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| **PROVIDER REPORT FOR** |

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

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| **July 29, 2021** |

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| **Public Provider Report** |

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| **Prepared by the Department of Developmental ServicesOFFICE OF QUALITY ENHANCEMENT** |

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| **SUMMARY OF OVERALL FINDINGS** |

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| **Provider** |

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| Riverside Community Care, Inc. |

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| **Review Dates** |

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| 5/24/2021 - 6/1/2021 |

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| **Service Enhancement Meeting Date** |

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| 6/16/2021 |

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| **Survey Team** |

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| Margareth Larrieux |
| Mark Boghoian (TL) |
| Leslie Hayes |
| Lisa MacPhail |
| Raymond Edi-Osagie |
| Cheryl Hampton |

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| **Citizen Volunteers** |

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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** | 17 location(s) 19 audit (s)  | Full Review | 77/87 2 Year License 06/16/2021 - 06/16/2023 |  | 63 / 68 Certified 06/16/2021 - 06/16/2023 |
| Residential Services | 6 location(s) 6 audit (s)  |  |  | Full Review | 14 / 16 |
| ABI-MFP Residential Services | 3 location(s) 5 audit (s)  |  |  | Full Review | 15 / 15 |
| Placement Services | 5 location(s) 5 audit (s)  |  |  | Full Review | 15 / 15 |
| Individual Home Supports | 3 location(s) 3 audit (s)  |  |  | Full Review | 13 / 16 |
| Planning and Quality Management |   |  |  | Full Review | 6 / 6 |

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| **EXECUTIVE SUMMARY :** |

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| Riverside Community Care is a human services agency based in Dedham, Massachusetts; the agency operates across the state's Metro-Boston, Southeast and Northeast regions. Riverside provides services to adults diagnosed with Developmental/ Intellectual Disabilities and Acquired Brain Injury (ABI). The agency operates twenty-four residential support programs including Acquired Brain Injury (ABI), Placement services (including ABI Placement), and Individual Home Supports (IHS). It also provides a range of services that include disabilities services, mental health counseling, homelessness and school services to children, youth, adults, and families.For this 2021 survey, a full Licensure and Certification review was conducted by the DDS Office of Quality Enhancement (OQE). This was one of the first Licensure and Certification surveys performed by OQE since surveys resumed after suspension due to the pandemic. The scope of this review covered twenty-four-hour Residential Supports, Individual Home Supports (IHS) and Placement Services. The evaluations were conducted virtually through remote interviews, observation, and documentation exchanges.The survey revealed that Riverside Community Care had effective systems for ensuring that its workforce was equipped to meet individual's needs. The agency hired qualified staff and provided them with requisite mandated and specialized training. In the areas of human rights, the agency took effective immediate and long-term actions to ensure people's safety, including on occasions when complaints were filed. In addition, the agency had an active Human Rights Committee that met regularly to review all matters under its purview. Riverside ensured that its residential services provided safe living environments. Covid 19 protocols were followed at all locations in accordance with CDC guidelines and DPH recommended congregate care policies/ practices. They had approved Emergency Evacuation Safety Plans, and routinely conducted evacuation drills to ensure compliance with required standards. In addition, fire detection systems were operational, and the locations received the requisite inspections. The review also showed that the agency effectively monitored its home's compliance with water temperatures requirements, and locations were clean and well maintained.Riverside supported individuals to remain healthy. Staff supported people to attend routine/ annual medical appointments as scheduled; appointments were rescheduled when necessary, or based on the healthcare practitioner's recommendations and availability. In addition, when in-person office visits could not be obtained, tele-medicine visits were utilized. Regarding medication administration, medication was administered as prescribed. There was also nursing oversight provided to staff and individuals, and for non-emergency related consultation. Relative to ISP goal achievement, the agency tracked people's progress towards the achievement of their identified goals. In some instances, staff and individuals worked together to find virtual ways of achieving their goals. Relative to certification, Riverside collected and reviewed internal data and monitored HCSIS routinely. Based on trend analysis, the agency responded by allocating resources, such as, increased nursing or behavioral health supports to identified locations. This resulted in increased oversight and clinical support at the homes. Across all sites, the agency ensured that communication between individuals, families, guardians and staff occurred on a regular and frequent basis. Individuals communicated with family and friends using various types of technology and devices such as laptops, IPADS and Cellphones. Staff supported people to enhance skills and maximize their independence relative to household routines; individuals were also supported to have choices relative to leisure activities and dining. Riverside had numerous positive practices; however, there were also areas where improvement is needed. In the area of Human Rights, the agency needs to have signed residency agreements, or other forms of written agreement in place for each individual served in provider owned or operated settings. Additionally, each guardian needs to be made aware of human rights and abuse /neglect reporting. Similarly, for ABI residences, there needs to be a complaint/resolution process and log available to individuals. With respect to the implementation of location specific restrictive practices that affect all residents, the agency needs to ensure that continued use of restrictions is reviewed for necessity; additionally, mitigating practices for those not requiring the restriction(s) needs to be articulated in writing and all parties including guardians made aware of them. In the area of medical, behavior modifying medication treatment plans was an area in need of attention; the plans need to be developed to contain all required components (including data collection); they also need to receive the required reviews. Relative to money management, the agency needs to ensure that when it has shared/delegated money management responsibilities, money management plans are written to include details of the fund's management practices and are agreed to by competent individuals or their guardian. There were several certification areas that could use some further attention. The agency should consistently obtain input from individuals relative to the ongoing evaluation of staff that support them. They should also ensure that staff are educated on how to assess and support individuals to identify their needs/interests for engaging in intimate relationships or companionship.In summary, Riverside Community Services achieved a residential score of 89% Met for licensing indicators, for which it will receive a Two-Year License for its Residential/ I H S Service Grouping. The agency achieved a certification score of 93% Met and is therefore Certified for its Residential Supports. The agency will receive a DDS Follow-up within 60 days of the service enhancement meeting to review the status of those licensure indicators determined to have been Not Met. |

