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| **PROVIDER REPORT FOR** |

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| **ROAD TO RESPONSIBILITY1831 Ocean Street Marshfield, MA 02050**  |

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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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| ROAD TO RESPONSIBILITY |

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| **Review Dates** |

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| 12/9/2021 - 12/15/2021 |

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| **Service Enhancement Meeting Date** |

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| 12/30/2021 |

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| **Survey Team** |

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| Jamie Savage (TL) |
| Michael Marchese |
| Katherine Gregory |
| Tina Napolitan |
| Barbara Mazzella |
| Scott Nolan |
| Margareth Larrieux |
| Michelle Boyd |
| Kayla Condon |

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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** | 18 location(s) 21 audit (s)  | Full Review | 86/89 2 Year License 12/30/2021 - 12/30/2023 |  | 94 / 95 Certified 12/30/2021 - 12/30/2023 |
| Residential Services | 12 location(s) 12 audit (s)  |  |  | Full Review | 22 / 22 |
| ABI-MFP Residential Services | 1 location(s) 3 audit (s)  |  |  | Full Review | 21 / 22 |
| Placement Services | 4 location(s) 4 audit (s)  |  |  | Full Review | 22 / 22 |
| Individual Home Supports | 1 location(s) 2 audit (s)  |  |  | Full Review | 23 / 23 |
| Planning and Quality Management (For all service groupings) |   |  |  | Full Review | 6 / 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** | 6 location(s) 22 audit (s)  | Full Review | 62/68 2 Year License 12/30/2021 - 12/30/2023 |  |  Certified 12/30/2021 - 12/30/2023 |
| Community Based Day Services | 3 location(s) 11 audit (s)  |  |  | Deemed |  |
| Employment Support Services | 3 location(s) 11 audit (s)  |  |  | Deemed |  |
| Planning and Quality Management (For all service groupings) |   |  |  | Full Review | 6 / 6 |

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| **EXECUTIVE SUMMARY :** |

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| Road to Responsibility, Inc. (RTR) is an organization that was founded in 1988, providing services throughout the Southeastern and Metropolitan Boston area of Massachusetts. Services are offered to adults with Intellectual and Developmental Disabilities, Acquired Brain Injuries and Autism. An array of residential services including 24-hour residential supports, Individualized Home Supports (IHS) and Placement (Shared Living) are provided. The agency also provides day supports including Community Based Day Supports (CBDS) and Employment. RTR provides residential supports to approximately 200 individuals and day supports to approximately 167 people. The scope of this survey conducted by the Office of Quality Enhancement (OQE) included a full review of all licensing and certification indicators for the residential services. RTR utilizes a deemed process (CARF) to report on certification indicators within the day and employment services, thus this review by OQE was exclusive to licensing indicators. Organizationally, both licensing and certification outcomes were reviewed. Organizationally, the agency demonstrated strengths in several areas and adjusted their strategic plan to combat the impact of COVID-19. In the area of human rights, the agency had mechanisms to ensure key safeguards were in place. The agency has two Human Rights Committees (HRC) that addressed issues potentially impacting the rights of individuals receiving services. All action plans were implemented in response to investigations and the agency ensured immediate action was taken. The agency demonstrated a commitment to ensuring staff were provided comprehensive training upon hire and continued professional development. The agency maintained an accurate training tracking system to ensure all required trainings for staff occurred.The review of licensing indicators identified several strengths within residential home support and placement services. The agency demonstrated an ongoing strength in the area of health care support to individuals. Individuals received annual physicals and dental exams; they were supported to complete recommended testing, and appointments with their specialists were maintained. Individuals were supported to lead healthy lifestyles by actively engaged in menu planning, virtual exercise classes, and walks through their neighborhood.All locations in residential, CBDS, and employment services were well maintained, clean and in good repair. Locations were accessible to the needs of the individuals and appliances and fire protection systems were in working condition. Supplies to ensure that universal healthcare precautions are followed as well as COVID-19 screening guidelines were in place. In day supports, individuals were supported to ensure that their privacy was well maintained. One individual uses color coded "emotion cards" which he will show to staff to express how he is feeling. This allows him to express emotional needs more privately within the workplace. Within employment services, strengths included individuals received job performance evaluations, were paid at least minimum wage, and were supported to understand their benefits such as vacation and sick time Across all service areas, the agency demonstrated continued supervision and oversight by ensuring that quarterly supervisions and annual evaluations were completed as outlined in the agency's policy. The agency utilized other avenues such as video conferencing and teams to ensure ongoing communication among staff during instances where in-person meetings were not viable due to COVID.In certification the agency demonstrated positive outcomes in the area of planning and quality improvement, relationships, and satisfaction with services. They sought feedback from the individuals on an on-going basis and utilized this feedback as reflected in quarterly supervision across all service areas.  The agency was effective in safely supporting individuals to explore interests and developed activities based on the individual's personal preferences throughout the COVID-19 Pandemic. The agency also ensured that personal connections were maintained.While the agency has demonstrated positive findings in many areas of service delivery, the survey also revealed several areas that require strengthening. Such as ensuring that safety checks are included in the use of health-related supports and protections, and meeting submission timelines for incidents and ISP documentation in residential services. In employment, areas needing strengthening include ensuring that incidents are reported and reviewed within the required timelines. Based on the findings, Road to Responsibility has earned a Two-Year License for their Residential Programs with a score of 96% and a Two-Year License for Employment / Day Services with a score of 91%. The agency is also Certified for Residential Services (99%) and Employment/Day Services. The Provider will complete the 60- day follow-up on all not met licensure indicators the Employment / Day services, and will conduct Follow-up on all not met licensure indicators for the Residential/ I H S Service Grouping. . |

