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|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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|  | |  |  |  | | --- | --- | --- | |  |  |  | | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  | |  |  |  | | |  | | --- | | The ARC of the South Shore is a social services agency that provides services and support to adults with Intellectual and Developmental Disabilities (ID/DD) primarily in the Southeastern region of MA. The agency operates 24/7 Residential Homes, Individual Home Supports (IHS) and Placement Services. The agency also provides Community Based Day Services (CBDS) and Employment Supports. In addition to DDS services, the ARC of the South Shore offers services to people at various stages of life such as Early Intervention, Adult Foster Care, and Day Habilitation.  For this 2021 Licensing and Certification review, the agency was offered and elected to perform a self-assessment of both licensing and certification indicators. A targeted review performed by DDS Office of Quality Enhancement encompassed all critical indicators as well as all the licensing and certification indicators that were found to be not met at the agency's last review. This survey report details the cumulative findings of both the agency's self-assessment process as well as the DDS targeted review.   The DDS review highlighted many agency strengths and practices that promoted the well-being of individuals. Across the agency, allegations of abuse and neglect were reported as mandated. In the area of environmental safety, homes and day service sites were clean and had enhanced cleaning and disinfecting protocols in place in response to the Covid-19 pandemic. Emergency back-up plans were also in place, and environmental inspections were completed as required for both service groupings as well.   In the area of healthcare, staff in the agency's residential services were knowledgeable of the health and overall needs of the individuals. Medication administration and documentation, and implementation of medical protocols occurred in accordance with Physician's orders. Additionally, medication treatment plans when needed, were well developed, and contained all required components including consistent data collection. Across all services Assistive Technology assessments were developed utilizing information about the individual's unique needs, learning, and communication styles. Individuals receiving residential services were offered opportunities to provide feedback on the staff that support them, as well as participate in the interviews of potential new staff.   This targeted review did reveal an area within the CBDS service that requires further attention. The agency must identify job goals and develop support plans for individuals of working age to potentially facilitate movement into supported employment.  The ARC of the South Shore will receive a Two-Year license for its Residential Services grouping with 100% of licensing indicators met. It will also receive a Two-Year license for its Day Services grouping with 100% of licensing indicators met. As a result of these scores, there will be no follow-up to this survey. The agency scored 100% for certification indicators in its Residential Service Grouping and 98% in its Day Services Grouping. The agency is therefore, certified for both service groupings.  The Provider's Self-Assessment process and ratings are outlined below. | | |  | |  |

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|  | |  |  |  | | --- | --- | --- | |  | |  | | |  | | --- | | **Description of Self Assessment Process:** | | |  | |  | |  | | |  | | --- | | The Arc of the South Shore is committed to providing quality services to all individuals supported. The self-assessment gathered data from our existing monitoring systems, including location and systems documentation, and an audit review of a sampling of individuals' confidential records. The confidential file audit review involved checking each file for all indicators listed in the Self-Assessment report form.   Residential and Individual Home Supports reviewed 25 records out of 51 of the individuals served in residential. 