



**PROVIDER REPORT
FOR**

**T.I.L.L.
20 Eastbrook Rd.
Dedham, MA 02026**

July 15, 2019

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	T.I.L.L.
Review Dates	6/3/2019 - 6/7/2019
Service Enhancement Meeting Date	6/20/2019
Survey Team	John Hazelton Joseph W. Weru Mark Boghoian (TL) Cheryl Hampton Barbara Mazzella Margareth Larrieux Lisa MacPhail Leslie Hayes Jennifer Conley-Sevier
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	22 location(s) 25 audit (s)	Full Review	79 / 90 2 Year License 06/20/2019 - 06/20/2021		91 / 95 Certified 06/20/2019 - 06/20/2021
Residential Services	13 location(s) 13 audit (s)			Full Review	22 / 22
ABI-MFP Residential Services	1 location(s) 3 audit (s)			Full Review	22 / 22
Placement Services	4 location(s) 4 audit (s)			Full Review	22 / 22
Respite Services	1 location(s) 2 audit (s)			No Review	No Review
Individual Home Supports	3 location(s) 3 audit (s)			Full Review	19 / 23
Planning and Quality Management (For all service groupings)				Full Review	6 / 6
Survey scope and findings for Employment and Day Supports					
Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	3 location(s) 7 audit (s)	Full Review	52 / 61 2 Year License 06/20/2019 - 06/20/2021		28 / 28 Certified 06/20/2019 - 06/20/2021
Community Based Day Services	2 location(s) 4 audit (s)			Deemed	
Employment Support Services	1 location(s) 3 audit (s)			Full Review	22 / 22
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

EXECUTIVE SUMMARY :

Toward Independent Living and Learning (T.I.L.L.) is a human services agency that provides supports to people with Developmental and Intellectual Disabilities, Autism, Acquired Brain Injury (ABI) and other psychiatric disorders. The agency currently provides twenty-four hour residential supports, ABI residential supports, Placement Services, Respite Services, Individual Home Supports (IHS), Community Based Day Supports (CBDS) and Employment Supports.

For the purpose of this 2019 DDS survey, the agency received a full licensing and certification review of its residential services grouping and its employment supports service group. The agency utilized its 3-year CARF Accreditation to deem for the DDS certification component for its CBDS services.

This 2019 survey revealed many strengths and organizational measures that supported the safety, wellbeing and advancement of individuals throughout the agency. The agency reviewed incidents and medication occurrences through its Incident Review Team (IRT) and safety concerns through its Safety Committee, thus ensuring that people's well-being and safety was prioritized. The agency implemented a system to monitor expiring staff credentials/trainings which ensured that mandated staff trainings occurred throughout the agency, and staff was well informed regarding requirements for effective supports of individuals.

In residential services, relative to licensing measures, the reviews of twenty-four hour, IHS, Placement, Respite and ABI supports revealed that the agency supported individuals/guardians to understand their human rights through annual trainings and provision of materials to guardians. Individuals were supported to remain safe in their homes by T.I.L.L., through ensuring that required annual inspections were conducted, and, people could consistently evacuate in a timely manner. The agency supported people to receive routine medical care and attend follow-up appointments as recommended. Individuals were also supported to have privacy in their homes and to communicate with others by telephone and other mediums; they were also supported to eat healthy meals at times of their choosing. In general, staff supported people to work towards the achievement of their identified ISP goals, and when required, behavioral supports were implemented as designed. The agency also completed new residential projects such as an ABI home to provide support to five individuals requiring specialized housing, and it renovated other homes in ways that permitted people to age in place and remain as independent as possible.

Relative to certification within residential services, people were supported to live in homes that fit in with others in their neighborhoods; they were also supported to access community resources on a frequent and regular basis for such things as personal grooming, shopping and dining. Staff supported people to spend time with family and friends, and to personalize and decorate their own living spaces according to their own taste. Individuals receiving twenty-four hour residential services, ABI, and Placement services were supported to explore their interests for community involvement; to engage in activities of their choice; and, to have input into the hiring and ongoing evaluation of those who support them.

