



**PROVIDER REPORT
FOR**

**WALNUT STREET CENTER
291 Mystic Avenue
Medford, MA 02155**

July 04, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

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| Provider | WALNUT STREET CENTER |
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|---------------------|----------------------|
| Review Dates | 5/31/2023 - 6/6/2023 |
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|---|-----------|
| Service Enhancement Meeting Date | 6/20/2023 |
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| Survey Team | Meagan Caccioppoli Jennifer Conley-Sevier Raquel Rodriguez (TL) |
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| Citizen Volunteers | |
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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 | 7 location(s) 8 audit (s) | Full Review | 80/89 2 Year License 06/20/2023 - 06/20/2025 | | 43 / 47 Certified 06/20/2023 - 06/20/2025 |
| Residential Services | 5 location(s) 5 audit (s) | | | Full Review | 18 / 20 |
| Individual Home Supports | 2 location(s) 3 audit (s) | | | Full Review | 20 / 21 |
| Planning and Quality Management (For all service groupings) | | | | Full Review | 5 / 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) 7 audit (s) | Full Review | 54/58 2 Year License 06/20/2023 - 06/20/2025 | | 19 / 21 Certified 06/20/2023 - 06/20/2025 |
| Community Based Day Services | 1 location(s) 7 audit (s) | | | Full Review | 14 / 15 |
| Planning and Quality Management (For all service groupings) | | | | Full Review | 5 / 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, and community based day supports in the Greater Boston areas of Medford, Somerville, Cambridge and Arlington.

The scope of this survey conducted by the Office of Quality Enhancement (OQE) was a full licensing and certification review of its residential services grouping and its employment supports service group.

On an organization level, the agency demonstrated a commitment to human rights 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. In the homes and within day services, individuals receive their annual human rights training and components are reviewed at regular intervals throughout the year. Human rights training is also individualized to a person's learning style and understanding. All staff were noted to be engaging in respectful communication both verbally and in log notes and individuals were observed to have choices in such things as their personal and household schedules, as well as what and where and with whom they would like to eat.

Several areas of strength were identified within the Residential / Individual Home Supports service group. 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. Homes were in good repair with all necessary inspections and safety apparatus. Individuals were supported to have healthy diets, engage in physical activity, and get together with friends and family. ISP timelines and incident management timelines were also met. Staff were knowledgeable of and trained on individual's unique needs, PBS plans, health related supports and protections.

A few areas requiring attention within the agency's residential services models were identified during the survey. In the domain of healthcare, individuals need to be supported to receive their annual examinations, routine preventive screenings, and to make/keep appointments with specialists. The health care records should be updated as required. The agency would also benefit from reviewing funds management plans and restriction plans to ensure they contain all the necessary components. Within certification, the agency needs to ensure that it solicits feedback from individuals on staff/care providers, and support individuals in the area of intimacy/companionship.

The Employment supports review noted several areas of strength in the domain of Healthcare. Specifically, staff knowledge and implementation of health related supports and protections and medical protocols, obtaining prompt treatment for medical concerns, and following all special dietary requirements. Staff knew each individual well and ensured that any specialized diets or medical protocols were fully implemented when required. ISP timelines had been met and support strategies were being implemented. The site was well maintained and had all the necessary inspections.

A few areas requiring attention were identified during the review. The agency needs to re-evaluate its current safety plan and ensure that it allows for enough reasonable time to evacuate during fire drills. Day Supports would benefit from further attention to obtaining feedback from individuals on staff/care providers.

Within the Residential Services/Individual Home Supports Services Walnut Street Center received a rating of met in 90% of licensing indicators; all critical indicators were met. 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 93% of all licensing indicators. 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. The Residential Service grouping received a rating of met in 91% of certification indicators. Employment/Day supports received a rating of 90% met in certification indicators. Both are certified.

