



**PROVIDER REPORT
FOR**

**Triangle, Inc.
420 Pearl St
Malden, MA 02148**

December 01, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	Triangle, Inc.
Review Dates	10/4/2023 - 10/11/2023
Service Enhancement Meeting Date	10/25/2023
Survey Team	Raymond Obeng Cheryl Dolan John Hazelton (TL) Meagan Caccioppoli Anne Carey Jennifer Conley-Sevier John Downing
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) 7 audit (s)	Full Review	71/86 Defer Licensure		24 / 26 Certified
Residential Services	3 location(s) 7 audit (s)			Full Review	19 / 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	6 location(s) 22 audit (s)	Full Review	60/62 2 Year License 10/25/2023 - 10/25/2025		39 / 42 Certified 10/25/2023 - 10/25/2025
Community Based Day Services	3 location(s) 11 audit (s)			Full Review	15 / 15
Employment Support Services	3 location(s) 11 audit (s)			Full Review	19 / 21
Planning and Quality Management (For all service groupings)				Full Review	5 / 6

EXECUTIVE SUMMARY :

Triangle, Inc. was founded in 1971 with the desire to provide supports to individuals with disabilities from the Malden, Medford, and Everett communities. This non-profit agency expanded into the North and South coastal towns of Massachusetts and provides individuals with disabilities with both residential and day/employment supports. The agency currently operates nine 24-hour residential homes in the Metro North and North Shore communities and operates day/employment locations in Malden, Randolph, and Salem.

The scope of this survey conducted by the Office of Quality Enhancement (OQE) was a full licensing and certification review of its Residential Services Grouping and its CBDS and Employment Service Grouping.

Many positive practices were noted within the agency's residential programs. Common areas and bedrooms were decorated to the liking of residents, and were accessible to their needs. Support staff knew individuals well, including how to use their assistive technology and medical devices. Through the use of an individual preference questionnaire, individual preferences were noted in areas such as what time of day to eat meals, shower, and perform house chores.

Individuals were supported in the realm of intimacy and companionship through the use of assessments to determine needs, with support provided as identified. Many individuals participated in the agency's training "On-line Health Relationships", and one program hired only male staff due to one individual's preference.

Another identified strength of the agency is supporting individuals to participate in community activities based on their assessed interests. While participating, staff provided support and guidance to expand on social skills, as well as to utilize common interests with community members as a starting point in the development of new friendships. Activities included participation in local Zumba classes and sports teams, as well as summer membership in a Boston Harbor sailing program, where individuals were paired with individuals with disabilities from outside the agency, as well as non-disabled citizens with nautical interests. One individual attends a local art gallery and displays paintings there, while another is a frequent performer at a local restaurant's Karaoke night. Volunteering activities included participation at a local food donation agency, and membership in "Beachability", an organization dedicated to improving the accessibility of local beaches through consultation and advocacy.

In addition while supporting engagement in these activities, agency staff encourage the development of new relationships, as well as the reciprocal maintenance of existing relationships in the process. For example, time sailing in the harbor has led to individuals inviting new friends to cookouts. Artwork created and displayed at the gallery is also used as gifts to family and friends, including a special gift at a family wedding. An interest in cooking has led to freshly baked bread being delivered by one individual to his local fire and police department.

Within the agency's Day and Employment Service, several areas of strength were identified. Within the medical domain, emergency fact sheets were present and complete, and individuals had received medical attention when situations warranted. Where required, medical protocols had been developed and staff were trained in their implementation; individuals requiring specialized diets were supported to receive them and staff had the required training. Assistive technology (AT) assessments had been completed for all individuals, with all AT in place. Staff had received supervision per agency policy, and were found to be effective in several areas, including implementing ISP objectives, utilization of assistive technology devices, and recognizing and acting accordingly in emergency medical situations. Staff were also found to be knowledgeable of each individuals' unique needs; through the use of "Person Specific Form" document, individual specific needs were identified, and staff demonstrated knowledge in each individual's needs; for example, one individual needed a specific

amount of prompting to transition from one task to another.

