



**PROVIDER REPORT
FOR
ROAD TO RESPONSIBILITY
1831 Ocean Street
Marshfield, MA 02050**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider ROAD TO RESPONSIBILITY

Review Dates 1/4/2024 - 1/10/2024

Service Enhancement Meeting Date 1/23/2024

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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) 20 audit (s) | Targeted Review | DDS 15/17 Provider 69 / 73 84 / 90 2 Year License 01/23/2024-01/23/2026 | | DDS 0 / 0 Provider 87 / 87 87 / 87 Certified 01/23/2024 - 01/23/2026 |
| Residential Services | 12 location(s) 12 audit (s) | | | DDS Targeted Review | 20 / 20 |
| ABI-MFP Residential Services | 1 location(s) 3 audit (s) | | | DDS Targeted Review | 20 / 20 |
| Placement Services | 3 location(s) 3 audit (s) | | | DDS Targeted Review | 20 / 20 |
| Individual Home Supports | 1 location(s) 2 audit (s) | | | DDS Targeted Review | 21 / 21 |
| Planning and Quality Management (For all service groupings) | | | | DDS Targeted 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 | 8 location(s) 22 audit (s) | Targeted Review | DDS 12/18 Provider 53 / 54 65 / 72 Defer Licensure | | 6/6 Certified |
| Community Based Day Services | 4 location(s) 11 audit (s) | | | Deemed | 0/0(Provider) |
| Employment Support Services | 4 location(s) 11 audit (s) | | | Deemed | 0/0(Provider) |
| Planning and Quality Management (For all service groupings) | | | | DDS Targeted Review | 6 / 6 |

EXECUTIVE SUMMARY :

Road to Responsibility, Inc. (RTR) is a private not for profit organization founded in 1988 that provides residential and community-based supports and services to adults with developmental/ intellectual disabilities, acquired brain injury, autism spectrum and behavioral health needs. The agency's geographic service area includes the greater Southcoast, Boston Metro South, and Southeast regions. RTR services include 24-Hour Residential, ABI/MFP Residential, Placement, Individual Home Supports (IHS), Employment Services, and Community Based Day Services (CBDS).

Based on the outcome of the agency's previous DDS licensure and certification review conducted in December of 2021, the agency earned and chose the option of conducting a self-assessment for this review. As a result, the DDS survey team conducted a targeted review of the agency's 24/7 Residential, ABI/MFP Residential, Individual Home Support (IHS), Employment, and Community Based Day Support (CBDS) services. The targeted review consisted of evaluating the eight critical licensure indicators, any new/revise licensure indicators, and indicators that received a 'Not Met' rating in the agency's previous (2019) survey. The agency's Employment and CBDS services are accredited by CARF and therefore received deemed certification status.

Organizationally, the agency had an effective process for reporting allegations of abuse/neglect as mandated by regulation. The review also identified positive practices across all service types. Homes and day service locations were clean and safe, and individuals were able to safely evacuate within mandated timeframes. For both residential and day services, effective medication management practices were in place, and emergency back-up plans to assist individuals during emergencies and/or disasters were in place and staff were knowledgeable.

In residential services, individuals' health-related supports and protective equipment protocols were in place, including all required components were being utilized appropriately and their continued need were outlined in their ISPs. Individuals had been assessed to identify assistive technology support needs benefit, and/or assistive technology to maximize their independence were being utilized as needed. In day/ employment services staff had been trained to safely and consistently implement restrictive interventions, and applicable staff were trained in a DDS approved curriculum.

Licensing, areas where further attention is warranted include the following. For all services, additional attention is recommended to ensure that incident reports and individuals' support strategies are submitted within the required timelines. In day/ employment services, when individuals are utilizing medical monitoring devices, the agency needs ensure that orders/ protocols are in place and have been authorized by a medical professional. Additional attention is recommended to ensure that all individuals have been assessed to identify any assistive technology that may be of benefit, and assistive technology and modifications to maximize independence are provided when needed. Additional focus is also warranted to ensure that staff are trained in ancillary MAP procedures for the administration of specialized medical procedures such as blood glucose monitoring for individuals who require them.

Based upon the findings of this review, Road to Responsibility, Inc. has earned a two-year license for its residential services with a score of 93%. The agency will conduct their own follow-up within 60-days for residential licensing indicators that received a 'Not Met' rating. The agency's day/employment services license is deferred due to receiving a 'Not Met' rating for one critical indicator. This deferred status will remain in place, pending the results of a 60-day follow-up review. Upon successful review of the one critical indicator at follow-up, the agency will receive a two-year license with a Mid-Cycle review. The agency is Certified in both Residential and Day/Employment services.

The provider's description of its self-assessment process follows.

