



**PROVIDER REPORT  
FOR**

**Work Community  
Independence Inc  
610 Lincoln Street  
Suite 120, North Building  
Waltham, MA 02451**

**May 12, 2023**

**Version**

**Public Provider Report**

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

# SUMMARY OF OVERALL FINDINGS

**Provider** Work Community Independence Inc

**Review Dates** 2/6/2023 - 2/13/2023

**Service Enhancement Meeting Date** 3/1/2023

**Survey Team** Raymond Edi-Osagie  
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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
<b>Residential and Individual Home Supports</b>	14 location (s) 16 audit (s)	Full Review	70/93 Defer Licensure		73 / 87 Certified
Residential Services	8 location(s) 8 audit (s)			Full Review	15 / 20
ABI-MFP Residential Services	1 location(s) 3 audit (s)			Full Review	18 / 20
Placement Services	3 location(s) 3 audit (s)			Full Review	18 / 20
Individual Home Supports	2 location(s) 2 audit (s)			Full Review	16 / 21
Planning and Quality Management (For all service groupings)				Full 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
<b>Employment and Day Supports</b>	2 location(s) 13 audit (s)	Full Review	57/65 2 Year License 03/01/2023 - 03/01/2025		41 / 42 Certified 03/01/2023 - 03/01/2025
Community Based Day Services	1 location(s) 7 audit (s)			Full Review	14 / 15
Employment Support Services	1 location(s) 6 audit (s)			Full Review	21 / 21
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

## **EXECUTIVE SUMMARY :**

Work Community Independence Inc (WCI), founded in 1974, is a multi-service human services agency based in Waltham, MA. The agency provides services to individuals with Intellectual and Developmental Disabilities, Acquired Brain Injury (ABI), Autism, as well as specialization in the support of Deaf and Hard of Hearing people. WCI provides these services in 24-hour residential support homes, individual home supports (IHS), and placement services (shared Living). The agency also provides employment supports, community-based day supports (CBDS) and Day Habilitation services in the Belmont, Waltham, Watertown, Maynard, and Newton areas in Massachusetts.

For this 2023 survey, the Department of Developmental Services (DDS) Metro Office of Quality Enhancement conducted a full licensing and certification review of WCI's organizational systems, and supports offered in the agency's 24/7 residential, IHS, Placement, Acquired Brain injury, CBDS and Employment services.

Organizationally, the agency had policies for the reporting of allegations of abuse and neglect; when complaints were filed, recommended action plans were implemented. As it relates to staff competency, the screening of potential employees occurred as required, and credentialed staff licenses were found to be current.

WCI had some effective processes across residential settings; environmentally, the locations visited had current emergency evacuation safety plans and emergency back-up plans. Additionally, safety requirements such as functional smoke and carbon monoxide detectors were found to be in place. Within the homes, individuals' bedrooms were decorated to suit their preferences, and people had lockable doors for privacy. In the area of healthcare, the agency supported individuals to attend annual physical and dental appointments. In the certification areas, the agency supported individuals to maintain connections with families; many individuals visited with family members on weekends, and/or talked to family by telephone. Individuals also utilized community resources including frequenting local restaurants, beauty, and barbershops.

Across all services, WCI supported people to communicate in their unique communication styles; this was highly evident in deaf support services which is an area of specialization for the agency. The agency boast staff who were fluent in ASL/CDI, and there was readily available presence of interpreters and deaf communication tools at both residential and day sites.

Within CBDS and employment services, many effective processes were noted. All locations visited were clean, well maintained and received all required annual inspections. Smoke detection and fire suppression systems were in proper working order, and staff supported individuals to evacuate in accordance with the evacuation procedures in the Safety Plans. In the area of medical, medical treatment protocols were properly implemented, and medication administration was done in accordance with Physician orders. As it relates to the ISP, day staff ensured that required assessment and support strategies for the ISP were completed and submitted within the required the timelines. The agency also supported individuals to have privacy when discussing personal matters, and communication with and about individuals was observed to be respectful.

The survey revealed several licensure and certification areas that need concerted attention from the agency to meet requirements. In the area of human rights, the agency' human rights committee did not meet the mandate for requisite member attendance. Additionally, some individuals were not trained on human rights, and guardians were not provided information on how to report abuse and neglect. Staff training was an area of concern, staff did not receive all the DDS mandated trainings. Furthermore, Inconsistencies were observed with how staff development occurred, this was further supported by the myriad of issues that were uncovered at various sites.

In residential supports, the issues found cut across several domains. In the area of medical,

recommended follow-up medical appointments were not made and kept; prescribed medication was not administered in accordance with Physicians' orders; and medical treatment protocols were not consistently and fully implemented. For people who use supports and health related equipment, outlines were not inclusive of some devices and/or required components. Medication treatment plans are also in need of attention; plans were either absent for some medication, were not current, or did not contain all required components; some were not submitted to the ISP team. For individuals who utilize supports and health-related equipment, written outlines necessary for staff training was not complete or available.