80% was used as a threshold to determine an indicator was Met. The record audits and data collection was conducted by a team comprised of Residential Director, Assistant Director, and RN. Confidential File information was cross reference with the medical appointment log to ensure that orders, medications, and treatment sheets are current and accurate. Every HCSIS Health Care Record was compared to the Emergency Fact Sheets in our Salesforce database to confirm data integrity. Training books and Employee certification books are physically reviewed to confirm that all comply. Monthly checks are conducted to ensure that all regulatory fire drills have been performed on schedule. The Residential Director verifies that there are no lapses in regulatory trainings. The Assistant Director reviews and provides follow-up on all incident reports and ISP documentation.  Personal Safety/Environmental Safety: All staff are trained on Fire Safety, Safety Plan, abuse & neglect reporting/ Disabled Persons Protection Commission (DPPC) with annual retraining.   Role of the Facilities Manager in environmental safety: FM, Program Directors and COO meet regularly to coordinate the safety and security of all Group Homes and program facilities. A preventative maintenance checklist is used to ensure that each of our properties are safe and in good repair. FM is responsible for tracking and managing all maintenance and repair issues as well as coordinating outside maintenance (furnace, heating and air conditioning units, fire alarm inspections, OSHA inspections). FM adheres to a scheduled plan for maintenance on all systems. A work order system is used to report R&M needs and document work completion.   The Residential Quality Control Manager (QCM) goes to each house Ix monthly to perform a safety inspection. This includes testing the water temperatures, smoke detectors and carbon monoxide detectors; and check for faulty lighting, flooring, and ramps to ensure safe and proper egress and ambulation. Program managers submit monthly forms to record water temperatures, financial information, vehicle maintenance and any other maintenance concerns. Any issue with water temperatures is addressed immediately with FM.   Health: A database is kept of all active Physical's, Dental, Vision, Audiology, Mammograms, etc. and updated monthly and the Residential Director and QCM review to ensure all appointments are completed in time. A coversheet on each confidential files lists appointments with dates that are needed. Our nurse conducts all MAP training. She conducts spot checks at each home to ensure the medications are appropriately administered and match PCP's orders.   Medical concerns are brought to the RN at biweekly management team meetings. She works with house managers to ensure we are meeting the medical needs of all the individual and their unique diagnoses. A form is used to report and track any health care changes. The RN is liaison to the health care facilities and she speaks with physicians or nurses about individuals' medical procedures. Our RN has created modified diet fact sheets to ensure safe and proper nutrition is being given the appropriate way. She performs specialized trainings at the houses as needed: such as CPAP- EPI Pens, G-Tube, Ileostomy, Diabetes/blood sugar monitoring, Hoyer lifts, transfer boards and many more.  Choice, Control and Growth: Assistive Technology Assessments are done yearly to asses the unique needs of our individuals and enable us to use technology to promote independence. Additional assessments are conducted as needed. All individuals have their own personal space and belongings. They engage in leisure time as well as community outings of their choice. Self Determination Surveys are done yearly to document their unique interests.  Community Based Day and Employment Services: Program Director and Case manager/Employment Coordinator reviewed a 50% sample size (22 of 43 total records) of individuals records. 80% was used as a threshold to determine an indicator was Met. In addition to the record audit the Director of Day Services looked at data derived from program and agency QI systems.  Personal Safety: Upon hire and annually thereafter all staff are trained in mandated reporter policy, HCSIS incident reporting guidelines, Fire Safety, the Safety Evacuation plan, Signs & Symptoms of illness, Universal precautions, PBS Universal Supports, Human Service Worker Safety, Unique needs of individuals served and individualized plans and protocols.   Environmental Safety: In addition to the FM system previously described, FM conducts monthly walkthroughs to physically inspect the premises. Inspections include: ADA accessibility, parking lots, windows and doors; Seasonal preparations; Emergency lighting, Fire alarms and plumbing. Annually tested are HVAC, Boiler, roof, and Security systems. Reports are kept of all inspections. A cleaning logbook records all cleaning including weekly electrostatic spraying. A binder contains Safety Data Sheets listing chemicals used in the building detailing the properties of each chemical, protective measures and safety precautions for handling, storing, and transporting the chemical. The building has 24 hours surveillance cameras. The doors to the buildings are locked and approved personnel have key cards that can be deactivated immediately if needed.  