PROVIDER REPORT
FOR

SEVEN HILLS FOUNDATION
81 HOPE AVE
WORCESTER, MA 01603

Version

Public Provider Report

Prepared by the Department of Developmental Services
OFFICE OF QUALITY ENHANCEMENT

SUMMARY OF OVERALL FINDINGS

Provider	SEVEN HILLS FOUNDATION
Review Dates	7/8/2025 - 7/15/2025
Service Enhancement Meeting Date	7/30/2025
Survey Team	Elsa Adorno Stephanie Baldwin Danielle Chiaravallotti Meagan Caccioppoli Kayla Condon Michael Marchese Dumitru Condratchi Jennifer Conley-Sevier Cheryl Hampton Melanie Hutchison Cheryl Dolan Andrea Comeau (TL) Susan Dudley-Oxx Ken Jones Eric Lunden (TL) Melanie McNamara Janina Millet Cristina Calderon Marisa Himes Linda Griffith
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	51 location (s) 52 audit (s)	Full Review	82/92 2 Year License 07/30/2025 - 07/30/2027		66 / 67 Certified 07/30/2025 - 07/30/2027
Residential Services	26 location (s) 26 audit (s)			Full Review	19 / 20
ABI-MFP Residential Services	5 location(s) 5 audit (s)			Full Review	20 / 20
Placement Services	16 location (s) 16 audit (s)			Deemed	
Respite Services	1 location(s) 2 audit (s)			No Review	No Review
Individual Home Supports	3 location(s) 3 audit (s)			Full Review	21 / 21
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	7 location(s) 18 audit (s)	Full Review	58/65 2 Year License 07/30/2025 - 07/30/2027		Certified 07/30/2025 - 07/30/2027
Community Based Day Services	5 location(s) 11 audit (s)			Deemed	
Employment Support Services	2 location(s) 7 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

EXECUTIVE SUMMARY :

The Seven Hills Foundation is a large, non-profit human service organization that provides a comprehensive array of services and support to children, families, and adults with Intellectual and Developmental Disabilities, Acquired Brain Injury (ABI), and a range of other healthcare support needs. Headquartered in Worcester, Massachusetts, the agency provides these supports throughout the Central West, Southeast, Metro and Northeast regions of Massachusetts, as well as Rhode Island, and New Hampshire, through a network of corporate affiliates.

For this 2025 Department of Developmental Services (DDS) survey, the DDS Office of Quality Enhancement conducted a full licensure survey, of the agency's Residential service Grouping, Employment/Day service grouping. Planning and Quality Management Systems and components of the Residential Service Grouping also underwent a full certification review. Services subject to the full DDS licensure and certification review included twenty-four-hour residential services, residential services for acquired brain injury (ABI), and individual home supports (IHS). Seven Hills Foundation is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and was deemed certified in lieu of DDS certification for its placement services, site-based respite, community-based day supports (CBDS), and employment services groupings.

As an organization, Seven Hills Foundation demonstrated its commitment to assuring the provision of high-quality service to individuals, by success in meeting licensure requirements around workforce competency. A review of the agency's systems found that the tracking system for staff training was effective in ensuring that training requirements in most support areas were completed. The system tracked all staff training, including mandated and newer training, such as universal precautions, and procedures for preventing disease/virus transmission. Additionally, staff were trained and knowledgeable of the unique needs of everyone they supported. Mandated reporting responsibilities were completed as incidents that rose to the level were reported to DPPC as required; and the agency demonstrated effective systems for responding to allegations and follow-up actions required by the respective DDS Area Office.

Across residential services, including Individual Home Supports (IHS) and Placement services, systems were present and effective that enhanced the quality of support offered to individuals. These were observed in the areas of environmental safety, personal safety, healthcare support, and assistive technology. On-site reviews found the environments to be clean, and the general conditions of the homes were noted to be in good repair; the homes also met the accessibility needs of the men and women who resided in them. In the area of personal safety, individuals received annual training on the reporting of abuse and neglect, and emergency back up plans were in place in the event of emergencies. In the healthcare domain, positive findings were noted regarding the support offered to people to maintain good health. Staff encouraged individuals around making healthy food choices and provided them with opportunities to engage in physical activity. Annual physical and dental examinations were well supported, and staff who were knowledgeable of medical emergency procedures sought prompt medical treatment for individuals when needed.

