



**PROVIDER REPORT
FOR**

**SOUTH SHORE SUPPORT
SERVICES, INC.
317 Libbey Industrial Pkwy.
B300
Weymouth, MA 02189**

December 16, 2024

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider SOUTH SHORE SUPPORT SERVICES, INC.

Review Dates 11/13/2024 - 11/19/2024

Service Enhancement Meeting Date 12/2/2024

Survey Team Katherine Gregory
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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	7 location(s) 12 audit (s)	Targeted Review	DDS 17/20 Provider 59 / 63 76 / 83 Defer Licensure		DDS 8 / 8 Provider 58 / 59 66 / 67 Certified
Residential Services	2 location(s) 6 audit (s)			DDS Targeted Review	20 / 20
Placement Services	2 location(s) 2 audit (s)			DDS Targeted Review	20 / 20
Respite Services	1 location(s) 2 audit (s)			No Review	No Review
Individual Home Supports	2 location(s) 2 audit (s)			DDS Targeted Review	20 / 21
Planning and Quality Management (For all service groupings)				Full Review	6 / 6
Survey scope and findings for Remote Supports and Monitoring Services					
Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Remote Supports and Monitoring Services	1 workstation location(s) 6 audit (s)	Full Review	36/36 2 Year License 12/02/2024-12/02/2026		11 / 11 Certified 12/02/2024 - 12/02/2026
Remote Supports and Monitoring Services	1 workstation location(s) 6 audit (s)			Full Review	5 / 5
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	4 location(s) 14 audit (s)	Full Review	53/56 2 Year License 12/02/2024-12/02/2026		42 / 42 Certified 12/02/2024 - 12/02/2026
Community Based Day Services	2 location(s) 7 audit (s)			Full Review	15 / 15
Employment Support Services	2 location(s) 7 audit (s)			Full Review	21 / 21
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

EXECUTIVE SUMMARY :

South Shore Support Services (SSSS), incorporated in April 1995, is a non-profit agency providing supports to individuals with disabilities and their families in the South Shore area. Services provided by the agency include Residential and Individual Home Supports, Placement Services, Community-Based Day Services, Employment Services, Remote Supports and Monitoring Services and Respite Services.

Based on the outcome of the agency's previous DDS licensure and certification review conducted in November of 2022, the agency was eligible and chose the option of conducting a self-assessment of its residential services. As a result, the DDS survey team conducted a targeted review of the agency's 24/7 Residential, Individual Home Support (IHS), Placement and Respite Services. The targeted review consisted of evaluating the eight critical licensure indicators, any new/revised licensure indicators, and licensing and certification indicators that received a 'Not Met' rating in the agency's previous (2022) survey. A full licensing and certification review was conducted for the agency's Day and Employment, and Remote Supports and Monitoring service groupings.

Several strengths were noted at the organization level. The Human Rights Committee met regularly, and consistently. Within the licensing realm, there were many notable practices observed within the agency's residential services. In the area of human rights, individuals and their families were knowledgeable about their human rights, DPPC, and the agency's grievance procedure.. Mutually respected communication between staff and individuals were observed. Staff were noted to be knowledgeable and sensitive to individual's unique needs as well as providing privacy to individuals. For example, one individual asked to speak to staff about a personal matter. Staff were observed directing the individual to another area so they could speak to staff privately.

Within the health domain, medications were administered accurately by MAP certified staff and the medication administration records were completed with accuracy. Emergency back up plans were well developed and individualized. Plans outlined who to contact, how they should be contacted, and for what reason to ensure that individuals are fully supported in case of an emergency.

Within the environmental domain, homes were clean and well- maintained. Inspections were completed as required and for safety all fire alarms and carbon monoxide detectors were in place and operational. Individuals were able to safely evacuate within required timelines. Individuals were assessed for safe use of equipment to support their skill development in using household appliances and other independent living skills.

For Licensing in day services, within the health domain, medications were administered accurately by MAP certified staff and the medication administration records were completed with accuracy. Emergency back up plans were well developed and individualized. In skill development, the agency created their own safety assessments that ensured individualized support in skill development. For example, one individual was assessed to identify skills utilized in landscaping and cooking.

