



**PROVIDER REPORT
FOR**

**VINFEN
950 Cambridge Street
Cambridge, MA 02141**

April 02, 2022

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider VINFEN

Review Dates 2/1/2022 - 2/7/2022

Service Enhancement Meeting Date 2/17/2022

Survey Team Raquel Rodriguez
Raymond Edi-Osagie
Katherine Gregory
Mark Boghoian
Cheryl Hampton
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Michelle Boyd
Lisa MacPhail (TL)
Leslie Hayes
Danielle Robidoux

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	26 location(s) 30 audit (s)	Targeted Review	DDS 18/18 Provider 65 / 72 83 / 90 2 Year License 02/17/2022-02/17/2024		DDS 6 / 6 Provider 80 / 89 86 / 95 Certified 02/17/2022 - 02/17/2024
Residential Services	18 location(s) 18 audit (s)			DDS Targeted Review	20 / 22
ABI-MFP Residential Services	4 location(s) 6 audit (s)			DDS Targeted Review	18 / 22
Placement Services	2 location(s) 2 audit (s)			DDS Targeted Review	21 / 22
Respite Services	1 location(s) 2 audit (s)			No Review	No Review
Individual Home Supports	1 location(s) 2 audit (s)			DDS Targeted Review	21 / 23
Planning and Quality Management (For all service groupings)				DDS Targeted 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	6 location(s) 18 audit (s)	Targeted Review	DDS 13/13 Provider 60 / 62 73 / 75 2 Year License 02/17/2022-02/17/2024		DDS 1 / 1 Provider 28 / 28 29 / 29 Certified 02/17/2022 - 02/17/2024
Community Based Day Services	4 location(s) 9 audit (s)			Deemed	0/0(Provider)
Employment Support Services	2 location(s) 9 audit (s)			DDS Targeted Review	23 / 23
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

VINFEN is a large nonprofit human services provider with a geographical reach that spans across many regions of Massachusetts. The agency provides services and supports to individuals with Intellectual and Developmental Disabilities (ID/DD), Acquired Brain Injury (ABI), Autism and other mental illnesses and behavioral health challenges. VINFEN operates 24/7 Residential Homes, Individual Home Supports (IHS), Placement (Shared Living), and Respite Services. It also offers Day Services including Community Based Day Services (CBDS), and Employment Supports.

For this 2022 Licensing and Certification review the agency was offered and elected to perform a self-assessment of both licensing and certification indicators. A targeted review performed by DDS Office of Quality Enhancement encompassed all critical indicators as well as the licensing and certification indicators found to be not met at the agency's last review. This survey report details the cumulative findings of both the agency's self-assessment process as well as the DDS targeted review.

The results of the DDS review highlighted many practices which protected and helped maintain the health and well-being of individuals served by the agency. Across services allegations of abuse and neglect were reported as mandated, and for both residential and day service groupings environmental inspections were completed as required. Emergency back-up plans were in place at all service locations, and individuals were supported to evacuate in an emergency within the required timeframe. The implementation of enhanced screening, cleaning and safety protocols in response to the Covid-19 pandemic was also noted across all services sites.

In both the residential and day service groupings, medication administration and documentation as well as the implementation of medical treatment protocols was done in accordance with the orders of physicians and healthcare providers. Medication treatment plans where needed were developed to contain all required components and were submitted to the required groups for review. Oral and written communication about individuals was respectful, and people had privacy when taking care of personal needs and concerns. Additionally, staff demonstrated working knowledge of the needs of individuals served.

Across residential services financial training plans were in place, and expenses were documented and tracked. Individuals were assessed as to their needs for intimacy and companionship as well.

This targeted review revealed an area where ongoing attention is needed; that is the maintenance of water temperature within its locations to be within required limits.

Vinfen will receive a Two-Year License for its Residential Services grouping with 92% of licensing indicators met. It will also receive a Two-Year License for its Day Services grouping with 97% of licensing indicators met. As a result of this score, the agency will conduct its own follow-up for licensing indicators that were not met and submit the results to the Office of Quality Enhancement within 60 days of the Service Enhancement Meeting. The agency scored 91% for certification indicators in its Residential Service Grouping and a 100% in its Day Services Grouping, Therefore the agency is certified in both service groupings.

