | | | 1/3 | Not Met (33.33%) |
| L79 | Restraint training | L | 1/1 | | | | | | 1/1 | Met |
| L80 | Symptoms of illness | L | 5/5 | 3/3 | 3/4 | | 3/3 | 2/3 | 16/18 | Met (88.89%) |
| L81 | Medical emergency | L | 5/5 | 3/3 | 4/4 | | 3/3 | 3/3 | 18/18 | Met |
| L82 | Medication admin. | L | 5/5 | | | | 3/3 | | 8/8 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|-------------|--|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|-------------------|
| L84 | Health protect. Training | I | 0/1 | | | | 2/2 | 1/1 | 3/4 | Met |
| L85 | Supervision | L | 3/5 | 3/3 | 3/4 | | 2/3 | 3/3 | 14/18 | Not Met (77.78 %) |
| L86 | Required assessments | I | 1/5 | 3/3 | 4/4 | | 1/2 | 1/1 | 10/15 | Not Met (66.67 %) |
| L87 | Support strategies | I | 1/5 | 3/3 | 4/4 | | 1/2 | 1/1 | 10/15 | Not Met (66.67 %) |
| L88 | Strategies implemented | I | 3/5 | 3/3 | 3/4 | | 3/4 | 2/3 | 14/19 | Not Met (73.68 %) |
| L89 | Complaint and resolution process | L | | | | | 3/3 | 1/3 | 4/6 | Not Met (66.67 %) |
| L90 | Personal space/bedroom privacy | I | 5/5 | 2/2 | 4/4 | | 4/4 | 3/3 | 18/18 | Met |
| L91 | Incident management | L | 2/5 | 3/3 | 3/3 | | 2/3 | 3/3 | 13/17 | Not Met (76.47 %) |
| L93 (05/22) | Emergency back-up plans | I | 5/5 | 3/3 | 4/4 | | 4/4 | 3/3 | 19/19 | Met |
| L94 (05/22) | Assistive technology | I | 3/5 | 3/3 | 4/4 | | 3/4 | 3/3 | 16/19 | Met (84.21 %) |
| L96 (05/22) | Staff training in devices and applications | I | 2/2 | 3/3 | 4/4 | | 4/4 | 1/1 | 14/14 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|---------------------|----------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|--------|
| L99 (05/22) | Medical monitoring devices | 1 | 2/2 | | | | | | 2/2 | Met |
| #Std. Met/# | | | | | | | | | 67/83 | |
| 83 Indicator | | | | | | | | | | |
| Total Score | | | | | | | | | 73/91 | |
| | | | | | | | | | 80.22% | |

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 | 0/1 | Not Met (0 %) |
| C4 | Utilizes input from stakeholders | 1/1 | Met |
| C5 | Measure progress | 1/1 | Met |
| C6 | Future directions planning | 1/1 | Met |

Residential Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|------------------|
| C7 | Feedback on staff / care provider performance | 5/5 | Met |
| C8 | Family/guardian communication | 5/5 | Met |
| C9 | Personal relationships | 5/5 | Met |
| C10 | Social skill development | 5/5 | Met |
| C11 | Get together w/family & friends | 5/5 | Met |
| C12 | Intimacy | 3/5 | Not Met (60.0 %) |

Residential Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|--------|
| C13 | Skills to maximize independence | 5/5 | Met |
| C14 | Choices in routines & schedules | 5/5 | Met |
| C15 | Personalize living space | 5/5 | Met |
| C16 | Explore interests | 5/5 | Met |
| C17 | Community activities | 5/5 | Met |
| C18 | Purchase personal belongings | 5/5 | Met |
| C19 | Knowledgeable decisions | 5/5 | Met |
| C46 | Use of generic resources | 5/5 | Met |
| C47 | Transportation to/ from community | 5/5 | Met |
| C48 | Neighborhood connections | 5/5 | Met |
| C49 | Physical setting is consistent | 5/5 | Met |
| C51 | Ongoing satisfaction with services/ supports | 5/5 | Met |
| C52 | Leisure activities and free-time choices /control | 5/5 | Met |
| C53 | Food/ dining choices | 5/5 | Met |

ABI-MFP Residential Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|-------------------|
| C7 | Feedback on staff / care provider performance | 4/4 | Met |
| C8 | Family/guardian communication | 3/3 | Met |
| C9 | Personal relationships | 2/4 | Not Met (50.0 %) |
| C10 | Social skill development | 4/4 | Met |
| C11 | Get together w/family & friends | 4/4 | Met |
| C12 | Intimacy | 1/4 | Not Met (25.00 %) |
| C13 | Skills to maximize independence | 4/4 | Met |
| C14 | Choices in routines & schedules | 4/4 | Met |
| C15 | Personalize living space | 3/3 | Met |
| C16 | Explore interests | 3/4 | Met |
| C17 | Community activities | 3/4 | Met |
| C18 | Purchase personal belongings | 4/4 | Met |
| C19 | Knowledgeable decisions | 4/4 | Met |

