



**PROVIDER REPORT
FOR
WALNUT STREET CENTER
291 Mystic Avenue
Medford, MA 02155**

June 14, 2021

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider WALNUT STREET CENTER

Review Dates 4/14/2021 - 4/20/2021

**Service Enhancement
Meeting Date** 5/5/2021

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Citizen Volunteers

Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	8 location(s) 8 audit (s)	Targeted Review	DDS 13/14 Provider 73 / 73 86 / 87 2 Year License 05/05/2021-05/05/2023		DDS 4 / 4 Provider 46 / 47 50 / 51 Certified 05/05/2021 - 05/05/2023
Residential Services	5 location(s) 5 audit (s)			DDS Targeted Review	22 / 22
Individual Home Supports	3 location(s) 3 audit (s)			DDS Targeted Review	22 / 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	1 location(s) 3 audit (s)	Targeted Review	DDS 10/11 Provider 49 / 50 59 / 61 2 Year License 05/05/2021-05/05/2023		DDS 0 / 0 Provider 20 / 20 20 / 20 Certified 05/05/2021 - 05/05/2023
Community Based Day Services	1 location(s) 3 audit (s)			DDS Targeted Review	14 / 14
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

Walnut Street Center (WSC) Inc. is a non-profit human service agency that provides an array of services to adults with developmental and intellectual disabilities through its partnership with the Department of Developmental Services (DDS). The agency currently serves individuals in 24 hour residential, individual home supports, community based day and employment supports in the Greater Boston areas of Medford, Somerville, Cambridge and Arlington.

During the 2018 survey, Walnut Street Center met over 90% of licensing indicators within their Residential/Individual Home Supports and Employment/Day Services programs, and thus were eligible to complete a self-assessment during this licensing review. As a result, the scope of the DDS licensing and certification review was limited to critical indicators, and indicators receiving a rating of not met during the 2018 survey. The ratings from this survey process are a combination of DDS and WSC application of licensing and certification standards; any instances where different rating decisions were reached resulted in the use of the DDS rating. The scope of the DDS targeted survey included review of five residential homes, three Individual Home Supports individuals, and three audits within the CBDS program. Also noteworthy is the fact that the Walnut Street Center was one of the first agencies to be evaluated since the resumption of licensing and certification surveys after surveys were on hold for a full year due to the pandemic and state of emergency.

On an organization level, the agency demonstrated a commitment to human rights, both in meeting the standard for reporting to DPPC, and in the functioning of their Human Rights Committee. In particular, the HRC was found to be a robust and effective mechanism for ensuring the human rights of individuals served by the agency are met, both in their review of agency policies affecting human rights, site visits to homes, and reviews of restrictive practices.

Several areas of strength were identified within the Residential / Individual Home Supports service group. Individuals' homes were found to be well maintained, with all required inspections having occurred and hot water temperatures in homes within acceptable ranges. The agency successfully maintained individuals' physical health and safety by successfully evacuating individuals within the required timeframes, and ensuring that medications were administered by MAP certified staff and in accordance with prescriber's orders. The agency's system for the oversight and review of behavior modifying medication treatment plans was commendable; several individuals were found to have had medications lowered over the past year, in part due to the effective tracking of symptoms and collaboration with prescribers.

The agency recognized the need for individuals to have rich, rewarding and expansive experiences relative to personal interests and hobbies. This was supported through the use of comprehensive picture and narrative based assessments in the realms of personal and community interests. The agency synthesized this information into an individualized strategy to both expose individuals to potential areas of interest, and to facilitate the participation in activities previously found to be enjoyable.

Within the agency's Community Based Day Services program, the safety of individuals was ensured as evidenced by the completion of all required site inspections, as well as demonstration of successful evacuations during fire drills. In addition to ensuring physical health through the development of medical protocols, the agency also ensured that consents were obtained when using pictures and videos of program participants. All individuals surveyed were found to be well supported in the implementation of their ISP objectives and the facilitation of skill acquisition.

One area not meeting DDS regulatory standards was identified during the survey; in both the Residential Services/Individual Home Supports and CBDS programs, the agency would benefit from providing additional attention to its process for submitting and finalizing incident reports.

