|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
|  |

 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **PROVIDER REPORT FOR** |

 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **The Price Center25-27 Christina Street Newton Highlands, MA 02461**  |

 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |

|  |
| --- |
| **February 04, 2022** |

 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Version** |

 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |

|  |
| --- |
| **Public Provider Report** |

 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| **Prepared by the Department of Developmental ServicesOFFICE OF QUALITY ENHANCEMENT** |

 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |

|  |
| --- |
| **SUMMARY OF OVERALL FINDINGS** |

 |  |  |
|  |  |  |  |  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Provider** |

 |  |

|  |
| --- |
| The Price Center |

 |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Review Dates** |

 |  |

|  |
| --- |
| 11/30/2021 - 12/6/2021 |

 |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Service Enhancement Meeting Date** |

 |  |

|  |
| --- |
| 12/17/2021 |

 |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Survey Team** |

 |  |

|  |
| --- |
| Raymond Edi-Osagie |
| Margareth Larrieux |
| Lisa MacPhail |
| Leslie Hayes (TL) |
| Danielle Robidoux |

 |  |
|  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Citizen Volunteers** |

 |  |

|  |
| --- |
|  |

 |  |  |

 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |

|  |
| --- |
| **Survey scope and findings for Residential and Individual Home Supports** |
| **Service Group Type** | **Sample Size** | **Licensure Scope** | **Licensure Level** | **Certification Scope** | **Certification Level** |
| **Residential and Individual Home Supports** | 3 location(s) 6 audit (s)  | Full Review | 69/77 2 Year License 12/17/2021 - 12/17/2023 |  |  Certified 12/17/2021 - 12/17/2023 |
| Residential Services | 2 location(s) 5 audit (s)  |  |  | Deemed |  |
| Individual Home Supports | 1 location(s) 1 audit (s)  |  |  | Deemed |  |
| Planning and Quality Management (For all service groupings) |   |  |  | Deemed |  |
| **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** | 1 location(s) 16 audit (s)  | Full Review | 50/50 2 Year License 12/17/2021 - 12/17/2023 |  |  Certified 12/17/2021 - 12/17/2023 |
| Community Based Day Services | 1 location(s) 9 audit (s)  |  |  | Deemed |  |
| Employment Support Services | 0 location(s) 7 audit (s)  |  |  | Deemed |  |
| Planning and Quality Management (For all service groupings) |   |  |  | Deemed |  |