The provider's self-assessment process and ratings are outlined below.

Description of Self Assessment Process:

To fulfill its mission, Vinfen is committed to a comprehensive Performance Measurement and Management Program which ensures the agency provides the highest quality of services and efficiently manages its resources. The Program engages all stakeholders in the system, gathers and uses objective information in managing the agency, and conducts formal annual evaluations of all Vinfen programs and administrative departments. The Program involves systems that gather data and information, and that guide the agency's annual Strategic Planning process. This Program applies to all individuals and communities served, and to all staff, volunteers, and Board Members of the organization.

The Program incorporates funder licensing and certification standards, state and federal regulations, and CARF standards into all reviews, audits, and self-evaluation tools. Results and trends are analyzed to correct problems and data and information informs the agency's Strategic Planning process and annual Balanced Scorecard.

The following Committees, the Quality Improvement process, and various auditing processes are examples of systems Vinfen uses to ensure compliance with external Regulations and accreditation standards and prepare for and participate in external reviews as scheduled by the Regulatory, funding, Licensing and Certification entities.

Outcomes and Quality Committee

The Committee (formerly the Outcomes and Clinical Risk Committee) functions to: review a standard set of outcomes data and quality indicators to identify trends and respond proactively; analyze, investigate, and recommend activities to enhance the quality of services, improve outcomes, and track/monitor outcomes to determine progress towards recovery/habilitation with the goal of identifying best practices. This year, the Outcomes and Quality Committee is focusing on several quality of service Balanced Scorecard objectives, including post hospitalization discharge visits.

The Committee will target specific identified health and clinical issues to tailor resources and initiatives to improve outcomes; develop data collection and reports on the use of outcomes in program planning, evaluation, and adjustments at the program, cluster, and divisional levels. The Committee will develop and implement monitoring systems and audit processes to include fidelity checks. Data will be used by the Committee to determine training needs and recommend specific training programs. The Committee will review and/or develop policies, procedures, and practices to improve outcomes and mitigate risk for the organization.

Safety Committee

The Safety Committee is comprised of various senior managers as well as direct care staff, who provide services directly to individuals, from all divisions of the company. Direct care staff comprise over 50% of Committee membership. The Committee is charged with reviewing and providing feedback on the Workplace Safety and Violence Prevention Program and Plan, reporting concerns about potential safety issues, and making recommendations to address safety concerns and future training needs. The Committee is also charged with reviewing proposed changes to policies and procedures or proposed communications and provides feedback as to the effectiveness of policies and procedures that have been put into place. Committee members may be asked to assist in the roll out of various safety initiatives as appropriate; review periodic reports as presented, and discuss and take action as requested.

Divisional Clinical Meetings

The Developmental Services Division Clinical Rounds is established to serve as a forum for the review of all instances of acute changes in challenging behaviors, issues related to medical/medication concern, and all Intensive Positive Behavior Support Plans for individuals served within the Division. Additionally, the Developmental Services Division Clinical Rounds will be used to consult regarding the use of Emergency Physical Restraint. The purpose of Clinical Rounds is to promote clinical excellence within the Developmental Services Division and maintain compliance with DDS Regulations.

Program Quality Improvement Process

Each program conducts an annual self-evaluation using a set of tools designed for the program's particular service type. The tools help the program to monitor compliance with state and federal regulations, accreditation standards, and Vinfen policies and procedures. Data from key indicators

gathered throughout the year, satisfaction data (from satisfaction surveys sent to families/guardians, persons served, staff, and referral sources), risk and outcomes data, external licensing and certification reviews, and feedback from audits and reviews all provide information that the program uses to document a programmatic needs assessment.

Audit Process

The DS Division's residential and day programs participate in audits throughout the year. Programs were audited by various roles such as: Program Directors, Program Specialists, Sr Program Directors, and Directors of Service. The audit forms were created to include all Divisional and corporate standards, in addition to DDS standards/Indicators. Follow up on all audits is required. The results of the audits inform staff training.