Relative to licensing in Employment services, the agency relocated and expanded its integrated catering business to provide increased employment opportunities to individuals served by the agency. The service remains in Hyde Park but now is fully embedded in the community as it now includes a cafe and a storefront; individuals are successfully employed at the Essence of Thyme Cafe. People's skills were assessed and training was provided on-site to assist them to meet the requirements of the job. Individuals employed at the Hyde Park location worked alongside non-disabled workers and were engaged in a variety of meal preparation and packaging assignments to provide meals to various schools. People employed at the location were paid minimum wage or greater, earned pro-rated sick time, and were given regular evaluations; people were also provided with documented supervision on

a routine basis. ISP goals were developed to foster greater autonomy on the job, and staff supported people to work towards achieving their identified ISP goals. In addition, individuals and guardians were well informed about their human rights/abuse and neglect reporting.

Relative to licensing in CBDS, sites were clean and well maintained; and, staff supported individuals to be safe and to evacuate in a timely manner in case of an emergency. People received prompt medical treatment when required, and were administered medication as ordered. People maintained their own possessions and were provided with individualized lockers to store items. People were supported to work on identified ISP goals, and they participated in various Art, leisure and education related endeavors on-site; they also accessed community resources such as gyms, restaurants and neighborhood stores.

In addition to the many positives, the survey revealed areas where the agency needs to increase its focus in order to meet requirements. Organizationally, there is a need for increased monitoring/oversight in the areas of reporting and reviewing of restraints.

In residential services, maintenance of water temperature parameters was an issue, with water temperatures slightly higher than required. In the areas of the ISP, increased monitoring of timelines related to the submission of Assessments/Provider Support Strategies and Incident Reports is needed. In the area of medical, Behavior Modifying Medication Treatment Plans must be developed to include all the required components, and must be submitted to the ISP team. With respect to money management, the agency must ensure that when it has shared and/or delegated money management responsibility, that it develops specific shared and delegated plans and obtains written agreements (signed by the individual/guardian) for this plan, and that it consistently tracks expenditures with a money in/out system for all individuals. Relative to the implementation of restrictive practices, all practices must meet the current needs of individuals, and measures to reduce/eliminate restrictions must be incorporated into all plans. While the agency adheres to a system of documented supervision, it could benefit from ensuring that issues including those identified through this evaluation, remain topics for ongoing oversight and supervision.

Moving forward in Day services, the agency needs to greater compliance with licensing measures by ensuring that each location maintains a DDS approved safety plan. Similar to residential services, the agency's day supports could also benefit from ensuring timely submission of information such as ISP Assessments/Provider Support Strategies and Incident Reports. It must also evaluate the use of its media release consent for individuals, to ensure that it is obtained for both image and situation specific use. Likewise, in the area of Behavior Modifying Medication Treatment Plans the agency must ensure that plans contain all the required components and are reviewed by the required parties.

In summary, T.I.L.L. received a Two-Year License for its residential services grouping with 88% of licensing indicators being "Met" and is Certified with 96% of all certification indicators being "Met." The agency's Employment and Day Supports Services Grouping received a Two-Year License with 85% of licensing indicators being "Met" and Certified as a result of 100% of all certification indicators being "Met" for Employments Supports combined with its 3-Year CARF Accreditation for CBDS. As a result of these scores, TILL will undergo a 60 day DDS licensing indicators follow-up for its residential and day/employment services groupings within 60 days of the SEM meeting.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Residential and Individual Home Supports	71/80	9/80	
Residential Services ABI-MFP Residential Services Placement Services Respite Services Individual Home Supports			
Critical Indicators	8/8	0/8	
Total	79/90	11/90	88%
2 Year License			
# indicators for 60 Day Follow-up		11	

	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Employment and Day Supports	44/51	7/51	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	52/61	9/61	85%
2 Year License			
# indicators for 60 Day Follow- up		9	

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

Indicator #	Indicator	Area Needing Improvement
L65	Restraint reports are submitted within required timelines.	Ten out of twenty restraint reports were not submitted and/or finalized within the required timelines. The agency needs to ensure that all restraints reports are submitted and finalized within the required timelines
L66	All restraints are reviewed by the Human Rights Committee.	Four out of six restraints were not reviewed by the Human Rights Committee within the established time-frame. The agency needs to ensure that the committee reviews all restraints in accordance with the established timelines.

