



**PROVIDER REPORT
FOR**

**Viability
60 Brookdale Drive
Springfield, MA 01104**

May 06, 2025

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	Viability
Review Dates	4/2/2025 - 4/8/2025
Service Enhancement Meeting Date	4/22/2025
Survey Team	Susan Dudley-Oxx (TL) Ken Jones Cheryl Dolan Danielle Chiaravallotti
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) 4 audit (s)	Targeted Review	DDS 12/14 Provider 57 / 57 69 / 71 Defer Licensure		0/0 No Review Conducted
Placement Services	3 location(s) 4 audit (s)			Deemed	0/0(Provider)
Placement Services	3 location(s) 4 audit (s)			Deemed	0/0(Provider)
Planning and Quality Management (For all service groupings)				Deemed	0/0(Provider)

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	9 location(s) 22 audit (s)	Targeted Review	DDS 12/15 Provider 44 / 44 56 / 59 Defer Licensure		No Review Conducted
Community Based Day Services	3 location(s) 11 audit (s)			Deemed	0/0(Provider)
Community Based Day Services	3 location(s) 11 audit (s)			Deemed	0/0(Provider)
Employment Support Services	6 location(s) 11 audit (s)			Deemed	0/0(Provider)
Employment Support Services	6 location(s) 11 audit (s)			Deemed	0/0(Provider)
Planning and Quality Management (For all service groupings)				Deemed	0/0(Provider)

EXECUTIVE SUMMARY :

Viability, Inc. is a large national nonprofit organization with headquarters in Springfield, Massachusetts. The agency provides employment, day, and residential services to individuals diagnosed with a range of Intellectual and Developmental disabilities, and other physical and psychiatric conditions. The agency's program sites are spread throughout Massachusetts, Connecticut, New York, Rhode Island, and Oklahoma.

As part of this licensing review, audits were conducted across multiple service areas within both the Residential and Individual Home Supports Grouping and the Employment and Day Services Grouping. Within the Residential and Individual Home Supports Grouping, the review focused on Placement Services. Within the Employment and Day Services Grouping, the review included Employment Supports and Community-Based Day Supports (CBDS). Based on the results of its previous survey, Viability was eligible for, and elected to complete, a self-assessment for the current licensing cycle. The DDS Office of Quality Enhancement (OQE) conducted a targeted review that focused on the eight critical licensing indicators, as well as any indicators previously rated as Not Met. This survey report reflects a combination of findings from Viability's self-assessment and the targeted review conducted by OQE, with DDS ratings prevailing in cases where both entities assessed the same indicator. Viability is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and is deemed certified in lieu of DDS certification for its Residential and Day Services groupings. As an accredited agency, Viability opted to use the results of its CARF review to address certification indicators for these service groupings.

On the organizational level, Viability Community Services demonstrated success in meeting licensure requirements as the agency's human rights committee met mandates and was effective in its oversight of individual supports mechanisms. The systems also ensured that individuals' health and personal safety were maintained. The organization had an effective system for ensuring prompt reporting of abuse and neglect allegations.

Within Residential Services, several key areas of strength were observed. In Placement Services, notable strengths were identified in health management practices. Medications were administered as prescribed, and health care records were properly maintained. The homes visited were clean, well-maintained, and in good repair. Required inspections had been conducted, and individuals were supported to safely evacuate in the event of a fire emergency. Additionally, relative to funds management, effective systems were in place to ensure the proper oversight and management of individuals' personal funds.

In employment and day support, staff were aware of individuals' health care needs and correctly supported the use of health-related supportive devices. Medical treatment protocols were properly implemented, and medication was administered to individuals as ordered by MAP certified staff. The day locations were clean and well maintained, with water temperatures maintained at the required standard. Individuals were trained and practiced how to respond in the event of a variety of emergencies; evacuation strategies were also present in recorded drills.

OQE survey findings identified specific licensure areas requiring improvement. Within residential services, issues were noted regarding the proper placement and operation of smoke and carbon monoxide detector systems. Additionally, greater oversight is needed to ensure that medication treatment plans are properly developed and implemented for individuals who require them.