Success was also noted around assistive technology; individuals across the various service types had been assessed for technology that could be utilized to increase their independence. Staff were trained and knowledgeable of technologies in place and effectively supported individuals to use them. Communication was to be in line with the unique communication methods of each individual and occurred in a respectful manner.

Relative to certification indicators within residential services, positive findings were noted in the areas of Choice, Control, and Growth; agency staff were knowledgeable and supportive of individuals' personal preferences, and satisfaction with services. Across all sites, individuals were supported to express their level of satisfaction with services and support and to make changes when desired. Individuals' bedrooms and common spaces were personalized and decorated in accordance with their

tastes and preferences.
Within the Employment and Day supports, relative to licensing standards, the CBDS locations visited were accessible to the needs of the individuals. The locations were clean and well-maintained; and individuals were supported to evacuate within a reasonable timeframe in emergency evacuation drills. Additionally, annual inspections were current, and all elements of the fire detection system were in place and fully operational. Annual inspections required were also conducted for equipment located at the agency's employment sub-locations. The agency had effective systems and practices that enabled positive individual outcomes, most notably in the choice, communication, and control areas. Staff understood and communicated with individuals in their primary languages and methods of communication; and individuals received support to understand verbal and written communication when possible. Written and oral communication with and about individuals was respectful, individuals could access and keep their own possessions; and privacy was provided as required.

In addition to the positive findings discussed above, the review identified licensing areas in need of further attention. As an organization, Seven-Hills must support its human rights committees to meet composition requirements and to maintain regular meeting attendance of all members, especially those with the required expertise. The agency must also ensure, across all licensed service types, that the required timelines are met for the submission of incident reports, restraint reports, ISP assessments, and ISP support strategies.

Across residential, placement, and individual home support services, areas in need of improvement were identified in environmental safety, health, and human rights. Relative to environmental safety, hot water temperatures should be maintained within the required range of 110-120 degrees Fahrenheit. In the area of health, health care records must be updated and kept current. In the domain of human rights, medication treatment plans must address all required elements, and data must be collected and maintained as required. When utilizing medical monitoring devices, the devices must be authorized and include instructions for application, use, instructions for the care and cleaning, and frequency of safety checks of the devices. For individuals who need support and oversight with the management of their funds, funds management plans must be in place that include the support needed, as well as written consent from the individual and/or guardian.

Regarding certification, the input of individuals must be solicited, collected, and factored into the processes of hiring and the on-going evaluation of the staff who support them.

Within Employment and Day Support services, a few areas were identified as needing improvement during the survey. Relative to personal safety, each location must have a current DDS approved safety plan, and staff must be trained on the evacuation procedures. In the domain of human rights, supportive and health-related protections outlines must be developed with the continued need for the devices clearly outlined. Lastly, the agency must provide ongoing supervision, oversight, and staff development to ensure consistency of staff support relative to the health and safety of the individuals.

Within Residential, Placement, Respite, and Individual Home Support Services, the agency met 89% of licensing indicators, including all critical indicators, and will be issued a Two-Year License. For the Residential and Individual Home Support Service Grouping. The service Grouping is also Certified with an overall score of 99% of certification indicators met (and Placement Services Deemed).

Within the Employment and Day Support services, the agency met 89% of licensing indicators, including all critical indicators, and will likewise be issued a Two-Year License for the Employment/day Service grouping. Seven Hills Foundation maintains its certification for this service grouping due to its CARF accreditation.

