



PROVIDER REPORT FOR

**The United Arc, Inc.
294 Avenue A
Turner Falls, MA 01376**

July 15, 2021

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	The United Arc, Inc.
Review Dates	6/10/2021 - 6/17/2021
Service Enhancement Meeting Date	7/1/2021
Survey Team	Andrea Comeau Ken Jones Brenda Cole (TL) Janina Millet Elsa Adorno Hesham Almahbashi
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	8 location(s) 12 audit (s)	Full Review	41/81 Recommendation to De-License		53 / 73 Certified with Progress Report
Residential Services	2 location(s) 6 audit (s)			Full Review	15 / 22
Placement Services	3 location(s) 3 audit (s)			Full Review	17 / 22
Individual Home Supports	3 location(s) 3 audit (s)			Full Review	20 / 23
Planning and Quality Management				Full Review	1 / 6

EXECUTIVE SUMMARY :

Founded in 1951, and incorporated in 1960, The United Arc provides advocacy and support services for children and adults with intellectual and developmental disabilities and their families in Western Massachusetts. The agency offers residential services to adults through three distinct service types: 24-hour residential services, individual home supports, and placement services.

For this current licensure and certification review, a full review of 24-hour residential sites, placement services, and individual homes supports occurred. Interviews with key administrative and supervisory staff, care providers and individuals, occurred through Microsoft (MS) Teams, along with observations, review of environmental safety, and review of relevant documentation.

The survey identified positive findings in areas subject to both licensing and certification. Overall, individuals' homes were found in good repair and blended naturally into their surrounding neighborhoods. Bedrooms and common areas of homes were personalized and reflected the personal tastes and preferences of those who lived there. Individuals were encouraged to walk and engage in physical activity, particularly during the pandemic when outlets for exercise were limited. Individuals were supported to maintain choice and control over routine matters, including leisure and household routines as well as decisions about menu planning or dining out. The support of personal control over day-to-day matters extended to supporting individuals to exercise rights to communicate and visit with friends and families as well as rights to privacy in personal spaces. Individuals were provided with locks on their bedroom doors and could identify areas of their home where they could speak privately.

The survey also identified multiple areas that must be addressed by The United Arc to meet standards for licensure. Within the context of personal and environmental safety, effective oversight of safety plan development, approval, and staff training is needed, along with assurance that fire drills are conducted regularly. Inspections of heating systems and inspections of placement service locations need to occur annually as well as regular testing of smoke and carbon detectors to ensure they are operational. Improvement in oversight of other areas related to personal safety include review of Emergency Fact Sheets for accuracy, and timely submission and review of incident reports.

In the healthcare domain, the agency must ensure that individuals receive regular physical and dental exams as well as preventative health screenings in accordance with their age and gender. Strengthened oversight of individuals' health conditions is needed to ensure that appointments with medical specialties occur and that physicians' orders and recommendations for treatments, testing, follow-up appointments, and referrals to specialists are addressed in a timely way. Special diets must be developed when necessary and then followed according to physicians' orders, and protocols must be developed, with action steps for staff to follow in emergencies, for managing significant medical conditions. Consistent implementation of medication administration procedures (MAP) is needed for individuals who require medication support as well as timely development and effective oversight of medication treatment plans for medications prescribed to control behavior. Lastly, individuals' Health Care Records must be updated when significant health events occur such as hospitalizations and when new medical or mental health diagnoses are made.

In the area of human rights, annual training must occur for individuals in human rights, grievance procedures, and in how to report allegations of abuse or neglect to the Disabled Persons Protection Commission (DPPC). Behavior plans must address all behavioral interventions being implemented, data on the effectiveness of plans must be consistently collected, and plans must be revised and updated accordingly. Environmental restrictions necessary to maintain an individual's safety must be accompanied by individualized plans to mitigate the impact of the restriction on others. Finally, oversight of agency practices in promoting and protecting rights of individuals must be directed by a fully constituted human rights committee that is fulfilling its required roles and responsibilities.

Other areas that need require attention include strengthened oversight of individuals' funds in the agency's control. This includes assurances that all staff-assisted transactions are tracked according to DDS requirements and that receipts are maintained. Also, the manner in which individuals receive assistance with personal funds must be outlined in a funds management plan, subject to annual agreement, and notifications of charges for care sent to individuals and guardians must include the calculations upon which the charges are based as well as information on rights to appeal. Additionally, health-related supports and protective equipment, including bedrails, wheelchairs, and sleep apnea equipment, must be authorized annually with clear instructions on the use, maintenance, and cleaning of the equipment.

