



**PROVIDER REPORT
FOR**

**SERVICENET INC
129 King Street
Northampton, MA 01060**

April 10, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	SERVICENET INC
Review Dates	3/8/2023 - 3/14/2023
Service Enhancement Meeting Date	3/27/2023
Survey Team	Melanie McNamara Elsa Adorno Carole Black Andrea Comeau (TL) Susan Dudley-Oxx Melanie Hutchison Ken Jones Eric Lunden Janina Millet
Citizen Volunteers	

Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	29 location(s) 29 audit (s)	Targeted Review	DDS 18/23 Provider 69 / 70 87 / 93 2 Year License 03/27/2023-03/27/2025		DDS 9 / 11 Provider 94 / 95 103 / 106 Certified 03/27/2023 - 03/27/2025
Residential Services	9 location(s) 9 audit (s)			DDS Targeted Review	19 / 20
ABI-MFP Residential Services	5 location(s) 5 audit (s)			DDS Targeted Review	19 / 20
Placement Services	10 location(s) 10 audit (s)			DDS Targeted Review	19 / 20
ABI-MFP Placement Services	1 location(s) 1 audit (s)			DDS Targeted Review	20 / 20
Respite Services	1 location(s) 1 audit (s)			No Review	No Review
Individual Home Supports	3 location(s) 3 audit (s)			DDS Targeted Review	20 / 20
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	2 location(s) 15 audit (s)	Targeted Review	DDS 15/18 Provider 40 / 41 55 / 59 2 Year License 03/27/2023-03/27/2025		DDS 3 / 3 Provider 39 / 39 42 / 42 Certified 03/27/2023 - 03/27/2025
Community Based Day Services	2 location(s) 6 audit (s)			DDS Targeted Review	15 / 15
Employment Support Services	0 location(s) 9 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

ServiceNet is a large non-profit agency, located in Western Massachusetts, that provides a comprehensive array of services and treatment options to adults, families, and children with mental illness, developmental disability, including Autism, acquired brain injury (ABI), homelessness, and addiction. Services that were subject to DDS licensure included a sample of the agency's twenty-four-hour residential services, ABI residential services, placement services, individual home supports, site-based respite services, employment supports and community-based day services (CBDS), all managed through the agency's Developmental and Brain Injury Services (DBIS) division.

The agency was eligible and received approval from the DDS Regional Office to conduct a self-assessment of its quality management processes for the current licensing and certification cycle. This occurred in conjunction with a targeted licensing review completed by the Office of Quality Enhancement (OQE). The targeted review focused on eight critical licensing indicators applied to residential supports, six licensing indicators and three certification indicators that were not met during the previous cycle, along with nine licensing indicators that were added or revised since ServiceNet's last survey. With regards to Employment and Day Supports, this review focused on the eight critical licensing indicators, five licensing indicators and one certification indicator that were not met during the previous cycle, along with nine licensing indicators and two certification indicators that were added or revised since last survey. The final survey results reflect a combination of ratings from the self-assessment process conducted by ServiceNet and the targeted review conducted by DDS, with ratings from DDS prevailing where indicators were rated by both entities.

Findings of the targeted review verified that standards for licensing and certification were maintained for the indicators reviewed across all service types. The survey found that ServiceNet's systems for oversight of healthcare protocols, and personal safety were effective. All licensing standards relating to critical indicators were met.

Findings from the targeted review of Employment and Day Supports showed effective oversight as previous issues identified in the areas of ISP timelines, site maintenance, and restrictive practices had been rectified. Review of the one unmet certification indicator found that ServiceNet successfully supported individuals to provide feedback on the performance of staff that support them. As a result of the DDS targeted review, two areas related to licensure were noted as needing improvement. These areas related to the meeting of DDS timelines for submitting and reviewing incident reports as well as the need to ensure that all individuals are assessed to identify assistive technology to maximize independence.