Funds management was another area of concern, when the agency had shared or delegated money management responsibilities, agreement from individual or guardian was not always obtained. Charges for care agreements were also not obtained from the legal guardians of non-competent people prior to implementation. In the area of the ISP, ISP goal implementation and progress reporting was inconsistent and not in line with ISP team agreements. Regarding restrictive practices, individuals affected, and guardians were not always informed of the practices. As it relates to incident management, WCI did not meet the required timelines for submission and finalization of incidents in HCSIS. People it supports were also not fully assessed for assistive technology needs, as well as their preferences and support need for intimacy, and companionship.

In CBDS and Employment, a few areas in need of attention were noted. Staff were not fully trained on recognizing the signs and symptoms of illness, and on individuals' unique needs. Individual's needs for assistive technology that may increase their independence was not fully addressed; there is a need for assessments and greater support to use assistive technology. Regarding incident management, day services also did not meet timelines for submission and finalization of incidents in HCSIS.

Based on the finding of this review, WCI met 75% of licensing indicators in residential services; it did not meet the standard for two critical indicators. The agency is therefore in Deferred license status for the residential service grouping. The DDS Metro office of Quality Enhancement will conduct a follow-up review of licensing indicators that were not met within 60 days of the SEM meeting, if the agency meets the standard for the two critical indicators at follow-up, it will then earn a two-year license with mid-cycle review for that service grouping. The agency's residential service grouping is certified having met 84% of certification indicators.

WCI met 88% of licensing indicators in Day/Employments services and will receive a two-year license for its Day/employment Service Grouping. Based on the score, the DDS Metro office of Quality Enhancement will conduct a follow-up review of licensing indicators that were not met within 60 days of the SEM meeting. The agency's day/employment service grouping is certified having met 98% of certification indicators.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	8/10	2/10	
<b>Residential and Individual Home Supports</b>	62/83	21/83	
Residential Services Individual Home Supports Placement Services ABI-MFP Residential Services			
<b>Critical Indicators</b>	6/8	2/8	
<b>Total</b>	70/93	23/93	75%
<b>Defer Licensure</b>			
<b># indicators for 60 Day Follow-up</b>		23	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	8/10	2/10	
<b>Employment and Day Supports</b>	49/55	6/55	
Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	57/65	8/65	88%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		8	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The agency's human rights committee did not meet requirements for member attendance. The agency needs to ensure that its human rights committee meets all mandates.
L76	The agency has and utilizes a system to track required trainings.	Agency staff were not trained on some DDS mandated training topics. The agency needs to ensure that its staff are trained on all DDS mandated training topics.

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

Indicator #	Indicator	Area Needing Improvement
L1	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	Five of the sixteen individuals were not trained and their guardians were not provided with information on how to report alleged abuse or neglect. The agency needs to ensure that individuals receive annual training on abuse/neglect reporting using their unique communication methods; and that guardians receive information on the procedures for reporting alleged abuse/neglect.
L7	Fire drills are conducted as required.	At three of the nine locations, fire drills were not conducted as required. The agency needs to ensure that fire drills are conducted as required.
L8	Emergency fact sheets are current and accurate and available on site.	Four of sixteen individual's emergency fact sheets were missing required information. The agency needs to ensure that emergency fact sheets contain current and accurate information.
L36	Recommended tests and appointments with specialists are made and kept.	Four of sixteen individuals were not supported to attend medical appointments recommended by a healthcare practitioner or have recommended tests conducted. The agency needs to ensure that staff support individuals to attend all recommended medical appointments and undergo all recommended medical tests.
L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	Two of eight individuals medical treatment protocols were not implemented as recommended. The agency needs to ensure that medical treatment protocols are implemented as recommended.
L46	All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.	For four of fifteen individuals, prescription medications were not administered in accordance with physician's written orders. The agency needs to ensure that prescribed medications are administered in accordance with physician's written orders.
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	Five of the sixteen individuals (and/or guardians) were not informed of their human rights and how to file a grievance. The agency needs to ensure that all individuals and guardians are informed of their human right and know how to file a grievance, including who to talk to should they have a concern.