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| **LICENSURE FINDINGS** |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **10/10** | **0/10** |  |
| **Residential and Individual Home Supports** | **76/79** | **3/79** |  |
|  Residential Services Individual Home Supports Placement Services ABI-MFP Residential Services |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **86/89** | **3/89** | **97%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **3** |  |
|  |  |  |  |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **11/11** | **0/11** |  |
| **Employment and Day Supports** | **51/57** | **6/57** |  |
|  Community Based Day Services Employment Support Services |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **62/68** | **6/68** | **91%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **6** |  |
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|  | **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 5 out of 14 individuals, the details regarding the frequency of cleaning and safety checks were either not contained in the Health-Related Protection Order, or they were not being conducted.When Health Related Protections are needed, the criteria for use and cleaning needs to be detailed and implemented consistently. |
|  |  L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | For 5 of 21 individuals, the support strategies were not submitted within the required timelines. The agency needs to ensure that support strategies are submitted at least 15 days prior to the ISP. |
|  |  L91 | Incidents are reported and reviewed as mandated by regulation. | 7 out of 18 incidents were not reported and/ or finalized within necessary timelines. . The agency needs to ensure that all incidents are submitted and finalized within regulatory timelines. |

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|  | **Employment/Day 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. | For one of two individuals, staff had not received training on the implementation of restrictive practices. The agency needs to ensure that all staff are trained on the use of restrictive practices. |
|  |  L79 | Staff are trained in safe and correct administration of restraint. | For one of three locations, staff were not trained in the practice of restraints. The agency needs to ensure that in all locations where the use of restraints are in practice that all staff are trained. |
|  |  L84 | Staff / care providers are trained in the correct utilization of health related protections per regulation. | For one of three individuals, staff were not properly trained in the use of health-related protections. The agency needs to ensure that all staff that work with individuals are trained in the proper use and care of health-related protections. |
|  |  L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For 9 of 21 individuals, the ISP assessments were not submitted within the required timelines. The agency needs to ensure that ISP assessments are submitted at least 15 days prior to the ISP. |
|  |  L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | For 7 of 19 individuals, the support strategies were not submitted within the required timelines. The agency needs to ensure that support strategies are submitted at least 15 days prior to the ISP. |
|  |  L91 | Incidents are reported and reviewed as mandated by regulation. | At two of six locations, the agency had not completed and/or finalized the report within the required timelines. The agency needs to ensure that all incidents reported are filed within the mandated timelines. |