LICENSURE FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|--|-------------|-----------------|-------|
| Organizational | 9/10 | 1/10 | |
| Residential and Individual Home Supports | 71/79 | 8/79 | |
| Residential Services Individual Home Supports | | | |
| Critical Indicators | 8/8 | 0/8 | |
| Total | 80/89 | 9/89 | 90% |
| 2 Year License | | | |
| # indicators for 60 Day Follow-up | | 9 | |

| | Met / Rated | Not Met / Rated | % Met |
|--|-------------|-----------------|-------|
| Organizational | 9/10 | 1/10 | |
| Employment and Day Supports | 45/48 | 3/48 | |
| Community Based Day Services | | | |
| Critical Indicators | 6/6 | 0/6 | |
| Total | 54/58 | 4/58 | 93% |
| 2 Year License | | | |
| # indicators for 60 Day Follow-up | | 4 | |

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

| Indicator # | Indicator | Area Needing Improvement |
|-------------|--|--|
| L65 | Restraint reports are submitted within required timelines. | Four restraint reports were not submitted within timelines. The agency needs to ensure restraints are created within three days and finalized within 5 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 its extensive and thorough medication treatment plans. All medication treatment plans reviewed contained the necessary components. Behaviors were clearly defined and data was being tracked and utilized to advocate for medication changes. Data was collated into quarterly reviews showing the individual's previous baseline and current status. These were shared with the treating physician and several examples of medication changes were noted based off the data and clinical indications written in the plans. |

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

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|---|---|
| L8 | Emergency fact sheets are current and accurate and available on site. | For three individuals, emergency fact sheets were missing necessary components. The agency needs to ensure that all emergency fact sheets are current and accurate. |
| L33 | Individuals receive an annual physical exam. | Two individuals did not have an annual physical exam. The agency needs to ensure that all individuals receive annual physicals. |
| L35 | Individuals receive routine preventive screenings. | Five individuals had not received routine and preventative screening as indicated by the Massachusetts Department of Developmental Services Annual Health Screening Checklist. The agency needs to ensure individuals are supported to receive routine and preventative screenings. |
| L36 | Recommended tests and appointments with specialists are made and kept. | Three individuals had not completed recommended tests and/or had not attended appointments with their specialists. The agency needs to ensure individuals appointments with specialist are made and kept and recommended tests are completed. |
| L43 | The health care record is maintained and updated as required. | Two individuals did not have updated health care records. The agency needs to ensure that all health care records are updated regularly to reflect current diagnoses, medications, etc. |
| L56 | Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others. | At one location the restrictive practices in place did not have mitigations plan. The agency needs to ensure that restrictive practices in place for one individual do not unduly affect others in the home. |

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

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|--|---|
| L67 | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | Two funds management plans contained information contradictory to practices at the program and/or did not include information of how all rep payee funds were being managed. The agency needs to ensure funds management plans are accurate and contain all the necessary components as indicated by regulations. |
| L94 (05/22) | Individuals have assistive technology to maximize independence. | Two individuals did not have the required assistive technology to maximize their independence. The agency needs to ensure that, once assessed, individuals have the necessary assistive technology in their identified areas of need. |

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

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|---|--|
| L7 | Fire drills are conducted as required. | For this location, fire drills were not conducted within the allotted evacuation time as outlined in the Emergency Evacuation Safety Plan and were missing required data associated with drills. The agency needs to ensure that fire drills are conducted within the maximum evacuation timeframe as stated in the Safety Plan and record all relevant data, including the level of assistance provided to each individual, and any adaptive equipment used by each individual. |
| L15 | Hot water temperature tests between 110 and 120 degrees (as of 1/2014). | At this location, hot water temperatures were outside the acceptable range. The agency must ensure water temperatures measure 110 degrees. |
| L91 | Incidents are reported and reviewed as mandated by regulation. | At this location, incident reports were not submitted and finalized as mandated by DDS regulation. The agency needs to ensure that incident reports are submitted and finalize in HCSIS according to requisite timelines. |

CERTIFICATION FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|--|--------------------|------------------------|--------------|
| Certification - Planning and Quality Management | 5/6 | 1/6 | |
| Residential and Individual Home Supports | 38/41 | 3/41 | |
| Residential Services | 18/20 | 2/20 | |
| Individual Home Supports | 20/21 | 1/21 | |
| Total | 43/47 | 4/47 | 91% |
| Certified | | | |

| | Met / Rated | Not Met / Rated | % Met |
|--|--------------------|------------------------|--------------|
| Certification - Planning and Quality Management | 5/6 | 1/6 | |
| Employment and Day Supports | 14/15 | 1/15 | |
| Community Based Day Services | 14/15 | 1/15 | |
| Total | 19/21 | 2/21 | 90% |
| Certified | | | |