Health: All staff are trained on signs and symptoms of illness, prevention of transmission of infectious diseases, unique needs of persons served including individualized seizure protocols, modified diets, bowel protocols. These are reviewed annually or when changes occur. We keep on file annual physicals, dental, and medication lists. When necessary, we utilize the nurses at the Day Hab program, for urgent matters. All staff get trained on the online Executive Order 509 nutritional order.   Choice. Control and Growth /Meaningful and Satisfying Day Activities: CBDS program provides person-centered, community-based, functional services. Individuals have input every day at morning meetings and choose how to spend their day. An annual comprehensive interest inventory helps us to tailor services towards individualized desires. People have a choice of activities on site and in the community as well as employment opportunities. Assistive Technology Assessments and plans are done yearly to support each individuals independence. Individuals who need targeted PBS support plans use the check in/check out support that keeps them on track. Everyone has their own locker to hold their personal belongings.  Career Planning, Development and Employment: We uses a person-centered planning process for job development and placement for all individuals who have expressed a desire to work or explore work. Employment Coordinator attended the ICI/UMASS employment related trainings. Staff are trained in the process for on-the-job training. During the COVID-19 shut down Staff took part in the free ICI trainings. The coordinator holds monthly focus groups to discuss the aspects of job search, soft skills, work etiquette, job training, resume building and other related topics. The coordinator is in regular contact with community employers to discuss progress and any needs that may arise where we send a job coach to retrain and support the individual to maintain their job.  Access and Integration: Staff assist individuals in accessing generic community resources such as libraries, stores, and volunteer opportunities. Individuals have volunteered at two food pantries, the Natural Science Center, Holly Hill Farm, Sea Chest Consignment and the Whipple Senior Center. They attended State House legislative receptions with elected officials; visited Weymouth Police and Norfolk Sheriff's Department. Staff address any barriers and problem solve solutions to ensure maximum community integration.  Day and Residential: Human Rights: Employees are trained on Human Rights at least annually. We educate the individuals and guardians on Human Rights upon admission and annually. Different education methods are used to accommodate the comprehension abilities of the individuals. A Human Right Committee comprised of the full complement of clinicians/professionals meets quarterly. The program's Human Rights Officer drives the HR education for individuals in the program. Staff are trained in DPPC and mandated reporting. PBS expectations promote Respect, Responsibility, and Safety.   Goal Development and Implementation: Goals are discussed at the ISP and 6-month progress notes are submitted to HCSIS. The goals are written on daily logs as well as monthly progress notes that track goal achievement. If needed, goal modifications can be made in consultation with the individual and the ISP team. ISP Modifications are uploaded to HCSIS.  Communication: Both departments assist individuals with completing annual satisfaction surveys. Surveys are sent to all families/guardians annually. Response information is compiled into an annual report including recommendations for quality improvements. Program Managers regularly email families, providers, and service coordinators to address important issues and share information. Individuals are asked to provide input in the staff hiring and performance review process. We assess the most effective modes of communication for each person, and train staff on implementation such as the use of picture books/schedules, augmentative devices, the use of simple sign language and familiar gestures. In Residential a recent Survey found family members wanted more communication in writing. We created a Monthly Communication Log. It is sent to the families/guardians monthly. It includes medical appointments, activities /community participation, financial needs, and any concerns.  