On an organizational as well as programmatic level, the agency demonstrated knowledge of individual needs, obtained both from DDS and individual input, to create the Prizm program, tailored to the unique needs of individuals with Autism. Service times are flexible to meet the varied and unique needs of participants, some of whom attend college and require non-traditional times and types of services.

Another strength was in the assessment of specific and general job skills, and the development of career plans, inclusive of skill development and transportation needs. These assessments were paired with the cultivation of aligned job preparedness activities such as joining a financial literacy training program offered by a local financial institution, and joining a training program for a local supermarket, which led to one individual receiving employment there.

Within the CBDS program, individuals' interests in community based social and pre-vocation activities were assessed, and activities in line with these interests were offered. Social activities included mini-golfing, Boston Harbor cruises, and apple picking; community trips were enriched by using them not only for social activities, but by performing travel assessments and skills training. Community shopping trips also included a component of education around workplace attire, and exposure to retail store jobs to educate and determine interests.

Several areas requiring further attention were identified during the survey. On an organizational level, the agency needs to utilize information pertaining to agency wide quality indicators to develop measurable service improvement goals, which should be monitored and modified as needed to affect the desired quality improvement outcomes. Within the agency's day services, individual input should be sought for the hiring and evaluating of staff, and increased focus is needed to ensure individual safety relative to running fire drills as outlined within Safety Plans.

Within the agency's residential programs, the domain of environmental safety requires increased attention as fire drills were not conducted as outlined in Safety Plans, and adaptive equipment used during evacuation drills to assist individuals who are deaf or hard of hearing was not present. Supervision within one program was found to be ineffective for the previously noted reasons, as well as the lack of meeting timelines for the submission and finalization of incident reports, ISP assessments and objectives. While assistive technology assessments were completed for most individuals, in some cases they did not accurately identify needs or technologies to meet those needs. Attention to money management is required as some plans did not accurately describe the system to manage funds.

Within the Residential and Individual Home Supports service grouping, Triangle received a met rating in 83% of licensing indicators. The license is deferred pending a 60 day follow up review as a result of a critical indicator not being met. If successful in meeting this critical indicator, the agency will receive a Two Year with Mid Cycle Review license. Follow-up of all licensing indicators will be conducted by the OQE within 60 days of the Service Enhancement Meeting. The agency received a rating of met in 92% of certification indicators reviewed; as a result, the agency is fully certified.

The agency's Employment and Day Supports program received a rating of met in 97% of licensing indicators with all critical indicators rated as met and will receive a Two-Year License for Employment and Day Supports. Follow-up will be conducted by the agency within 60 days of the Service Enhancement Meeting. The agency received a rating of met in 93% of certification indicators; the agency is Certified for Employment and Day Supports.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Residential and Individual Home Supports	63/78	15/78	
Residential Services			
Critical Indicators	7/8	1/8	
Total	71/86	15/86	83%
Defer Licensure			
# indicators for 60 Day Follow-up		15	

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Employment and Day Supports	52/54	2/54	
Community Based Day Services Employment Support Services			
Critical Indicators	6/6	0/6	
Total	60/62	2/62	97%
2 Year License			
# indicators for 60 Day Follow-up		2	

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

Indicator #	Indicator	Area Needing Improvement
L7	Fire drills are conducted as required.	At one location, a fire drill was not conducted using the staffing ratio identified in the EESP. The agency needs to ensure fire drills are conducted with the correct staffing ratio as identified in Safety Plans.