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| **LICENSURE FINDINGS** |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **9/10** | **1/10** |  |
| **Residential and Individual Home Supports** | **68/77** | **9/77** |  |
|  Residential Services ABI-MFP Residential Services Placement Services ABI-MFP Placement Services Individual Home Supports |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **77/87** | **10/87** | **89%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **10** |  |

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|  | **Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L65 | Restraint reports are submitted within required timelines. | Two restraint reports did not receive the restraint manager's review within the required timeline. The agency needs to ensure that it submits/completes restraint reports within the required timelines. |

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|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  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. | The agency had not distributed or received signed and returned residency agreements for nine individuals (and guardians where applicable) protecting them from arbitrary eviction. The agency needs to have signed residency agreements, or other forms of written agreement in place for each of the individuals served in provider owned or operated settings, and then complete an attestation to this effect, with the roster of names attached. |
|  |  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. | At three locations where restrictive practices were utilized, the agency did not review the ongoing necessity for the restrictions, and/ or did not specify mitigating measures for those individuals not requiring the restrictions. The agency needs to ensure that restrictions are reviewed for ongoing necessity, and that provisions are put in place to not unduly restrict the rights of others. |
|  |  L63 | Medication treatment plans are in written format with required components. | Six individual's medication treatment plans were either missing required components, or there was no plan developed. The agency needs to ensure that treatment plans are developed for all medication that require a plan, and all components present. |
|  |  L64 | Medication treatment plans are reviewed by the required groups. | Four individual's medication treatment plans did not receive the required reviews. The agency needs to ensure that medication treatment plans receive the required reviews. |
|  |  L67 | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | Money management plans for eleven individuals with whom the agency had shared/delegated money management responsibilities either did not contain training components, and/ or did not have signed agreements as required. The agency needs to ensure that money management plans contain training components and are agreed to by the individual's guardian or the individual (if presumed/adjudicated competent). |
|  |  L78 | Staff are trained to safely and consistently implement restrictive interventions. | At two locations where restrictive practices were used the agency did not consistently train staff to implement the interventions. The agency needs to ensure that staff are trained to safely and consistently implement restrictive interventions. |
|  |  L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | Five individual's ISP assessments were not submitted within the required timelines. The agency needs to ensure that required assessments are completed/submitted within the required timelines. |
|  |  L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | Five individual's ISP support strategies were not submitted within the required timelines. The agency needs to ensure that support strategies are completed/submitted within the required timelines. |
|  |  L89 | The provider has a complaint and resolution process that is effectively implemented at the local level. | Two ABI sites did not have a complaint and resolution process and logs present. The agency needs to have complaint and resolution process and logs that is effectively implemented at all ABI sites. |

