



**PROVIDER REPORT
FOR**

**UCP of Western
Massachusetts, Inc.
208 West Street
Pittsfield, MA 01201**

November 13, 2025

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider UCP of Western Massachusetts, Inc.

Review Dates 9/9/2025 - 9/15/2025

Service Enhancement Meeting Date 9/29/2025

Survey Team Stephanie Baldwin
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Citizen Volunteers

Survey scope and findings for Residential and Individual Home Supports					
Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	3 location(s) 3 audit (s)	Full Review	55/64 Defer Licensure		26 / 26 Certified
Placement Services	3 location(s) 3 audit (s)			Full Review	20 / 20
Planning and Quality Management (For all service groupings)				Full Review	6 / 6
Survey scope and findings for Remote Supports and Monitoring Services					
Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Remote Supports and Monitoring Services	1 workstation location(s) 8 audit (s)	Full Review	29/31 2 Year License 09/29/2025-09/29/2027		11 / 11 Certified 09/29/2025 - 09/29/2027
Remote Supports and Monitoring Services	1 workstation location(s) 8 audit (s)			Full Review	5 / 5
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	2 location(s) 7 audit (s)	Targeted Review	DDS 13/17 Provider 39 / 39 52 / 56 2 Year License 09/29/2025-09/29/2027		DDS 8 / 8 Provider 33 / 33 41 / 41 Certified 09/29/2025 - 09/29/2027
Community Based Day Services	1 location(s) 6 audit (s)			DDS Targeted Review	15 / 15
Employment Support Services	1 location(s) 1 audit (s)			DDS Targeted Review	20 / 20
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

EXECUTIVE SUMMARY :

The United Cerebral Palsy (UCP) of Western Massachusetts, an affiliate of the United Cerebral Palsy Association, is a non-profit agency that provides a range of services to individuals with Intellectual and Developmental Disabilities, as well as Brain Injury. The agency has headquarters in Pittsfield, Massachusetts, with a second office location in North Adams Massachusetts. The agency provides these services in 24/7 Residential (Placement) homes, Community Based Day Services (CBDS), Employment Supports, and Remote Support and Monitoring Services (RSMS).

For this 2025 Department of Developmental Services (DDS) survey, the agency was eligible for and elected to complete a self-assessment of its Employment/Day Service Grouping; UCP reviewed all applicable licensing and certification indicators for its employment and Community Based Day Services. The DDS Office of Quality Enhancement (OQE) conducted a Targeted Review of employment/day services focusing on the critical indicators and not-met indicators from the agency's previous survey cycle. DDS OQE conducted a full review of the residential service grouping and RSMS services. This provider report combines the OQE findings with results from the agencies self-assessment for employment and day services.

Findings for the UCP surveys showed that the agency had systems and practices in certain domains that contributed to a high quality of life for the people it supports. On the organizational level, allegations of abuse and neglect were reported as mandated, and immediate action was taken to protect people when complaints were made. As it relates to staff competency, the agency had tracking systems that ensured that staff were trained in DDS mandated and other required training courses, including human rights and DPPC; thus, enhancing safety the quality for individuals at its sites. In the organizational certification areas, UCP had systems for collecting and analyzing data/information from its various programs, for use in effecting course correction and service improvements. It was also working on a strategic plan with stakeholder input, that included goals of developing three new day/residential sites across the regions and adding new QA specialist to increase oversight across the programs.

In 24-hour Placement services, positive outcomes were observed relative to ways individuals were supported. The locations that were visited were clean and in good repair. In the area of human rights, individuals were supported to undergo human rights and DPPC training. People were offered privacy within their homes, and relationships with family and others were fully supported. Regarding funds management, agreed upon funds management plans and practices were evident; alongside individualized funds management training for those who needed support. Individual expenditure was also accurately tracked and documented. Staff and home care providers received the unique needs training and were knowledgeable in supporting individuals. Staff were familiar with the signs and symptoms of illness and knew how to support people during medical emergencies. Individuals' dignities were also upheld by staff who engaged in respectful communication.

In the certification areas within Placement Services, UCP promoted community access and integration. Individuals had choices in daily routines, schedules, and activities. The agency assessed individuals for their interests in community activities and supported participation in people's choice activities. It also recognized individuals' preferences relative to the look and feel of their homes; individuals' personal spaces were decorated to their taste and style. UCP made concerted efforts to be inclusive; it involved individuals in the hiring and ongoing evaluation of support staff. It also promoted family/guardian, individual, and staff engagement via visits, phone and video calls, and other forms of communication.