Review of the Residential and Individual Home Supports found four of the six previously unmet licensing indicators had been corrected. Effective oversight of systems relating to the tracking of individual funds and staff training were noted. Additionally, two of the three previously identified certification indicators that were not met during the previous cycle show growth in the areas of developing neighborhood connections and the individuals' ability to provide feedback on the performance of those providing their support.

In addition to the positive findings within the Residential and Individual Home Supports service type, there are licensure areas that would benefit from further attention by the agency. ServiceNet needs to ensure that funds management plans address all aspects of the supports provided to individuals, including financial training plans where indicated and agreement from the individual or guardian. Training in medical monitoring devices needs to be provided to all staff to ensure proper use, care, and maintenance of the device. In addition, assessments of the needs and benefits of assistive technology need to occur for all individuals. The agency also needs to ensure timely submission of ISP assessments as well as restraint reports to DDS. Within areas of residential services subject to certification, the agency needs to ensure each individual is assessed and supported in the area of human sexuality and intimacy and their needs are fully addressed.

As a result of the agency's self-assessment findings and the targeted review conducted by OQE, ServiceNet will receive a Two-Year License for its Residential and Individual Home Supports, with a

service group score of 94%. This service group is Certified with an overall score of 97%. Additionally, ServiceNet will receive a Two-Year License for Employment and Day Supports, with a service group score of 93%. This service group is Certified with an overall score of 100%. Follow-up be conducted by the agency and reported to OQE within sixty days on all licensing indicators that received a rating of Not Met for both service groups.

ServiceNet presented the following self-assessment report describing the organization's ongoing quality assurance systems and the agency's current evaluation of compliance with DDS licensing.

Description of Self Assessment Process:

The DBIS Director of Quality/Licensing and the ServiceNet Director of Quality worked with program leadership to complete the Self-Assessment for ServiceNet Developmental and Brain Injury Services (DBIS). We assessed 15% of the clients in each service area:

24-hour residential, 9 homes including 3 ABI homes (18 individuals)

24-hour respite 1 home (2 individuals)

Individual home supports (1 individual)

Placement/shared living (9 individuals including 1 in ABI placement)

Employment/day supports (15 individuals)

A total of 45 assessments were completed at 23 different locations. The individuals/programs were randomly chosen by the Director of Quality and Licensing and were given 2-4 days' notice of the audit. The corresponding DDS Self-Assessment worksheet was utilized and a minimum score of 80% was determined to be passing.

We created a Self-Assessment Audit team, this team consisted of (1) Program Director, (1) shared living Case Manager, (1) Director of Operations II, (1) Director of Operations, (1) member of the auditing/system team, the Clinical Director and the Nursing Trainer. The team was led by the Director of Quality and Licensing, with support from the Head of Operations. The Director of Quality and Licensing is tasked with ensuring oversight of DBIS systems as well as developing and implementing new systems and adjusting existing systems as necessary. To score the self-assessment, with a met or not met, several routine internal auditing processes were utilized. When there was not a system in place to routinely monitor an indicator, a member of the Self-Assessment Team was sent to conduct an audit. In most cases when a team member from the Self-Assessment Team was sent to audit a program, only a partial audit was necessary.

Data was used from internal auditing processes. Since our last audit ServiceNet moved from having just one internal auditor to having two who routinely audits 56 of the 89 licensing indicators. The auditors use a modified version of the DDS tool and conducts an audit on all the individuals residing at that program. An auditor visited each of the programs two times over the last twelve months. The auditors compile the results submitting them to the DBIS Director of Quality and Licensing who then meets with the Director of Operations as well as the Program Director for the home to review any deficiencies. During this meeting the Program Director reports on progress to correct deficiencies and training is done to ensure full understanding of the regulations. This process allows us to see where there may be systematic issues and work to address them as well.

eHana, an electronic medical record used by ServiceNet, is used by Program Directors to track ISP goal progress and to gather data from staff regarding individual's goals. This information is then used to complete quarterly reports on goal progress. Annual appointments such as physicals, eye, and dental appointments are tracked in eHana allowing for oversight by the Director of Operations to ensure appointments are occurring. Automatic review dates are set to remind users to update these forms as required.