In remote support and monitoring services, the agency has worked closely with the remote support and monitoring services company Safe in Home. They met weekly to discuss ongoing concerns. Together, they develop very descriptive remote support plans which detail an individual's unique needs and preferences. They routinely worked together to ensure their plans were updated with changes as they occurred. For one individual, staff routinely updated her remote support plan to reflect her ongoing medical concerns. Staff check in with individuals to ensure ongoing satisfaction with services.

Within certification, several notable practices were observed in the agency's Employment and CBDS services. Individuals employed by SSSS received the same training as other employees, utilizing the agency's training system, Relias. They were supported to achieve success in integrated employment through the agency's elder concierge service, where they provided services such as companionship, running errands, and minor maintenance for elderly community members.

Community engagement was evident, with individuals participating in activities at the local YMCA and

Connell Williams pool. Additionally, individuals worked on cleaning and landscaping crews at various local establishments. They also contributed to their community by setting up tables, cleaning, and assisting with event preparations at Higham's Council on Aging, taking pride in their role in giving back.

During a morning meeting, it was observed that individuals consistently demonstrated choice and control over their daily routines and activities. They were also supported in maintaining personal relationships and expressing their desire for companionship.

In addition to these positive findings, the survey identified a few areas where additional attention is needed from the agency to meet DDS standards. Within residential services, increased oversight is needed for physician ordered treatment protocols. Staff performing ancillary processes under MAP need to receive the required trainings prior to administration. When the agency has oversight responsibilities with funds management for individuals, it must ensure that money management plans are developed, include supports provided to individuals with their finances, and must have guardian agreement

Within day services, fire drills need to be conducted as required. Staff who attend swimming activities with the individuals need to have water safety training. Photo consents obtained need to specify the use of the photos to be released.

As a result of this review, South Shore Support Services achieved an overall score of 92% in the licensing indicators for its residential services. However, two critical indicators were not met. As a result, the agency is in deferred licensure status for its residential services grouping and will not receive its license until the two critical indicators are corrected. This status will remain in effect pending the outcome of a follow-up review, which will occur within 60 days. If the critical indicators are successfully addressed during the follow-up review, the agency will be granted a two-year license with a mid-cycle review.

South Shore Support Services has earned a two-year license for remote supports and monitoring services with a score of 100% and a two-year license for day services with a score of 95%. The agency will conduct its own follow-up review for day services within 60 days.

Additionally, the agency is certified in residential, day services, and remote supports and monitoring services, achieving an overall certification score of 100% in each of these service groupings. The provider's description of its self-assessment process follows.

Description of Self Assessment Process:

During October of 2024 South Shore Support Services (SSSS) provided home support to thirty-five individuals through our residential services (ALTR) contract. We operate eight 24-hour group homes. The sample for our residential self-assessment was nine individuals, which is 25% of the individuals served. We chose three individuals at three different home locations in Abington, Weymouth, and Cohasset. Each of these home locations provides support for five individuals. For placement services South Shore Support provides care to a total of three individuals. Each individual lives with their own provider/care giver. We selected two individuals for the self-assessment sample. This is 67% of the individuals served in this model. In Individual Supports we provide both individual support and individual home support. Most individuals served receive less than 15 hours of support weekly. Some individuals supported reside in their family homes with parents and/or siblings. The sample size that meets the criteria for an individual home support QA review is five people. For our self-assessment we reviewed two individuals. The combined sample size for our residential, individual home support and placement services self-assessment is thirteen individuals. The home location number for the environmental component of our self-assessment sampling is six.

Our assessment tool is an excel spreadsheet which SSSS created using DDS QA licensing and certification indicators. The spreadsheet calculates the percentage for the indicator based on the number achieved divided by the number rated. We measured our indicators using the information source and how it is measured in the current DDS tool. Physical site reviews were conducted at the identified locations. ISP documentation, support strategies, progress notes, clinical records, financial records and medication management were reviewed. Certification indicators were assessed using observations and anecdotal information from individuals served and from staff/care providers. The criteria for a standard being met or not met mirrored the survey and certification tool. The methodology used to determine if an indicator was met for the agency was 80% or above for surveyed participants and locations.

The Self-Assessment Team is led by our Director of Quality Assurance. The team members included our internal QA staff and managers from Human Resources, Training, Administration, Residential, Positive Behavioral Supports, Community Supports, and Maintenance. The team members have combined knowledge in ISP development and implementation, Positive Behavioral Support Strategies, training, human resources and residential support.