ABI-MFP Residential Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|--------|
| C46 | Use of generic resources | 4/4 | Met |
| C47 | Transportation to/ from community | 4/4 | Met |
| C48 | Neighborhood connections | 4/4 | Met |
| C49 | Physical setting is consistent | 3/3 | Met |
| C51 | Ongoing satisfaction with services/ supports | 4/4 | Met |
| C52 | Leisure activities and free-time choices /control | 4/4 | Met |
| C53 | Food/ dining choices | 4/4 | Met |

Placement Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|--------|
| C7 | Feedback on staff / care provider performance | 4/4 | Met |
| C8 | Family/guardian communication | 4/4 | Met |
| C9 | Personal relationships | 4/4 | Met |
| C10 | Social skill development | 4/4 | Met |
| C11 | Get together w/family & friends | 4/4 | Met |
| C12 | Intimacy | 4/4 | Met |
| C13 | Skills to maximize independence | 4/4 | Met |
| C14 | Choices in routines & schedules | 4/4 | Met |
| C15 | Personalize living space | 3/3 | Met |
| C16 | Explore interests | 4/4 | Met |
| C17 | Community activities | 4/4 | Met |
| C18 | Purchase personal belongings | 4/4 | Met |
| C19 | Knowledgeable decisions | 4/4 | Met |
| C46 | Use of generic resources | 4/4 | Met |
| C47 | Transportation to/ from community | 4/4 | Met |
| C48 | Neighborhood connections | 4/4 | Met |
| C49 | Physical setting is consistent | 3/3 | Met |
| C51 | Ongoing satisfaction with services/ supports | 4/4 | Met |
| C52 | Leisure activities and free-time choices /control | 4/4 | Met |

Placement Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|----------------------|-----------|--------|
| C53 | Food/ dining choices | 4/4 | Met |

ABI-MFP Placement Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|-------------------|
| C7 | Feedback on staff / care provider performance | 3/3 | Met |
| C8 | Family/guardian communication | 3/3 | Met |
| C9 | Personal relationships | 3/3 | Met |
| C10 | Social skill development | 3/3 | Met |
| C11 | Get together w/family & friends | 3/3 | Met |
| C12 | Intimacy | 2/3 | Not Met (66.67 %) |
| C13 | Skills to maximize independence | 3/3 | Met |
| C14 | Choices in routines & schedules | 3/3 | Met |
| C15 | Personalize living space | 3/3 | Met |
| C16 | Explore interests | 3/3 | Met |
| C17 | Community activities | 3/3 | Met |
| C18 | Purchase personal belongings | 3/3 | Met |
| C19 | Knowledgeable decisions | 3/3 | Met |
| C46 | Use of generic resources | 3/3 | Met |
| C47 | Transportation to/ from community | 3/3 | Met |
| C48 | Neighborhood connections | 3/3 | Met |
| C49 | Physical setting is consistent | 3/3 | Met |
| C51 | Ongoing satisfaction with services/ supports | 3/3 | Met |
| C52 | Leisure activities and free-time choices /control | 3/3 | Met |
| C53 | Food/ dining choices | 3/3 | Met |

Individual Home Supports

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|-------------------|
| C7 | Feedback on staff / care provider performance | 3/3 | Met |
| C8 | Family/guardian communication | 3/3 | Met |
| C9 | Personal relationships | 2/3 | Not Met (66.67 %) |
| C10 | Social skill development | 3/3 | Met |

Individual Home Supports

| Indicator # | Indicator | Met/Rated | Rating |
|--------------------|---|------------------|--------------------------|
| C11 | Get together w/family & friends | 2/3 | Not Met (66.67 %) |
| C12 | Intimacy | 3/3 | Met |
| C13 | Skills to maximize independence | 3/3 | Met |
| C14 | Choices in routines & schedules | 3/3 | Met |
| C15 | Personalize living space | 1/1 | Met |
| C16 | Explore interests | 3/3 | Met |
| C17 | Community activities | 3/3 | Met |
| C18 | Purchase personal belongings | 3/3 | Met |
| C19 | Knowledgeable decisions | 3/3 | Met |
| C21 | Coordinate outreach | 3/3 | Met |
| C46 | Use of generic resources | 3/3 | Met |
| C47 | Transportation to/ from community | 3/3 | Met |
| C48 | Neighborhood connections | 3/3 | Met |
| C49 | Physical setting is consistent | 2/2 | Met |
| C51 | Ongoing satisfaction with services/ supports | 3/3 | Met |
| C52 | Leisure activities and free-time choices /control | 3/3 | Met |
| C53 | Food/ dining choices | 3/3 | Met |