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

Indicator #	Indicator	Area Needing Improvement
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L8	Emergency fact sheets are current and accurate and available on site.	Six of twenty-five Emergency Fact Sheets did not contain current and/or accurate information. The agency needs to ensure that Emergency Fact Sheets contain all required information, and that the information is accurate and up to date.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At five of sixteen locations, the water temperature tested outside the required parameters (110-120 degrees). The agency needs to ensure that it monitors and maintains water temperatures to be within the required parameters at all times.
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.	Restrictive practices at three of ten locations did not have written rationale, clearly outlined continued need for the practice, and/or criteria for the reduction/elimination of the restrictions. The agency needs to ensure that the documented use of restrictive practices meets the current needs of individual(s) they are intended for; and , that criteria for the reduction/elimination of the practices are documented.
L63	Medication treatment plans are in written format with required components.	Seven of seventeen medication treatment plans did not contain all of the required components. Plans were determined to be lacking such things as; well defined measurable behaviors, data collection, criteria to reduce/eliminate the need for prescribed medications, and in some instances medications requiring a plan had not been developed. The agency needs to ensure that all medication treatment plans contain all required components.
L64	Medication treatment plans are reviewed by the required groups.	Four of seventeen medication treatment plans had not been submitted to the ISP team prior to people's ISP meetings (or after a new medication requiring such had been prescribed). The agency needs to ensure that all medication treatment plans are submitted to the ISP team.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For seventeen of twenty-one audits where the agency had shared/delegated money management responsibilities, there was either no written plan in place, or none that was agreed to in writing by the individual/guardian. The agency needs to ensure that when it has shared and/or delegated money management responsibilities, it develops written plans, and that the plans are agreed to in writing by individuals/guardians.
L69	Individual expenditures are documented and tracked.	For six of twenty-two people for whom the agency had shared/delegated money management responsibilities, individual's expenditures were not documented and tracked in real-time.

		The agency needs to ensure that each financial transaction is documented and tracked in real-time (money in/out).
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For four of fifteen individuals, the agency did not submit the required ISP assessments within the established timeframes. The agency needs to ensure that required assessments are completed and submitted within the established timelines for the ISP.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For six of thirteen individuals, the agency did not submit the provider support strategies within the established timeframes. The agency needs to ensure that provider support strategies are completed and submitted within the established timelines.

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

Indicator #	Indicator	Area Needing Improvement
L5	There is an approved safety plan in home and work locations.	At one location the agency did not have a DDS authorized safety plan. The agency needs to ensure that all locations maintain a current DDS authorized safety plan.
L55	Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.	For two of five audits where people's photographic image was used in a media publication, the agency had not obtained consents that clearly specified use of people's images. Consent for the use of people's images in media publications need to outline which specific images are proposed for distribution/ release, and the agency need to ensure this in its practices.
L63	Medication treatment plans are in written format with required components.	The one medication treatment plan was not written to contain all of the required components. The agency needs to ensure that all medication treatment plans contain all required components.
L64	Medication treatment plans are reviewed by the required groups.	The one medication treatment plan had not been submitted to the ISP team prior to the person's ISP meeting. The agency needs to ensure that all medication treatment plans are submitted to the ISP team when developed .
L86	Required assessments concerning individual needs and abilities are completed in preparation	For three of six audits, the agency did not submit the required ISP assessments within the established timeframes. The agency needs to ensure that required assessments are

	for the ISP.	completed and submitted within the established timelines for the ISP.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For three of six individual's the agency did not submit the provider support strategies within the established timeframes for the ISP. The agency needs to ensure that provider support strategies are completed and submitted within the established timelines for the ISP.
L91	Incidents are reported and reviewed as mandated by regulation.	One of three incidents were not reported and/or finalized on HCSIS as mandated by regulation. The agency needs to ensure that all incidents are reported, reviewed and finalized as mandated by regulation.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	85/89	4/89	
ABI-MFP Residential Services	22/22	0/22	
Individual Home Supports	19/23	4/23	
Residential Services	22/22	0/22	
Placement Services	22/22	0/22	
TOTAL	91/95	4/95	96%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Employment and Day Supports	22/22	0/22	
Employment Support Services	22/22	0/22	
TOTAL	28/28	0/28	100%
Certified			