Summary of Self- Assessment Licensing Findings

Safety: All required inspections were present. Fire drills were being conducted as outlined in the safety plans. All individuals were able to evacuate in the allotted time. Alarms at our Residential homes were tested and all were interconnected and functioning properly. Alarms in placement services and individual home support were also functioning.

Risk:

One of the survey participants had an internal risk review completed within the last 2 years.

Environmental:

Our Maintenance Department is managed by one of our Residential Site Supervisors. The maintenance team works proactively to ensure all SSSS properties are in good shape. They troubleshoot emergency situations and work with local trade providers on repairs, renovations and property enhancements. Environmental inspection due dates and maintenance requests are tracked on our Home Support Team Site. Fluctuations in water temperatures is an ongoing challenge that we continue to monitor and address. A member of the maintenance team is assigned vehicle management. This worker is responsible for scheduling repairs, coordinating accident follow-up and insurance claims and for fleet planning and procurement.

Emergency Fact Sheets and Health Care Records

Emergency Fact sheets were found to be up to date and accurate (11/13). HCR-Healthcare records were not always accurate and up to date. Diagnosis, weight, medication and current evaluation dates were updated during the self-assessment review. Our current practice of only updating HCR at ISP

time will be modified, so as to improve information accuracy.

Medication Management/MAP:

Several improvements have been made to provide better oversight on our Medication Management/MAP processes.

SharePoint: In 2022 we launched Sharepoint sites for each residence to electronically store/share health related information including: doctor's orders, MAR sheets, medical appointments, and medication lists. Additionally, this is a centralized place to access additional house-specific documentation (fire drills, inspections, etc.)

Doctor's Order Standardization: In 2022, we standardized our doctor's order form and did a complete re-write of existing orders to be in better compliance with MAP standards. These are now kept electronically for easy review and updates.

Medication Administration Record Management: In 2023, we began to manage/print our own MAR sheets rather than depend on this from Apothecare. This has allowed us to accurately align our MAR records with the doctor's orders and has greatly reduced the need for handwritten transcriptions. This improves staff's ability to accurately read and administer medication. It has also offered us flexibility in creating appropriate tracking tables (blood pressure, bowel movements, etc.) and positioning them near related medications. Managers submit doctor's order changes to our internal administration team who reviews each submission to verify compliance with MAP standards before making changes.

Transcription Training: In 2023, transcription training was developed in accordance with the new MAP standards. This incorporates our internal processes related to management of our MARs. New and existing staff are now required to take this course as part of their certification.

Nurses: Each residential location has an assigned nurse to assist in staff training, oversight, MAP standards, and consultation for health maintenance/wellness/preventative care

Nutritionist: In 2024 a part-time nutritionist was hired to consult on special dietary needs and general healthy food menus.

Oversight Improvements:

Appointment/Medical List: All appointments/healthcare encounters are summarized and tracked on SharePoint for each individual. This summarizes information related to the visit including medication changes and follow-up details to allow for better overall health management and accessibility of information.

Healthcare Encounter Form Follow Up Form: This is used after every healthcare encounter to ensure all necessary changes are made (medication list updates, MAR change requests, HCR/EFS updates, etc.)

Medication Change Log: This log serves as a cover page/communication tool for the MAR records. Any changes to medications are summarized on this sheet and signed off on by staff to assist in their ability to correctly administer medications.

Due Date Tracking Sheet: Each SharePoint site has a due date tracking sheet for all documentation tracked at the residence to help keep information/signatures up to date.

Medication Monitoring System: In 2024, a new medication monitoring system was implemented to combine ordering/receiving information with nightly pill count reconciliations. This was done to provide better insight into medication supply and reduce the likelihood of running out of medication. It also provides a check on the daily administration of medication to identify potential MORs.

Management Oversight Forms: In 2024, management oversight tasks were assigned for the site supervisor, manager, assistant manager, and nursing roles. These include daily, weekly, and monthly checks with accompanying issue logs for tracking purposes.

The implementation of some of these systems led to an increase in identification of MORs. This was considered a success in that we were able to identify issues to resolve sooner, and in some cases, issues that may have otherwise gone unnoticed. We look forward to continuing process improvements in 2025 including and increased focus on preventative healthcare screenings. Additionally, we would like to implement a system to better track individual specific trainings.