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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** | **88/89** | **1/89** |  |
| ABI-MFP Residential Services | 21/22 | 1/22 |  |
| Placement Services | 22/22 | 0/22 |  |
| Individual Home Supports | 23/23 | 0/23 |  |
| Residential Services | 22/22 | 0/22 |  |
| **Total** | **94/95** | **1/95** | **99%** |
| **Certified** |  |  |  |
|  |  |  |  |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **6/6** | **0/6** |  |
| **Employment and Day Supports** |  |  |  |
| **Total** |  |  |  |
| **Certified** |  |  |  |
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|  | **ABI-MFP Residential Services- Areas Needing Improvement on Standards not met:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  C54 | Individuals have the assistive technology and/or modifications to maximize independence.  | For two individuals, assistive technology needs had either not been assessed, and/or no plan was in place to utilize their tech devices to address areas where assistive technology could potentially maximize their independence. |
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| **MASTER SCORE SHEET LICENSURE** |

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| **Organizational: ROAD TO RESPONSIBILITY** |

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|  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **1/1** | **Met** |
|  |  L3 | Immediate Action | **15/15** | **Met** |
|  |  L4 | Action taken | **15/15** | **Met** |
|  |  L48 | HRC | **1/1** | **Met** |
|  |  L65 | Restraint report submit | **152/184** | **Met(82.61 % )** |
|  |  L66 | HRC restraint review | **1/1** | **Met** |
|  |  L74 | Screen employees | **5/5** | **Met** |
|  |  L75 | Qualified staff | **10/10** | **Met** |
|  |  L76 | Track trainings | **20/20** | **Met** |
|  |  L83 | HR training | **20/20** | **Met** |
|  |  L92 (07/21) | Licensed Sub-locations (e/d). | **1/1** | **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 | 12/12 | 2/2 | 4/4 |  | 3/3 |  | **21/21** | **Met** |
|  |  L5 | Safety Plan | L | 12/12 | 1/1 | 4/4 |  | 1/1 |  | **18/18** | **Met** |
| O |  L6 | Evacuation | L | 12/12 | 1/1 | 4/4 |  | 1/1 |  | **18/18** | **Met** |
|  |  L7 | Fire Drills | L | 12/12 |  |  |  | 1/1 |  | **13/13** | **Met** |
|  |  L8 | Emergency Fact Sheets | I | 12/12 | 2/2 | 3/4 |  | 3/3 |  | **20/21** | **Met(95.24 %)** |
|  |  L9 (07/21) | Safe use of equipment | I | 12/12 | 2/2 |  |  | 3/3 |  | **17/17** | **Met** |
|  |  L10 | Reduce risk interventions | I | 5/6 |  | 1/1 |  |  |  | **6/7** | **Met(85.71 %)** |
| O |  L11 | Required inspections | L | 11/12 | 1/1 | 4/4 |  | 1/1 |  | **17/18** | **Met(94.44 %)** |
| O |  L12 | Smoke detectors | L | 12/12 | 1/1 | 4/4 |  | 1/1 |  | **18/18** | **Met** |
| O |  L13 | Clean location | L | 12/12 | 1/1 | 4/4 |  | 1/1 |  | **18/18** | **Met** |
|  |  L14 | Site in good repair | L | 9/9 | 1/1 | 4/4 |  | 1/1 |  | **15/15** | **Met** |
|  |  L15 | Hot water | L | 10/12 |  | 4/4 |  | 1/1 |  | **15/17** | **Met(88.24 %)** |
|  |  L16 | Accessibility | L | 12/12 | 1/1 | 4/4 |  | 1/1 |  | **18/18** | **Met** |