Planning and Quality Management Areas Needing Improvement on Standards not met:

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|---|---|
| C6 | The provider has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans. | The agency does not have a long-range strategic plan to track progress towards achieving service improvement goals. The agency needs to ensure that there is a mechanism in place to set long term goals/objectives and track progress in service delivery. |

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

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|--|---|
| C7 | Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them. | The individuals did not have the opportunity to provide feedback on an ongoing basis on the performance of staff that support them. The agency needs to ensure the opportunity to provide feedback at the time of hire and on an ongoing basis is afforded to every individual. |
| 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. | The individuals did not have the opportunity to provide feedback on an ongoing basis on the performance of staff that support them. The agency needs to ensure the opportunity to provide feedback at the time of hire and on an ongoing basis is afforded to every individual. |
| C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | Two individuals were not supported to explore their need for intimacy and companionship. The agency needs to ensure that individuals are assessed either formally or informally, and that a support curriculum is utilized that staff have been trained on. |

Community Based Day Services- Areas Needing Improvement on Standards not met:

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|--|---|
| C7 | Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them. | The individuals did not have the opportunity to provide feedback on an ongoing basis on the performance of staff that support them. The agency needs to ensure the opportunity to provide feedback at the time of hire and on an ongoing basis is afforded to every individual. |

MASTER SCORE SHEET LICENSURE

Organizational: WALNUT STREET CENTER

| Indicator # | Indicator | Met/Rated | Rating(Met,Not Met,NotRated) |
|-------------|-------------------------|-----------|------------------------------|
| L2 | Abuse/neglect reporting | 10/12 | Met(83.33 %) |
| L3 | Immediate Action | 14/14 | Met |
| L4 | Action taken | 13/13 | Met |
| L48 | HRC | 1/1 | Met |
| L65 | Restraint report submit | 10/14 | Not Met(71.43 %) |
| L66 | HRC restraint review | 12/12 | Met |
| L74 | Screen employees | 4/4 | Met |
| L75 | Qualified staff | 2/2 | Met |
| L76 | Track trainings | 1/1 | Met |
| L83 | HR training | 14/14 | Met |

Residential and Individual Home Supports:

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|------------|---------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|-------------------|
| L1 | Abuse/neglect training | I | 5/5 | 3/3 | | | | | 8/8 | Met |
| L5 | Safety Plan | L | 4/5 | 2/2 | | | | | 6/7 | Met (85.71 %) |
| R L6 | Evacuation | L | 4/5 | 2/2 | | | | | 6/7 | Met (85.71 %) |
| L7 | Fire Drills | L | 4/5 | | | | | | 4/5 | Met (80.0 %) |
| L8 | Emergency Fact Sheets | I | 2/5 | 3/3 | | | | | 5/8 | Not Met (62.50 %) |
| L9 (07/21) | Safe use of equipment | I | 5/5 | 3/3 | | | | | 8/8 | Met |
| L10 | Reduce risk interventions | I | 3/3 | | | | | | 3/3 | Met |
| R L11 | Required inspections | L | 5/5 | 2/2 | | | | | 7/7 | Met |
| R L12 | Smoke detectors | L | 5/5 | 2/2 | | | | | 7/7 | Met |
| R L13 | Clean location | L | 5/5 | 2/2 | | | | | 7/7 | Met |
| L14 | Site in good repair | L | 4/5 | 2/2 | | | | | 6/7 | Met (85.71 %) |
| L15 | Hot water | L | 4/5 | 2/2 | | | | | 6/7 | Met (85.71 %) |
| L16 | Accessibility | L | 5/5 | | | | | | 5/5 | Met |