Within the remote support Services, DDS OQE review of the services provided by UCP in the licensure areas showed that all the individuals' assistive technology assessments were developed and in place; remote support and monitoring plans were also in place. The agency ensured that the monitoring agencies' staff were trained in all DDS required topics, as well as on each person's RSM plan. UCP held weekly meetings with Safe-In-Home (their most frequently used monitoring station), to ensure effective collaboration between staff from both organizations. All the individuals were trained on their RSM devices; they also knew who to contact if the technology was not working. All individuals had emergency back up plans, and emergency fact sheets were current and accurate. Relative to RSM

certification, the stations connected with individuals in line with their RSM plan requirements; they supported individuals on an ongoing basis to develop skills to maximize independence, whether it be with cooking, laundry, or completing day-to-day independent living tasks. Monitoring staff also assisted individuals to make knowledgeable decisions on a day-to-day basis. The agency disseminated annual satisfaction surveys to individuals to evaluate the performance of UCP RSM staff.

In Community Based Day services, individuals were engaged in meaningful day activities of their choice at the program site but mostly in the community. The agency conducted assessments where they solicited individuals' input into areas of personal interest and preferences; these were then explored in the community by the individual with staff support. Individuals in the CBDS program were able to express their strong satisfaction with the support they received to pursue activities in the community. The CBDS program also provided individuals with plenty of opportunities to be part of the local community by participating in local events and frequenting community establishments.

Similarly, in the agency's employment support, individuals maintained long-term competitive employment. The individual reviewed was competitively employed in an integrated work setting; had been employed in the same business for several years; and continued to enjoy the work immensely. The agency maintained robust records for individuals, with medical and other training information being well documented and current. The individual worked independently at the workplace alongside other community people but enjoyed employment staff support as needed.

Along with strengths identified in this report, a few areas were identified that need additional attention from UCP of western Ma to meet DDS compliance. Organizationally, the Human Rights committee did not meet quarterly and did not review all matters under its purview; the agency must ensure that HRC meetings are held quarterly, and materials utilized for training are reviewed annually.

In the areas of personal and environmental safety at Placement, home inspections must be conducted on an annual basis; smoke and carbon monoxide detectors must be present where required and fully operational (they must be placed on every habitable level of the home including basement and cellars); and water temperature must be maintained at the required temperature range. Additionally, safety plans must be updated and submitted for DDS review and approval every two years. In the area of healthcare, individuals must be supported to receive annual dental exams; and medication treatment plans must be developed when needed to include all the required components including data collection, and the required reviews. Relative to the ISP, measures should be taken to ensure the timely submission of ISP assessments and support strategies.

UCP of Western MA met 86% of licensing indicators in residential services (Placement services) but were not met on 2 critical indicators (L6 and L12). UCP's Residential Service Grouping will thus be in deferred-license status until a follow-up survey to be conducted by the DDS OQE within 60 days of the agency's SEM meeting. If the service meets the 80% licensure scoring threshold and meets all critical indicators at follow-up, the Residential Service Grouping would then earn its Two-Year license with a mid-cycle review. The residential Service grouping is Certified, having met 100% of certification indicators.

UCP of Western MA met 94% of licensing indicators in Remote Support and Monitoring services and will thus earn a Two-Year license for the Remote Support and Monitoring Service. The agency will conduct its own follow-up on the not-met licensing indicators and submit the results to DDS OQE within 60 days of its SEM meeting. The Remote Support and Monitoring Service is Certified, having met 100% of certification indicators.

UCP of Western MA met 93% of licensing indicators in Employment/Day services and will thus earn a Two-Year license for the Employment/Day Service Grouping. The agency will conduct its own follow-up on the not-met licensing indicators and submit the results to DDS OQE within 60 days of its SEM meeting. The Employment/Day Service grouping is Certified, having met 100% of certification indicators.

The agency's self-assessment process for employment/day services are outlined below:

Description of Self Assessment Process:

UCP of Western Massachusetts is committed to quality assurance and strives to adhere to our organizational values, implement our strategic plan, Performance Quality Improvement (PQI) Plan, and Positive Behavior Support (PBS) Action Plan. The purpose of these plans are to support our members, mitigate risk, and ensure successful implementation of applicable laws and regulations which lead to better overall outcomes for all those involved with UCP.

Among other standard data review processes, member file audits/record reviews with file indexes (*a total of 5% of the program throughout the year in accordance with COA Accreditation standards) occur on a quarterly basis.