Description of Self Assessment Process:

DESCRIPTION OF SELF-ASSESSMENT PROCESS

We reviewed the systems described below in each category to assess for compliance for a sampling of programs. Meeting minutes, checklists, progress notes, communication logs, written reports, and original source documents such as DVFs are reviewed as part of our regular monitoring process. We have a rolling program monitoring system whereby each program is thoroughly reviewed by one of our Quality monitors at least annually. For Day Programs, a 111-point checklist is used to audit each programs licensing and certification indicators, and CARF standards, in addition to a 25% sampling of individuals records. Residential monitors use a 108-point checklist to audit state licensing and certification indicators, sampling one or two individuals' records during the process. During the weeks of 12/04/23-12/15/2023, our Quality Team Monitors visited the 12 most recently reviewed residential programs (including our ABI program), all 5 OPTS programs, and one shared living home. Any indicators that were not met or not assessed during the previous monitoring visits were checked to see if corrections were made or if the indicator was being met consistently, using a different individual for our sample. We carried over "MET" ratings from the most recent audit review and rechecked all critical indicators and RTR essential indicators. Using the same procedure, our Day Services monitor conducted a full monitoring review of one OPTS program, thoroughly sampling records of 6 individuals, then sampled one individual per program for the remaining 4 OPTS programs, along with critical indicators and essential indicators, for a total of 10 individuals sampled in the OPTS reviews. An administrative review conducted by the Director of Training and the AVP of Quality surveyed our main administrative offices by examining the training records and evaluations for 20 randomly selected staff, licenses for 10 randomly selected licensed/credentialed employees, reviewed charges for care process and financial safeguards, DOL certificate and process for job development, and reviewed records with the Shared Living Director. We pulled HCSIS reports to assess our incident and restraint timelines.

PERSONAL SAFETY:

All staff are trained to detect and report any suspicion of abuse or neglect at orientation training, and annually thereafter. RTR Monthly Risk Committee reviews all HCSIS events, and the monitoring team checks for internal reports that meet DPPC reporting criteria. Each program has a safety committee that meets regularly to check for environmental hazards, vehicle safety, water temperature, safety plans, disaster plans, etc. and report any issues to their director/AVP. Weekly staff meetings record any safety issues for each individual, to include physical health and mental health concerns. Meeting minutes from Risk, Safety, and staff meetings were reviewed during our audits.

ENVIRONMENTAL SAFETY:

Our operations department schedules heating, A/C, generator, etc. inspections. The inspection reports/invoices are sent to Operations and recorded by the senior monitoring director on a monitoring spreadsheet. The senior monitor reports to the applicable department head when inspections are coming due or are overdue. We use a ticket system for direct reporting of any maintenance concerns, including adjusting water temperatures, minor/major repairs, plumbing, electrical, and malfunctioning appliances. The RTR Monthly Safety Committee meetings review program maintenance issues, transportation accidents and vehicle repairs, weather related threats, seasonal safety topics, etc. and notes necessary preventive/corrective actions. Our PBS ROSE matrices include environmental health and safety awareness as one of our Universal Interventions.

COMMUNICATION:

PBS profile completed on each person served indicates communication style. Regular ASL classes are held for all staff and individuals who wish to participate. This helps people who communicate with ASL have a larger audience of peers and staff who can communicate effectively. Individuals who use communication devices are supported by trained staff who are familiar with each person's unique needs. Issues with communication are discovered and rectified during the monitoring process.

HEALTH:

Residential programs use an ongoing calendar system with medical log to report all health care visits and follow ups, updating HCRs in HCSIS on an ongoing basis. Annual physicals and dentals,

preventive screenings, and other health related documents are kept in each person's Confidential Files. Our previous Electronic Health Records (EHR) system was through Netsmart, MyEvolv. However, this system was not meeting our needs, so we are currently in the process of switching our EHR provider to eHana, which was developed in Massachusetts and is more in line with the needs of human service organizations working with DDS and EOHS. Each division is currently meeting once a week with eHana representatives to build required forms and processes to develop a more seamless approach to recording and storing sensitive data regarding our individuals. During this process of transferring to the new system, we continue to rely on a combination of paper and electronic documents and confidential files. In residential programs, medication counts, and review of MARs and doctor's orders are conducted weekly by MAP trained staff to ensure that meds are available, and that the pharmacy can be informed should supplies be running low. Only MAP certified staff are giving medications in our residential group homes and OPTS centers. Thorough MAP reviews are conducted at each program as part of our monitoring process.

HUMAN RIGHTS:

The agency's two Human Rights Committees (HRC) meet quarterly each year and all PBS plans are reviewed at least annually, and when revisions are necessary. The committees review restraint reports, investigations, and restrictive policies/procedures, including money management plans, in addition to the Positive Behavior support plans at each meeting. Our HRC members are trained in Positive Behavior Supports and are excellent advocates for the people we support. Our Human Rights Coordinator attends the HRC Networking Meetings whenever possible, to keep informed of current trainings and best practices. Multiple agencies in the Commonwealth are using some of the Human Rights training tools we developed and subsequently shared through the HR Networking meetings. Behavioral clinicians review our Tier 2 (Targeted) and Tier 3 (Intensive) PBS plans for all required components as determined by our Leadership PBS committee and our program PBS committees. Individual funds are protected via daily audits for cash on hand, and monthly audits for bank accounts through our finance department. External audits are completed annually, and these audits include a review of a sampling of individuals financial records. Charges for care calculations are monitored regularly, and individuals can appeal charges for care at any time.

