



**PROVIDER REPORT
FOR**

**Venture Community Services
1 Picker Road - P.O. Box 38
Sturbridge, MA 01566**

April 15, 2025

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider Venture Community Services

Review Dates 3/12/2025 - 3/18/2025

Service Enhancement Meeting Date 4/1/2025

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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	23 location (s) 23 audit (s)	Full Review	75/89 Defer Licensure		63 / 66 Certified
Residential Services	15 location (s) 15 audit (s)			Full Review	19 / 20
Placement Services	6 location(s) 6 audit (s)			Full Review	19 / 20
Individual Home Supports	2 location(s) 2 audit (s)			Full Review	19 / 20
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	3 location(s) 14 audit (s)	Full Review	52/62 2 Year License 04/01/2025 - 04/01/2027		40 / 42 Certified 04/01/2025 - 04/01/2027
Community Based Day Services	2 location(s) 7 audit (s)			Full Review	14 / 15
Employment Support Services	1 location(s) 7 audit (s)			Full Review	20 / 21
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

EXECUTIVE SUMMARY :

Venture Community Services is a non-profit organization, headquartered in Sturbridge MA, that provides a variety of supports to individuals with Intellectual and Developmental Disabilities. In July 2024, Venture Community Services merged with Life-Skills of Webster, broadening their service area which spans the Southeast, Metro and Central Western regions of Massachusetts.

The scope of this 2025 survey conducted by the DDS Central West Office of Quality Enhancement was a full licensure and certification review of services offered in both the agency's Residential Service Grouping, consisting of twenty-four-hour residential supports, placement services, individual home supports, and Employment and Day Service Grouping, consisting of employment supports, and community-based day services (CBDS).

As an organization, Venture Community Services demonstrated success in meeting licensure requirements in the areas of workforce competency. The review of the agency's systems showed that the tracking system for staff trainings was effective in ensuring that all training requirements were completed. The system tracked all staff training, including newer mandated trainings in universal precautions and procedures for preventing virus transmission. Additionally, staff were trained and knowledgeable of the unique needs of each of the individuals supported; and assisted in mitigating challenges faced, particularly around the impact of staffing shortages. Mandated reporting responsibilities were completed as incidents that rose to the level were communicated to DPPC as required.

Across residential services, including Individualized Home Supports (IHS) and Placement services, several key strengths were observed in the areas of environmental safety, healthcare supports, and assistive technology. Specifically, onsite review findings highlighted that environments were clean, well-maintained, and met the accessibility needs of the men and women supported. Appliances were in good repair, and current inspections were in place as required. In the area of healthcare, staff supported wellness efforts by encouraging individuals to make healthy food choices and providing opportunities for physical activity. Annual physicals and dental examinations were also well supported, ensuring that routine preventive care was prioritized. Successes were also noted around assistive technology as many individuals across all service types were assessed for technology needs that could be utilized to increase their independence. Staff were trained and knowledgeable of the technologies in place and supported individuals to thrive in this area based on individualized needs.

Relative to certification indicators, positive findings were noted within the domain of Choice, Control, and Growth; agency staff were knowledgeable and supportive of individuals' personal preferences and satisfaction with services. Across all service types, individuals were supported to express their level of satisfaction with services and supports and make changes when desired. Individuals' bedrooms and common spaces were also personalized and decorated in accordance with their tastes and preferences.

In employment and CBDS, relative to personal and environmental safety, the locations visited were accessible to the needs of the individuals. The locations were clean and in good repair; DDS approved safety plans were in place; and individuals were supported to evacuate with a reasonable timeframe in emergency evacuation drills. Additionally, annual inspections were current, and all elements of the fire detection system were in place and fully operational. Relative to medical, emergency fact sheets were properly completed; staff was knowledgeable of the unique needs of individuals they support; and staff was trained and familiar with the signs and symptoms of illness and how to support individuals in an emergency. Relative to behavior Management, behavior management plans for people that needed them were well developed, received the necessary reviews, and data was maintained on them as required. Relative to the ISP, agreed upon goals were properly implemented and documented.

