|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | | --- | | ..\bl.jpg | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | | --- | | **PROVIDER REPORT FOR** | | | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | | --- | | **SOCIAL SERVICE CENTERS 15 Depot Sq.   Lexington, MA 02420** | | | | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  | | --- | |  | | | | | | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | | --- | | **Version** | | | | | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | --- | | **Provider Web Report** | | | | | | | | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | **Prepared by the Department of Developmental Services OFFICE OF QUALITY ENHANCEMENT** | | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |
|  |  |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  | |  | | --- | | **Provider** | |  | |  | | --- | | SOCIAL SERVICE CENTERS | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Review Dates** | |  | |  | | --- | | 11/30/2016 - 12/2/2016 | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Service Enhancement  Meeting Date** | |  | |  | | --- | | 12/19/2016 | |  |  | |  |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Survey Team** | |  | |  | | --- | | Anne Carey | | Sarah Flibotte (TL) | | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **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** | 1 location(s) 3 audit (s) | Targeted Review | DDS 17 / 21 Provider 60 / 60   77 / 81 2 Year License 12/19/2016- 12/19/2018 |  | DDS 21 / 25 Provider 3 / 3   24 / 28 Certified 12/19/2016 - 12/19/2018 | | Residential Services | 1 location(s) 3 audit (s) |  |  | DDS Targeted Review | 18 / 22 | | Planning and Quality Management |  |  |  | DDS Targeted Review | 11 / 11 | |  | |  |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | |  |  |  | | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  | |  |  |  | | |  | | --- | | Social Service Centers (SSC) which was founded in October 1985 is a for-profit agency that provides twenty-four hour residential supports to nineteen adults with developmental disabilities in four homes located in the town of Lexington, MA. The agency serves many individuals with a wide array of cognitive, physical, medical and social challenges which may require intensive supports.  As a result of receiving a two year license in 2014, the agency was eligible to complete a self-assessment and receive a DDS targeted review in lieu of a full review. The scope of the Department of Developmental Services (DDS) licensing and certification targeted review consisted of a review of the critical indicators, indicators which were 'not met' during the 2014 survey and the new and strengthened indicators that came into effect in August of 2016.  Since the previous survey, review of indicators in the area of environmental safety, which were previously not met, were all met during this survey. The agency developed and successfully implemented systems to ensure that all repairs were identified and made in a timely manner. For example, use of monthly reviews of all homes allowed staff to identify and address issues related to home repairs. As a result, the home surveyed was found to be in good repair and blended nicely within its neighborhood.    The home was found to be clean and well maintained; and individuals were found to be successfully participating in routine evacuation drills. Residential Safety Checklists were performed regularly to monitor the safety of the home. Individuals were administered medications as prescribed, and necessary medical treatment protocols were in place. Staff had been trained in the signs, symptoms and application for the protocols. The agency employed several practices to support human rights, including the dissemination of human rights materials to guardians, trainings for staff and individuals and Human Rights Training of the month was held at house meeting. All parties were trained in how to report an incident to the Disabled Persons Protection Commission.  Throughout the course of the survey, it was noted that the agency has incorporated many of the new or strengthened standards recently implemented by DDS in response to the Centers for Medicare and Medicaid Services (CMS) requirements of the Community Rule. For example, choice of dining options was fully supported; individuals were supported to access the community with transportation and supervision and used a variety of generic resources in the Lexington area.  The agency has successfully integrated assistive technology and unique modifications into individual's lives to maximize independence according to individual assessment of needs. For example, in the one home visited, assessments had been completed and communication books, communication devices, laptops, cell phones, iPad and the home computer were being used to help individuals communicate with family (through Skype) and to maximize their independence in their activities of daily living.  The agency provided data of a low turnover rate; the survey team noted that individuals were served well by familiar caregivers. Most of the staff had been at the home for more than twenty years, and most of the executive management team has been employed by SSC for over thirty years. Because of staffs' longevity, they understood the unique nuances of each individual. In addition, the agency developed 'All About Me' profiles for individuals which served as a good training tool for less familiar staff to understand the individuals' personal preferences in daily routines.    Some areas requiring further attention were identified during the survey. In the area of licensure, several discrete items were noted. Individuals need to have a financial training plan in place when the agency has shared or delegated money management responsibility. The agency needs to ensure that support strategiesidentified and agreed upon in the Individual Service Plan (ISP) for which the provider has designated responsibility are being implemented.   