COMPETENT WORKFORCE:

We conduct a full weeklong orientation training that covers all mandated training. Training records are sent to our Human Resources department and tracked in our payroll system. We are expanding our use of the Provider's e-Academy through Relias Training to automate recertification training reminders and track annual recertifications, with the goal of using Relias as our primary training tracking system. We will be using DDS approved classes through Relias for many of our annual and bi-annual recertifications moving forward. Currently, recertifications are done in programs at staff meetings or assigned through Provider's e-academy. Human Resources personnel track general mandated training at our main administrative site. Training for unique needs of individuals is kept in each program. Regular supervision includes a minimum of annual review with individual input. Career development opportunities are communicated to all employees regularly.

GOAL DEVELOPMENT AND IMPLEMENTATION:

Assessments, support strategies, goals are developed and entered in HCSIS. Weekly reports are sent to all residential directors to prompt them for upcoming ISPs and HCR updates. These reports also remind directors of incident and restraint reports that need to be submitted or finalized to meet timeliness requirements.

Monthly progress reports completed by each residential case manager (DC2) indicate progress on goals/objectives. Weekly updates on progress toward goals are presented at staff meetings (res). Monthly (OPTS) progress notes completed to reflect progress on individual goals.

ORGANIZATIONAL INDICATORS:

Risk committee meets monthly to review all incidents agency wide, annual incident risk report identifies trends, best practices, and problem areas, changes are made based reviewed by CEO and Risk Committee. The HR coordinator works closely with program staff and human resources to ensure immediate action is taken to maintain individual safety whenever indicated. Two HR committees all currently have required membership, by- laws are reviewed annually and updated to reflect the addition of virtual meetings and conducting business electronically. HRC restraint reviews are entered by the HR

coordinator following each quarterly meeting. All employees are screened to ensure they meet required qualifications, specific job requirements and to maintain compliance with federal and state regulations regarding background checks and required educational and credentialing. Mandated reporting and Human Rights training is conducted annually and uses the approved DDS training available on ddslearning.com.

CERTIFICATION

PLANNING AND QUALITY IMPROVEMENT:

The strategic planning process at RTR involves diverse stakeholders to include parents, individuals supported, direct support staff, administrative staff, and the members of the board of directors to develop a strategic plan reflective of the current agency culture. Annual satisfaction surveys are conducted with all individuals, families, guardians. Employee climate surveys are sent several times per year. All areas of concern are immediately addressed with the person concerned, while trends are noted. Quality improvement objectives are written and updated annually.

Our Risk Plan, COOP plan, and organizational goals are established through annual planning days that includes representatives of all stakeholders, our strategic plan outlines specific goals for various departments, and is focused in improving supports for our individuals and staff alike.

COMMUNICATION: Individuals are supported to complete annual evaluations of DSPs working in their home. Program managers and directors communicate with family members and guardians using their preferred method of communication. This could mean regular phone calls, emails, virtual meets, communication books, etc. Managers and/or directors attempt to communicate with family members/guardians at the frequency desired and keep them informed of urgent matters as they occur, in addition to any routine scheduled communication.

SUPPORTING AND ENHANCING RELATIONSHIPS:

RTR has a sexuality committee that reviews referrals for sexuality and relationship training. Assessments are completed to determine the level of education each person will most benefit from. We currently have 6 trained sexuality educators conducting individual and group relationship education sessions. Intimacy assessments are completed for individuals by program staff, with the formal sexuality assessment completed by a trained sexuality educator after referral. Program staff encourage individuals to maintain existing relationships, and provide opportunities to develop new friendships through community belonging (i.e., church, social groups, participation in athletics, gyms, volunteer opportunities, etc.) Many RTR DSPs have completed Sexuality and I/DD 101, a 7-9 hour online course through Elevatus training.

CHOICE, CONTROL, AND GROWTH:

RTR's PBS ROSE emphasizes choice, respect for self, others, and environment. Respect for self includes working on maintaining or strengthening current skills and encouraging individuals to participate as productive citizens in their community. Choice making is imbedded in our PBS universal interventions. Voting registration is completed, with access to information about current candidates and ballot questions. Their bedrooms are decorated to reflect their personal taste in décor, and at weekly house meetings, individuals choose menus, discuss HR, make plans for their upcoming community activities, visits with friends and families, and voice concerns about anything related to their home. Assistive technology assessments are completed with all individuals. Current AT in use is listed in monitoring reviews with a master list of AT (high, low, and no-tech devices are all included) in use at all residential programs located on our intranet.