For this self-assessment process, UCP used the random function in excel to select a sample of members to be reviewed based on indicators. UCP utilized various assessment and organizational tools such as the DDS Day/Employment Worksheet, UCP File Index Forms, and a shared Microsoft OQE Prep site where tasks were assigned out and other information was gathered in a secure, shared space. UCP collaborated to implement the most effective self-assessment methods and considered how to be as least disruptive to member routines as possible.

UCP established an OQE Prep Team that met regularly to work on this self-assessment process. That team included the Chief Executive Officer (CEO), the Director of Human Resources, the Senior Director of Program Operations, the Senior Director of Assistive Technology, the Director of Community Living Options, the Director of Family Support, Assistant Directors, Support Specialists, and the Director of Quality and Compliance. During our meetings, we not only reviewed specific files and indicators, but spent time reviewing processes to ensure continuity. For example, we adjusted formats of Emergency Back-Up Plans, discussed solutions on how to address barriers such as not getting signatures returned, went over required elements for documents such as Emergency Fact Sheets, etc.

For the Personal Safety Section, The OQE Prep Team reviewed these documents/procedures to ensure they were in place. Some of the documents were audited as a part of the sample. Others, such as the Safety Plan, were reviewed as a team.

For the Environmental Safety Section, the team did a walk-through of the sites. The Day-Employment Worksheet was utilized. Separately from that, Smoke and CO detectors were checked to ensure they were located correctly, up to date, and operable. We didn't set off alarms when it would have been disruptive to the program activities. Hot water temperatures were checked to ensure they were between 110 and 120 degrees per regulatory documents (aim for 110 degrees exactly). The environment was assessed to ensure no safety hazards such as signs of pests, objects in walkways, etc. The environment was also evaluated to ensure appropriate accessibility, and cleanliness. Finally, the team checked to ensure member's individual preferences and choices in relation to their environments were considered.

When assessing the communication section, staff interviews and general observations occurred. Communication preferences were found to be respected and many instances of staff supporting appropriate communication were noted.

For the Health section, the team used the random sample. Health Care Records and Case Notes were reviewed to ensure prompt treatment for acute and episodic health care conditions. The members of the sample that had medical and/or dietary protocols were reviewed and staff training records were reviewed along with staff interviews.

For Human Rights, selected files were reviewed to ensure members and guardians were notified of how to file a grievance and of their rights. Selected files were also reviewed to ensure respectful communication. Observations occurred to ensure access to personal possessions and privacy.

Competent Workforce Indicators were reviewed using the provided administrative worksheet/10% sampling. Training Matrix spreadsheets overseen by Human Resources were reviewed and training

transcripts were pulled from our online training system, Relias. For further information, see excel document "Training Form Response UCP of Western MA 8.28.25". Additionally, performance review processes, screening processes, etc. were reviewed. UCP did not rate training on restrictive interventions, because we do not currently have any restrictive interventions in place and only have members who fall under the Universal Support Tier. Our PBS Leadership Team is fully functional, and we have a Lead Clinician who would train staff on any interventions beyond the Universal Tier.

For indicator related to goal implementation, HCSIS and iCentrix were reviewed for the selected sample to ensure assessment/goal documents were submitted and submitted timely. Assistive Technology assessments were also reviewed for all required elements, timeliness, and to ensure staff training. Same with medical monitoring devices.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Residential and Individual Home Supports	48/56	8/56	
Placement Services			
Critical Indicators	5/7	2/7	
Total	55/64	9/64	86%
Defer Licensure			
# indicators for 60 Day Follow-up		9	

	Met / Rated	Not Met / Rated	% Met
Organizational	8/9	1/9	
Remote Supports and Monitoring Services	21/22	1/22	
Remote Supports and Monitoring Services			
Critical Indicators	3/3	0/3	
Total	29/31	2/31	94%
2 Year License			
# indicators for 60 Day Follow-up		2	

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Employment and Day Supports	45/48	3/48	
Community Based Day Services Employment Support Services			
Critical Indicators	6/6	0/6	
Total	52/56	4/56	93%
2 Year License			
# indicators for 60 Day Follow-up		4	

**Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:
From DDS review:**

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The agency's human rights committee did not meet the quarterly meetings mandate; and did not review Human Rights materials, agency policies and human rights training materials. The agency should ensure that the Human Rights meets as required and completes all responsibilities under its mandate.