Certification was an area of strength in day services; staff were familiar with the interest and preferences of individuals they support, and communication both written and oral was found to be respectful. Individuals in both CBDS and employment were fully assessed and supported to actualize their interest in community activities and work, and support in these areas were fully evident. People had choices of community activities and work offerings; many in CBDS were active in the immediate community, and people in employment had work opportunities through business connections developed by the agency. People that were interviewed expressed satisfaction with the community offering, and jobs (some long-term) they were employed in. People in employment enjoyed support to work in integrated work settings, and to enjoy the same privileges as others they worked with.

In addition to the positive findings discussed above, the review identified licensing areas in need of further attention. As an organization, the agency must ensure that restraint reports are submitted within the required timelines in HCSIS, and that all restraints are reviewed by the agency's human rights committee. Additionally, follow-up actions required by the DDS area offices on investigations filed with DPPC, must be submitted within the timeframe determined by the area offices.

Within residential services, strengthened oversight is needed in several domains to ensure consistent and person-centered care. In healthcare, staff must be trained on individuals' dietary needs, and health records must be updated annually and after significant changes. Use of supportive or monitoring equipment requires medical authorization, clear instructions for use, care, cleaning, and safety checks, along with staff training.

For individuals on behavior-modifying medications, treatment plans must list all current medications, outline risk-reduction procedures, include behavior tracking, and be submitted to the ISP team.

Restrictive practices must include fading plans, be reviewed by the Human Rights Committee, and be supported by mitigation plans with guardian notification.

Emergency fact sheets must be current, and smoke/carbon monoxide detectors must be present and operational in all required areas. Financial oversight must ensure money management plans are individualized and implemented only with written consent.

Finally, ISP assessments and strategies must be submitted on time, and incident reports must be entered and reviewed in HCSIS promptly.

In day services, the agency must ensure that all individuals are trained on human rights and DPPC reporting annually; and emergency backup plans must be developed to assist individuals with planning for emergencies or disasters. Greater oversight must also be provided relative to financial management, to ensure that shared/delegated money management plans are individualized, and written agreement is obtained prior to implementation. Relative to the ISP, assessments and support strategies required for the ISP must be submitted in accordance with DDS timelines; and the submission and review of incident reports in HCSIS must be timely.

In the realm of certification, across all services, the agency should enhance its system for supporting individuals to provide feedback on staff at the time of hire, as well as on their performance evaluation on an on-going basis. In the area of sexuality and intimacy in residential, individuals must be supported to receive education and training when an area of need has been identified.

As a result of this review, Venture's Residential and Individual Home Support (IHS) service grouping license will be Deferred, due to a service grouping score of 84% of licensure indicators met with one critical indicator (L12) receiving a rating of not met. The DDS Central West Office of Quality Enhancement will conduct a follow-up within sixty days of the SEM on all licensing indicators that were not met (including the one critical indicator). If the agency meets an 80% threshold at follow-up on the not met licensing indicators (including the critical), the agency will then receive a 2-Year license with a mid-cycle review for the service grouping. The residential service grouping is Certified

with an overall score of 95% of certification indicators met.

The agency's Employment and Day Supports service grouping will receive a Two-Year License, with a service grouping score of 84% of licensure indicators met. Follow-up will be conducted by OQE within sixty days of the SEM on all licensing indicators that received a rating of Not Met. This service group is also Certified with an overall score of 95% of certification indicators met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/10	3/10	
Residential and Individual Home Supports	68/79	11/79	
Residential Services Individual Home Supports Placement Services			
Critical Indicators	7/8	1/8	
Total	75/89	14/89	84%
Defer Licensure			
# indicators for 60 Day Follow-up		14	

	Met / Rated	Not Met / Rated	% Met
Organizational	7/10	3/10	
Employment and Day Supports	45/52	7/52	
Community Based Day Services Employment Support Services			
Critical Indicators	6/6	0/6	
Total	52/62	10/62	84%
2 Year License			
# indicators for 60 Day Follow-up		10	