Individual Home Supports- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C9	Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	For one of three individuals, staff were not serving as bridge builders and providing opportunities to develop, and/or increase personal relationships and social contacts. The agency needs to ensure that staff provides people with opportunities to develop and increase personal contacts and relationships.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	One of three individuals was not supported by staff to explore, define, and express their need for intimacy and companionship. The agency needs to ensure that individuals are supported by staff to explore, define and express their need for intimacy and companionship .
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	For one of three individuals, staff did not provide support to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.

		<p>The agency needs to ensure that people are supported to explore and connect with their interests for cultural, social, recreational and spiritual activities.</p>
C17	<p>Community activities are based on the individual's preferences and interests.</p>	<p>For one of three individuals, community activities were not based on their preferences and interests. The agency needs to ensure that community activities it offers are based on people's identified preferences and interests.</p>

MASTER SCORE SHEET LICENSURE

Organizational: T.I.L.L.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓟ L2	Abuse/neglect reporting	15/16	Met(93.75 %)
L3	Immediate Action	3/3	Met
L4	Action taken	15/15	Met
L48	HRC	1/1	Met
L65	Restraint report submit	10/20	Not Met(50.0 %)
L66	HRC restraint review	2/6	Not Met(33.33 %)
L74	Screen employees	19/19	Met
L75	Qualified staff	4/4	Met
L76	Track trainings	20/20	Met
L83	HR training	20/20	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	13/13	3/3	2/4	2/2	3/3		23/25	Met (92.00 %)
L3	Immediate Action	L				1/1			1/1	Met
L5	Safety Plan	L	13/13	3/3	4/4	1/1	1/1		22/22	Met
Ⓟ L6	Evacuation	L	13/13	3/3	4/4	1/1	1/1		22/22	Met
L7	Fire Drills	L	13/13				1/1		14/14	Met
L8	Emergency Fact Sheets	I	10/13	3/3	2/4	2/2	2/3		19/25	Not Met (76.00 %)
L9	Safe use of equipment	L	13/13	3/3		1/1	1/1		18/18	Met
L10	Reduce risk interventions	I	6/6						6/6	Met
Ⓟ L11	Required inspections	L	13/13	2/2	4/4	1/1	1/1		21/21	Met
Ⓟ L12	Smoke detectors	L	12/13	3/3	3/4	1/1	1/1		20/22	Met (90.91 %)
Ⓟ L13	Clean location	L	13/13	3/3	4/4	1/1	1/1		22/22	Met
L14	Site in good repair	L	12/12	3/3	4/4	1/1	1/1		21/21	Met
L15	Hot water	L	8/10		2/4	1/1	0/1		11/16	Not Met (68.75 %)
L16	Accessibility	L	9/9	2/2	2/2	1/1	1/1		15/15	Met
L17	Egress at grade	L	13/13	3/3	4/4	1/1	1/1		22/22	Met
L18	Above grade egress	L	7/7	3/3	1/1	1/1			12/12	Met
L19	Bedroom location	L	8/8	1/1		1/1	1/1		11/11	Met
L20	Exit doors	L	13/13	3/3		1/1	1/1		18/18	Met
L21	Safe electrical equipment	L	13/13	3/3	4/4	1/1	1/1		22/22	Met
L22	Well-maintained appliances	L	13/13	3/3	4/4	1/1	1/1		22/22	Met