Within day services, issues were noted regarding the inspection and proper operation of smoke and carbon monoxide detector systems; the required inspections must also be completed on an annual basis. Additionally, ISP assessments and incident reports must be submitted within the required timelines in HCSIS.

As a result of this review, Viability's Residential and Individual Home Supports license has been deferred due to receiving a rating of Not Met on a critical licensing indicator (L12). The service grouping met 97% of licensing indicators overall. OQE will conduct a follow-up review within 60 days of the

Service Enhancement Meeting (SEM) on all licensing indicators rated as Not Met, including the critical indicator. To be issued a Two-Year License with a mid-cycle review, the agency must achieve at least 80% compliance within the critical indicator during the follow-up review.

Similarly, the Employment and Day Supports service grouping received a rating of 93% of licensing indicators met; however, two critical indicators (L11 and L12) were rated as Not Met. As a result, the Employment/Day license will also be deferred. OQE will conduct a follow-up review within 60 days of the Service Enhancement Meeting (SEM) on all licensing indicators rated Not Met, including the two critical indicators. To be issued a Two-Year License with a mid-cycle review, the agency must achieve at least 80% compliance within the critical indicator during the follow-up review.

A follow-up survey will be conducted by the DDS Central West office of Quality Enhancement within sixty days of the SEM meeting on the not met licensing indicators in both the residential and day services. If the agency meets 80% of all not met indicators at follow-up in both services (including the not-met critical indicators), it will earn a two-year license with a mid-cycle review for both the residential and day services.

In preparation for this licensing review, Viability presented the following description of the organization's self-assessment process:

Description of Self Assessment Process:

In preparing for the DDS Quality Enhancement survey, Viability created a self-assessment team consisting of the Vice President of DDS services, Vice President of MA services, Directors of Community Living, Community Based Day Services, Employment Services and Quality, Rehabilitation Specialists and Program supervisors. Vice Presidents visited DDS program locations, objectively applying the standards. Viability's sample size was 20% across all programs. Utilizing the DDS licensure indicators and guidelines, teams reviewed all the indicators at each location. Team members were assigned program members and given access to the Electronic Health Record, Credible, in order to note whether their documentation identified in the standards were in the individual's record. Team members completed individual record review sheets and submitted them to the VP of DDS Services. The sheets were combined, and a larger spreadsheet created to determine whether the indicators had been met 80% of the time to make a determination of "met, not met". In December 2021, Viability received a 3-year accreditation from CARF giving the agency deemed status for DDS. Viability participated in a CARF survey January 27 - 29, 2025 and is awaiting the results. Viability's self-assessment report is based on review of seven employment and community-based day service locations and two residential and individual home support services.

Health and Safety: Viability's commitment to quality and adherence to the standards of excellence is embodied in all of our services. Each program has a trained Health & Safety Officer whose role is to train all employees and participants on health and safety and to participate in quarterly meetings facilitated by the Director of Quality. The committee reviews and makes recommendations to senior leadership on areas including workers compensation reports, participant accidents and incidents (non-human rights related), trainings and drills (fire and disaster) required inspections and actions taken, driver safety reports and much more. All programs utilize the same forms and processes, which are documented on spreadsheets and filed at the administrative office. Our procedures include monthly drills/training or simulations on fourteen different health and safety topics, monthly vehicle inspections, first aid kit, quarterly hot water temperature testing, and documentation of staff health and safety trainings. The Director of Quality and the Health and Safety Committee reviews adherence to these procedures. Program locations have at least one outside inspection of their facility annually as well as documented quarterly internal inspections. Emergency Evacuation Safety Plans are completed for each location in accordance with DDS specifications. The agency utilizes HUD International annually to do site inspections with written reports and recommendations for action. Programs access Viability's facility team who assist in the upkeep of sites, note health and safety issues at program sites and corrects them. Our site safety checklist is a comprehensive document which notes safety, cleanliness, and upkeep of all our sites, and is completed quarterly by all health and safety officers. Our internal review teams utilized the DDS environmental safety standards as well as the agency's site safety checklist in evaluating the sites' adherence to DDS regulations and submitted their checklist to the Director of Quality upon completion of the review. Staff are required to take courses on Viability's eLearning platform, including DDS mandatory trainings, health and safety, signs and symptoms and others. Viability's self-assessment was based upon review of environmental standards as well as a review of employee files by the Human Resources department to ensure that MAP certification of identified staff was current. A review of participant records was done, ensuring that doctor's orders and current medical information was present in the record. A review of our medication administration procedures was conducted at program sites, ensuring that all systems for documenting, storage, and administration of medicine was being followed.