In the last broad area of improvements necessary for licensure, organizational efforts must be made to improve staff knowledge and competency. First, the agency must develop effective mechanisms of assuring that job applicants meet minimum qualifications for the position. The agency must develop an effective method of tracking the status of staff training in all mandated training areas as well as develop an effective means of ensuring that all staff, including relief, are trained to address the unique support needs of individuals. These individual-specific trainings include health-related protocols, specialized MAP procedures, health-related supports and protective equipment as well as training in behavior plans, risk management protocols, environmental restrictions, and the safe administration of physical restraint.

Within areas subject to certification that require focused attention, certain organizational indicators were highlighted for improvement. The agency needs to develop effective methods of internal evaluation and oversight that will yield data on the quality of its services. This should include a process for gathering input from guardians and families. Analysis of data gathered from internal and external sources must inform goals and priorities for service improvement. Lastly, the agency needs to develop measurable benchmarks and effective methods of tracking progress and accomplishment of goals for service types and for organizational strategic planning.

Among areas subject to certification that require focused attention for services and supports, opportunities must be developed for individuals to incorporate their input into evaluating the performance of staff who support them, and systems need to be developed for assessing areas where individuals' independence can be enhanced by using assistive technology. Emergency back-up plans must be individualized, and this information needs to be accessible to individuals. Additional support is needed for individuals to explore community activities that will promote greater community involvement and expand networks of acquaintances, including neighbors. It is also necessary to assess the supports needed by individuals in the areas of intimacy, sexuality, and companionship.

As a result of the current review, the Residential and Individual Home Supports service group, operated by The United Arc, received an overall score of 51% of licensure indicators met, with five critical indicators and thirty-five organizational and service indicators that received a rating of Not Met. The service group's level of licensure will be a Recommendation to De-license. This service group is Certified with a Progress Report with an overall score of 73% of certification indicators met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	4/7	3/7	
Residential and Individual Home Supports	37/74	37/74	
Residential Services Placement Services Individual Home Supports			
Critical Indicators	3/8	5/8	
Total	41/81	40/81	51%
Recommendation to De-License			
# indicators for 60 Day Follow-up		40	

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's human rights committee was a joint committee that oversaw services for two organizations licensed by DDS: The committee lacked regular attendance in two roles for the majority of meetings. In addition, the committee was not fulfilling its responsibilities for reviewing complaints and investigations, the agency's human rights curriculum, and agency policies and impact individuals' rights. The United Arc needs to support its human rights committee to meet composition requirements and to fulfill its responsibilities in promoting and protecting the rights of individuals who receive services.
L74	The agency screens prospective employees per requirements.	The agency process did not incorporated steps to assure that candidates met minimum job qualifications. The agency needs to ensure that it includes a mechanism for assuring that prior to hire new employees are screened to meet the minimum qualifications for the position for which they applied.

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

Indicator #	Indicator	Area Needing Improvement
L76	The agency has and utilizes a system to track required trainings.	The agency did not track the status of required trainings for staff and care providers. The agency needs to ensure that all staff receive training in all mandated areas. In addition, a mechanism needs to be developed to effectively track the status of training for individual staff that identifies dates of training as well as expiration dates to ensure that lapses of required training do not occur.


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

Indicator #	Indicator	Area Needing Improvement
L1	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	For eight individuals, annual training had not been provided on how to report allegations of abuse or neglect to the Disabled Persons Protection Commission (DPPC). The agency needs to ensure that all individuals are trained annually on how to report abuse or neglect to DPPC.
L5	There is an approved safety plan in home and work locations.	For five locations, Emergency Evacuation Safety Plans were not current or had not been approved by the DDS Area Office. The agency needs to ensure that Emergency Evacuation Safety Plans reflect the evacuation support needs of the current occupants of the home and are approved by the DDS Area Office.
L7	Fire drills are conducted as required.	At two 24/7 locations, fire drills had not been conducted quarterly and at least two fire drills had not been conducted during the hours when individuals were in bed and asleep. The agency needs to ensure that fire drills are conducted quarterly and at least two fire drills need to be conducted annually during the hours when individuals were in bed and asleep.
L8	Emergency fact sheets are current and accurate and available on site.	For four individuals, Emergency Fact Sheets did not reflect current information, including medical conditions, medications, and relevant capabilities and preferences, or the EFS was not located onsite. The agency needs to ensure that Emergency Fact Sheets are current, accurately address all required information, and are available at the site where individuals receive services.
Ⓡ L11	All required annual inspections have been conducted.	At four locations, home heating system inspections were not present and for three placement service locations, the agency's annual inspection of the care provider's home was not in place. The agency needs to ensure that home heating systems are inspected at least every 15 months. Additionally, the agency needs to conduct annual inspections of homes of placement service care providers.