Within the Residential Services/Individual Home Supports programs WSC received a rating of met in

99% of licensing indicators; all critical indicators were met. The agency also received a rating of met in 98% of certification indicators reviewed. As a result, the agency will receive a Two Year License for Residential Services/Individual Home Supports; follow-up on all not met licensing indicators will be conducted by WSC within 60 days. Within the Employment and Day Supports program, the agency met 97% of all licensing indicators, including all critical indicators. The agency also met 100% of the certification indicators reviewed. As a result, the agency will receive a Two Year License for its Employment and Day Supports program; follow-up on all not met licensing indicators will be conducted by the agency and submitted to the DDS OQE within 60 days.

Below is a description of the self-assessment process completed by the provider.

Description of Self Assessment Process:

Walnut Street Center, Inc. (WSC) uses a variety of quality and planning systems to ensure that we provide the best possible programs for the individuals we support. For our first ever Provider Self-Assessment, we combined new audit tools with existing resources to generate a complete picture. The process has been highly informative; even for indicators with which we were in full compliance, we identified some potential for increased efficiency and/or creative improvements.

Ongoing Systems

Outside of the self-assessment process, WSC uses quality monitoring tools at the organizational level, as well as the program-specific level. The Director of Quality and Training assembles monthly dashboards to track incident trends, health and safety concerns, and HR metrics. The senior leadership team reviews and discusses these. Other organizational quality documents include a Performance Improvement Plan that tracks measurable objectives from our strategic plans, an annual Complaint Analysis, an annual Critical Incident Analysis, an annual update on strategic goals, and several stakeholder satisfaction surveys. WSC has a vibrant and diverse Human Rights Committee that advocates tirelessly for the individuals we support. We also have a Safety Committee and Program Quality Meetings facilitated by the Director of Quality and Training. Program-specific monitoring tools include a variety of file audit checklists (completed on a rotating basis by Program Managers, Program Coordinators and Directors, Director of Quality and Training, and designated staff) as well as a monthly site-based Facilities Checklist. Health and medication-related audits are performed by all the above employees, as well as our nursing staff. The financial team at WSC is hands-on with monitoring the funds of individuals we support with budget management and those for whom we act as Representative Payee. All residential financial transaction records and receipts are submitted monthly to the accounting office for further review. Our Behavioral Clinician conducts quarterly Behavior Management Meetings to review data and trends for each individual.

Technology has become a growing feature of our quality systems, both ongoing and related to the self-assessment. The Director of Quality and Training and Director of Operations both use HCSIS regularly to monitor trends and timelines. HCSIS reports are generated and shared on a regular basis, including those related to investigations, restraints, MORs, and ISP documentation. WSC has also embraced technology in our Facilities department, implementing the WorxHub system over two years ago to improve response time and documentation with respect to maintenance and safety issues. In addition, WSC uses the Relias learning management system, which has not only provided relevant curriculum but has also simplified staff compliance tracking. By generating a monthly expiration report that is shared with employees by email, we can maintain training compliance with efficiency. This summer, we plan to implement CareTracker data management software; our team expects that this will improve the quality and consistency of staff data collection. It will also provide an efficient way for our management team to audit data collection. Technology played a part in assessing many of our licensing and certification indicators, just as it plays a major role in helping our individuals live with more independence.

Specific to Self-Assessment

Specific to the self-assessment process, we created some additional audit tools to ensure all licensing and certification indicators were captured. The Director of Quality and Training reformatted the Provider Self-Assessment Report from OQE to create a "Residential Individual Tool" and "Day Individual Tool." These were the longest tools, containing both file audit components and staff interview components. These tools were completed on-site in our residences and day program. We approached these assessments as an external surveyor would, reviewing everything from data collection to staff interactions to fire drills for the individual. After determining that other indicators were better measured through other means, the remaining indicators were grouped into a Human Resource Tool, Financial Tool, Facilities Tool, Health Tool, and Clinical Tool. The Director of Quality and Training color-coded the list of indicators to confirm that each one was rated in at least one of the tools. With these, we were able to assess every indicator through file audit, staff interview, HCSIS audit, Relias report, or team discussion. For example, we used the HRC rating grid from OQE for our Human Rights Committee. For Assessment and Support Strategy timelines, we ran 1-year HCSIS summaries and rated ourselves accordingly. We used HCSIS reports in rating other indicators as well, including restraints, investigations, and incident reports. Other sample examples include:

For Residential health indicators, a consulting MAP nurse audited a sample of 26% of individuals. Additional health-related audits were completed at every residence by our management and quality team, and our residential nurse.

For indicators reflected in the Residential Individual Tool, we assessed 14 individuals in a variety of support settings. This was smaller than our intended sample of 21 due to COVID-19 limitations, but we had also completed other audits at every site (file checklists, health and safety, etc.) so had ample information to determine our rating.