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:
From DDS review:**

Indicator #	Indicator	Area Needing Improvement
L5	There is an approved safety plan in home and work locations.	At one of three locations, a safety plan had not been reviewed and approved by DDS for over two years. The agency needs to ensure that safety plans are submitted to DDS every two years for review and approval; and that staff and care providers are trained in how to implement the safety plan and evacuation strategies.
Ⓜ L6	All individuals are able to evacuate homes in 2.5 minutes with or without assistance and workplaces within a reasonable amount of time.	One of three individuals was not supported to evacuate a home in under 2.5 minutes during fire drills. The agency needs to ensure that individuals are successfully evacuated under 2 minutes and 30 seconds during fire drills.
Ⓜ 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.	Smoke detectors at two of three sites did not sound when activated during testing. The agency needs to ensure that smoke detectors sound when activated and are located on every habitable floor of the home (including basement), and carbon monoxide detectors are located within 10ft of the outside of each bedroom.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At two of three locations, the hot water temperature did not meet requirements. The agency must ensure that water temperature is maintained within the acceptable range of 110-120 degrees.
L36	Recommended tests and appointments with specialists are made and kept.	For one of three individuals', recommended visits to specialist were not supported, and/or appointments and test had not been scheduled. The agency must ensure that specialty and recommended appointments are scheduled and attended by individuals.
L43	The health care record is maintained and updated as required.	For one of three individuals, the DDS Health Care Record was not updated annually, and when significant medical events occurred. The agency must update individuals Health Care Records annually, and when significant medical events/changes occur.

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:
From DDS review:**

Indicator #	Indicator	Area Needing Improvement
L63	Medication treatment plans are in written format with required components.	For one person, a Medication Treatment Plan was not developed to include all required components. The agency must ensure that a Medication Treatment Plan is developed to include a description of the behavior to manage or treated, information on common risk, monitoring data, and tracking all relevant effects of the treatment with the medication. Data must also be maintained on the plan.
L71	Individuals are notified of their appeal rights for their charges for care.	All three individuals had not been notified of their appeal rights for charges for care. The agency must ensure that individuals are informed and aware of their rights to appeal charges for care.

**Remote Supports and Monitoring Services Areas Needing Improvement on Standards not met/Follow-up to occur:
From DDS review:**

Indicator #	Indicator	Area Needing Improvement
L91	Incidents are reported and reviewed as mandated by regulation.	An incident report was not submitted and finalized within the required timelines in HCSIS. The agency must ensure that incident reports are submitted and finalized within the required timelines in HCSIS.

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

Indicator #	Indicator	Area Needing Improvement
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Three of five individual's ISP assessments were not submitted within the required timeframe. The agency must ensure that assessments are submitted at least 15-days prior to an individual's ISP.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Three of six individuals' support strategies were not submitted within the required timeframe. The agency must ensure that individuals support strategies at least 15-days prior to an individual's ISP.
L91	Incidents are reported and reviewed as mandated by regulation.	An incident report was not submitted and finalized within the required timelines in HCSIS. The agency must ensure that incident reports are submitted and finalized within the required timelines in HCSIS.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	20/20	0/20	
Placement Services	20/20	0/20	
Total	26/26	0/26	100%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Remote Supports and Monitoring Services	5/5	0/5	
Remote Supports and Monitoring Services	5/5	0/5	
Total	11/11	0/11	100%
Certified			

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS	6/6	0/6	
Employment and Day Supports	DDS 2/2 Provider 33/33	35/35	0/35	
Community Based Day Services	DDS 0/0 Provider 15/15	15/15	0/15	
Employment Support Services	DDS 2/2 Provider 18/18	20/20	0/20	
Total		41/41	0/41	100%
Certified				