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 two locations, carbon monoxide detectors were not located within 10 feet of bedroom doors, and at one individual home support location, a basement smoke detector was not operational. The agency needs to ensure that smoke and carbon monoxide detectors are located where required and are operational.
L33	Individuals receive an annual physical exam.	One individual had not received a physical exam over the past 15 months, and for two individuals, the interval between the current and previous physical exam exceeded 15 months. The agency needs to ensure that individuals receive physical exams at least every 15 months.
L34	Individuals receive an annual dental exam.	Four individuals had not received a dental exam over the past 15 months. The agency needs to ensure that individuals receive dental exams at least every 15 months.
L35	Individuals receive routine preventive screenings.	For five individuals, the status of preventative health screenings was not known. Information on recommended health screenings for adults was not current. The agency needs to ensure that individuals receive preventative health screenings in accordance with their age and gender, and preventative health screening information needs to be maintained.
L36	Recommended tests and appointments with specialists are made and kept.	For six individuals, appointments with medical specialties did not occur or physicians' orders and recommendations for treatments, testing, follow-up appointments, and referrals to specialists were not addressed. The agency needs to ensure that individuals are evaluated by specialists at the intervals recommended by the practitioner, physicians' orders for treatment and testing are addressed, and that follow-up appointments and referrals to specialists occur in a timely way.
Ⓡ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For six individuals, protocols for significant medical conditions, including type 2 diabetes, epilepsy, and sleep apnea, had not been developed and reviewed by treating physicians. The agency needs to ensure that protocols are developed, with action steps for staff to follow in emergencies, for managing significant medical conditions. These protocols must be reviewed by treating physicians, and staff must be trained and knowledgeable in all elements of the protocol.

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

Indicator #	Indicator	Area Needing Improvement
L39	Special dietary requirements are followed.	Four individuals had medical conditions that required special dietary considerations, including diabetes and celiac disease, and there were no special dietary recommendations, physician's orders or guidelines to address individuals' unique dietary requirements. The agency needs to ensure that when medical conditions exist requiring special dietary considerations, that the physician is consulted, physician's orders / recommendations are obtained, and written guidelines are developed, if special diets are required in managing individuals' medical conditions.
L43	The health care record is maintained and updated as required.	For four individuals, Health Care Records were not updated when significant medical information changed, including hospitalization and new diagnoses. The agency needs to ensure that Health Care Records are updated annually or when significant medical information changes throughout the year.
 L46	All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.	For two individuals who required support in taking medication, Medication Administration Procedures (MAP) were not being consistently followed. The agency needs to ensure that MAP procedures are consistently followed for individuals who require support in taking their medication.
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	For nine individuals, annual training in human rights and in the agency's grievance procedures had not been provided. The agency needs to ensure that all individuals are trained annually in human rights and in how to file a grievance.
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.	For three individuals, environmental restrictions had been imposed at one location to protect the health and safety of an individual, and there were no written rationales or criteria for eliminating these restrictions. In addition, individualized plans to mitigate the impact of these restrictions on other individuals had not been developed.
L57	All behavior plans are in a written plan.	For two individuals, behavioral interventions were being implemented that were not part of a written behavior that was incorporated into the individual's ISP. The agency needs to ensure that interventions used to address an individual's behavior are part of a written plan that is incorporated into the individual's ISP.