Follow-up on all licensing indicators that were not met during the survey will be conducted by the DDS Office of Quality Enhancement (OQE) within 60 days of the Service Enhancement Meeting.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	**8/10**	**2/10**	
Residential and Individual Home Supports	**74/82**	**8/82**	
ABI-MFP Residential Services Residential Services Individual Home Supports Respite Services Placement Services			
Critical Indicators	**8/8**	**0/8**	
Total	**82/92**	**10/92**	**89%**
2 Year License			
# indicators for 60 Day Follow-up		**10**	

	Met / Rated	Not Met / Rated	% Met
Organizational	**9/11**	**2/11**	
Employment and Day Supports	**49/54**	**5/54**	
Employment Support Services Community Based Day Services			
Critical Indicators	**6/6**	**0/6**	
Total	**58/65**	**7/65**	**89%**
2 Year License			
# indicators for 60 Day Follow-up		**7**	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	Two of the five human rights committees within Seven Hills did not meet membership and attendance requirements due to not having legal representation on the committees. The human rights core committee did not have a legal representative or a nurse/medical professional at majority of their meetings. The agency needs to support its human rights committees to meet membership and attendance requirements and to fulfill its responsibilities of promoting and protecting the rights of individuals who receive services.

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

Indicator #	Indicator	Area Needing Improvement
L65	Restraint reports are submitted within required timelines.	Thirty of fifty-four restraints reported were not submitted and finalized with the DDS required timelines. The agency needs to ensure that restraint reports are submitted and finalized within the required timelines.

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

Indicator #	Indicator	Area Needing Improvement
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At twelve of fifty locations, hot water temperature registered outside the required range. The agency needs to ensure that hot water temperature is maintained within the range of 110-120 degrees Fahrenheit.
L43	The health care record is maintained and updated as required.	For twenty-one of fifty individuals, Health Care Records were not updated when significant medical information changed, including vaccinations, hospitalization and new diagnoses. The agency needs to ensure that Health Care Records are updated annually or within 30 days of significant medical information changes throughout the year.
L63	Medication treatment plans are in written format with required components.	For eleven of forty-two individuals, medication treatment plans did not address required elements and/or data collection was not completed. The agency needs to ensure that medication treatment plans are developed for medications prescribed to manage individuals' behaviors. This includes identifying the behaviors for treatment in observable and measurable terms, procedures to minimize risks of taking the medication, clinical indications, and frequency of data collection. In addition, medications prescribed to reduce anxiety prior to medical appointments and treatments must include strategies to assist the individuals in reducing or eliminating the need for the medication over time.

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

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 ten of forty-six individuals whose funds management plans were reviewed, the plans either 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 manage and spend their personal funds. These plans must be individualized, and if required 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 an 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 eleven of forty-one individuals, ISP assessments were not submitted to DDS 15 days prior to the ISP. The agency needs to ensure that ISP assessments are submitted to DDS at least 15 days prior to the ISP.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For thirteen of forty-two individuals, provider support strategies were not submitted to DDS 15 days prior to the ISP. The agency needs to ensure that provider support strategies are submitted to DDS at least 15 days prior to the ISP.
L91	Incidents are reported and reviewed as mandated by regulation.	At eighteen locations, incident reports were not submitted and finalized within required timelines. The agency needs to ensure that incident reports are submitted and finalized within the required timelines.
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 three of nine individuals, required documentation was not in place for the use of medical monitoring devices. When medical monitoring devices are in use, the agency needs to ensure the device's authorization is maintained, and outlines are developed that include instructions for the application, use of the device, instructions for the care and cleaning, as well as frequency of safety checks.