L23	Egress door locks	L	10/10			1/1	1/1		12/12	Met
L24	Locked door access	L	12/12			1/1	1/1		14/14	Met
L25	Dangerous substances	L	13/13	3/3		1/1	1/1		18/18	Met
L26	Walkway safety	L	13/13	3/3	4/4	1/1	1/1		22/22	Met
L27	Pools, hot tubs, etc.	L	2/2						2/2	Met
L28	Flammables	L	10/10	3/3		1/1	1/1		15/15	Met
L29	Rubbish/combustibles	L	13/13	3/3	4/4	1/1	1/1		22/22	Met
L30	Protective railings	L	12/12	3/3	3/4	1/1			19/20	Met (95.00 %)
L31	Communication method	I	13/13	3/3	4/4	2/2	3/3		25/25	Met
L32	Verbal & written	I	13/13	3/3	4/4	2/2	3/3		25/25	Met
L33	Physical exam	I	13/13	2/2	4/4		3/3		22/22	Met
L34	Dental exam	I	13/13	2/2	2/4		3/3		20/22	Met (90.91 %)
L35	Preventive screenings	I	12/12	2/2	4/4		3/3		21/21	Met
L36	Recommended tests	I	11/13	2/2	4/4		3/3		20/22	Met (90.91 %)
L37	Prompt treatment	I	9/9	2/2	1/1	1/1	3/3		16/16	Met
Ⓜ L38	Physician's orders	I	10/11		2/2	1/1	2/3		15/17	Met (88.24 %)
L39	Dietary requirements	I	7/10			2/2	3/3		12/15	Met (80.0 %)
L40	Nutritional food	L	13/13	3/3		1/1	1/1		18/18	Met
L41	Healthy diet	L	13/13	3/3	4/4	1/1	1/1		22/22	Met
L42	Physical activity	L	13/13	3/3	4/4		1/1		21/21	Met
L43	Health Care Record	I	11/13	3/3	4/4		2/3		20/23	Met (86.96 %)
L44	MAP registration	L	13/13			1/1	1/1		15/15	Met
L45	Medication storage	L	13/13			1/1	1/1		15/15	Met
Ⓜ L46	Med. Administration	I	13/13		3/4	2/2	1/3		19/22	Met (86.36 %)

L47	Self medication	I	12/13	2/2	2/3		3/3		19/21	Met (90.48%)
L49	Informed of human rights	I	13/13	3/3	4/4	2/2	3/3		25/25	Met
L50	Respectful Comm.	L	13/13	3/3	4/4	1/1	1/1		22/22	Met
L51	Possessions	I	13/13	3/3	4/4	0/2	3/3		23/25	Met (92.00%)
L52	Phone calls	I	13/13	3/3	4/4	2/2	3/3		25/25	Met
L53	Visitation	I	13/13	3/3	4/4	2/2	3/3		25/25	Met
L54	Privacy	L	13/13	3/3	4/4	1/1	1/1		22/22	Met
L55	Informed consent	I	1/1						1/1	Met
L56	Restrictive practices	I	7/8			0/2			7/10	Not Met (70.0%)
L57	Written behavior plans	I	1/1						1/1	Met
L58	Behavior plan component	I	1/1						1/1	Met
L59	Behavior plan review	I	1/1						1/1	Met
L60	Data maintenance	I	2/2						2/2	Met
L61	Health protection in ISP	I	8/8	0/1		1/1	3/3		12/13	Met (92.31%)
L62	Health protection review	I	9/9	1/1		1/1	3/3		14/14	Met
L63	Med. treatment plan form	I	6/12		2/3		2/2		10/17	Not Met (58.82%)
L64	Med. treatment plan rev.	I	10/12		1/3		2/2		13/17	Not Met (76.47%)
L67	Money mgmt. plan	I	2/12	1/2	1/4		0/3		4/21	Not Met (19.05%)
L68	Funds expenditure	I	12/12	1/1	4/4	2/2	3/3		22/22	Met
L69	Expenditure tracking	I	10/12	1/1	1/4	1/2	3/3		16/22	Not Met (72.73%)