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| **CERTIFICATION FINDINGS** |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **6/6** | **0/6** |  |
| **Residential and Individual Home Supports** | **57/62** | **5/62** |  |
| ABI-MFP Residential Services | 15/15 | 0/15 |  |
| Individual Home Supports | 13/16 | 3/16 |  |
| Residential Services | 14/16 | 2/16 |  |
| Placement Services | 15/15 | 0/15 |  |
| **TOTAL** | **63/68** | **5/68** | **93%** |
| **Certified** |  |  |  |

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|  | **Individual Home Supports- 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 two locations, individuals were not provided the opportunity to provide feedback on staff evaluation on an ongoing basis. The agency needs to ensure that individuals are given the opportunity to provide feedback on evaluation on an ongoing basis for those who support them. |
|  |  C10 | Staff (Home Providers) support individuals to develop appropriate social skills.  | At one location staff did not support individuals to further develop their social skills. The agency needs to ensure that it supports people to develop appropriate social skills. |
|  |  C54 | Individuals have the assistive technology and/or modifications to maximize independence.  | For one individual, the agency did not have the assistive technology and/or modifications to maximize the person's independence. The agency needs to ensure that it has the assistive technology and/or modifications to maximize people's independence. |
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|  | **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 two locations, individuals were not provided the opportunity to provide feedback on staff evaluation on an ongoing basis. The agency needs to ensure that individuals are given the opportunity to provide feedback on evaluation on an ongoing basis for those who support them. |
|  |  C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | At three locations individuals were not supported by staff to explore, define and express their need for intimacy and companionship. The agency needs to support people to explore, define, and express their need for intimacy. |
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| **MASTER SCORE SHEET LICENSURE** |

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| **Organizational: Riverside Community Care, Inc.** |

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|  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **17/17** | **Met** |
|  |  L3 | Immediate Action | **15/15** | **Met** |
|  |  L4 | Action taken | **15/15** | **Met** |
|  |  L48 | HRC | **1/1** | **Met** |
|  |  L65 | Restraint report submit | **0/2** | **Not Met(0 % )** |
|  |  L66 | HRC restraint review | **2/2** | **Met** |
|  |  L74 | Screen employees | **10/10** | **Met** |
|  |  L75 | Qualified staff | **5/5** | **Met** |
|  |  L76 | Track trainings | **20/20** | **Met** |
|  |  L83 | HR training | **20/20** | **Met** |

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| **Residential and Individual Home Supports:** |