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

Indicator #	Indicator	Area Needing Improvement
L4	Action is taken when an individual is subject to abuse or neglect.	For six investigations reviewed, follow-up on action plans issued by the DDS area office had not been submitted within the area office's designated timeframe. The agency needs to ensure when responding to actions issued by the DDS area office, that the response is within the timeframe agreed upon.
L65	Restraint reports are submitted within required timelines.	Twenty one of the fifty-five restraint reports submitted were not submitted within the required timelines. The agency needs to ensure that restraint reports are submitted and reviewed within the DDS required timelines.

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

Indicator #	Indicator	Area Needing Improvement
L66	All restraints are reviewed by the Human Rights Committee.	Twenty of the forty restraint reports submitted were not reviewed by the human rights committee within the required 120 days. The agency needs to support its human rights committee to review restraint reports within the required 120-day timeframe.

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

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	For eight individuals, Emergency Fact Sheets did not reflect current information, including medical conditions, medications, and relevant capabilities and preferences. 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.
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 four placement homes, smoke and carbon monoxide detectors were not operational and/or located where required. At one residential location, the carbon monoxide detectors were not located within 10 feet of sleeping areas. The agency needs to ensure that smoke and carbon monoxide detectors are located where required and are operational.
L39	Special dietary requirements are followed.	For two individuals with medical conditions that required special dietary considerations, staff had not been trained. The agency needs to ensure staff are trained on special diets required in managing individuals' medical conditions.
L43	The health care record is maintained and updated as required.	For fourteen individuals, Health Care Records were not updated when significant medical information changed, including vaccinations, 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.
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 one individual, a restrictive practice in place did not include a plan to fade over time. For another individual, there was no mitigation plan in place as the one impacted by a restriction nor notification to the guardian, and for a third individual there was no indication the HRC had reviewed the restriction.

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

Indicator #	Indicator	Area Needing Improvement
L63	Medication treatment plans are in written format with required components.	For fourteen individuals, medication treatment plans did not address 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 eight 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.	None of the twenty-two individuals reviewed had written agreement from the individual and/or guardian to the funds management plans in place. Additionally, the plans were not individualized to address the specific needs and support given to each of the individuals with financial management. 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.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For seven individuals, provider support strategies were not submitted to DDS at least 15 days prior to the ISP. The agency needs to ensure that provider support strategies are submitted to DDS at least 15 days prior to the ISP.
L91	Incidents are reported and reviewed as mandated by regulation.	At fourteen locations, incidents were not submitted or reviewed within the required timelines. The agency needs to ensure that incident reports are submitted and reviewed within the required timelines.

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

Indicator #	Indicator	Area Needing Improvement
L99 (05/22)	Medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately. (eg seizure watches; fall sensors).	For two individuals, required documentation was not in place for the use of CPAP machines. When medical monitoring devices are in use, the agency needs to ensure the device is authorization and 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.

Employment/Day 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 three individuals, annual training was not 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.
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 three individuals, annual training on human rights and in the agency's grievance procedures had not been provided. The agency needs to ensure that all individuals are trained annually on human rights and on how to file a grievance.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For one individual requiring assistance with the management of money, there was no funds management plan in place outlining supports needed and given. The agency needs to develop funds-management plans that outlines 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.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For one individual, ISP assessments were not submitted to DDS at least 15 days prior to the ISP. The agency needs to ensure that ISP assessments are submitted to DDS at least 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 two 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.

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

Indicator #	Indicator	Area Needing Improvement
L91	Incidents are reported and reviewed as mandated by regulation.	At one location, incidents were not submitted or reviewed within required timelines. The agency needs to ensure that incident reports are submitted and reviewed within the DDS required timelines.
L93 (05/22)	The provider has emergency back up plans to assist individuals to plan for emergencies and/or disasters.	For ten individuals, 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.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	57/60	3/60	
Residential Services	19/20	1/20	
Placement Services	19/20	1/20	
Individual Home Supports	19/20	1/20	
Total	63/66	3/66	95%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Employment and Day Supports	34/36	2/36	
Community Based Day Services	14/15	1/15	
Employment Support Services	20/21	1/21	
Total	40/42	2/42	95%
Certified			

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.	Two 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.