 |  |

 |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |

|  |
| --- |
| **EXECUTIVE SUMMARY :** |

 |  |  |
|  |  |  |  |
|  |

|  |
| --- |
| The Price Center, Inc. is a multi-service human service agency based in Newton. The agency provides a variety of supports to individuals with intellectual and developmental disabilities. Programs operated by the Price Center include those serving individuals in 24/7 Residential homes and Individual Homes Supports services (IHS). The agency also serves individuals in Employment Services and Community Based Day Services (CBDS) programs.This 2021 Department of Developmental Services (DDS) Office of Quality Enhancement survey included a full review of all licensing indicators applicable to adult 24-hour Residential, Individualized Home Supports (IHS), Community-Based Day Services (CBDS) and Employment Supports. The agency elected to use its CARF accreditation for deeming in lieu of a DDS Certification Review. The licensing review covered domains such as personal and environmental safety, health, human rights, competent and skilled workforce, goal development and implementation, and COVID 19 Safety practices. Survey results showed that organizationally, effective supports were evident in several areas including Human Rights, and staff training and competency. The Human Rights Committee was fully constituted, met regularly, and deliberated on all the required areas. Also, staff were trained on all the mandated topics, and both individuals and guardians were trained on Human Rights as well as how to report any suspected abuse/ neglect. Effective supports were noted at the residential level. Staff were knowledgeable regarding the unique needs of the individuals they served. Surveyors noted the positive interactions between staff and individuals and gleamed strong levels of comfort and trust between both. Individuals interviewed reported a high level of satisfaction with their services. Environmentally, homes were in good repair and individuals reported them to be comfortable. In the area of medical, emergency fact sheets were current and available on-site. In CBDS and Employment Services, individuals were supported to reach potentials, participate in job readiness activities, and maintain focus on goals of obtaining and maintaining employment as desired. The agency provided remote services to people who were uncomfortable attending in-person, and individuals were encouraged to broaden their horizons and explore new areas of interest and growth.In addition to the areas of strength, there were issues identified that seem to correlate with an identified need for more consistent, ongoing supervision, oversight, and staff development. In the area of medical, supports & health-related protections need to be authorized, clearly outlined in a written document, and receive the required reviews. Medication treatment plans needed for behavior modifying and sleep medication, also should be developed with all required components and data kept. The plans must also be submitted for review by the ISP team. Money management plans was also an area in need of attention: the plans need to be signed by individuals' guardians prior to implementation. ISP goal implementation was identified as inconsistent; the agency needs to ensure that services and support strategies agreed upon in the ISP are consistently implemented. The Price Center scored 90% for licensure Indicators in residential and will receive a Two-Year License for the Residential and Individual Home Supports service grouping. The agency scored 100% for Licensure in the Employment/Day service groups and will receive a Two-Year License for that group as well. The agency will also receive Two-year Certifications for both the Residential/ Individual Home Supports, and the Employment/ Day service groupings due to deeming for its CARF accreditation. Based on the result, the agency will conduct its own a follow-up on licensing indicators that were not met for the Residential and Individual Home Supports services within sixty days of the Service Enhancement Meeting. |

 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|

|  |
| --- |
| **LICENSURE FINDINGS** |

 |  |  |  |
|  |  |  |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **8/8** | **0/8** |  |
| **Residential and Individual Home Supports** | **61/69** | **8/69** |  |
|  Residential Services Individual Home Supports |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **69/77** | **8/77** | **90%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **8** |  |

 |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **8/8** | **0/8** |  |
| **Employment and Day Supports** | **42/42** | **0/42** |  |
|  Community Based Day Services Employment Support Services |  |  |  |
| **Critical Indicators** | **7/7** | **0/7** |  |
| **Total** | **50/50** | **0/50** | **100%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **0** |  |

 |
|  |  |  |  |

 |  |
|  |  |  |
|  |

|  |
| --- |
|  |
|

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L15 | Hot water temperature tests between 110 and 120 degrees (as of 1/2014). | At one of two sites, water temperatures tested outside the required range. The agency needs to ensure that water temperature is maintained to be within the required range. (Corrected). |
|  |  L23 | There are no locks on bedroom doors that provide access to an egress. | One of two residential homes had locks on the bedroom doors that led to egresses to the outside of the home. The agency needs to ensure that bedrooms that provide access to an egress do not have locks on the doors. (Corrected). |
|  |  L61 | Supports and health related protections are included in ISP assessments and the continued need is outlined. | Two of four individuals did not have clearly outlined health-related protection information and inclusion in the ISP Assessments. The agency needs to ensure that Supports & Health-Related Protections are reviewed as required and are included in the ISP. |
|  |  L63 | Medication treatment plans are in written format with required components. | All five individuals either did not have medication treatment plans in place, or data was not being collected. The agency needs to ensure that medication treatment plans are developed as required, and that data is collected regarding the behaviors being addressed. |
|  |  L64 | Medication treatment plans are reviewed by the required groups. | Four individuals that required medication treatment plans did not have their plans submitted to ISP teams as required. The agency needs to ensure that Medication Treatment Plans are in place and reviewed as required. |
|  |  L67 | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | Three of the six individuals did not have money management plans signed by the guardian. The agency needs to ensure that financial management and training plans are signed by the guardians. |
|  |  L85 | The agency provides ongoing supervision, oversight and staff development. | At two of the three sites, ongoing supervision and staff development was not occurring. The agency needs to ensure that supervision and staff development occurs consistently and is documented according to agency policy. |
|  |  L88 | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For four of the six individuals support strategies were not being fully implemented. The agency needs to ensure that goals are in place and are being fully implemented. |