In the area of certification, the agency needs to further help individuals to develop relationships, enhance friendships and explore, define and express their need for intimacy and companionship. While it was evident that staff encouraged individuals to visit with family/guardians, efforts to assist individuals to broaden their relationships with others than paid staff or family were not noted. While staff is very familiar with the individuals' preferences, support needs and desires within home, further assessment and exploration of each person's interests for cultural, social, recreational and spiritual needs outside of the home would be beneficial to individuals supported. Once these areas have been identified, staff should assist individuals to fulfill their needs and desires in these areas.  As a result of this review, SSC's Residential Services Program received a rating of met in 95% of licensing indicators with all critical indicators were met. The agency received an 86% of certification indicators reviewed. As a result, the agency will receive a Two Year License for Residential / Individual Home Service Grouping and is Certified. Follow-up on all not met licensing indicators will be conducted by SSC within 60 days from the Service Enhancement Meeting (SEM). | | |  | |  |  |  | |

|  |
| --- |
|  |
| |  |  |  | | --- | --- | --- | |  |  |  | | |  | | --- | | **Description of Self Assessment Process:** | |  |  | |  |  |  | | |  | | --- | | Social Service Centers, Inc. is a 24 hour residential organization supporting nineteen people living in four community residences in Lexington, MA. SSC, Inc.'s central office is also located in Lexington, MA just a few miles from each of the homes. Due to our small size, the Executive Director is able to be in contact with each of our four House Managers on a daily basis and is able to visit each residence regularly to spend time with individuals and staff and as needed in ready response to any issues of concern.   The Provider Self-Assessment Report was completed by SSC, Inc.'s Executive Director who visited each of our four residences over the period of one month prior to the beginning of our licensing survey. DDS Licensure Indicator Guidelines from the DDS Licensure and Certification Procedures Manual were used as the evaluation tool in order to determine if an indicator was met or not met. Each licensing indicator required a score of 80% or above in order to receive the organizational rating of met.  Licensure Indicators  Personal & Environmental Safety  Residential Safety Checklists are completed on a regular and on-going basis by the Executive Director during home visits. This is a 55 point checklist including each safety standard (personal and environmental), the source of information and the results or action required. Personal or Environmental Safety areas requiring action are immediately communicated to the appropriate parties (e.g. House Managers, Staff, Lexington Housing Authority, Katahdin Woods Property Management, etc.) to ensure a timely response.   House Managers complete monthly reports to the Executive Director including physical site information; inspections and maintenance, health & safety; fire drills; completed fire drill logs, vehicle; maintenance and repairs.   Communication  SSC, Inc. has a team of dedicated staff, many of who have worked with the people we support for a number of years. Staff are able to communicate with people in unique and individualized ways. People are supported to maintain contact with family and friends through phone calls, Skype, letters and visits. This is evidenced through observation and individual interview during home visits, satisfaction surveys, staff communication logs, ISP Assessments, Progress Summaries and individual data sheets and progress notes.    Health  The Executive Director has daily contact with each of the House Managers to discuss the health status of each of the people we support. Our team of support staff know people well. They are able to recognize people's unique signs and symptoms of illness and/or injury ensuring people receive prompt treatment. Monthly reports to the Executive Director include information regarding people's medical status. House Managers complete individual Health Care Records and ISP Health Assessments in HCSIS that are reviewed by the Executive Director.   Health Care Records and staff training logs are reviewed for individual dietary requirements. All House Managers and Direct Support Staff successfully completed Food for Health Training as part of the Executive Order 509 Establishing Nutrition Standards for Food Purchased and Served by State Agencies. Healthy eating and regular exercise are promoted at each of the houses as evidenced through communication with the House Managers, observation, individual and staff interview, menus, data sheets and progress notes.   DPH MAP registrations are renewed by the Executive Director through the central office. The Office Manager and Quality Support Specialist conduct MAP reviews at each of the houses regularly and compare, review and update Health Care Provider Orders and medication and treatment charts on a monthly basis. Training logs are completed for SSC MAP Policy review for MAP certified staff.    Human Rights  Review of Human Rights Logs, Individualized Human Rights booklets, Human Rights Committee meeting minutes, satisfaction surveys, observation and individual interview to ensure that each person has received Human Rights information.   Respectful Communication, phone calls, visitation, privacy, personal space/bedroom privacy are measured through observation and interview during house visits, individual satisfaction surveys, ISP assessments, data sheets and progress notes.  The ISP checklist is used to ensure that behavior plans, behavior modifying medication plans, supportive and protective devices, and financial training plans are completed in conjunction with other required ISP assessments.   The Office Manager and Quality Support Specialist complete regular audits of individual financial records and report any discrepancies to the House Managers to investigate and resolve. Annual consent forms are on file for charges for care calculations and notification of the right to appeal these charges.   