



**PROVIDER REPORT  
FOR  
SEVEN HILLS FOUNDATION  
81 HOPE AVE  
WORCESTER, MA 01603**

**June 21, 2023**

**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** 5/16/2023 - 5/22/2023

**Service Enhancement Meeting Date** 6/7/2023

**Survey Team**

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**Citizen Volunteers**

### **Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	51 location(s) 52 audit (s)	Targeted Review	DDS 17/20 Provider 69 / 73  86 / 93 2 Year License 06/07/2023-06/07/2025		DDS 5 / 5 Provider 82 / 82  87 / 87 Certified 06/07/2023 - 06/07/2025
Residential Services	25 location(s) 25 audit (s)			DDS Targeted Review	20 / 20
ABI-MFP Residential Services	5 location(s) 5 audit (s)			DDS Targeted Review	20 / 20
Placement Services	16 location(s) 16 audit (s)			Deemed	20/20(Provider)
Respite Services	1 location(s) 2 audit (s)			No Review	No Review
Individual Home Supports	4 location(s) 4 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management (For all service groupings)				Deemed	6/6(Provider)

### **Survey scope and findings for Employment and Day Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Employment and Day Supports</b>	3 location(s) 18 audit (s)	Targeted Review	DDS 15/16 Provider 40 / 43  55 / 59 2 Year License 06/07/2023-06/07/2025		42/42 Certified 06/07/2023 - 06/07/2025
Community Based Day Services	3 location(s) 11 audit (s)			Deemed	15/15(Provider)
Employment Support Services	0 location(s) 7 audit (s)			Deemed	21/21(Provider)
Planning and Quality Management (For all service groupings)				Deemed	6/6(Provider)

## **EXECUTIVE SUMMARY :**

The Seven Hills Foundation is a large, nonprofit human service organization that provides a comprehensive array of services and supports to children, families, and adults with 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 and eastern regions of Massachusetts, Rhode Island, and New Hampshire through a network of corporate affiliates.

Services subject to this review included the following service types: twenty-four hour residential services, residential services for acquired brain injury (ABI), placement services, individual home supports (IHS), site-based respite, community-based day supports (CBDS), and employment services. The sample for this review included audits of twenty-five 24-hour residential locations, five ABI residential locations, sixteen placement services locations, four individual home support locations, one respite location, three community-based day support locations, and seven individuals who received employment supports.

Seven Hills 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 and certification review completed by the Office of Quality Enhancement (OQE). For both residential and day and employment services, the targeted review focused on eight critical indicators and nine licensing indicators that were added or revised since Seven Hills' last survey. Additionally, OQE evaluated two licensing indicators and four certification indicators for residential services and two licensing indicators for day and employment services that were not met during the previous survey cycle. The final survey results reflect a combination of ratings from the self-assessment process conducted by Seven Hills 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 for both residential and day and employment services. The survey found that Seven Hills' systems for oversight of medication administration, healthcare protocols, and personal and environmental safety were effective. All licensing standards relating to critical health and safety indicators and the newly added or revised indicators were met. Findings of the review of previously unmet certification indicators for individuals receiving ABI residential services and individual home supports confirmed that Seven Hills supported individuals to engage in their preferred community-based activities. Additionally, the agency provided support to individuals receiving individual home supports to connect with generic community services and resources to enhance their independence.

In addition to the positive findings highlighted above, there were three licensure indicators included in the targeted review that would benefit from the agency's attention. First, timelines for submitting ISP support strategies to DDS must be improved. Medication treatment plans must include all required components. Additionally, the agency is encouraged to support its human rights committees in meeting requirements for membership composition and frequency of meetings.

As a result of the agency's self-assessment findings and the targeted review conducted by OQE, Seven Hills will receive a Two-Year License for its Residential and Individual Home Support services with a service group score of 92% and a Two-Year License for its Day and Employment services with a service group score of 93%. Both service groups are Certified with an overall score of 100%. Follow-up will be conducted by Seven Hills and reported to OQE within 60 days on those licensing indicators that received a rating of not met from the combined targeted and self-assessment reviews.

Seven Hills 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 and certification standards.

## **Description of Self Assessment Process:**

Seven Hills 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 and certification standards.

