



**PROVIDER REPORT  
FOR**

**LEDGES, INC (THE)  
PO Box 38  
Hopedale, MA 01747**

**January 05, 2023**

**Version**

**Public Provider Report**

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

## **SUMMARY OF OVERALL FINDINGS**

<b>Provider</b>	LEDGES, INC (THE)
<b>Review Dates</b>	12/7/2022 - 12/12/2022
<b>Service Enhancement Meeting Date</b>	12/22/2022
<b>Survey Team</b>	Susan Dudley-Oxx Melanie McNamara (TL)
<b>Citizen Volunteers</b>	

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

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	1 location(s) 3 audit (s)	Targeted Review	DDS 15/16 Provider 63 / 64  78 / 80 2 Year License 12/22/2022-12/22/2024		DDS 0 / 0 Provider 26 / 26  26 / 26 Certified 12/22/2022 - 12/22/2024
Residential Services	1 location(s) 3 audit (s)			DDS Targeted Review	20 / 20
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

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

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Employment and Day Supports</b>	1 location(s) 5 audit (s)	Targeted Review	DDS 16/16 Provider 47 / 48  63 / 64 2 Year License 12/22/2022-12/22/2024		DDS 0 / 0 Provider 18 / 18  18 / 18 Certified 12/22/2022 - 12/22/2024
Community Based Day Services	1 location(s) 5 audit (s)			DDS Targeted Review	12 / 12
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

## **EXECUTIVE SUMMARY :**

The Ledges, Inc. is a privately-owned and operated human service organization that is headquartered in Hopedale, Massachusetts. The organization provides day and residential services to adults with developmental and intellectual disabilities, mental illness, physical disabilities and/or significant medical challenges. The agency provided services to individuals in the following DDS service types: 24-hour residential services and community-based day supports.

The Ledges was eligible and received approval from the DDS Regional Office to conduct a self-assessment of its quality management processes for the current licensing and certification cycle. This occurred in conjunction with a targeted licensing and certification review completed by the Office of Quality Enhancement (OQE). The targeted review focused on the critical licensing indicators applicable to residential services and to community-based services, two licensing indicators that were not met during the previous cycle for residential supports, two licensing indicators that were not met during the previous cycle for day supports, along with seven licensing indicators that were added or revised since the agency's last survey. The final survey results reflect a combination of ratings from the self-assessment process conducted by The Ledges and the targeted review conducted by DDS, with ratings from DDS prevailing where indicators were rated by both entities.

Findings of the targeted review verified that standards for licensing and certification were maintained for the indicators reviewed for residential and community-based day services. The survey found that the agency's systems for oversight of medication administration, healthcare protocols, and personal safety were effective. All applicable licensing standards relating to critical health and safety indicators and the newly added or revised indicators that were met. Findings of the review confirmed that the agency's auditing system performed by the MAP trainer was effective in ensuring compliance with DDS medication administration regulations. The system not only ensured timely and accurate administration of medication but also minimizing medication errors.

In addition to the positive findings highlighted above, there was one licensure indicator included in the targeted review that requires the agency's attention. The agency needs to ensure that medication treatment plans developed for individuals who are administered behavior modifying medication address all required components and plans must be developed to reduce or eliminate individuals' reliance on sedative medication prior to medical exams and treatment.

As a result of the agency's self-assessment findings and the targeted review conducted by OQE, The Ledges will receive a Two-Year License for its Residential and Individual Home Support services with a service group score of 98%. This service group is Certified with an overall score of 100%. The Ledges will also receive a Two-Year License for its Employment/Day services with a service group score of 98%. This service group is Certified with an overall score of 100%. Follow-up will be conducted by The Ledges and reported to OQE within 60 days on those licensing indicators that received a rating of not met from the combined targeted and self-assessment reviews of both the residential and day/employment service groups.

The Ledges presented the following self-assessment report describing the organization's ongoing quality assurance systems and the agency's current evaluation of compliance with DDS licensing.

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

For the self-assessment process in 2022, a 6-person administrative team at The Ledges performed an audit between November 14th and November 28th using the DDS licensure and certification tool, with each indicator being scored as met, not met, or not rated. The Residential and CBDS programs were rated independently for all applicable licensure and certification indicators.

The audit team was led by the Director of Operations. Administrators were assigned as team leaders to perform detailed assessments, reviews, and interviews that aligned with indicator criteria. For all locations, 100% of participants were assessed for all applicable indicators to ensure compliance. Per DDS notice, the months of January and February 2022 were omitted from the survey. To perform the audit, the Director of Operations assigned specific tasks to team leaders who would perform the tasks and deliver the results to the Director of Operations for review.