Organizational indicators: Competent Workforce: The Human Resources Department screens and hires qualified staff by matching the job description to the resume and application. Managers then interview the prospective candidate. We require 3 professional references which are verified by the hiring manager and Human Resources. We use the mandatory DDS State background check process: CORI, Fingerprinting, and the Abuse Registry. We also require Registry of Motor Vehicle (RMV), Social Security verification and Office of Inspector General (OIG) checks. We have successfully passed all annual audits of CORI, Fingerprinting, and our Worker's Compensation (Mass Bay Sig) processes.  Once hired the employee goes through the on boarding process and participates in orientation trainings online. Topics include introduction to the agency, Mandated Reporter, Corporate Compliance, Business Ethics, HIPPA, Back Safety & Injury, Workplace Harassment, and Cultural Competency Diversity & Inclusion. In addition, each program conducts its own specific trainings. Employee training documentation is filed with Human Resources. The Arc utilizes Crisis Prevention Intervention (CPI). Currently all CBDS staff employed longer than 3 months have completed the CPI training and 82% of Residential staff are trained. Classes are held monthly. To improve recruitment, we provide sign on and referral bonuses. To maintain quality staff, we provide retention bonuses and improved our annual employee performance system.  Planning and Quality Management Team is the Director of Quality Improvements (also a BCBA) and COO. Our quality improvement process includes checklists, project audits & methodology and standards development. We evaluate agency accreditation standards, regulatory requirements and best practices create clear, specific, and measurable objectives that can be monitored and analyzed. Surveys are required annually from our Individuals/ Consumer/ Client base and our employees with regard to the quality of their experience at The Arc. This feedback is evaluated by the Executive Director, Board of Directors, QA team & relevant management; then used to improve the quality of agency operations.  The Arc utilizes a PBS data tracking and charting system. This system is checked at least weekly by behavior clinicians to monitor for harmful behaviors or notable changes in behavior among individuals that receive services so that data-based decisions can be made about needed supports. This charting system has helped to identify strategies to address concerns including staff training, modifications to the environment, and development of Positive Behavior Support Plans. All staff are trained in PBS system, data collection, and individuals' PBS support plans at their program orientation upon being hired. The PBS system utilizes a variety of forms/ tools to ensure PBS system implementation fidelity, staff competency, and to inform development of meaningful ISP goals.  Agency wide systems that support quality are: Advisory Boards, Human Rights Committee, Peer Reviews, Checklists, Satisfactions Surveys, Critical Incident Reports, and Self-Assessments, Bi-weekly Senior Management Team meetings, Quarterly Human Rights committee meetings, Safety Committee meetings, Corporate Compliance Committee, Monthly Positive Behavioral Supports team meetings and Weekly Executive Team meetings | |  | | |  |

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|  | | | | | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | |  | | | | | | |  |  |  |  |  |  |
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|  | | | | | |  | | --- | | **Organizational: The ARC of the South Shore** | |  |  | | | | | | |  |  |  |  |  |
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|  | | | | | |  | | --- | | **Residential and Individual Home Supports:** | | | | | | | |  |  |  |  |  |  |  |
