



**PROVIDER REPORT
FOR**

**Thrive Support & Advocacy
65 Boston Post Rd. West
Suite 220 Marlborough, MA
01752**

December 06, 2024

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider Thrive Support & Advocacy

Review Dates 9/30/2024 - 10/4/2024

Service Enhancement Meeting Date 10/21/2024

Survey Team Cheryl Hampton
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Citizen Volunteers

Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	4 location(s) 8 audit (s)	Full Review	58/88 Defer Licensure		41 / 46 Certified
Residential Services	2 location(s) 6 audit (s)			Full Review	16 / 20
Individual Home Supports	2 location(s) 2 audit (s)			Full Review	20 / 20
Planning and Quality Management (For all service groupings)				Full Review	5 / 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) 7 audit (s)	Full Review	46/56 2 Year License 10/21/2024 - 10/21/2026		15 / 21 Certified with Progress Report 10/21/2024 - 10/21/2026
Community Based Day Services	2 location(s) 7 audit (s)			Full Review	10 / 15
Planning and Quality Management (For all service groupings)				Full Review	5 / 6

EXECUTIVE SUMMARY :

Thrive Support and Advocacy is a multi-faceted human services agency based in Marlborough, Massachusetts. The agency supports adults with Developmental and Intellectual Disabilities, as well as those on the Autism Spectrum throughout the Metro-West and Worcester areas. Thrive offers Twenty-Four Hour Residential Services, Individual Home Supports (IHS), and Community Based Day Supports (CBDS). The agency also offers other community services including recreational programming, family supports, an after-school program for youth, and a food pantry for people in need.

For this 2024 survey, Thrive Support and Advocacy underwent a full licensure and certification evaluation conducted by the Department of Developmental Services (DDS) Metro Office of Quality Enhancement. The review involved an evaluation of the agency's organizational systems, and supports provided in its twenty-four-hour residential homes, individual home supports, and its community-based day services.

Organizationally, Thrive expanded its services since the previous DDS survey by opening two new residential homes and a CBDS program; this allowed it to serve more people that needed services. The agency initiated unique ways of recruiting; it hired new employees from neighborhood shelters and ensured that staff received basic and DDS mandated training during the onboarding process, and on an ongoing basis. The agency has a strategic plan that it has been working on since 2023-2024, and it conducted satisfaction surveys with individuals and employees.

Relative to licensing in twenty-four-hour residential supports, people resided in homes that met their ambulatory needs (including accessibility). Thrive homes had current DPH MAP registration for medication storage and administration; and staff administering medications had current MAP certificates. Individuals were supported to receive routine and annual healthcare services, including physical and dental examinations. Agency staff also ensured that people received prompt treatment for emergent medical concerns. Staff was knowledgeable of people's unique needs and preferences and supported people to make choices regarding their daily leisure pursuits.

Thrive provided effective supports to individuals in its IHS homes in many licensing areas. People were supported to schedule and attend routine healthcare appointments. When required, people were also supported to undergo follow-up testing by healthcare practitioners and to schedule/attend referrals to specialists. Relative to human rights, individuals received documented trainings on human rights and abuse reporting; and relative to the ISP, required assessments and support strategies for the ISP were submitted within the timeframes required. Additionally, incidents reports were entered into HCSIS in accordance with the established timelines. Individuals in IHS were assessed for assistive technology needs, and staff was familiar with devices that were being used. Individuals were also familiar with who to contact when they had a grievance, need, or question.

Relative to certification: across all residential services, the agency supported people to maintain and enhance personal relationships; they were supported to get together with family and friends. People enjoyed support to purchase personal belongings, and to make choices regarding their daily schedules and routines.

The CBDS programs was found to be providing effective supports in many areas of licensing. Both sites where audits occurred were clean and in good repair; and the agency completed all the required inspections. DDS approved emergency evacuation safety plans were present, and records revealed that staff supported individuals to evacuate individuals within a reasonable timeframe during emergency drills. Locations where medication was administered by staff certified in MAP had current DPH registration certificates. Individuals who attend the programs were able to keep their own possessions, make and receive phone calls when necessary, and were offered privacy when taking care of personal needs or speaking with staff. Relative to certification, the Thrive CBDS programs

offered a variety of program activities, from in-house activities and learning opportunities, to community-based volunteering activities and exploratory offerings. Individuals had choices of a variety of activities on the daily program schedule, such as cooking group, arts/crafts, utilizing the YMCA to exercise, going to the library.