Seven Hills was pleased to be approved for the self-assessment process for our 2023 Licensing and Certification. The Office of Data Analytics and Quality Enhancement (DAQE) conducted the self-assessment. The DAQE team created an audit tool in Microsoft Forms for self-audits that later became the Self-Assessment tool. Based on the Residential and Day worksheets, each indicator is rated met or not met based on QM manual guidelines and Seven Hills systems criteria embedded in the questions. We included many open comment fields so that teams could enter supporting information and comments. We also created electronic forms for our current auditing tools for daily logs and financial audits. A full medication check was completed in our TIER Record along with the medication indicators. Over 100 pre-audits were completed in Residential, Placement Services, Individual Home Supports and Day/Employment services. These audits were sent to leaders via spreadsheet twice a week and were used to identify trends and insights into frontline staff's level of understanding of our systems and the indicators.

During April of 2023 selected programs were audited using the same tool updated for the Self-Assessment. Our goal was to sample a cross section of our locations and test our systems for all regions and areas. All locations and individuals supported were chosen randomly. To ensure a wide sample, for SHCS (24/7 residential) and SHNC (24/7 ABI/MFP) one residence was selected from each Area Director's cluster. The sample consisted of seventeen 24/7 residential locations with seventeen individuals records and four ABI MFP locations with six individual records. To ensure a maximum number for each indicator, another file was selected as needed in order to rate individual indicators. Individual Home Supports staff cross audited a total sample of 4 across all regions. For Placement Services records for twelve individuals supported were chosen, four in each office. In Day/Employment records for twelve individuals supported were chosen, four in each program location. At our one Emergency Stabilization/Respite location two individual's records were reviewed. In total, self-assessment sample audits were conducted for fifty-three individuals at forty-one locations.

The auditing teams consisted of a cross section of experienced and qualified staff. Teams included Quality Enhancement, VPs, AVPs, Area Directors, Clinical and Nursing staff. The auditing teams rotated amongst all of the listed staff and had a collaborative and learning approach. ABI management, nursing and clinical staff cross audited 24 Residential programs and used the opportunity to share best practices and talk about challenges.

Throughout the process there was significant engagement between teams to understand the ratings and how our systems help us meet those expectations. The Director of Data and Quality engaged with the Office of Quality Enhancement to seek clarification on indicators, which in turn improved our processes.

In addition to the on-site reviews, our existing systems were used to conduct audits. Reports from TIER, our electronic record and HCSIS were used. Our internal tracking systems for incident reporting were used to inform our Human Rights, incident, and restraint compliance review.

The Director of Data Analytics and Quality Enhancement conducted the administrative audit with members of the DAQE team. Training records and HR records were reviewed. The Coordinator of Quality Improvement, who is a Human Rights Coordinator conducted a thorough review of Restraints, DPPCs, investigation action plans and incidents. Reasons for reports submitted beyond timelines were recorded for use in our improvement plans.

To rate Certification indicators, documentation such as the daily log and house meetings were reviewed for adherence to systems and for information related to the certification indicators. Staff and individuals were then interviewed about relationships, choice, control and growth. Answers were recorded into the online form and show an array of community and relationship activities.

## Scoring Method

An 80% threshold of compliance within a sample was used to determine a rating of Met. In addition, in order to be rated "Met" the indicator was evaluated against performance in the past year. So, if earlier audits and events indicated that an area where the sample met the 80% threshold, due to recent changes in procedures or training, but was not fully in place throughout the year, this would be rated as not met.

## Results

Overall, the results of the Self-Assessment showed that our continuous quality improvement system of review, feedback, review has helped keep our services strong. We were happy to see that we met all Certification indicators and that there was ample evidence of this in the field.

The self-assessment found that 88 standards were met out of 94 standards that were applied to Residential services, 24hr Res, Placement, IHS and Respite. For Day employment 54 standards were met out of 59 standards applied. Residential financial tracking has been improved with new financial tracking systems and auditing is in place. ABI/MFP staff will be retrained in grievance procedures and practices, ISP strategy timelines will be reinforced at Res and Day by improving and automating reporting mechanisms. Staff will be retrained on incident and restraint reporting timelines and tracking reports will be shared with Sr. Leadership. We will continue to recruit new HRC members and use virtual technology to encourage more family/guardian and self-advocate membership.

For Certification, the self-assessment found that all applicable certification indicators were met for 24-hour residential, ABI residential, and individual home support services. Placement services and Day/Employment are accredited by CARF, and certification indicators were deemed met. Both Day and Placement services reviewed the certification indicators to ensure that we continued to hold the standards.