For Residential and Day environmental safety indicators, the Director of Quality and Training, Director of Operations, and/or Facilities Manager completed on-site assessments at 100% of our locations.

With our financial indicator tool, we assessed 100% of the individuals we support with money management.

A sample of 6 CBDS individuals were rated on the individual indicators, and additional file audits were completed for facility, evacuation, protocols, and staff training indicators in CBDS.

Many WSC employees were involved in the self-assessment process, and this helped cultivate a sense of involvement and accountability. Our entire senior leadership team participated, in addition to direct care staff, program managers at all levels, Facilities Manager, Human Resources Manager, Behavioral Clinician, Support Plan Coordinator, nursing staff, a consulting nurse, and accounting staff.

Although our Targeted Review from OQE was originally scheduled for April, in the midst of the COVID-19 shutdown, we had already been working on our self-assessment for about three months when our office closed in March.

Therefore, our team feels that we were able to successfully capture a complete picture of our organizational strengths and weaknesses. Some sample sizes were smaller than originally planned due to COVID-19 restrictions, but most of the site visits had already been completed. Despite some changes to the timeline and tools used, WSC was able to conduct an accurate self-assessment amidst the pandemic.

The WSC team looks forward to following up on information gathered throughout the self-assessment process. We added a Quality and Training Specialist this spring, our second FTE in this department, so we expect that the quantity and quality of audits and other systems will continue to grow.

Updates April 2021

The COVID-19 pandemic has impacted every facet of our services over the past year. However, we have managed to maintain our quality systems, even as they evolved and adapted.

We were able to audit numerous standards virtually - through our organizational server, end-of-month scans from the residences, HCSIS, online accounts, and virtual meetings. We also had on-site visits from management and nursing throughout the pandemic.

New health and safety features were added due to the pandemic - handwashing and hygiene stations, policies

infection control, cleaning protocols, expanded online training, and checklists implemented for state guidance. Several of these features will remain in effect after the pandemic.

COVID-19 also expanded our communication and supervision options. Like many organizations, we became proficient at virtual meetings. This will remain a useful option to optimize attendance at committee meetings and staff meetings. We also expanded our virtual training options during this time period.

We had several compliance visits during the pandemic (including an Interim Status Assessment from OQE). These provided an additional opportunity for self-assessment and quality assurance.

Our processes for facility management and inspections have not changed substantially in the past year, other than completing certain inspections via video and adding an after-hours on-call service. We continue to measure water temperatures at least monthly at each site and adjust as needed. In our 2020 Self-Assessment, we rated L15 Not Met again because some locations were slightly out of range. Our recent measurements are in range.

L55 Informed Consent was rated Not Met in day services for 2018, and again Not Met in our 2020 Self-Assessment. Our overall process was sufficient in both cases, but the sample chosen had some quality errors. We addressed the issues through re-training and centralized tracking, and this indicator is now Met in day services. In addition, the Assistant Commissioner of Quality Management introduced a new Photo and Video Release in March 2021. We have decided to use this form as one of our annual consents rather than securing consent for each photo release. Day services started implementing it this

month.

Following our 2018 survey, we provided new training on the timelines for ISP documentation and audited these more regularly. In our 2020 Self-Assessment, all programs were rated Met on L87. In 2021, we continue to meet the timelines, although it has been challenging to monitor during the pandemic due to numerous delays/exceptions. We also provided re-training on support strategies after our 2018 survey but found mixed results in our 2020 Self-Assessment. Ultimately, we identified this as an area in need of further improvement and rated L88 Not Met in both residential and day supports. However, we have continued to monitor and train on this topic and hope that you will find the requirements met in 2021. In our 2018 survey, C16 Exploring Interests was rated Not Met in both 24-hour residential and individual supports. By the time we Self-Assessed in 2020, these issues had been corrected; it remains Met today. Staff have been trained on community integration and are highly knowledgeable about individuals' interests and preferences. A written interest survey is completed at least once per year (with verbal and pictorial cues as needed), websites for local resources are bookmarked, new ideas are discussed at house meetings, and activity calendars are created with variety in mind. Most of our residences are in walkable urban neighborhoods where individuals are exposed to a variety of new experiences. On the other hand, we found in our 2020 self-assessment that C17 Community Activities was Not Met. Although we had implemented a new set of forms to prioritize preferred activities, not all residences were correctly documenting these. Since 2020, we have continued to train on these topics and have several new House Managers in place with new ideas. Despite the physical distancing of the pandemic, staff have worked creatively to keep individuals engaged in their preferred activities. Although these are not necessarily tracked on the community activity forms (since many were remote or in-house), the efforts are in place. Assistive Technology assessments have been completed annually in all our programs for at least four years. In 2018, we did not meet C54 due to some oversights, but we have not had a problem with this in any of our self-assessments.