The DBIS Hub is a Microsoft SharePoint site for systems tracking and data entry. MAP audits, fire drills, staff training, and site visits are all tracked in the Hub.

Quality of medication administration is supervised in a three-tier system: monthly by Program Directors, semiannually by Directors of Operations and three times yearly by Nurses. This is done through MAP Audits. A report is generated monthly by the Head of Operations and given to the Directors of Operations/Sr. Directors of Operations. This ensures audits are completed and that follow up is done as necessary.

Fire Drills are conducted quarterly in residential programs/semiannually in placement services and entered into the DBIS Hub. This form was modified to change language to ensure that documentation correctly reflected the right number of staff participating in the drill to match the safety plan. An approval is now needed to submit the drill. This helps to ensure proper oversight and that ratio is in place and documented on the fire drill. A report is generated quarterly and given to the Directors of Operations/Sr. Directors of Operations to ensure drills are completed as required.

Orientation Check List is entered into the DBIS Hub by the Program Directors, at the beginning of employment for all employees. Staff supervision, annual appraisals, credentials and training are all tracked in ServiceNet's web-based human resources system (Datis).

Program Directors enter monthly supervisions into Datis. These supervisions are required to be entered into Datis by the 15th of each month. Reports are generated to ensure completion and given to the

Directors of Operations/Sr. Directors of Operations.

Annual Performance Appraisals are entered into Datis for tracking by Human Resources allowing Program Directors to track due dates.

Staff Training is entered by Human Resources into Datis as they occur. Human Rights, Fire safety, DPPC, CPR, First Aid, MAP and ANV are all tracked.

Licensure credentials for clinicians and nurses are maintained in Datis by Human Resources.

Physical site safety is handled by the Maintenance Department. They ensure that furnaces/hot water systems inspections are completed, as well as ensuring that Fire Alarms, Carbon Monoxide Detectors, and emergency lighting (if applicable) is functioning. The internal auditor's site visit includes an assessment of physical site safety. Areas found to need attention during a site visit are reported to the Maintenance Department for repair or replacement.

Since the last review ServiceNet has increased the number of nurses on staff to 25 nurses. The role of the nurse is to conduct wellness checks, assist with MAP training, conduct MAP audits, and train staff in specialized training, as necessary. As part of the reoccurring internal audits the auditor looks at indicators L33 thru L37 to ensure compliance with proper medical treatment. If an area were found to not meet standards, then this would be discussed in the follow up meeting with the Director of Quality and Licensing, Program Director and Director of Operations. The nurse assigned to that program would be notified as needed. If an individual experiences sudden illness or injury, the program seeks medical care and then a message is sent to the nurse, clinician, Director of Operations, Sr. Director of Operations and Vice President. The nurses coordinate care with the Program Director, Doctors and Hospital Staff to ensure high quality of care during hospital stays and appropriate follow-up post discharge. Weekly, all incidents are discussed with the management team to ensure proper follow up occurs.

In March of 2020 support staff, including nurses, were advised by MA DPH to only enter residential programs when necessary to reduce potential SARS-CoV-2 exposure and transmission. Nursing met weekly, and at times daily, to try and help each other navigate this "new normal" and provide continued oversight and support of our residential programs. Through ZOOM, nursing was able to continue monitoring individuals, consulting, and training staff in the residential programs. All trainings were updated to allow for online learning in Relias Learning Platform and ensure all staff receive the same training material. This allowed us to complete the trainings and prove competency through the completion exams attached to each training. We were able to complete the Common Illness trainings and all specific needs training efficiently, while maintaining limited potential exposure to both staff and residents. We have since introduced additional site-specific diagnosis trainings to help staff recognize, report, and respond to specific needs within their assigned programs. DBIS continues to use Relias for many staff trainings because of the flexibility and accountability incorporated into the system. DBIS is currently working to open an in-person "Skills Center" to help train staff on all tactile aspects of the care they provide. Staff are trained to promote independence while maintaining the individual's dignity and respect.