Competent Workforce  Training records are kept at SSC's central office for organization wide training (e.g. First Aid, CPR, MAP, vital signs, etc.). Training logs for unique or individualized training (e.g. j-tube/g-tube, blood glucose monitoring, seizure protocols, etc.) are conducted at individual houses and training logs are completed and reviewed for individualized training. Emergency Care Procedures are posted at each house. A comprehensive orientation checklist is completed for all new hires. Staff meetings are held at each of the houses and monthly Managers Meetings occur at the central office. Annual performance evaluations are completed for all staff. Staff are continuously guided and encouraged to pursue self-development opportunities above and beyond required training.   Goal Development & Implementation  The ISP checklist is used by House Managers to ensure all necessary assessments and support strategies are completed in conjunction with the ISP. All HCSIS assessments and support strategies are reviewed and approved by the Executive Director prior to submission. All ISP's are sent to the central office for review and Provider Response Sheets are signed by the Executive Director. Progress on goals and objectives are reviewed on a regular basis during the Executive Director's frequent communication with the House Managers and during house visits.    Organizational Indicators   Personal Safety  Staff training logs and certificates of attendance reviewed to ensure that all staff are trained in Human Rights and DPPC reporting at least annually. Orientation checklists are used for new staff reviewed to ensure training.   SSC takes immediate action to protect the health and safety of individuals and action plans are monitored to ensure completion and follow up.   Human Rights   SSC, Inc. has a Human Rights Committee that meets quarterly. Each meeting is held at a different residence allowing the Committee the opportunity to see each of our homes and the people we support at least once a year. SSC, Inc.'s Executive Director is the organization's Human Rights Coordinator. The Committee reviews organizational policies and procedures that have impact on human rights, any and all incident reports and investigations, individual and staff human rights and DPPC training, behavior support plans, behavior modifying medication plans, restraints (no restraints) and supports and health related protections.   Competent Workforce  SSC, Inc.'s Office Manager conducts initial interviews of all potential new employees. For candidates who meet the qualification requirements of the position, criminal record checks and fingerprinting are completed and references are checked. The Office Manager and House Managers complete a comprehensive orientation checklist with all new hires. The Office Manager uses a chart to keep track of all required staff training and updates this chart at least monthly. All licensed consultants have resumes and current licenses and certificates on file at the central office.   Certification Indicators  Planning and Quality Management Indicators: Planning and Quality Improvement  SSC, Inc.'s Administrative On-Call Procedure requires that the Executive Director be contacted regarding any and all incident reports, investigations or medication occurrence reports. Additionally, all of these reports are entered through HCSIS at the central office and reviewed at Human Rights Committee meetings.   SSC, Inc.'s performance is evaluated on a continuous basis primarily through regular contact and communication with the people we support, their families and/or guardians and our direct support staff. At least annually, formal satisfaction surveys are distributed and utilized to evaluate the objectives set in our annual strategic plan and to develop new objectives for the coming year.   We also value the regular communication and input we receive from our DDS Service Coordinators and have re-established quarterly meetings with Service Coordinator Supervisors.   Residential Service Indicators:   Communication  Individuals are supported to give feedback on staff performance. Sample interview questions are offered to individuals to support them in asking questions that are important to them to new potential hires. Resident feedback is also completed at 6 months for new staff and as a part of each staff person's annual review. Individual satisfaction surveys are completed at least annually. Staff evaluation objectives are often put in place based on the information obtained.   Supporting and Enhancing Relationships  Employee objectives, individual ISP goals and objectives, Individual Satisfaction Surveys, individual and staff interviews, observation, data sheets and progress notes are all sources of information for this area. Invitations for SSC social and fundraising events are sent to people's family and friends at every opportunity. Telephone calls, get-togethers and dates are always encouraged and supported.   Choice, Control and Growth  Individual assessments and ISP goals and objectives, House Meetings, Individual Satisfaction Surveys, recreation and leisure calendars and progress notes. Individual and staff interview and observation during house visits.  Access and Integration  Individual assessments and ISP goals and objectives, House Meetings, Individual Satisfaction Surveys, recreation and leisure calendars, data sheets and progress notes. Interview and staff interview and observation during house visits. | | |  | |  |  |  | |

|  |  |
| --- | --- |
|  |  |
| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **LICENSURE FINDINGS** | |  |  | |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **8/8** | **0/8** |  | | **Residential and Individual Home Supports** | **69/73** | **4/73** |  | | Residential Services |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **77/81** | **4/81** | **95%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **4** |  | | |  | |  |  |  | |  |
|  |  |