LICENSURE FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|--|-------------|-----------------|-------|
| Organizational | 9/10 | 1/10 | |
| Residential and Individual Home Supports | 75/80 | 5/80 | |
| Residential Services Individual Home Supports Placement Services ABI-MFP Residential Services | | | |
| Critical Indicators | 8/8 | 0/8 | |
| Total | 84/90 | 6/90 | 93% |
| 2 Year License | | | |
| # indicators for 60 Day Follow-up | | 6 | |

| | Met / Rated | Not Met / Rated | % Met |
|---|-------------|-----------------|-------|
| Organizational | 10/11 | 1/11 | |
| Employment and Day Supports | 55/61 | 6/61 | |
| Community Based Day Services Employment Support Services | | | |
| Critical Indicators | 7/8 | 1/8 | |
| Total | 65/72 | 7/72 | 90% |
| Defer Licensure | | | |
| # indicators for 60 Day Follow-up | | 7 | |

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

| Indicator # | Indicator | Issue identified | Action planned to address |
|--------------------|--|--|---|
| L65 | Restraint reports are submitted within required timelines. | Based on 13-month review, 152 of 200 (76%) restraint reports were submitted and finalized within required timeframe. | Will assign an additional restraint manager to check HCSIS alerts regularly for restraints that need restraint manager review. The majority of late restraints were due to restraint manager reviewing/finalizing issues. Most are submitted within the proper timeframe, but we need an additional back up person to cover for absences. |

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

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|---|---|
| L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | The timelines for the submission of ISP support strategies were not met for five of sixteen individuals. The agency needs to meet the required timelines for submission of support strategies. |
| L91 | Incidents are reported and reviewed as mandated by regulation. | Incident reports at eight of fifteen homes had not all been submitted and/or finalized within the required timelines. The agency needs to ensure that all incident reports are reported and reviewed as mandated by regulation. |

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

| Indicator # | Indicator | Issue identified | Action planned to address |
|--------------------|--|---|---|
| L60 | Data are consistently maintained and used to determine the efficacy of behavioral interventions. | Only 75% compliance regarding consistent data tracking and reporting. | Retraining for all programs regarding ISP goal/objective tracking; require immediate implementation of ISP goals/objectives rather than waiting for completed ISP to return to program. |

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

| Indicator # | Indicator | Issue identified | Action planned to address |
|-------------|---|--|--|
| L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | Four of 10 programs submitted assessments after the deadline. | Will continue with weekly reminders posted by residential AVPs for upcoming ISPs. |
| L88 | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | Seven of 11 individuals (64%) had consistent data to show that support strategies were implemented and progress on goals was being made. 4 programs either had inconsistent reporting on objectives, or we were unable to determine from progress notes if implementation was ongoing. | Developing an ISP refresher training for all residential managers, directors and DSPs that will cover data collection and analysis, implementation of support strategies, and timely submission of assessments and support strategies. |

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

| Indicator # | Indicator | Area Needing Improvement |
|-------------|--|--|
| Ⓜ L82 | Medications are administered by licensed professional staff or by MAP certified staff (or by PCAs) for individuals unable to administer their own medications. | At two locations, staff were not trained in the use of a glucometer and/or epi pen for three individuals who required them based on their healthcare protocols. The agency needs to ensure that staff are trained in ancillary MAP procedures at all locations with individual's who require them. |
| L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | The required timelines for the submission of ISP assessments were not met for nine of sixteen individuals. The agency needs to meet the required timelines for submission of ISP assessments. |
| L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | The required timelines for the submission of ISP support strategies were not met for eight of sixteen individuals. The agency needs to meet the required timelines for submission of support strategies. |
| L91 | Incidents are reported and reviewed as mandated by regulation. | Incident reports for two of seven day/ employment locations had not all been submitted and/or finalized within the required timelines. The agency needs to ensure that all incident reports are reported and reviewed as mandated by regulation. |

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

| Indicator # | Indicator | Area Needing Improvement |
|-------------|---|---|
| L94 (05/22) | Individuals have assistive technology to maximize independence. | Twelve individuals had either not been assessed to determine if they had areas in which their independence could be enhanced through the application of assistive technology or had not been supported to explore or make use of potential assistive technology. |
| L99 (05/22) | Medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately. (eg seizure watches; fall sensors). | One individual required the use of a medical device. There was no authorization from a medical professional that outlines instructions for use, correct implementation, and guidelines for cleaning and maintenance. The agency needs to ensure medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately. |

CERTIFICATION FINDINGS

| | Reviewed By | Met / Rated | Not Met / Rated | % Met |
|--|-----------------------------------|--------------|-----------------|-------------|
| Certification - Planning and Quality Management | DDS 0/0 Provider 6/6 | 6/6 | 0/6 | |
| Residential and Individual Home Supports | DDS 0/0 Provider 81/81 | 81/81 | 0/81 | |
| ABI-MFP Residential Services | DDS 0/0 Provider 20/20 | 20/20 | 0/20 | |
| Individual Home Supports | DDS 0/0 Provider 21/21 | 21/21 | 0/21 | |
| Placement Services | DDS 0/0 Provider 20/20 | 20/20 | 0/20 | |
| Residential Services | DDS 0/0 Provider 20/20 | 20/20 | 0/20 | |
| Total | | 87/87 | 0/87 | 100% |
| Certified | | | | |

| | Reviewed By | Met / Rated | Not Met / Rated | % Met |
|--|---------------------------------|-------------|-----------------|-------------|
| Certification - Planning and Quality Management | DDS 0/0 Provider 6/6 | 6/6 | 0/6 | |
| Employment and Day Supports | Provider | 0/0 | 0/0 | |
| Community Based Day Services | Provider (also Deemed) | 0/0 | 0/0 | |
| Employment Support Services | Provider (also Deemed) | 0/0 | 0/0 | |
| Total | | 6/6 | 0/6 | 100% |
| Certified | | | | |