Human Rights and Advocacy: The Human Rights Committee meets four times per year to review incidents and any allegations of abuse or mistreatment. Individuals supported by SSSS are trained on their Human Rights by the Human Rights Officer at their site. Human Rights Officers are trained by either DDS or the SSSS Training Department (with permission from DDS to conduct our own HRO training). The training department provides all training materials for staff to review with individuals. The

Bill of Rights and Grievance Procedure are signed yearly by the individual, and if necessary, their guardian. Each site has a picture of their Human Rights Officer posted, as well as the contact information for DPPC.

Consumer Finances: Financial transaction documentation was found to be accurate and included backup spending documentation. SSSS has switched the representative payee banking accounts for individuals served from savings accounts to checking accounts. This corrects for previous finding for indicator L68 since individuals are no longer paying fees for bank checks and money orders. SSSS is currently the designated representative payee for 28 individuals. We have submitted representative payee applications for two new individuals. Keeping individuals under asset to maintain health benefits is still challenging. Of the 28 individuals served only 16 currently have fund balances that are currently under asset. We have created an information packet on ABLE accounts and have shared this information with guardians. We are working with individuals and guardians on spending plans to reduce assets.

Competent Workforce

The Human Resource department has a detailed screening, interviewing and hiring process. Qualifications and proof of credentials are required before an employee is hired. There is a system for employee performance evaluations and routine supervision. In our Residential Department we have implemented a new DSP leveling. We now have the job descriptions for Residential Support Worker I and Residential Support Worker II. The Residential Support Worker II is compensated at a higher rate for MAP administration duties. We also have a weekend differential rate to aid in recruitment and retention.

Training

All new staff must go through a General Orientation procedure. The agency orientation touches on: agency policies, human rights, intimacy, mandated reporting, fire safety, infection prevention and control, and PBIS. All new hires are also First Aid/CPR/AED and Safety-Care (if applicable) certified before working independently with individuals. All staff are set up with an online account through Relias Learning, our online training provider. All staff review policy and procedure manuals via Relias. All staff also complete the following trainings twice per year, via Relias: DDS Mandated Reporting, Human Service Worker Safety, and HIPAA. All mandated trainings are tracked by the Training Department, via an Excel spreadsheet. The Training Department has also created online files for each staff member on SharePoint. Each site manager has access to a Training Resources page on SharePoint, where they can pull various trainings for their individuals and staff. Once a training is conducted, training sign-in sheets are shared with the Training Department to track. Once staff begin working onsite with individuals, they will review all protocols necessary for the individuals they support. In 2025, the goal is to create an Orientation presentation for each site; this will include information about the individuals supported, including their protocols and overviews of their different abilities. The Training Department recently worked closely with the Residential Nursing staff to create and implement MAP certification, recertification, and transcription trainings.

Emergency Preparedness

SSSS did not have emergency preparedness back up plans in each individual's book at the time of the survey. Elm St was the only location where they were present. Staff worked diligently to create the emergency preparedness back up plans for filing. This deficiency has been corrected. We continue to provide ongoing training to individuals and staff on emergency preparedness.

Community Access:

Each person surveyed had access to community activities. There was evidence of a variety of activities and interests. Transportation barriers were identified for the two individuals surveyed from individual support. They are both aging and finding it harder to access public transportation. Staff provide transportation in their personal vehicles as needed.

Self- Assessment Findings for Certification

Satisfaction surveys are sent out yearly. We have created surveys using Microsoft forms for our individuals with reading challenges using a thumbs up/thumbs down answer. An additional survey was created for families and guardians. Separate surveys were sent out the Residential, Placement Services, and Individual Supports with a version for our individuals. We incorporate feedback from surveys into our strategic planning.

SSSS continues to work on the need for intimacy and companionship for individuals served.

In 2024, The Positive Behavioral Support (PBS) department started a social group (The Achievers) based on a few individuals' expressed desire to safely get outside while including others' mobility issues. Individuals from 3 group homes were invited and 9 different people tried. A dedicated group of 6 individuals have met 1x a week since May with a wide range of mobility. They created a motto "We believe we can Achieve"



LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/7	0/7	
Residential and Individual Home Supports	69/76	7/76	
Residential Services Individual Home Supports Respite Services Placement Services			
Critical Indicators	6/8	2/8	
Total	76/83	7/83	92%
Defer Licensure			
# indicators for 60 Day Follow-up		7	

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Remote Supports and Monitoring Services	28/28	0/28	
Remote Supports and Monitoring Services			
Critical Indicators	4/4	0/4	
Total	36/36	0/36	100%
2 Year License			
# indicators for 60 Day Follow-up		0	

