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

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

|  |
| --- |
|  |

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

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

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

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

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

|  |
| --- |
| **November 19, 2021** |

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

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

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

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

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

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

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

 |  |

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

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

 |  |  |
|  |  |  |  |  |
|  |

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

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

 |  |

|  |
| --- |
| Triangle, Inc. |

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

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

 |  |

|  |
| --- |
| 9/22/2021 - 9/28/2021 |

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

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

 |  |

|  |
| --- |
| 10/12/2021 |

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

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

 |  |

|  |
| --- |
| Anne Carey |
| Raquel Rodriguez |
| Meagan Caccioppoli |
| Jamie Savage |
| John Hazelton |
| John Downing |
| Jennifer Conley-Sevier (TL) |
| Cheryl Dolan |

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

|  |
| --- |
| **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 | 78/85 2 Year License 10/12/2021 - 10/12/2023 |  | 26 / 28 Certified 10/12/2021 - 10/12/2023 |
| Residential Services | 3 location(s) 7 audit (s)  |  |  | Full Review | 22 / 22 |
| Planning and Quality Management (For all service groupings) |   |  |  | Full Review | 4 / 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** | 7 location(s) 22 audit (s)  | Full Review | 56/58 2 Year License 10/12/2021 - 10/12/2023 |  | 34 / 46 Certified with Progress Report 10/12/2021 - 10/12/2023 |
| Community Based Day Services | 4 location(s) 11 audit (s)  |  |  | Full Review | 16 / 17 |
| Employment Support Services | 3 location(s) 11 audit (s)  |  |  | Full Review | 14 / 23 |
| Planning and Quality Management (For all service groupings) |   |  |  | Full Review | 4 / 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. In the licensing area, the survey identified several accomplishments on the part of the agency which resulted in positive outcomes for individuals served. At an organizational level, the agency had an effective staff training system that ensured that its staff received all mandated trainings, including the newly required prevention of transmission of communicable diseases training. The agency implemented a weekly email sent to all staff called "Stay Diligent" with a pictorial attachment, usually from the CDC with tips for COVID-19 and other safety practices. These daily practices were in effect as staff were wearing PPE and locations were clean and well-maintained with a stock of emergency PPE readily available. Residentially and within the domain of environmental safety, the agency had implemented systems to ensure that health and safety practices were consistently followed. For example, fire drills occurred, inspections were up-to-date, and hot water temperatures were well within the acceptable range. Staff were also supporting individuals to accomplish their identified ISP goals and were tracking progress on agreed upon objectives. In addition, the agency was meeting timelines for submission of ISP assessments and support strategies. Another positive outcome was noted regarding the agency's support of individuals to improve their health by following healthy diets and engaging in physical activity. For example, in two of the homes, individuals were utilizing in-home exercise equipment, while another individual regularly worked out at Planet Fitness. The agency's system to track and provide quality health care supports to individuals served through its residential services was an overall strength of the agency. Individuals received annual exams and routine preventative care and screenings. In addition, individualized health care protocols were being implemented, and staff were knowledgeable about each individual's unique healthcare needs. In the certification realm, homes were decorated to the liking of the residents and individuals had choices in such things as their personal and household schedules, as well as what and where and with whom they would like to eat. The agency assessed the