The survey identified several areas where the agency must improve its licensing and certification compliance to provide more effective supports. The agency's Human Rights Committee failed to meet DDS standards, including for the required number of meetings held yearly, and reflection of deliberations and resolutions in its meeting minutes. The agency also needs a method for ensuring the effective use of stakeholder input, including from DDS, in making timely and ongoing programmatic improvements.

In residential services, oversight and supervision in 24/7 residential homes was inadequate, leading to several issues. Many sites lacked up-to-date DDS-authorized emergency evacuation plans, and fire drills were not conducted as required. Human rights and annual abuse reporting (DPPC) trainings were not consistently provided, and it was unclear if guardians received related information. Medical follow-ups, including appointments, were inconsistent. MAP Certified staff missed additional training for specific medication administration, and health care records, emergency fact sheets, and medication treatment plans were often inaccurate or incomplete. Data collection for symptom identified in medication plans, and essential for evaluation of efficacy, was inconsistent. Relative to financial, money management plans were missing required components and guardian authorization; and expenditure tracking was often unclear. Assistive technology assessments were also incomplete, and incident reporting into HCSIS did not meet required standards. In IHS services, some locations lacked current evacuation plans and for individuals, emergency fact sheets were not updated. Within certification, individuals across residential services were not consistently involved in staff hiring and evaluations with input documented.

Several areas in CBDS were also identified as needing attention. Within licensure, guardians were not provided required information on human rights and abuse/neglect reporting (DPPC). Support for participants to meet their ISP goals was lacking, and progress was not properly documented in tracking and progress summaries (in English and a participant's native language as needed). Assistive technology assessments were incomplete for many individuals, hindering their probable independence. Relative to behavior management, the CBDS did not request medication treatment plans from residential providers or share relevant symptomatic data. Additionally, in certification, the CBDS needs to complete interest inventories and employment plans; develop work plans outlining job goals and support needs for moving into supported employment; and identify/work on habilitative and behavioral goals that may hinder employment. The agency also must involve individuals, and document input on hiring and evaluation of staff.

As a result of the review, Thrives Residential and Individual Home Supports received a licensing score of 66% with one critical indicator (L82) being not met. The residential services grouping is therefore in deferred licensure status and will not receive its license until it meets the one critical indicator and achieves a residential licensing score of 80% or above. The residential services grouping is Certified with an overall certification score of 89%.

The Employment and Day Supports will receive a Two-Year License, with a service grouping score of 82% of licensure indicators met. This Employment and Day services grouping is Certified with a Progress Report with an overall certification score of 71%. Both the residential and day supports will undergo a follow-up review conducted by the DDS Metro Office of Quality Enhancement within 60 days of the SEM meeting.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/10	3/10	
Residential and Individual Home Supports	51/78	27/78	
Residential Services Individual Home Supports			
Critical Indicators	7/8	1/8	
Total	58/88	30/88	66%
Defer Licensure			
# indicators for 60 Day Follow-up		30	

	Met / Rated	Not Met / Rated	% Met
Organizational	7/10	3/10	
Employment and Day Supports	39/46	7/46	
Community Based Day Services			
Critical Indicators	7/7	0/7	
Total	46/56	10/56	82%
2 Year License			
# indicators for 60 Day Follow-up		10	

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 agency's Human Rights Committee was ineffective. Quarterly meetings did not occur as required. Meeting minutes lacked clarity on deliberation outcomes, and the bylaws were outdated and in need of revision. The agency must ensure that its human rights committee meets quarterly, is fully comprised of all required members, reviews all mandated topics, and documents outcomes and updates clearly in its meeting minutes.
L65	Restraint reports are submitted within required timelines.	All three restraint reports submitted into HSCIS were submitted past the required timelines. The agency needs to ensure that all restraint reports are submitted within the required timelines.

Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L66	All restraints are reviewed by the Human Rights Committee.	All three restraint reports submitted into HSCIS were not reviewed by the agency's Human Rights Committee within the required timeframe. The agency needs to ensure that all restraint reports are reviewed by the agency's Human Rights Committee within the required timeframes.