Outside of this self-assessment process, quality and compliance audits occur ongoing throughout the year at all services. Every home and individual's record are audited annually. Reports are sent out by email to the manager to review and correct and then sent to Senior Leadership.

## **LICENSURE FINDINGS**

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>7/10</b>	<b>3/10</b>	
<b>Residential and Individual Home Supports</b>	<b>79/83</b>	<b>4/83</b>	
Residential Services Individual Home Supports Respite Services Placement Services ABI-MFP Residential Services			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>86/93</b>	<b>7/93</b>	<b>92%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>7</b>	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>8/11</b>	<b>3/11</b>	
<b>Employment and Day Supports</b>	<b>47/48</b>	<b>1/48</b>	
Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	<b>6/6</b>	<b>0/6</b>	
<b>Total</b>	<b>55/59</b>	<b>4/59</b>	<b>93%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>4</b>	

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L48	The agency has an effective Human Rights Committee.	Seven Hills has five human rights committees. A review of human rights committee meeting minutes for the past two years showed that two committees did not have a member with legal expertise. For one committee, the legal representative did not attend the majority of meetings. For two committees, the medical representative did not attend the majority of meetings, and one committee did not meet quarterly as required. The agency needs to ensure that each human rights committee is comprised of the requisite expertise among its membership and that members with required expertise, i.e., legal, medical, and clinical representatives, are present at scheduled meetings. Additionally, the agency must support its human rights committees to meet at least quarterly.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Issue identified</b>	<b>Action planned to address</b>
L65	Restraint reports are submitted within required timelines.	Out of 38 restraint reports, 14 were not submitted or finalized within timelines.	The agency will retrain staff in timelines for submission and finalizing restraint reports and review the current workflow to facilitate faster turnaround. Timeline compliance reports will be sent to Area Directors and Program Directors to review with their staff.
L76	The agency has and utilizes a system to track required trainings.	Seven Hills transitioned to a new learning management software in 2022. Training compliance was not easily reported to managers at first. There was a delay due to implementation issues with assigning content to users.	Currently, the training department sends completion reports twice a week to Vice Presidents and managers. Compliance improved greatly in the past two months. All staff are assigned the required trainings that are completed or tracked through the learning management software.



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

Indicator #	Indicator	Area Needing Improvement
L63	Medication treatment plans are in written format with required components.	In sixteen out of thirty-nine medications treatment plans reviewed, one or more required elements of medication treatment plans were not fully addressed. When medications are administered to control or modify behaviors, the agency needs to ensure that medication treatment plans contain all required components. This includes clearly defined and measurable target behaviors identified for treatment by each medication as well as measurable criteria set by the prescriber for medication adjustment or discontinuance. Additionally, for individuals who need pre-sedation prior to medical appointments, the agency needs to develop strategies to assist the individual in learning to cope with medical treatment and reducing or eliminating need for sedative medication over time.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For fourteen out of forty-five individuals, provider support strategies were not submitted to DDS within the required timeline. The agency needs to ensure that provider support strategies are submitted fifteen days prior to the ISP meeting.

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

Indicator #	Indicator	Issue identified	Action planned to address
L69	Individual expenditures are documented and tracked.	Overall at residential service programs, this indicator was rated met at sampled programs 34 out of 41 times and were found to meet the standard. Four SHCS and SHNC homes did not meet the standard. However, audits completed in the past year showed issues identified with tracking expenditures. Seven Hills has already worked to improve in this area. The sample rating meeting the standard shows progress. Auditors found the new systems in place at all but 4 sampled locations.	This area of concern was identified prior to the self-assessment, and Seven Hills plans to conduct a full process review and improvement and retraining. The plan will include optimizing the use of technology to automate the process and dedicating specific resources for monitoring, auditing, and analysis.
L89	The provider has a complaint and resolution process that is effectively implemented at the local level.	Two ABI homes did not have evidence of consistent implementation of the grievance procedure in place that was consistently followed. One home had a binder in place but it was not in use.	All staff are trained in the agency grievance procedure at orientation. ABI staff will be retrained in the grievance and complaint procedures.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Issue identified</b>	<b>Action planned to address</b>
L91	Incidents are reported and reviewed as mandated by regulation.	The agency's internal incident report tracking spreadsheet showed that overall compliance was 84.9% of incidents submitted within timelines. However among those, 7 out of 26 CBDS incident reports were submitted late.	Three late reports were due to an email that was sent to one person in DAQE and was missed. In 2022, the agency put in place an incident reports email which is monitored by several members of the quality team and has streamlined reporting. Timeline compliance reports have been developed and will be sent to leadership to help improve incident submission timeline compliance.