individuals' preferences through an individual preference questionnaire to ensure that each person's personal preferences, such as the time to get up on weekends, food choices and recreational activity choices, were known to staff who support them. The agency has also focused its efforts on supporting relationships with friends, family and intimate companions throughout the pandemic through daily phone calls, video chats and other opportunities for social connection. For example, in one location, family members dropped off favorite dishes for housemates to share, and at that same home, individuals were afforded the opportunity to meet with their loved ones in an outdoor tent complete with heat lamps. In the agency's Day supports and Employment services, effective systems were in place in several licensing domains, including personal safety, human rights, and respectful communication. Individuals with CBDS supports were supported to stay virtually engaged in programming during the pandemic. For example, the agency conducted after hours social programs, in addition to coffee hours and groups that were geared toward specific and unique interests. In Employment services, the agency utilized internet-based programming through YouTube and other platforms to expose individuals to work opportunities via online tutorials. Individuals were also given the opportunity to participate in a Job Club, where they learned valuable skills, including resume writing, mock interviewing and workplace attire. There were several areas requiring further attention identified in the agency's residential services. Triangle would benefit from enhancing its systems to ensure that behavior modifying medication treatment plans include all required components, including outlining a viable process to reduce the need for the medication in collaboration with the prescriber and the clinical support team. In addition, the agency would benefit from a review of its systems relative to funds management to ensure there is a funds management plan with a training component in place, as well as an accurate tracking of funds when the agency has shared or delegated money management responsibility. Lastly, while mandated trainings were in place, the agency needs to ensure that the staff are knowledgeable and familiar with the rationale for implementation of any restrictive practices which are in place.Pertaining to day services licensing indicators, the agency would benefit from creating a system to ensure that environmental safeguards, such as fire drills and inspections are timely and accurate. In the certification realm within CBDS, the agency needs to ensure that there are adequate emergency backup plans in place for all individuals served. For Employment Supports, assessments and career plans for individuals lacked specificity and individualization. The agency should ensure that each individual's career plan is based on the outcomes of each person's assessments and identified skills and training needs. Although individuals were afforded opportunities to work and gain skills, many of these opportunities were not integrated and did not allow for individuals to work and interact with the greater work force. In addition, individuals in Employment Supports need to be afforded the opportunity to provide feedback on the staff who support them at the time of hire and on a regular basis.Organizationally, while the agency has successfully solicited and utilized input from the individuals, families, and other stakeholders regarding satisfaction with services, the agency needs to increase its focus on developing and implementing a strategic plan with objectives to increase the quality of service delivery. In addition, the agency would benefit from implementing measurable benchmarks in its strategic planning effort to adequately evaluate progress and the need for mid-course corrections. The agency also needs to focus attention on ensuring its Human Rights Committee is strengthened by having a quorum at all quarterly meetings.As a result of this survey, Triangle's Residential Services received a rating of met in 92% of licensing indicators with all critical indicators rated as met and received a rating of met in 93% of certification indicators reviewed. As a result, the agency will receive a Two-Year License for Residential Services and is Certified. Follow-up will be conducted by the agency within 60 days of the Service Enhancement Meeting. 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 Day Services. Follow-up will be conducted by the agency within 60 days of the Service Enhancement Meeting. For certification, the agency's Employment and Day Supports program received a rating of met in 74% of indicators. The agency is Certified with a progress report for Employment and Day Supports, which the agency must submit to OQE within one year of the Service Enhancement Meeting. |