Record Reviews by Quality Department

Virtual audits are completed by the Quality Department who review HCSIS records as well as any progress notes that have been shared to the program's SharePoint site. The record reviews occur throughout the year. Audit tools are specific to the service type. Follow-up on all audits is required. The results of the audits inform staff training.

Infection Control Audits

Programs complete monthly infection control and Personal Protective Equipment (PPE) audits each month. The Quality Department completes eight virtual infection control audits monthly. During these audits, staff are interviewed regarding PPE availability and usage, PPE storage is inspected, COVID screening tool documentation is reviewed, and the screening area location at the entrance to the program is inspected.

COVID-19 / Sustainability Workgroup and Meetings

The primary goal of the COVID-19/Sustainability Workgroups and COVID-19/Sustainability Manager Meetings is to ensure successful implementation of all COVID-19 processes and trainings and also to review and revise Divisional systems and practices to ensure long term sustainability, retention of institutional learning, and the consistent use of proven/best practices throughout our network of services. The workgroup will also ensure that sufficient and thorough training and re-training of processes occurs across all levels of the Division. The workgroup meets bi-monthly and workgroup membership is made up of the Sr Vice President DSD; Director of Quality DSD & Performance Improvement; Vice President, Directors of Service; Sr Program Directors; Program Specialists; Associate Director of Nursing; Director of Clinical Services; ACD Systems Development and Training; Placement Coordinator; Supported Employment Director; and Quality Managers. The COVID-19/Sustainability Manager Meeting includes all of these staff as well as all Program Directors. The workgroup leverages the experiences, expertise, and insight of its membership to guide decisions on systems improvement. Members will not only provide support and guidance in their respective areas of expertise or represent the views of their staff, but will also implement the new processes, protocols, and trainings across their clusters.

Provider Self-Assessment for the January 2022 Licensure and Certification Process

During the self-assessment period prior to the Survey and Certification visit, all programs funded by the Department of Developmental Services and Vinfen's corporate processes were audited. Auditors were comprised of: Directors of Service, Sr Program Directors, Program Directors, Program Specialists, Assistant Clinical Directors, Program Nurses, Ops Admins. and Quality Department staff. Audit tools that were developed from the DDS Licensure and Certification Worksheets, but also included additional Vinfen standards, policies, and procedures.

Self-Assessment Sample Size:

All programs audited; sample of individuals reviewed at each program. In addition to programmatic Indicator ratings, the Quality Department reviewed all organizational Indicators and assessed to determine if each Indicator was Met/Not Met. Documentation was pulled from existing processes (Strategic Planning documentation, Human Resources staff licensure and hiring documentation, Training Center certification tracking, corporate office Investigation tracking, corporate office Human Rights Officer and Fire Safety Officer tracking, corporate office tracking of restraint and ISP paperwork submissions in HCSIS, corporate auditing of Human Rights Committee documentation, etc.) to aid in that determination.

Vinfen's Self-Assessment determined the following ratings:

Service Type Indicator Indicators

Met / Rated Percentage Met

Organizational Indicators: 9/11

Residential/Individual Home Supports Licensing Indicators: 81/90 90%

Employment/Day Licensing Indicators: 66/69 96%

Residential/Individual Home Supports Certification Indicators: 85/95 89%

Employment/Day Certification Indicators: *deemed status for CBDS 29/29 100%

Survey and Certification Self-Assessment Results

Results from the Self-Assessment Review, as well as the Targeted Review results from DDS will be analyzed at the COVID-19 / Sustainability Workgroup/Meetings. The results will be used to develop quality improvement plans, sustainability initiatives, identify training needs, and improve processes and systems.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Residential and Individual Home Supports	74/80	6/80	
Residential Services Individual Home Supports Respite Services ABI-MFP Placement Services Placement Services ABI-MFP Residential Services			
Critical Indicators	8/8	0/8	
Total	83/90	7/90	92%
2 Year License			
# indicators for 60 Day Follow-up		7	

	Met / Rated	Not Met / Rated	% Met
Organizational	10/11	1/11	
Employment and Day Supports	63/64	1/64	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	73/75	2/75	97%
2 Year License			
# indicators for 60 Day Follow-up		2	