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L1	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	Four of eight individuals were not trained on abuse and neglect reporting, and their guardians did not receive requisite abuse and neglect reporting information. The agency needs to ensure that all individuals receive abuse and neglect reporting training on an annual basis; and that guardians are provided with requisite materials regarding abuse and neglect reporting.
L5	There is an approved safety plan in home and work locations.	At three of four residential locations, the Emergency Evacuation Safety Plans in place had expired DDS approvals. The agency needs to ensure that all residential locations where safety plans are required have current (and accurate) authorized DDS emergency evacuation plans in place at all times.
L7	Fire drills are conducted as required.	At two locations, fire drills were not conducted as specified in the Emergency Evacuation Safety Plan. The agency needs to ensure that it conducts evacuation drills in accordance with what is stipulated in the safety plan.
L8	Emergency fact sheets are current and accurate and available on site.	Five of eight individuals' Emergency Fact Sheets were missing required information and/or contained information that was inaccurate. The agency needs to ensure that emergency fact sheets are updated, current, and developed to contain all of the required information.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At one of two locations the water temperature tested outside of the required temperature parameters. The agency needs to ensure that the water temperature at all homes is maintained within the required temperature parameters,
L22	All appliances and equipment are operational and properly maintained.	At one of two locations, appliances were not maintained as required. The agency needs to ensure that all appliances are properly maintained.
L36	Recommended tests and appointments with specialists are made and kept.	For three of eight individuals in 24/7 residential, recommended tests and/or appointments were not scheduled and/or attended. The agency needs to ensure that it supports individuals in 24/7 residential homes to schedule and attend follow-up recommendations.

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L43	The health care record is maintained and updated as required.	For two of eight individuals, Health Care Records were not accurate, updated and maintained as required. The agency needs to ensure that people's healthcare records are updated as required and contain accurate information.
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.	Four of eight individuals were not trained on human rights on an annual basis; and/or guardians were not sent requisite human rights information. The agency needs to ensure that all individuals receive human rights training on an annual basis and that guardians receive requisite human rights information.
L56	Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.	For two of three individuals who live at locations where restrictive practices were implemented by the agency, there were no outlined provisions contained in plans to avoid unduly restricting the rights of others for whom the restrictions were not intended. The agency needs to ensure that it informs those not requiring the restrictions (and their guardians) about how those restrictions will be mitigated.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	For all three individuals with documented behavioral interventions, data being collected was inconsistent with what was identified in the plans. The agency needs to ensure that it consistently collects and records data in line with what is identified in peoples plans, for the purpose of determining the efficacy of behavioral interventions.
L63	Medication treatment plans are in written format with required components.	For all six individuals, behavior modifying medication treatment plans were missing required components or in some cases not developed for medications requiring plans. The agency needs to ensure that it develops medication treatment plans for all behavior modifying medications and ensures that the plans are written in a format that addresses all of the required components.
L64	Medication treatment plans are reviewed by the required groups.	Four of six individual's medication treatment plans were not submitted to the ISP team for review. The agency needs to ensure that all medication treatment plans receive requisite reviews.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	All five individual's money management plans did not include required components; and agreement was not obtained from individuals/guardians. The agency must ensure that money management plans include all necessary components, and that agreement is obtained for the plans.

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.	For four of five individuals whose funds were managed by the agency, it could not be ascertained what expenditures were used for (the agency employed a system by which purchases were made for individuals using an agency PEX card (a prepaid card for distribution of funds, monitoring of expenses, reconciliation and streamlining of expenses) , after which total sums of money were withdrawn from people's accounts for the purpose of reimbursing the agency's account for those purchases). The agency needs to maintain clear records of all individual's expenditures including what the funds were used for.
L69	Individual expenditures are documented and tracked.	For four of five individuals, expenditures were not documented and tracked individually. The agency needs to utilize a system for expenditures management in which staff support the use of funds, document, and track expenditures on an individual basis.
L78	Staff are trained to safely and consistently implement restrictive interventions.	At one of two locations, staff did not receive training on how to safely and consistently implement restrictive practices. The agency needs to ensure that staff at locations where the practices exist, receive training relative to the correct implementation of restrictive practices.
L79	Staff are trained in safe and correct administration of restraint.	At one location where restraints occur, numerous staff had expired training on the use of restraints (CPI). The agency needs to ensure that staff are supported to remain current on restraint training at locations where it is required.
L82	Medications are administered by licensed professional staff or by MAP certified staff (or by PCAs) for individuals unable to administer their own medications.	At one of two locations where meds are administered, MAP certified staff did not receive the required specialized training to administer a specific psychotropic medication. The agency needs to ensure that Map certified staff receive additional required training, when required.
L85	The agency provides ongoing supervision, oversight and staff development.	At two of four locations, oversight and supervision was lacking as evident from the myriads of issues uncovered. The agency needs to ensure that it provides oversight and supervision to staff for the purpose of providing effective supports to individuals.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For three of four individuals, the agency did not submit the ISP assessments into HCSIS within the required timeframe. The agency needs to ensure that it submits all requested assessments into HCSIS within the required timeframe in preparation for ISP meetings.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For two of four individuals, the agency did not submit the provider support strategies into HCSIS within the established timeframe. The agency needs to ensure that it submits all support strategies into HCSIS within the established timeframe in preparation for ISP meetings.