 |  |

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

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

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

 |  |  |  |
|  |  |  |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **9/10** | **1/10** |  |
| **Residential and Individual Home Supports** | **69/75** | **6/75** |  |
|  Residential Services |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **78/85** | **7/85** | **92%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **7** |  |

 |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **9/10** | **1/10** |  |
| **Employment and Day Supports** | **47/48** | **1/48** |  |
|  Community Based Day Services Employment Support Services |  |  |  |
| **Critical Indicators** | **6/6** | **0/6** |  |
| **Total** | **56/58** | **2/58** | **97%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **2** |  |

 |
|  |  |  |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **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 needs to ensure that it has an effective Human Rights Committee. While the agency's HRC met membership requirements in composition, self-advocate members did not all attend a majority of the meetings (75%).The agency needs to encourage and promote attendance of all mandated membership, including self-advocates. |

 |

 |  |
|  |  |  |
|  |

|  |
| --- |
|  |
|

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L24 | Locks on doors not providing egress can be opened by the individuals from the inside and staff carry a key to open in an emergency. | In one out of three homes, the provider did not have keys for the locks on either of the two bathroom doors. In addition, the agency needs to ensure that staff carry a key or have the key readily available to open the door in the event of an emergency. |
|  |  L63 | Medication treatment plans are in written format with required components. | For seven individuals, medication treatment plans were either not in place for all behavior modifying medications, or did not contain all the required components. Medication treatment plans should include all medications prescribed for behavioral purposes, and information regarding clinical indications to reduce or eliminate the drug therapy. |
|  |  L64 | Medication treatment plans are reviewed by the required groups. | For two individuals, medication treatment plans were not submitted for review in the individual's ISP. The agency needs to ensure that treatment plans are submitted for review by 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. | The money management plans for three individuals were missing components and/or lacked a training plan designed to enhance their independence with managing their finances. The agency needs to ensure there is a written plan accompanied by a training plan, if applicable, for every individual for whom they have shared or delegated money management responsibility. |
|  |  L78 | Staff are trained to safely and consistently implement restrictive interventions. | In one location, staff had not been trained to safely and consistently implement restrictive interventions. The agency needs to ensure that staff are trained and knowledgeable about the utilization of restrictive practices. |
|  |  L91 | Incidents are reported and reviewed as mandated by regulation. | In two out of three homes, incidents were not submitted within the regulatory timelines. The agency needs to ensure that incidents are reported and reviewed as mandated by regulation |

 |
|  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **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. | At two locations, fire drills were not completed as required per the location approved Safety Plan. Additionally, fire drill reports were missing required information regarding staff members present during the drill, evacuation times and the level of independence exhibited by individuals. The agency needs to ensure that fire drills are conducted per the specifications laid out in the location Safety Plan and that fire drill reports contain all required information. |

 |

 |  |

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

|  |
| --- |
| **CERTIFICATION FINDINGS** |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **4/6** | **2/6** |  |
| **Residential and Individual Home Supports** | **22/22** | **0/22** |  |
| Residential Services | 22/22 | 0/22 |  |
| **TOTAL** | **26/28** | **2/28** | **93%** |
| **Certified** |  |  |  |

 |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **4/6** | **2/6** |  |
| **Employment and Day Supports** | **30/40** | **10/40** |  |
| Community Based Day Services | 16/17 | 1/17 |  |
| Employment Support Services | 14/23 | 9/23 |  |
| **TOTAL** | **34/46** | **12/46** | **74%** |
| **Certified with Progress Report** |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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. |