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|  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Res. Sup.** | **Ind. Home Sup.** | **Place.** | **Resp.** | **ABI-MFP Res. Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** |
|  |  L1 | Abuse/neglect training | I | 6/6 | 3/3 | 4/5 |  | 5/5 |  | **18/19** | **Met(94.74 %)** |
|  |  L5 | Safety Plan | L | 6/6 | 3/3 | 5/5 |  | 3/3 |  | **17/17** | **Met** |
| O |  L6 | Evacuation | L | 6/6 | 3/3 | 5/5 |  | 3/3 |  | **17/17** | **Met** |
|  |  L7 | Fire Drills | L | 6/6 |  |  |  | 3/3 |  | **9/9** | **Met** |
|  |  L8 | Emergency Fact Sheets | I | 6/6 | 2/3 | 4/5 |  | 4/5 |  | **16/19** | **Met(84.21 %)** |
|  |  L9 | Safe use of equipment | L | 6/6 | 3/3 |  |  | 3/3 |  | **12/12** | **Met** |
|  |  L10 | Reduce risk interventions | I | 2/2 | 1/1 |  |  |  |  | **3/3** | **Met** |
| O |  L11 | Required inspections | L | 6/6 |  | 4/5 |  | 3/3 |  | **13/14** | **Met(92.86 %)** |
| O |  L12 | Smoke detectors | L | 6/6 | 1/1 | 5/5 |  | 2/3 |  | **14/15** | **Met(93.33 %)** |
| O |  L13 | Clean location | L | 6/6 | 1/1 | 5/5 |  | 3/3 |  | **15/15** | **Met** |
|  |  L14 | Site in good repair | L | 5/5 |  | 4/4 |  | 2/2 |  | **11/11** | **Met** |
|  |  L15 | Hot water | L | 5/5 |  | 5/5 |  | 2/3 |  | **12/13** | **Met(92.31 %)** |
|  |  L16 | Accessibility | L | 6/6 |  | 3/3 |  | 3/3 |  | **12/12** | **Met** |
|  |  L17 | Egress at grade  | L | 6/6 |  | 5/5 |  | 3/3 |  | **14/14** | **Met** |
|  |  L18 | Above grade egress | L | 3/3 |  | 3/3 |  | 2/2 |  | **8/8** | **Met** |
|  |  L19 | Bedroom location | L | 4/4 |  |  |  | 3/3 |  | **7/7** | **Met** |
|  |  L20 | Exit doors | L | 6/6 | 1/1 |  |  | 3/3 |  | **10/10** | **Met** |
|  |  L21 | Safe electrical equipment | L | 6/6 |  | 5/5 |  | 3/3 |  | **14/14** | **Met** |
|  |  L22 | Well-maintained appliances | L | 6/6 | 1/1 | 5/5 |  | 3/3 |  | **15/15** | **Met** |
|  |  L23 | Egress door locks | L | 3/3 |  |  |  | 2/2 |  | **5/5** | **Met** |
|  |  L24 | Locked door access | L | 6/6 |  |  |  | 3/3 |  | **9/9** | **Met** |
|  |  L25 | Dangerous substances | L | 6/6 | 1/1 |  |  | 3/3 |  | **10/10** | **Met** |
|  |  L26 | Walkway safety | L | 6/6 |  | 5/5 |  | 3/3 |  | **14/14** | **Met** |
|  |  L28 | Flammables | L | 5/5 |  |  |  |  |  | **5/5** | **Met** |
|  |  L29 | Rubbish/combustibles | L | 6/6 |  | 5/5 |  | 1/1 |  | **12/12** | **Met** |
|  |  L30 | Protective railings | L | 6/6 |  | 2/2 |  | 2/2 |  | **10/10** | **Met** |
|  |  L31 | Communication method | I | 6/6 | 3/3 | 5/5 |  | 5/5 |  | **19/19** | **Met** |
|  |  L32 | Verbal & written | I | 6/6 | 3/3 | 5/5 |  | 5/5 |  | **19/19** | **Met** |
|  |  L33 | Physical exam | I | 6/6 | 3/3 | 5/5 |  | 5/5 |  | **19/19** | **Met** |
|  |  L34 | Dental exam | I | 6/6 | 2/2 | 4/4 |  | 5/5 |  | **17/17** | **Met** |
|  |  L35 | Preventive screenings | I | 4/4 | 2/3 | 4/4 |  | 4/5 |  | **14/16** | **Met(87.50 %)** |
|  |  L36 | Recommended tests | I | 6/6 | 3/3 | 5/5 |  | 5/5 |  | **19/19** | **Met** |
|  |  L37 | Prompt treatment | I | 4/4 | 2/2 | 4/4 |  | 4/4 |  | **14/14** | **Met** |
| O |  L38 | Physician's orders | I | 5/5 |  | 2/4 |  | 5/5 |  | **12/14** | **Met(85.71 %)** |
|  |  L39 | Dietary requirements | I | 2/2 |  | 3/3 |  | 1/1 |  | **6/6** | **Met** |
|  |  L40 | Nutritional food | L | 6/6 | 1/1 |  |  | 3/3 |  | **10/10** | **Met** |
|  |  L41 | Healthy diet | L | 6/6 | 3/3 | 5/5 |  | 3/3 |  | **17/17** | **Met** |
|  |  L42 | Physical activity | L | 6/6 | 3/3 | 5/5 |  | 3/3 |  | **17/17** | **Met** |
|  |  L43 | Health Care Record | I | 6/6 | 2/3 | 4/5 |  | 4/5 |  | **16/19** | **Met(84.21 %)** |