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Employment and Day Supports	45/48	3/48	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	53/56	3/56	95%
2 Year License			
# indicators for 60 Day Follow-up		3	

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

Indicator #	Indicator	Area Needing Improvement
 L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For two individuals with medical protocols, staff had not been trained on the required health care protocols, and two of the protocols were missing a key instruction from the prescribing doctor. The agency needs to ensure that protocols are reviewed to ensure that they include all instructions as prescribed by the treating physician, and that all staff are trained and knowledgeable about these protocols.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	The agency had not obtained agreement for five of six money management plans in place. One individual did not have a plan in place, and one plan did not accurately reflect how money is secured and bills are paid. The agency needs to ensure that whenever there is a shared and delegated responsibility for money that plans are implemented, accurately reflect their practices, and are approved by guardians.
 L82	Medications are administered by licensed professional staff or by MAP certified staff (or by PCAs) for individuals unable to administer their own medications.	At one of three locations, a staff was administering oxygen without the proper trainings per MAP requirements. The agency needs to ensure that all staff performing ancillary processes under MAP receive the required trainings.

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

Indicator #	Indicator	Issue identified	Action planned to address
L35	Individuals receive routine preventive screenings.	The recommended list of preventative screenings has not been closely tracked for follow up. While individuals have received screenings when recommended by their doctors, there are additional age-related recommended screenings that are not always completed. Refusals also need to be better documented with sign-off from guardians.	We plan to implement a new tracking tool for preventative screenings that will be maintained by the house nurses. This will track dates for all the recommended screenings to allow for better oversight on the current status and upcoming due dates. Additionally, we plan to keep documentation on refusals (signed by guardians).

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

Indicator #	Indicator	Issue identified	Action planned to address
L43	The health care record is maintained and updated as required.	Diagnoses were missing. Medication changes were not reflected in the HCR. Weights and accurate evaluation dates needed to be corrected.	Health care records are maintained in HCSIS by the QA team. We implemented a healthcare encounter checklist form which instructs managers/staff to contact QA with any new diagnoses. The QA team will also start to leverage the list of medication changes submitted by managers as part of our internal MAR transcription process. QA can leverage the medical appointment tracking list for evaluation dates.
L64	Medication treatment plans are reviewed by the required groups.	Signature needed on Consent page	Coordinated Treatment plans are signed at the annual ISP by Guardian PBS and QA will check that signatures were acquired at ISP. PBS team will review plans annually and update with any medical changes. Updated CTP will be sent out to be reviewed and signed following any changes.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	There was no documentation to back up that goals were being worked on.	New shift notes were created and given to the Manager at this location for immediate use.

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

Indicator #	Indicator	Area Needing Improvement
L21	Electrical equipment is safely maintained.	At one of two locations a splitter with a surge protector was used in an outlet with a deep freezer and a phone plugged into it.
L27	If applicable, swimming pools and other bodies of water are safe and secure according to policy.	For two CBDS locations, staff who were attending swimming sessions with individuals did not have Water Safety Training. The agency needs to ensure that during swimming activities, staff present must have Water Safety Training.
L55	Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.	Two individuals' photo release consents did not specify the use to be made of the photos to be released. The agency needs to ensure that consents to release media include the purpose for which the photos will be used.

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS	6/6	0/6	
Residential and Individual Home Supports	DDS 2/2 Provider 58/59	60/61	1/61	
Individual Home Supports	DDS 0/0 Provider 20/21	20/21	1/21	
Placement Services	DDS 1/1 Provider 19/19	20/20	0/20	
Residential Services	DDS 1/1 Provider 19/19	20/20	0/20	
Respite Services		0/0	0/0	
Total		66/67	1/67	99%
Certified				

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Remote Supports and Monitoring Services	5/5	0/5	
Remote Supports and Monitoring Services	5/5	0/5	
Total	11/11	0/11	100%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Employment and Day Supports	36/36	0/36	
Community Based Day Services	15/15	0/15	
Employment Support Services	21/21	0/21	
Total	42/42	0/42	100%
Certified			

Individual Home Supports- Areas Needing Improvement on Standards not met From Provider review:

Indicator #	Indicator	Issues identified	Action planned to address
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	Relationship Surveys were not conducted with Individual Home Supports in the first round of the survey	<p>Relationship surveys will be conducted in 2024 with Individual Home Support and input will be included in the 2025 planning</p> <p>2025 planning to include offering intimacy training from training department, 2025 relationship survey, and personalized information based on Individual's interests in relationships.</p>

MASTER SCORE SHEET LICENSURE

Organizational: SOUTH SHORE SUPPORT SERVICES, INC.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	10/10	Met
L3	Immediate Action	14/14	Met
L48	HRC	1/1	Met
L74	Screen employees	4/4	Met
L75	Qualified staff	3/3	Met
L76	Track trainings	20/20	Met
L83	HR training	20/20	Met
L92 (07/21)	Licensed Sub-locations (e/d).	2/2	Met
Ⓡ L95 (05/22)	RSMS requirements	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	2/2	2/2	2/2	1/1			7/7	Met
L7	Fire Drills	L	Provider	-	-	-	-	-	-	-	Met
L8	Emergency Fact Sheets	I	Provider	-	-	-	-	-	-	-	Met
L9 (07/21)	Safe use of equipment	I	Provider	-	-	-	-	-	-	-	Met
L10	Reduce risk interventions	I	Provider	-	-	-	-	-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
Ⓡ L11	Required inspections	L	DDS	2/2		2/2	1/1			5/5	Met
Ⓡ L12	Smoke detectors	L	DDS	2/2		2/2	1/1			5/5	Met
Ⓡ L13	Clean location	L	DDS	2/2		2/2	1/1			5/5	Met
L14	Site in good repair	L	Provider	-	-	-	-	-	-	-	Met
L15	Hot water	L	DDS	2/2		1/2	1/1			4/5	Met (80.0 %)
L16	Accessibility	L	Provider	-	-	-	-	-	-	-	Met
L17	Egress at grade	L	Provider	-	-	-	-	-	-	-	Met
L18	Above grade egress	L	Provider	-	-	-	-	-	-	-	Met
L19	Bedroom location	L	Provider	-	-	-	-	-	-	-	Met
L20	Exit doors	L	Provider	-	-	-	-	-	-	-	Met
L21	Safe electrical equipment	L	Provider	-	-	-	-	-	-	-	Met
L22	Well-maintained appliances	L	Provider	-	-	-	-	-	-	-	Met
L23	Egress door locks	L	Provider	-	-	-	-	-	-	-	Met
L24	Locked door access	L	Provider	-	-	-	-	-	-	-	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	-	-	-	-	-	-	-	Not Met
L36	Recommended tests	I	Provider	-	-	-	-	-	-	-	Met
L37	Prompt treatment	I	Provider	-	-	-	-	-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS	4/6		1/1	1/1			6/8	Not Met (75.00 %)
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	-	-	-	-	-	-	-	Not Met
L44	MAP registration	L	Provider	-	-	-	-	-	-	-	Met
L45	Medication storage	L	Provider	-	-	-	-	-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS	6/6	1/1	1/1				8/8	Met
L47	Self medication	I	Provider	-	-	-	-	-	-	-	Met
L49	Informed of human rights	I	Provider	-	-	-	-	-	-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider	-	-	-	-	-	-	-	Met
L51	Possessions	I	Provider	-	-	-	-	-	-	-	Met
L52	Phone calls	I	Provider	-	-	-	-	-	-	-	Met
L53	Visitation	I	Provider	-	-	-	-	-	-	-	Met
L54 (07/21)	Privacy	I	Provider	-	-	-	-	-	-	-	Met
L55	Informed consent	I	Provider	-	-	-	-	-	-	-	Met
L61	Health protection in ISP	I	Provider	-	-	-	-	-	-	-	Met
L62	Health protection review	I	Provider	-	-	-	-	-	-	-	Met
L63	Med. treatment plan form	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
L64	Med. treatment plan rev.	I	Provider	-	-	-	-	-	-	-	Not Met
L67	Money mgmt. plan	I	DDS	0/5	0/1					0/6	Not Met (0 %)
L68	Funds expenditure	I	DDS	5/5	1/1					6/6	Met
L69	Expenditure tracking	I	DDS	4/5	1/1					5/6	Met (83.33 %)
L70	Charges for care calc.	I	Provider	-	-	-	-	-	-	-	Met
L71	Charges for care appeal	I	Provider	-	-	-	-	-	-	-	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	1/2	1/1					2/3	Not Met (66.67 %)
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	Provider	-	-	-	-	-	-	-	Not Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L90	Personal space/bedroom privacy	I	Provider	-	-	-	-	-	-	-	Met
L91	Incident management	L	DDS				1/1			1/1	Met
L93 (05/22)	Emergency back-up plans	I	DDS	6/6	2/2	2/2	2/2			12/12	Met
L94 (05/22)	Assistive technology	I	Provider	-	-	-	-	-	-	-	Met
L96 (05/22)	Staff training in devices and applications	I	Provider	-	-	-	-	-	-	-	Met
L99 (05/22)	Medical monitoring devices	I	Provider	-	-	-	-	-	-	-	Met
#Std. Met/#76 Indicator										69/76	
Total Score										76/83	
										91.57%	