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

Indicator #	Indicator	Area Needing Improvement
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.	Two of five individuals (and/or guardians) who lived at locations where restrictive practices were in place were not informed of the restrictions. Furthermore staff were not knowledgeable on how to mitigate the restrictions for those for whom the restriction were not in place. The agency needs to ensure that restrictive practices intended for one individual that affect all individuals served at a location are outlined, and have provisions so as not to unduly restrict the rights of others.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	For three of four individuals, behavior plan data was not being consistently collected. The agency needs to ensure that data is consistently maintained to help in determining the efficacy of behavioral interventions.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For two of six individuals, supports and health-related equipment outlines were either not in place for all equipment being used, or did not include required components. The agency needs to ensure that supports and health related support outlines are developed to contain all equipments being used by individuals and contain all the required components.
L63	Medication treatment plans are in written format with required components.	For thirteen individuals, medication treatment plans were not updated to include correct medications and/or lacked consistent data collection. The agency needs to ensure that medication treatment plans when needed are up-to-date, and data is collected and shared with prescribing physicians.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For four of the fourteen individuals who receive support with managing their funds, money management plans contained inaccurate information, and/or were not agreed upon by guardians. The agency needs to ensure that for all individuals with whom the agency has shared or delegated money management responsibilities, money management plans are developed with current information, and are agreed upon by guardians.
L71	Individuals are notified of their appeal rights for their charges for care.	For three of the fourteen individuals, the appeal notices for charges for care did not include updated contact info for who to contact if they wanted to appeal the charges for care. The agency needs to ensure that individuals and guardian are properly informed of their appeal rights for charges for care.
L79	Staff are trained in safe and correct administration of restraint.	At one location where restraints are applied, staff did not receive restraint training. The agency needs to ensure that all staff are trained in safe and correct administration of restraints.



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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L85	The agency provides ongoing supervision, oversight and staff development.	At nine of fifteen locations, supervision, oversight and staff development was not occurring consistently and as observed in the issues uncovered. The agency needs to ensure that it provides consistent oversight, supervision, and staff development to ensure effective supports.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For five of thirteen individuals, required assessments for the ISP were not developed and submitted within the required timeframe. The agency needs to ensure that ISP assessments are developed and submitted to the DDS Area Office at least 15 days prior to scheduled ISP meeting.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For six of thirteen individuals, support strategies for the ISP were not developed and submitted within the required timeframes. The agency needs to ensure that support strategies for the ISP are submitted to the DDS Area Office at least 15 days prior to scheduled ISP meetings.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For ten out of fifteen individuals, agreed upon ISP goals were not being implemented and documented. The agency needs to support individuals to accomplish their agreed upon ISP goals.
L91	Incidents are reported and reviewed as mandated by regulation.	At nine of the fourteen locations, incidents were not reported and finalized in HCSIS within the required timelines. The agency needs to ensure that incidents are reported and finalized in HCSIS within the required timelines.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Nine of the sixteen individuals had not been assessed and supports were not evident for the use of assistive technologies that would promote independence. The agency needs to ensure that individuals are assessed for assistive technology and/or modifications that would maximize independence and any needed support provided.
L99 (05/22)	Medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately. (eg seizure watches; fall sensors).	At one site, a medical monitoring device did not have outlined guidelines for the use, tracking, cleaning and maintenance of the device. The agency needs to ensure that medical monitoring device outlines include all required components.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	For one of the three individuals with behavior plans, data was not being consistently collected. The agency needs to ensure that data is consistently collected for use in determining the efficacy of behavioral interventions.
L63	Medication treatment plans are in written format with required components.	For one person with a medication treatment plan, data was not consistently collected. The agency needs to ensure that medication treatment plan when needed are up-to-date and data is collected and shared with prescribing physicians.
L77	The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals.	Staff were not trained on the unique needs of four of thirteen individuals. The agency needs to ensure that staff are trained and knowledgeable of the unique needs of the people they support.
L80	Support staff are trained to recognize signs and symptoms of illness.	At one of two sites, staff were not trained on the signs in symptoms of illness. The agency needs to ensure that staff are trained on recognizing the signs and symptom of illness including just not right and health observation guidelines.
L91	Incidents are reported and reviewed as mandated by regulation.	At one of the two sites, incidents were not reported in HCSIS within the required timelines. The agency needs to ensure that incidents are reported in HCSIS within with the required timelines.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Eight of the eleven individuals were not assessed and support was not evident for the use of assistive technologies that would promote independence, and supports were not evident. The agency needs to ensure that individuals are assessed for assistive technology and /or modifications that would maximize independence, and any needed support provided.

## **CERTIFICATION FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>6/6</b>	<b>0/6</b>	
<b>Residential and Individual Home Supports</b>	<b>67/81</b>	<b>14/81</b>	
Placement Services	18/20	2/20	
ABI-MFP Residential Services	18/20	2/20	
Individual Home Supports	16/21	5/21	
Residential Services	15/20	5/20	
<b>Total</b>	<b>73/87</b>	<b>14/87</b>	<b>84%</b>
<b>Certified</b>			

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>6/6</b>	<b>0/6</b>	
<b>Employment and Day Supports</b>	<b>35/36</b>	<b>1/36</b>	
Community Based Day Services	14/15	1/15	
Employment Support Services	21/21	0/21	
<b>Total</b>	<b>41/42</b>	<b>1/42</b>	<b>98%</b>
<b>Certified</b>			

### **ABI-MFP Residential Services- Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C17	Community activities are based on the individual's preferences and interests.	For two individuals, community activities were not based on their preferences and interests. The agency needs to ensure that individuals interests are assessed, and community activities provided are based on the individuals preferences and interest.