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

Indicator #	Indicator	Area Needing Improvement
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	For three individuals, data was not being consistently collected in accordance with their written behavior plans. The agency needs to ensure that data is consistently collected on the target behaviors and interventions included in written behavior plans.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For four individuals, use of health-related supports and protective equipment, including bedrails, foot orthotics and C-PAP equipment, was not authorized by a licensed medical professional, and there were no written instructions for their use, cleaning or care. When individuals require health-related equipment and devices, the use of these devices must be authorized by a medical professional. This authorization must include instructions for applying and using the device, along with instructions for the care and cleaning of the device as well as frequency of safety checks.
L63	Medication treatment plans are in written format with required components.	For six individuals, medication treatment plans did not address all required elements and/or the plan was not incorporated into the individual's ISP. The agency needs to ensure that medication treatment plans are developed for medications prescribed to control individuals' behaviors. This includes identifying the behaviors for treatment in observable and measurable terms, specific procedures to minimize risks of taking the medication, clinical indications for adjusting the medication, and frequency of data collection. In addition, medications prescribed to reduce anxiety prior to medical appointments and treatments must include strategies to assist the individuals in reducing or eliminating the need for the medication over time.
L64	Medication treatment plans are reviewed by the required groups.	For three individuals, medication treatment plans were not incorporated into individuals' ISPs. The agency needs to ensure that the individual's medication treatment plans is shared with the DDS Service Coordinator for review by the ISP team and for incorporation into the individual's ISP.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For three individuals, funds management plans were not current, did not accurately reflect the procedures used in assisting the individual, did not include a training plan to promote the individual's independence or the funds management plan did not have current, written agreement from the individual or guardian. The agency needs to develop funds-management plans that outline the roles and responsibilities of the agency in supporting individuals to manage and spend their personal funds. These plans must be individualized, and if supported by the individual's ISP, they need to include a training plan to reduce the need for assistance. Additionally, funds management plans are subject to annual written agreement from the individual or his/her guardian.

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

Indicator #	Indicator	Area Needing Improvement
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.	Two individuals who receive individual home supports were charged for replacement of an appliance for their apartment, and there were no signed agreements between the individuals and The United Arc, acting as the landlord, that supported this charge. The agency needs to ensure that individuals are not charged for services or appliances that are the responsibility of the landlord per a written, signed rental agreement.
L69	Individual expenditures are documented and tracked.	For three individuals, review of staff-assisted transactions identified purchases that were not accompanied by receipts, and there was no accounting for change returned for several community-based transactions. The agency needs to ensure that there is a full accounting of individuals' funds for all staff-assisted transactions. This accounting must include a record of every transaction, including the date, amount received or disbursed, the reason for which the funds were expended, identification of involved parties, and receipts for amounts exceeding \$25. or as required by agency policy.
L70	Charges for care are calculated appropriately.	For four individuals, notification of charges for care that include the calculations upon which the charges are based were not available for review. The agency needs to ensure that all individuals, guardians, and representative payees receive notification of charges for care as those charges are adjusted. These notices must include the calculations upon which the charges are based.
L71	Individuals are notified of their appeal rights for their charges for care.	For seven individuals, notification of charges for care did not include rights to appeal those charges or information on whom to contact to appeal or contest charges for care. The agency needs to ensure that notices of charges for care include information on the individuals' right appeal charges for care as well as information on whom to contact for questions or concerns.
L77	The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals.	For seven individuals, training was not provided to staff, including relief staff, in the unique support needs of individuals, including training in autism, fragile x syndrome, celiac disease, and spina bifida, among others. The agency needs to ensure that staff are familiar and trained to support the unique needs of individuals.
L78	Staff are trained to safely and consistently implement restrictive interventions.	At two locations, training for all staff, including relief staff, for behavior plans, behavior guidelines, and environmental restrictions implemented for the individuals in the home was not present. The agency needs to ensure that all staff, including relief staff, are trained to consistently implement individuals' behavioral interventions and strategies.

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

Indicator #	Indicator	Area Needing Improvement
L79	Staff are trained in safe and correct administration of restraint.	At two locations, training for staff in safe application of physical restraint had not occurred. Over the past year, the agency adopted the Safety Care curriculum for physical restraint, having used the CPI curriculum in the past, and there was no documentation of training for the majority of staff in either curriculum.
L80	Support staff are trained to recognize signs and symptoms of illness.	Training reviewed for staff associated with six locations found the majority of staff had not received training in signs and symptoms of illness. The agency needs to ensure that all staff receive training in signs and symptoms of illness, comprising of the Health Observation Guidelines and Just Not Right summaries.
Ⓡ L82	Medications are administered by licensed professional staff or by MAP certified staff (or by PCAs) for individuals unable to administer their own medications.	For two individuals, monitoring of vital signs and blood glucose levels was ordered by physicians, and there was no documentation of training required to conduct this monitoring for MAP certified staff. The agency needs to ensure that MAP certified staff have received training from a licensed medical professional in any ancillary monitoring procedure required for individuals who require support in taking medication.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For three individuals who used health-related equipment and devices, staff, including relief staff, were not trained in the proper use, care, and cleaning of the equipment. The agency needs to ensure that staff are trained and knowledgeable in the use and application of health-related equipment and devices authorized for individuals. This training must include the proper care and cleaning of the device as well as the frequency of conducting safety checks.