The Medication Treatment Plan form was rewritten in 2018 with feedback from surveyors. Since then, we have not found a problem with the components. We also hired a new Behavior Clinician in 2018 who does more training with direct care staff on behavior management and documentation.

Our leadership team started the rollout of our electronic data collection system, CareTracker, in summer 2020. Unfortunately, the constraints of the pandemic forced us to delay the implementation to summer 2021. CareTracker will support several licensing and certification areas, particularly those related to health and ISP objectives.

The Self-Assessment process has been educational for WSC in identifying best practices and areas needing attention. We found our strengths and weaknesses to be similar in 2018, 2020, and 2021, which sets the stage for a solid follow-up plan.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Residential and Individual Home Supports	76/77	1/77	
Residential Services Individual Home Supports			
Critical Indicators	8/8	0/8	
Total	86/87	1/87	99%
2 Year License			
# indicators for 60 Day Follow-up		1	

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Employment and Day Supports	49/51	2/51	
Community Based Day Services			
Critical Indicators	7/7	0/7	
Total	59/61	2/61	97%
2 Year License			
# indicators for 60 Day Follow-up		2	

Organizational Commendations on Standards Met:

Indicator #	Indicator	Commendations
L48	The agency has an effective Human Rights Committee.	The agency is commended for the effectiveness of its Human Rights Committee. While only required to have a minimum of five members, the committee has maintained an active membership of up to 14 members over the past two years; in addition to members with the required medical, clinical, and legal expertise, the committee is enriched by the presence of numerous self advocates receiving services from the agency. Meetings occurred at the frequency described within the By Laws, with between 7-10 members attending each meeting. While COVID precautions did not allow for in person meetings, the committee did not miss any meetings; when in person meetings were held, members joined with nearly full attendance. Detailed meeting minutes demonstrate that the committee reviewed all required content, and engaged in robust discussions with requests for the agency to gather further information to be reviewed at subsequent meetings. The agency is commended not only for the expansive membership of it's HRC, but also for the committed participation of its members in meetings, and the thorough application of human rights standards.

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

Indicator #	Indicator	Area Needing Improvement
L91	Incidents are reported and reviewed as mandated by regulation.	At two locations, incident reports were either not submitted or finalized within the required time frames. The agency needs to ensure that incident reports are submitted to DDS either within one or three days, and finalized within seven days.

Residential Commendations on Standards Met:

Indicator #	Indicator	Commendations
L63	Medication treatment plans are in written format with required components.	The agency is commended for the ways in which it supports individuals to receive the lowest therapeutic dose of behavior modifying medications utilizing thorough and effective medication treatment plans. All medication treatment plans reviewed contained clearly defined target behaviors, baseline/historical data which was graphed and closely analyzed, frequency tracking, and all other components listed in the regulations. The medication treatment plans were used in conjunction with support plans and regular communication with the prescriber resulting in medication adjustments that best suited the individual's needs. Three individuals surveyed were specifically noted for having medications lowered and or adjusted as evidenced by the treatment plan and data. While behavior modifying medications can be both useful and effective, this agency is commended for their efforts to minimize the negative impacts to the individuals in their care.

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

Indicator #	Indicator	Area Needing Improvement
L91	Incidents are reported and reviewed as mandated by regulation.	At one location, one incident report was not submitted within the required timeframe. The agency needs to ensure that incident reports are submitted to DDS either within one or three days, and finalized within seven days.

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

Indicator #	Indicator	Issue identified	Action planned to address
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At our day program site, water temperatures are also monitored and adjusted. However, given the large square footage, it is difficult to have all sinks near the same temperature. This was a borderline rating as well, with no major concerns identified. Because several of the fixtures tested warmer or colder than the ideal range, we determined this "not met" as well.	We are already monitoring temperatures at every site with a monthly checklist. Any issues are followed up with a water heater adjustment or visit by a plumber, depending on the issue. In addition, we will schedule another plumbing visit to our day program site (to make any adjustments needed due to installing new handwashing stations). We will also add a follow-up assessment by the Facilities Manager for each water temperature issue noted on the monthly checklist. (Timeline: ongoing. We have already taken many steps to improve the consistency of our water temperatures and will continue to make adjustments as needed.)