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

Indicator #	Indicator	Issue identified	Action planned to address
L76	The agency has and utilizes a system to track required trainings.	Trainings tracked but staff have not been consistently trained for various certifications.	The staffing crisis, Training Center turnover, and the COVID-19 pandemic have led to a backlog of staff who need to be trained. Vinfen has hired new Training Center

			<p>staff and implemented an electronic training system where possible (Relias). Directors of Service and Senior Program Directors have been given regular reports on attendance. Senior leadership and the Training Center will meet periodically to review training/certification data and review the efficacy of various initiatives to improve training adherence.</p>
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**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:
From Provider review:**

Indicator #	Indicator	Issue identified	Action planned to address
L35	Individuals receive routine preventive screenings.	Upon review of preventative screenings (i.e. mammography, prostate exams, colonoscopies etc.), it was determined that multiple individuals did not have screenings within the required timelines.	Due to the COVID-19 pandemic, many medical providers cancelled or were not able to see the individuals. Program Directors will continue to work with medical providers to schedule all necessary appointments. The Quality Department created a new tracking sheet that will be used to document attempts to schedule appointments. Program Directors will submit those tracking sheets to their Sr Program Directors for review.
L36	Recommended tests and appointments with specialists are made and kept.	Some individuals did not have recommended tests/screenings completed.	Due to the COVID-19 pandemic, many medical providers cancelled or were not able to see the individuals. Program Directors will continue to work with medical providers to schedule all necessary appointments. The Quality Department created a new tracking sheet that will be used to document attempts to schedule appointments.

			Program Directors will submit those tracking sheets to their Sr Program Directors for review.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	At some programs, behavior related Progress Notes and data tracking were not consistently completed.	Assistant Clinical Directors will determine locations with inconsistent data tracking and Progress Notes and will complete retraining as needed. This topic be reviewed as part of future Sustainability meetings. In addition, Vinfen's Developmental Service Division is moving to an Electronic Health Record (EHR) in 2022 which will allow for much closer monitoring by supervisors and administrative staff.
L79	Staff are trained in safe and correct administration of restraint.	Staff not consistently trained within expected timelines for correct administration of restraints.	Vinfen is looking to hire a cadre of staff who will solely train on Safety Care. Trainings also began being held regionally to allow for easier travel for staff attending courses. Directors of Service, Senior Program Directors, and Program Directors are reviewing divisional reports to determine staff who need training and/or are approaching their certification expiration date. Senior leadership and the Training Center will meet periodically to review training/certification data and review the efficacy of various initiatives to improve training adherence.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Objectives not consistently submitted to HCSIS within required timelines.	Actions occurred/ planned to address issues The Quality Department runs monthly reports for the field and has created various tools that automate reminders for HCSIS objectives. Senior Program Directors have been asked to run weekly reports in HCSIS to determine if they have any persons served with objectives due. The Quality Department will continue to

			train managers at DOS and SPD cluster meetings.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	At some sites, Progress Notes not consistently completed.	Vinfen is moving to an Electronic Health Record which should allow for closer monitoring of documentation. In addition, various initiatives have been implemented to improve recruitment numbers as having regular trained staff has been difficult during the staffing crisis. Program Directors who have had historically more success in this area have been asked for feedback and suggestions on what systems have been most helpful for them. The Sustainability Workgroup will continue to address this area.

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

Indicator #	Indicator	Issue identified	Action planned to address
L79	Staff are trained in safe and correct administration of restraint.	Staff not consistently trained within expected timelines for correct administration of restraints	Vinfen is looking to hire a cadre of staff who will solely train on Safety Care. Trainings also began being held regionally to allow for easier travel for staff attending courses. Directors of Service, Senior Program Directors, and Program Directors are reviewing divisional reports to determine staff who need training and/or are approaching their certification expiration date. Senior leadership and the Training Center will meet periodically to review training/certification data and review the efficacy of various initiatives to improve training adherence.