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Four of eight individuals were not supported to work towards the accomplishment of their ISP goals/objectives. The agency needs to ensure that its staff support the implementation of provider support strategies to assist individuals in achieving their ISP goals/objectives, and document progress made towards meeting the goals.
L90	Individuals are able to have privacy in their own personal space.	Two of eight individuals did not have locks on their bedroom doors. The agency must ensure that all bedroom doors have locks on them for privacy (unless the doors lead to an egress to the outside or it is clinically contraindicated).
L91	Incidents are reported and reviewed as mandated by regulation.	At two of four locations, the agency did not report incident reports in HCSIS within the required timelines. The agency must submit all incident reports into HCSIS within the required timelines.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Five of eight individuals were not evaluated for assistive technology needs that could promote independence. All individuals must be assessed relative to the need for assistive technologies that may enable them to have greater independence in living their daily lives.
L99 (05/22)	Medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately. (eg seizure watches; fall sensors).	For one of three individuals, a medical monitoring device in use was not in a written outline that reflected the authorization, agreement of individual/guardian, tracking of use, maintenance and data collected appropriately. (eg seizure watches; fall sensors).

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

Indicator #	Indicator	Area Needing Improvement
L1	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	For two of seven individuals, the agency did not ensure that guardians received information relative to abuse and neglect reporting. The agency needs to ensure that all guardians receive information regarding abuse and neglect reporting.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At one of two locations, water temperature tested outside of the required parameters. The agency needs to ensure that water temperature at all locations remains within the required parameters.

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

Indicator #	Indicator	Area Needing Improvement
L27	If applicable, swimming pools and other bodies of water are safe and secure according to policy.	At one location where a person uses a community swimming pool, the agency did not conduct a water safety assessment for the person or provide training to the support staff. The agency needs to conduct a water safety assessment for any individual they support to use a swimming pool or body of water and provide water safety training to the support staff.
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.	Two of seven individual's guardians did not receive information relative to Human Rights. The agency needs to ensure that all guardians receive information regarding Human Rights.
L63	Medication treatment plans are in written format with required components.	For one individual, behavior-modifying medication was administered at the CBDS, but the agency had not obtained a copy of the Medication Treatment Plan from the residential provider, nor was it collecting behavioral data related to the medication's use. The agency must ensure that when administering behavior-modifying medication to individuals living in DDS-funded residences at the CBDS, it obtains the Medication Treatment Plan from the residential provider and collects and shares data with the residence as outlined in the plan.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	All four individuals were not supported by the agency to work towards the accomplishment of their ISP goals/objectives. The agency needs to ensure that its staff supports the implementation of support strategies to assist individuals to achieve their ISP goals/objectives; and document progress towards meeting the objectives.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Six of seven individuals were not evaluated for the need for assistive technology that could promote independence. All individuals must be assessed relative to the need for assistive technologies that could promote greater independence in their daily lives.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	5/6	1/6	
Residential and Individual Home Supports	36/40	4/40	
Residential Services	16/20	4/20	
Individual Home Supports	20/20	0/20	
Total	41/46	5/46	89%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	5/6	1/6	
Employment and Day Supports	10/15	5/15	
Community Based Day Services	10/15	5/15	
Total	15/21	6/21	71%
Certified with Progress Report			

Planning and Quality Management Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C4	The provider receives and utilizes input received from DDS and other stakeholders to inform service improvement efforts.	The provider received ongoing input from the Area Offices; however, the issues raised were not addressed in an ongoing manner as evident from survey findings. The agency needs to address issues brought to its attention from its stakeholders in a consistent manner.