											%)
L70	Charges for care calc.	I	13/13	3/3	2/4	2/2	3/3			23/25	Met (92.00%)
L71	Charges for care appeal	I	13/13	3/3	3/4	2/2	3/3			24/25	Met (96.00%)
L77	Unique needs training	I	13/13	2/2	4/4	2/2	3/3			24/24	Met
L78	Restrictive Int. Training	L	7/7				1/1			8/8	Met
L79	Restraint training	L	2/2							2/2	Met
L80	Symptoms of illness	L	13/13	1/3	4/4	1/1	1/1			20/22	Met (90.91%)
L81	Medical emergency	L	13/13	3/3	4/4	1/1	1/1			22/22	Met
Ⓜ L82	Medication admin.	L	13/13			1/1	1/1			15/15	Met
L84	Health protect. Training	I	9/9	1/1		1/1	3/3			14/14	Met
L85	Supervision	L	13/13	2/2	1/4	1/1	0/1			17/21	Met (80.95%)
L86	Required assessments	I	8/10	1/2	2/3		3/3			14/18	Not Met (77.78%)
L87	Support strategies	I	6/10		1/3		3/3			10/16	Not Met (62.50%)
L88	Strategies implemented	I	10/12	2/3	3/4		3/3			18/22	Met (81.82%)
L89	Complaint and resolution process	L					1/1			1/1	Met
L90	Personal space/ bedroom privacy	I	13/13	3/3	4/4		3/3			23/23	Met
L91	Incident management	L	9/13	3/3	4/4	1/1	1/1			18/22	Met (81.82%)
#Std. Met/# 80 Indicator										71/80	
Total Score										79/90	

L32	Verbal & written	I	3/3		4/4	7/7	Met
L37	Prompt treatment	I	1/1		2/2	3/3	Met
Ⓟ L38	Physician's orders	I			2/2	2/2	Met
L39	Dietary requirements	I			2/2	2/2	Met
L44	MAP registration	L			2/2	2/2	Met
L45	Medication storage	L			2/2	2/2	Met
Ⓟ L46	Med. Administration	I			3/3	3/3	Met
L49	Informed of human rights	I	3/3		4/4	7/7	Met
L50	Respectful Comm.	L	1/1		2/2	3/3	Met
L51	Possessions	I	3/3		4/4	7/7	Met
L52	Phone calls	I	3/3		4/4	7/7	Met
L54	Privacy	L	1/1		2/2	3/3	Met
L55	Informed consent	I	1/2		2/3	3/5	Not Met (60.0 %)
L61	Health protection in ISP	I			2/2	2/2	Met
L62	Health protection review	I			2/2	2/2	Met
L63	Med. treatment plan form	I			0/1	0/1	Not Met (0 %)
L64	Med. treatment plan rev.	I			0/1	0/1	Not Met (0 %)
L77	Unique needs training	I	3/3		3/4	6/7	Met (85.71 %)
L78	Restrictive Int. Training	L			1/1	1/1	Met
L80	Symptoms of illness	L	1/1		2/2	3/3	Met
L81	Medical emergency	L	1/1		2/2	3/3	Met
Ⓟ L82	Medication admin.	L			2/2	2/2	Met
L84	Health protect. Training	I			2/2	2/2	Met
L85	Supervision	L	1/1		2/2	3/3	Met
L86	Required assessments	I	2/2		1/4	3/6	Not Met (50.0 %)
L87	Support strategies	I	2/2		1/4	3/6	Not Met (50.0 %)
L88	Strategies implemented	I	3/3		4/4	7/7	Met

L91	Incident management	L	1/1		1/2	2/3	Not Met (66.67 %)
#Std. Met/# 51 Indicator						44/51	
Total Score						52/61	
						85.25%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	1/1	Met
C2	Data analysis	1/1	Met
C3	Service satisfaction	1/1	Met
C4	Utilizes input from stakeholders	1/1	Met
C5	Measure progress	1/1	Met
C6	Future directions planning	1/1	Met

ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/3	Met
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	3/3	Met
C10	Social skill development	3/3	Met
C11	Get together w/family & friends	3/3	Met
C12	Intimacy	3/3	Met
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	3/3	Met
C17	Community activities	3/3	Met
C18	Purchase personal belongings	3/3	Met