 |
|  |

 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |

|  |
| --- |
| **MASTER SCORE SHEET LICENSURE** |

 |  |  |  |
|  |  |  |  |  |
|  |

|  |
| --- |
| **Organizational: The Price Center** |

 |  |  |
|  |  |  |  |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **3/3** | **Met** |
|  |  L3 | Immediate Action | **3/3** | **Met** |
|  |  L4 | Action taken | **3/3** | **Met** |
|  |  L48 | HRC | **1/1** | **Met** |
|  |  L74 | Screen employees | **2/2** | **Met** |
|  |  L75 | Qualified staff | **4/4** | **Met** |
|  |  L76 | Track trainings | **4/4** | **Met** |
|  |  L83 | HR training | **4/4** | **Met** |

 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Residential and Individual Home Supports:** |

 |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Res. Sup.** | **Ind. Home Sup.** | **Place.** | **Resp.** | **ABI-MFP Res. Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** |
|  |  L1 | Abuse/neglect training | I | 5/5 | 1/1 |  |  |  |  | **6/6** | **Met** |
|  |  L5 | Safety Plan | L | 2/2 | 1/1 |  |  |  |  | **3/3** | **Met** |
| O |  L6 | Evacuation | L | 2/2 | 1/1 |  |  |  |  | **3/3** | **Met** |
|  |  L7 | Fire Drills | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L8 | Emergency Fact Sheets | I | 5/5 | 1/1 |  |  |  |  | **6/6** | **Met** |
|  |  L9 (07/21) | Safe use of equipment | I | 4/5 | 1/1 |  |  |  |  | **5/6** | **Met(83.33 %)** |
|  |  L10 | Reduce risk interventions | I | 1/1 |  |  |  |  |  | **1/1** | **Met** |
| O |  L11 | Required inspections | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
| O |  L12 | Smoke detectors | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
| O |  L13 | Clean location | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L14 | Site in good repair | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L15 | Hot water | L | 1/2 |  |  |  |  |  | **1/2** | **Not Met(50.0 %)** |
|  |  L16 | Accessibility | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L17 | Egress at grade  | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L18 | Above grade egress | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L19 | Bedroom location | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L20 | Exit doors | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L21 | Safe electrical equipment | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L22 | Well-maintained appliances | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L23 | Egress door locks | L | 1/2 |  |  |  |  |  | **1/2** | **Not Met(50.0 %)** |
|  |  L24 | Locked door access | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L25 | Dangerous substances | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L26 | Walkway safety | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L28 | Flammables | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L29 | Rubbish/combustibles | L | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L30 | Protective railings | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L31 | Communication method | I | 5/5 | 1/1 |  |  |  |  | **6/6** | **Met** |
|  |  L32 | Verbal & written | I | 5/5 | 1/1 |  |  |  |  | **6/6** | **Met** |
|  |  L33 | Physical exam | I | 5/5 | 1/1 |  |  |  |  | **6/6** | **Met** |
|  |  L34 | Dental exam | I | 4/4 | 0/1 |  |  |  |  | **4/5** | **Met(80.0 %)** |
|  |  L35 | Preventive screenings | I | 3/3 | 0/1 |  |  |  |  | **3/4** | **Met** |