| Ind. # | Ind. | Loc. or Indiv . | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI- MFP Res. Sup. | ABI- MFP Place. | Total Met/Rat ed | Rating |
|---------------|-----------------------------------|------------------------------------|----------------------|-------------------------------|---------------|--------------|---------------------------------------|--------------------------------|---------------------------------|---------------|
| L17 | Egress at grade | L | 5/5 | 1/1 | | | | | 6/6 | Met |
| L18 | Above grade egress | L | 2/2 | | | | | | 2/2 | Met |
| L19 | Bedroom location | L | 4/4 | | | | | | 4/4 | Met |
| L20 | Exit doors | L | 5/5 | 1/1 | | | | | 6/6 | Met |
| L21 | Safe electrical equipment | L | 5/5 | 2/2 | | | | | 7/7 | Met |
| L22 | Well- maintained appliances | L | 5/5 | 2/2 | | | | | 7/7 | Met |
| L23 | Egress door locks | L | 3/3 | | | | | | 3/3 | Met |
| L24 | Locked door access | L | 5/5 | 1/1 | | | | | 6/6 | Met |
| L25 | Dangerous substances | L | 5/5 | 2/2 | | | | | 7/7 | Met |
| L26 | Walkway safety | L | 5/5 | 2/2 | | | | | 7/7 | Met |
| L28 | Flammables | L | 5/5 | 2/2 | | | | | 7/7 | Met |
| L29 | Rubbish /combustibles | L | 5/5 | 2/2 | | | | | 7/7 | Met |
| L30 | Protective railings | L | 4/4 | 2/2 | | | | | 6/6 | Met |
| L31 | Communication method | I | 5/5 | 3/3 | | | | | 8/8 | Met |