## **CERTIFICATION FINDINGS**

	Reviewed By	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	<b>Provider (also Deemed)</b>	<b>6/6</b>	<b>0/6</b>	
<b>Residential and Individual Home Supports</b>	<b>DDS 5/5 Provider 76/76</b>	<b>81/81</b>	<b>0/81</b>	
ABI-MFP Residential Services	DDS 1/1 Provider 19/19	20/20	0/20	
Individual Home Supports	DDS 4/4 Provider 17/17	21/21	0/21	
Placement Services	Provider (also Deemed)	20/20	0/20	
Residential Services	DDS 0/0 Provider 20/20	20/20	0/20	
Respite Services		0/0	0/0	
<b>Total</b>		<b>87/87</b>	<b>0/87</b>	<b>100%</b>
<b>Certified</b>				

	Reviewed By	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	<b>Provider (also Deemed)</b>	<b>6/6</b>	<b>0/6</b>	
<b>Employment and Day Supports</b>	<b>Provider</b>	<b>36/36</b>	<b>0/36</b>	
Community Based Day Services	Provider (also Deemed)	15/15	0/15	
Employment Support Services	Provider (also Deemed)	21/21	0/21	
<b>Total</b>		<b>42/42</b>	<b>0/42</b>	<b>100%</b>
<b>Certified</b>				

## MASTER SCORE SHEET LICENSURE

Organizational: SEVEN HILLS FOUNDATION

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	DDS	58/59	Met(98.31 % )
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	DDS	0/5	Not Met(0 % )
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	-	Not Met
L83	HR training	Provider	-	Met
L92 (07/21)	Licensed Sub-locations (e/d).	DDS	1/1	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	25/25	4/4	16/16	1/1	5/5		51/51	Met
L7	Fire Drills	L	Provider	-	-	-	-	-	-	-	Met
L8	Emergency Fact Sheets	I	Provider	-	-	-	-	-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS	25/25	4/4		2/2	5/5		36/36	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	25/25		15/16	1/1	5/5		46/47	Met (97.87 %)
Ⓡ L12	Smoke detectors	L	DDS	23/25		16/16	1/1	5/5		45/47	Met (95.74 %)
Ⓡ L13	Clean location	L	DDS	25/25		16/16	1/1	5/5		47/47	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			16/16				16/16	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			16/16				16/16	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	19/19		6/6	1/1	5/5		31/31	Met
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	24/25		14/14	2/2	5/5		45/46	Met (97.83 %)
L47	Self medication	I	Provider	-	-	-	-	-	-	-	Met
L49	Informed of human rights	I	Provider	-	-	-	-	-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS	25/25	4/4	16/16	2/2	5/5		52/52	Met
L51	Possessions	I	Provider	-	-	-	-	-	-	-	Met
L52	Phone calls	I	Provider	-	-	-	-	-	-	-	Met
L53	Visitation	I	Provider	-	-	-	-	-	-	-	Met
L54 (07/21)	Privacy	I	DDS	25/25	4/4	16/16	2/2	5/5		52/52	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	DDS	17/23	0/1	2/10		4/5		23/39	Not Met (58.97 %)
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	-	-	-	-	-	-	-	Not 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



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	25/25			1/1	5/5		31/31	Met
L84	Health protect. Training	I	Provider	-	-	-	-	-	-	-	Met
L85	Supervision	L	Provider	-	-	-	-	-	-	-	Met
L86	Required assessments	I	Provider	-	-	-	-	-	-	-	Met
L87	Support strategies	I	DDS	18/25	2/2	9/14		2/4		31/45	Not Met (68.89 %)
L88	Strategies implemented	I	Provider	-	-	-	-	-	-	-	Met
L89	Complaint and resolution process	L	Provider	-	-	-	-	-	-	-	Not Met
L90	Personal space/bedroom privacy	I	Provider	-	-	-	-	-	-	-	Met
L91	Incident management	L	Provider	-	-	-	-	-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS	25/25	4/4	16/16	2/2	5/5		52/52	Met
L94 (05/22)	Assistive technology	I	DDS	22/25	4/4	14/16	2/2	5/5		47/52	Met (90.38 %)