|  |  C6 | The provider has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans. | Although the agency has identified future goals, there is no current strategic plan in place that contains implementation strategies to actualize these goals. The agency needs to ensure that there is a plan in place which outlines its vision for the future direction of the agency and sets strategies to get there. |
|  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Community Based Day Services- Areas Needing Improvement on Standards not met:** |  |  |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  C20 (07/21) | The provider has emergency back-up plans to assist individuals to plan for emergencies and/or disasters. | For three individuals, the agency did not have an emergency back-up plan to assist individuals in the event of a variety of emergencies or disasters. The agency needs to ensure that individualized emergency back up plans are in place for all individuals served which include details of planned responses to potential scenarios of emergencies in the community, at work if applicable, and involving transportation. |
|  |  |  |  |
|  | **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. | Six individuals did not have the opportunity to provide feedback on the performance of the staff that supports them. The agency needs to ensure individuals have the opportunity to provide feedback on the staff that supports them. |
|  |  C20 (07/21) | The provider has emergency back-up plans to assist individuals to plan for emergencies and/or disasters. | For three individuals, the agency did not have an emergency back-up plan to assist individuals in the event of a variety of emergencies or disasters. The agency needs to ensure that individualized emergency back up plans are in place for all individuals. |
|  |  C23 | Staff utilize a variety of methods to assess an individual's skills, interests, career goals and training and support needs in employment. | For eight of ten individuals, a formal skills assessment describing the persons job skills, strengths and training needs had not been updated or completed within the past year. The agency needs to ensure that staff have assessed the individual's job skills and training needs using a variety of methods that focus on individual strengths and career interests, and that the assessments cover job skills necessary for any general job, as well as skills relevant to the person's identified field of interest. |
|  |  C24 | There is a plan developed to identify job goals and support needs. | For six of ten individuals, career plans lacked specificity around the individuals' goals and support needs. The agency needs to ensure that career plans are not only based on current interests, strengths and needs, but that there is a detailed plan in place that addresses the goals and support needs of the individual. |
|  |  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. | Eight individuals did not have an analysis completed to identify how their entitlements can be managed in a way that allows them to work successfully in the community. The agency needs to ensure an analysis is completed for individuals receiving employment supports in-order to assist them in decisions that could impact their entitlements and/or employment decisions. |
|  |  C29 | Individuals are supported to obtain employment that matches their skills and interests. | Five individuals had not been supported to pursue acquisition of a job. The agency needs to ensure individuals are supported to obtain employment in line with each individual's interest and talents. |
|  |  C30 | Individuals are supported to work in integrated job settings. | Five individuals were working in non-integrated settings. The agency needs to ensure there is a strong effort to support work in integrated settings which are absent of a congregation of workers with disabilities and include regular contact with co-workers who do not have disabilities as well as social interactions with co-workers at the work site. |
|  |  C33 | Employee benefits and rights are clearly explained to the individual. | For three of six individuals, neither the individual nor the agency was aware of what employee benefits are available to the individual from his/her employer. The agency needs to ensure that if the employer is an outside company, support is provided to the individual to fully understand what benefits are available and how to access them; if the provider is the employer of record, they must explain the rights to the individual. |
|  |  C34 | The agency provides the optimal level of support to promote success with a specific plan for minimizing supports. | For three of six individuals, the agency does not have a specific plan for minimizing supports. The agency needs to ensure that staff not only provide the needed level of support, but there is a well thought out plan for fading those supports over time. |
|  |  |  |  |