| |  | | --- | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  | |  | |  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur: From DDS review:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | L49 | Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern. | For three out of three individuals surveyed, individuals and guardians had been trained in human rights and grievance procedures however, the provider had not informed those parties that individuals are free from arbitrary eviction through the presence of a residential agreement. | |  | L67 | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | For three out of three individuals surveyed, financial training plans lacked the required key components. The agency needs to ensure that training plans are developed and are utilized as effective tools to promote individuals to become more involved and independent in the management of money. | |  | L88 | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For one individual out of three individuals surveyed, daily data sheets were not being completed as written and agreed upon in the ISP support strategy. The agency needs to ensure that support strategies are being implemented as written and agreed upon in the ISP. | |  | L90 | Individuals are able to have privacy in their own personal space. | For one out of three individuals surveyed, a lock was present on the individual's bedroom door to enable privacy, however, the individual did not have a copy of or access to the key to his room. The agency needs to ensure that individuals are supported fully to have privacy which would include having the key to their bedroom door and support to use these keys if desired. | | |  | | |

|  |
| --- |
|  |
| |  |  |  | | --- | --- | --- | |  |  |  | |  | |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **CERTIFICATION FINDINGS** | |  |  | |  |  |  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Reviewed by** | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Certification - Planning and Quality Management** | **DDS 6/6 Provider 5/5** | **11/11** | **0/11** |  | | **Residential and Individual Home Supports** | **DDS 15/19 Provider -2/-2** | **13/17** | **4/17** |  | | Residential Services | DDS 15/19 Provider 3/3 | 18/22 | 4/22 |  | | **Total** |  | **24/28** | **4/28** | **86%** | | **Certified** |  |  |  |  | | |  | |  | |  |  |  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Residential Services- Areas Needing Improvement on Standards not met From DDS Review:** | | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** |  | |  | C9 | Staff (Home Providers) provide opportunities to develop and/or increase personal relationships and social contacts. | For three out of three individuals surveyed, there was no evidence that staff were supporting individuals to develop social contacts or increase personal relationships outside of family members and paid support staff. While individuals were noted to access the community on a regular basis, they were not supported to interact in integrated settings. The agency needs to ensure that individuals are supported to develop and increase opportunities for social contact and such opportunities are provided consistently. |  | |  | C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | For three out of three individuals surveyed, there was no evidence that each individuals' need for intimacy and companionship had been reviewed. The agency does not have a preferred curriculum for staff or individuals, or utilize other resources to support individuals in the area of intimacy.The agency needs to ensure that individuals' needs and desires in the area of sexuality/romantic relationship development/companionship and intimacy are reviewed and that individualized support is provided as appropriate. |  | |  | C16 | Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities. | For two out of three individuals surveyed, there was no evidence that staff supported individuals to explore, discover and connect with their interests in varied social, cultural and recreational activities. The agency needs to ensure that individual's interests are fully assessed through a variety of mechanisms. |  | |  | C17 | Community activities are based on the individual's preferences and interests. | For two out of three individuals surveyed, there was no evidence that community activities were individualized in line with each individual's preferences. The agency needs to ensure that once an individuals' preferences and interests in community activities have been assessed, individuals are then supported to realize these preferences and interests. |  | |  |  |  |  |  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | |  | | | | | | | |
|  |  |  |  |  |  |  |
|  | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | |  | | --- | | **Organizational: SOCIAL SERVICE CENTERS** | | | |  |  |  |
|  |  |  |  |  |  |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Reviewed by** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | |  | L2 | Abuse/neglect reporting | **DDS** | **1/1** | **Met** | |  | L3 | Immediate Action | **Provider** | **-** | **Met** | |  | L4 | Action taken | **Provider** | **-** | **Met** | |  | L48 | HRC | **Provider** | **-** | **Met** | |  | L74 | Screen employees | **Provider** | **-** | **Met** | |  | L75 | Qualified staff | **Provider** | **-** | **Met** | |  | L76 | Track trainings | **Provider** | **-** | **Met** | |  | L83 | HR training | **Provider** | **-** | **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** | |  | L4 | Action taken | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L5 | Safety Plan | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L6 | Evacuation | L | **DDS** | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L7 | Fire Drills | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L8 | Emergency Fact Sheets | I | **DDS** | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L9 | Safe use of equipment | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L10 | Reduce risk interventions | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L11 | Required inspections | L | **DDS** | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L12 | Smoke