Residential Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	None of the six individuals was given the opportunity to provide feedback relative to the hiring and ongoing evaluation of staff who provide support to them. The agency must ensure that it has a mechanism for individuals to have documented input into the hiring and ongoing evaluation of staff who provide support to them.
C9	Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	For three of six individuals, staff did not act as bridge builders to provide opportunities for them to develop and/or increase social contacts and personal relationships. The agency needs to ensure that staff support people to increase their social contacts and personal relationships.
C15	Staff (Home Providers) support individuals to personalize and decorate their rooms/homes and personalize common areas according to their tastes and preferences.	At one of two locations, staff did not support people to decorate their homes to their preferences and tastes. The agency must ensure that at all locations, individuals are able to decorate their home/personal space according to their specific tastes.
C17	Community activities are based on the individual's preferences and interests.	Three of six individuals were not supported by staff to engage in activities that were based on their preferences and interests. The agency needs to ensure that it supports individuals to engage in activities that are based on their interests and preferences.

Community Based Day Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	All seven individuals were not given the opportunity to provide feedback relative to the hiring of staff who provide support to them. The agency must ensure that it provides a mechanism for individuals to have documented input into the hiring of staff who provide support to them.

Community Based Day Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C39 (07/21)	There is a plan developed to identify job goals and support needs that would lead to movement into supported employment.	None of the six individuals who were on the CBDS to Employment track had a documented work plan developed that identified job goals and support needs that would lead to movement into supported employment. The agency needs to ensure that it develops plans for individuals to move from CBDS to employment.
C40	Individuals are supported to explore, discover and connect with their personal interest and options for community involvement, personal interest and hobbies.	Three of seven individuals were not supported by staff to explore, discover and connect with community-based activities that reflect their interests and preferences. The agency needs to ensure that it supports individuals to participate in activities that are of interest to them.
C41	Individuals participate in activities, including those in the community, that reflect their interests and preferences.	Four of seven individuals were not supported to participate in activities that reflected their interests and preferences. The agency needs to ensure that all individuals are supported to participate in activities that are of interest to them.
C44	Staff have effective methods to assist individuals to explore their job interests if appropriate.	Four individuals were not supported by staff to explore their job interests. The agency needs to use creative methods to support people to explore their job interests and document all such efforts.

MASTER SCORE SHEET LICENSURE

Organizational: Thrive Support & Advocacy

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	6/6	Met
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	0/1	Not Met(0 %)
L65	Restraint report submit	0/3	Not Met(0 %)
L66	HRC restraint review	0/3	Not Met(0 %)
L74	Screen employees	6/6	Met
L75	Qualified staff	2/2	Met
L76	Track trainings	14/14	Met
L83	HR training	14/14	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	2/6	2/2					4/8	Not Met (50.0%)
L5	Safety Plan	L	1/2	0/2					1/4	Not Met (25.00%)
℞ L6	Evacuation	L	1/2	2/2					3/4	Met
L7	Fire Drills	L	0/2						0/2	Not Met (0%)
L8	Emergency Fact Sheets	I	2/6	1/2					3/8	Not Met (37.50%)
L9 (07/21)	Safe use of equipment	I	6/6	1/1					7/7	Met
L10	Reduce risk interventions	I	1/1						1/1	Met
℞ L11	Required inspections	L	2/2						2/2	Met
℞ L12	Smoke detectors	L	2/2						2/2	Met
℞ L13	Clean location	L	2/2						2/2	Met
L14	Site in good repair	L	2/2						2/2	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