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 0/0 Provider 6/6	6/6	0/6	
Residential and Individual Home Supports	DDS 6/6 Provider 74/83	80/89	9/89	
ABI-MFP Residential Services	DDS 1/1 Provider 17/21	18/22	4/22	
Individual Home Supports	DDS 2/2 Provider 19/21	21/23	2/23	
Placement Services	DDS 1/1 Provider 20/21	21/22	1/22	
Residential Services	DDS 2/2 Provider 18/20	20/22	2/22	
Respite Services		0/0	0/0	
Total		86/95	9/95	91%
Certified				

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 0/0 Provider 6/6	6/6	0/6	
Employment and Day Supports	DDS 1/1 Provider 22/22	23/23	0/23	
Community Based Day Services	Provider (also Deemed)	0/0	0/0	
Employment Support Services	DDS 1/1 Provider 22/22	23/23	0/23	
Total		29/29	0/29	100%
Certified				

**ABI-MFP Residential Services- Areas Needing Improvement on Standards not met From
Provider review:**

Indicator #	Indicator	Issues identified	Action planned to address
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.	Hiring interviews for new staff did not consistently involve all individuals and for one service type, individuals were not consistently asked for feedback regarding current staff.	Program Directors will be reminded of the importance of including all individuals in hiring and staff feedback during supervisions as well as through divisional communications. Individual feedback is obtained through the hiring process, during Community Meetings, in the staff supervision process, and during the annual Satisfaction Survey process.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	At some programs, individuals not regularly assessed and given support in exploring, defining, and expressing their need for intimacy and companionship.	During the last two years of the pandemic, this area was given less priority in light of the focus programs had on health and safety. Our Director of Clinical Services is creating a workgroup to assess current intimacy and relationship training processes and will develop a new system. Once the workgroup has finalized its recommendations, staff will be trained on updated procedures and support in the areas of intimacy and relationships.
C51	Staff (Home Providers) are knowledgeable about individuals' satisfaction with services and supports and support individuals to make changes as desired.	Satisfaction survey data not consistently reviewed and documented.	Vinfen changed its Satisfaction Survey process in the summer of 2021 to an online only process. This proved to have a steep learning curve. Vinfen is reviewing how last year's process went and will make adjustments as necessary to ensure a more successful approach for summer 2022.
C54	Individuals have the assistive technology and/or modifications to maximize independence.	Exploration of potential assistive technologies not consistently conducted for all individuals.	Vinfen has launched an assistive technology initiative to help update tools and provide

			additional education for staff on what assistive technologies are and how staff may help individuals explore new assistive technology and utilize it.
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Individual Home Supports- Areas Needing Improvement on Standards not met From Provider review:

Indicator #	Indicator	Issues identified	Action planned to address
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	Issues Identified At some programs, individuals not regularly assessed and given support in exploring, defining, and expressing their need for intimacy and companionship.	During the last two years of the pandemic, this area was given less priority in light of the focus programs had on health and safety. Our Director of Clinical Services is creating a workgroup to assess current intimacy and relationship training processes and will develop a new system. Once the workgroup has finalized its recommendations, staff will be trained on updated procedures and support in the areas of intimacy and relationships.
C54	Individuals have the assistive technology and/or modifications to maximize independence.	Exploration of potential assistive technologies not consistently conducted for all individuals.	Vinfen has launched an assistive technology initiative to help update tools and provide additional education for staff on what assistive technologies are and how staff may help individuals explore new assistive technology and utilize it.

Placement Services- Areas Needing Improvement on Standards not met From Provider review:

Indicator #	Indicator	Issues identified	Action planned to address
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	Issues Identified At some programs, individuals not regularly assessed and given support in exploring, defining, and expressing their need for intimacy and companionship.	During the last two years of the pandemic, this area was given less priority in light of the focus programs had on health and safety. Our Director of Clinical Services is creating a

			workgroup to assess current intimacy and relationship training processes and will develop a new system. Once the workgroup has finalized its recommendations, staff will be trained on updated procedures and support in the areas of intimacy and relationships.
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Residential Services- Areas Needing Improvement on Standards not met From Provider review:

Indicator #	Indicator	Issues identified	Action planned to address
C51	Staff (Home Providers) are knowledgeable about individuals' satisfaction with services and supports and support individuals to make changes as desired.	Satisfaction survey data not consistently reviewed and documented.	Vinfen changed its Satisfaction Survey process in the summer of 2021 to an online only process. This proved to have a steep learning curve. Vinfen is reviewing how last year's process went and will make adjustments as necessary to ensure a more successful approach for summer 2022.
C54	Individuals have the assistive technology and/or modifications to maximize independence.	Exploration of potential assistive technologies not consistently conducted for all individuals.	Vinfen has launched an assistive technology initiative to help update tools and provide additional education for staff on what assistive technologies are and how staff may help individuals explore new assistive technology and utilize it.