| Ind. # | Ind. | Loc. or Indiv . | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI- MFP Res. Sup. | ABI- MFP Place. | Total Met/Rat ed | Rating |
|--------|----------------------------------|--------------------------|--------------|----------------------|--------|-------|-----------------------------|-----------------------|------------------------|-------------------------|
| L32 | Verbal & written | I | 5/5 | 3/3 | | | | | 8/8 | Met |
| L33 | Physical exam | I | 3/5 | 3/3 | | | | | 6/8 | Not Met (75.00 %) |
| L34 | Dental exam | I | 4/5 | 2/2 | | | | | 6/7 | Met (85.71 %) |
| L35 | Preventi ve screenin gs | I | 0/5 | 2/2 | | | | | 2/7 | Not Met (28.57 %) |
| L36 | Recom mended tests | I | 2/5 | 3/3 | | | | | 5/8 | Not Met (62.50 %) |
| L37 | Prompt treatme nt | I | 5/5 | 3/3 | | | | | 8/8 | Met |
| ℞ L38 | Physicia n's orders | I | 4/5 | | | | | | 4/5 | Met (80.0 %) |
| L39 | Dietary require ments | I | 4/5 | 2/2 | | | | | 6/7 | Met (85.71 %) |
| L40 | Nutrition al food | L | 5/5 | 2/2 | | | | | 7/7 | Met |
| L41 | Healthy diet | L | 5/5 | 2/2 | | | | | 7/7 | Met |
| L42 | Physical activity | L | 5/5 | 2/2 | | | | | 7/7 | Met |
| L43 | Health Care Record | I | 3/5 | 2/2 | | | | | 5/7 | Not Met (71.43 %) |
| L44 | MAP registrat ion | L | 5/5 | 1/1 | | | | | 6/6 | Met |
| L45 | Medicati on storage | L | 5/5 | 1/1 | | | | | 6/6 | Met |
| ℞ L46 | Med. Adminis tration | I | 5/5 | 2/2 | | | | | 7/7 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|-------------|--------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|-------------------|
| L47 | Self medication | I | | 1/1 | | | | | 1/1 | Met |
| L49 | Informed of human rights | I | 5/5 | 3/3 | | | | | 8/8 | Met |
| L50 (07/21) | Respectful Comm. | I | 5/5 | 3/3 | | | | | 8/8 | Met |
| L51 | Possessions | I | 5/5 | 3/3 | | | | | 8/8 | Met |
| L52 | Phone calls | I | 5/5 | 3/3 | | | | | 8/8 | Met |
| L53 | Visitation | I | 5/5 | 3/3 | | | | | 8/8 | Met |
| L54 (07/21) | Privacy | I | 5/5 | 3/3 | | | | | 8/8 | Met |
| L55 | Informed consent | I | | 2/2 | | | | | 2/2 | Met |
| L56 | Restrictive practices | I | 2/3 | | | | | | 2/3 | Not Met (66.67 %) |
| L57 | Written behavior plans | I | 5/5 | 1/1 | | | | | 6/6 | Met |
| L60 | Data maintenance | I | 4/4 | | | | | | 4/4 | Met |
| L61 | Health protection in ISP | I | 3/4 | 1/1 | | | | | 4/5 | Met (80.0 %) |
| L62 | Health protection review | I | 4/4 | | | | | | 4/4 | Met |
| L63 | Med. treatment plan form | I | 4/5 | 2/2 | | | | | 6/7 | Met (85.71 %) |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|---------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|-------------------|
| L64 | Med. treatment plan rev. | I | 4/5 | 2/2 | | | | | 6/7 | Met (85.71 %) |
| L67 | Money mgmt. plan | I | 3/5 | 2/2 | | | | | 5/7 | Not Met (71.43 %) |
| L68 | Funds expenditure | I | 5/5 | 2/2 | | | | | 7/7 | Met |
| L69 | Expenditure tracking | I | 4/5 | 2/2 | | | | | 6/7 | Met (85.71 %) |
| L70 | Charges for care calc. | I | 5/5 | 3/3 | | | | | 8/8 | Met |
| L71 | Charges for care appeal | I | 5/5 | 3/3 | | | | | 8/8 | Met |
| L77 | Unique needs training | I | 5/5 | 3/3 | | | | | 8/8 | Met |
| L78 | Restrictive Int. Training | L | 3/3 | | | | | | 3/3 | Met |
| L79 | Restraint training | L | 1/1 | | | | | | 1/1 | Met |
| L80 | Symptoms of illness | L | 5/5 | 2/2 | | | | | 7/7 | Met |
| L81 | Medical emergency | L | 5/5 | 2/2 | | | | | 7/7 | Met |
| L82 | Medication admin. | L | 5/5 | 1/1 | | | | | 6/6 | Met |
| L84 | Health protect. Training | I | 3/4 | 1/1 | | | | | 4/5 | Met (80.0 %) |
| L85 | Supervision | L | 5/5 | 2/2 | | | | | 7/7 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|---------------------------------|--|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|------------------|
| L86 | Required assessments | I | 5/5 | 3/3 | | | | | 8/8 | Met |
| L87 | Support strategies | I | 5/5 | 3/3 | | | | | 8/8 | Met |
| L88 | Strategies implemented | I | 5/5 | 3/3 | | | | | 8/8 | Met |
| L90 | Personal space/bedroom privacy | I | 5/5 | 3/3 | | | | | 8/8 | Met |
| L91 | Incident management | L | 4/5 | 2/2 | | | | | 6/7 | Met (85.71%) |
| L93 (05/22) | Emergency back-up plans | I | 5/5 | 3/3 | | | | | 8/8 | Met |
| L94 (05/22) | Assistive technology | I | 3/5 | 3/3 | | | | | 6/8 | Not Met (75.00%) |
| L96 (05/22) | Staff training in devices and applications | I | 1/1 | 2/2 | | | | | 3/3 | Met |
| L99 (05/22) | Medical monitoring devices | I | 3/3 | | | | | | 3/3 | Met |
| #Std. Met/# 79 Indicator | | | | | | | | | 71/79 | |
| Total Score | | | | | | | | | 80/89 | |
| | | | | | | | | | 89.89% | |

Employment and Day Supports:

| Ind. # | Ind. | Loc. or Indiv. | Emp. Sup. | Cent. Based Work | Com. Based Day | Total Met / Rated | Rating |
|------------|----------------------------|----------------|-----------|------------------|----------------|-------------------|---------------|
| L1 | Abuse/neglect training | I | | | 7/7 | 7/7 | Met |
| L5 | Safety Plan | L | | | 1/1 | 1/1 | Met |
| ℞ L6 | Evacuation | L | | | 1/1 | 1/1 | Met |
| L7 | Fire Drills | L | | | 0/1 | 0/1 | Not Met (0 %) |
| L8 | Emergency Fact Sheets | I | | | 7/7 | 7/7 | Met |
| L9 (07/21) | Safe use of equipment | I | | | 7/7 | 7/7 | Met |
| L10 | Reduce risk interventions | I | | | 1/1 | 1/1 | Met |
| ℞ L11 | Required inspections | L | | | 1/1 | 1/1 | Met |
| ℞ L12 | Smoke detectors | L | | | 1/1 | 1/1 | Met |
| ℞ L13 | Clean location | L | | | 1/1 | 1/1 | Met |
| L14 | Site in good repair | L | | | 1/1 | 1/1 | Met |
| L15 | Hot water | L | | | 0/1 | 0/1 | Not Met (0 %) |
| L16 | Accessibility | L | | | 1/1 | 1/1 | Met |
| L17 | Egress at grade | L | | | 1/1 | 1/1 | Met |
| L20 | Exit doors | L | | | 1/1 | 1/1 | Met |
| L21 | Safe electrical equipment | L | | | 1/1 | 1/1 | Met |
| L22 | Well-maintained appliances | L | | | 1/1 | 1/1 | Met |
| L25 | Dangerous substances | L | | | 1/1 | 1/1 | Met |
| L26 | Walkway safety | L | | | 1/1 | 1/1 | Met |
| L28 | Flammables | L | | | 1/1 | 1/1 | Met |
| L29 | Rubbish/combustibles | L | | | 1/1 | 1/1 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Emp. Sup. | Cent. Based Work | Com. Based Day | Total Met / Rated | Rating |
|----------------|--------------------------|---------------------------|------------------|---------------------------------|-------------------------------|----------------------------------|---------------|
| L30 | Protective railings | L | | | 1/1 | 1/1 | Met |
| L31 | Communication method | I | | | 7/7 | 7/7 | Met |
| L32 | Verbal & written | I | | | 7/7 | 7/7 | Met |
| L37 | Prompt treatment | I | | | 3/3 | 3/3 | Met |
| ℙ L38 | Physician's orders | I | | | 4/4 | 4/4 | Met |
| L39 | Dietary requirements | I | | | 3/3 | 3/3 | Met |
| L49 | Informed of human rights | I | | | 7/7 | 7/7 | Met |
| L50 (07/21) | Respectful Comm. | I | | | 7/7 | 7/7 | Met |
| L51 | Possessions | I | | | 7/7 | 7/7 | Met |
| L52 | Phone calls | I | | | 7/7 | 7/7 | Met |
| L54 (07/21) | Privacy | I | | | 7/7 | 7/7 | Met |
| L55 | Informed consent | I | | | 3/3 | 3/3 | Met |
| L61 | Health protection in ISP | I | | | 5/5 | 5/5 | Met |
| L62 | Health protection review | I | | | 2/2 | 2/2 | Met |
| L77 | Unique needs training | I | | | 7/7 | 7/7 | Met |
| L79 | Restraint training | L | | | 1/1 | 1/1 | Met |
| L80 | Symptoms of illness | L | | | 1/1 | 1/1 | Met |
| L81 | Medical emergency | L | | | 1/1 | 1/1 | Met |
| L84 | Health protect. Training | I | | | 5/5 | 5/5 | Met |
| L85 | Supervision | L | | | 1/1 | 1/1 | Met |
| L86 | Required assessments | I | | | 5/5 | 5/5 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Emp. Sup. | Cent. Based Work | Com. Based Day | Total Met / Rated | Rating |
|---------------------------------|--|----------------|-----------|------------------|----------------|-------------------|---------------|
| L87 | Support strategies | I | | | 5/5 | 5/5 | Met |
| L88 | Strategies implemented | I | | | 6/6 | 6/6 | Met |
| L91 | Incident management | L | | | 0/1 | 0/1 | Not Met (0 %) |
| L93 (05/22) | Emergency back-up plans | I | | | 7/7 | 7/7 | Met |
| L94 (05/22) | Assistive technology | I | | | 7/7 | 7/7 | Met |
| L96 (05/22) | Staff training in devices and applications | I | | | 3/3 | 3/3 | Met |
| #Std. Met/# 48 Indicator | | | | | | 45/48 | |
| Total Score | | | | | | 54/58 | |
| | | | | | | 93.10% | |