Individual Home Supports- 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, the assessed need for support and education in the area of sexuality had not been addressed. The agency needs to ensure that all individuals assessed for their support needs in the areas of intimacy, sexuality, and companionship, are supported to receive education and training based on these assessments.
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.	Seven individuals receiving residential services 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.

Community Based Day 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.	None of the seven individuals receiving CBDS had 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.
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.	None of the six individuals receiving employment supports had 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.

MASTER SCORE SHEET LICENSURE

Organizational: Venture Community Services

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	16/17	Met(94.12 %)
L3	Immediate Action	15/15	Met
L4	Action taken	9/15	Not Met(60.0 %)
L48	HRC	1/1	Met
L65	Restraint report submit	34/55	Not Met(61.82 %)
L66	HRC restraint review	22/42	Not Met(52.38 %)
L74	Screen employees	8/8	Met
L75	Qualified staff	4/4	Met
L76	Track trainings	17/20	Met(85.00 %)
L83	HR training	20/20	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	14/15	2/2	6/6				22/23	Met (95.65%)
L5	Safety Plan	L	12/15	2/2	5/6				19/23	Met (82.61%)
R L6	Evacuation	L	15/15	2/2	6/6				23/23	Met
L7	Fire Drills	L	15/15						15/15	Met
L8	Emergency Fact Sheets	I	9/15	2/2	4/6				15/23	Not Met (65.22%)
L9 (07/21)	Safe use of equipment	I	12/12						12/12	Met
L10	Reduce risk interventions	I	6/7		1/1				7/8	Met (87.50%)
R L11	Required inspections	L	14/15		6/6				20/21	Met (95.24%)
R L12	Smoke detectors	L	14/15		2/6				16/21	Not Met (76.19%)
R L13	Clean location	L	15/15		6/6				21/21	Met
L14	Site in good repair	L	14/14		6/6				20/20	Met
L15	Hot water	L	13/15		4/6				17/21	Met (80.95%)
L16	Accessibility	L	15/15		6/6				21/21	Met
L17	Egress at grade	L	15/15		6/6				21/21	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L18	Above grade egress	L	4/4		1/1				5/5	Met
L19	Bedroom location	L	12/12		2/2				14/14	Met
L20	Exit doors	L	14/14						14/14	Met
L21	Safe electrical equipment	L	15/15		6/6				21/21	Met
L22	Well-maintained appliances	L	15/15		5/6				20/21	Met (95.24%)
L23	Egress door locks	L	15/15						15/15	Met
L24	Locked door access	L	15/15		6/6				21/21	Met
L25	Dangerous substances	L	15/15						15/15	Met
L26	Walkway safety	L	15/15		6/6				21/21	Met
L28	Flammables	L	15/15						15/15	Met
L29	Rubbish/combustibles	L	15/15		6/6				21/21	Met