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

Indicator #	Indicator	Area Needing Improvement
L5	There is an approved safety plan in home and work locations.	At one of the four locations, a Safety Plan was not current, at another location the plan had not been updated to reflect the changing needs of individuals; additionally, not all staff had been trained in the plan. The agency needs to ensure that Safety Plans are updated every two years, or as the needs of individuals change, DDS approval obtained, and that all staff are trained in the implementation of Safety Plans.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For two of nine individuals, health-related supportive and protective devices were not authorized by a provider, and/or did not have all the necessary components for use outlined. The agency must ensure health-related supports and protective equipment is authorized, and outlines contain all the components of the criteria for use.
L85	The agency provides ongoing supervision, oversight and staff development.	At two of seven locations, there was no ongoing oversight and staff development to ensure that effective safeguards were maintained relative to environmental safety and healthcare needs support. Safety plans were also not current and did reflect existing practices. Healthcare protocols were not present, and staff training was missing in several instances related to healthcare. The agency must ensure that there is a system of ongoing supervision and oversight that is consistently followed; and that agency monitoring systems effectively identify areas for improvement and positive changes, and ongoing corrections are made because of this monitoring.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For three of twelve individuals, provider support strategies were not submitted to DDS 15 days prior to the ISP. The agency needs to ensure that provider support strategies are submitted to DDS at least 15 days prior to the ISP.
L91	Incidents are reported and reviewed as mandated by regulation.	At two of seven locations, incident reports were not submitted and/or finalized within the DDS required timelines. The agency needs to ensure that incident reports are submitted and finalized within the DDS required timelines.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	**6/6**	**0/6**	
Residential and Individual Home Supports	**60/61**	**1/61**	
ABI-MFP Residential Services	20/20	0/20	
Individual Home Supports	21/21	0/21	
Residential Services	19/20	1/20	
Total	**66/67**	**1/67**	**99%**
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	**6/6**	**0/6**	
Employment and Day Supports			
Total			
Certified			

Residential Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	Twelve of twenty-six individuals who received 24/7 residential and IHS support were not offered the opportunity to provide formal input on the hiring and/or ongoing performance evaluation of the staff who supported them. The agency needs to develop mechanisms for incorporating individuals' input into the process of hiring and ongoing evaluation of the staff who support them.

MASTER SCORE SHEET LICENSURE

Organizational: SEVEN HILLS FOUNDATION

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	**58/58**	**Met**
L3	Immediate Action	**15/15**	**Met**
L4	Action taken	**15/15**	**Met**
L48	HRC	**2/5**	**Not Met(40.0 %)**
L65	Restraint report submit	**24/54**	**Not Met(44.44 %)**
L66	HRC restraint review	**46/46**	**Met**
L74	Screen employees	**5/5**	**Met**
L75	Qualified staff	**10/10**	**Met**
L76	Track trainings	**20/20**	**Met**
L83	HR training	**20/20**	**Met**
L92 (07/21)	Licensed Sub-locations (e/d).	**2/2**	**Met**

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	26/26	3/3	16/16	2/2	5/5		**52/52**	**Met**
L3	Immediate Action	L				1/1			**1/1**	**Met**
L5	Safety Plan	L	24/26	3/3	14/16	1/1	5/5		**47/51**	**Met (92.16 %)**
L6	Evacuation	L	25/26	3/3	16/16	1/1	5/5		**50/51**	**Met (98.04 %)**
L7	Fire Drills	L	21/26				4/5		**25/31**	**Met (80.65 %)**
L8	Emergency Fact Sheets	I	20/26	3/3	16/16	2/2	4/5		**45/52**	**Met (86.54 %)**
L9 (07/21)	Safe use of equipment	I	20/21	3/3		2/2	5/5		**30/31**	**Met (96.77 %)**
L10	Reduce risk interventions	I	13/13		2/2		3/3		**18/18**	**Met**
L11	Required inspections	L	25/26	2/2	13/16		5/5		**45/49**	**Met (91.84 %)**
L12	Smoke detectors	L	24/26	2/2	13/16	1/1	5/5		**45/50**	**Met (90.0 %)**
L13	Clean location	L	26/26	2/2	16/16	1/1	5/5		**50/50**	**Met**
L14	Site in good repair	L	25/25	2/2	16/16	1/1	4/4		**48/48**	**Met**
L15	Hot water	L	20/26	2/2	11/16	1/1	4/5		**38/50**	**Not Met (76.00 %)**