MASTER SCORE SHEET LICENSURE

Organizational: ROAD TO RESPONSIBILITY

| Indicator # | Indicator | Reviewed by | Met/Rated | Rating(Met,Not Met,NotRated) |
|-------------|-------------------------------|-------------|-----------|------------------------------|
| Ⓡ L2 | Abuse/neglect reporting | DDS | 6/7 | Met(85.71 %) |
| L3 | Immediate Action | Provider | - | Met |
| L4 | Action taken | Provider | - | Met |
| L48 | HRC | Provider | - | Met |
| L65 | Restraint report submit | Provider | - | Not Met |
| L66 | HRC restraint review | Provider | - | Met |
| L74 | Screen employees | Provider | - | Met |
| L75 | Qualified staff | Provider | - | Met |
| L76 | Track trainings | Provider | - | Met |
| L83 | HR training | Provider | - | Met |
| L92 (07/21) | Licensed Sub-locations (e/d). | Provider | - | Met |

Residential and Individual Home Supports:

| Ind. # | Ind. | Loc. or Individ. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|------------|---------------------------|------------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|--------|
| L1 | Abuse/neglect training | I | Provider | - | - | - | | - | - | - | Met |
| L5 | Safety Plan | L | Provider | - | - | - | | - | - | - | Met |
| Ⓡ L6 | Evacuation | L | DDS | 12/12 | 1/1 | 2/2 | | 1/1 | | 16/16 | Met |
| L7 | Fire Drills | L | Provider | - | - | - | | - | - | - | Met |
| L8 | Emergency Fact Sheets | I | Provider | - | - | - | | - | - | - | Met |
| L9 (07/21) | Safe use of equipment | I | Provider | - | - | - | | - | - | - | Met |
| L10 | Reduce risk interventions | I | Provider | - | - | - | | - | - | - | Met |

| Ind. # | Ind. | Loc. or Individ. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|----------------------------|------------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|--------------|
| ☒ L11 | Required inspections | L | DDS | 10/12 | 1/1 | 2/2 | | 1/1 | | 14/16 | Met (87.50%) |
| ☒ L12 | Smoke detectors | L | DDS | 12/12 | 1/1 | 2/2 | | 1/1 | | 16/16 | Met |
| ☒ L13 | Clean location | L | DDS | 12/12 | 1/1 | 2/2 | | 1/1 | | 16/16 | Met |
| L14 | Site in good repair | L | Provider | - | - | - | | - | - | - | Met |
| L15 | Hot water | L | Provider | - | - | - | | - | - | - | Met |
| L16 | Accessibility | L | Provider | - | - | - | | - | - | - | Met |
| L17 | Egress at grade | L | Provider | - | - | - | | - | - | - | Met |
| L18 | Above grade egress | L | Provider | - | - | - | | - | - | - | Met |
| L19 | Bedroom location | L | DDS | | | 2/2 | | | | 2/2 | Met |
| L20 | Exit doors | L | Provider | - | - | - | | - | - | - | Met |
| L21 | Safe electrical equipment | L | Provider | - | - | - | | - | - | - | Met |
| L22 | Well-maintained appliances | L | Provider | - | - | - | | - | - | - | Met |
| L24 | Locked door access | L | DDS | | 1/1 | 2/2 | | | | 3/3 | Met |
| L25 | Dangerous substances | L | Provider | - | - | - | | - | - | - | Met |
| L26 | Walkway safety | L | Provider | - | - | - | | - | - | - | Met |

| Ind. # | Ind. | Loc. or Indiv. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|-----------------------|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|--------------|
| L27 | Pools, hot tubs, etc. | L | Provider | - | - | - | | - | - | - | Met |
| L28 | Flammables | L | Provider | - | - | - | | - | - | - | Met |
| L29 | Rubbish/combustibles | L | Provider | - | - | - | | - | - | - | Met |
| L30 | Protective railings | L | Provider | - | - | - | | - | - | - | Met |
| L31 | Communication method | I | Provider | - | - | - | | - | - | - | Met |
| L32 | Verbal & written | I | Provider | - | - | - | | - | - | - | Met |
| L33 | Physical exam | I | Provider | - | - | - | | - | - | - | Met |
| L34 | Dental exam | I | Provider | - | - | - | | - | - | - | Met |
| L35 | Preventive screenings | I | Provider | - | - | - | | - | - | - | Met |
| L36 | Recommended tests | I | Provider | - | - | - | | - | - | - | Met |
| L37 | Prompt treatment | I | Provider | - | - | - | | - | - | - | Met |
| Ⓡ L38 | Physician's orders | I | DDS | 8/9 | | 2/2 | | 3/3 | | 13/14 | Met (92.86%) |
| L39 | Dietary requirements | I | Provider | - | - | - | | - | - | - | Met |
| L40 | Nutritional food | L | Provider | - | - | - | | - | - | - | Met |
| L41 | Healthy diet | L | Provider | - | - | - | | - | - | - | Met |
| L42 | Physical activity | L | Provider | - | - | - | | - | - | - | Met |
| L43 | Health Care Record | I | Provider | - | - | - | | - | - | - | Met |

