|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
|  |

 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **PROVIDER REPORT FOR** |

 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **VINFEN950 Cambridge Street Cambridge, MA 02141**  |

 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |

|  |
| --- |
| **April 02, 2022** |

 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Version** |

 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |

|  |
| --- |
| **Public Provider Report** |

 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| **Prepared by the Department of Developmental ServicesOFFICE 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 |
| Scott Nolan |
| Margareth Larrieux |
| 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 18/18Provider 65 / 7283 / 90 2 Year License 02/17/2022- 02/17/2024 |  | DDS 6 / 6Provider 80 / 8986 / 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 13/13Provider 60 / 6273 / 75 2 Year License 02/17/2022- 02/17/2024 |  | DDS 1 / 1Provider 28 / 2829 / 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 CommitteeThe 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 CommitteeThe 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 MeetingsThe 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 ProcessEach 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 ProcessThe 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 DepartmentVirtual 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 AuditsPrograms 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 MeetingsThe 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 ProcessDuring 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 IndicatorsMet / Rated Percentage MetOrganizational 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 ResultsResults 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 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. |

 |  |
|  |  |  |

 |  |
|  |  |
|

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | **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 0/0Provider 6/6** | **6/6** | **0/6** |  |
| **Residential and Individual Home Supports** | **DDS 6/6Provider 74/83** | **80/89** | **9/89** |  |
| ABI-MFP Residential Services | DDS 1/1Provider 17/21 | 18/22 | 4/22 |  |
| Individual Home Supports | DDS 2/2Provider 19/21 | 21/23 | 2/23 |  |
| Placement Services | DDS 1/1Provider 20/21 | 21/22 | 1/22 |  |
| Residential Services | DDS 2/2Provider 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 0/0Provider 6/6** | **6/6** | **0/6** |  |
| **Employment and Day Supports** | **DDS 1/1Provider 22/22** | **23/23** | **0/23** |  |
| Community Based Day Services | Provider (also Deemed) | 0/0 | 0/0 |  |
| Employment Support Services | DDS 1/1Provider 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. |
|  |  |  |  |  |
|  | **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. |
|  |  |  |  |  |
|  | **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)** |
| O |  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 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** |
|  |  L3 | Immediate Action | L | **Provider** | - | - | - | - | - | - | **-** | **Met** |
|  |  L5 | Safety Plan | L  | **Provider** | - | - | - | - | - | - | **-** | **Met** |
| O |  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** |
| O |  L11 | Required inspections | L | **DDS** | 18/18 | 1/1 | 2/2 | 1/1 | 3/4 |  | **25/26** | **Met(96.15 %)** |
| O |  L12 | Smoke detectors | L | **DDS** | 15/18 | 1/1 | 2/2 | 1/1 | 3/4 |  | **22/26** | **Met(84.62 %)** |
| O |  L13 | Clean location | L | **DDS** | 17/18 | 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** | 16/18 | 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** |
| O |  L38 | Physician's orders | I | **DDS** | 13/13 | 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** |
| O |  L46 | Med. Administration | I | **DDS** | 18/18 | 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** | 18/18 | 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** | 18/18 | 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** |
| O |  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 Indiv.** | **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** |
| O |  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** |
| O |  L11 | Required inspections | L | **DDS** | 2/2 |  | 4/4 | **6/6** | **Met** |
| O |  L12 | Smoke detectors | L | **DDS** | 2/2 |  | 4/4 | **6/6** | **Met** |
| O |  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** |
| O |  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** |
| O |  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** |
| O |  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** |
|  |  |  |  |  |

 |  |  |  |  |  |