L30	Protective railings	L	13/15		6/6				19/21	Met (90.48%)
L31	Communication method	I	15/15	2/2	6/6				23/23	Met
L32	Verbal & written	I	15/15	2/2	6/6				23/23	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L33	Physical exam	I	15/15	2/2	6/6				23/23	Met
L34	Dental exam	I	14/15	2/2	6/6				22/23	Met (95.65%)
L35	Preventive screenings	I	13/15	2/2	5/6				20/23	Met (86.96%)
L36	Recommended tests	I	12/15	2/2	6/6				20/23	Met (86.96%)
L37	Prompt treatment	I	15/15	2/2	6/6				23/23	Met
℞ L38	Physician's orders	I	10/12	2/2	0/1				12/15	Met (80.0%)
L39	Dietary requirements	I	4/6		1/1				5/7	Not Met (71.43%)
L40	Nutritional food	L	15/15	2/2					17/17	Met
L41	Healthy diet	L	15/15	2/2	6/6				23/23	Met
L42	Physical activity	L	15/15	2/2	6/6				23/23	Met
L43	Health Care Record	I	5/15	0/2	4/6				9/23	Not Met (39.13%)
L44	MAP registration	L	15/15						15/15	Met
L45	Medication storage	L	15/15						15/15	Met
℞ L46	Med. Administration	I	14/15		3/4				17/19	Met (89.47%)
L47	Self medication	I	1/1		2/2				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
L49	Informed of human rights	I	14/15	2/2	6/6				22/23	Met (95.65%)
L50 (07/21)	Respectful Comm.	I	15/15	2/2	6/6				23/23	Met
L51	Possessions	I	14/15	2/2	6/6				22/23	Met (95.65%)
L52	Phone calls	I	15/15	2/2	6/6				23/23	Met
L53	Visitation	I	15/15	2/2	6/6				23/23	Met
L54 (07/21)	Privacy	I	15/15	2/2	6/6				23/23	Met
L55	Informed consent	I	7/7	2/2	3/3				12/12	Met
L56	Restrictive practices	I	3/6						3/6	Not Met (50.0%)
L57	Written behavior plans	I	8/8						8/8	Met
L60	Data maintenance	I	8/8						8/8	Met
L61	Health protection in ISP	I	8/9	1/2	2/2				11/13	Met (84.62%)
L62	Health protection review	I	2/2						2/2	Met
L63	Med. treatment plan form	I	5/15	0/2	2/4				7/21	Not Met (33.33%)
L64	Med. treatment plan rev.	I	9/14	2/2	1/4				12/20	Not Met (60.0%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L67	Money mgmt. plan	I	0/14	0/2	0/6				0/22	Not Met (0 %)
L68	Funds expenditure	I	13/14	1/2	5/6				19/22	Met (86.36 %)
L69	Expenditure tracking	I	14/14	2/2	2/6				18/22	Met (81.82 %)
L70	Charges for care calc.	I	14/14		6/6				20/20	Met
L71	Charges for care appeal	I	15/15		6/6				21/21	Met
L77	Unique needs training	I	14/15	2/2	6/6				22/23	Met (95.65 %)
L78	Restrictive Int. Training	L	7/7						7/7	Met
L79	Restraint training	L	4/4						4/4	Met
L80	Symptoms of illness	L	15/15	2/2	5/6				22/23	Met (95.65 %)
L81	Medical emergency	L	15/15	2/2	6/6				23/23	Met
L82	Medication admin.	L	14/15						14/15	Met (93.33 %)
L84	Health protect. Training	I	8/8	2/2	2/2				12/12	Met
L85	Supervision	L	13/15	2/2	4/6				19/23	Met (82.61 %)
L86	Required assessments	I	11/11	0/2	4/5				15/18	Met (83.33 %)