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L16	Accessibility	L	25/25	2/2	16/16	1/1	5/5		**49/49**	**Met**
L17	Egress at grade	L	26/26	2/2	16/16	1/1	5/5		**50/50**	**Met**
L18	Above grade egress	L	11/11	2/2	6/6				**19/19**	**Met**
L19	Bedroom location	L	21/21	2/2	10/12	1/1	5/5		**39/41**	**Met (95.12 %)**
L20	Exit doors	L	26/26	2/2		1/1	5/5		**34/34**	**Met**
L21	Safe electrical equipment	L	26/26	2/2	16/16	1/1	5/5		**50/50**	**Met**
L22	Well-maintained appliances	L	25/26	2/2		1/1	4/5		**32/34**	**Met (94.12 %)**
L23	Egress door locks	L	19/19			1/1	4/4		**24/24**	**Met**
L24	Locked door access	L	24/24		15/16	1/1	5/5		**45/46**	**Met (97.83 %)**
L25	Dangerous substances	L	26/26	2/2		1/1	5/5		**34/34**	**Met**
L26	Walkway safety	L	26/26	2/2	16/16	1/1	5/5		**50/50**	**Met**
L27	Pools, hot tubs, etc.	L		1/1	7/8				**8/9**	**Met (88.89 %)**
L28	Flammables	L	20/20	2/2		1/1	4/5		**27/28**	**Met (96.43 %)**
L29	Rubbish/combustibles	L	25/26	2/2	16/16	1/1	5/5		**49/50**	**Met (98.00 %)**

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L30	Protective railings	L	24/26	2/2	16/16	1/1	5/5		**48/50**	**Met (96.00 %)**
L31	Communication method	I	26/26	3/3	16/16	2/2	5/5		**52/52**	**Met**
L32	Verbal & written	I	26/26	3/3	16/16	2/2	5/5		**52/52**	**Met**
L33	Physical exam	I	24/25	3/3	16/16		4/4		**47/48**	**Met (97.92 %)**
L34	Dental exam	I	24/24	3/3	15/16		4/4		**46/47**	**Met (97.87 %)**
L35	Preventive screenings	I	19/24	2/2	16/16		3/4		**40/46**	**Met (86.96 %)**
L36	Recommended tests	I	22/26	3/3	15/15		4/4		**44/48**	**Met (91.67 %)**
L37	Prompt treatment	I	26/26	3/3	16/16	2/2	5/5		**52/52**	**Met**
L38	Physician's orders	I	21/23	1/1	13/13	1/1	4/5		**40/43**	**Met (93.02 %)**
L39	Dietary requirements	I	18/18	1/1	9/9		2/3		**30/31**	**Met (96.77 %)**
L40	Nutritional food	L	26/26	2/2		1/1	5/5		**34/34**	**Met**
L41	Healthy diet	L	26/26	3/3	16/16	1/1	5/5		**51/51**	**Met**
L42	Physical activity	L	26/26	3/3	16/16		5/5		**50/50**	**Met**
L43	Health Care Record	I	12/26	2/3	12/16		3/5		**29/50**	**Not Met (58.00 %)**
L44	MAP registration	L	26/26	2/2		1/1	5/5		**34/34**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L45	Medication storage	L	26/26	2/2		1/1	5/5		**34/34**	**Met**
L46	Med. Administration	I	24/25	1/1	13/13	2/2	3/5		**43/46**	**Met (93.48 %)**
L47	Self medication	I	1/1	1/2	2/2		1/1		**5/6**	**Met (83.33 %)**
L49	Informed of human rights	I	26/26	3/3	16/16	2/2	5/5		**52/52**	**Met**
L50 (07/21)	Respectful Comm.	I	26/26	3/3	16/16	2/2	5/5		**52/52**	**Met**
L51	Possessions	I	26/26	3/3	16/16	2/2	5/5		**52/52**	**Met**
L52	Phone calls	I	26/26	3/3	16/16	2/2	5/5		**52/52**	**Met**
L53	Visitation	I	26/26	3/3	16/16	2/2	5/5		**52/52**	**Met**
L54 (07/21)	Privacy	I	26/26	3/3	16/16	2/2	5/5		**52/52**	**Met**
L55	Informed consent	I	6/6	3/3	3/3		1/1		**13/13**	**Met**
L56	Restrictive practices	I	6/8			2/2	1/1		**9/11**	**Met (81.82 %)**
L57	Written behavior plans	I	10/10						**10/10**	**Met**
L60	Data maintenance	I	9/10						**9/10**	**Met (90.0 %)**
L61	Health protection in ISP	I	13/20	1/1	14/14		5/5		**33/40**	**Met (82.50 %)**
L62	Health protection review	I	1/2		3/3				**4/5**	**Met (80.0 %)**