Performance Management: Viability's performance management system ensures that all programs are tracking and analyzing critical indicators for effectiveness, efficiency and satisfaction and that ISP goals are approved, tracked, and measured. The DDS Rehabilitation Specialists/supervisors work with the direct care staff to gather pertinent information and areas of need in preparation for the ISP meeting. Staff develop assessments and draft the individual's goals for the upcoming year. All assessments and goals developed are brought to the ISP team, reviewed, discussed, and agreed upon by the team. In addition, as a check and balance, all assessments and goals are entered into the Credible database and are reviewed and approved by the Program Director. Goals are reviewed annually and are tracked within the database as an indicator of effectiveness, determining the percentage of individuals who met at least one of their ISP goals. This is reported on quarterly.

Human Rights: Viability's Human Rights Committee provides an essential safeguard for individuals served. The committee is overseen by the Vice President of DD services, who serves as the Human Rights Coordinator. The committee which meets at least quarterly, is composed of community volunteers. Human Rights members are trained in the policies and procedures of Viability regarding human rights as well as DPPC reporting requirements. Restrictive practices, behavior plans, restraints, investigations, and any significant incidents are brought to the committee for review and recommendations. All incidents are documented in Credible as well as HCSIS, which ensures that documentation is tracked and analyzed. Each program has a Human Rights Advocate who is responsible to advocate and train staff, participants, and guardians about rights. In addition, the Program Representatives are responsible to bring all human rights issues to the Committee. Any significant human rights concerns are reported to the Senior Leadership team during its regular meetings. Minutes of Human Rights Committees are forwarded to the DDS Human Rights Specialist. In preparation of the audit, our VP of DDS services reviewed all human rights policies, meeting minutes, incident reports, restraints, investigations, complaints, action plans, and the tracking systems to ensure compliance with DDS regulations. Viability has a policy that informs individuals how they may formally complain to the organization and outlines the process for filing a complaint internally and externally. The policy is provided to each person during orientation and reviewed as part of annual human rights training. All complaints are reviewed annually for trends and frequency rates, with recommendations to the Senior Leadership Team.

Staff Training and Development: Training and Development is currently overseen by the Chief People's Officer with support from the Director of Quality. Viability utilizes the e-learning platform, Relias, which tracks completion of required trainings by employees and schedules annual required trainings. New employees have a standardized set of competency-based trainings, which are modified depending on funder requirements. In addition, all new employees participate in an agency-wide staff orientation as well as program specific orientation, which offers hands-on training, shadowing with seasoned staff, readings, discussions, etc.

Viability's commitment to professional development of our workforce is demonstrated through attendance at numerous outside conferences and trainings as well through internal opportunities offered to staff, utilizing topical experts, in such areas as autism, benefits and entitlements, and safety. The organization offers tuition assistance to all employees who have been with the agency for more than a year. In order to ensure that Viability met the DDS requirements for a fully trained workforce, the Human Resource Department identified a random sample of 20% of DDS employees. A review was conducted of individual personnel files and completion of Relias trainings, with findings submitted to the VP of DDS services. There was also a review of Formal Fire Safety and Human Rights officer trainings for employees identified in these specific roles.

New and Innovative Service Improvements:

Viability received an Assistive Technology Grant funded by the Massachusetts Department of Developmental Disabilities to strengthen the skills of individual's participating in our employment programs by increasing their ability to make more informed career choices, build self-advocacy and problem-solving skills, help them resolve conflicts with greater success and obtain competitive employment using virtual and simulated reality training. Our project was composed of three components, the creation and implementation of an assistive technology assessment, staff training on assistive technology and the use of virtual/simulated reality, and an interactive virtual and simulated reality training component. The combination of components was designed to promote a greater level of independence for program participants.

We have three Viability staff certified in Assistive Technology who have demonstrated competence in analyzing the needs of individuals with disabilities, assisting in the selection of appropriate assistive technology for their needs, and providing training in the use of the selected device(s).