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|----------------------------------|-----------|---------------|
| C1 | Provider data collection | 1/1 | Met |
| C2 | Data analysis | 1/1 | Met |
| C3 | Service satisfaction | 1/1 | Met |
| C4 | Utilizes input from stakeholders | 1/1 | Met |
| C5 | Measure progress | 1/1 | Met |
| C6 | Future directions planning | 0/1 | Not Met (0 %) |

Residential Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|---------------|
| C7 | Feedback on staff / care provider performance | 0/5 | Not Met (0 %) |
| C8 | Family/guardian communication | 5/5 | Met |
| C9 | Personal relationships | 5/5 | Met |

Residential Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|------------------|
| C10 | Social skill development | 5/5 | Met |
| C11 | Get together w/family & friends | 5/5 | Met |
| C12 | Intimacy | 3/5 | Not Met (60.0 %) |
| C13 | Skills to maximize independence | 5/5 | Met |
| C14 | Choices in routines & schedules | 5/5 | Met |
| C15 | Personalize living space | 5/5 | Met |
| C16 | Explore interests | 5/5 | Met |
| C17 | Community activities | 5/5 | Met |
| C18 | Purchase personal belongings | 5/5 | Met |
| C19 | Knowledgeable decisions | 5/5 | Met |
| C46 | Use of generic resources | 5/5 | Met |
| C47 | Transportation to/ from community | 5/5 | Met |
| C48 | Neighborhood connections | 5/5 | Met |
| C49 | Physical setting is consistent | 5/5 | Met |
| C51 | Ongoing satisfaction with services/ supports | 5/5 | Met |
| C52 | Leisure activities and free-time choices /control | 5/5 | Met |
| C53 | Food/ dining choices | 5/5 | Met |

Individual Home Supports

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|---------------|
| C7 | Feedback on staff / care provider performance | 0/3 | Not Met (0 %) |
| C8 | Family/guardian communication | 3/3 | Met |
| C9 | Personal relationships | 3/3 | Met |
| C10 | Social skill development | 3/3 | Met |
| C11 | Get together w/family & friends | 3/3 | Met |
| C12 | Intimacy | 3/3 | Met |
| C13 | Skills to maximize independence | 3/3 | Met |
| C14 | Choices in routines & schedules | 3/3 | Met |
| C15 | Personalize living space | 2/2 | Met |
| C16 | Explore interests | 3/3 | Met |

Individual Home Supports

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|--------|
| C17 | Community activities | 3/3 | Met |
| C18 | Purchase personal belongings | 3/3 | Met |
| C19 | Knowledgeable decisions | 3/3 | Met |
| C21 | Coordinate outreach | 3/3 | Met |
| C46 | Use of generic resources | 3/3 | Met |
| C47 | Transportation to/ from community | 3/3 | Met |
| C48 | Neighborhood connections | 3/3 | Met |
| C49 | Physical setting is consistent | 2/2 | Met |
| C51 | Ongoing satisfaction with services/ supports | 3/3 | Met |
| C52 | Leisure activities and free-time choices /control | 3/3 | Met |
| C53 | Food/ dining choices | 3/3 | Met |

Community Based Day Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|---------------|
| C7 | Feedback on staff / care provider performance | 0/7 | Not Met (0 %) |
| C8 | Family/guardian communication | 7/7 | Met |
| C13 | Skills to maximize independence | 7/7 | Met |
| C37 | Interpersonal skills for work | 7/7 | Met |
| C38 (07/21) | Habilitative & behavioral goals | 6/7 | Met (85.71 %) |
| C39 (07/21) | Support needs for employment | 6/7 | Met (85.71 %) |
| C40 | Community involvement interest | 7/7 | Met |
| C41 | Activities participation | 7/7 | Met |
| C42 | Connection to others | 6/7 | Met (85.71 %) |
| C43 | Maintain & enhance relationship | 7/7 | Met |
| C44 | Job exploration | 7/7 | Met |
| C45 | Revisit decisions | 7/7 | Met |
| C46 | Use of generic resources | 7/7 | Met |
| C47 | Transportation to/ from community | 7/7 | Met |
| C51 | Ongoing satisfaction with services/ supports | 7/7 | Met |