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

Indicator #	Indicator	Area Needing Improvement
C51	Staff (Home Providers) are knowledgeable about individuals' satisfaction with services and supports and support individuals to make changes as desired.	For three individuals, there was no effective method for ascertaining their satisfaction with services and supports on an ongoing basis. The agency needs to develop an effective method for ascertaining individuals satisfaction with services and supports on an ongoing basis.
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.	One of two individuals or a representative was not given opportunities to provide feedback at the time of hire of potential staff, and on an ongoing basis on the performance of staff that support them. The agency needs to develop a process for incorporating feedback from individuals at the time of hire and on an ongoing basis on the performance of staff that provide support to them.
C9	Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	For one of two individuals, opportunities to develop or increase social contacts and personal relationships was not offered. The agency needs to develop and implement strategies for offering opportunities for individuals to develop personal relationships and social contacts.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For one of two individuals, the agency did not assess their needs in the areas of intimacy and companionship; nor did it provide necessary education and support in these areas. The agency needs to assess individuals for their preferences for intimacy and companionship, and using a curriculum provide needed training and support in this area.
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	One of two individuals did not receive support to explore their interest for cultural, social, recreational and spiritual activities. The agency needs to ensure that staff supports individuals to explore, discover and connect with their interests for cultural, social, recreational, and spiritual activities.

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

Indicator #	Indicator	Area Needing Improvement
C17	Community activities are based on the individual's preferences and interests.	For one person, community activities were not based on their expressed interest. The agency needs to ensure that individual's interests are assessed, and community activities offered are based on the individuals preferences and interest.
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.	Two of three individuals or a representative were not given opportunities to provide feedback at the time of hire/match of potential staff/homecare provider, and on an ongoing basis on the performance of staff/provider that support them. The agency needs to develop a process for incorporating feedback from individuals at the time of hire and on an ongoing basis on the performance of staff/provider that provide support to them.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For all three individuals, the agency did not assess their needs in the areas of intimacy and companionship, nor did it provide necessary education and support in these areas. WCI needs to assess individuals for their preferences in the area of intimacy and companionship, and using a curriculum provide needed training and support in this area.
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.	Two of eight individuals or a designated representative were not provided opportunities to provide feedback at the time of hire of potential staff, and on an ongoing basis on the performance of staff that support them. The agency needs to develop an effective process for incorporating feedback from individuals at the time of hire and on an ongoing basis on the performance of staff that provide support to them.

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

Indicator #	Indicator	Area Needing Improvement
C9	Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	For two of eight individuals, opportunities to develop or increase social contacts and personal relationships was not offered. The agency needs to develop and implement effective strategies for offering opportunities for individuals to develop personal relationships and social contacts.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For five of eight individuals, the agency did not assess their needs in the areas of intimacy and companionship; it also did not provide education and support in these areas. The agency needs to assess individuals for their preferences for intimacy and companionship, and using a curriculum provide training and support to individuals and staff in this area.
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	For three of eight individuals, support to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities was not occurring. The agency needs to ensure that support is offered to individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.
C17	Community activities are based on the individual's preferences and interests.	For three of eight individuals, community activities were not based on their preferences and interests. The agency needs to support individuals to engage in community activities that are based on their preferences and interests.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C40	Individuals are supported to explore, discover and connect with their personal interest and options for community involvement, personal interest and hobbies.	Four of seven individuals were not assessed and supported to engage in what was of interest to them as it relates to community involvement. The agency needs to ensure that individuals are supported to explore, discover and connect with their personal interest and options for community involvement, and hobbies.

## MASTER SCORE SHEET LICENSURE

### Organizational: Work Community Independence Inc

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	16/16	Met
L3	Immediate Action	9/10	Met(90.0 % )
L4	Action taken	10/10	Met
L48	HRC	0/1	Not Met(0 % )
L65	Restraint report submit	13/16	Met(81.25 % )
L66	HRC restraint review	15/16	Met(93.75 % )
L74	Screen employees	6/6	Met
L75	Qualified staff	3/3	Met
L76	Track trainings	15/20	Not Met(75.00 % )
L83	HR training	1/1	Met