 |  |  |  |  |

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

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

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

|  |
| --- |
| **Organizational: Triangle, Inc.** |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **7/7** | **Met** |
|  |  L3 | Immediate Action | **15/15** | **Met** |
|  |  L4 | Action taken | **9/9** | **Met** |
|  |  L48 | HRC | **0/1** | **Not Met(0 % )** |
|  |  L65 | Restraint report submit | **2/2** | **Met** |
|  |  L66 | HRC restraint review | **2/2** | **Met** |
|  |  L74 | Screen employees | **4/4** | **Met** |
|  |  L75 | Qualified staff | **6/6** | **Met** |
|  |  L76 | Track trainings | **11/11** | **Met** |
|  |  L83 | HR training | **11/11** | **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** |
| O |  L6 | Evacuation | L | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L7 | Fire Drills | L | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L8 | Emergency Fact Sheets | I | 7/7 |  |  |  |  |  | **7/7** | **Met** |
|  |  L9 (07/21) | Safe use of equipment | I | 7/7 |  |  |  |  |  | **7/7** | **Met** |
|  |  L10 | Reduce risk interventions | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
| O |  L11 | Required inspections | L | 3/3 |  |  |  |  |  | **3/3** | **Met** |
| O |  L12 | Smoke detectors | L | 3/3 |  |  |  |  |  | **3/3** | **Met** |
| O |  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 | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L19 | Bedroom location | L | 2/2 |  |  |  |  |  | **2/2** | **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 | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L24 | Locked door access | L | 2/3 |  |  |  |  |  | **2/3** | **Not Met(66.67 %)** |
|  |  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** |
|  |  L33 | Physical exam | I | 6/6 |  |  |  |  |  | **6/6** | **Met** |
|  |  L34 | Dental exam | I | 7/7 |  |  |  |  |  | **7/7** | **Met** |
|  |  L35 | Preventive screenings | I | 7/7 |  |  |  |  |  | **7/7** | **Met** |
|  |  L36 | Recommended tests | I | 6/7 |  |  |  |  |  | **6/7** | **Met(85.71 %)** |
|  |  L37 | Prompt treatment | I | 7/7 |  |  |  |  |  | **7/7** | **Met** |
| O |  L38 | Physician's orders | I | 5/5 |  |  |  |  |  | **5/5** | **Met** |
|  |  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** |
| O |  L46 | Med. Administration | I | 7/7 |  |  |  |  |  | **7/7** | **Met** |
|  |  L47 | Self medication | I | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L49 | Informed of human rights | I | 7/7 |  |  |  |  |  | **7/7** | **Met** |
|  |  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** |
|  |  L53 | Visitation | I | 6/7 |  |  |  |  |  | **6/7** | **Met(85.71 %)** |
|  |  L54 (07/21) | Privacy | I | 7/7 |  |  |  |  |  | **7/7** | **Met** |
|  |  L55 | Informed consent | I | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L56 | Restrictive practices | I | 3/4 |  |  |  |  |  | **3/4** | **Met** |
|  |  L57 | Written behavior plans | 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** |
|  |  L62 | Health protection review | I | 4/4 |  |  |  |  |  | **4/4** | **Met** |
|  |  L63 | Med. treatment plan form | I | 0/7 |  |  |  |  |  | **0/7** | **Not Met(0 %)** |
|  |  L64 | Med. treatment plan rev. | I | 5/7 |  |  |  |  |  | **5/7** | **Not Met(71.43 %)** |
|  |  L67 | Money mgmt. plan | I | 4/7 |  |  |  |  |  | **4/7** | **Not Met(57.14 %)** |
|  |  L68 | Funds expenditure | I | 7/7 |  |  |  |  |  | **7/7** | **Met** |
|  |  L69 | Expenditure tracking | I | 6/7 |  |  |  |  |  | **6/7** | **Met(85.71 %)** |
|  |  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 | 6/7 |  |  |  |  |  | **6/7** | **Met(85.71 %)** |
|  |  L78 | Restrictive Int. Training | L | 1/2 |  |  |  |  |  | **1/2** | **Not Met(50.0 %)** |
|  |  L79 | Restraint training | L | 1/1 |  |  |  |  |  | **1/1** | **Met** |
|  |  L80 | Symptoms of illness | L | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L81 | Medical emergency | L | 3/3 |  |  |  |  |  | **3/3** | **Met** |
| O |  L82 | Medication admin. | L | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L84 | Health protect. Training | I | 4/4 |  |  |  |  |  | **4/4** | **Met** |
|  |  L85 | Supervision  | L | 3/3 |  |  |  |  |  | **3/3** | **Met** |
|  |  L86 | Required assessments | I | 6/7 |  |  |  |  |  | **6/7** | **Met(85.71 %)** |
|  |  L87 | Support strategies | I | 7/7 |  |  |  |  |  | **7/7** | **Met** |
|  |  L88 | Strategies implemented | I | 6/7 |  |  |  |  |  | **6/7** | **Met(85.71 %)** |
|  |  L90 | Personal space/ bedroom privacy | I | 6/7 |  |  |  |  |  | **6/7** | **Met(85.71 %)** |
|  |  L91 | Incident management | L | 1/3 |  |  |  |  |  | **1/3** | **Not Met(33.33 %)** |
|  | **#Std. Met/# 75 Indicator** |  |  |  |  |  |  |  |  | **69/75** |  |
|  | **Total Score** |  |  |  |  |  |  |  |  | **78/85** |  |
|  |  |  |  |  |  |  |  |  |  | **91.76%** |  |