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 4/4 Provider 40/41	44/45	1/45	
Individual Home Supports	DDS 1/1 Provider 21/22	22/23	1/23	
Residential Services	DDS 3/3 Provider 19/19	22/22	0/22	
Total		50/51	1/51	98%
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 0/0 Provider 14/14	14/14	0/14	
Community Based Day Services	DDS 0/0 Provider 14/14	14/14	0/14	
Employment Support Services	DDS / Provider 0/0	/	/	
Total		20/20	0/20	100%
Certified				

Individual Home Supports- Areas Needing Improvement on Standards not met From Provider review:

Indicator #	Indicator	Issues identified	Action planned to address
C17	Community activities are based on the individual's preferences and interests.	Although individuals' interests are assessed and a variety of activities are happening, the activities are not always well-documented. In some cases, the quantity of individualized activities is too low. Additionally, less than 80% of the sample showed activities demonstrably linked to the individual's preferences.	<p>We will continue our training efforts on the importance of community inclusion and individualized activities. This occurs in new hire orientation and additional forums thereafter. (Timeline: ongoing; will provide a refresher on community activities and documentation once the restrictions of COVID-19 have eased.)</p> <p>Our residential and quality teams will consider implementing the tracking spreadsheet from CBDS in residences, and/or a new tool. (Timeline: decision by September 2020.)</p> <p>CareTracker will facilitate both documentation and monitoring of community activities. (Timeline: phase 2 rollout, approximately spring 2021.)</p>

MASTER SCORE SHEET LICENSURE

Organizational: WALNUT STREET CENTER

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	DDS	9/10	Met(90.0 %)
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	DDS	1/1	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	-	Met
L83	HR training	Provider	-	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider	-	-			-	-	-	Met
L5	Safety Plan	L	Provider	-	-			-	-	-	Met
Ⓡ L6	Evacuation	L	DDS	5/5	3/3					8/8	Met
L7	Fire Drills	L	Provider	-	-			-	-	-	Met
L8	Emergency Fact Sheets	I	Provider	-	-			-	-	-	Met
L9	Safe use of equipment	L	Provider	-	-			-	-	-	Met
L10	Reduce risk interventions	I	Provider	-	-			-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
☑ L11	Required inspections	L	DDS	5/5	3/3					8/8	Met
☑ L12	Smoke detectors	L	DDS	5/5	3/3					8/8	Met
☑ L13	Clean location	L	DDS	5/5	3/3					8/8	Met
L14	Site in good repair	L	Provider	-	-			-	-	-	Met
L15	Hot water	L	DDS	5/5	3/3					8/8	Met
L16	Accessibility	L	Provider	-	-			-	-	-	Met
L17	Egress at grade	L	Provider	-	-			-	-	-	Met
L18	Above grade egress	L	Provider	-	-			-	-	-	Met
L19	Bedroom location	L	Provider	-	-			-	-	-	Met
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

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L25	Dangerous substances	L	Provider	-	-			-	-	-	Met
L26	Walkway safety	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	-	-			-	-	-	Met
L36	Recommended tests	I	Provider	-	-			-	-	-	Met
L37	Prompt treatment	I	Provider	-	-			-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS	3/4	3/3					6/7	Met (85.71 %)
L39	Dietary requirements	I	Provider	-	-			-	-	-	Met
L40	Nutritional food	L	Provider	-	-			-	-	-	Met
L41	Healthy diet	L	Provider	-	-			-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
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	5/5	2/3					7/8	Met (87.50 %)
L47	Self medication	I	Provider	-	-			-	-	-	Met
L49	Informed of human rights	I	Provider	-	-			-	-	-	Met
L50	Respectful Comm.	L	Provider	-	-			-	-	-	Met
L51	Possessions	I	Provider	-	-			-	-	-	Met
L52	Phone calls	I	Provider	-	-			-	-	-	Met
L53	Visitation	I	Provider	-	-			-	-	-	Met
L54	Privacy	L	Provider	-	-			-	-	-	Met
L55	Informed consent	I	Provider	-	-			-	-	-	Met
L56	Restrictive practices	I	Provider	-	-			-	-	-	Met
L57	Written behavior plans	I	Provider	-	-			-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
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	DDS	5/5	2/2					7/7	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
L70	Charges for care calc.	I	Provider	-	-			-	-	-	Met
L71	Charges for care appeal	I	Provider	-	-			-	-	-	Met
L77	Unique needs training	I	Provider	-	-			-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L78	Restrictive Int. Training	L	Provider	-	-			-	-	-	Met
L79	Restraint training	L	Provider	-	-			-	-	-	Met
L80	Symptoms of illness	L	Provider	-	-			-	-	-	Met
L81	Medical emergency	L	Provider	-	-			-	-	-	Met
L82	Medication admin.	L	DDS	5/5	3/3					8/8	Met
L84	Health protect. Training	I	Provider	-	-			-	-	-	Met
L85	Supervision	L	Provider	-	-			-	-	-	Met
L86	Required assessments	I	Provider	-	-			-	-	-	Met
L87	Support strategies	I	DDS	4/4	3/3					7/7	Met
L88	Strategies implemented	I	DDS	4/5	3/3					7/8	Met (87.50 %)
L90	Personal space/ bedroom privacy	I	Provider	-	-			-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L91	Incident management	L	DDS	4/5	2/3					6/8	Not Met (75.00 %)
#Std. Met/# 77 Indicator										76/77	
Total Score										86/87	
										98.85%	