**Residential and Individual Home Supports:**

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	6/8	2/2	3/3		0/3		11/16	Not Met (68.75 %)
L5	Safety Plan	L	7/8	2/2	3/3		1/1		13/14	Met (92.86 %)
℞ L6	Evacuation	L	8/8	2/2	3/3		0/1		13/14	Met (92.86 %)
L7	Fire Drills	L	6/8				0/1		6/9	Not Met (66.67 %)
L8	Emergency Fact Sheets	I	5/8	2/2	3/3		2/3		12/16	Not Met (75.00 %)
L9 (07/21)	Safe use of equipment	I	8/8	2/2			3/3		13/13	Met
L10	Reduce risk interventions	I	3/3				1/1		4/4	Met
℞ L11	Required inspections	L	7/7	2/2	2/3		1/1		12/13	Met (92.31 %)
℞ L12	Smoke detectors	L	6/8	2/2	3/3		1/1		12/14	Met (85.71 %)
℞ L13	Clean location	L	6/8	2/2	3/3		1/1		12/14	Met (85.71 %)
L14	Site in good repair	L	6/8	1/1	3/3		1/1		11/13	Met (84.62 %)
L15	Hot water	L	7/8	2/2	3/3		1/1		13/14	Met (92.86 %)
L16	Accessibility	L	7/7	1/1	2/2		1/1		11/11	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L17	Egress at grade	L	8/8	2/2	3/3		1/1		14/14	Met
L18	Above grade egress	L	8/8	1/1	3/3		1/1		13/13	Met
L19	Bedroom location	L	4/4		2/2		1/1		7/7	Met
L20	Exit doors	L	6/7	2/2			1/1		9/10	Met (90.0%)
L21	Safe electrical equipment	L	6/7	2/2	3/3		1/1		12/13	Met (92.31%)
L22	Well-maintained appliances	L	7/8	1/2	3/3		1/1		12/14	Met (85.71%)
L23	Egress door locks	L	7/7	2/2			1/1		10/10	Met
L24	Locked door access	L	7/7	1/1	3/3		1/1		12/12	Met
L25	Dangerous substances	L	8/8	2/2			1/1		11/11	Met
L26	Walkway safety	L	8/8	2/2	3/3		1/1		14/14	Met
L27	Pools, hot tubs, etc.	L		1/1					1/1	Met
L28	Flammables	L	8/8	1/1			1/1		10/10	Met
L29	Rubbish/combustibles	L	7/7	2/2	3/3		1/1		13/13	Met
L30	Protective railings	L	7/7	1/1	3/3		1/1		12/12	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L31	Communication method	I	8/8	2/2	3/3		3/3		16/16	Met
L32	Verbal & written	I	8/8	2/2	3/3		3/3		16/16	Met
L33	Physical exam	I	8/8	2/2	3/3		3/3		16/16	Met
L34	Dental exam	I	8/8	2/2	3/3		3/3		16/16	Met
L35	Preventive screenings	I	7/8	2/2	3/3		3/3		15/16	Met (93.75%)
L36	Recommended tests	I	6/8	2/2	3/3		1/3		12/16	Not Met (75.00%)
L37	Prompt treatment	I	8/8	2/2	3/3		2/2		15/15	Met
℞ L38	Physician's orders	I	6/6				0/2		6/8	Not Met (75.00%)
L39	Dietary requirements	I	4/5	1/1	2/2		1/1		8/9	Met (88.89%)
L40	Nutritional food	L	8/8	2/2			1/1		11/11	Met
L41	Healthy diet	L	8/8	2/2	3/3		1/1		14/14	Met
L42	Physical activity	L	8/8	2/2	3/3		1/1		14/14	Met
L43	Health Care Record	I	6/8	2/2	3/3		2/3		13/16	Met (81.25%)
L44	MAP registration	L	8/8	2/2			1/1		11/11	Met
L45	Medication storage	L	8/8	2/2			1/1		11/11	Met
℞ L46	Med. Administration	I	4/8	2/2	2/2		3/3		11/15	Not Met (73.33%)