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L63	Med. treatment plan form	I	19/26	2/2	6/9		4/5		**31/42**	**Not Met (73.81 %)**
L64	Med. treatment plan rev.	I	23/25	2/2	8/9		4/4		**37/40**	**Met (92.50 %)**
L67	Money mgmt. plan	I	20/25	3/3	10/13		3/5		**36/46**	**Not Met (78.26 %)**
L68	Funds expenditure	I	24/24	3/3	9/13	2/2	5/5		**43/47**	**Met (91.49 %)**
L69	Expenditure tracking	I	24/24	3/3	11/12	2/2	5/5		**45/46**	**Met (97.83 %)**
L70	Charges for care calc.	I	20/26	2/2	16/16	1/1	4/5		**43/50**	**Met (86.00 %)**
L71	Charges for care appeal	I	26/26	2/2	16/16	1/1	5/5		**50/50**	**Met**
L77	Unique needs training	I	25/25	3/3	16/16	2/2	5/5		**51/51**	**Met**
L78	Restrictive Int. Training	L	10/10		1/1	1/1			**12/12**	**Met**
L79	Restraint training	L	5/5		1/1	1/1			**7/7**	**Met**
L80	Symptoms of illness	L	25/26	3/3	16/16	1/1	5/5		**50/51**	**Met (98.04 %)**
L81	Medical emergency	L	26/26	3/3	16/16	1/1	5/5		**51/51**	**Met**
L82	Medication admin.	L	25/26	2/2		1/1	5/5		**33/34**	**Met (97.06 %)**
L84	Health protect. Training	I	13/20	1/1	14/14		5/5		**33/40**	**Met (82.50 %)**