The Ledges' self-assessment utilized 3 processes:

Virtual audit: The virtual audit was performed in the office or remotely and encompassed all the licensing and certification indicators that could be viewed and scored through remote access to The Ledges' electronic documents, resident database, CareTracker, or HCSIS. The virtual audit included reviews of safety and healthcare records, ISP documentation, assessments and surveys, and employee documentation.

Onsite audit: The onsite audit was performed at each location and encompassed all the licensing and certification indicators that were not otherwise covered by the virtual audit. The onsite audit included observation, walkthroughs, interviews, document reviews, and MAP compliance checks.

Organizational Audit: The organizational audit encompassed all the applicable organizational indicators. The organizational audit included reviews of DPPC investigations, HRC documentation, training documentation, and inspections and certifications.

A master score sheet was used to tabulate final results for each licensing and certification indicator. This consisted of a document with each indicator listed. For each indicator, a brief description of the assessment process was noted, as well as a rating. The results were then transcribed onto the DDS Provider Self-Assessment Report. The Ledges required an 80% standard met as the threshold for determining ratings for all licensing and certification indicators.

The self-assessment audit applied a total of 81 licensing indicators for residential locations, and to The Ledges' organization as a whole. Overall, The Ledges missed a total of 2 licensing indicators. The self-assessment audit applied a total of 53 certification indicators for residential locations, and to The Ledges' organization as a whole. Overall, The Ledges missed a total of 0 certification indicators. Follow-up action plans have been created or implemented. Detailed information is available on the self-assessment scoring document.

The self-assessment audit applied a total of 57 licensing indicators to the CBDS program. Overall, The Ledges missed a total of 1 licensing indicator. The self-assessment audit applied a total of 11 certification indicators to the CBDS program. Overall, The Ledges missed a total of 0 certification indicators. Follow-up action plans have been created or implemented. Detailed information is available on the self-assessment scoring document.

The Ledges has implemented processes to monitor adherence to DDS licensing and certification standards. The Director of Operations oversees compliance and quality assurance for the entire agency.

All residential and CBDS programs are audited by the Director of Operations and the administrative team on a regular basis. Monthly and as needed site checks are performed at all locations across the agency. All compliance concerns are reported and followed up during monthly administrative meetings. Corrective measures are assigned to the appropriate parties by the Director of Operations.

Procedures to monitor compliance for licensure indicators:

**Personal Safety:** The Ledges distributes informational packets annually to all individuals and guardians containing all required information, acknowledgements, and survey information. Documentation is kept on file in the individual's personal file. Safety protocols, documentation, and information are kept at all locations for staff to reference. Staff are notified of updates to safety protocols through the CareTracker employee messaging system. Safety assessments are performed at least annually for all individuals as part of the ISP process. Fire drills are conducted as required, and all drills are tracked by the Director of Operations.

**Environmental Safety:** All agency facilities and vehicles are checked monthly by the Maintenance Supervisor. The Director of Operations reviews all monthly reports to assure compliance. Furthermore, the agency partners with local town inspectors and Section 8 inspectors when applicable to conduct annual surveys of each location. The Ledges also utilizes the services of a professional fire alarm monitoring contractor, HVAC contractor, elevator maintenance contractor, sprinkler maintenance contractor, and pest control contractor to conduct annual inspections of all locations. The Ledges utilizes a dedicated phone line for facilities requests. Staff members call or text the phone number with facilities requests which are screened by the Property Manager or Director of Operations and referred to the appropriate individual.

**Communication:** The Ledges evaluates prospective employees in regards to their communication skills. The agency focuses on placing employees with individuals that benefit from their communication styles and strengths. Staff are trained on appropriate communication with and about the individuals. Individuals are routinely surveyed to provide feedback on the communication of the employees that work with them through staff evaluations, preference surveys, and interviews.

**Health:** The Ledges Healthcare Coordinator is responsible for maintaining an online database of all medical appointments, medical records, protocols, and diagnoses. The Healthcare Coordinator is also responsible for scheduling and coordinating all upcoming medical appointments, follow-up appointments, tests, and screenings. The Ledges has an on-call nurse 24 hours a day. Agency nurses perform assessments at least once per week on all individuals. The shift supervisors also submit a daily report to the administrative team with any non-urgent medical concerns. The Director of Residential Services is responsible for monitoring all aspects of medication administration and MAP compliance throughout the agency. MAP audits are completed monthly at all locations by the Director of Residential Services in partnership with The Ledges' primary MAP consultant, who is a licensed pharmacist and certified MAP trainer.