MASTER SCORE SHEET LICENSURE

Organizational: VINFEN

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓜ L2	Abuse/neglect reporting	DDS	30/30	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	DDS	3/3	Met
L65	Restraint report submit	Provider	-	Met
L66	HRC restraint review	Provider	-	Met
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Not Met
L83	HR training	Provider	-	Met
L92 (07/21)	Licensed Sub-locations (e/d).	DDS	1/1	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place	Resp	ABI-MFP Res. Sup.	ABI-MFP Place	Total Met/Rate d	Rating
L1	Abuse/neglect training	I	Provider	-	-	-	-	-	-	-	Met
L3	Immediate Action	L	Provider	-	-	-	-	-	-	-	Met
L5	Safety Plan	L	Provider	-	-	-	-	-	-	-	Met
Ⓜ L6	Evacuation	L	DDS	18/18	1/1	2/2	1/1	4/4		26/26	Met
L7	Fire Drills	L	Provider	-	-	-	-	-	-	-	Met
L8	Emergency Fact Sheets	I	Provider	-	-	-	-	-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS	18/18	2/2		2/2	6/6		28/28	Met
L10	Reduce risk interventions	I	Provider	-	-	-	-	-	-	-	Met

Ⓡ L11	Required inspections	L	DDS	18/1 8	1/1	2/2	1/1	3/4		25/26	Met (96.15 %)
Ⓡ L12	Smoke detectors	L	DDS	15/1 8	1/1	2/2	1/1	3/4		22/26	Met (84.62 %)
Ⓡ L13	Clean location	L	DDS	17/1 8	1/1	2/2	1/1	4/4		25/26	Met (96.15 %)
L14	Site in good repair	L	Provider	-	-	-	-	-	-	-	Met
L15	Hot water	L	DDS	16/1 8	1/1	0/2	1/1	4/4		22/26	Met (84.62 %)
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
L20	Exit doors	L	Provider	-	-	-	-	-	-	-	Met
L21	Safe electrical equipment	L	Provider	-	-	-	-	-	-	-	Met
L22	Well-maintained appliances	L	Provider	-	-	-	-	-	-	-	Met
L23	Egress door locks	L	Provider	-	-	-	-	-	-	-	Met
L24	Locked door access	L	Provider	-	-	-	-	-	-	-	Met
L25	Dangerous substances	L	Provider	-	-	-	-	-	-	-	Met
L26	Walkway safety	L	Provider	-	-	-	-	-	-	-	Met
L27	Pools, hot tubs, etc.	L	Provider	-	-	-	-	-	-	-	Met
L28	Flammables	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
L35	Preventive screenings	I	Provider	-	-	-	-	-	-	-	Not Met