| Ind. # | Ind. | Loc. or Indiv. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|-------------|--------------------------|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|---------------|
| L44 | MAP registration | L | Provider | - | - | - | | - | - | - | Met |
| L45 | Medication storage | L | Provider | - | - | - | | - | - | - | Met |
| L46 | Med. Administration | I | DDS | 11/11 | | 3/3 | | 3/3 | | 17/17 | Met |
| L47 | Self medication | I | Provider | - | - | - | | - | - | - | Met |
| L49 | Informed of human rights | I | Provider | - | - | - | | - | - | - | Met |
| L50 (07/21) | Respectful Comm. | I | Provider | - | - | - | | - | - | - | Met |
| L51 | Possessions | I | Provider | - | - | - | | - | - | - | Met |
| L52 | Phone calls | I | Provider | - | - | - | | - | - | - | Met |
| L53 | Visitation | I | Provider | - | - | - | | - | - | - | Met |
| L54 (07/21) | Privacy | I | Provider | - | - | - | | - | - | - | Met |
| L55 | Informed consent | I | Provider | - | - | - | | - | - | - | Met |
| L56 | Restrictive practices | I | Provider | - | - | - | | - | - | - | Met |
| L57 | Written behavior plans | I | Provider | - | - | - | | - | - | - | Met |
| L60 | Data maintenance | I | Provider | - | - | - | | - | - | - | Not Met |
| L61 | Health protection in ISP | I | DDS | 8/9 | 1/1 | 2/2 | | 3/3 | | 14/15 | Met (93.33 %) |

| Ind. # | Ind. | Loc. or Indiv. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|---------------------------|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|--------------|
| L62 | Health protection review | I | Provider | - | - | - | | - | - | - | Met |
| L63 | Med. treatment plan form | I | Provider | - | - | - | | - | - | - | Met |
| L64 | Med. treatment plan rev. | I | Provider | - | - | - | | - | - | - | Met |
| L67 | Money mgmt. plan | I | Provider | - | - | - | | - | - | - | Met |
| L68 | Funds expenditure | I | Provider | - | - | - | | - | - | - | Met |
| L69 | Expenditure tracking | I | Provider | - | - | - | | - | - | - | Met |
| L70 | Charges for care calc. | I | Provider | - | - | - | | - | - | - | Met |
| L71 | Charges for care appeal | I | Provider | - | - | - | | - | - | - | Met |
| L77 | Unique needs training | I | Provider | - | - | - | | - | - | - | Met |
| L78 | Restrictive Int. Training | L | Provider | - | - | - | | - | - | - | Met |
| L79 | Restraint training | L | Provider | - | - | - | | - | - | - | Met |
| L80 | Symptoms of illness | L | Provider | - | - | - | | - | - | - | Met |
| L81 | Medical emergency | L | Provider | - | - | - | | - | - | - | Met |
| L82 | Medication admin. | L | DDS | 11/12 | | | | 1/1 | | 12/13 | Met (92.31%) |
| L84 | Health protect. Training | I | Provider | - | - | - | | - | - | - | Met |

| Ind. # | Ind. | Loc. or Indiv. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|-------------|--|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|------------------|
| L85 | Supervision | L | Provider | - | - | - | | - | - | - | Met |
| L86 | Required assessments | I | Provider | - | - | - | | - | - | - | Not Met |
| L87 | Support strategies | I | DDS | 4/7 | 2/2 | 3/3 | | 2/3 | | 11/15 | Not Met (73.33%) |
| L88 | Strategies implemented | I | Provider | - | - | - | | - | - | - | Not Met |
| L89 | Complaint and resolution process | L | Provider | - | - | - | | - | - | - | Met |
| L90 | Personal space/bedroom privacy | I | Provider | - | - | - | | - | - | - | Met |
| L91 | Incident management | L | DDS | 6/11 | 0/1 | 1/2 | | 0/1 | | 7/15 | Not Met (46.67%) |
| L93 (05/22) | Emergency back-up plans | I | DDS | 12/12 | 2/2 | 3/3 | | 3/3 | | 20/20 | Met |
| L94 (05/22) | Assistive technology | I | DDS | 12/12 | 2/2 | 3/3 | | 3/3 | | 20/20 | Met |
| L96 (05/22) | Staff training in devices and applications | I | DDS | 9/9 | 2/2 | 1/1 | | 3/3 | | 15/15 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------------------------|----------------------------|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|--------------|
| L99 (05/22) | Medical monitoring devices | I | DDS | 4/5 | 1/1 | 1/1 | | 1/1 | | 7/8 | Met (87.50%) |
| #Std. Met/# 80 Indicator | | | | | | | | | | 75/80 | |
| Total Score | | | | | | | | | | 84/90 | |
| | | | | | | | | | | 93.33% | |

