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|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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| |  |  |  | | --- | --- | --- | |  |  |  | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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) 7 audit (s) | Full Review | 72/87 2 Year License 04/13/2021 - 04/13/2023 |  | 21 / 23 Certified 04/13/2021 - 04/13/2023 | | Residential Services | 7 location(s) 7 audit (s) |  |  | Full Review | 15 / 17 | | 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** | 2 location(s) 6 audit (s) | Full Review | 62/66 2 Year License 04/13/2021 - 04/13/2023 |  | 34 / 37 Certified 04/13/2021 - 04/13/2023 | | Community Based Day Services | 1 location(s) 3 audit (s) |  |  | Full Review | 8 / 9 | | Employment Support Services | 1 location(s) 3 audit (s) |  |  | Full Review | 20 / 22 | | Planning and Quality Management (For all service groupings) |  |  |  | Full Review | 6 / 6 | |  | |

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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  |
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|  | |  | | --- | | The Judge Rotenberg educational Center, Inc (JRC) is a private not for profit organization that provides day and residential services to children and adults from Massachusetts as well as numerous other states. At the time of this survey, the agency supported approximately 150 adults, all but one individual received both residential and day services within its network of services.   The scope of this survey included all licensure and certification indicators for both 24-hour residential (24/7 group homes) and day services including both Employment and Community Based Day Supports (CBDS). The review was conducted through virtual observation, interviews, and document exchange.   Based on the results of this review, the agency achieved positive outcomes within the area of supporting a competent workforce across all services. JRC has an established online educational system, with training and tutorials offered on a consistent basis. During the pandemic, the agency successfully supplemented trainings with the provision of additional training in areas of universal precautions and transmission prevention. The agency demonstrated that they had up to date materials and had trained staff in these additional essential topics. Staff were trained in signs and symptoms of illness. The system for tracking that staff received mandated training was accurate and effective.   In the area of personal safety, the agency met the timelines to submit and finalize incident reports. The agency reported concerns of abuse and neglect promptly and in accordance with regulations, following up on immediate and longer-term action steps to ensure people were provided a safe environment. Across all services, incidents were reported as required and staff were knowledgeable about the criteria for reporting.   Environmentally, all locations were well maintained, clean and in good repair. Homes were accessible and appliances and fire protection systems in working condition.   For all services, the agency has strengthened its system regarding the timely completion of required assessments and support strategies in preparation for the Individual Service Plan (ISP). Documentation reviewed for all individuals receiving residential services indicated that both assessments and support strategies were completed on time for the ISP.  Within residential services, in the area of health care, individuals were supported to attend annual medical appointments such as physicals and dental appointments both in person and via telehealth. This was particularly notable given that many dental clinics were not open for a period of time due to the pandemic. Individuals were supported to follow healthy diets.   In the area of choice and control, people received support to purchase personal belongings and to make meal choices based on their food preferences. During the pandemic, the agency began to deliver more food to homes than in the past to contain exposure. In doing so, people were offered menu options and their personal food preferences were respected.   While the agency has demonstrated positive findings in many areas of service delivery, the survey identified areas where additional work was needed to fully meet outcomes in the area of human rights. An area that needed further refinement concerned practices that impact individuals right to privacy. The agency also needs to ensure that its Human Rights Committee is comprised of members with the requisite expertise and that the HRC reviews all policies that may impact the rights of people.   Within residential services, findings indicated that the agency needs to increase assistance to individuals to explore, pursue and express their needs related to intimacy and companionship. Additionally, exploration of assistive technology to address individual needs was limited or not completed.   