Viability has developed and facilitated a Virtual Reality (VR) program for individuals. VR is a simulated three-dimensional (3D) environment that lets the user explore and interact with a virtual surrounding that approximates reality. We have added the software program, Pathful, which assists each person in identifying and planning their employment career paths. We hired a Business Developer to develop group and individual employment partners for individuals looking for employment. She has met with

each of the Directors and Employment Specialists to learn their needs and developed a plan for reaching out to employers.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Residential and Individual Home Supports	61/63	2/63	
Placement Services			
Critical Indicators	5/6	1/6	
Total	69/71	2/71	97%
Defer Licensure			
# indicators for 60 Day Follow-up		2	

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Employment and Day Supports	48/51	3/51	
Community Based Day Services Employment Support Services			
Critical Indicators	6/8	2/8	
Total	56/59	3/59	95%
Defer Licensure			
# indicators for 60 Day Follow-up		3	

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

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 one placement home, there was no carbon monoxide detector within ten feet of the individual's bedroom. The agency needs to ensure that smoke and carbon monoxide detectors are located where required and are operational.

**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 two individuals, a medication treatment plan/s was either not in place or did not include all the medications prescribed by treating clinician. The agency needs to ensure that medication treatment plans are developed to include all behavior modifying medications. In addition, medications that are prescribed to reduce anxiety prior to flying on an airplane, for medical appointments or treatments must include strategies to assist the individuals in reducing or eliminating the need for medication.

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

Indicator #	Indicator	Area Needing Improvement
Ⓜ L11	All required annual inspections have been conducted.	At two community-based day locations, there was no written proof (e.g., a report, certificate, or record) that an annual inspection occurred. The agency needs to ensure that all required annual inspections are completed and documented.
Ⓜ 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 one community-based day location, there was no written proof (e.g., a report, certificate, or record) to indicate that the building's smoke and carbon monoxide system was inspected and deemed fully operational. The agency needs to ensure that the alarm system necessary for evacuation is inspected and fully operational.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For four individuals, required assessments were not submitted to DDS at least 15 days prior to the ISP. The agency needs to ensure that provider assessments are submitted to DDS at least 15 days prior to the ISP.

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	Provider (also Deemed)	0/0	0/0	
Residential and Individual Home Supports	Provider	0/0	0/0	
Placement Services	Provider (also Deemed)	0/0	0/0	
Total		0/0	0/0	
No Review Conducted				

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	Provider (also Deemed)	0/0	0/0	
Employment and Day Supports	Provider	0/0	0/0	
Community Based Day Services	Provider (also Deemed)	0/0	0/0	
Employment Support Services	Provider (also Deemed)	0/0	0/0	
Total		0/0	0/0	
No Review Conducted				