|  |  L44 | MAP registration | L | 6/6 |  |  |  | 3/3 |  | **9/9** | **Met** |
|  |  L45 | Medication storage | L | 6/6 |  |  |  | 3/3 |  | **9/9** | **Met** |
| O |  L46 | Med. Administration | I | 6/6 |  | 5/5 |  | 5/5 |  | **16/16** | **Met** |
|  |  L47 | Self medication | I | 1/1 | 1/1 | 0/1 |  | 3/3 |  | **5/6** | **Met(83.33 %)** |
|  |  L49 | Informed of human rights | I | 2/6 | 3/3 | 4/5 |  | 1/5 |  | **10/19** | **Not Met(52.63 %)** |
|  |  L50 | Respectful Comm. | L | 6/6 | 3/3 | 5/5 |  | 3/3 |  | **17/17** | **Met** |
|  |  L51 | Possessions | I | 6/6 | 3/3 | 5/5 |  | 5/5 |  | **19/19** | **Met** |
|  |  L52 | Phone calls | I | 6/6 | 3/3 | 5/5 |  | 5/5 |  | **19/19** | **Met** |
|  |  L53 | Visitation | I | 6/6 | 3/3 | 5/5 |  | 5/5 |  | **19/19** | **Met** |
|  |  L54 | Privacy | L | 6/6 | 3/3 | 5/5 |  | 3/3 |  | **17/17** | **Met** |
|  |  L55 | Informed consent | I | 1/1 |  | 1/1 |  |  |  | **2/2** | **Met** |
|  |  L56 | Restrictive practices | I | 0/2 | 0/1 |  |  |  |  | **0/3** | **Not Met(0 %)** |
|  |  L57 | Written behavior plans | I | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L58 | Behavior plan component | I | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L59 | Behavior plan review | I | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L60 | Data maintenance | I | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L61 | Health protection in ISP | I | 5/5 |  | 1/1 |  | 5/5 |  | **11/11** | **Met** |
|  |  L62 | Health protection review | I | 5/5 |  | 1/1 |  | 5/5 |  | **11/11** | **Met** |
|  |  L63 | Med. treatment plan form | I | 2/5 |  | 3/3 |  | 2/5 |  | **7/13** | **Not Met(53.85 %)** |
|  |  L64 | Med. treatment plan rev. | I | 5/5 |  | 1/3 |  | 3/5 |  | **9/13** | **Not Met(69.23 %)** |
|  |  L67 | Money mgmt. plan | I | 0/5 | 0/2 | 2/2 |  | 1/5 |  | **3/14** | **Not Met(21.43 %)** |
|  |  L68 | Funds expenditure | I | 5/5 | 1/1 | 2/2 |  | 2/2 |  | **10/10** | **Met** |
|  |  L69 | Expenditure tracking | I | 5/5 | 2/2 | 2/2 |  | 4/4 |  | **13/13** | **Met** |
|  |  L70 | Charges for care calc. | I | 6/6 | 1/1 | 4/5 |  | 5/5 |  | **16/17** | **Met(94.12 %)** |
|  |  L71 | Charges for care appeal | I | 6/6 | 1/1 | 4/5 |  | 5/5 |  | **16/17** | **Met(94.12 %)** |
|  |  L77 | Unique needs training | I | 6/6 | 3/3 | 4/5 |  | 5/5 |  | **18/19** | **Met(94.74 %)** |
|  |  L78 | Restrictive Int. Training | L | 1/2 | 0/1 | 1/1 |  |  |  | **2/4** | **Not Met(50.0 %)** |
|  |  L80 | Symptoms of illness | L | 5/6 | 3/3 | 4/5 |  | 3/3 |  | **15/17** | **Met(88.24 %)** |
|  |  L81 | Medical emergency | L | 6/6 | 3/3 | 5/5 |  | 3/3 |  | **17/17** | **Met** |
| O |  L82 | Medication admin. | L | 6/6 |  |  |  | 3/3 |  | **9/9** | **Met** |
|  |  L84 | Health protect. Training | I | 4/4 |  | 1/1 |  | 5/5 |  | **10/10** | **Met** |
|  |  L85 | Supervision  | L | 6/6 | 3/3 | 4/5 |  | 3/3 |  | **16/17** | **Met(94.12 %)** |
|  |  L86 | Required assessments | I | 4/5 | 2/2 | 3/5 |  | 0/1 |  | **9/13** | **Not Met(69.23 %)** |
|  |  L87 | Support strategies | I | 4/5 | 2/2 | 3/5 |  | 0/1 |  | **9/13** | **Not Met(69.23 %)** |
|  |  L88 | Strategies implemented | I | 5/6 | 3/3 | 5/5 |  | 5/5 |  | **18/19** | **Met(94.74 %)** |
|  |  L89 | Complaint and resolution process | L |  |  |  |  | 2/3 |  | **2/3** | **Not Met(66.67 %)** |
|  |  L90 | Personal space/ bedroom privacy | I | 6/6 | 3/3 | 5/5 |  | 5/5 |  | **19/19** | **Met** |
|  |  L91 | Incident management | L | 4/6 | 3/3 | 5/5 |  | 2/3 |  | **14/17** | **Met(82.35 %)** |
|  | **#Std. Met/# 77 Indicator** |  |  |  |  |  |  |  |  | **68/77** |  |
|  | **Total Score** |  |  |  |  |  |  |  |  | **77/87** |  |
|  |  |  |  |  |  |  |  |  |  | **88.51%** |  |