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

Indicator #	Indicator	Area Needing Improvement
Ⓡ L12	Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.	At one location, the bed shaker for an individual who is hard of hearing was not in place. The agency needs to ensure that additional adaptations for safe evacuation are in place and operational as required.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At one location hot water temperatures were outside of the required range. The agency needs to ensure that hot water temperatures are within required ranges.
L23	There are no locks on bedroom doors that provide access to an egress.	At one location a bedroom door lock was present for a bedroom containing an egress. The agency needs to ensure that bedrooms with egresses do not contain door locks.
L36	Recommended tests and appointments with specialists are made and kept.	Two individuals had recommended tests or appointments with a specialist that were not made or kept. The agency needs to ensure all appointments for tests and/or examination by a specialist are made and kept.
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.	Door alarms were present at one location, however they were not intended to be present or active. The agency needs to ensure that when restrictive practices are no longer intended to be utilized that they are removed from the home.
L63	Medication treatment plans are in written format with required components.	Five individuals had medication treatment plans that did not include all required components. Plans were missing baseline or historical data and/or the clinical plan or course for use of the medication such as criteria for re-evaluating or adjusting the medication based on the treatment data. The agency needs to ensure all medication treatment plans contain the required components, inclusive of what measurable criteria would prompt the agency to approach the prescriber to consider a decrease in medication strength.
L64	Medication treatment plans are reviewed by the required groups.	For two individuals prescribed behavior modifying medications, plans had not been submitted to the ISP team for review as required. The agency needs to ensure that plans are submitted into HCSIS for inclusion in the ISP.

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

Indicator #	Indicator	Area Needing Improvement
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For two individuals, money management plans did not accurately reflect the process utilized by the agency to secure and manage the individuals' funds. The agency needs to ensure that money management plans accurately reflect existing practices.
L85	The agency provides ongoing supervision, oversight and staff development.	One location did not have an adequate system of supervision, management, and oversight in place to identify issues around evacuation, data collection, and/or medical care. The agency needs to ensure that it is providing support to direct service staff on a regular and ongoing basis, communication is clear, and systems and routines are consistently implemented.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For two individuals, assessments had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that assessments are completed in preparation for the ISP and submitted in accordance with regulatory requirements.
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 individuals, support strategies had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that support strategies are completed in preparation for the ISP and submitted in accordance with regulatory requirements.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For four individuals, data collection on ISP objectives was either inconsistent or not occurring. The agency needs to ensure that data relating to ISP objectives is collected.
L91	Incidents are reported and reviewed as mandated by regulation.	At one location, incident reports were not created and finalized with the required HCSIS time frames. The agency needs to ensure all incident reports are generated and finalized by the required HCSIS due dates.
L94 (05/22)	Individuals have assistive technology to maximize independence.	For two individuals, assistive technology assessments did not fully identify areas of need, or follow through on obtaining devices identified within assessments. The agency needs to ensure that assistive technology assessments are accurate, and identified technologies are obtained.

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

Indicator #	Indicator	Area Needing Improvement
L7	Fire drills are conducted as required.	In one location the safety plan did not reflect the time it took for participants to evacuate the building. The agency needs to ensure that Safety Plans identify a "reasonable amount of time" to evacuate individuals.
L91	Incidents are reported and reviewed as mandated by regulation.	In one location, incidents were not submitted and finalized as required by regulation. The agency needs to ensure that all incidents are submitted and finalized within the required timelines.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	5/6	1/6	
Residential and Individual Home Supports	19/20	1/20	
Residential Services	19/20	1/20	
Total	24/26	2/26	92%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	5/6	1/6	
Employment and Day Supports	34/36	2/36	
Community Based Day Services	15/15	0/15	
Employment Support Services	19/21	2/21	
Total	39/42	3/42	93%
Certified			

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

Indicator #	Indicator	Area Needing Improvement
C5	The provider has a process to measure progress towards achieving service improvement goals.	Although the agency is conducting Program Management Quality and Safety meetings, it has not developed measurement indices or benchmarks and does not have a process for evaluating progress or formulating strategies for specific service improvement based on the analysis of collected data. The agency needs to ensure that measurable service improvement goals are developed and that their implementation is monitored thought-out the year to determine whether or not goals are being met; mid-course corrections should occur as needed.

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.	Two individuals did not have the opportunity to provide feedback on staff performance, either at the time of hire or on an ongoing basis. The agency needs to ensure that all participants are given this opportunity.