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Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | **Provider** | - | - | - |  | - | - | **-** | **Met** | |  | L5 | Safety Plan | L | **Provider** | - | - | - |  | - | - | **-** | **Met** | | O | L6 | Evacuation | L | **DDS** | 2/3 | 1/1 | 1/1 |  |  |  | **4/5** | **Met (80.0 %)** | |  | L7 | Fire Drills | L | **Provider** | - | - | - |  | - | - | **-** | **Met** | |  | L8 | Emergency Fact Sheets | I | **Provider** | - | - | - |  | - | - | **-** | **Met** | |  | L9 (07/21) | Safe use of equipment | I | **DDS** | 7/7 | 1/1 |  |  |  |  | **8/8** | **Met** | |  | L10 | Reduce risk interventions | I | **Provider** | - | - | - |  | - | - | **-** | **Met** | | O | L11 | Required inspections | L | **DDS** | 3/3 |  | 1/1 |  |  |  | **4/4** | **Met** | | O | L12 | Smoke detectors | L | **DDS** | 3/3 |  | 1/1 |  |  |  | **4/4** | **Met** | | O | L13 | Clean location | L | **DDS** | 3/3 | 1/1 | 1/1 |  |  |  | **5/5** | **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 | **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** | |  | L26 | Walkway safety | 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** | | O | L38 | Physician's orders | I | **DDS** | 6/6 |  |  |  |  |  | **6/6** | **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** | |  | L43 | Health Care Record | I | **Provider** | - | - | - |  | - | - | **-** | **Met** | |  | L44 | MAP registration | L | **Provider** | - | - | - |  | - | - | **-** | **Met** | |  | L45 | Medication storage | L | **Provider** | - | - | - |  | - | - | **-** | **Met** | | O | L46 | Med. Administration | I | **DDS** | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L47 | Self medication | I | **Provider** | - | - | - |  | - | - | **-** | **Met** | |  | L49 | Informed of human rights | I | **Provider** | - | - | - |  | - | - | **-** | **Met** | |  | L50 (07/21) | Respectful Comm. | I | **DDS** | 7/7 | 1/1 | 2/2 |  |  |  | **10/10** | **Met** | |  | L51 | Possessions | I | **Provider** | - | - | - |  | - | - | **-** | **Met** | |  | L52 | Phone calls | I | **Provider** | - | - | - |  | - | - | **-** | **Met** | |  | L53 | Visitation | I | **Provider** | - | - | - |  | - | - | **-** | **Met** | |  | L54 (07/21) | Privacy | I | **DDS** | 7/7 | 1/1 | 2/2 |  |  |  | **10/10** | **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** | |  | 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** | 7/7 | 1/1 |  |  |  |  | **8/8** | **Met** | |  | L64 | Med. treatment plan rev. | I | **DDS** | 7/7 | 1/1 |  |  |  |  | **8/8** | **Met** | |  | L67 | Money mgmt. plan | I | **Provider** | - | - | - |  | - | - | **-** | **Met** | |  | 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 | **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** | |  | L81 | Medical emergency | L | **Provider** | - | - | - |  | - | - | **-** | **Met** | | O | L82 | Medication admin. | L | **DDS** | 3/3 |  |  |  |  |  | **3/3** | **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 | **Provider** | - | - | - |  | - | - | **-** | **Met** | |  | L90 | Personal space/ bedroom privacy | I | **Provider** | - | - | - |  | - | - | **-** | **Met** | |  | L91 | Incident management | L | **DDS** | 2/3 | 1/1 | 1/1 |  |  |  | **4/5** | **Met (80.0 %)** | |  | **#Std. Met/# 77 Indicator** |  |  |  |  |  |  |  |  |  | **77/77** |  | |  | **Total Score** |  |  |  |  |  |  |  |  |  | **87/87** |  | |  |  |  |  |  |  |  |  |  |  |  | **100%** |  | |  |  |  |  |  | | | | | | |  |  |
|  | | | | |  | | | | | | |  |  |  |  |  |  |  |
|  | | | | | |  | | --- | | **Employment and Day Supports:** | | | | | | | |  |  |  |  |  |  |  |
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|  | | | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **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** | | O | L6 | Evacuation | L | **DDS** |  |  | 1/1 | **1/1** | **Met** | |  | L7 | Fire Drills | L | **Provider** |  | - | - | **-** | **Met** | |  | L8 | Emergency Fact Sheets | I | **Provider** |  | - | - | **-** | **Met** | |  | L9 (07/21) | Safe use of equipment | I | **DDS** | 5/5 |  | 7/7 | **12/12** | **Met** | |  | L10 | Reduce risk interventions | I | **Provider** |  | - | - | **-** | **Met** | | O | L11 | Required inspections | L | **DDS** |  |  | 1/1 | **1/1** | **Met** | | O | L12 | Smoke detectors | L | **DDS** |  |  | 1/1 | **1/1** | **Met** | | O | 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** | |  | 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/combustibles | L | **Provider** |  | - | - | **-** | **Met** | |  | L31 | Communication method | I | **Provider** |  | - | - | **-** | **Met** | |  | L32 | Verbal & written | I | **Provider** |  | - | - | **-** | **Met** | |  | L37 | Prompt treatment | I | **Provider** |  | - | - | **-** | **Met** | | O | L38 | Physician's orders | I | **DDS** |  |  | 6/6 | **6/6** | **Met** | |  | L39 | Dietary requirements | I | **Provider** |  | - | - | **-** | **Met** | |  | L44 | MAP registration | L | **Provider** |  | - | - | **-** | **Met** | |  | L45 | Medication storage | L | **Provider** |  | - | - | **-** | **Met** | | O | L46 | Med. Administration | I | **DDS** |  |  | 6/6 | **6/6** | **Met** | |  | L49 | Informed of human rights | I | **Provider** |  | - | - | **-** | **Met** | |  | L50 (07/21) | Respectful Comm. | I | **DDS** | 5/5 |  | 7/7 | **12/12** | **Met** | |  | L51 | Possessions | I | **Provider** |  | - | - | **-** | **Met** | |  | L52 | Phone calls | I | **Provider** |  | - | - | **-** | **Met** | |  | L54 (07/21) | Privacy | I | **DDS** | 5/5 |  | 7/7 | **12/12** | **Met** | |  | L61 | Health protection in ISP | I | **Provider** |  | - | - | **-** | **Met** | |  | L62 | Health protection review | I | **Provider** |  | - | - | **-** | **Met** | |  | L63 | Med. treatment plan form | I | **DDS** |  |  | 1/1 | **1/1** | **Met** | |  | 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** |  | - | - | **-** | **Met** | |  | L72 | DOL requirements | I | **Provider** |  | - | - | **-** | **Met** | |  | L77 | Unique needs training | I | **Provider** |  | - | - | **-** | **Met** | |  | L79 | Restraint training | L | **DDS** |  |  | 1/1 | **1/1** | **Met** | |  | L80 | Symptoms of illness | L | **Provider** |  | - | - | **-** | **Met** | |  | L81 | Medical emergency | L | **Provider** |  | - | - | **-** | **Met** | | O | 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 | **Provider** |  | - | - | **-** | **Met** | |  | L91 | Incident management | L | **Provider** |  | - | - | **-** | **Met** | |  | **#Std. Met/# 52 Indicator** |  |  |  |  |  |  | **52/52** |  | |  | **Total Score** |  |  |  |  |  |  | **62/62** |  | |  |  |  |  |  |  |  |  | **100%** |  | |  |  |  |  |  |  | | | | | | |  |
|  | | | | |  | | | | | | |  |  |  |  |  |  |  |
|  | | | | | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | |  |  | | | | | | |  |  |  |  |  |
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|  | | | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Certification - Planning and Quality Management** |  |  |  |  | | | | | |  | **Indicator #** | | | | | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | |  | C1 | | | | | Provider data collection | Provider | - | **Met** | |  | C2 | | | | | Data analysis | Provider | - | **Met** | |  | C3 | | | | | Service satisfaction | Provider | - | **Met** | |  | C4 | | | | | Utilizes input from stakeholders | Provider | - | **Met** | |  | C5 | | | | | Measure progress | Provider | - | **Met** | |  | C6 | | | | | Future directions planning | Provider | - | **Met** | |  |  | | | | |  |  |  |  | |  |  |  |  |  | | | | | | |  |  |
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|  | | | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Community Based Day Services** |  |  |  |  | | | | | | **Indicator #** | | | | | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | | C7 | | | | | Feedback on staff / care provider performance | Provider | - | **Met** | | C8 | | | | | Family/guardian communication | Provider | - | **Met** | | C13 | | | | | Skills to maximize independence | Provider | - | **Met** | | C20 (07/21) | | | | | Emergency back-up plans | DDS | 7/7 | **Met** | | C37 | | | | | Interpersonal skills for work | Provider | - | **Met** | | C38 (07/21) | | | | | Habilitative & behavioral goals | DDS | 7/7 | **Met** | | C39 (07/21) | | | | | Support needs for employment | DDS | 3/7 | **Not Met (42.86 %)** | | C40 | | | | | Community involvement interest | Provider | - | **Met** | | C41 | | | | | Activities participation | Provider | - | **Met** | | C42 | | | | | Connection to others | Provider | - | **Met** | | C43 | | | | | Maintain & enhance relationship | Provider | - | **Met** | | C44 | | | | | Job exploration | Provider | - | **Met** | | C45 | | | | | Revisit decisions | Provider | - | **Met** | | C46 | | | | | Use of generic resources | Provider | - | **Met** | | C47 | | | | | Transportation to/ from community | Provider | - | **Met** | | C51 | | | | | Ongoing satisfaction with services/ supports | Provider | - | **Met** | | C54 | | | | | Assistive technology | DDS | 7/7 | **Met** | | **Employment Support Services** |  |  |  |  | | | | | | **Indicator #** | | | | | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | | C7 | | | | | Feedback on staff / care provider performance | Provider | - | **Met** | | C8 | | | | | Family/guardian communication | Provider | - | **Met** | | C20 (07/21) | | | | | Emergency back-up plans | DDS | 5/5 | **Met** | | C22 | | | | | Explore job interests | Provider | - | **Met** | | C23 | | | | | Assess skills & training needs | Provider | - | **Met** | | C24 | | | | | Job goals & support needs plan | Provider | - | **Met** | | C25 | | | | | Skill development | Provider | - | **Met** | | C26 | | | | | Benefits analysis | Provider | - | **Met** | | C27 | | | | | Job benefit education | Provider | - | **Met** | | C28 | | | | | Relationships w/businesses | Provider | - | **Met** | | C29 | | | | | Support to obtain employment | Provider | - | **Met** | | C30 | | | | | Work in integrated settings | Provider | - | **Met** | | C31 | | | | | Job accommodations | Provider | - | **Met** | | C32 | | | | | At least minimum wages earned | Provider | - | **Met** | | C33 | | | | | Employee benefits explained | Provider | - | **Met** | | C34 | | | | | Support to promote success | Provider | - | **Met** | | C35 | | | | | Feedback on job performance | DDS | 5/5 | **Met** | | C36 | | | | | Supports to enhance retention | Provider | - | **Met** | | C37 | | | | | Interpersonal skills for work | Provider | - | **Met** | | C47 | | | | | Transportation to/ from community | Provider | - | **Met** | | C50 | | | | | Involvement/ part of the Workplace culture | Provider | - | **Met** | | C51 | | | | | Ongoing satisfaction with services/ supports | Provider | - | **Met** | | C54 | | | | | Assistive technology | DDS | 5/5 | **Met** | | **Individual Home Supports** |  |  |  |  | | | | | | **Indicator #** | | | | | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | | C7 | | | | | Feedback on staff / care provider performance | DDS | 1/1 | **Met** | | C8 | | | | | Family/guardian communication | Provider | - | **Met** | | C9 | | | | | Personal relationships | Provider | - | **Met** | | C10 | | | | | Social skill development | Provider | - | **Met** | | C11 | | | | | Get together w/family & friends | Provider | - | **Met** | | C12 | | | | | Intimacy | Provider | - | **Met** | | C13 | | | | | Skills to maximize independence | Provider | - | **Met** | | C14 | | | | | Choices in routines & schedules | Provider | - | **Met** | | C15 | | | | | Personalize living space | Provider | - | **Met** | | C16 | | | | | Explore interests | Provider | - | **Met** | | C17 | | | | | Community activities | Provider | - | **Met** | | C18 | | | | | Purchase personal belongings | Provider | - | **Met** | | C19 | | | | | Knowledgeable decisions | Provider | - | **Met** | | C20 (07/21) | | | | | Emergency back-up plans | DDS | 1/1 | **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** | | C54 | | | | | Assistive technology | DDS | 1/1 | **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** | | C9 | | | | | Personal relationships | Provider | - | **Met** | | C10 | | | | | Social skill development | Provider | - | **Met** | | C11 | | | | | Get together w/family & friends | Provider | - | **Met** | | C12 | | | | | Intimacy | Provider | - | **Met** | | C13 | | | | | Skills to maximize independence | Provider | - | **Met** | | C14 | | | | | Choices in routines & schedules | Provider | - | **Met** | | C15 | | | | | Personalize living space | Provider | - | **Met** | | C16 | | | | | Explore interests | Provider | - | **Met** | | C17 | | | | | Community activities | Provider | - | **Met** | | C18 | | | | | Purchase personal belongings | Provider | - | **Met** | | C19 | | | | | Knowledgeable decisions | Provider | - | **Met** | | C20 (07/21) | | | | | Emergency back-up plans | DDS | 2/2 | **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** | | C54 | | | | | Assistive technology | Provider | - | **Met** | | **Residential Services** |  |  |  |  | | | | | | **Indicator #** | | | | | **Indicator** | **Reviewed By** | **Met/Rated** | **Rating** | | C7 | | | | | Feedback on staff / care provider performance | DDS | 7/7 | **Met** | | C8 | | | | | Family/guardian communication | Provider | - | **Met** | | C9 | | | | | Personal relationships | Provider | - | **Met** | | C10 | | | | | Social skill development | Provider | - | **Met** | | C11 | | | | | Get together w/family & friends | Provider | - | **Met** | | C12 | | | | | Intimacy | Provider | - | **Met** | | C13 | | | | | Skills to maximize independence | Provider | - | **Met** | | C14 | | | | | Choices in routines & schedules | Provider | - | **Met** | | C15 | | | | | Personalize living space | Provider | - | **Met** | | C16 | | | | | Explore interests | Provider | - | **Met** | | C17 | | | | | Community activities | Provider | - | **Met** | | C18 | | | | | Purchase personal belongings | Provider | - | **Met** | | C19 | | | | | Knowledgeable decisions | Provider | - | **Met** | | C20 (07/21) | | | | | Emergency back-up plans | DDS | 7/7 | **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** | | C54 | | | | | Assistive technology | DDS | 7/7 | **Met** | |  | | | | |  |  |  |  | |  |  |  | | | | | | |  |  |  |  |