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

Indicator #	Indicator	Area Needing Improvement
L85	The agency provides ongoing supervision, oversight and staff development.	It was found that supervision and oversight of supports provided to each service type were inadequate in multiple areas as highlighted in areas needing improvement for licensure. The agency needs to strengthen its oversight and supervision of supports provided to individuals receiving residential, placement, and individual home supports. For individuals receiving 24-hour residential services, this includes effective oversight of fire drills, smoke and CO alarms systems; timely healthcare exams and appointments with specialists; implementation of treatment recommendations, healthcare protocols, and MAP procedures for administering medications; effective oversight of behavior plan and medication treatment plan development, implementation, and associated data collection; and strengthened supervision of funds management supports. The agency must ensure that staff are conducting annual inspections of placement service locations as well as monthly home visits with individuals and their care providers. In addition, improved oversight of individual home support services is needed to ensure that direct supports are provided according to the individuals' needs and preferences.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For six individuals, ISP assessments were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that ISP assessments are submitted to DDS within 15 days prior to the ISP.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For six individuals, provider support strategies were not submitted to DDS within 15 days prior to the ISP. The agency needs to ensure that provider support strategies are submitted to DDS within 15 days prior to the ISP.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For ten individuals, ISP goals were not being implemented or t data was not being consistently collected on individuals' progress toward accomplishing their ISP goals. The agency needs to ensure that individuals' ISP goals are implemented in accordance with provider support strategies and that information and data are consistently collected on individuals' progress toward personal goal accomplishment.
L91	Incidents are reported and reviewed as mandated by regulation.	At two locations, incidents were not submitted or reviewed within required timelines. The agency needs to ensure that incident reports are submitted and reviewed within required timelines.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	1/6	5/6	
Residential and Individual Home Supports	52/67	15/67	
Individual Home Supports	20/23	3/23	
Placement Services	17/22	5/22	
Residential Services	15/22	7/22	
TOTAL	53/73	20/73	73%
Certified with Progress Report			

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

Indicator #	Indicator	Area Needing Improvement
C1	The provider collects data regarding program quality including but not limited to incidents, investigations, restraints, and medication occurrences.	The agency did not collect information on the quality of services across service types and across areas of support to individuals, including health and safety, funds management, ISP goal implementation, and workforce competency. The agency needs to develop effective methods of oversight that will yield data on the quality of its services and need for corrective action when necessary.
C2	The provider analyzes information gathered from all sources and identifies patterns and trends.	The agency did not analyze data collected from external or internal sources, including review of incident reports, medication occurrence reports, or results of investigations, to establish patterns and trends for service improvement. The agency needs to develop effective methods of analyzing data for patterns and trends. Goals for service improvement need to be developed and prioritized through this analysis.

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

Indicator #	Indicator	Area Needing Improvement
C3	The provider actively solicits and utilizes input from the individuals and families regarding satisfaction with services.	The agency did not gather input from guardians and involved families on service satisfaction. The agency needs to develop a process for gathering input from guardians and families on service satisfaction and overall service quality that can inform goals for service improvement.
C5	The provider has a process to measure progress towards achieving service improvement goals.	The United Arc did not identify goals for service improvement. The agency did not implement effective methods of internal evaluation to identify goals for service improvement. In addition, data on service quality collected from satisfaction surveys and DDS licensing reviews was not used to establish service improvement goals. Effective methods of internal evaluation must be developed, and data collected from these sources, including satisfaction surveys, should be used to inform and prioritize service improvement goals. The agency needs to implement a course of action in improving the quality of its services, using benchmarks established to measure progress.
C6	The provider has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans.	The United Arc's three-year strategic plan concluded on June 30, 2020, and the agency could not demonstrate progress made toward achieving its strategic goals. The status of goal implementation was not tracked across time, progress was not documented, and overall achievement and success of its strategic plan could not be determined. The agency needs to develop measurable benchmarks for strategic planning goals as well as effective methods of tracking progress and accomplishment of strategic goals and initiatives or need for mid-course adjustment if necessary.