C19	Knowledgeable decisions	3/3	Met
C20	Emergency back-up plans	1/1	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	3/3	Met
C49	Physical setting is consistent	1/1	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	3/3	Met
C53	Food/ dining choices	3/3	Met
C54	Assistive technology	3/3	Met

Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/3	Met
C8	Family/guardian communication	3/3	Met
C22	Explore job interests	2/2	Met
C23	Assess skills & training needs	2/2	Met
C24	Job goals & support needs plan	2/2	Met
C25	Skill development	2/2	Met
C26	Benefits analysis	2/2	Met
C27	Job benefit education	3/3	Met
C28	Relationships w/businesses	1/1	Met
C29	Support to obtain employment	2/2	Met
C30	Work in integrated settings	3/3	Met
C31	Job accommodations	1/1	Met
C32	At least minimum wages earned	3/3	Met
C33	Employee benefits explained	3/3	Met
C34	Support to promote success	3/3	Met
C35	Feedback on job performance	3/3	Met
C36	Supports to enhance retention	3/3	Met
C37	Interpersonal skills for work	3/3	Met
C47	Transportation to/ from	3/3	Met

	community		
C50	Involvement/ part of the Workplace culture	3/3	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met
C54	Assistive technology	3/3	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/3	Met
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	2/3	Not Met (66.67 %)
C10	Social skill development	3/3	Met
C11	Get together w/family & friends	3/3	Met
C12	Intimacy	2/3	Not Met (66.67 %)
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	3/3	Met
C16	Explore interests	2/3	Not Met (66.67 %)
C17	Community activities	2/3	Not Met (66.67 %)
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	3/3	Met
C20	Emergency back-up plans	3/3	Met
C21	Coordinate outreach	3/3	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	3/3	Met
C49	Physical setting is consistent	3/3	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	3/3	Met
C53	Food/ dining choices	3/3	Met
C54	Assistive technology	3/3	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	4/4	Met
C8	Family/guardian communication	4/4	Met
C9	Personal relationships	4/4	Met
C10	Social skill development	4/4	Met
C11	Get together w/family & friends	4/4	Met
C12	Intimacy	4/4	Met
C13	Skills to maximize independence	4/4	Met
C14	Choices in routines & schedules	4/4	Met
C15	Personalize living space	4/4	Met
C16	Explore interests	3/4	Met
C17	Community activities	3/4	Met
C18	Purchase personal belongings	4/4	Met
C19	Knowledgeable decisions	4/4	Met
C20	Emergency back-up plans	4/4	Met
C46	Use of generic resources	4/4	Met
C47	Transportation to/ from community	4/4	Met
C48	Neighborhood connections	4/4	Met
C49	Physical setting is consistent	4/4	Met
C51	Ongoing satisfaction with services/ supports	4/4	Met
C52	Leisure activities and free-time choices /control	4/4	Met
C53	Food/ dining choices	4/4	Met
C54	Assistive technology	4/4	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	12/13	Met (92.31 %)
C8	Family/guardian communication	13/13	Met
C9	Personal relationships	12/13	Met (92.31 %)
C10	Social skill development	13/13	Met
C11	Get together w/family & friends	13/13	Met

C12	Intimacy	11/13	Met (84.62 %)
C13	Skills to maximize independence	13/13	Met
C14	Choices in routines & schedules	13/13	Met
C15	Personalize living space	13/13	Met
C16	Explore interests	11/13	Met (84.62 %)
C17	Community activities	11/13	Met (84.62 %)
C18	Purchase personal belongings	13/13	Met
C19	Knowledgeable decisions	13/13	Met
C20	Emergency back-up plans	13/13	Met
C46	Use of generic resources	13/13	Met
C47	Transportation to/ from community	13/13	Met
C48	Neighborhood connections	13/13	Met
C49	Physical setting is consistent	13/13	Met
C51	Ongoing satisfaction with services/ supports	13/13	Met
C52	Leisure activities and free-time choices /control	13/13	Met
C53	Food/ dining choices	13/13	Met
C54	Assistive technology	11/13	Met (84.62 %)