Employment Support 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.	Five individuals did not have the opportunity to provide feedback on staff performance, either at the time of hire or on an ongoing basis. The agency needs to ensure that all participants are given this opportunity.
C26	Career planning includes an analysis of how an individual's entitlements can be managed in a way that allows them to work successfully in the community.	Five individuals did not have an analysis of how their entitlements should be managed. The agency needs to ensure that all working participants have this as part of their career plan.

MASTER SCORE SHEET LICENSURE

Organizational: Triangle, Inc.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	6/7	Met(85.71 %)
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	1/1	Met
L74	Screen employees	4/4	Met
L75	Qualified staff	2/2	Met
L76	Track trainings	13/13	Met
L83	HR training	13/13	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	7/7						7/7	Met
L5	Safety Plan	L	3/3						3/3	Met
℞ L6	Evacuation	L	3/3						3/3	Met
L7	Fire Drills	L	2/3						2/3	Not Met (66.67 %)
L8	Emergency Fact Sheets	I	6/7						6/7	Met (85.71 %)
L9 (07/21)	Safe use of equipment	I	7/7						7/7	Met
L10	Reduce risk interventions	I	2/2						2/2	Met
℞ L11	Required inspections	L	3/3						3/3	Met
℞ L12	Smoke detectors	L	2/3						2/3	Not Met (66.67 %)
℞ L13	Clean location	L	3/3						3/3	Met
L14	Site in good repair	L	3/3						3/3	Met
L15	Hot water	L	2/3						2/3	Not Met (66.67 %)
L16	Accessibility	L	3/3						3/3	Met
L17	Egress at grade	L	3/3						3/3	Met

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L18	Above grade egress	L	3/3						3/3	Met
L19	Bedroom location	L	3/3						3/3	Met
L20	Exit doors	L	3/3						3/3	Met
L21	Safe electrical equipment	L	3/3						3/3	Met
L22	Well- maintained appliances	L	3/3						3/3	Met
L23	Egress door locks	L	2/3						2/3	Not Met (66.67 %)
L24	Locked door access	L	3/3						3/3	Met
L25	Dangerous substances	L	3/3						3/3	Met
L26	Walkway safety	L	3/3						3/3	Met
L28	Flammables	L	3/3						3/3	Met
L29	Rubbish /combustibles	L	3/3						3/3	Met
L30	Protective railings	L	3/3						3/3	Met
L31	Communication method	I	7/7						7/7	Met
L32	Verbal & written	I	7/7						7/7	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	6/7						6/7	Met (85.71 %)
L34	Dental exam	I	7/7						7/7	Met
L35	Preventive screenings	I	6/7						6/7	Met (85.71 %)
L36	Recommended tests	I	5/7						5/7	Not Met (71.43 %)
L37	Prompt treatment	I	4/5						4/5	Met (80.0 %)
℞ L38	Physician's orders	I	5/6						5/6	Met (83.33 %)
L39	Dietary requirements	I	3/3						3/3	Met
L40	Nutritional food	L	3/3						3/3	Met
L41	Healthy diet	L	3/3						3/3	Met
L42	Physical activity	L	3/3						3/3	Met
L43	Health Care Record	I	6/7						6/7	Met (85.71 %)
L44	MAP registration	L	3/3						3/3	Met
L45	Medication storage	L	3/3						3/3	Met
℞ L46	Med. Administration	I	7/7						7/7	Met
L49	Informed of human rights	I	7/7						7/7	Met

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L50 (07/21)	Respect ful Comm.	I	7/7						7/7	Met
L51	Possess ions	I	7/7						7/7	Met
L52	Phone calls	I	7/7						7/7	Met
L53	Visitation	I	7/7						7/7	Met
L54 (07/21)	Privacy	I	7/7						7/7	Met
L55	Informed consent	I	3/3						3/3	Met
L56	Restrictive practices	I	2/5						2/5	Not Met (40.0 %)
L57	Written behavior plans	I	2/2						2/2	Met
L58	Behavior plan component	I	2/2						2/2	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	3/4						3/4	Met
L63	Med. treatment plan form	I	0/5						0/5	Not Met (0 %)
L64	Med. treatment plan rev.	I	3/5						3/5	Not Met (60.0 %)