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| **MASTER SCORE SHEET CERTIFICATION** |

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|  | **Certification - Planning and Quality Management** |
|  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  |  C1 | Provider data collection | 1/1 | **Met** |
|  |  C2 | Data analysis | 1/1 | **Met** |
|  |  C3 | Service satisfaction | 1/1 | **Met** |
|  |  C4 | Utilizes input from stakeholders | 1/1 | **Met** |
|  |  C5 | Measure progress | 1/1 | **Met** |
|  |  C6 | Future directions planning | 1/1 | **Met** |
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| **ABI-MFP Residential Services** |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 4/5 | **Met (80.0 %)** |
|  C8 | Family/guardian communication | 5/5 | **Met** |
|  C10 | Social skill development | 4/4 | **Met** |
|  C11 | Get together w/family & friends | 5/5 | **Met** |
|  C12 | Intimacy | 5/5 | **Met** |
|  C13 | Skills to maximize independence  | 5/5 | **Met** |
|  C14 | Choices in routines & schedules | 5/5 | **Met** |
|  C15 | Personalize living space | 3/3 | **Met** |
|  C18 | Purchase personal belongings | 5/5 | **Met** |
|  C19 | Knowledgeable decisions | 5/5 | **Met** |
|  C20 | Emergency back-up plans | 3/3 | **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** |
|  C54 | Assistive technology | 5/5 | **Met** |
| **Individual Home Supports** |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 1/3 | **Not Met (33.33 %)** |
|  C8 | Family/guardian communication | 3/3 | **Met** |
|  C10 | Social skill development | 2/3 | **Not Met (66.67 %)** |
|  C11 | Get together w/family & friends | 3/3 | **Met** |
|  C12 | Intimacy | 3/3 | **Met** |
|  C13 | Skills to maximize independence  | 3/3 | **Met** |
|  C14 | Choices in routines & schedules | 3/3 | **Met** |
|  C15 | Personalize living space | 3/3 | **Met** |
|  C18 | Purchase personal belongings | 3/3 | **Met** |
|  C19 | Knowledgeable decisions | 3/3 | **Met** |
|  C20 | Emergency back-up plans | 3/3 | **Met** |
|  C21 | Coordinate outreach | 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** |
|  C54 | Assistive technology | 2/3 | **Not Met (66.67 %)** |
| **Placement Services** |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 5/5 | **Met** |
|  C8 | Family/guardian communication | 5/5 | **Met** |
|  C10 | Social skill development | 5/5 | **Met** |
|  C11 | Get together w/family & friends | 5/5 | **Met** |
|  C12 | Intimacy | 4/5 | **Met (80.0 %)** |
|  C13 | Skills to maximize independence  | 5/5 | **Met** |
|  C14 | Choices in routines & schedules | 5/5 | **Met** |
|  C15 | Personalize living space | 5/5 | **Met** |
|  C18 | Purchase personal belongings | 4/4 | **Met** |
|  C19 | Knowledgeable decisions | 5/5 | **Met** |
|  C20 | Emergency back-up plans | 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** |
|  C54 | Assistive technology | 5/5 | **Met** |
| **Residential Services** |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 4/6 | **Not Met (66.67 %)** |
|  C8 | Family/guardian communication | 6/6 | **Met** |
|  C10 | Social skill development | 6/6 | **Met** |
|  C11 | Get together w/family & friends | 6/6 | **Met** |
|  C12 | Intimacy | 3/6 | **Not Met (50.0 %)** |
|  C13 | Skills to maximize independence  | 6/6 | **Met** |
|  C14 | Choices in routines & schedules | 6/6 | **Met** |
|  C15 | Personalize living space | 6/6 | **Met** |
|  C18 | Purchase personal belongings | 6/6 | **Met** |
|  C19 | Knowledgeable decisions | 6/6 | **Met** |
|  C20 | Emergency back-up plans | 6/6 | **Met** |
|  C49 | Physical setting is consistent  | 2/2 | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | 5/6 | **Met (83.33 %)** |
|  C52 | Leisure activities and free-time choices /control | 6/6 | **Met** |
|  C53 | Food/ dining choices | 6/6 | **Met** |
|  C54 | Assistive technology | 5/6 | **Met (83.33 %)** |
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