L36	Recommended tests	I	Provider	-	-	-	-	-	-	-	-	Not Met
L37	Prompt treatment	I	Provider	-	-	-	-	-	-	-	-	Met
Ⓜ L38	Physician's orders	I	DDS	13/1 3	2/2			6/6			21/21	Met
L39	Dietary requirements	I	Provider	-	-	-	-	-	-	-	-	Met
L40	Nutritional food	L	Provider	-	-	-	-	-	-	-	-	Met
L41	Healthy diet	L	Provider	-	-	-	-	-	-	-	-	Met
L42	Physical activity	L	Provider	-	-	-	-	-	-	-	-	Met
L43	Health Care Record	I	Provider	-	-	-	-	-	-	-	-	Met
L44	MAP registration	L	Provider	-	-	-	-	-	-	-	-	Met
L45	Medication storage	L	Provider	-	-	-	-	-	-	-	-	Met
Ⓜ L46	Med. Administration	I	DDS	18/1 8	2/2	2/2	2/2	6/6			30/30	Met
L47	Self medication	I	Provider	-	-	-	-	-	-	-	-	Met
L49	Informed of human rights	I	Provider	-	-	-	-	-	-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS	18/1 8	2/2	2/2	2/2	6/6			30/30	Met
L51	Possessions	I	Provider	-	-	-	-	-	-	-	-	Met
L52	Phone calls	I	Provider	-	-	-	-	-	-	-	-	Met
L53	Visitation	I	Provider	-	-	-	-	-	-	-	-	Met
L54 (07/21)	Privacy	I	DDS	18/1 8	2/2	2/2	2/2	6/6			30/30	Met
L55	Informed consent	I	Provider	-	-	-	-	-	-	-	-	Met
L56	Restrictive practices	I	Provider	-	-	-	-	-	-	-	-	Met
L57	Written behavior plans	I	Provider	-	-	-	-	-	-	-	-	Met
L58	Behavior plan component	I	Provider	-	-	-	-	-	-	-	-	Met
L59	Behavior plan review	I	Provider	-	-	-	-	-	-	-	-	Met
L60	Data maintenance	I	Provider	-	-	-	-	-	-	-	-	Not Met
L61	Health protection in ISP	I	Provider	-	-	-	-	-	-	-	-	Met
L62	Health protection review	I	Provider	-	-	-	-	-	-	-	-	Met

L63	Med. treatment plan form	I	DDS	17/18	2/2	2/2		6/6		27/28	Met (96.43%)
L64	Med. treatment plan rev.	I	DDS	15/18	1/1	2/2		6/6		24/27	Met (88.89%)
L67	Money mgmt. plan	I	DDS	17/17	2/2	2/2		4/4		25/25	Met
L68	Funds expenditure	I	Provider	-	-	-	-	-	-	-	Met
L69	Expenditure tracking	I	DDS	17/17	2/2	2/2	2/2	4/4		27/27	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	-	-	-	-	-	-	-	Not Met
L80	Symptoms of illness	L	Provider	-	-	-	-	-	-	-	Met
L81	Medical emergency	L	Provider	-	-	-	-	-	-	-	Met
Ⓜ L82	Medication admin.	L	DDS	18/18	1/1		1/1	4/4		24/24	Met
L84	Health protect. Training	I	Provider	-	-	-	-	-	-	-	Met
L85	Supervision	L	DDS	18/18	1/1	2/2	0/1	4/4		25/26	Met (96.15%)
L86	Required assessments	I	Provider	-	-	-	-	-	-	-	Met
L87	Support strategies	I	Provider	-	-	-	-	-	-	-	Not Met
L88	Strategies implemented	I	Provider	-	-	-	-	-	-	-	Not Met
L89	Complaint and resolution process	L	Provider	-	-	-	-	-	-	-	Met
L90	Personal space/ bedroom privacy	I	Provider	-	-	-	-	-	-	-	Met
L91	Incident management	L	Provider	-	-	-	-	-	-	-	Met

#Std. Met/# 80 Indicator											74/80	
Total Score											83/90	
											92.22%	

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	2/2		4/4	6/6	Met
L7	Fire Drills	L	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS	8/8		9/9	17/17	Met
L10	Reduce risk interventions	I	Provider		-	-	-	Met
Ⓡ L11	Required inspections	L	DDS	2/2		4/4	6/6	Met
Ⓡ L12	Smoke detectors	L	DDS	2/2		4/4	6/6	Met
Ⓡ L13	Clean location	L	DDS	2/2		4/4	6/6	Met
L14	Site in good repair	L	Provider		-	-	-	Met
L15	Hot water	L	Provider		-	-	-	Met
L16	Accessibility	L	Provider		-	-	-	Met
L17	Egress at grade	L	Provider		-	-	-	Met
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
L27	Pools, hot tubs, etc.	L	Provider		-	-	-	Met
L28	Flammables	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
L37	Prompt treatment	I	Provider		-	-	-	Met
Ⓟ L38	Physician's orders	I	DDS	3/3		2/2	5/5	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		3/3	5/5	Met
L49	Informed of human rights	I	Provider		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS	9/9		9/9	18/18	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met
L54 (07/21)	Privacy	I	DDS	9/9		9/9	18/18	Met
L55	Informed consent	I	Provider		-	-	-	Met
L56	Restrictive practices	I	Provider		-	-	-	Met
L57	Written behavior plans	I	Provider		-	-	-	Met
L58	Behavior plan component	I	Provider		-	-	-	Met
L59	Behavior plan review	I	Provider		-	-	-	Met
L60	Data maintenance	I	Provider		-	-	-	Met
L61	Health protection in ISP	I	Provider		-	-	-	Met
L62	Health protection review	I	Provider		-	-	-	Met
L63	Med. treatment plan form	I	Provider		-	-	-	Met