|  |  L36 | Recommended tests | I | 5/5 | 0/1 |  |  |  |  | **5/6** | **Met(83.33 %)** |
|  |  L37 | Prompt treatment | I | 3/3 | 1/1 |  |  |  |  | **4/4** | **Met** |
| O |  L38 | Physician's orders | I | 4/4 | 0/1 |  |  |  |  | **4/5** | **Met(80.0 %)** |
|  |  L40 | Nutritional food | L | 2/2 | 1/1 |  |  |  |  | **3/3** | **Met** |
|  |  L41 | Healthy diet | L | 2/2 | 1/1 |  |  |  |  | **3/3** | **Met** |
|  |  L42 | Physical activity | L | 2/2 | 1/1 |  |  |  |  | **3/3** | **Met** |
|  |  L43 | Health Care Record | I | 4/5 | 1/1 |  |  |  |  | **5/6** | **Met(83.33 %)** |
|  |  L44 | MAP registration | L | 2/2 | 1/1 |  |  |  |  | **3/3** | **Met** |
|  |  L45 | Medication storage | L | 2/2 | 1/1 |  |  |  |  | **3/3** | **Met** |
| O |  L46 | Med. Administration | I | 5/5 | 1/1 |  |  |  |  | **6/6** | **Met** |
|  |  L47 | Self medication | I | 2/2 |  |  |  |  |  | **2/2** | **Met** |
|  |  L49 | Informed of human rights | I | 5/5 | 1/1 |  |  |  |  | **6/6** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | 5/5 | 1/1 |  |  |  |  | **6/6** | **Met** |
|  |  L51 | Possessions | I | 5/5 | 1/1 |  |  |  |  | **6/6** | **Met** |
|  |  L52 | Phone calls | I | 5/5 | 1/1 |  |  |  |  | **6/6** | **Met** |
|  |  L53 | Visitation | I | 5/5 | 1/1 |  |  |  |  | **6/6** | **Met** |
|  |  L54 (07/21) | Privacy | I | 5/5 | 1/1 |  |  |  |  | **6/6** | **Met** |
|  |  L55 | Informed consent | I |  | 1/1 |  |  |  |  | **1/1** | **Met** |
|  |  L61 | Health protection in ISP | I | 2/4 |  |  |  |  |  | **2/4** | **Not Met(50.0 %)** |
|  |  L62 | Health protection review | I | 4/4 |  |  |  |  |  | **4/4** | **Met** |
|  |  L63 | Med. treatment plan form | I | 0/4 | 0/1 |  |  |  |  | **0/5** | **Not Met(0 %)** |
|  |  L64 | Med. treatment plan rev. | I | 0/3 | 0/1 |  |  |  |  | **0/4** | **Not Met(0 %)** |
|  |  L67 | Money mgmt. plan | I | 2/5 | 1/1 |  |  |  |  | **3/6** | **Not Met(50.0 %)** |
|  |  L68 | Funds expenditure | I | 5/5 | 1/1 |  |  |  |  | **6/6** | **Met** |
|  |  L69 | Expenditure tracking | I | 5/5 | 1/1 |  |  |  |  | **6/6** | **Met** |
|  |  L70 | Charges for care calc. | I | 5/5 |  |  |  |  |  | **5/5** | **Met** |
|  |  L71 | Charges for care appeal | I | 5/5 |  |  |  |  |  | **5/5** | **Met** |
|  |  L77 | Unique needs training | I | 5/5 | 0/1 |  |  |  |  | **5/6** | **Met(83.33 %)** |
|  |  L80 | Symptoms of illness | L | 2/2 | 1/1 |  |  |  |  | **3/3** | **Met** |
|  |  L81 | Medical emergency | L | 2/2 | 1/1 |  |  |  |  | **3/3** | **Met** |
| O |  L82 | Medication admin. | L | 2/2 | 1/1 |  |  |  |  | **3/3** | **Met** |
|  |  L84 | Health protect. Training | I | 4/4 |  |  |  |  |  | **4/4** | **Met** |
|  |  L85 | Supervision  | L | 1/2 | 0/1 |  |  |  |  | **1/3** | **Not Met(33.33 %)** |
|  |  L86 | Required assessments | I | 2/2 | 1/1 |  |  |  |  | **3/3** | **Met** |
|  |  L87 | Support strategies | I | 2/2 | 1/1 |  |  |  |  | **3/3** | **Met** |
|  |  L88 | Strategies implemented | I | 1/5 | 1/1 |  |  |  |  | **2/6** | **Not Met(33.33 %)** |
|  |  L90 | Personal space/ bedroom privacy | I | 5/5 | 1/1 |  |  |  |  | **6/6** | **Met** |
|  |  L91 | Incident management | L | 2/2 | 1/1 |  |  |  |  | **3/3** | **Met** |
|  | **#Std. Met/# 69 Indicator** |  |  |  |  |  |  |  |  | **61/69** |  |
|  | **Total Score** |  |  |  |  |  |  |  |  | **69/77** |  |
|  |  |  |  |  |  |  |  |  |  | **89.61%** |  |