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	6/8	2/2	3/3		0/3		11/16	Not Met (68.75%)
L50 (07/21)	Respectful Comm.	I	8/8	2/2	3/3		3/3		16/16	Met
L51	Possessions	I	8/8	2/2	3/3		3/3		16/16	Met
L52	Phone calls	I	7/7	2/2	3/3		3/3		15/15	Met
L53	Visitation	I	8/8	2/2	3/3		3/3		16/16	Met
L54 (07/21)	Privacy	I	8/8	2/2	3/3		3/3		16/16	Met
L55	Informed consent	I	3/3		1/1				4/4	Met
L56	Restrictive practices	I	3/5						3/5	Not Met (60.0%)
L57	Written behavior plans	I	4/4						4/4	Met
L58	Behavior plan component	I	4/4						4/4	Met
L59	Behavior plan review	I	2/2						2/2	Met
L60	Data maintenance	I	1/4						1/4	Not Met (25.00%)
L61	Health protection in ISP	I	2/3	0/1			2/2		4/6	Not Met (66.67%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L62	Health protection review	I	2/2	1/1			2/2		5/5	Met
L63	Med. treatment plan form	I	1/7	0/2	0/2		0/3		1/14	Not Met (7.14 %)
L64	Med. treatment plan rev.	I	7/7	2/2	1/2		3/3		13/14	Met (92.86 %)
L67	Money mgmt. plan	I	6/8	1/1	2/2		1/3		10/14	Not Met (71.43 %)
L68	Funds expenditure	I	8/8	1/1	2/2		3/3		14/14	Met
L69	Expenditure tracking	I	8/8	1/1	2/2		3/3		14/14	Met
L70	Charges for care calc.	I	8/8	1/1	3/3		2/2		14/14	Met
L71	Charges for care appeal	I	6/8	1/1	3/3		1/2		11/14	Not Met (78.57 %)
L77	Unique needs training	I	8/8	2/2	3/3		1/3		14/16	Met (87.50 %)
L78	Restrictive Int. Training	L	4/5						4/5	Met (80.0 %)
L79	Restraint training	L	0/1						0/1	Not Met (0 %)
L80	Symptoms of illness	L	8/8	2/2	3/3		1/1		14/14	Met
L81	Medical emergency	L	7/8	2/2	3/3		1/1		13/14	Met (92.86 %)
L82	Medication admin.	L	8/8	2/2			1/1		11/11	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L84	Health protect. Training	I	4/4	0/1			3/3		7/8	Met (87.50 %)
L85	Supervision	L	1/8	1/2	3/3		0/1		5/14	Not Met (35.71 %)
L86	Required assessments	I	4/6	1/2	1/2		2/3		8/13	Not Met (61.54 %)
L87	Support strategies	I	4/6	1/2	1/2		1/3		7/13	Not Met (53.85 %)
L88	Strategies implemented	I	3/8	0/2	1/2		1/3		5/15	Not Met (33.33 %)
L89	Complaint and resolution process	L					1/1		1/1	Met
L90	Personal space/bedroom privacy	I	8/8	2/2	3/3		3/3		16/16	Met
L91	Incident management	L	1/8	1/2	2/3		1/1		5/14	Not Met (35.71 %)
L93 (05/22)	Emergency back-up plans	I	8/8	2/2	3/3		2/3		15/16	Met (93.75 %)
L94 (05/22)	Assistive technology	I	4/8	0/2	2/3		1/3		7/16	Not Met (43.75 %)
L96 (05/22)	Staff training in devices and applications	I	4/4		3/3		1/1		8/8	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L99 (05/22)	Medical monitoring devices	I	0/1						0/1	Not Met (0 %)
<b>#Std. Met/# 83 Indicator</b>									<b>62/83</b>	
<b>Total Score</b>									<b>70/93</b>	
									<b>75.27%</b>	

**Employment and Day Supports:**

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	6/6		7/7	13/13	Met
L5	Safety Plan	L	1/1		1/1	2/2	Met
℞ L6	Evacuation	L	1/1		1/1	2/2	Met
L7	Fire Drills	L	1/1		1/1	2/2	Met
L8	Emergency Fact Sheets	I	6/6		7/7	13/13	Met
L9 (07/21)	Safe use of equipment	I	6/6		7/7	13/13	Met
L10	Reduce risk interventions	I			2/2	2/2	Met
℞ L11	Required inspections	L	1/1		1/1	2/2	Met
℞ L12	Smoke detectors	L	1/1		1/1	2/2	Met
℞ L13	Clean location	L	1/1		1/1	2/2	Met
L14	Site in good repair	L	1/1		1/1	2/2	Met
L15	Hot water	L	1/1		1/1	2/2	Met
L16	Accessibility	L	1/1		1/1	2/2	Met

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Individ.</b>	<b>Emp. Sup.</b>	<b>Cent. Based Work</b>	<b>Com. Based Day</b>	<b>Total Met / Rated</b>	<b>Rating</b>
L17	Egress at grade	L	1/1		1/1	<b>2/2</b>	<b>Met</b>
L18	Above grade egress	L			1/1	<b>1/1</b>	<b>Met</b>
L20	Exit doors	L	1/1		1/1	<b>2/2</b>	<b>Met</b>
L21	Safe electrical equipment	L	1/1		1/1	<b>2/2</b>	<b>Met</b>
L22	Well-maintained appliances	L	1/1		1/1	<b>2/2</b>	<b>Met</b>
L25	Dangerous substances	L	1/1		1/1	<b>2/2</b>	<b>Met</b>
L26	Walkway safety	L	1/1		1/1	<b>2/2</b>	<b>Met</b>
L28	Flammables	L	1/1		1/1	<b>2/2</b>	<b>Met</b>
L29	Rubbish/combustibles	L	1/1		1/1	<b>2/2</b>	<b>Met</b>
L30	Protective railings	L			1/1	<b>1/1</b>	<b>Met</b>
L31	Communication method	I	6/6		7/7	<b>13/13</b>	<b>Met</b>
L32	Verbal & written	I	6/6		7/7	<b>13/13</b>	<b>Met</b>
L37	Prompt treatment	I	6/6		7/7	<b>13/13</b>	<b>Met</b>
℞ L38	Physician's orders	I	1/1		3/3	<b>4/4</b>	<b>Met</b>
L39	Dietary requirements	I	1/1			<b>1/1</b>	<b>Met</b>
L44	MAP registration	L	1/1		1/1	<b>2/2</b>	<b>Met</b>
L45	Medication storage	L	1/1		1/1	<b>2/2</b>	<b>Met</b>
℞ L46	Med. Administration	I			2/2	<b>2/2</b>	<b>Met</b>
L49	Informed of human rights	I	6/6		7/7	<b>13/13</b>	<b>Met</b>
L50 (07/21)	Respectful Comm.	I	6/6		7/7	<b>13/13</b>	<b>Met</b>
L51	Possessions	I	6/6		7/7	<b>13/13</b>	<b>Met</b>
L52	Phone calls	I	6/6		7/7	<b>13/13</b>	<b>Met</b>