In July 2020 we opened our second Medical Model residential site. These sites provide 24-hour nursing to our more complicated individuals, as well as our folks with needs beyond what MAP staff are qualified to do. The goal of the Medical Model is to provide a residential setting, a home, to individuals who have physical limitations beyond what can be provided in traditional residential care.

ServiceNet has increased its clinical department to 11 clinicians and 3 clinical specialists. Clinical staff have a range of certifications including BCBA, LABA, LICSW, CAGS, and CHW. All clinicians have at least a master's degree. The role of clinical services in DBIS is to provide clinical support to adults with developmental disabilities and/or brain injuries; along with their care and support teams across a variety of services including residential group homes, shared living, outreach, and some day programing. Clinicians work cohesively with nursing and administrative teams to be able to provide well-rounded supports to enhance and maximize the quality of our individuals lives. As part of the reoccurring internal audits the auditor looks at indicators L57-L59 (Behavior Plans) and L60 (efficacy of behavioral interventions). If an area were found to not meet standards, then this would be discussed in the follow up meeting with the Director of Quality and Licensing, Program Director and Director of Operations. The clinician assigned to that program would be notified as needed. Weekly, all incidents are discussed with the management team to ensure proper follow up occurs. Over the past three years, the DBIS division has grown considerably, including the clinical department. The Clinical Department supports the professional growth of the clinicians in their individual areas of expertise and interest. As a result, clinicians can focus their skills in areas such as sexuality/intimacy/relationships, substance use, problematic sexual behavior, adaptive communication systems, and technology.

In large part due to the growth of DBIS, a bold and novel decision was made in 2020 to fill one clinician vacancy with two Clinical Specialists. This decision was based on the model used in the Applied Behavior Analysis (ABA), and compliments CMR 115.5 exceedingly well. This allows clinicians to focus on the technical, therapeutic, and teaching aspects of their jobs while the Clinical Specialists provide in vivo training, modeling, and fidelity checks at times when clinicians are typically in meetings. Clinicians and Clinical Specialists collaborate to provide more effective clinical services in DBIS. In addition, the Clinical Specialists can easily move between houses when more intensive supports are indicated as they have more flexibility than Clinicians with a specific caseload.

COVID-19 pushed clinical staff to more extensive use of electronic data collection, and meeting with individuals, attending staff meetings and trainings all through Zoom. In the fall of 2022, the entire clinical department attended a three-day training in "The Emotion Regulation Skills System for Cognitively Challenged Clients: A DBT-Informed Approach." This is an empirically based approach for clinicians to teach core emotion regulation and adaptive coping skills in a framework that promotes motivation and mastery for individuals with ID/DD, and that helps them apply what they have learned in daily life. Other trainings over the past several years have included intimacy and relationships, dating and technology, working with adults with acquired brain injury, internet safety, adaptive communication, assistive technology, human rights, ethics, substance use/abuse, brain injury and behavioral health, and Proactive Approaches to Behavioral Challenges (PABC).

Individual Money Management Plans are written based on Financial Assessments. This plan is completed by the Program Director and approved by the Chief Financial Officer. If an individual is unable to manage their own money based on the financial assessment, money is then kept locked in the program and signed in/out by staff and the individual (if able). Receipts are attached and a copy is given to the fiscal department. Money counts are conducted at the start of each shift. Program Directors and Directors of Operations review money counts to ensure the process is being followed. A Program Director can request a special check for an individual electronically, this request is then approved by the Director of Operations to ensure proper tracking of the funds.

The Self Audit Team used information from the above processes/systems to score the assessment sheet. When it was found that a standard was not met during the last systems check, a team member was sent to conduct an audit of that indicator to ensure it was corrected and meeting standards at the current time.