Individual Home Supports- 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.	Three individuals receiving individual home supports did not have the opportunity to provide formal input on the hiring or ongoing performance evaluation of the staff who support them. The agency needs to develop mechanisms for incorporating individuals' input into the process of hiring and evaluating the staff who support them.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For two individuals, interests and need for supports and education in the areas of intimacy, sexuality, or companionship had not been assessed. The agency needs to ensure that all individuals have been assessed for their support needs in the areas of intimacy, sexuality, and companionship, and that support, education, and training is provided based on these assessments.
C20	The provider has emergency back-up plans to assist individuals to plan for emergencies and/or disasters.	For one individual, emergency back-up plans were not developed or shared with the individual. The agency needs to ensure that back-up plans for emergencies and/or disasters are developed and shared with individuals and the staff who support them.

Placement 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.	Three individuals with placement services did not provide into the annual performance evaluation of the care provider and staff who support them. The agency needs to develop mechanisms for incorporating individuals' input into performance evaluations of their care providers and staff who support them.

Placement Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For two individuals, interests and need for supports and education in the areas of intimacy, sexuality, or companionship had not been assessed. The agency needs to ensure that all individuals have been assessed for their support needs in the areas of intimacy, sexuality, and companionship, and that support, education, and training is provided based on these assessments.
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	One individual was not supported to explore and connect with interests in integrated social and recreational activities. The agency needs to support all individuals to explore integrated social, cultural, recreational, and spiritual activities of interest to them.
C17	Community activities are based on the individual's preferences and interests.	For one individual, there were few opportunities to participate in community activities that reflected the person's interests and preferences. The agency needs to ensure that individuals are supported to regularly participate in community activities of interest to them.
C54	Individuals have the assistive technology and/or modifications to maximize independence.	For two individuals, support needs and the potential benefits of assistive technology had not been assessed. The agency needs to ensure that all individuals are assessed to identify assistive technology to maximize independence and provide these supports when a need is identified.

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.	Five individuals receiving residential supports did not have the opportunity to provide formal input on the ongoing performance evaluation of the who support them. The agency needs to develop mechanisms for incorporating individuals' input into the process of hiring and evaluating the staff who support them.

Residential Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C9	Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	Two individuals were not supported to expand their network of social contacts and personal relationships. The agency needs to provide opportunities for all individuals to expand their network of social contacts and personal relationships.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For three individuals, interests and need for supports and education in the areas of intimacy, sexuality, or companionship had not been assessed. The agency needs to ensure that all individuals have been assessed for their support needs in the areas of intimacy, sexuality, and companionship, and that support, education, and training is provided based on these assessments.
C13	Staff (Home Providers) provide support for individuals to develop skills to enable them to maximize independence and participation in typical activities and routines.	Two individuals had not been supported to expand skills and maximize their independence in personal routines and activities. The agency needs to ensure that all individuals are supported to maximize their skills and independence and participate in personal and household routines to the fullest extent possible.
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	Two individuals were not supported to explore and connect with their interests in integrated social and recreational activities. The agency needs to support all individuals to explore integrated social, cultural, recreational, and spiritual activities of interest to them.
C48	Individuals are a part of the neighborhood.	Five individuals were not acquainted with neighbors, and individualized supports to become part of local neighborhoods were not provided. The agency needs to support all individuals to develop connections with their neighbors.

Residential Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C54	Individuals have the assistive technology and/or modifications to maximize independence.	For three individuals, support needs and the potential benefits of assistive technology had not been assessed. The agency needs to ensure that all individuals are assessed to identify assistive technology to maximize independence and provide these supports when a need is identified.

MASTER SCORE SHEET LICENSURE

Organizational: The United Arc, Inc.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	8/8	Met
L3	Immediate Action	8/8	Met
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	2/4	Not Met(50.0 %)
L75	Qualified staff	1/1	Met
L76	Track trainings	3/7	Not Met(42.86 %)
L83	HR training	6/7	Met(85.71 %)