Within the employment services, when individuals have jobs at which they earn enough money that impact their monthly benefits, the agency needs to ensure that individuals understand how earned income impacts their benefits.  Based on the findings of this review, the agency has earned Two-Year Licenses for both Residential/IHS supports (83%) and Employment/Day supports (94%). The agency is also Certified for all services including both Residential/IHS meeting 21 of 23 indicators (91%) and Employment/Day services meeting 33 of 36 (92%).   DDS will follow up regarding all licensing indicators rated not met for Residential Supports, within 60 days. The provider will complete the 60 day follow up on all licensing indicators not met for Employment /Day Supports. | | |  |

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|  | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | |  | | --- | | **LICENSURE FINDINGS** | |  |  |  | |  |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **8/10** | **2/10** |  | | **Residential and Individual Home Supports** | **64/77** | **13/77** |  | | Residential Services |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **72/87** | **15/87** | **83%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **15** |  | | |  | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **8/10** | **2/10** |  | | **Employment and Day Supports** | **54/56** | **2/56** |  | | Community Based Day Services  Employment Support Services |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **62/66** | **4/66** | **94%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **4** |  | | |  |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | **Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | L48 | The agency has an effective Human Rights Committee. | The Human Rights Committee (HRC) did not have attendance regular attendance of an attorney. Policies, procedures, and training materials related to human rights were not reviewed by the Committee. Several items that were within HRC's purview to review had not been reviewed. The agency needs to ensure that members with required expertise attend meetings. | |  | L66 | All restraints are reviewed by the Human Rights Committee. | There were 60 restraints that were not reviewed by the HRC within the 120-day time limit. The agency needs to provide the HRC all restraints reports so these are reviewed within 120 days of the event. | | | | | |  |
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The agency needs to ensure all emergency fact sheets contain all required components. | |  | L36 | Recommended tests and appointments with specialists are made and kept. | For two individuals, recommended appointments with a specialist were not kept. The agency needs to ensure all recommended appointments with a specialist are made and kept. | |  | L43 | The health care record is maintained and updated as required. | The health care records for 2 individuals did not include the most up to date information including surgery, allergy, and diagnosis. The agency needs to ensure health care records are current and accurate. | |  | L47 | Individuals are supported to become self medicating when appropriate. | For one individual, staff were securing medication that the individual should have stored. For another, the practices in place were not accurately reflected in her support plan. The agency needs to ensure self-medicating individuals are regularly assessed and support plans are revised to reflect strategies that effectively enable them to maintain their self-medicating skills. | |  | 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 individuals, their guardians had not been informed on how to file a grievance or to whom they should talk to if they have a concern. The agency needs to ensure all guardians are informed on to file a grievance or know who they should talk to if they have a concern. | |  | L50 | Written and oral communication with and about individuals is respectful. | For three out of seven individuals, there were instances where labels were used when speaking about individuals such as seizure client or their functioning level. Language was not respectful of the people served. The agency needs to ensure staff describes individuals in a positive affirming way with a focus on their abilities. | |  | L51 | Individuals can access and keep their own possessions. | Two individuals were unable to access and keep their possessions based on exhibiting target behaviors. There was no defined parameters or rationale for why these items were removed within their behavior support plans. The agency needs to ensure there is a rationale and parameters in place for all limitations on individuals' access to their