L64	Med. treatment plan rev.	I	Provider		-	-	-	Met
L67	Money mgmt. plan	I	Provider		-	-	-	Met
L68	Funds expenditure	I	Provider		-	-	-	Met
L69	Expenditure tracking	I	Provider		-	-	-	Met
L72	DOL requirements	I	Provider		-	-	-	Met
L73	DOL certificate	L	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Met
L78	Restrictive Int. Training	L	Provider		-	-	-	Met
L79	Restraint training	L	Provider		-	-	-	Not Met
L80	Symptoms of illness	L	Provider		-	-	-	Met
L81	Medical emergency	L	Provider		-	-	-	Met
Ⓟ L82	Medication admin.	L	DDS	2/2		3/3	5/5	Met
L84	Health protect. Training	I	Provider		-	-	-	Met
L85	Supervision	L	Provider		-	-	-	Met
L86	Required assessments	I	Provider		-	-	-	Met
L87	Support strategies	I	Provider		-	-	-	Met
L88	Strategies implemented	I	Provider		-	-	-	Met
L91	Incident management	L	Provider		-	-	-	Met
#Std. Met/# 64 Indicator							63/64	
Total Score							73/75	
							97.33%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C1	Provider data collection	Provider	-	Met
C2	Data analysis	Provider	-	Met
C3	Service satisfaction	Provider	-	Met
C4	Utilizes input from stakeholders	Provider	-	Met

C5	Measure progress	Provider	-	Met
C6	Future directions planning	Provider	-	Met

Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	DDS	18/18	Met
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C20 (07/21)	Emergency back-up plans	DDS	18/18	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Not Met (0 %)
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met
C54	Assistive technology	Provider	-	Not Met (0 %)

ABI-MFP Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Not Met (0 %)
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	Provider	-	Not Met (0 %)
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C20 (07/21)	Emergency back-up plans	DDS	6/6	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Not Met (0 %)
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met
C54	Assistive technology	Provider	-	Not Met (0 %)

Placement Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met

C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	Provider	-	Not Met (0 %)
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C20 (07/21)	Emergency back-up plans	DDS	2/2	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met
C54	Assistive technology	Provider	-	Met

Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met

C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	Provider	-	Not Met (0 %)
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	DDS	2/2	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C20 (07/21)	Emergency back-up plans	DDS	2/2	Met
C21	Coordinate outreach	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met
C54	Assistive technology	Provider	-	Not Met (0 %)

Employment Support Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C20 (07/21)	Emergency back-up plans	DDS	9/9	Met
C22	Explore job interests	Provider	-	Met
C23	Assess skills & training needs	Provider	-	Met
C24	Job goals & support needs plan	Provider	-	Met

C25	Skill development	Provider	-	Met
C26	Benefits analysis	Provider	-	Met
C27	Job benefit education	Provider	-	Met
C28	Relationships w/businesses	Provider	-	Met
C29	Support to obtain employment	Provider	-	Met
C30	Work in integrated settings	Provider	-	Met
C31	Job accommodations	Provider	-	Met
C32	At least minimum wages earned	Provider	-	Met
C33	Employee benefits explained	Provider	-	Met
C34	Support to promote success	Provider	-	Met
C35	Feedback on job performance	Provider	-	Met
C36	Supports to enhance retention	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C50	Involvement/ part of the Workplace culture	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C54	Assistive technology	Provider	-	Met