**Human Rights:** The Ledges maintains an active HRC, overseen by the Director of Residential Services. Meetings are held quarterly, attendance is recorded, and meeting minutes are published for administrative review. Residents are trained annually in human rights, and monthly house meetings are held at all locations with a human rights "theme of the month" that is discussed with individuals and direct support staff. Employees are required to complete online human rights training annually. Individuals are surveyed annually to address concerns regarding issues of privacy, restrictions, disrespect, or other human rights violations. All supportive and protective devices are signed annually by the PCP and reviewed annually by the HRC. They are also sent annually to the individuals and guardians for approval.

**Competent Workforce:** All applicants are assessed regarding their skills, strengths, prior experience, and qualifications. All new employees spend a week training on-site, and are required to complete a comprehensive curriculum of online and in-person trainings. Employees are required to become MAP Certified before being allowed to administer medications. Training compliance is tracked and monitored by the Director of Residential Services using the Relias eAcademy. Annual employee evaluations are completed for all employees by the administrative team, offering employees an opportunity for development and feedback.

**Goal Development and Implementation:** The ISP Coordinator is responsible for the creation, development, and implementation of assessments and support strategies. DDS assessments are submitted online via the HCSIS portal, while agency specific evaluations and preference surveys are completed to provide supplemental information. The ISP Coordinator works with staff to implement individualized goals and support strategies. Information regarding the goals and support strategies is

disseminated to direct support employees through paper documents and CareTracker. Communication notes and CareTracker are used to collect information regarding the completion of goals and objectives. Data is reviewed quarterly by the ISP Coordinator, and progress summaries are written to track progress towards stated goals.

**Planning and Quality Improvement:** The Ledges maintains a data collection system to track incidents within the agency. Employees are trained to report incidents on either Internal Incident forms or HCSIS Incident forms. These reports are submitted to the Director of Operations and are submitted to the HRC for review. All medication occurrences are tracked by the Director of Residential Services and are reviewed by the HRC. The Executive Director manages all investigations related to the agency. For each investigation, an incident narrative is gathered, the DPPC investigation findings are all reviewed, policy changes are made when necessary, and a report is submitted to the Area Office Program Monitor. The Ledges provides agency evaluations to all individuals, families, and guardians annually, and feedback is incorporated into agency's strategic plan for future improvements. The Ledges also completes preference and satisfaction surveys with the individuals that provide a wide range of information regarding satisfaction with services, employee and administrative performance, quality of facilities, and more. The administrative team holds monthly meetings to discuss progress towards targeted improvements and strategic changes.

**Procedures to monitor compliance for certification indicators:**

**Communication:** The Ledges administrative team completes annual evaluations for all staff. Every individual residing at The Ledges is asked to evaluate the performance of the employees who regularly provide supports at the residence. Individuals are also asked to provide feedback regarding new employee's job performance during the employee's training period. This information is reviewed with the employee, and strategies are discussed to address possible areas of improvement. The agency distributes informational packets annually to all individuals, families, and guardians. These informational packets establish the contact information for families/guardians, as well as other preferences regarding communication between the agency and the family/guardian. The administrative team maintains frequent communication with individuals, families, and guardians via telephone, email, mail, and visitation. Families/guardians are made aware that they are welcome to visit any time they like.

**Supporting and Enhancing Relationships:** Staff are encouraged to promote individuals to increase independence, develop social skills, and build meaningful relationships with peers, family, and friends. Each year, the ISP Coordinator completes an assessment and preference survey with each individual that addresses the individual's social development and social contacts. The ISP Coordinator reviews this information to determine areas of growth and concern. This information is incorporated into the individual's daily schedule or implemented as ISP objectives. This information is relayed to direct support employees who assist in accomplishing the goals.

**Choice, Control, and Growth:** Individuals are assessed annually by the ISP Coordinator, and a wide range of preferences are evaluated to determine if they believe they have been provided an opportunity to express control over the choices in their daily lives and routines. Individuals are asked to note areas of interest they would like to explore and ideas for personal growth and development. Staff are informed of the individuals' desires, and work to assist the individual with making informed decisions in their everyday lives.

**Access and Integration:** Each year, individuals complete a preference survey with the ISP Coordinator to determine interests and desires, ranging from living accommodations to religious affiliations. The results of the preference survey are used to develop activity plans that are tailored to the specific interests of the individual. Individuals provide information regarding community activities that interest them, and they are paired with available staff to schedule opportunities to explore these community interests.