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L18	Above grade egress	L	1/1						1/1	Met
L19	Bedroom location	L	1/1						1/1	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	1/2						1/2	Not Met (50.0%)
L23	Egress door locks	L	1/1						1/1	Met
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	2/2						2/2	Met
L29	Rubbish/combustibles	L	2/2						2/2	Met
L30	Protective railings	L	2/2						2/2	Met
L31	Communication method	I	6/6	2/2					8/8	Met
L32	Verbal & written	I	6/6	2/2					8/8	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L33	Physical exam	I	6/6	2/2					8/8	Met
L34	Dental exam	I	6/6	2/2					8/8	Met
L35	Preventive screenings	I	5/6	2/2					7/8	Met (87.50%)
L36	Recommended tests	I	3/6	2/2					5/8	Not Met (62.50%)
L37	Prompt treatment	I	6/6	2/2					8/8	Met
℞ L38	Physician's orders	I	3/4						3/4	Met
L39	Dietary requirements	I	3/3						3/3	Met
L40	Nutritional food	L	2/2						2/2	Met
L41	Healthy diet	L	1/2	2/2					3/4	Met
L42	Physical activity	L	1/2	2/2					3/4	Met
L43	Health Care Record	I	4/6	2/2					6/8	Not Met (75.00%)
L44	MAP registration	L	2/2						2/2	Met
L45	Medication storage	L	2/2						2/2	Met
℞ L46	Med. Administration	I	6/6						6/6	Met
L47	Self medication	I		2/2					2/2	Met
L49	Informed of human rights	I	2/6	2/2					4/8	Not Met (50.0%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L50 (07/21)	Respectful Comm.	I	6/6	2/2					8/8	Met
L51	Possessions	I	6/6	2/2					8/8	Met
L52	Phone calls	I	6/6	2/2					8/8	Met
L53	Visitation	I	6/6	2/2					8/8	Met
L54 (07/21)	Privacy	I	6/6	2/2					8/8	Met
L55	Informed consent	I	4/4						4/4	Met
L56	Restrictive practices	I	1/3						1/3	Not Met (33.33%)
L57	Written behavior plans	I	3/3						3/3	Met
L60	Data maintenance	I	0/3						0/3	Not Met (0%)
L61	Health protection in ISP	I	3/3						3/3	Met
L63	Med. treatment plan form	I	0/6						0/6	Not Met (0%)
L64	Med. treatment plan rev.	I	2/6						2/6	Not Met (33.33%)
L67	Money mgmt. plan	I	0/5						0/5	Not Met (0%)
L68	Funds expenditure	I	1/5						1/5	Not Met (20.0%)
L69	Expenditure tracking	I	1/5						1/5	Not Met (20.0%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L70	Charges for care calc.	I	4/5						4/5	Met (80.0 %)
L71	Charges for care appeal	I	5/5						5/5	Met
L77	Unique needs training	I	6/6	2/2					8/8	Met
L78	Restrictive Int. Training	L	1/2						1/2	Not Met (50.0 %)
L79	Restraint training	L	0/1						0/1	Not Met (0 %)
L80	Symptoms of illness	L	2/2	2/2					4/4	Met
L81	Medical emergency	L	2/2	2/2					4/4	Met
L82	Medication admin.	L	1/2						1/2	Not Met (50.0 %)
L84	Health protect. Training	I	3/3						3/3	Met
L85	Supervision	L	0/2	2/2					2/4	Not Met (50.0 %)
L86	Required assessments	I	0/3	1/1					1/4	Not Met (25.00 %)
L87	Support strategies	I	1/3	1/1					2/4	Not Met (50.0 %)
L88	Strategies implemented	I	2/6	2/2					4/8	Not Met (50.0 %)

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L90	Personal space/bedroom privacy	I	4/6	2/2					6/8	Not Met (75.00%)
L91	Incident management	L	0/2	2/2					2/4	Not Met (50.0%)
L93 (05/22)	Emergency back-up plans	I	6/6	2/2					8/8	Met
L94 (05/22)	Assistive technology	I	1/6	2/2					3/8	Not Met (37.50%)
L96 (05/22)	Staff training in devices and applications	I	3/3	2/2					5/5	Met
L99 (05/22)	Medical monitoring devices	I	1/2	1/1					2/3	Not Met (66.67%)
#Std. Met/# 78 Indicator									51/78	
Total Score									58/88	
									65.91%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I			5/7	5/7	Not Met (71.43%)