In our placement/shared living arrangements the Case Manager is required to conduct a monthly site visit. During this visit a review of the site as well as a MAP audit is completed. This information was used in addition to Audit Team Members visiting the homes and conducting a review.

Employment and Day Supports use similar systems to ensure compliance.

Fire drills are scheduled on a program calendar and overseen by managers.

At the Farm, a Treatment Information Coordinator is responsible for collecting necessary information to ensure emergency fact sheets are up to date as well as medication lists.

Vocational Support Plans are completed following ISP meetings by the Treatment Information Coordinator, tracked on the Farm Hand Orientation check list by the Director and available for staff on eHana.

Water temperatures are check twice annually to ensure compliance.

The Farm conducts annual communication support trainings.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Residential and Individual Home Supports	78/83	5/83	
Placement Services Individual Home Supports ABI-MFP Residential Services Residential Services Respite Services ABI-MFP Placement Services			
Critical Indicators	8/8	0/8	
Total	87/93	6/93	94%
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	45/48	3/48	
Community Based Day Services Employment Support Services			
Critical Indicators	6/6	0/6	
Total	55/59	4/59	93%
2 Year License			
# indicators for 60 Day Follow-up		4	

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

Indicator #	Indicator	Area Needing Improvement
L65	Restraint reports are submitted within required timelines.	Of the sixty-five restraint reports submitted to DDS, forty-two were not submitted or reviewed within required timelines. The agency needs to ensure that restraint reports are submitted and reviewed within required timelines.

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

Indicator #	Indicator	Area Needing Improvement
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For seven individuals, funds management plans did not accurately reflect the procedures used in assisting the individual, did not include a training plan to promote the individual's independence or the funds management plan did not have current, written agreement from the individual or guardian. The agency needs to develop funds-management plans that outline the roles and responsibilities of the agency in supporting individuals to manage and spend their personal funds. These plans must be individualized, and if supported by the individual's ISP, they need to include a training plan to reduce the need for assistance. Additionally, funds management plans are subject to annual written agreement from the individual or his/her guardian.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For thirteen individuals, ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that ISP assessments are submitted to DDS within 15 days prior to the ISP.
L94 (05/22)	Individuals have assistive technology to maximize independence.	For six individuals, support needs and the potential benefits of assistive technology had not been assessed. The agency needs to ensure that all individuals are assessed to identify assistive technology to maximize independence and take steps to provide these supports when a need is identified
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).	For two individuals, staff had not been trained on the use, care and maintenance of the monitoring device. The agency needs to ensure that staff are trained and knowledgeable in the use and application of medical monitoring devices authorized for individuals. This training must include the proper care and cleaning of the device as well as the frequency of conducting safety checks.

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

Indicator #	Indicator	Issue identified	Action planned to address
L80	Support staff are trained to recognize signs and symptoms of illness.	Annual retraining's not completed for signs and symptoms of illness; Wich included the just not right training.	During the self-assessment process, it was identified that the annual training had not been released to staff (with the exception of new hires/first time trainings) in our Relias learning system due to a glitch - as such many of the staff are out of compliance with the training. We took immediate action to ensure annual training courses resume and it is anticipated that we will have all staff retrained by the end of March 2023. Preventative measures have since been put in place to ensure this does not happen again.

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

Indicator #	Indicator	Area Needing Improvement
L91	Incidents are reported and reviewed as mandated by regulation.	At two locations, incidents were not submitted or reviewed within required timelines. The agency needs to ensure that incident reports are submitted and reviewed within required timelines.
L94 (05/22)	Individuals have assistive technology to maximize independence.	For six individuals, support needs and the potential benefits of assistive technology had not been assessed. The agency needs to ensure that all individuals are assessed to identify assistive technology to maximize independence and take steps to provide these supports when a need is identified.

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

Indicator #	Indicator	Issue identified	Action planned to address
L51	Individuals can access and keep their own possessions.	Access to personal possessions/locking personal devices.	As a result of this finding a program impact form was completed for participants at the effected sight. We do not anticipate this as an ongoing issue as lockers have been purchased and are present at the program. The anticipated installation is in 5-6 weeks.