**Meaningful and Satisfying Day Activities:** Individuals who are part of The Ledges' CBDS program are surveyed monthly to determine their satisfaction with the regularly scheduled activities that are offered, as well as any suggestions for future activities of interest. The Director of Operations reviews these surveys, and the results are incorporated into the activities schedule for the following month.

## **LICENSURE FINDINGS**

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	8/8	0/8	
<b>Residential and Individual Home Supports</b>	70/72	2/72	
Residential Services			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	78/80	2/80	98%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		2	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	8/8	0/8	
<b>Employment and Day Supports</b>	55/56	1/56	
Community Based Day Services			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	63/64	1/64	98%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		1	

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

Indicator #	Indicator	Area Needing Improvement
L63	Medication treatment plans are in written format with required components.	The agency needs to ensure that medication treatment plans developed for individuals who are administered behavior modifying medication address all required components. Additionally, strategies must be developed to support individuals in reducing or eliminating their need for sedative medication prior to medical exams and treatment.



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

Indicator #	Indicator	Issue identified	Action planned to address
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Goals, objectives, and support strategies were reviewed as part of the ISP review. Staff interview demonstrated that staff were generally informed regarding goals, objectives, and support strategies of the individuals. The Provider has multiple systems in place for data tracking. For several individuals, written documentation was present but did not provide sufficient information to determine if objectives were successfully met or not met. For several individuals, the Provider was tracking data for objectives that were not consistent with the objectives outlined in the ISP. Electronic data tracking was present, but often did not provide sufficient information to analyze trends.	Staff will be re-trained in data tracking and reporting for ISP goals and for documenting attempts as met or not met. Data tracking systems will be updated to reflect current objectives. The ISP Coordinator will update objectives when they are changed or updated.

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

Indicator #	Indicator	Issue identified	Action planned to address
L63	Medication treatment plans are in written format with required components.	MTPs were reviewed and generally were found to have the necessary content. The Provider has a data tracking system in place that identifies target behaviors and allows staff to report target behaviors. For several individuals, the Provider was tracking data for target behaviors that were not consistent with target behaviors outlined in the MTPs. For several individuals, staff reporting was not sufficient to analyze trends.	Staff will be re-trained in data tracking and reporting of behaviors for MTPs. Data tracking systems will be updated to reflect current target behaviors. The ISP Coordinator will update target behaviors when MTPs are changed or updated.

## **CERTIFICATION FINDINGS**

	Reviewed By	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	<b>DDS 0/0 Provider 6/6</b>	<b>6/6</b>	<b>0/6</b>	
<b>Residential and Individual Home Supports</b>	<b>DDS 0/0 Provider 20/20</b>	<b>20/20</b>	<b>0/20</b>	
Residential Services	DDS 0/0 Provider 20/20	20/20	0/20	
<b>Total</b>		<b>26/26</b>	<b>0/26</b>	<b>100%</b>
<b>Certified</b>				

	Reviewed By	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>	<b>DDS 0/0 Provider 6/6</b>	<b>6/6</b>	<b>0/6</b>	
<b>Employment and Day Supports</b>	<b>DDS 0/0 Provider 12/12</b>	<b>12/12</b>	<b>0/12</b>	
Community Based Day Services	DDS 0/0 Provider 12/12	12/12	0/12	
<b>Total</b>		<b>18/18</b>	<b>0/18</b>	<b>100%</b>
<b>Certified</b>				

## MASTER SCORE SHEET LICENSURE

Organizational: LEDGES, INC (THE)

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	DDS	2/2	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	Provider	-	Met
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Met
L83	HR training	Provider	-	Met

### Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider	-	-			-	-	-	Met
L5	Safety Plan	L	Provider	-	-			-	-	-	Met
Ⓡ L6	Evacuation	L	DDS	1/1						1/1	Met
L7	Fire Drills	L	Provider	-	-			-	-	-	Met
L8	Emergency Fact Sheets	I	Provider	-	-			-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS	3/3						3/3	Met
Ⓡ L11	Required inspections	L	DDS	1/1						1/1	Met
Ⓡ L12	Smoke detectors	L	DDS	1/1						1/1	Met
Ⓡ L13	Clean location	L	DDS	1/1						1/1	Met

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
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