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L87	Support strategies	I	10/11	0/2	2/5				12/18	Not Met (66.67%)
L88	Strategies implemented	I	14/15	2/2	3/6				19/23	Met (82.61%)
L90	Personal space/bedroom privacy	I	15/15		4/6				19/21	Met (90.48%)
L91	Incident management	L	4/15	1/2	4/6				9/23	Not Met (39.13%)
L93 (05/22)	Emergency back-up plans	I	14/15	2/2	4/6				20/23	Met (86.96%)
L94 (05/22)	Assistive technology	I	15/15	2/2	6/6				23/23	Met
L96 (05/22)	Staff training in devices and applications	I	10/10	1/1	5/5				16/16	Met
L99 (05/22)	Medical monitoring devices	I	1/2		1/2				2/4	Not Met (50.0%)
#Std. Met/#79 Indicator									68/79	
Total Score									75/89	
									84.27%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	7/7		4/7	11/14	Not Met (78.57 %)
L5	Safety Plan	L			2/2	2/2	Met
℞ L6	Evacuation	L			2/2	2/2	Met
L7	Fire Drills	L			2/2	2/2	Met
L8	Emergency Fact Sheets	I	7/7		7/7	14/14	Met
L9 (07/21)	Safe use of equipment	I	5/5		2/2	7/7	Met
L10	Reduce risk interventions	I	1/1			1/1	Met
℞ L11	Required inspections	L			2/2	2/2	Met
℞ L12	Smoke detectors	L			2/2	2/2	Met
℞ L13	Clean location	L			2/2	2/2	Met
L14	Site in good repair	L			2/2	2/2	Met
L15	Hot water	L			2/2	2/2	Met
L16	Accessibility	L			2/2	2/2	Met
L17	Egress at grade	L			2/2	2/2	Met
L20	Exit doors	L			2/2	2/2	Met
L21	Safe electrical equipment	L			2/2	2/2	Met
L22	Well-maintained appliances	L			2/2	2/2	Met
L25	Dangerous substances	L			2/2	2/2	Met
L26	Walkway safety	L			2/2	2/2	Met
L28	Flammables	L			1/1	1/1	Met
L29	Rubbish/combustibles	L			2/2	2/2	Met
L30	Protective railings	L			2/2	2/2	Met
L31	Communication method	I	7/7		7/7	14/14	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L32	Verbal & written	I	7/7		7/7	14/14	Met
L37	Prompt treatment	I	7/7		7/7	14/14	Met
R L38	Physician's orders	I	2/2		1/1	3/3	Met
L39	Dietary requirements	I	1/1			1/1	Met
L49	Informed of human rights	I	6/7		5/7	11/14	Not Met (78.57 %)
L50 (07/21)	Respectful Comm.	I	7/7		7/7	14/14	Met
L51	Possessions	I	7/7		7/7	14/14	Met
L52	Phone calls	I	7/7		7/7	14/14	Met
L54 (07/21)	Privacy	I	7/7		7/7	14/14	Met
L55	Informed consent	I	7/7		7/7	14/14	Met
L57	Written behavior plans	I			1/1	1/1	Met
L60	Data maintenance	I			1/1	1/1	Met
L61	Health protection in ISP	I	5/5		2/2	7/7	Met
L67	Money mgmt. plan	I	0/1			0/1	Not Met (0 %)
L68	Funds expenditure	I	1/1			1/1	Met
L69	Expenditure tracking	I	1/1			1/1	Met
L77	Unique needs training	I	7/7		5/5	12/12	Met
L79	Restraint training	L			1/1	1/1	Met
L80	Symptoms of illness	L	1/1		2/2	3/3	Met
L81	Medical emergency	L	1/1		2/2	3/3	Met
L84	Health protect. Training	I	5/5		2/2	7/7	Met
L85	Supervision	L	1/1		2/2	3/3	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L86	Required assessments	I	0/1		2/2	2/3	Not Met (66.67 %)
L87	Support strategies	I	0/1		1/2	1/3	Not Met (33.33 %)
L88	Strategies implemented	I	7/7		7/7	14/14	Met
L91	Incident management	L	1/1		1/2	2/3	Not Met (66.67 %)
L93 (05/22)	Emergency back-up plans	I	2/6		1/7	3/13	Not Met (23.08 %)
L94 (05/22)	Assistive technology	I	7/7		5/6	12/13	Met (92.31 %)
L96 (05/22)	Staff training in devices and applications	I	5/5		1/1	6/6	Met
#Std. Met/# 52 Indicator						45/52	
Total Score						52/62	
						83.87%	