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 9/11 Provider 88/89	97/100	3/100	
ABI-MFP Placement Services	DDS 2/2 Provider 18/18	20/20	0/20	
ABI-MFP Residential Services	DDS 3/3 Provider 16/17	19/20	1/20	
Individual Home Supports	DDS 1/1 Provider 19/19	20/20	0/20	
Placement Services	DDS 1/2 Provider 18/18	19/20	1/20	
Residential Services	DDS 2/3 Provider 17/17	19/20	1/20	
Respite Services		0/0	0/0	
Total		103/106	3/106	97%
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	DDS 3/3 Provider 33/33	36/36	0/36	
Community Based Day Services	DDS 2/2 Provider 13/13	15/15	0/15	
Employment Support Services	DDS 1/1 Provider 20/20	21/21	0/21	
Total		42/42	0/42	100%
Certified				

ABI-MFP Residential Services- Areas Needing Improvement on Standards not met From Provider review:

Indicator #	Indicator	Issues identified	Action planned to address
C46	Staff (Home Providers) support individuals to learn about and use generic community resources.	Staff do not support individuals to use varied community resources on an ongoing basis	Management will work with clinical/nursing as appropriate to see what supports may benefit individuals for any identified barriers toward meeting this indicator. The agency will review progress again in 60 days.

Placement Services- Areas Needing Improvement on Standards not met From DDS Review:

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	FFor three individuals, interests and need for supports and education in the areas of intimacy, sexuality, or companionship had not been assessed. The agency needs to ensure each individual is assessed and supported in the area of human sexuality and intimacy based on the individual's preferences, learning style, language and method of communication. In addition, the agency must establish effective methods of training their staff and home providers to assist individuals in obtaining support and education in the area of human sexuality and intimacy.

Residential Services- Areas Needing Improvement on Standards not met From DDS Review:

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For four individuals, interests and need for supports and education in the areas of intimacy, sexuality, or companionship had not been assessed. The agency needs to ensure each individual is assessed and supported in the area of human sexuality and intimacy based on the individual's preferences, learning style, language and method of communication. In addition, the agency must establish effective methods of training their staff to assist individuals in obtaining support and education in the area of human sexuality and intimacy.