MASTER SCORE SHEET LICENSURE

Organizational: UCP of Western Massachusetts, Inc.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓜ L2	Abuse/neglect reporting	2/2	Met
L3	Immediate Action	1/1	Met
L4	Action taken	1/1	Met
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	1/1	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	4/4	Met
L83	HR training	4/4	Met
Ⓜ L95 (05/22)	RSMS requirements	1/1	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			3/3				3/3	Met
L5	Safety Plan	L			2/3				2/3	Not Met (66.67 %)
Ⓜ L6	Evacuation	L			2/3				2/3	Not Met (66.67 %)
L8	Emergency Fact Sheets	I			3/3				3/3	Met
Ⓜ L11	Required inspections	L			3/3				3/3	Met
Ⓜ L12	Smoke detectors	L			1/3				1/3	Not Met (33.33 %)
Ⓜ L13	Clean location	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/Rated	Rating
L14	Site in good repair	L			3/3				3/3	Met
L15	Hot water	L			1/3				1/3	Not Met (33.33%)
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
L19	Bedroom location	L			2/2				2/2	Met
L21	Safe electrical equipment	L			3/3				3/3	Met
L24	Locked door access	L			3/3				3/3	Met
L26	Walkway safety	L			3/3				3/3	Met
L27	Pools, hot tubs, etc.	L			1/1				1/1	Met
L29	Rubbish/combustibles	L			3/3				3/3	Met
L30	Protective railings	L			3/3				3/3	Met
L31	Communication method	I			3/3				3/3	Met
L32	Verbal & written	I			3/3				3/3	Met
L33	Physical exam	I			3/3				3/3	Met
L34	Dental exam	I			2/2				2/2	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L35	Preventive screenings	I			3/3				3/3	Met
L36	Recommended tests	I			2/3				2/3	Not Met (66.67%)
L37	Prompt treatment	I			3/3				3/3	Met
Ⓡ L38	Physician's orders	I			2/2				2/2	Met
L39	Dietary requirements	I			1/1				1/1	Met
L41	Healthy diet	L			3/3				3/3	Met
L42	Physical activity	L			3/3				3/3	Met
L43	Health Care Record	I			2/3				2/3	Not Met (66.67%)
Ⓡ L46	Med. Administration	I			3/3				3/3	Met
L49	Informed of human rights	I			3/3				3/3	Met
L50 (07/21)	Respectful Comm.	I			3/3				3/3	Met
L51	Possessions	I			3/3				3/3	Met
L52	Phone calls	I			3/3				3/3	Met
L53	Visitation	I			3/3				3/3	Met
L54 (07/21)	Privacy	I			3/3				3/3	Met
L63	Med. treatment plan form	I			0/1				0/1	Not Met (0%)

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L67	Money mgmt. plan	I			2/2				2/2	Met
L68	Funds expenditure	I			2/2				2/2	Met
L69	Expenditure tracking	I			2/2				2/2	Met
L70	Charges for care calc.	I			3/3				3/3	Met
L71	Charges for care appeal	I			0/3				0/3	Not Met (0 %)
L77	Unique needs training	I			3/3				3/3	Met
L80	Symptoms of illness	L			3/3				3/3	Met
L81	Medical emergency	L			3/3				3/3	Met
L85	Supervision	L			3/3				3/3	Met
L86	Required assessments	I			2/2				2/2	Met
L87	Support strategies	I			2/2				2/2	Met
L88	Strategies implemented	I			2/2				2/2	Met
L90	Personal space/bedroom privacy	I			3/3				3/3	Met
L91	Incident management	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/Rated	Rating
L93 (05/22)	Emergency back-up plans	I			3/3				3/3	Met
L94 (05/22)	Assistive technology	I			3/3				3/3	Met
L96 (05/22)	Staff training in devices and applications	I			3/3				3/3	Met
#Std. Met/# 56 Indicator									48/56	
Total Score									55/64	
									85.94%	