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L67	Money mgmt. plan	I	5/7						5/7	Not Met (71.43 %)
L68	Funds expendi ture	I	7/7						7/7	Met
L69	Expendi ture tracking	I	7/7						7/7	Met
L70	Charges for care calc.	I	7/7						7/7	Met
L71	Charges for care appeal	I	7/7						7/7	Met
L77	Unique needs training	I	6/6						6/6	Met
L78	Restricti ve Int. Training	L	1/1						1/1	Met
L80	Sympto ms of illness	L	3/3						3/3	Met
L81	Medical emerge ncy	L	3/3						3/3	Met
L82	Medicati on admin.	L	3/3						3/3	Met
L84	Health protect. Training	I	3/4						3/4	Met
L85	Supervi sion	L	2/3						2/3	Not Met (66.67 %)
L86	Require d assess ments	I	4/6						4/6	Not Met (66.67 %)
L87	Support strategi es	I	4/6						4/6	Not Met (66.67 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L88	Strategies implemented	I	3/7						3/7	Not Met (42.86 %)
L90	Personal space/ bedroom privacy	I	6/7						6/7	Met (85.71 %)
L91	Incident management	L	2/3						2/3	Not Met (66.67 %)
L93 (05/22)	Emergency back-up plans	I	7/7						7/7	Met
L94 (05/22)	Assistive technology	I	5/7						5/7	Not Met (71.43 %)
L96 (05/22)	Staff training in devices and applications	I	2/2						2/2	Met
L99 (05/22)	Medical monitoring devices	I	4/4						4/4	Met
#Std. Met/# 78 Indicator									63/78	
Total Score									71/86	
									82.56%	

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	10/11		8/11	18/22	Met (81.82 %)
L5	Safety Plan	L			3/3	3/3	Met
℞ L6	Evacuation	L			3/3	3/3	Met
L7	Fire Drills	L			2/3	2/3	Not Met (66.67 %)
L8	Emergency Fact Sheets	I	11/11		11/11	22/22	Met
L9 (07/21)	Safe use of equipment	I	11/11		11/11	22/22	Met
L10	Reduce risk interventions	I	1/1		2/2	3/3	Met
℞ L11	Required inspections	L			3/3	3/3	Met
℞ L12	Smoke detectors	L			3/3	3/3	Met
℞ L13	Clean location	L			3/3	3/3	Met
L14	Site in good repair	L			3/3	3/3	Met
L15	Hot water	L			3/3	3/3	Met
L16	Accessibility	L			3/3	3/3	Met
L17	Egress at grade	L			3/3	3/3	Met
L18	Above grade egress	L			1/1	1/1	Met
L20	Exit doors	L			3/3	3/3	Met
L21	Safe electrical equipment	L			3/3	3/3	Met
L22	Well-maintained appliances	L			3/3	3/3	Met
L25	Dangerous substances	L			3/3	3/3	Met
L26	Walkway safety	L			3/3	3/3	Met
L28	Flammables	L			2/2	2/2	Met
L29	Rubbish/combustibles	L			3/3	3/3	Met
L30	Protective railings	L			3/3	3/3	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L31	Communication method	I	11/11		11/11	22/22	Met
L32	Verbal & written	I	11/11		11/11	22/22	Met
L37	Prompt treatment	I	11/11		9/9	20/20	Met
L38	Physician's orders	I	3/3		9/9	12/12	Met
L39	Dietary requirements	I	2/2		3/3	5/5	Met
L49	Informed of human rights	I	10/11		8/11	18/22	Met (81.82 %)
L50 (07/21)	Respectful Comm.	I	11/11		11/11	22/22	Met
L51	Possessions	I	11/11		11/11	22/22	Met
L52	Phone calls	I	11/11		11/11	22/22	Met
L54 (07/21)	Privacy	I	11/11		11/11	22/22	Met
L55	Informed consent	I	1/1		2/2	3/3	Met
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			1/1	1/1	Met
L61	Health protection in ISP	I			7/7	7/7	Met
L62	Health protection review	I	1/1		5/6	6/7	Met (85.71 %)
L77	Unique needs training	I	11/11		11/11	22/22	Met
L78	Restrictive Int. Training	L			1/1	1/1	Met
L79	Restraint training	L			2/2	2/2	Met
L80	Symptoms of illness	L	3/3		2/3	5/6	Met (83.33 %)

