



**PROVIDER REPORT  
FOR**

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

**Version**

**Provider Web Report**

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

# **SUMMARY OF OVERALL FINDINGS**

<b>Provider</b>	Triangle, Inc.
<b>Review Dates</b>	9/11/2018 - 9/17/2018
<b>Service Enhancement Meeting Date</b>	10/3/2018
<b>Survey Team</b>	
<b>Citizen Volunteers</b>	

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

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	3 location(s) 7 audit (s)	Provider follow up	5 / 6 2 Year License 10/03/2018 - 10/03/2020		26 / 28 Certified 10/03/2018 - 10/03/2020
Residential Services	3 location(s) 7 audit (s)			No Review	22 / 22
Planning and Quality Management (For all service groupings)				No Review	4 / 6

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

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Employment and Day Supports</b>	4 location(s) 10 audit (s)	Provider follow up	4 / 4 2 Year License 10/03/2018 - 10/03/2020		35 / 42 Certified 10/03/2018 - 10/03/2020
Community Based Day Services	1 location(s) 4 audit (s)			No Review	14 / 14
Employment Support Services	3 location(s) 6 audit (s)			No Review	17 / 22
Planning and Quality Management (For all service groupings)				No Review	4 / 6

**EXECUTIVE SUMMARY :**

--

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	2/2	0/2	
<b>Residential and Individual Home Supports</b>	3/4	1/4	
Residential Services			
<b>Critical Indicators</b>	/	/	
<b>Total</b>	5/6	1/6	83%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		1	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	2/2	0/2	
<b>Employment and Day Supports</b>	2/2	0/2	
Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	/	/	
<b>Total</b>	4/4	0/4	100%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow- up</b>		0	

**MASTER SCORE SHEET LICENSURE**

**Organizational: Triangle, Inc.**

<b>Indicator #</b>	<b>Indicator</b>	<b>Met/Rated</b>	<b>Rating(Met,Not Met,NotRated)</b>
L48	HRC	1/1	Met
L65	Restraint report submit	1/1	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
L15	Hot water	L	3/3						3/3	Met
L68	Funds expenditure	I	12/12						12/12	Met
L69	Expenditure tracking	I	0/12						0/12	Not Met (0 %)
L88	Strategies implemented	I	12/12						12/12	Met
<b>#Std. Met/# 4 Indicator</b>									3/4	
<b>Total Score</b>									5/6	
									83.33%	

**Employment and Day Supports:**

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L15	Hot water	L	3/3		1/1	4/4	Met
L55	Informed consent	I	6/6		8/8	14/14	Met
<b>#Std. Met/# 2 Indicator</b>						2/2	
<b>Total Score</b>						4/4	
						100%	

**MASTER SCORE SHEET CERTIFICATION**

---