MASTER SCORE SHEET LICENSURE

Organizational: **SERVICENET INC**

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	DDS	31/32	Met(96.88 %)
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	Provider	-	Met
L65	Restraint report submit	DDS	23/65	Not Met(35.38 %)
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).	DDS	3/3	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider	-	-	-	-	-	-	-	Met
L3	Immediate Action	L	Provider	-	-	-	-	-	-	-	Met
L5	Safety Plan	L	Provider	-	-	-	-	-	-	-	Met
Ⓡ L6	Evacuation	L	DDS	9/9	3/3	9/10	1/1	5/5	1/1	28/29	Met (96.55 %)
L7	Fire Drills	L	Provider	-	-	-	-	-	-	-	Met
L8	Emergency Fact Sheets	I	Provider	-	-	-	-	-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS	9/9	3/3		1/1	5/5		18/18	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
L10	Reduce risk interventions	I	Provider	-	-	-	-	-	-	-	Met
Ⓡ L11	Required inspections	L	DDS	9/9	1/1	6/10	1/1	4/5	1/1	22/27	Met (81.48 %)
Ⓡ L12	Smoke detectors	L	DDS	7/9	1/1	10/10	1/1	5/5	1/1	25/27	Met (92.59 %)
Ⓡ L13	Clean location	L	DDS	9/9	1/1	10/10	1/1	5/5	1/1	27/27	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			10/10				10/10	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	10/10				11/11	Met
L25	Dangerous substances	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
L26	Walkway safety	L	Provider	-	-	-	-	-	-	-	Met
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	6/8	1/1	4/4	1/1	5/5	1/1	18/20	Met (90.0 %)
L39	Dietary requirements	I	Provider	-	-	-	-	-	-	-	Met
L40	Nutritional food	L	Provider	-	-	-	-	-	-	-	Met
L41	Healthy diet	L	Provider	-	-	-	-	-	-	-	Met
L42	Physical activity	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
L43	Health Care Record	I	Provider	-	-	-	-	-	-	-	Met
L44	MAP registration	L	Provider	-	-	-	-	-	-	-	Met
L45	Medication storage	L	Provider	-	-	-	-	-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS	8/9	3/3	7/9	1/1	4/5	1/1	24/28	Met (85.71 %)
L47	Self medication	I	Provider	-	-	-	-	-	-	-	Met
L49	Informed of human rights	I	Provider	-	-	-	-	-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS	9/9	3/3	10/10	1/1	5/5	1/1	29/29	Met
L51	Possessions	I	Provider	-	-	-	-	-	-	-	Met
L52	Phone calls	I	Provider	-	-	-	-	-	-	-	Met
L53	Visitation	I	Provider	-	-	-	-	-	-	-	Met
L54 (07/21)	Privacy	I	DDS	9/9	3/3	10/10	1/1	5/5	1/1	29/29	Met
L55	Informed consent	I	Provider	-	-	-	-	-	-	-	Met
L56	Restrictive practices	I	Provider	-	-	-	-	-	-	-	Met
L57	Written behavior plans	I	Provider	-	-	-	-	-	-	-	Met
L58	Behavior plan component	I	Provider	-	-	-	-	-	-	-	Met
L59	Behavior plan review	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
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
L67	Money mgmt. plan	I	DDS	2/7	3/3	6/8		5/5	1/1	17/24	Not Met (70.83 %)
L68	Funds expenditure	I	Provider	-	-	-	-	-	-	-	Met
L69	Expenditure tracking	I	DDS	6/7	3/3	7/9	1/1	4/5	1/1	22/26	Met (84.62 %)
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	-	-	-	-	-	-	-	Not 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
L81	Medical emergency	L	Provider	-	-	-	-	-	-	-	Met
L82	Medication admin.	L	DDS	9/9	3/3		1/1	4/5		17/18	Met (94.44 %)
L84	Health protect. Training	I	DDS	3/4		3/4		5/5	1/1	12/14	Met (85.71 %)
L85	Supervision	L	Provider	-	-	-	-	-	-	-	Met
L86	Required assessments	I	DDS	4/9	0/2	7/9		1/4	0/1	12/25	Not Met (48.00 %)
L87	Support strategies	I	Provider	-	-	-	-	-	-	-	Met
L88	Strategies implemented	I	Provider	-	-	-	-	-	-	-	Met
L89	Complaint and resolution process	L	DDS					4/5	1/1	5/6	Met (83.33 %)
L90	Personal space/bedroom privacy	I	Provider	-	-	-	-	-	-	-	Met
L91	Incident management	L	Provider	-	-	-	-	-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS	9/9	3/3	10/10	1/1	5/5	1/1	29/29	Met
L94 (05/22)	Assistive technology	I	DDS	6/9	3/3	7/10	1/1	5/5	1/1	23/29	Not Met (79.31 %)

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
L96 (05/22)	Staff training in devices and applications	I	DDS	5/5	1/1	5/5	1/1	5/5	1/1	18/18	Met
L99 (05/22)	Medical monitoring devices	I	DDS	2/4		1/1			1/1	4/6	Not Met (66.67 %)
#Std. Met/# 83 Indicator										78/83	
Total Score										87/93	
										93.55%	