|  |  L17 | Egress at grade  | L | 12/12 | 1/1 | 4/4 |  | 1/1 |  | **18/18** | **Met** |
|  |  L18 | Above grade egress | L | 5/5 | 1/1 | 2/2 |  |  |  | **8/8** | **Met** |
|  |  L19 | Bedroom location | L | 9/9 |  |  |  | 1/1 |  | **10/10** | **Met** |
|  |  L20 | Exit doors | L | 12/12 | 1/1 |  |  | 1/1 |  | **14/14** | **Met** |
|  |  L21 | Safe electrical equipment | L | 12/12 | 1/1 | 4/4 |  | 1/1 |  | **18/18** | **Met** |
|  |  L22 | Well-maintained appliances | L | 10/12 | 1/1 | 4/4 |  | 1/1 |  | **16/18** | **Met(88.89 %)** |
|  |  L23 | Egress door locks | L | 5/5 |  |  |  | 1/1 |  | **6/6** | **Met** |
|  |  L24 | Locked door access | L | 12/12 |  |  |  |  |  | **12/12** | **Met** |
|  |  L25 | Dangerous substances | L | 12/12 | 1/1 |  |  | 1/1 |  | **14/14** | **Met** |
|  |  L26 | Walkway safety | L | 12/12 | 1/1 | 4/4 |  | 1/1 |  | **18/18** | **Met** |
|  |  L27 | Pools, hot tubs, etc. | L | 2/2 | 0/1 | 1/1 |  |  |  | **3/4** | **Met** |
|  |  L28 | Flammables | L | 12/12 | 1/1 |  |  | 1/1 |  | **14/14** | **Met** |
|  |  L29 | Rubbish/combustibles | L | 10/12 |  | 4/4 |  | 1/1 |  | **15/17** | **Met(88.24 %)** |
|  |  L30 | Protective railings | L | 11/11 | 1/1 | 3/3 |  | 1/1 |  | **16/16** | **Met** |
|  |  L31 | Communication method | I | 12/12 | 2/2 | 4/4 |  | 3/3 |  | **21/21** | **Met** |
|  |  L32 | Verbal & written | I | 12/12 | 2/2 | 4/4 |  | 3/3 |  | **21/21** | **Met** |
|  |  L33 | Physical exam | I | 11/11 | 2/2 | 4/4 |  | 3/3 |  | **20/20** | **Met** |
|  |  L34 | Dental exam | I | 9/10 | 2/2 | 4/4 |  | 3/3 |  | **18/19** | **Met(94.74 %)** |
|  |  L35 | Preventive screenings | I | 12/12 | 2/2 | 4/4 |  | 3/3 |  | **21/21** | **Met** |
|  |  L36 | Recommended tests | I | 11/12 | 2/2 | 3/4 |  | 3/3 |  | **19/21** | **Met(90.48 %)** |
|  |  L37 | Prompt treatment | I | 12/12 | 2/2 | 4/4 |  | 3/3 |  | **21/21** | **Met** |
| O |  L38 | Physician's orders | I | 11/12 | 1/1 | 3/3 |  | 3/3 |  | **18/19** | **Met(94.74 %)** |
|  |  L39 | Dietary requirements | I | 4/5 | 1/1 | 1/1 |  | 3/3 |  | **9/10** | **Met(90.0 %)** |
|  |  L40 | Nutritional food | L | 12/12 | 1/1 |  |  | 1/1 |  | **14/14** | **Met** |
|  |  L41 | Healthy diet | L | 12/12 | 1/1 | 4/4 |  | 1/1 |  | **18/18** | **Met** |
|  |  L42 | Physical activity | L | 12/12 | 1/1 | 4/4 |  | 1/1 |  | **18/18** | **Met** |
|  |  L43 | Health Care Record | I | 12/12 | 1/2 | 4/4 |  | 3/3 |  | **20/21** | **Met(95.24 %)** |
|  |  L44 | MAP registration | L | 12/12 |  |  |  | 1/1 |  | **13/13** | **Met** |
|  |  L45 | Medication storage | L | 12/12 |  |  |  | 1/1 |  | **13/13** | **Met** |
| O |  L46 | Med. Administration | I | 11/12 |  | 3/3 |  | 3/3 |  | **17/18** | **Met(94.44 %)** |
|  |  L47 | Self medication | I | 3/3 | 2/2 | 1/1 |  | 1/1 |  | **7/7** | **Met** |
|  |  L49 | Informed of human rights | I | 10/12 | 2/2 | 4/4 |  | 3/3 |  | **19/21** | **Met(90.48 %)** |
|  |  L50 (07/21) | Respectful Comm. | I | 12/12 | 2/2 | 4/4 |  | 3/3 |  | **21/21** | **Met** |
|  |  L51 | Possessions | I | 12/12 | 2/2 | 4/4 |  | 3/3 |  | **21/21** | **Met** |