Remote Supports and Monitoring Services:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Remote	Total Met/Rated	Rating
L1	Abuse/neglect training	I	DDS	6/6	6/6	Met
L8	Emergency Fact Sheets	I	DDS	6/6	6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Remote	Total Met/Rated	Rating
L9 (07/21)	Safe use of equipment	I	DDS	6/6	6/6	Met
L31	Communication method	I	DDS	6/6	6/6	Met
L32	Verbal & written	I	DDS	6/6	6/6	Met
L37	Prompt treatment	I	DDS	2/2	2/2	Met
FL L38	Physician's orders	I	DDS	2/2	2/2	Met
L49	Informed of human rights	I	DDS	6/6	6/6	Met
L50 (07/21)	Respectful Comm.	I	DDS	6/6	6/6	Met
L52	Phone calls	I	DDS	6/6	6/6	Met
L54 (07/21)	Privacy	I	DDS	6/6	6/6	Met
L55	Informed consent	I	DDS	3/3	3/3	Met
L77	Unique needs training	I	DDS	6/6	6/6	Met
L80	Symptoms of illness	L	DDS	1/1	1/1	Met
L81	Medical emergency	L	DDS	1/1	1/1	Met
L85	Supervision	L	DDS	1/1	1/1	Met
L86	Required assessments	I	DDS	5/5	5/5	Met
L87	Support strategies	I	DDS	5/5	5/5	Met
L88	Strategies implemented	I	DDS	6/6	6/6	Met
L90	Personal space/ bedroom privacy	I	DDS	5/5	5/5	Met
L91	Incident management	L	DDS	1/1	1/1	Met
L93 (05/22)	Emergency back-up plans	I	DDS	6/6	6/6	Met
L94 (05/22)	Assistive technology	I	DDS	6/6	6/6	Met
L96 (05/22)	Staff training in devices and applications	I	DDS	3/3	3/3	Met
L97 (05/22)	Remote supports plan	I	DDS	6/6	6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Remote	Total Met/Rated	Rating
L98 (05/22)	Monitoring staff training in plan	I	DDS	5/5	5/5	Met
L100 (05/22)	RSMS Assessment	I	DDS	6/6	6/6	Met
☞ L101 (05/22)	Individual training and knowledge in RSMS	I	DDS	6/6	6/6	Met
#Std. Met/# 28 Indicator					28/28	
Total Score					36/36	
					100%	

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	6/7		7/7	13/14	Met (92.86 %)
L5	Safety Plan	L			2/2	2/2	Met
☞ L6	Evacuation	L			2/2	2/2	Met
L7	Fire Drills	L			2/2	2/2	Met
L8	Emergency Fact Sheets	I	7/7		7/7	14/14	Met
L9 (07/21)	Safe use of equipment	I	7/7		7/7	14/14	Met
L10	Reduce risk interventions	I			2/2	2/2	Met
☞ L11	Required inspections	L			2/2	2/2	Met
☞ L12	Smoke detectors	L			2/2	2/2	Met
☞ L13	Clean location	L			2/2	2/2	Met
L14	Site in good repair	L			1/1	1/1	Met
L15	Hot water	L			2/2	2/2	Met
L16	Accessibility	L			2/2	2/2	Met
L17	Egress at grade	L			2/2	2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L18	Above grade egress	L			1/1	1/1	Met
L20	Exit doors	L			2/2	2/2	Met
L21	Safe electrical equipment	L			1/2	1/2	Not Met (50.0 %)
L22	Well-maintained appliances	L			2/2	2/2	Met
L25	Dangerous substances	L			2/2	2/2	Met
L26	Walkway safety	L			2/2	2/2	Met
L27	Pools, hot tubs, etc.	L			0/2	0/2	Not Met (0 %)
L28	Flammables	L			2/2	2/2	Met
L29	Rubbish/com bustibles	L			2/2	2/2	Met
L31	Communication method	I	7/7		7/7	14/14	Met
L32	Verbal & written	I	7/7		7/7	14/14	Met
L37	Prompt treatment	I	7/7		7/7	14/14	Met
Ⓡ L38	Physician's orders	I	1/1		3/3	4/4	Met
L44	MAP registration	L			1/1	1/1	Met
L45	Medication storage	L			1/1	1/1	Met
Ⓡ L46	Med. Administration	I			1/1	1/1	Met
L49	Informed of human rights	I	7/7		7/7	14/14	Met
L50 (07/21)	Respectful Comm.	I	7/7		7/7	14/14	Met
L51	Possessions	I	7/7		7/7	14/14	Met
L52	Phone calls	I	7/7		7/7	14/14	Met
L54 (07/21)	Privacy	I	7/7		7/7	14/14	Met
L55	Informed consent	I	1/3		5/5	6/8	Not Met (75.00 %)