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L85	Supervision	L	24/26	3/3	16/16	1/1	5/5		**49/51**	**Met (96.08 %)**
L86	Required assessments	I	17/22	2/3	8/12		3/4		**30/41**	**Not Met (73.17 %)**
L87	Support strategies	I	16/22	2/3	8/13		3/4		**29/42**	**Not Met (69.05 %)**
L88	Strategies implemented	I	19/26	3/3	16/16		5/5		**43/50**	**Met (86.00 %)**
L89	Complaint and resolution process	L					5/5		**5/5**	**Met**
L90	Personal space/ bedroom privacy	I	25/26	3/3	16/16		5/5		**49/50**	**Met (98.00 %)**
L91	Incident management	L	12/26	3/3	14/15	1/1	2/5		**32/50**	**Not Met (64.00 %)**
L93 (05/22)	Emergency back-up plans	I	26/26	3/3	16/16	2/2	5/5		**52/52**	**Met**
L94 (05/22)	Assistive technology	I	20/26	3/3	14/14	2/2	5/5		**44/50**	**Met (88.00 %)**
L96 (05/22)	Staff training in devices and applications	I	18/18	1/1	7/7		4/4		**30/30**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L99 (05/22)	Medical monitoring devices	I	4/6	0/1			2/2		**6/9**	**Not Met (66.67 %)**
#Std. Met/# 82 Indicator									**74/82**	
Total Score									**82/92**	
									89.13%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	7/7		10/11	**17/18**	**Met (94.44 %)**
L5	Safety Plan	L			2/4	**2/4**	**Not Met (50.0 %)**
L6	Evacuation	L			4/4	**4/4**	**Met**
L7	Fire Drills	L			4/4	**4/4**	**Met**
L8	Emergency Fact Sheets	I	7/7		8/11	**15/18**	**Met (83.33 %)**
L9 (07/21)	Safe use of equipment	I	7/7		10/11	**17/18**	**Met (94.44 %)**
L10	Reduce risk interventions	I			2/2	**2/2**	**Met**
L11	Required inspections	L			3/4	**3/4**	**Met**
L12	Smoke detectors	L			4/4	**4/4**	**Met**
L13	Clean location	L			4/4	**4/4**	**Met**
L14	Site in good repair	L			4/4	**4/4**	**Met**
L15	Hot water	L			4/4	**4/4**	**Met**
L16	Accessibility	L			4/4	**4/4**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L17	Egress at grade	L			4/4	**4/4**	**Met**
L20	Exit doors	L			4/4	**4/4**	**Met**
L21	Safe electrical equipment	L			4/4	**4/4**	**Met**
L22	Well-maintained appliances	L			4/4	**4/4**	**Met**
L25	Dangerous substances	L			4/4	**4/4**	**Met**
L26	Walkway safety	L			4/4	**4/4**	**Met**
L28	Flammables	L			4/4	**4/4**	**Met**
L29	Rubbish/combustibles	L			4/4	**4/4**	**Met**
L30	Protective railings	L			3/3	**3/3**	**Met**
L31	Communication method	I	7/7		11/11	**18/18**	**Met**
L32	Verbal & written	I	7/7		11/11	**18/18**	**Met**
L37	Prompt treatment	I	7/7		11/11	**18/18**	**Met**
L38	Physician's orders	I			8/9	**8/9**	**Met (88.89 %)**
L39	Dietary requirements	I			5/6	**5/6**	**Met (83.33 %)**
L49	Informed of human rights	I	7/7		10/11	**17/18**	**Met (94.44 %)**
L50 (07/21)	Respectful Comm.	I	7/7		11/11	**18/18**	**Met**
L51	Possessions	I	7/7		11/11	**18/18**	**Met**
L52	Phone calls	I	7/7		11/11	**18/18**	**Met**
L54 (07/21)	Privacy	I	7/7		11/11	**18/18**	**Met**
L55	Informed consent	I	7/7		6/6	**13/13**	**Met**
L56	Restrictive practices	I			6/6	**6/6**	**Met**
L57	Written behavior plans	I			2/2	**2/2**	**Met**

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L60	Data maintenance	I			2/2	**2/2**	**Met**
L61	Health protection in ISP	I	1/1		6/8	**7/9**	**Not Met (77.78 %)**
L67	Money mgmt. plan	I			1/1	**1/1**	**Met**
L68	Funds expenditure	I			1/1	**1/1**	**Met**
L69	Expenditure tracking	I			1/1	**1/1**	**Met**
L77	Unique needs training	I	7/7		11/11	**18/18**	**Met**
L78	Restrictive Int. Training	L			3/3	**3/3**	**Met**
L79	Restraint training	L	1/1		1/1	**2/2**	**Met**
L80	Symptoms of illness	L	2/2		4/5	**6/7**	**Met (85.71 %)**
L81	Medical emergency	L	2/2		5/5	**7/7**	**Met**
L84	Health protect. Training	I	1/1		7/8	**8/9**	**Met (88.89 %)**
L85	Supervision	L	2/2		3/5	**5/7**	**Not Met (71.43 %)**
L86	Required assessments	I	6/6		3/4	**9/10**	**Met (90.0 %)**
L87	Support strategies	I	4/6		5/6	**9/12**	**Not Met (75.00 %)**
L88	Strategies implemented	I	7/7		9/11	**16/18**	**Met (88.89 %)**
L91	Incident management	L	2/2		3/5	**5/7**	**Not Met (71.43 %)**
L93 (05/22)	Emergency back-up plans	I	7/7		11/11	**18/18**	**Met**
L94 (05/22)	Assistive technology	I	7/7		10/11	**17/18**	**Met (94.44 %)**