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L5	Safety Plan	L			2/2	2/2	Met
℞ L6	Evacuation	L			2/2	2/2	Met
L7	Fire Drills	L			2/2	2/2	Met
L8	Emergency Fact Sheets	I			6/7	6/7	Met (85.71 %)
L9 (07/21)	Safe use of equipment	I			3/4	3/4	Met
℞ L11	Required inspections	L			2/2	2/2	Met
℞ L12	Smoke detectors	L			2/2	2/2	Met
℞ L13	Clean location	L			2/2	2/2	Met
L14	Site in good repair	L			2/2	2/2	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			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
L25	Dangerous substances	L			2/2	2/2	Met
L26	Walkway safety	L			2/2	2/2	Met
L27	Pools, hot tubs, etc.	L			0/1	0/1	Not Met (0 %)
L28	Flammables	L			1/1	1/1	Met
L29	Rubbish/combustibles	L			2/2	2/2	Met
L31	Communication method	I			7/7	7/7	Met
L32	Verbal & written	I			7/7	7/7	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L37	Prompt treatment	I			7/7	7/7	Met
L44	MAP registration	L			1/1	1/1	Met
L45	Medication storage	L			1/1	1/1	Met
℞ L46	Med. Administration	I			1/1	1/1	Met
L49	Informed of human rights	I			5/7	5/7	Not Met (71.43 %)
L50 (07/21)	Respectful Comm.	I			7/7	7/7	Met
L51	Possessions	I			7/7	7/7	Met
L52	Phone calls	I			7/7	7/7	Met
L54 (07/21)	Privacy	I			7/7	7/7	Met
L55	Informed consent	I			5/5	5/5	Met
L63	Med. treatment plan form	I			0/1	0/1	Not Met (0 %)
L77	Unique needs training	I			6/6	6/6	Met
L80	Symptoms of illness	L			2/2	2/2	Met
L81	Medical emergency	L			2/2	2/2	Met
℞ L82	Medication admin.	L			1/1	1/1	Met
L85	Supervision	L			2/2	2/2	Met
L86	Required assessments	I			1/1	1/1	Met
L87	Support strategies	I			1/1	1/1	Met
L88	Strategies implemented	I			0/4	0/4	Not Met (0 %)
L91	Incident management	L			2/2	2/2	Met
L93 (05/22)	Emergency back-up plans	I			7/7	7/7	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L94 (05/22)	Assistive technology	I			1/7	1/7	Not Met (14.29 %)
#Std. Met/# 46 Indicator						39/46	
Total Score						46/56	
						82.14%	

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	0/1	Not Met (0 %)
C5	Measure progress	1/1	Met
C6	Future directions planning	1/1	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/6	Not Met (0 %)
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	3/6	Not Met (50.0 %)
C10	Social skill development	6/6	Met
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	5/6	Met (83.33 %)
C13	Skills to maximize independence	6/6	Met
C14	Choices in routines & schedules	6/6	Met
C15	Personalize living space	1/2	Not Met (50.0 %)
C16	Explore interests	5/6	Met (83.33 %)
C17	Community activities	3/6	Not Met (50.0 %)

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met
C46	Use of generic resources	5/6	Met (83.33 %)
C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	6/6	Met
C49	Physical setting is consistent	2/2	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met
C52	Leisure activities and free-time choices /control	6/6	Met
C53	Food/ dining choices	6/6	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	2/2	Met
C8	Family/guardian communication	2/2	Met
C9	Personal relationships	2/2	Met
C10	Social skill development	2/2	Met
C11	Get together w/family & friends	2/2	Met
C12	Intimacy	2/2	Met
C13	Skills to maximize independence	2/2	Met
C14	Choices in routines & schedules	2/2	Met
C15	Personalize living space	2/2	Met
C16	Explore interests	2/2	Met
C17	Community activities	2/2	Met
C18	Purchase personal belongings	2/2	Met
C19	Knowledgeable decisions	2/2	Met
C21	Coordinate outreach	2/2	Met
C46	Use of generic resources	2/2	Met
C47	Transportation to/ from community	2/2	Met
C48	Neighborhood connections	2/2	Met
C51	Ongoing satisfaction with services/ supports	2/2	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C52	Leisure activities and free-time choices /control	2/2	Met
C53	Food/ dining choices	2/2	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/7	Not Met (0 %)
C8	Family/guardian communication	7/7	Met
C13	Skills to maximize independence	7/7	Met
C37	Interpersonal skills for work	7/7	Met
C38 (07/21)	Habilitative & behavioral goals	6/7	Met (85.71 %)
C39 (07/21)	Support needs for employment	0/6	Not Met (0 %)
C40	Community involvement interest	4/7	Not Met (57.14 %)
C41	Activities participation	3/7	Not Met (42.86 %)
C42	Connection to others	7/7	Met
C43	Maintain & enhance relationship	7/7	Met
C44	Job exploration	1/5	Not Met (20.0 %)
C45	Revisit decisions	7/7	Met
C46	Use of generic resources	6/6	Met
C47	Transportation to/ from community	7/7	Met
C51	Ongoing satisfaction with services/ supports	7/7	Met