



## **PROVIDER REPORT FOR**

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

**April 18, 2025**

**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** 3/17/2025 - 3/21/2025

**Service Enhancement Meeting Date** 4/4/2025

**Survey Team**

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**Citizen Volunteers**

**Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	8 location(s) 10 audit (s)	Full Review	76/91 Defer Licensure		38 / 46 Certified
Residential Services	7 location(s) 7 audit (s)			Full Review	19 / 20
ABI-MFP Residential Services	1 location(s) 3 audit (s)			Full Review	18 / 20
Planning and Quality Management (For all service groupings)				Full Review	1 / 6

**Survey scope and findings for Employment and Day Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Employment and Day Supports</b>	5 location(s) 13 audit (s)	Full Review	58/67 Defer Licensure		35 / 42 Certified
Community Based Day Services	2 location(s) 7 audit (s)			Full Review	13 / 15
Employment Support Services	3 location(s) 6 audit (s)			Full Review	21 / 21
Planning and Quality Management (For all service groupings)				Full Review	1 / 6

## **EXECUTIVE SUMMARY :**

Work Community Independence, Incorporated (WCI), founded in 1974, is a private 501(c)3 non-profit agency providing an array of services to people with Intellectual and Developmental Disabilities, Autism, Acquired Brain Injury (ABI), physical, sensory, and medical needs as well as specializing in the support of Deaf and Hard of Hearing people. The agency operates in the municipalities of Waltham, Watertown, Belmont, Newton, and Maynard in Massachusetts. WCI provides 24-hour Residential Services to include ABI-MFP Residential Services, Community Based Day Services (CBDS), Employment Support Services, and Day Habilitation Services.

For this 2025 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 (including their ABI home), CBDS, and Employment services.

At the organizational level, relative to licensure, the agency had several effective systems in place that ensured positive outcomes for the people they support. The agency had an effective process to report abuse and neglect, and ensured immediate actions were taken to protect people's health and safety following any reports made. Restraint reports were reviewed by the agency's Human Rights Committee on a regular basis within required timeframes. The agency had an effective system for recruitment, screening, and orientation procedures, and job descriptions for essential personnel including direct support staff and licensed staff were current and matched their qualifications.

Within WCI's residential service delivery locations, many positive outcomes were evident relative to licensing indicators. Environmentally, required inspections were conducted as required and the locations visited were in good repair and clean and free of rodent and/or insect infestation. There was a system to ensure safe and timely evacuation of people, and the locations visited had emergency back-up plans. In the area of healthcare, the agency implemented policies and procedures that guided staff on what to do in the event of a medical emergency, and support staff were trained to recognize signs and symptoms of illness. Medications were administered by licensed professionals and/or MAP certified staff as appropriate.

Relative to certification indicators within the residential service grouping, WCI ensured that people have the support they need to succeed in many facets of their lives. People were supported to make knowledgeable decisions. Support staff were knowledgeable about people's satisfaction with services and supports and guided people to make changes when needed. People were found to have choice and control over their leisure and non-scheduled activities.

A review of licensing indicators within the Employment and Day Supports indicated that written and oral communication with and about people was respectful. In terms of human rights, people and guardians were informed of their human rights and knowledgeable on how to file a grievance or to whom they should talk to if they have a concern. Also, people had access to their belongings and had opportunities to make and receive phone calls or use other forms of communication technology. People had privacy when taking care of their personal needs and discussing personal matters. Relative to healthcare, medication was administered per MAP policy. When it comes to safety, the building that houses the program was clean and accessible and had all required inspections completed.

Relative to certification indicators within the employment program, WCI supported people to understand worker rights and benefits and implemented a support system to ensure an optimal level of ongoing job support. Additionally, people received at least minimum wage or wages based on a prevailing wage. Also, people received feedback on job performance and were supported to retain or advance in their jobs.

Relative to certification indicators within the CBDS program, people were supported to participate in community activities of interest and were involved in activities that connected them with other people. Besides, people were supported to develop and sustain contacts and relationships. Also, people had full access to the community through the agency's means of transportation, and the staff supported them to learn about and use generic community resources.

It is important to note that across all the agency's services, people were supported to communicate in their unique communication styles and preferences, including those receiving deaf support and ABI services. Some agency staff were fluent in American Sign Language, and the agency had equipped people with deaf communication tools at both residential and day sites for those who needed them to connect with their families, friends, and colleagues.

In addition to these positive findings, the survey identified a few areas where further attention is needed from the agency to meet DDS standards.

Organizationally, relative to licensure, restraint reports should be submitted and finalized within the required reporting timelines. Also, the agency must ensure an effective Human Rights Committee.

Relative to certification, the agency is encouraged to develop a documented mechanism for planning future directions in service delivery and implement strategies to actualize such plans. The agency should develop an effective system for data collection, review and analysis, so that clear service improvement goals can be established based on patterns and trends which are identified. The agency is encouraged to implement a system to solicit and utilize information gathered from external stakeholders to help drive service improvement efforts.