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

|  |
| --- |
| **Employment and Day Supports:** |

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** |
|  |  L1 | Abuse/neglect training | I | 9/11 |  | 9/11 | **18/22** | **Met(81.82 %)** |
|  |  L5 | Safety Plan | L |  |  | 3/4 | **3/4** | **Met** |
| O |  L6 | Evacuation | L |  |  | 4/4 | **4/4** | **Met** |
|  |  L7 | Fire Drills | L |  |  | 2/4 | **2/4** | **Not Met(50.0 %)** |
|  |  L8 | Emergency Fact Sheets | I | 9/11 |  | 11/11 | **20/22** | **Met(90.91 %)** |
|  |  L9 (07/21) | Safe use of equipment | I | 10/11 |  | 11/11 | **21/22** | **Met(95.45 %)** |
|  |  L10 | Reduce risk interventions | I | 1/1 |  | 1/1 | **2/2** | **Met** |
| O |  L11 | Required inspections | L |  |  | 3/4 | **3/4** | **Met** |
| O |  L12 | Smoke detectors | L |  |  | 4/4 | **4/4** | **Met** |
| O |  L13 | Clean location | L |  |  | 4/4 | **4/4** | **Met** |
|  |  L14 | Site in good repair | L |  |  | 4/4 | **4/4** | **Met** |
|  |  L15 | Hot water | L |  |  | 4/4 | **4/4** | **Met** |
|  |  L16 | Accessibility | L |  |  | 4/4 | **4/4** | **Met** |
|  |  L17 | Egress at grade  | L |  |  | 4/4 | **4/4** | **Met** |
|  |  L18 | Above grade egress | L |  |  | 3/3 | **3/3** | **Met** |
|  |  L20 | Exit doors | L |  |  | 4/4 | **4/4** | **Met** |
|  |  L21 | Safe electrical equipment | L |  |  | 4/4 | **4/4** | **Met** |
|  |  L22 | Well-maintained appliances | L |  |  | 4/4 | **4/4** | **Met** |
|  |  L25 | Dangerous substances | L |  |  | 4/4 | **4/4** | **Met** |
|  |  L26 | Walkway safety | L |  |  | 4/4 | **4/4** | **Met** |
|  |  L27 | Pools, hot tubs, etc. | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L28 | Flammables | L |  |  | 4/4 | **4/4** | **Met** |
|  |  L29 | Rubbish/combustibles | L |  |  | 4/4 | **4/4** | **Met** |
|  |  L30 | Protective railings | L |  |  | 2/2 | **2/2** | **Met** |
|  |  L31 | Communication method | I | 11/11 |  | 11/11 | **22/22** | **Met** |
|  |  L32 | Verbal & written | I | 10/11 |  | 11/11 | **21/22** | **Met(95.45 %)** |
|  |  L37 | Prompt treatment | I | 6/6 |  | 9/9 | **15/15** | **Met** |
| O |  L38 | Physician's orders | I | 2/2 |  | 5/6 | **7/8** | **Met(87.50 %)** |
|  |  L39 | Dietary requirements | I | 2/2 |  | 6/6 | **8/8** | **Met** |
|  |  L49 | Informed of human rights | I | 9/11 |  | 9/11 | **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 | 5/5 |  | 1/1 | **6/6** | **Met** |
|  |  L56 | Restrictive practices | I |  |  | 1/1 | **1/1** | **Met** |
|  |  L61 | Health protection in ISP | I | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L62 | Health protection review | I | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L77 | Unique needs training | I | 10/11 |  | 11/11 | **21/22** | **Met(95.45 %)** |
|  |  L79 | Restraint training | L | 3/3 |  | 3/3 | **6/6** | **Met** |
|  |  L80 | Symptoms of illness | L | 3/3 |  | 4/4 | **7/7** | **Met** |
|  |  L81 | Medical emergency | L | 3/3 |  | 4/4 | **7/7** | **Met** |
|  |  L84 | Health protect. Training | I | 1/1 |  | 1/1 | **2/2** | **Met** |
|  |  L85 | Supervision  | L | 3/3 |  | 3/4 | **6/7** | **Met(85.71 %)** |
|  |  L86 | Required assessments | I | 9/9 |  | 9/9 | **18/18** | **Met** |
|  |  L87 | Support strategies | I | 9/9 |  | 9/9 | **18/18** | **Met** |
|  |  L88 | Strategies implemented | I | 10/10 |  | 11/11 | **21/21** | **Met** |
|  |  L91 | Incident management | L | 3/3 |  | 3/4 | **6/7** | **Met(85.71 %)** |
|  | **#Std. Met/# 48 Indicator** |  |  |  |  |  | **47/48** |  |
|  | **Total Score** |  |  |  |  |  | **56/58** |  |
|  |  |  |  |  |  |  | **96.55%** |  |