 |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **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 | 7/7 |  | 9/9 | **16/16** | **Met** |
|  |  L5 | Safety Plan | L |  |  | 1/1 | **1/1** | **Met** |
| O |  L6 | Evacuation | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L7 | Fire Drills | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L8 | Emergency Fact Sheets | I | 7/7 |  | 9/9 | **16/16** | **Met** |
|  |  L9 (07/21) | Safe use of equipment | I | 7/7 |  | 8/8 | **15/15** | **Met** |
| O |  L11 | Required inspections | L |  |  | 1/1 | **1/1** | **Met** |
| O |  L12 | Smoke detectors | L |  |  | 1/1 | **1/1** | **Met** |
| O |  L13 | Clean location | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L14 | Site in good repair | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L15 | Hot water | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L16 | Accessibility | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L17 | Egress at grade  | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L18 | Above grade egress | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L20 | Exit doors | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L21 | Safe electrical equipment | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L22 | Well-maintained appliances | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L25 | Dangerous substances | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L26 | Walkway safety | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L27 | Pools, hot tubs, etc. | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L28 | Flammables | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L29 | Rubbish/combustibles | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L30 | Protective railings | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L31 | Communication method | I | 7/7 |  | 9/9 | **16/16** | **Met** |
|  |  L32 | Verbal & written | I | 7/7 |  | 9/9 | **16/16** | **Met** |
|  |  L37 | Prompt treatment | I |  |  | 3/3 | **3/3** | **Met** |
| O |  L38 | Physician's orders | I | 1/1 |  | 7/7 | **8/8** | **Met** |
| O |  L46 | Med. Administration | I |  |  | 4/4 | **4/4** | **Met** |
|  |  L49 | Informed of human rights | I | 7/7 |  | 9/9 | **16/16** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | 7/7 |  | 9/9 | **16/16** | **Met** |
|  |  L51 | Possessions | I | 7/7 |  | 8/8 | **15/15** | **Met** |
|  |  L52 | Phone calls | I | 7/7 |  | 8/8 | **15/15** | **Met** |
|  |  L54 (07/21) | Privacy | I | 7/7 |  | 7/7 | **14/14** | **Met** |
|  |  L55 | Informed consent | I |  |  | 2/2 | **2/2** | **Met** |
|  |  L77 | Unique needs training | I | 7/7 |  | 9/9 | **16/16** | **Met** |
|  |  L80 | Symptoms of illness | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L81 | Medical emergency | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L85 | Supervision  | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L86 | Required assessments | I | 7/7 |  | 8/8 | **15/15** | **Met** |
|  |  L87 | Support strategies | I | 7/7 |  | 8/8 | **15/15** | **Met** |
|  |  L88 | Strategies implemented | I | 7/7 |  | 8/8 | **15/15** | **Met** |
|  |  L91 | Incident management | L |  |  | 1/1 | **1/1** | **Met** |
|  | **#Std. Met/# 42 Indicator** |  |  |  |  |  | **42/42** |  |
|  | **Total Score** |  |  |  |  |  | **50/50** |  |
|  |  |  |  |  |  |  | **100%** |  |

 |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **MASTER SCORE SHEET CERTIFICATION** |

 |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

 |  |  |  |  |