|  |  L52 | Phone calls | I | 12/12 | 2/2 | 4/4 |  | 3/3 |  | **21/21** | **Met** |
|  |  L53 | Visitation | I | 12/12 | 2/2 | 4/4 |  | 3/3 |  | **21/21** | **Met** |
|  |  L54 (07/21) | Privacy | I | 12/12 | 2/2 | 4/4 |  | 3/3 |  | **21/21** | **Met** |
|  |  L55 | Informed consent | I | 4/4 |  | 1/1 |  |  |  | **5/5** | **Met** |
|  |  L56 | Restrictive practices | I | 6/7 |  | 2/2 |  |  |  | **8/9** | **Met(88.89 %)** |
|  |  L57 | Written behavior plans | I | 5/5 |  |  |  |  |  | **5/5** | **Met** |
|  |  L58 | Behavior plan component | I | 4/4 |  |  |  |  |  | **4/4** | **Met** |
|  |  L59 | Behavior plan review | I | 4/4 |  |  |  |  |  | **4/4** | **Met** |
|  |  L60 | Data maintenance | I | 4/5 |  |  |  |  |  | **4/5** | **Met(80.0 %)** |
|  |  L61 | Health protection in ISP | I | 9/10 |  | 0/1 |  | 0/3 |  | **9/14** | **Not Met(64.29 %)** |
|  |  L62 | Health protection review | I | 9/9 |  | 1/1 |  | 3/3 |  | **13/13** | **Met** |
|  |  L63 | Med. treatment plan form | I | 12/12 |  | 3/3 |  | 1/2 |  | **16/17** | **Met(94.12 %)** |
|  |  L64 | Med. treatment plan rev. | I | 10/10 |  | 2/3 |  | 2/2 |  | **14/15** | **Met(93.33 %)** |
|  |  L67 | Money mgmt. plan | I | 12/12 |  | 3/3 |  |  |  | **15/15** | **Met** |
|  |  L68 | Funds expenditure | I | 11/12 |  | 1/2 |  |  |  | **12/14** | **Met(85.71 %)** |
|  |  L69 | Expenditure tracking | I | 11/12 |  | 2/2 |  |  |  | **13/14** | **Met(92.86 %)** |
|  |  L70 | Charges for care calc. | I | 12/12 |  | 3/3 |  | 2/3 |  | **17/18** | **Met(94.44 %)** |
|  |  L71 | Charges for care appeal | I | 11/12 |  | 3/3 |  | 3/3 |  | **17/18** | **Met(94.44 %)** |
|  |  L77 | Unique needs training | I | 11/12 | 2/2 | 3/4 |  | 3/3 |  | **19/21** | **Met(90.48 %)** |
|  |  L78 | Restrictive Int. Training | L | 6/7 |  |  |  |  |  | **6/7** | **Met(85.71 %)** |
|  |  L79 | Restraint training | L | 4/4 |  |  |  |  |  | **4/4** | **Met** |
|  |  L80 | Symptoms of illness | L | 12/12 | 1/1 | 4/4 |  | 1/1 |  | **18/18** | **Met** |
|  |  L81 | Medical emergency | L | 12/12 | 1/1 | 4/4 |  | 1/1 |  | **18/18** | **Met** |
| O |  L82 | Medication admin. | L | 12/12 |  |  |  | 1/1 |  | **13/13** | **Met** |
|  |  L84 | Health protect. Training | I | 10/10 |  | 1/1 |  | 3/3 |  | **14/14** | **Met** |
|  |  L85 | Supervision  | L | 12/12 | 1/1 | 4/4 |  | 1/1 |  | **18/18** | **Met** |
|  |  L86 | Required assessments | I | 8/10 | 2/2 | 4/4 |  | 0/1 |  | **14/17** | **Met(82.35 %)** |
|  |  L87 | Support strategies | I | 9/12 | 2/2 | 4/4 |  | 1/3 |  | **16/21** | **Not Met(76.19 %)** |
|  |  L88 | Strategies implemented | I | 11/12 | 2/2 | 4/4 |  | 3/3 |  | **20/21** | **Met(95.24 %)** |
|  |  L89 | Complaint and resolution process | L |  |  |  |  | 1/1 |  | **1/1** | **Met** |
|  |  L90 | Personal space/ bedroom privacy | I | 12/12 | 2/2 | 4/4 |  | 3/3 |  | **21/21** | **Met** |
|  |  L91 | Incident management | L | 6/12 | 1/1 | 4/4 |  | 0/1 |  | **11/18** | **Not Met(61.11 %)** |
|  | **#Std. Met/# 79 Indicator** |  |  |  |  |  |  |  |  | **76/79** |  |
|  | **Total Score** |  |  |  |  |  |  |  |  | **86/89** |  |
|  |  |  |  |  |  |  |  |  |  | **96.63%** |  |