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			2/2	2/2	Met
L7	Fire Drills	L	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS	9/9		6/6	15/15	Met
L10	Reduce risk interventions	I	Provider		-	-	-	Met
☞ L11	Required inspections	L	DDS			2/2	2/2	Met
☞ L12	Smoke detectors	L	DDS			2/2	2/2	Met
☞ L13	Clean location	L	DDS			2/2	2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L14	Site in good repair	L	Provider		-	-	-	Met
L15	Hot water	L	Provider		-	-	-	Met
L16	Accessibility	L	Provider		-	-	-	Met
L17	Egress at grade	L	Provider		-	-	-	Met
L18	Above grade egress	L	Provider		-	-	-	Met
L20	Exit doors	L	Provider		-	-	-	Met
L21	Safe electrical equipment	L	Provider		-	-	-	Met
L22	Well-maintained appliances	L	DDS			2/2	2/2	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	3/3	Met
L39	Dietary requirements	I	Provider		-	-	-	Met
L49	Informed of human rights	I	Provider		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS	9/9		6/6	15/15	Met
L51	Possessions	I	Provider		-	-	-	Not Met
L52	Phone calls	I	Provider		-	-	-	Met
L54 (07/21)	Privacy	I	DDS	9/9		6/6	15/15	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	DDS	1/1			1/1	Met
L60	Data maintenance	I	Provider		-	-	-	Met
L61	Health protection in ISP	I	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Met
L80	Symptoms of illness	L	Provider		-	-	-	Met
L81	Medical emergency	L	Provider		-	-	-	Met
L84	Health protect. Training	I	Provider		-	-	-	Met
L85	Supervision	L	Provider		-	-	-	Met
L86	Required assessments	I	DDS	9/9		5/6	14/15	Met (93.33 %)
L87	Support strategies	I	DDS	9/9		4/5	13/14	Met (92.86 %)
L88	Strategies implemented	I	Provider		-	-	-	Met
L91	Incident management	L	DDS			0/2	0/2	Not Met (0 %)
L93 (05/22)	Emergency back-up plans	I	DDS	9/9		6/6	15/15	Met
L94 (05/22)	Assistive technology	I	DDS	5/9		4/6	9/15	Not Met (60.0 %)
L96 (05/22)	Staff training in devices and applications	I	Provider		-	-	-	Met
#Std. Met/# 48 Indicator							45/48	
Total Score							55/59	
							93.22%	

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	DDS	9/9	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	DDS	5/9	Not Met (55.56 %)
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	DDS	8/9	Met (88.89 %)
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met

Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
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	DDS	5/5	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	DDS	5/5	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	-	Not Met (0 %)
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	DDS	5/5	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	DDS	10/10	Met

Placement Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
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	DDS	7/10	Not Met (70.0 %)
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 Placement Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	DDS	1/1	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	DDS	1/1	Met

ABI-MFP Placement Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
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

Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	DDS	3/3	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

Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
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

Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C38 (07/21)	Habilitative & behavioral goals	DDS	1/1	Met
C39 (07/21)	Support needs for employment	DDS	1/1	Met
C40	Community involvement interest	Provider	-	Met
C41	Activities participation	Provider	-	Met
C42	Connection to others	Provider	-	Met
C43	Maintain & enhance relationship	Provider	-	Met
C44	Job exploration	Provider	-	Met
C45	Revisit decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met

Employment Support Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	DDS	9/9	Met
C8	Family/guardian communication	Provider	-	Met
C22	Explore job interests	Provider	-	Met
C23	Assess skills & training needs	Provider	-	Met
C24	Job goals & support needs plan	Provider	-	Met
C25	Skill development	Provider	-	Met
C26	Benefits analysis	Provider	-	Met
C27	Job benefit education	Provider	-	Met
C28	Relationships w/businesses	Provider	-	Met
C29	Support to obtain employment	Provider	-	Met
C30	Work in integrated settings	Provider	-	Met
C31	Job accommodations	Provider	-	Met
C32	At least minimum wages earned	Provider	-	Met
C33	Employee benefits explained	Provider	-	Met
C34	Support to promote success	Provider	-	Met
C35	Feedback on job performance	Provider	-	Met
C36	Supports to enhance retention	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C50	Involvement/ part of the Workplace culture	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met