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L77	Unique needs training	I	7/7		7/7	14/14	Met
L80	Symptoms of illness	L	2/2		2/2	4/4	Met
L81	Medical emergency	L	2/2		2/2	4/4	Met
FL L82	Medication admin.	L			1/1	1/1	Met
L85	Supervision	L	2/2		2/2	4/4	Met
L86	Required assessments	I	5/5		4/5	9/10	Met (90.0 %)
L87	Support strategies	I	6/6		4/5	10/11	Met (90.91 %)
L88	Strategies implemented	I	7/7		7/7	14/14	Met
L91	Incident management	L	2/2		1/2	3/4	Met
L93 (05/22)	Emergency back-up plans	I	7/7		7/7	14/14	Met
L94 (05/22)	Assistive technology	I	7/7		6/7	13/14	Met (92.86 %)
L96 (05/22)	Staff training in devices and applications	I	4/4		5/5	9/9	Met
#Std. Met/# 48 Indicator						45/48	
Total Score						53/56	
						94.64%	

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	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	DDS	6/6	Met
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met

Placement Services

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

Placement Services

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

Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	Provider	-	Not Met (0 %)
C13	Skills to maximize independence	Provider	-	Met

Individual Home Supports

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

Remote Supports and Monitoring Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	6/6	Met
C8	Family/guardian communication	6/6	Met
C13	Skills to maximize independence	6/6	Met
C19	Knowledgeable decisions	2/2	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	7/7	Met
C8	Family/guardian communication	7/7	Met
C13	Skills to maximize independence	7/7	Met
C37	Interpersonal skills for work	7/7	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C38 (07/21)	Habilitative & behavioral goals	7/7	Met
C39 (07/21)	Support needs for employment	7/7	Met
C40	Community involvement interest	7/7	Met
C41	Activities participation	7/7	Met
C42	Connection to others	7/7	Met
C43	Maintain & enhance relationship	7/7	Met
C44	Job exploration	7/7	Met
C45	Revisit decisions	7/7	Met
C46	Use of generic resources	7/7	Met
C47	Transportation to/ from community	7/7	Met
C51	Ongoing satisfaction with services/ supports	7/7	Met

Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	7/7	Met
C8	Family/guardian communication	7/7	Met
C22	Explore job interests	7/7	Met
C23	Assess skills & training needs	7/7	Met
C24	Job goals & support needs plan	7/7	Met
C25	Skill development	7/7	Met
C26	Benefits analysis	6/7	Met (85.71 %)
C27	Job benefit education	7/7	Met
C28	Relationships w/businesses	2/2	Met
C29	Support to obtain employment	7/7	Met
C30	Work in integrated settings	7/7	Met
C31	Job accommodations	7/7	Met
C32	At least minimum wages earned	7/7	Met
C33	Employee benefits explained	7/7	Met

Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C34	Support to promote success	7/7	Met
C35	Feedback on job performance	5/5	Met
C36	Supports to enhance retention	7/7	Met
C37	Interpersonal skills for work	7/7	Met
C47	Transportation to/ from community	7/7	Met
C50	Involvement/ part of the Workplace culture	7/7	Met
C51	Ongoing satisfaction with services/ supports	7/7	Met