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| **Employment and Day Supports:** |

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|  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** |
|  |  L1 | Abuse/neglect training | I | 10/11 |  | 11/11 | **21/22** | **Met(95.45 %)** |
|  |  L5 | Safety Plan | L | 1/1 |  | 3/3 | **4/4** | **Met** |
| O |  L6 | Evacuation | L | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L7 | Fire Drills | L | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L8 | Emergency Fact Sheets | I | 11/11 |  | 11/11 | **22/22** | **Met** |
|  |  L9 (07/21) | Safe use of equipment | I | 11/11 |  | 11/11 | **22/22** | **Met** |
|  |  L10 | Reduce risk interventions | I | 2/2 |  | 2/2 | **4/4** | **Met** |
| O |  L11 | Required inspections | L | 0/1 |  | 3/3 | **3/4** | **Met** |
| O |  L12 | Smoke detectors | L | 0/1 |  | 3/3 | **3/4** | **Met** |
| O |  L13 | Clean location | L | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L14 | Site in good repair | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L15 | Hot water | L | 1/1 |  | 2/3 | **3/4** | **Met** |
|  |  L16 | Accessibility | L | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L17 | Egress at grade  | L | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L20 | Exit doors | L | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L21 | Safe electrical equipment | L | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L22 | Well-maintained appliances | L | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L25 | Dangerous substances | L | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L26 | Walkway safety | L | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L28 | Flammables | L |  |  | 2/2 | **2/2** | **Met** |
|  |  L29 | Rubbish/combustibles | L | 1/1 |  | 3/3 | **4/4** | **Met** |
|  |  L30 | Protective railings | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L31 | Communication method | I | 11/11 |  | 11/11 | **22/22** | **Met** |
|  |  L32 | Verbal & written | I | 11/11 |  | 11/11 | **22/22** | **Met** |
|  |  L37 | Prompt treatment | I | 11/11 |  | 11/11 | **22/22** | **Met** |
| O |  L38 | Physician's orders | I | 2/2 |  | 7/7 | **9/9** | **Met** |
|  |  L39 | Dietary requirements | I |  |  | 3/4 | **3/4** | **Met** |
|  |  L44 | MAP registration | L | 2/2 |  | 3/3 | **5/5** | **Met** |
|  |  L45 | Medication storage | L | 2/2 |  | 3/3 | **5/5** | **Met** |
| O |  L46 | Med. Administration | I | 1/1 |  | 8/8 | **9/9** | **Met** |
|  |  L49 | Informed of human rights | I | 9/10 |  | 10/11 | **19/21** | **Met(90.48 %)** |
|  |  L50 (07/21) | Respectful Comm. | I | 11/11 |  | 11/11 | **22/22** | **Met** |
|  |  L51 | Possessions | I | 11/11 |  | 11/11 | **22/22** | **Met** |
|  |  L52 | Phone calls | I | 11/11 |  | 11/11 | **22/22** | **Met** |
|  |  L54 (07/21) | Privacy | I | 11/11 |  | 11/11 | **22/22** | **Met** |
|  |  L55 | Informed consent | I | 1/1 |  | 4/4 | **5/5** | **Met** |
|  |  L56 | Restrictive practices | I | 0/1 |  | 4/4 | **4/5** | **Met(80.0 %)** |
|  |  L57 | Written behavior plans | I |  |  | 4/4 | **4/4** | **Met** |
|  |  L60 | Data maintenance | I |  |  | 4/4 | **4/4** | **Met** |
|  |  L61 | Health protection in ISP | I |  |  | 3/3 | **3/3** | **Met** |
|  |  L62 | Health protection review | I |  |  | 2/2 | **2/2** | **Met** |
|  |  L63 | Med. treatment plan form | I |  |  | 3/4 | **3/4** | **Met** |
|  |  L64 | Med. treatment plan rev. | I |  |  | 3/4 | **3/4** | **Met** |
|  |  L72 | DOL requirements | I | 2/2 |  | 2/2 | **4/4** | **Met** |
|  |  L73 | DOL certificate | L | 2/2 |  | 2/2 | **4/4** | **Met** |
|  |  L77 | Unique needs training | I | 8/8 |  | 10/11 | **18/19** | **Met(94.74 %)** |
|  |  L78 | Restrictive Int. Training | L | 0/1 |  | 1/1 | **1/2** | **Not Met(50.0 %)** |
|  |  L79 | Restraint training | L | 1/1 |  | 1/2 | **2/3** | **Not Met(66.67 %)** |
|  |  L80 | Symptoms of illness | L | 3/3 |  | 3/3 | **6/6** | **Met** |
|  |  L81 | Medical emergency | L | 3/3 |  | 3/3 | **6/6** | **Met** |
| O |  L82 | Medication admin. | L | 3/3 |  | 3/3 | **6/6** | **Met** |
|  |  L84 | Health protect. Training | I |  |  | 2/3 | **2/3** | **Not Met(66.67 %)** |
|  |  L85 | Supervision  | L | 3/3 |  | 3/3 | **6/6** | **Met** |
|  |  L86 | Required assessments | I | 6/11 |  | 7/11 | **13/22** | **Not Met(59.09 %)** |
|  |  L87 | Support strategies | I | 7/10 |  | 6/10 | **13/20** | **Not Met(65.00 %)** |
|  |  L88 | Strategies implemented | I | 9/10 |  | 11/11 | **20/21** | **Met(95.24 %)** |
|  |  L91 | Incident management | L | 2/3 |  | 2/3 | **4/6** | **Not Met(66.67 %)** |
|  | **#Std. Met/# 57 Indicator** |  |  |  |  |  | **51/57** |  |
|  | **Total Score** |  |  |  |  |  | **62/68** |  |
|  |  |  |  |  |  |  | **91.18%** |  |