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
L31	Communication method	I	Provider	-	-			-	-	-	Met
L32	Verbal & written	I	Provider	-	-			-	-	-	Met
L33	Physical exam	I	Provider	-	-			-	-	-	Met
L34	Dental exam	I	Provider	-	-			-	-	-	Met
L35	Preventive screenings	I	Provider	-	-			-	-	-	Met
L36	Recommended tests	I	Provider	-	-			-	-	-	Met
L37	Prompt treatment	I	Provider	-	-			-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS	2/2						2/2	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
Ⓡ L46	Med. Administration	I	DDS	3/3						3/3	Met
L47	Self medication	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
L49	Informed of human rights	I	Provider	-	-			-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS	3/3						3/3	Met
L51	Possessions	I	Provider	-	-			-	-	-	Met
L52	Phone calls	I	Provider	-	-			-	-	-	Met
L53	Visitation	I	Provider	-	-			-	-	-	Met
L54 (07/21)	Privacy	I	DDS	3/3						3/3	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	DDS	0/3						0/3	Not Met (0 %)
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
L70	Charges for care calc.	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
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	1/1						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	-	-			-	-	-	Not Met
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	3/3						3/3	Met
L94 (05/22)	Assistive technology	I	DDS	3/3						3/3	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
L96 (05/22)	Staff training in devices and applications	I	DDS	3/3						3/3	Met
#Std. Met/# 72 Indicator										70/72	
Total Score										78/80	
										97.50%	

#### Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	Provider			-	-	Met
L5	Safety Plan	L	Provider			-	-	Met
☐ L6	Evacuation	L	DDS			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	5/5	Met
☐ L11	Required inspections	L	DDS			1/1	1/1	Met
☐ L12	Smoke detectors	L	DDS			1/1	1/1	Met
☐ L13	Clean location	L	DDS			1/1	1/1	Met
L14	Site in good repair	L	Provider			-	-	Met
L15	Hot water	L	Provider			-	-	Met
L16	Accessibility	L	Provider			-	-	Met



Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L17	Egress at grade	L	Provider			-	-	Met
L18	Above grade egress	L	Provider			-	-	Met
L20	Exit doors	L	Provider			-	-	Met
L21	Safe electrical equipment	L	Provider			-	-	Met
L22	Well-maintained appliances	L	Provider			-	-	Met
L25	Dangerous substances	L	Provider			-	-	Met
L26	Walkway safety	L	Provider			-	-	Met
L28	Flammables	L	Provider			-	-	Met
L29	Rubbish/com bustibles	L	Provider			-	-	Met
L30	Protective railings	L	Provider			-	-	Met
L31	Communication method	I	Provider			-	-	Met
L32	Verbal & written	I	Provider			-	-	Met
L37	Prompt treatment	I	Provider			-	-	Met
Ⓡ L38	Physician's orders	I	DDS			5/5	5/5	Met
L39	Dietary requirements	I	Provider			-	-	Met
L44	MAP registration	L	Provider			-	-	Met
L45	Medication storage	L	Provider			-	-	Met
Ⓡ L46	Med. Administration	I	DDS			5/5	5/5	Met
L49	Informed of human rights	I	Provider			-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS			5/5	5/5	Met
L51	Possessions	I	Provider			-	-	Met
L52	Phone calls	I	Provider			-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L54 (07/21)	Privacy	I	DDS			5/5	5/5	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			-	-	Not 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
L77	Unique needs training	I	Provider			-	-	Met
L80	Symptoms of illness	L	Provider			-	-	Met
L81	Medical emergency	L	Provider			-	-	Met
Ⓡ L82	Medication admin.	L	DDS			1/1	1/1	Met
L84	Health protect. Training	I	Provider			-	-	Met
L85	Supervision	L	Provider			-	-	Met
L86	Required assessments	I	Provider			-	-	Met
L87	Support strategies	I	DDS			5/5	5/5	Met
L88	Strategies implemented	I	Provider			-	-	Met
L91	Incident management	L	DDS			1/1	1/1	Met
L93 (05/22)	Emergency back-up plans	I	DDS			5/5	5/5	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L94 (05/22)	Assistive technology	I	DDS			5/5	5/5	Met
L96 (05/22)	Staff training in devices and applications	I	DDS			5/5	5/5	Met
L99 (05/22)	Medical monitoring devices	I	Provider			-	-	Met
#Std. Met/# 56 Indicator							55/56	
Total Score							63/64	
							98.44%	

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

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

### Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / 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

### Residential Services

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

### Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C40	Community involvement interest	Provider	-	<b>Met</b>
C41	Activities participation	Provider	-	<b>Met</b>
C42	Connection to others	Provider	-	<b>Met</b>
C43	Maintain & enhance relationship	Provider	-	<b>Met</b>
C44	Job exploration	Provider	-	<b>Met</b>
C45	Revisit decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>

**Community Based Day Services**

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>