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			1/1	1/1	Met
L7	Fire Drills	L	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Met
L9	Safe use of equipment	L	Provider		-	-	-	Met
L10	Reduce risk interventions	I	Provider		-	-	-	Met
Ⓡ L11	Required inspections	L	DDS			1/1	1/1	Met
Ⓡ L12	Smoke detectors	L	DDS			1/1	1/1	Met
Ⓡ L13	Clean location	L	DDS			1/1	1/1	Met
L14	Site in good repair	L	Provider		-	-	-	Met
L15	Hot water	L	Provider		-	-	-	Not Met
L16	Accessibility	L	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L17	Egress at grade	L	Provider		-	-	-	Met
L20	Exit doors	L	Provider		-	-	-	Met
L21	Safe electrical equipment	L	Provider		-	-	-	Met
L22	Well-maintained appliances	L	Provider		-	-	-	Met
L25	Dangerous substances	L	Provider		-	-	-	Met
L26	Walkway safety	L	Provider		-	-	-	Met
L28	Flammables	L	Provider		-	-	-	Met
L29	Rubbish/com bustibles	L	Provider		-	-	-	Met
L31	Communicati on method	I	Provider		-	-	-	Met
L32	Verbal & written	I	Provider		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS			1/1	1/1	Met
L39	Dietary requirements	I	Provider		-	-	-	Met
Ⓡ L46	Med. Administratio n	I	DDS			1/1	1/1	Met
L49	Informed of human rights	I	Provider		-	-	-	Met
L50	Respectful Comm.	L	Provider		-	-	-	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met
L54	Privacy	L	Provider		-	-	-	Met
L55	Informed consent	I	DDS			1/1	1/1	Met
L56	Restrictive practices	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
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
L77	Unique needs training	I	Provider		-	-	-	Met
L78	Restrictive Int. Training	L	Provider		-	-	-	Met
L79	Restraint training	L	Provider		-	-	-	Met
L80	Symptoms of illness	L	Provider		-	-	-	Met
L81	Medical emergency	L	Provider		-	-	-	Met
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	DDS			3/3	3/3	Met
L91	Incident management	L	DDS			0/1	0/1	Not Met (0 %)
#Std. Met/# 51 Indicator							49/51	
Total Score							59/61	
							96.72%	

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

Community Based Day Services

	Indicator #	Indicator	Reviewed By	Met/Rated	Rating
	C7	Feedback on staff / care provider performance	Provider	-	Met
	C8	Family/guardian communication	Provider	-	Met
	C13	Skills to maximize independence	Provider	-	Met
	C37	Interpersonal skills for work	Provider	-	Met
	C40	Community involvement interest	Provider	-	Met
	C41	Activities participation	Provider	-	Met
	C42	Connection to others	Provider	-	Met
	C43	Maintain & enhance relationship	Provider	-	Met
	C44	Job exploration	Provider	-	Met
	C45	Revisit decisions	Provider	-	Met
	C46	Use of generic resources	Provider	-	Met
	C47	Transportation to/ from community	Provider	-	Met
	C51	Ongoing satisfaction with services/ supports	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	-	Met
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	DDS	3/3	Met
C17	Community activities	Provider	-	Not Met (0 %)
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C20	Emergency back-up plans	Provider	-	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	-	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	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	DDS	5/5	Met
C17	Community activities	DDS	5/5	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C20	Emergency back-up plans	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	DDS	5/5	Met