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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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| **Residential Services** |  |  |  |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 12/12 | **Met** |
|  C8 | Family/guardian communication | 12/12 | **Met** |
|  C9 | Personal relationships | 12/12 | **Met** |
|  C10 | Social skill development | 12/12 | **Met** |
|  C11 | Get together w/family & friends | 12/12 | **Met** |
|  C12 | Intimacy | 11/12 | **Met (91.67 %)** |
|  C13 | Skills to maximize independence  | 12/12 | **Met** |
|  C14 | Choices in routines & schedules | 12/12 | **Met** |
|  C15 | Personalize living space | 12/12 | **Met** |
|  C16 | Explore interests | 12/12 | **Met** |
|  C17 | Community activities | 12/12 | **Met** |
|  C18 | Purchase personal belongings | 12/12 | **Met** |
|  C19 | Knowledgeable decisions | 12/12 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 12/12 | **Met** |
|  C46 | Use of generic resources | 12/12 | **Met** |
|  C47 | Transportation to/ from community | 12/12 | **Met** |
|  C48 | Neighborhood connections | 12/12 | **Met** |
|  C49 | Physical setting is consistent  | 12/12 | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | 12/12 | **Met** |
|  C52 | Leisure activities and free-time choices /control | 12/12 | **Met** |
|  C53 | Food/ dining choices | 12/12 | **Met** |
|  C54 | Assistive technology | 12/12 | **Met** |
| **ABI-MFP Residential 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 | 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** |
|  C20 (07/21) | Emergency back-up plans | 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  | 1/1 | **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 | 1/3 | **Not Met (33.33 %)** |
| **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 | 3/4 | **Met** |
|  C13 | Skills to maximize independence  | 4/4 | **Met** |
|  C14 | Choices in routines & schedules | 4/4 | **Met** |
|  C15 | Personalize living space | 4/4 | **Met** |
|  C16 | Explore interests | 3/4 | **Met** |
|  C17 | Community activities | 4/4 | **Met** |
|  C18 | Purchase personal belongings | 4/4 | **Met** |
|  C19 | Knowledgeable decisions | 4/4 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 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  | 4/4 | **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** |
|  C54 | Assistive technology | 3/4 | **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** |
|  C14 | Choices in routines & schedules | 2/2 | **Met** |
|  C15 | Personalize living space | 1/1 | **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** |
|  C20 (07/21) | Emergency back-up plans | 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  | 1/1 | **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** |
|  C54 | Assistive technology | 2/2 | **Met** |
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