detectors | L | **DDS** | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L13 | Clean location | L | **DDS** | 1/1 |  |  |  |  |  | **1/1** | **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** | |  | L19 | Bedroom location | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L20 | Exit doors | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L21 | Safe electrical equipment | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L22 | Clean appliances | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L23 | Egress door locks | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L24 | Locked door access | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L25 | Dangerous substances | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L26 | Walkway safety | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L27 | Pools, hot tubs, etc. | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L28 | Flammables | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L29 | Rubbish/combustibles | L | **DDS** | 1/1 |  |  |  |  |  | **1/1** | **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** | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L39 | Dietary requirements | I | **DDS** | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L40 | Nutritional food | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L41 | Healthy diet | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L42 | Physical activity | L | **DDS** | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L43 | Health Care Record | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L44 | MAP registration | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L45 | Medication storage | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L46 | Med. Administration | I | **DDS** | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L47 | Self medication | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L49 | Informed of human rights | I | **DDS** | 0/3 |  |  |  |  |  | **0/3** | **Not Met (0 %)** | |  | L50 | Respectful Comm. | L | **DDS** | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L51 | Possessions | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L52 | Phone calls | I | **DDS** | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L53 | Visitation | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L54 | Privacy | L | **DDS** | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L55 | Informed consent | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L57 | Written behavior plans | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L58 | Behavior plan component | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L60 | Data maintenance | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L61 | Health protection in ISP | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L62 | Health protection review | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L63 | Med. treatment plan form | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L64 | Med. treatment plan rev. | I | **DDS** | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L67 | Money mgmt. plan | I | **DDS** | 0/3 |  |  |  |  |  | **0/3** | **Not Met (0 %)** | |  | L68 | Funds expenditure | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L69 | Expenditure tracking | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L70 | Charges for care calc. | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L71 | Charges for care appeal | I | **DDS** | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L77 | Unique needs training | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L80 | Symptoms of illness | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L81 | Medical emergency | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L82 | Medication admin. | L | **DDS** | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L84 | Health protect. Training | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L85 | Supervision | L | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L86 | Required assessments | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L87 | Support strategies | I | **Provider** | - |  |  |  |  |  | **-** | **Met** | |  | L88 | Strategies implemented | I | **DDS** | 2/3 |  |  |  |  |  | **2/3** | **Not Met (66.67 %)** | |  | L90 | Personal space/ bedroom privacy | I | **DDS** | 2/3 |  |  |  |  |  | **2/3** | **Not Met (66.67 %)** | |  | **#Std. Met/# 73 Indicator** |  |  |  |  |  |  |  |  |  | **69/73** |  | |  | **Total Score** |  |  |  |  |  |  |  |  |  | **77/81** |  | |  |  |  |  |  |  |  |  |  |  |  | **95.06%** |  | | | | | |  |  |
|  |  |  |  |  |  |  |
|  | |  | | --- | | **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 | DDS | 1/1 | **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 performance | DDS | 3/3 | **Met** | | C8 | Family/guardian communication | Provider | - | **Met** | | C9 | Personal relationships | DDS | 0/3 | **Not Met (0 %)** | | C10 | Social skill development | Provider | - | **Met** | | C11 | Get together w/family & friends | DDS | 3/3 | **Met** | | C12 | Intimacy | DDS | 0/3 | **Not Met (0 %)** | | C13 | Skills to maximize independence | DDS | 3/3 | **Met** | | C14 | Choices in routines & schedules | DDS | 3/3 | **Met** | | C15 | Personalize living space | DDS | 1/1 | **Met** | | C16 | Explore interests | DDS | 1/3 | **Not Met (33.33 %)** | | C17 | Community activities | DDS | 1/3 | **Not Met (33.33 %)** | | C18 | Purchase personal belongings | DDS | 3/3 | **Met** | | C19 | Knowledgeable decisions | DDS | 3/3 | **Met** | | C20 | Emergency back-up plans | Provider | - | **Met** | | C46 | Use of generic resources | DDS | 3/3 | **Met** | | C47 | Transportation to/ from community | DDS | 3/3 | **Met** | | C48 | Neighborhood connections | DDS | 3/3 | **Met** | | C49 | Physical setting is consistent | DDS | 1/1 | **Met** | | C51 | Ongoing satisfaction with services/ supports | DDS | 3/3 | **Met** | | C52 | Leisure activities and free-time choices /control | DDS | 3/3 | **Met** | | C53 | Food/ dining choices | DDS | 3/3 | **Met** | | C54 | Assistive technology | DDS | 3/3 | **Met** | |  |  |  |  |  | | | | | | |  |