possessions. | |  | L54 | Individuals have privacy when taking care of personal needs and discussing personal matters. | Four individuals had few opportunities /spaces for them to discuss private matters. The agency needs to ensure that all people are afforded a safe and private space to discuss personal matters. | |  | L61 | Supports and health related protections are included in ISP assessments and the continued need is outlined. | There was no guidance for cleaning and care of supports and health related equipment for one individual. The agency needs to ensure that all equipment is checked to ensure safety while using. | |  | L70 | Charges for care are calculated appropriately. | The charges for care calculations for three individuals lacked documentation verifying their monthly unearned benefit amount, and one individual's calculation did not take into account frequent changes in his earned income. The agency needs to obtain verification of benefits to determine the charges for care accurately. | |  | L71 | Individuals are notified of their appeal rights for their charges for care. | Information regarding the right to appeal charges for care was not sent to the guardians of three individuals, for whom the agency was representative payee. The agency needs to ensure that guardians are informed of the charges for care amount and the right to appeal so they can advocate on behalf of individuals if needed. | |  | L90 | Individuals are able to have privacy in their own personal space. | Three individuals were not offered privacy in the personal space (bedrooms). For two individuals who share their bedroom with another person, privacy screens were not available. For another individual, there was no rationale as to why he was not offered privacy or alone time in his room absent of video monitoring. The agency needs to ensure that all people are offered opportunities to have privacy in their own personal space. | | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  | |  | |  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | L16 | The location is adapted and accessible to the needs of the individuals. | In one accessible bathroom, the pipes under roll under sink were not wrapped in protective materials to prevent burns. The agency needs to ensure that all exposed pipes are wrapped in protective materials. | |  | L50 | Written and oral communication with and about individuals is respectful. | The agency refers to people employed by JRC as "client employees." Verbal and oral communication about individuals involved terms such as client/student or descriptive of functioning level. The agency needs to ensure to use person first language when referring to the adults who are receiving supports. The agency needs to ensure staff describes individuals in a positive affirming way with a focus on their abilities. | | |  |

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|  | |  |  |  |  | | --- | --- | --- | --- | |  | **Residential Services- Areas Needing Improvement on Standards not met:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | For six individuals, the agency had not explored or provided opportunities for individuals to increase their knowledge of their needs and/or to explore their needs regarding companionship and intimacy. The agency needs to review individual's interests, preferences and then design and implement supports for individuals. | |  | C54 | Individuals have the assistive technology and/or modifications to maximize independence. | For one individual, an AT assessment identified several areas where assistive technology could potentially help the individual become more independent. However, he was not supported to explore the use of assistive technology methods. Additionally, the assessment did not accurately reflect the person's abilities. The agency needs to ensure that assessments are accurate, and individuals are supported to access AT to increase their abilities and independence. | |  |  |  |  | |  | **Community Based Day Services- Areas Needing Improvement on Standards not met:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | C54 | Individuals have the assistive technology and/or modifications to maximize independence. | Assistive technology assessments completed for two individuals lacked action plans including strategies to explore assistive technology to increase their independence in areas identified in their assessments. | |  |  |  |  | |  | **Employment Support Services- Areas Needing Improvement on Standards not met:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | C26 | Career planning includes an analysis of how an individual's entitlements can be managed in a way that allows them to work successfully in the community. | One person works variable hours and as such his entitlements fluctuate. The agency needs to ensure that this individual understands how his earned income impacts his entitlements. | |  | C33 | Employee benefits and rights are clearly explained to the individual. | Two people were unemployed for several months, the agency did not support them to learn or apply for unemployment benefits. The agency needs to ensure that all rights and benefits are explained and pursued. | |  |  |  |  | | | | |  |