Employment and Day Supports:

| Ind. # | Ind. | Loc. or Indiv. | Reviewed by | Emp. Sup. | Cent. Based Work | Com. Based Day | Total Met / Rated | Rating |
|------------|---------------------------|----------------|-------------|-----------|------------------|----------------|-------------------|--------|
| L1 | Abuse/neglect training | I | Provider | | - | - | - | Met |
| L5 | Safety Plan | L | Provider | | - | - | - | Met |
| Ⓟ L6 | Evacuation | L | DDS | | | 4/4 | 4/4 | Met |
| L7 | Fire Drills | L | Provider | | - | - | - | Met |
| L8 | Emergency Fact Sheets | I | Provider | | - | - | - | Met |
| L9 (07/21) | Safe use of equipment | I | Provider | | - | - | - | Met |
| L10 | Reduce risk interventions | I | Provider | | - | - | - | Met |
| Ⓟ L11 | Required inspections | L | DDS | | | 4/4 | 4/4 | Met |
| Ⓟ L12 | Smoke detectors | L | DDS | | | 4/4 | 4/4 | Met |
| Ⓟ L13 | Clean location | L | DDS | | | 4/4 | 4/4 | Met |
| L14 | Site in good repair | L | Provider | | - | - | - | Met |
| L15 | Hot water | L | Provider | | - | - | - | Met |
| L16 | Accessibility | L | Provider | | - | - | - | Met |

| Ind. # | Ind. | Loc. or Individ. | Reviewed by | Emp. Sup. | Cent. Based Work | Com. Based Day | Total Met / Rated | Rating |
|---------------|----------------------------|-------------------------|--------------------|------------------|-------------------------|-----------------------|--------------------------|---------------|
| L17 | Egress at grade | L | Provider | | - | - | - | Met |
| L20 | Exit doors | L | Provider | | - | - | - | Met |
| L21 | Safe electrical equipment | L | Provider | | - | - | - | Met |
| L22 | Well-maintained appliances | L | Provider | | - | - | - | Met |
| L25 | Dangerous substances | L | Provider | | - | - | - | Met |
| L26 | Walkway safety | L | Provider | | - | - | - | Met |
| L28 | Flammables | L | Provider | | - | - | - | Met |
| L29 | Rubbish/com bustibles | L | Provider | | - | - | - | Met |
| L30 | Protective railings | L | Provider | | - | - | - | Met |
| L31 | Communication method | I | Provider | | - | - | - | Met |
| L32 | Verbal & written | I | Provider | | - | - | - | Met |
| L37 | Prompt treatment | I | Provider | | - | - | - | Met |
| Ⓡ L38 | Physician's orders | I | DDS | 3/3 | | 8/10 | 11/13 | Met (84.62 %) |
| L39 | Dietary requirements | I | Provider | | - | - | - | Met |
| L44 | MAP registration | L | Provider | | - | - | - | Met |
| L45 | Medication storage | L | Provider | | - | - | - | Met |
| Ⓡ L46 | Med. Administration | I | DDS | 1/1 | | 10/10 | 11/11 | Met |
| L49 | Informed of human rights | I | Provider | | - | - | - | Met |
| L50 (07/21) | Respectful Comm. | I | Provider | | - | - | - | Met |
| L51 | Possessions | I | Provider | | - | - | - | Met |
| L52 | Phone calls | I | Provider | | - | - | - | Met |
| L54 (07/21) | Privacy | I | Provider | | - | - | - | Met |

| Ind. # | Ind. | Loc. or Individ. | Reviewed by | Emp. Sup. | Cent. Based Work | Com. Based Day | Total Met / Rated | Rating |
|---------------|---------------------------|-------------------------|--------------------|------------------|-------------------------|-----------------------|--------------------------|-------------------|
| L55 | Informed consent | I | Provider | | - | - | - | Met |
| L56 | Restrictive practices | I | Provider | | - | - | - | Met |
| L57 | Written behavior plans | I | Provider | | - | - | - | Met |
| L60 | Data maintenance | I | Provider | | - | - | - | Met |
| L61 | Health protection in ISP | I | Provider | | - | - | - | Met |
| L62 | Health protection review | I | Provider | | - | - | - | Met |
| L63 | Med. treatment plan form | I | Provider | | - | - | - | Met |
| L64 | Med. treatment plan rev. | I | Provider | | - | - | - | Met |
| L72 | DOL requirements | I | Provider | | - | - | - | Met |
| L73 | DOL certificate | L | Provider | | - | - | - | Met |
| L77 | Unique needs training | I | Provider | | - | - | - | Met |
| L78 | Restrictive Int. Training | L | DDS | | | 3/3 | 3/3 | Met |
| L79 | Restraint training | L | DDS | | | 4/4 | 4/4 | Met |
| L80 | Symptoms of illness | L | Provider | | - | - | - | Met |
| L81 | Medical emergency | L | Provider | | - | - | - | Met |
| L82 | Medication admin. | L | DDS | | | 2/4 | 2/4 | Not Met (50.0 %) |
| L84 | Health protect. Training | I | DDS | | | 7/7 | 7/7 | Met |
| L85 | Supervision | L | Provider | | - | - | - | Met |
| L86 | Required assessments | I | DDS | 3/9 | | 4/7 | 7/16 | Not Met (43.75 %) |
| L87 | Support strategies | I | DDS | 4/9 | | 4/7 | 8/16 | Not Met (50.0 %) |