<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Individ.</b>	<b>Emp. Sup.</b>	<b>Cent. Based Work</b>	<b>Com. Based Day</b>	<b>Total Met / Rated</b>	<b>Rating</b>
L54 (07/21)	Privacy	I	6/6		7/7	13/13	Met
L55	Informed consent	I	2/2		5/5	7/7	Met
L57	Written behavior plans	I			4/4	4/4	Met
L58	Behavior plan component	I			3/3	3/3	Met
L59	Behavior plan review	I			3/3	3/3	Met
L60	Data maintenance	I			2/3	2/3	Not Met (66.67 %)
L63	Med. treatment plan form	I			1/2	1/2	Not Met (50.0 %)
L64	Med. treatment plan rev.	I			2/2	2/2	Met
L77	Unique needs training	I	6/6		3/7	9/13	Not Met (69.23 %)
L80	Symptoms of illness	L	1/1		0/1	1/2	Not Met (50.0 %)
L81	Medical emergency	L	1/1		1/1	2/2	Met
L82	Medication admin.	L	1/1		1/1	2/2	Met
L85	Supervision	L	1/1		1/1	2/2	Met
L86	Required assessments	I	5/5		6/6	11/11	Met
L87	Support strategies	I	5/5		6/6	11/11	Met
L88	Strategies implemented	I	6/6		5/7	11/13	Met (84.62 %)
L91	Incident management	L	1/1		0/1	1/2	Not Met (50.0 %)
L93 (05/22)	Emergency back-up plans	I	6/6		7/7	13/13	Met
L94 (05/22)	Assistive technology	I	3/4		0/7	3/11	Not Met (27.27 %)

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L96 (05/22)	Staff training in devices and applications	I	3/3			3/3	Met
<b>#Std. Met/# 55 Indicator</b>						49/55	
<b>Total Score</b>						57/65	
						87.69%	

## 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	1/1	Met

### Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	6/8	Not Met (75.00 %)
C8	Family/guardian communication	8/8	Met
C9	Personal relationships	6/8	Not Met (75.00 %)
C10	Social skill development	8/8	Met
C11	Get together w/family & friends	8/8	Met
C12	Intimacy	3/8	Not Met (37.50 %)
C13	Skills to maximize independence	8/8	Met
C14	Choices in routines & schedules	8/8	Met
C15	Personalize living space	8/8	Met
C16	Explore interests	5/8	Not Met (62.50 %)

### Residential Services

Indicator #	Indicator	Met/Rated	Rating
C17	Community activities	5/8	<b>Not Met (62.50 %)</b>
C18	Purchase personal belongings	8/8	<b>Met</b>
C19	Knowledgeable decisions	8/8	<b>Met</b>
C46	Use of generic resources	8/8	<b>Met</b>
C47	Transportation to/ from community	8/8	<b>Met</b>
C48	Neighborhood connections	8/8	<b>Met</b>
C49	Physical setting is consistent	8/8	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	7/8	<b>Met (87.50 %)</b>
C52	Leisure activities and free-time choices /control	8/8	<b>Met</b>
C53	Food/ dining choices	8/8	<b>Met</b>

### ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/3	<b>Met</b>
C8	Family/guardian communication	3/3	<b>Met</b>
C9	Personal relationships	3/3	<b>Met</b>
C10	Social skill development	3/3	<b>Met</b>
C11	Get together w/family & friends	3/3	<b>Met</b>
C12	Intimacy	3/3	<b>Met</b>
C13	Skills to maximize independence	3/3	<b>Met</b>
C14	Choices in routines & schedules	3/3	<b>Met</b>
C15	Personalize living space	1/1	<b>Met</b>
C16	Explore interests	2/2	<b>Met</b>
C17	Community activities	1/3	<b>Not Met (33.33 %)</b>
C18	Purchase personal belongings	3/3	<b>Met</b>
C19	Knowledgeable decisions	3/3	<b>Met</b>
C46	Use of generic resources	2/2	<b>Met</b>
C47	Transportation to/ from community	3/3	<b>Met</b>
C48	Neighborhood connections	3/3	<b>Met</b>
C49	Physical setting is consistent	1/1	<b>Met</b>

### ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C51	Ongoing satisfaction with services/ supports	0/3	<b>Not Met (0 %)</b>
C52	Leisure activities and free-time choices /control	3/3	<b>Met</b>
C53	Food/ dining choices	3/3	<b>Met</b>

### Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	1/3	<b>Not Met (33.33 %)</b>
C8	Family/guardian communication	3/3	<b>Met</b>
C9	Personal relationships	3/3	<b>Met</b>
C10	Social skill development	3/3	<b>Met</b>
C11	Get together w/family & friends	3/3	<b>Met</b>
C12	Intimacy	0/3	<b>Not Met (0 %)</b>
C13	Skills to maximize independence	3/3	<b>Met</b>
C14	Choices in routines & schedules	3/3	<b>Met</b>
C15	Personalize living space	3/3	<b>Met</b>
C16	Explore interests	3/3	<b>Met</b>
C17	Community activities	3/3	<b>Met</b>
C18	Purchase personal belongings	3/3	<b>Met</b>
C19	Knowledgeable decisions	3/3	<b>Met</b>
C46	Use of generic resources	3/3	<b>Met</b>
C47	Transportation to/ from community	3/3	<b>Met</b>
C48	Neighborhood connections	3/3	<b>Met</b>
C49	Physical setting is consistent	3/3	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	3/3	<b>Met</b>
C52	Leisure activities and free-time choices /control	3/3	<b>Met</b>
C53	Food/ dining choices	3/3	<b>Met</b>

### Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	1/2	<b>Not Met (50.0 %)</b>

### Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C8	Family/guardian communication	1/1	Met
C9	Personal relationships	1/2	Not Met (50.0 %)
C10	Social skill development	2/2	Met
C11	Get together w/family & friends	2/2	Met
C12	Intimacy	1/2	Not Met (50.0 %)
C13	Skills to maximize independence	2/2	Met
C14	Choices in routines & schedules	2/2	Met
C15	Personalize living space	2/2	Met
C16	Explore interests	1/2	Not Met (50.0 %)
C17	Community activities	1/2	Not Met (50.0 %)
C18	Purchase personal belongings	2/2	Met
C19	Knowledgeable decisions	2/2	Met
C21	Coordinate outreach	2/2	Met
C46	Use of generic resources	2/2	Met
C47	Transportation to/ from community	2/2	Met
C48	Neighborhood connections	2/2	Met
C49	Physical setting is consistent	2/2	Met
C51	Ongoing satisfaction with services/ supports	2/2	Met
C52	Leisure activities and free-time choices /control	2/2	Met
C53	Food/ dining choices	2/2	Met

### Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	7/7	Met
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	7/7	Met
C39 (07/21)	Support needs for employment	6/7	Met (85.71 %)
C40	Community involvement interest	3/7	Not Met (42.86 %)

### Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C41	Activities participation	6/7	<b>Met (85.71 %)</b>
C42	Connection to others	7/7	<b>Met</b>
C43	Maintain & enhance relationship	7/7	<b>Met</b>
C44	Job exploration	7/7	<b>Met</b>
C45	Revisit decisions	7/7	<b>Met</b>
C46	Use of generic resources	7/7	<b>Met</b>
C47	Transportation to/ from community	7/7	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	7/7	<b>Met</b>

### Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	4/4	<b>Met</b>
C8	Family/guardian communication	6/6	<b>Met</b>
C22	Explore job interests	6/6	<b>Met</b>
C23	Assess skills & training needs	5/5	<b>Met</b>
C24	Job goals & support needs plan	5/5	<b>Met</b>
C25	Skill development	5/5	<b>Met</b>
C26	Benefits analysis	5/5	<b>Met</b>
C27	Job benefit education	5/5	<b>Met</b>
C28	Relationships w/businesses	1/1	<b>Met</b>
C29	Support to obtain employment	5/5	<b>Met</b>
C30	Work in integrated settings	5/5	<b>Met</b>
C31	Job accommodations	2/2	<b>Met</b>
C32	At least minimum wages earned	5/5	<b>Met</b>
C33	Employee benefits explained	5/5	<b>Met</b>
C34	Support to promote success	5/5	<b>Met</b>
C35	Feedback on job performance	5/5	<b>Met</b>
C36	Supports to enhance retention	5/5	<b>Met</b>
C37	Interpersonal skills for work	5/5	<b>Met</b>
C47	Transportation to/ from community	6/6	<b>Met</b>
C50	Involvement/ part of the Workplace culture	5/5	<b>Met</b>

## Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C51	Ongoing satisfaction with services/ supports	6/6	Met