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

|  |
| --- |
| **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 | 0/1 | **Not Met (0 %)** |
|  |  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Community Based Day Services** |  |  |  |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 11/11 | **Met** |
|  C8 | Family/guardian communication | 11/11 | **Met** |
|  C13 | Skills to maximize independence  | 11/11 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 8/11 | **Not Met (72.73 %)** |
|  C37 | Interpersonal skills for work | 11/11 | **Met** |
|  C38 (07/21) | Habilitative & behavioral goals | 10/10 | **Met** |
|  C39 (07/21) | Support needs for employment | 10/10 | **Met** |
|  C40 | Community involvement interest | 7/7 | **Met** |
|  C41 | Activities participation | 7/7 | **Met** |
|  C42 | Connection to others | 1/1 | **Met** |
|  C43 | Maintain & enhance relationship | 1/1 | **Met** |
|  C44 | Job exploration | 9/9 | **Met** |
|  C45 | Revisit decisions | 9/9 | **Met** |
|  C46 | Use of generic resources | 7/7 | **Met** |
|  C47 | Transportation to/ from community | 8/8 | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | 11/11 | **Met** |
|  C54 | Assistive technology | 11/11 | **Met** |
| **Employment Support Services** |  |  |  |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 5/11 | **Not Met (45.45 %)** |
|  C8 | Family/guardian communication | 11/11 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 8/11 | **Not Met (72.73 %)** |
|  C22 | Explore job interests | 8/10 | **Met (80.0 %)** |
|  C23 | Assess skills & training needs | 2/10 | **Not Met (20.0 %)** |
|  C24 | Job goals & support needs plan | 4/10 | **Not Met (40.0 %)** |
|  C25 | Skill development | 9/10 | **Met (90.0 %)** |
|  C26 | Benefits analysis | 1/9 | **Not Met (11.11 %)** |
|  C27 | Job benefit education | 11/11 | **Met** |
|  C28 | Relationships w/businesses | 3/3 | **Met** |
|  C29 | Support to obtain employment | 4/9 | **Not Met (44.44 %)** |
|  C30 | Work in integrated settings | 2/6 | **Not Met (33.33 %)** |
|  C31 | Job accommodations | 6/6 | **Met** |
|  C32 | At least minimum wages earned | 4/4 | **Met** |
|  C33 | Employee benefits explained | 3/6 | **Not Met (50.0 %)** |
|  C34 | Support to promote success | 3/6 | **Not Met (50.0 %)** |
|  C35 | Feedback on job performance | 6/6 | **Met** |
|  C36 | Supports to enhance retention | 5/5 | **Met** |
|  C37 | Interpersonal skills for work | 10/11 | **Met (90.91 %)** |
|  C47 | Transportation to/ from community | 11/11 | **Met** |
|  C50 | Involvement/ part of the Workplace culture | 3/4 | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | 9/11 | **Met (81.82 %)** |
|  C54 | Assistive technology | 10/11 | **Met (90.91 %)** |
| **Residential Services** |  |  |  |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 7/7 | **Met** |
|  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 | 7/7 | **Met** |
|  C12 | Intimacy | 6/7 | **Met (85.71 %)** |
|  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 | 5/5 | **Met** |
|  C18 | Purchase personal belongings | 7/7 | **Met** |
|  C19 | Knowledgeable decisions | 7/7 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 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** |
|  C54 | Assistive technology | 7/7 | **Met** |
|  |  |  |  |

 |  |  |  |  |