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	0/5	2/3	1/3				3/11	Not Met (27.27 %)
L5	Safety Plan	L	0/2	1/3	2/3				3/8	Not Met (37.50 %)
R L6	Evacuation	L	1/2	3/3	3/3				7/8	Met (87.50 %)
L7	Fire Drills	L	0/2						0/2	Not Met (0 %)
L8	Emergency Fact Sheets	I	2/5	3/3	2/3				7/11	Not Met (63.64 %)
L9	Safe use of equipment	L	2/2	3/3					5/5	Met
L10	Reduce risk interventions	I	3/4		1/1				4/5	Met (80.0 %)
R L11	Required inspections	L	2/2	2/2	0/3				4/7	Not Met (57.14 %)
R L12	Smoke detectors	L	1/2	1/2	2/3				4/7	Not Met (57.14 %)
R L13	Clean location	L	2/2	2/2	3/3				7/7	Met
L14	Site in good repair	L	2/2	1/1	3/3				6/6	Met
L15	Hot water	L		2/2	2/3				4/5	Met (80.0 %)
L16	Accessibility	L	1/2	1/1	3/3				5/6	Met (83.33 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L17	Egress at grade	L	2/2	1/1	3/3				6/6	Met
L18	Above grade egress	L	1/1	1/1	3/3				5/5	Met
L19	Bedroom location	L	2/2	1/1					3/3	Met
L20	Exit doors	L	2/2	1/1					3/3	Met
L21	Safe electrical equipment	L	2/2	2/2	3/3				7/7	Met
L22	Well- maintained appliances	L	2/2	2/2	2/2				6/6	Met
L23	Egress door locks	L	1/1						1/1	Met
L24	Locked door access	L	2/2						2/2	Met
L25	Dangerous substances	L	2/2	2/2					4/4	Met
L26	Walkway safety	L	2/2	2/2	3/3				7/7	Met
L27	Pools, hot tubs, etc.	L			1/1				1/1	Met
L28	Flammables	L	2/2	1/1					3/3	Met
L29	Rubbish /combustibles	L	2/2	2/2	3/3				7/7	Met
L30	Protective railings	L	2/2	2/2	3/3				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
L31	Communication method	I	5/5	3/3	3/3				11/11	Met
L32	Verbal & written	I	5/5	3/3	3/3				11/11	Met
L33	Physical exam	I	4/5	3/3	1/3				8/11	Not Met (72.73 %)
L34	Dental exam	I	3/5	3/3	1/3				7/11	Not Met (63.64 %)
L35	Preventive screenings	I	1/5	3/3	3/3				7/11	Not Met (63.64 %)
L36	Recommended tests	I	1/5	3/3	1/3				5/11	Not Met (45.45 %)
L37	Prompt treatment	I	4/5	3/3	3/3				10/11	Met (90.91 %)
L38	Physician's orders	I	0/3	1/2	1/3				2/8	Not Met (25.00 %)
L39	Dietary requirements	I	1/5	1/1	3/3				5/9	Not Met (55.56 %)
L40	Nutritional food	L	2/2	1/1					3/3	Met
L41	Healthy diet	L	2/2	2/3	3/3				7/8	Met (87.50 %)
L42	Physical activity	L	2/2	2/3	3/3				7/8	Met (87.50 %)
L43	Health Care Record	I	1/5	3/3	3/3				7/11	Not Met (63.64 %)
L44	MAP registration	L	2/2	2/2					4/4	Met
L45	Medication storage	L	2/2	2/2					4/4	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
Ⓜ L46	Med. Adminis tration	I	3/5	2/2					5/7	Not Met (71.43 %)
L47	Self medicati on	I	1/1	1/1	2/2				4/4	Met
L49	Informe d of human rights	I	0/5	1/3	1/3				2/11	Not Met (18.18 %)
L50	Respect ful Comm.	L	1/2	3/3	3/3				7/8	Met (87.50 %)
L51	Possess ions	I	4/5	3/3	3/3				10/11	Met (90.91 %)
L52	Phone calls	I	5/5	3/3	3/3				11/11	Met
L53	Visitatio n	I	5/5	3/3	3/3				11/11	Met
L54	Privacy	L	1/2	3/3	3/3				7/8	Met (87.50 %)
L56	Restricti ve practice s	I	0/3	1/1					1/4	Not Met (25.00 %)
L57	Written behavio r plans	I	3/5						3/5	Not Met (60.0 %)
L60	Data mainten ance	I	2/5						2/5	Not Met (40.0 %)
L61	Health protecti on in ISP	I	0/3	0/1	1/1				1/5	Not Met (20.0 %)
L63	Med. treatme nt plan form	I	0/5	1/2					1/7	Not Met (14.29 %)
L64	Med. treatme nt plan rev.	I	2/5	1/2					3/7	Not Met (42.86 %)