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L96 (05/22)	Staff training in devices and applications	I			6/6	**6/6**	**Met**
#Std. Met/# 54 Indicator						**49/54**	
Total Score						**58/65**	
						89.23%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

	Indicator #	Indicator	Met/Rated	Rating
	C1	Provider data collection	1/1	**Met**
	C2	Data analysis	1/1	**Met**
	C3	Service satisfaction	1/1	**Met**
	C4	Utilizes input from stakeholders	1/1	**Met**
	C5	Measure progress	1/1	**Met**
	C6	Future directions planning	1/1	**Met**

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	14/26	**Not Met (53.85 %)**
C8	Family/guardian communication	26/26	**Met**
C9	Personal relationships	25/26	**Met (96.15 %)**
C10	Social skill development	25/26	**Met (96.15 %)**
C11	Get together w/family & friends	25/26	**Met (96.15 %)**
C12	Intimacy	24/26	**Met (92.31 %)**
C13	Skills to maximize independence	26/26	**Met**
C14	Choices in routines & schedules	26/26	**Met**
C15	Personalize living space	26/26	**Met**
C16	Explore interests	23/26	**Met (88.46 %)**

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C17	Community activities	25/26	**Met (96.15 %)**
C18	Purchase personal belongings	26/26	**Met**
C19	Knowledgeable decisions	26/26	**Met**
C46	Use of generic resources	25/25	**Met**
C47	Transportation to/ from community	26/26	**Met**
C48	Neighborhood connections	25/26	**Met (96.15 %)**
C49	Physical setting is consistent	26/26	**Met**
C51	Ongoing satisfaction with services/ supports	26/26	**Met**
C52	Leisure activities and free-time choices /control	26/26	**Met**
C53	Food/ dining choices	26/26	**Met**

ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	5/5	**Met**
C8	Family/guardian communication	5/5	**Met**
C9	Personal relationships	5/5	**Met**
C10	Social skill development	5/5	**Met**
C11	Get together w/family & friends	5/5	**Met**
C12	Intimacy	5/5	**Met**
C13	Skills to maximize independence	5/5	**Met**
C14	Choices in routines & schedules	5/5	**Met**
C15	Personalize living space	5/5	**Met**
C16	Explore interests	5/5	**Met**
C17	Community activities	5/5	**Met**
C18	Purchase personal belongings	5/5	**Met**
C19	Knowledgeable decisions	5/5	**Met**
C46	Use of generic resources	5/5	**Met**
C47	Transportation to/ from community	5/5	**Met**
C48	Neighborhood connections	5/5	**Met**
C49	Physical setting is consistent	5/5	**Met**

ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C51	Ongoing satisfaction with services/ supports	5/5	**Met**
C52	Leisure activities and free-time choices /control	5/5	**Met**
C53	Food/ dining choices	5/5	**Met**

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/3	**Met**
C8	Family/guardian communication	3/3	**Met**
C9	Personal relationships	3/3	**Met**
C10	Social skill development	3/3	**Met**
C11	Get together w/family & friends	3/3	**Met**
C12	Intimacy	3/3	**Met**
C13	Skills to maximize independence	3/3	**Met**
C14	Choices in routines & schedules	3/3	**Met**
C15	Personalize living space	2/2	**Met**
C16	Explore interests	3/3	**Met**
C17	Community activities	3/3	**Met**
C18	Purchase personal belongings	3/3	**Met**
C19	Knowledgeable decisions	3/3	**Met**
C21	Coordinate outreach	3/3	**Met**
C46	Use of generic resources	3/3	**Met**
C47	Transportation to/ from community	3/3	**Met**
C48	Neighborhood connections	3/3	**Met**
C49	Physical setting is consistent	3/3	**Met**
C51	Ongoing satisfaction with services/ supports	3/3	**Met**
C52	Leisure activities and free-time choices /control	3/3	**Met**
C53	Food/ dining choices	3/3	**Met**