MASTER SCORE SHEET LICENSURE

Organizational: Viability

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	DDS	9/9	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	DDS	1/1	Met
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Met
L83	HR training	Provider	-	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider			-				-	Met
L5	Safety Plan	L	DDS			3/3				3/3	Met
Ⓡ L6	Evacuation	L	DDS			3/3				3/3	Met
L8	Emergency Fact Sheets	I	Provider			-				-	Met
L10	Reduce risk interventions	I	Provider			-				-	Met
Ⓡ L11	Required inspections	L	DDS			3/3				3/3	Met
Ⓡ L12	Smoke detectors	L	DDS			2/3				2/3	Not Met (66.67%)
Ⓡ L13	Clean location	L	DDS			3/3				3/3	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
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
L18	Above grade egress	L	Provider			-				-	Met
L19	Bedroom location	L	Provider			-				-	Met
L21	Safe electrical equipment	L	Provider			-				-	Met
L22	Well-maintained appliances	L	Provider			-				-	Met
L24	Locked door access	L	Provider			-				-	Met
L26	Walkway safety	L	Provider			-				-	Met
L29	Rubbish/combustibles	L	Provider			-				-	Met
L30	Protective railings	L	Provider			-				-	Met
L31	Communication method	I	Provider			-				-	Met
L32	Verbal & written	I	Provider			-				-	Met
L33	Physical exam	I	Provider			-				-	Met
L34	Dental exam	I	Provider			-				-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L35	Preventive screenings	I	Provider			-				-	Met
L36	Recommended tests	I	Provider			-				-	Met
L37	Prompt treatment	I	Provider			-				-	Met
L39	Dietary requirements	I	Provider			-				-	Met
L41	Healthy diet	L	Provider			-				-	Met
L42	Physical activity	L	Provider			-				-	Met
L43	Health Care Record	I	DDS			3/4				3/4	Met
Ⓡ L46	Med. Administration	I	DDS			4/4				4/4	Met
L47	Self medication	I	Provider			-				-	Met
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
L53	Visitation	I	Provider			-				-	Met
L54 (07/21)	Privacy	I	Provider			-				-	Met
L55	Informed consent	I	Provider			-				-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L56	Restrictive practices	I	Provider			-				-	Met
L63	Med. treatment plan form	I	DDS			1/3				1/3	Not Met (33.33%)
L64	Med. treatment plan rev.	I	DDS			3/3				3/3	Met
L67	Money mgmt. plan	I	DDS			4/4				4/4	Met
L68	Funds expenditure	I	DDS			4/4				4/4	Met
L69	Expenditure tracking	I	DDS			3/4				3/4	Met
L70	Charges for care calc.	I	Provider			-				-	Met
L71	Charges for care appeal	I	Provider			-				-	Met
L77	Unique needs training	I	Provider			-				-	Met
L78	Restrictive Int. Training	L	Provider			-				-	Met
L79	Restraint training	L	Provider			-				-	Met
L80	Symptoms of illness	L	Provider			-				-	Met
L81	Medical emergency	L	Provider			-				-	Met
L85	Supervision	L	Provider			-				-	Met
L86	Required assessments	I	Provider			-				-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L87	Support strategies	I	Provider			-				-	Met
L88	Strategies implemented	I	Provider			-				-	Met
L90	Personal space/bedroom privacy	I	Provider			-				-	Met
L91	Incident management	L	Provider			-				-	Met
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
L99 (05/22)	Medical monitoring devices	I	Provider			-				-	Met
#Std. Met/# 63 Indicator										61/63	
Total Score										69/71	
										97.18%	

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			3/3	3/3	Met
L7	Fire Drills	L	Provider		-	-	-	Met
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			1/3	1/3	Not Met (33.33 %)
Ⓡ L12	Smoke detectors	L	DDS			2/3	2/3	Not Met (66.67 %)
Ⓡ L13	Clean location	L	DDS			3/3	3/3	Met
L14	Site in good repair	L	Provider		-	-	-	Met
L15	Hot water	L	DDS			3/3	3/3	Met
L16	Accessibility	L	Provider		-	-	-	Met
L17	Egress at grade	L	Provider		-	-	-	Met
L18	Above grade egress	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

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L32	Verbal & written	I	Provider		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS	3/3		9/9	12/12	Met
L39	Dietary requirements	I	Provider		-	-	-	Met
L44	MAP registration	L	Provider		-	-	-	Met
L45	Medication storage	L	Provider		-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS			2/2	2/2	Met
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
L55	Informed consent	I	Provider		-	-	-	Met
L61	Health protection in ISP	I	DDS	2/2		8/8	10/10	Met
L77	Unique needs training	I	Provider		-	-	-	Met
L80	Symptoms of illness	L	Provider		-	-	-	Met
L81	Medical emergency	L	Provider		-	-	-	Met
Ⓡ L82	Medication admin.	L	DDS			1/1	1/1	Met
L84	Health protect. Training	I	DDS	2/2		8/8	10/10	Met
L85	Supervision	L	Provider		-	-	-	Met
L86	Required assessments	I	DDS	7/9		8/10	15/19	Not Met (78.95 %)
L87	Support strategies	I	DDS	7/9		9/10	16/19	Met (84.21 %)

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L88	Strategies implemented	I	Provider		-	-	-	Met
L91	Incident management	L	DDS	5/5		2/3	7/8	Met (87.50 %)
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
#Std. Met/# 51 Indicator							48/51	
Total Score							56/59	
							94.92%	

MASTER SCORE SHEET CERTIFICATION