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Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L5 | Safety Plan | L | 4/7 |  |  |  |  |  | **4/7** | **Not Met (57.14 %)** | | O | L6 | Evacuation | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L7 | Fire Drills | L | 6/7 |  |  |  |  |  | **6/7** | **Met (85.71 %)** | |  | L8 | Emergency Fact Sheets | I | 3/7 |  |  |  |  |  | **3/7** | **Not Met (42.86 %)** | |  | L9 | Safe use of equipment | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L10 | Reduce risk interventions | I | 7/7 |  |  |  |  |  | **7/7** | **Met** | | O | L11 | Required inspections | L | 6/7 |  |  |  |  |  | **6/7** | **Met (85.71 %)** | | O | L12 | Smoke detectors | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | | O | L13 | Clean location | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L14 | Site in good repair | L | 5/6 |  |  |  |  |  | **5/6** | **Met (83.33 %)** | |  | L15 | Hot water | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L16 | Accessibility | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L17 | Egress at grade | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L18 | Above grade egress | L | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L20 | Exit doors | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L21 | Safe electrical equipment | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L22 | Well-maintained appliances | L | 6/7 |  |  |  |  |  | **6/7** | **Met (85.71 %)** | |  | L23 | Egress door locks | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L24 | Locked door access | L | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L25 | Dangerous substances | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L26 | Walkway safety | L | 6/7 |  |  |  |  |  | **6/7** | **Met (85.71 %)** | |  | L27 | Pools, hot tubs, etc. | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L28 | Flammables | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L29 | Rubbish/combustibles | L | 6/7 |  |  |  |  |  | **6/7** | **Met (85.71 %)** | |  | L30 | Protective railings | L | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L31 | Communication method | I | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L32 | Verbal & written | I | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L33 | Physical exam | I | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L34 | Dental exam | I | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L35 | Preventive screenings | I | 6/7 |  |  |  |  |  | **6/7** | **Met (85.71 %)** | |  | L36 | Recommended tests | I | 5/7 |  |  |  |  |  | **5/7** | **Not Met (71.43 %)** | |  | L37 | Prompt treatment | I | 7/7 |  |  |  |  |  | **7/7** | **Met** | | O | L38 | Physician's orders | I | 3/4 |  |  |  |  |  | **3/4** | **Met** | |  | L39 | Dietary requirements | I | 4/4 |  |  |  |  |  | **4/4** | **Met** | |  | L40 | Nutritional food | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L41 | Healthy diet | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L42 | Physical activity | L | 6/7 |  |  |  |  |  | **6/7** | **Met (85.71 %)** | |  | L43 | Health Care Record | I | 5/7 |  |  |  |  |  | **5/7** | **Not Met (71.43 %)** | |  | L44 | MAP registration | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L45 | Medication storage | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | | O | L46 | Med. Administration | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L47 | Self medication | I | 0/2 |  |  |  |  |  | **0/2** | **Not Met (0 %)** | |  | L49 | Informed of human rights | I | 4/7 |  |  |  |  |  | **4/7** | **Not Met (57.14 %)** | |  | L50 | Respectful Comm. | L | 4/7 |  |  |  |  |  | **4/7** | **Not Met (57.14 %)** | |  | L51 | Possessions | I | 5/7 |  |  |  |  |  | **5/7** | **Not Met (71.43 %)** | |  | L52 | Phone calls | I | 6/7 |  |  |  |  |  | **6/7** | **Met (85.71 %)** | |  | L53 | Visitation | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L54 | Privacy | L | 5/7 |  |  |  |  |  | **5/7** | **Not Met (71.43 %)** | |  | L55 | Informed consent | I | 4/5 |  |  |  |  |  | **4/5** | **Met (80.0 %)** | |  | L56 | Restrictive practices | I | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L57 | Written behavior plans | I | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L58 | Behavior plan component | I | 6/7 |  |  |  |  |  | **6/7** | **Met (85.71 %)** | |  | L59 | Behavior plan review | I | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L60 | Data maintenance | I | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L61 | Health protection in ISP | I | 0/1 |  |  |  |  |  | **0/1** | **Not Met (0 %)** | |  | L62 | Health protection review | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L63 | Med. treatment plan form | I | 4/5 |  |  |  |  |  | **4/5** | **Met (80.0 %)** | |  | L64 | Med. treatment plan rev. | I | 4/4 |  |  |  |  |  | **4/4** | **Met** | |  | L67 | Money mgmt. plan | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L68 | Funds expenditure | I | 5/6 |  |  |  |  |  | **5/6** | **Met (83.33 %)** | |  | L69 | Expenditure tracking | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L70 | Charges for care calc. | I | 2/5 |  |  |  |  |  | **2/5** | **Not Met (40.0 %)** | |  | L71 | Charges for care appeal | I | 2/5 |  |  |  |  |  | **2/5** | **Not Met (40.0 %)** | |  | L77 | Unique needs training | I | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L78 | Restrictive Int. Training | L | 6/7 |  |  |  |  |  | **6/7** | **Met (85.71 %)** | |  | L79 | Restraint training | L | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L80 | Symptoms of illness | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L81 | Medical emergency | L | 6/7 |  |  |  |  |  | **6/7** | **Met (85.71 %)** | | O | L82 | Medication admin. | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L84 | Health protect. Training | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L85 | Supervision | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L86 | Required assessments | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L87 | Support strategies | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L88 | Strategies implemented | I | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L90 | Personal space/ bedroom privacy | I | 4/7 |  |  |  |  |  | **4/7** | **Not Met (57.14 %)** | |  | L91 | Incident management | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | **#Std. Met/# 77 Indicator** |  |  |  |  |  |  |  |  | **64/77** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **72/87** |  | |  |  |  |  |  |  |  |  |  |  | **82.76%** |  | | | | |  |
|  |  |  |  |  |  |
|  | |  | | --- | | **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 | 3/3 |  | 3/3 | **6/6** | **Met** | |  | L5 | Safety Plan | L | 1/1 |  | 1/1 | **2/2** | **Met** | | O | L6 | Evacuation | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L7 | Fire Drills | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L8 | Emergency Fact Sheets | I | 3/3 |  | 2/3 | **5/6** | **Met (83.33 %)** | |  | L9 | Safe use of equipment | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L10 | Reduce risk interventions | I | 1/1 |  | 3/3 | **4/4** | **Met** | | O | L11 | Required inspections | L | 1/1 |  | 1/1 | **2/2** | **Met** | | O | L12 | Smoke detectors | L | 1/1 |  | 1/1 | **2/2** | **Met** | | O | L13 | Clean location | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L14 | Site in good repair | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L15 | Hot water | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L16 | Accessibility | L | 0/1 |  | 1/1 | **1/2** | **Not Met (50.0 %)** | |  | L17 | Egress at grade | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L18 | Above grade egress | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L20 | Exit doors | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L21 | Safe electrical equipment | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L22 | Well-maintained appliances | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L25 | Dangerous substances | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L26 | Walkway safety | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L28 | Flammables | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L29 | Rubbish/combustibles | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L30 | Protective railings | L |  |  | 1/1 | **1/1** | **Met** | |  | L31 | Communication method | I | 3/3 |  | 2/3 | **5/6** | **Met (83.33 %)** | |  | L32 | Verbal & written | I | 3/3 |  | 3/3 | **6/6** | **Met** | |  | L37 | Prompt treatment | I | 3/3 |  | 3/3 | **6/6** | **Met** | | O | L38 | Physician's orders | I |  |  | 3/3 | **3/3** | **Met** | |  | L39 | Dietary requirements | I |  |  | 3/3 | **3/3** | **Met** | |  | L44 | MAP registration | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L45 | Medication storage | L | 1/1 |  | 1/1 | **2/2** | **Met** | | O | L46 | Med. Administration | I | 1/1 |  | 3/3 | **4/4** | **Met** | |  | L49 | Informed of human rights | I | 3/3 |  | 3/3 | **6/6** | **Met** | |  | L50 | Respectful Comm. | L | 0/1 |  | 1/1 | **1/2** | **Not Met (50.0 %)** | |  | L51 | Possessions | I | 3/3 |  | 3/3 | **6/6** | **Met** | |  | L52 | Phone calls | I | 3/3 |  | 3/3 | **6/6** | **Met** | |  | L54 | Privacy | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L55 | Informed consent | I | 2/2 |  | 3/3 | **5/5** | **Met** | |  | L56 | Restrictive practices | I | 1/1 |  | 3/3 | **4/4** | **Met** | |  | L57 | Written behavior plans | I | 3/3 |  | 3/3 | **6/6** | **Met** | |  | L58 | Behavior plan component | I | 3/3 |  | 3/3 | **6/6** | **Met** | |  | L59 | Behavior plan review | I | 3/3 |  | 3/3 | **6/6** | **Met** | |  | L60 | Data maintenance | I | 3/3 |  | 3/3 | **6/6** | **Met** | |  | L67 | Money mgmt. plan | I |  |  | 1/1 | **1/1** | **Met** | |  | L68 | Funds expenditure | I |  |  | 1/1 | **1/1** | **Met** | |  | L69 | Expenditure tracking | I |  |  | 1/1 | **1/1** | **Met** | |  | L77 | Unique needs training | I | 3/3 |  | 3/3 | **6/6** | **Met** | |  | L78 | Restrictive Int. Training | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L79 | Restraint training | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L80 | Symptoms of illness | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L81 | Medical emergency | L | 1/1 |  | 1/1 | **2/2** | **Met** | | O | L82 | Medication admin. | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L85 | Supervision | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | L86 | Required assessments | I | 2/2 |  | 2/2 | **4/4** | **Met** | |  | L87 | Support strategies | I | 2/2 |  | 2/2 | **4/4** | **Met** | |  | L88 | Strategies implemented | I | 3/3 |  | 3/3 | **6/6** | **Met** | |  | L91 | Incident management | L | 1/1 |  | 1/1 | **2/2** | **Met** | |  | **#Std. Met/# 56 Indicator** |  |  |  |  |  | **54/56** |  | |  | **Total Score** |  |  |  |  |  | **62/66** |  | |  |  |  |  |  |  |  | **93.94%** |  | | | | |  |
|  |  |  |  |  |  |
|  | |  | | --- | | **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** | |  |  |  |  |  | | | | |  |
|  |  |  |  |  |  |
|  | |  |  |  |  | | --- | --- | --- | --- | | **Community Based Day Services** | | | | | **Indicator #** | **Indicator** | **Met/Rated** | **Rating** | | C7 | Feedback on staff / care provider performance | 3/3 | **Met** | | C8 | Family/guardian communication | 3/3 | **Met** | | C13 | Skills to maximize independence | 3/3 | **Met** | | C37 | Interpersonal skills for work | 3/3 | **Met** | | C44 | Job exploration | 3/3 | **Met** | | C45 | Revisit decisions | 3/3 | **Met** | | C47 | Transportation to/ from community | 3/3 | **Met** | | C51 | Ongoing satisfaction with services/ supports | 3/3 | **Met** | | C54 | Assistive technology | 2/3 | **Not Met (66.67 %)** | | **Employment Support Services** | | | | | **Indicator #** | **Indicator** | **Met/Rated** | **Rating** | | C7 | Feedback on staff / care provider performance | 3/3 | **Met** | | C8 | Family/guardian communication | 3/3 | **Met** | | C22 | Explore job interests | 3/3 | **Met** | | C23 | Assess skills & training needs | 3/3 | **Met** | | C24 | Job goals & support needs plan | 3/3 | **Met** | | C25 | Skill development | 3/3 | **Met** | | C26 | Benefits analysis | 1/2 | **Not Met (50.0 %)** | | C27 | Job benefit education | 1/1 | **Met** | | C28 | Relationships w/businesses | 1/1 | **Met** | | C29 | Support to obtain employment | 3/3 | **Met** | | C30 | Work in integrated settings | 3/3 | **Met** | | C31 | Job accommodations | 3/3 | **Met** | | C32 | At least minimum wages earned | 3/3 | **Met** | | C33 | Employee benefits explained | 2/3 | **Not Met (66.67 %)** | | C34 | Support to promote success | 3/3 | **Met** | | C35 | Feedback on job performance | 3/3 | **Met** | | C36 | Supports to enhance retention | 3/3 | **Met** | | C37 | Interpersonal skills for work | 3/3 | **Met** | | C47 | Transportation to/ from community | 2/2 | **Met** | | C50 | Involvement/ part of the Workplace culture | 2/2 | **Met** | | C51 | Ongoing satisfaction with services/ supports | 3/3 | **Met** | | C54 | Assistive technology | 3/3 | **Met** | | **Residential Services** | | | | | **Indicator #** | **Indicator** | **Met/Rated** | **Rating** | | C7 | Feedback on staff / care provider performance | 7/7 | **Met** | | C8 | Family/guardian communication | 7/7 | **Met** | | C9 | Personal relationships | 1/1 | **Met** | | C10 | Social skill development | 6/7 | **Met (85.71 %)** | | C11 | Get together w/family & friends | 7/7 | **Met** | | C12 | Intimacy | 1/7 | **Not Met (14.29 %)** | | C13 | Skills to maximize independence | 7/7 | **Met** | | C14 | Choices in routines & schedules | 6/7 | **Met (85.71 %)** | | C15 | Personalize living space | 7/7 | **Met** | | C18 | Purchase personal belongings | 6/7 | **Met (85.71 %)** | | C19 | Knowledgeable decisions | 5/5 | **Met** | | C20 | Emergency back-up plans | 7/7 | **Met** | | C49 | Physical setting is consistent | 7/7 | **Met** | | C51 | Ongoing satisfaction with services/ supports | 7/7 | **Met** | | C52 | Leisure activities and free-time choices /control | 7/7 | **Met** | | C53 | Food/ dining choices | 7/7 | **Met** | | C54 | Assistive technology | 1/5 | **Not Met (20.0 %)** | |  |  |  |  | | | |  |  |