| Ind. # | Ind. | Loc. or Individ. | Reviewed by | Emp. Sup. | Cent. Based Work | Com. Based Day | Total Met / Rated | Rating |
|---------------------------------|--|------------------|-------------|-----------|------------------|----------------|-------------------|-------------------|
| L88 | Strategies implemented | I | Provider | | - | - | - | Met |
| L91 | Incident management | L | DDS | 4/4 | | 2/4 | 6/8 | Not Met (75.00 %) |
| L93 (05/22) | Emergency back-up plans | I | DDS | 9/11 | | 11/11 | 20/22 | Met (90.91 %) |
| L94 (05/22) | Assistive technology | I | DDS | 7/11 | | 3/11 | 10/22 | Not Met (45.45 %) |
| L96 (05/22) | Staff training in devices and applications | I | DDS | 1/1 | | 2/3 | 3/4 | Met |
| L99 (05/22) | Medical monitoring devices | I | DDS | | | 0/1 | 0/1 | Not Met (0 %) |
| #Std. Met/# 61 Indicator | | | | | | | 55/61 | |
| Total Score | | | | | | | 65/72 | |
| | | | | | | | 90.28% | |

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|-------------|----------------------------------|-------------|-----------|--------|
| C1 | Provider data collection | Provider | - | Met |
| C2 | Data analysis | Provider | - | Met |
| C3 | Service satisfaction | Provider | - | Met |
| C4 | Utilizes input from stakeholders | Provider | - | Met |
| C5 | Measure progress | Provider | - | Met |
| C6 | Future directions planning | Provider | - | Met |

Residential Services

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|-------------|---|-------------|-----------|--------|
| C7 | Feedback on staff / care provider performance | Provider | - | Met |
| C8 | Family/guardian communication | Provider | - | Met |

Residential Services

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|--------------------|---|--------------------|------------------|---------------|
| C9 | Personal relationships | Provider | - | Met |
| C10 | Social skill development | Provider | - | Met |
| C11 | Get together w/family & friends | Provider | - | Met |
| C12 | Intimacy | Provider | - | Met |
| C13 | Skills to maximize independence | Provider | - | Met |
| C14 | Choices in routines & schedules | Provider | - | Met |
| C15 | Personalize living space | Provider | - | Met |
| C16 | Explore interests | Provider | - | Met |
| C17 | Community activities | Provider | - | Met |
| C18 | Purchase personal belongings | Provider | - | Met |
| C19 | Knowledgeable decisions | Provider | - | Met |
| C46 | Use of generic resources | Provider | - | Met |
| C47 | Transportation to/ from community | Provider | - | Met |
| C48 | Neighborhood connections | Provider | - | Met |
| C49 | Physical setting is consistent | Provider | - | Met |
| C51 | Ongoing satisfaction with services/ supports | Provider | - | Met |
| C52 | Leisure activities and free-time choices /control | Provider | - | Met |
| C53 | Food/ dining choices | Provider | - | Met |

ABI-MFP Residential Services

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

ABI-MFP Residential Services

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

Placement Services

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|-------------|---|-------------|-----------|------------|
| C7 | Feedback on staff / care provider performance | Provider | - | Met |
| C8 | Family/guardian communication | Provider | - | Met |
| C9 | Personal relationships | Provider | - | Met |
| C10 | Social skill development | Provider | - | Met |
| C11 | Get together w/family & friends | Provider | - | Met |
| C12 | Intimacy | Provider | - | Met |
| C13 | Skills to maximize independence | Provider | - | Met |
| C14 | Choices in routines & schedules | Provider | - | Met |
| C15 | Personalize living space | Provider | - | Met |
| C16 | Explore interests | Provider | - | Met |
| C17 | Community activities | Provider | - | Met |
| C18 | Purchase personal belongings | Provider | - | Met |
| C19 | Knowledgeable decisions | Provider | - | Met |

Placement Services

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

Individual Home Supports

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|-------------|---|-------------|-----------|------------|
| C7 | Feedback on staff / care provider performance | Provider | - | Met |
| C8 | Family/guardian communication | Provider | - | Met |
| C9 | Personal relationships | Provider | - | Met |
| C10 | Social skill development | Provider | - | Met |
| C11 | Get together w/family & friends | Provider | - | Met |
| C12 | Intimacy | Provider | - | Met |
| C13 | Skills to maximize independence | Provider | - | Met |
| C14 | Choices in routines & schedules | Provider | - | Met |
| C15 | Personalize living space | Provider | - | Met |
| C16 | Explore interests | Provider | - | Met |
| C17 | Community activities | Provider | - | Met |
| C18 | Purchase personal belongings | Provider | - | Met |
| C19 | Knowledgeable decisions | Provider | - | Met |
| C21 | Coordinate outreach | Provider | - | Met |
| C46 | Use of generic resources | Provider | - | Met |
| C47 | Transportation to/ from community | Provider | - | Met |
| C48 | Neighborhood connections | Provider | - | Met |
| C49 | Physical setting is consistent | Provider | - | Met |

Individual Home Supports

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|--------------------|---|--------------------|------------------|---------------|
| C51 | Ongoing satisfaction with services/ supports | Provider | - | Met |
| C52 | Leisure activities and free-time choices /control | Provider | - | Met |
| C53 | Food/ dining choices | Provider | - | Met |