Remote Supports and Monitoring Services:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Remote	Total Met/Rated	Rating
L1	Abuse/neglect training	I	DDS	7/8	7/8	Met (87.50 %)
L8	Emergency Fact Sheets	I	DDS	8/8	8/8	Met
L31	Communication method	I	DDS	8/8	8/8	Met
L32	Verbal & written	I	DDS	8/8	8/8	Met
L37	Prompt treatment	I	DDS	8/8	8/8	Met
L41	Healthy diet	L	DDS	1/1	1/1	Met
L49	Informed of human rights	I	DDS	7/8	7/8	Met (87.50 %)
L50 (07/21)	Respectful Comm.	I	DDS	8/8	8/8	Met
L52	Phone calls	I	DDS	8/8	8/8	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Remote	Total Met/Rated	Rating
L54 (07/21)	Privacy	I	DDS	8/8	8/8	Met
L77	Unique needs training	I	DDS	8/8	8/8	Met
L80	Symptoms of illness	L	DDS	1/1	1/1	Met
L81	Medical emergency	L	DDS	1/1	1/1	Met
L85	Supervision	L	DDS	1/1	1/1	Met
L90	Personal space/bedroom privacy	I	DDS	8/8	8/8	Met
L91	Incident management	L	DDS	0/1	0/1	Not Met (0 %)
L93 (05/22)	Emergency back-up plans	I	DDS	8/8	8/8	Met
L94 (05/22)	Assistive technology	I	DDS	8/8	8/8	Met
L97 (05/22)	Remote supports plan	I	DDS	8/8	8/8	Met
L98 (05/22)	Monitoring staff training in plan	I	DDS	8/8	8/8	Met
L100 (05/22)	RSMS Assessment	I	DDS	1/1	1/1	Met
Ⓡ L101 (05/22)	Individual training and knowledge in RSMS	I	DDS	8/8	8/8	Met
#Std. Met/# 22 Indicator					21/22	
Total Score					29/31	
					93.55%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	Provider		-	-	-	Met
L5	Safety Plan	L	Provider		-	-	-	Met
Ⓡ L6	Evacuation	L	DDS	1/1		1/1	2/2	Met
L7	Fire Drills	L	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L8	Emergency Fact Sheets	I	Provider		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	Provider		-	-	-	Met
L10	Reduce risk interventions	I	Provider		-	-	-	Met
☞ L11	Required inspections	L	DDS	1/1		1/1	2/2	Met
☞ L12	Smoke detectors	L	DDS	1/1		1/1	2/2	Met
☞ L13	Clean location	L	DDS	1/1		1/1	2/2	Met
L14	Site in good repair	L	Provider		-	-	-	Met
L15	Hot water	L	Provider		-	-	-	Met
L16	Accessibility	L	Provider		-	-	-	Met
L17	Egress at grade	L	Provider		-	-	-	Met
L20	Exit doors	L	Provider		-	-	-	Met
L21	Safe electrical equipment	L	Provider		-	-	-	Met
L22	Well-maintained appliances	L	Provider		-	-	-	Met
L25	Dangerous substances	L	Provider		-	-	-	Met
L26	Walkway safety	L	Provider		-	-	-	Met
L28	Flammables	L	Provider		-	-	-	Met
L29	Rubbish/com bustibles	L	Provider		-	-	-	Met
L30	Protective railings	L	Provider		-	-	-	Met
L31	Communication method	I	Provider		-	-	-	Met
L32	Verbal & written	I	Provider		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-	-	Met
☞ L38	Physician's orders	I	DDS			4/4	4/4	Met
L39	Dietary requirements	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L49	Informed of human rights	I	Provider		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider		-	-	-	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met
L54 (07/21)	Privacy	I	Provider		-	-	-	Met
L56	Restrictive practices	I	Provider		-	-	-	Met
L60	Data maintenance	I	Provider		-	-	-	Met
L61	Health protection in ISP	I	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Met
L78	Restrictive Int. Training	L	Provider		-	-	-	Met
L80	Symptoms of illness	L	Provider		-	-	-	Met
L81	Medical emergency	L	Provider		-	-	-	Met
L84	Health protect. Training	I	Provider		-	-	-	Met
L85	Supervision	L	Provider		-	-	-	Met
L86	Required assessments	I	DDS	0/1		2/4	2/5	Not Met (40.0 %)
L87	Support strategies	I	DDS	0/1		3/5	3/6	Not Met (50.0 %)
L88	Strategies implemented	I	DDS	1/1		6/6	7/7	Met
L91	Incident management	L	DDS			0/1	0/1	Not Met (0 %)
L93 (05/22)	Emergency back-up plans	I	Provider		-	-	-	Met
L94 (05/22)	Assistive technology	I	Provider		-	-	-	Met
L96 (05/22)	Staff training in devices and applications	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L99 (05/22)	Medical monitoring devices	I	Provider		-	-	-	Met
#Std. Met/# 48 Indicator							45/48	
Total Score							52/56	
							92.86%	

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

Placement 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	3/3	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
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
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

Remote Supports and Monitoring Services

Indicator #	Indicator	Met/Rated	Rating
C8	Family/guardian communication	8/8	Met
C13	Skills to maximize independence	8/8	Met
C16	Explore interests	1/1	Met
C19	Knowledgeable decisions	8/8	Met
C51	Ongoing satisfaction with services/ supports	8/8	Met

Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C38 (07/21)	Habilitative & behavioral goals	Provider	-	Met
C39 (07/21)	Support needs for employment	Provider	-	Met

Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C40	Community involvement interest	Provider	-	Met
C41	Activities participation	Provider	-	Met
C42	Connection to others	Provider	-	Met
C43	Maintain & enhance relationship	Provider	-	Met
C44	Job exploration	Provider	-	Met
C45	Revisit decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met

Employment Support Services

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

Employment Support Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C37	Interpersonal skills for work	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C50	Involvement/ part of the Workplace culture	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met