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	15/15	3/3	4/4	2/2	5/5		29/29	Met
L99 (05/22)	Medical monitoring devices	I	DDS	6/6			1/1			7/7	Met
#Std. Met/# 83 Indicator										79/83	
Total Score										86/93	
										92.47%	

#### 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			3/3	3/3	Met
L7	Fire Drills	L	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS	7/7		10/10	17/17	Met
L10	Reduce risk interventions	I	Provider		-	-	-	Met
⌘ L11	Required inspections	L	DDS			3/3	3/3	Met
⌘ L12	Smoke detectors	L	DDS			3/3	3/3	Met
⌘ L13	Clean location	L	DDS			3/3	3/3	Met

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Indiv.</b>	<b>Reviewed by</b>	<b>Emp. Sup.</b>	<b>Cent. Based Work</b>	<b>Com. Based Day</b>	<b>Total Met / Rated</b>	<b>Rating</b>
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
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			2/2	2/2	Met
L39	Dietary requirements	I	Provider		-	-	-	Met
L49	Informed of human rights	I	Provider		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS	7/7		10/10	17/17	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met
L54 (07/21)	Privacy	I	DDS	7/7		10/10	17/17	Met
L55	Informed consent	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L61	Health protection in ISP	I	Provider		-	-	-	Met
L62	Health protection review	I	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Met
L79	Restraint training	L	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	6/7		8/8	14/15	Met (93.33 %)
L87	Support strategies	I	DDS	4/5		7/8	11/13	Met (84.62 %)
L88	Strategies implemented	I	Provider		-	-	-	Met
L91	Incident management	L	Provider		-	-	-	Not Met
L93 (05/22)	Emergency back-up plans	I	DDS	7/7		10/10	17/17	Met
L94 (05/22)	Assistive technology	I	DDS	7/7		10/10	17/17	Met
L96 (05/22)	Staff training in devices and applications	I	DDS			3/3	3/3	Met
<b>#Std. Met/# 48 Indicator</b>							<b>47/48</b>	
<b>Total Score</b>							<b>55/59</b>	
							<b>93.22%</b>	

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

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

### Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C9	Personal relationships	Provider	-	<b>Met</b>
C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	Provider	-	<b>Met</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Met</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>

**Residential Services**

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>

**ABI-MFP Residential Services**

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C9	Personal relationships	Provider	-	<b>Met</b>
C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	DDS	5/5	<b>Met</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Met</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>

**Placement Services**

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>

### Placement Services

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

### Individual Home Supports

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

### Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	DDS	4/4	<b>Met</b>
C17	Community activities	DDS	4/4	<b>Met</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C21	Coordinate outreach	DDS	4/4	<b>Met</b>
C46	Use of generic resources	DDS	4/4	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Met</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>

### Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C37	Interpersonal skills for work	Provider	-	<b>Met</b>
C38 (07/21)	Habilitative & behavioral goals	Provider	-	<b>Met</b>
C39 (07/21)	Support needs for employment	Provider	-	<b>Met</b>
C40	Community involvement interest	Provider	-	<b>Met</b>
C41	Activities participation	Provider	-	<b>Met</b>
C42	Connection to others	Provider	-	<b>Met</b>



### Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C43	Maintain & enhance relationship	Provider	-	<b>Met</b>
C44	Job exploration	Provider	-	<b>Met</b>
C45	Revisit decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>

### Employment Support Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C22	Explore job interests	Provider	-	<b>Met</b>
C23	Assess skills & training needs	Provider	-	<b>Met</b>
C24	Job goals & support needs plan	Provider	-	<b>Met</b>
C25	Skill development	Provider	-	<b>Met</b>
C26	Benefits analysis	Provider	-	<b>Met</b>
C27	Job benefit education	Provider	-	<b>Met</b>
C28	Relationships w/businesses	Provider	-	<b>Met</b>
C29	Support to obtain employment	Provider	-	<b>Met</b>
C30	Work in integrated settings	Provider	-	<b>Met</b>
C31	Job accommodations	Provider	-	<b>Met</b>
C32	At least minimum wages earned	Provider	-	<b>Met</b>
C33	Employee benefits explained	Provider	-	<b>Met</b>
C34	Support to promote success	Provider	-	<b>Met</b>
C35	Feedback on job performance	Provider	-	<b>Met</b>
C36	Supports to enhance retention	Provider	-	<b>Met</b>
C37	Interpersonal skills for work	Provider	-	<b>Met</b>

**Employment Support Services**

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C50	Involvement/ part of the Workplace culture	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>