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L81	Medical emergency	L	3/3		3/3	6/6	Met
L84	Health protect. Training	I	1/1		6/6	7/7	Met
L85	Supervision	L	3/3		3/3	6/6	Met
L86	Required assessments	I	5/5		5/6	10/11	Met (90.91 %)
L87	Support strategies	I	6/6		6/6	12/12	Met
L88	Strategies implemented	I	10/10		8/9	18/19	Met (94.74 %)
L91	Incident management	L			2/3	2/3	Not Met (66.67 %)
L93 (05/22)	Emergency back-up plans	I	11/11		11/11	22/22	Met
L94 (05/22)	Assistive technology	I	11/11		10/10	21/21	Met
L96 (05/22)	Staff training in devices and applications	I	4/4		10/10	14/14	Met
#Std. Met/# 54 Indicator						52/54	
Total Score						60/62	
						96.77%	

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

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	5/7	Not Met (71.43 %)
C8	Family/guardian communication	7/7	Met
C9	Personal relationships	7/7	Met
C10	Social skill development	7/7	Met
C11	Get together w/family & friends	6/7	Met (85.71 %)
C12	Intimacy	7/7	Met
C13	Skills to maximize independence	7/7	Met
C14	Choices in routines & schedules	7/7	Met
C15	Personalize living space	3/3	Met
C16	Explore interests	7/7	Met
C17	Community activities	7/7	Met
C18	Purchase personal belongings	7/7	Met
C19	Knowledgeable decisions	7/7	Met
C46	Use of generic resources	7/7	Met
C47	Transportation to/ from community	7/7	Met
C48	Neighborhood connections	7/7	Met
C49	Physical setting is consistent	3/3	Met
C51	Ongoing satisfaction with services/ supports	7/7	Met
C52	Leisure activities and free-time choices /control	7/7	Met
C53	Food/ dining choices	7/7	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	9/11	Met (81.82 %)
C8	Family/guardian communication	11/11	Met
C13	Skills to maximize independence	11/11	Met
C37	Interpersonal skills for work	8/8	Met
C38 (07/21)	Habilitative & behavioral goals	4/4	Met
C39 (07/21)	Support needs for employment	5/5	Met
C40	Community involvement interest	11/11	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C41	Activities participation	10/10	Met
C42	Connection to others	11/11	Met
C43	Maintain & enhance relationship	11/11	Met
C44	Job exploration	8/8	Met
C45	Revisit decisions	11/11	Met
C46	Use of generic resources	11/11	Met
C47	Transportation to/ from community	11/11	Met
C51	Ongoing satisfaction with services/ supports	11/11	Met

Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	5/10	Not Met (50.0 %)
C8	Family/guardian communication	11/11	Met
C22	Explore job interests	11/11	Met
C23	Assess skills & training needs	11/11	Met
C24	Job goals & support needs plan	11/11	Met
C25	Skill development	11/11	Met
C26	Benefits analysis	5/10	Not Met (50.0 %)
C27	Job benefit education	11/11	Met
C28	Relationships w/businesses	3/3	Met
C29	Support to obtain employment	11/11	Met
C30	Work in integrated settings	10/11	Met (90.91 %)
C31	Job accommodations	10/10	Met
C32	At least minimum wages earned	11/11	Met
C33	Employee benefits explained	11/11	Met
C34	Support to promote success	11/11	Met
C35	Feedback on job performance	11/11	Met
C36	Supports to enhance retention	11/11	Met
C37	Interpersonal skills for work	11/11	Met
C47	Transportation to/ from community	11/11	Met
C50	Involvement/ part of the Workplace culture	11/11	Met

Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C51	Ongoing satisfaction with services/ supports	11/11	Met