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	3/5	3/3	2/3				8/11	Not Met (72.73 %)
L68	Funds expendi ture	I	4/4	0/2	2/2				6/8	Not Met (75.00 %)
L69	Expendi ture tracking	I	2/4	1/1	2/2				5/7	Not Met (71.43 %)
L70	Charges for care calc.	I	2/5		2/3				4/8	Not Met (50.0 %)
L71	Charges for care appeal	I	0/5		1/3				1/8	Not Met (12.50 %)
L77	Unique needs training	I	0/5	1/3	3/3				4/11	Not Met (36.36 %)
L78	Restricti ve Int. Training	L	0/2	1/1					1/3	Not Met (33.33 %)
L79	Restrain t training	L	0/2						0/2	Not Met (0 %)
L80	Sympto ms of illness	L	0/2	3/3	2/3				5/8	Not Met (62.50 %)
L81	Medical emerge ncy	L	2/2	3/3	3/3				8/8	Met
L82	Medicati on admin.	L	0/2	2/2					2/4	Not Met (50.0 %)
L84	Health protect. Training	I	0/3		1/1				1/4	Not Met (25.00 %)
L85	Supervi sion	L	0/2	1/3	0/3				1/8	Not Met (12.50 %)
L86	Require d assess ments	I	1/5	1/2	0/1				2/8	Not Met (25.00 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L87	Support strategies	I	1/5	1/2	0/1				2/8	Not Met (25.00 %)
L88	Strategies implemented	I	0/5	0/3	1/3				1/11	Not Met (9.09 %)
L90	Personal space/bedroom privacy	I	5/5	3/3	2/3				10/11	Met (90.91 %)
L91	Incident management	L	0/2	3/3	3/3				6/8	Not Met (75.00 %)
#Std. Met/# 74 Indicator									37/74	
Total Score									41/81	
									50.62%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	0/1	Not Met (0 %)
C2	Data analysis	0/1	Not Met (0 %)
C3	Service satisfaction	0/1	Not Met (0 %)
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 %)

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/3	Not Met (0 %)
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	1/3	Not Met (33.33 %)
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	2/2	Met
C16	Explore interests	3/3	Met
C17	Community activities	3/3	Met
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	3/3	Met
C20	Emergency back-up plans	2/3	Not Met (66.67 %)
C21	Coordinate outreach	3/3	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	3/3	Met
C49	Physical setting is consistent	3/3	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	3/3	Met
C53	Food/ dining choices	3/3	Met
C54	Assistive technology	3/3	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/3	Not Met (0 %)
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	3/3	Met
C10	Social skill development	3/3	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C11	Get together w/family & friends	3/3	Met
C12	Intimacy	1/3	Not Met (33.33 %)
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	3/3	Met
C16	Explore interests	2/3	Not Met (66.67 %)
C17	Community activities	2/3	Not Met (66.67 %)
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	3/3	Met
C20	Emergency back-up plans	3/3	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	3/3	Met
C49	Physical setting is consistent	3/3	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	3/3	Met
C53	Food/ dining choices	3/3	Met
C54	Assistive technology	1/3	Not Met (33.33 %)

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/5	Not Met (0 %)
C8	Family/guardian communication	5/5	Met
C9	Personal relationships	3/5	Not Met (60.0 %)
C10	Social skill development	5/5	Met
C11	Get together w/family & friends	5/5	Met
C12	Intimacy	2/5	Not Met (40.0 %)
C13	Skills to maximize independence	2/5	Not Met (40.0 %)
C14	Choices in routines & schedules	5/5	Met
C15	Personalize living space	2/2	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C16	Explore interests	3/5	Not Met (60.0 %)
C17	Community activities	4/5	Met (80.0 %)
C18	Purchase personal belongings	5/5	Met
C19	Knowledgeable decisions	5/5	Met
C20	Emergency back-up plans	2/2	Met
C46	Use of generic resources	5/5	Met
C47	Transportation to/ from community	5/5	Met
C48	Neighborhood connections	0/5	Not Met (0 %)
C49	Physical setting is consistent	2/2	Met
C51	Ongoing satisfaction with services/ supports	5/5	Met
C52	Leisure activities and free-time choices /control	5/5	Met
C53	Food/ dining choices	5/5	Met
C54	Assistive technology	2/5	Not Met (40.0 %)