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

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	6/13	Not Met (46.15 %)
C8	Family/guardian communication	15/15	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C9	Personal relationships	15/15	Met
C10	Social skill development	15/15	Met
C11	Get together w/family & friends	15/15	Met
C12	Intimacy	14/15	Met (93.33 %)
C13	Skills to maximize independence	15/15	Met
C14	Choices in routines & schedules	15/15	Met
C15	Personalize living space	15/15	Met
C16	Explore interests	15/15	Met
C17	Community activities	15/15	Met
C18	Purchase personal belongings	15/15	Met
C19	Knowledgeable decisions	15/15	Met
C46	Use of generic resources	15/15	Met
C47	Transportation to/ from community	15/15	Met
C48	Neighborhood connections	15/15	Met
C49	Physical setting is consistent	14/15	Met (93.33 %)
C51	Ongoing satisfaction with services/ supports	15/15	Met
C52	Leisure activities and free-time choices /control	15/15	Met
C53	Food/ dining choices	15/15	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	5/6	Met (83.33 %)
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	5/5	Met
C10	Social skill development	5/5	Met
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	4/6	Not Met (66.67 %)
C13	Skills to maximize independence	6/6	Met
C14	Choices in routines & schedules	6/6	Met
C15	Personalize living space	6/6	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C16	Explore interests	6/6	Met
C17	Community activities	6/6	Met
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met
C46	Use of generic resources	6/6	Met
C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	6/6	Met
C49	Physical setting is consistent	6/6	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met
C52	Leisure activities and free-time choices /control	6/6	Met
C53	Food/ dining choices	6/6	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/2	Not Met (0 %)
C8	Family/guardian communication	2/2	Met
C9	Personal relationships	2/2	Met
C10	Social skill development	2/2	Met
C11	Get together w/family & friends	2/2	Met
C12	Intimacy	2/2	Met
C13	Skills to maximize independence	2/2	Met
C14	Choices in routines & schedules	2/2	Met
C15	Personalize living space	2/2	Met
C16	Explore interests	2/2	Met
C17	Community activities	2/2	Met
C18	Purchase personal belongings	2/2	Met
C19	Knowledgeable decisions	2/2	Met
C21	Coordinate outreach	2/2	Met
C46	Use of generic resources	2/2	Met
C47	Transportation to/ from community	2/2	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C48	Neighborhood connections	2/2	Met
C51	Ongoing satisfaction with services/ supports	2/2	Met
C52	Leisure activities and free-time choices /control	2/2	Met
C53	Food/ dining choices	2/2	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/7	Not Met (0 %)
C8	Family/guardian communication	7/7	Met
C13	Skills to maximize independence	7/7	Met
C37	Interpersonal skills for work	7/7	Met
C38 (07/21)	Habilitative & behavioral goals	7/7	Met
C39 (07/21)	Support needs for employment	5/5	Met
C40	Community involvement interest	7/7	Met
C41	Activities participation	7/7	Met
C42	Connection to others	7/7	Met
C43	Maintain & enhance relationship	7/7	Met
C44	Job exploration	7/7	Met
C45	Revisit decisions	7/7	Met
C46	Use of generic resources	7/7	Met
C47	Transportation to/ from community	7/7	Met
C51	Ongoing satisfaction with services/ supports	7/7	Met

Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/6	Not Met (0 %)
C8	Family/guardian communication	7/7	Met
C22	Explore job interests	4/4	Met
C23	Assess skills & training needs	4/4	Met
C24	Job goals & support needs plan	3/4	Met
C25	Skill development	3/4	Met

Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C26	Benefits analysis	7/7	Met
C27	Job benefit education	4/4	Met
C28	Relationships w/businesses	1/1	Met
C29	Support to obtain employment	4/4	Met
C30	Work in integrated settings	4/4	Met
C31	Job accommodations	2/2	Met
C32	At least minimum wages earned	5/5	Met
C33	Employee benefits explained	5/5	Met
C34	Support to promote success	5/5	Met
C35	Feedback on job performance	4/5	Met (80.0 %)
C36	Supports to enhance retention	4/5	Met (80.0 %)
C37	Interpersonal skills for work	7/7	Met
C47	Transportation to/ from community	7/7	Met
C50	Involvement/ part of the Workplace culture	5/5	Met
C51	Ongoing satisfaction with services/ supports	7/7	Met