In the residential service grouping, agency must ensure that fire drills are conducted as required, and that all essential elements of location fire safety systems are present and operational, including but not limited to smoke detectors, carbon monoxide detectors, and bed shakers. In the area of healthcare, the agency must ensure that people's health care records are maintained and updated as required to include, for example, their diagnoses and vaccines received. Additionally, the agency must ensure that people being served receive their routine preventive screenings, and that their recommended tests and appointments with specialists are made and kept. Further, the agency must implement a system to ensure effective and continuous data collection for people's medication treatment plans.

In the employment and day supports service grouping, relative to licensure, the agency must ensure that incidents are reported and reviewed as mandated by regulation. WCI should ensure the accuracy of people's emergency fact sheets to include, for example, their diagnoses, medications, and demographic information. Similarly, the agency must ensure that people's special dietary requirements are followed. Additionally, the agency must train staff on people's physicians' orders and treatment protocols to help execute treatment protocols as prescribed. Relative to certification, the agency is encouraged to further strengthen systems to ensure that career plans are developed for people served on a pathway to employment, to help identify their job goals and support needs that would lead to movement into supported employment.

As a result of this review, the agency's Residential service group received an overall licensure score of 84%. This service group is Certified with an overall score of 83% of certification indicators met. The service group's level of licensure will be Deferred, pending follow-up conducted by OQE within sixty days of the Service Enhancement Meeting on all licensing indicators, including one critical indicator (L 12), that received a rating of Not Met.

The agency's Employment and Day Supports service group received an overall licensure score of 87%. This day service grouping is certified with an overall score of 83% of certification indicators met. The service group's level of licensure will be Deferred, pending follow-up conducted by OQE within sixty days of the Service Enhancement Meeting on all licensing indicators, including one critical

indicator (L38), that received a rating of Not Met.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>7/10</b>	<b>3/10</b>	
<b>Residential and Individual Home Supports</b>	<b>69/81</b>	<b>12/81</b>	
Residential Services ABI-MFP Residential Services			
<b>Critical Indicators</b>	<b>7/8</b>	<b>1/8</b>	
<b>Total</b>	<b>76/91</b>	<b>15/91</b>	<b>84%</b>
<b>Defer Licensure</b>			
<b># indicators for 60 Day Follow-up</b>		<b>15</b>	

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>7/10</b>	<b>3/10</b>	
<b>Employment and Day Supports</b>	<b>51/57</b>	<b>6/57</b>	
Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	<b>7/8</b>	<b>1/8</b>	
<b>Total</b>	<b>58/67</b>	<b>9/67</b>	<b>87%</b>
<b>Defer Licensure</b>			
<b># indicators for 60 Day Follow-up</b>		<b>9</b>	

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

Indicator #	Indicator	Area Needing Improvement
L4	Action is taken when an individual is subject to abuse or neglect.	Four out of fifteen Action Plans had specified action steps which had not yet been fully implemented. The agency needs to ensure that all actions steps outlined in each plan/resolution report are fully implemented within specified time frames.

**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 Human Rights Committee (HRC) required member (medical professional) did not attend at least 75% of meetings. Additionally, the agency HRC did not review agency policies pertaining to Human Rights, or the agency Human Rights curriculum at least annually, or complete site visits as noted would occur in HRC bylaws. The agency needs to ensure that the HRC meets its mandate regarding required member attendance. Additionally, the agency HRC needs to review policies and curricula at least annually and complete site visits as specified in HRC bylaws. Lastly, the agency needs to ensure that HRC meeting minutes are shared with the DDS Regional Human Rights Specialist on a regular and ongoing basis.
L65	Restraint reports are submitted within required timelines.	Review of the agency's restraint reporting found that eight of the thirty-four reports were not submitted and/or reviewed within the required timelines. The agency needs to ensure restraint reports are submitted and finalized within required timelines; the initial report submission must be completed within 3 calendar days of the restraint. The review and finalization of the restraint report must be completed within 5 calendar days of the restraint.

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

Indicator #	Indicator	Area Needing Improvement
L7	Fire drills are conducted as required.	At one location, fire drills had been conducted using more than the minimum staffing ratio identified in the location safety plan. At another location, fire drills were not consistently conducted on an at least quarterly basis. The agency needs to ensure that all fire drills are conducted using the lowest level of potential staffing as identified in each approved location safety plan and are being conducted at least quarterly.
Ⓡ L12	Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.	At one location, a bed shaker for an individual was not set up so that it could operate as designed when the fire safety system was activated. At another location, the home did not have a smoke detector outside of the sleeping area or a carbon monoxide detector outside of the bedroom within ten feet. The agency needs to ensure that all locations have operating smoke detectors and carbon monoxide detectors present in the proper locations, and that all additional adaptations, such as bed shakers, are present, appropriately placed, and fully operational.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L22	All appliances and equipment are operational and properly maintained.	At two locations, stoves/cooktops were not fully operational or thoroughly cleaned. The agency needs to ensure that all household appliances and equipment are properly maintained, including cleaning, and in good working order. The agency needs to conduct and documenting on-going safety checks at all locations.
L36	Recommended tests and appointments with specialists are made and kept.	Three of ten individuals had recommended tests or follow-up appointments with specialists or primary care doctors that had not yet occurred. The agency must ensure that all recommended tests, treatments (including recommended vaccinations), and appointments with medical professionals are scheduled and completed.
L43	The health care record is maintained and updated as required.	For seven of ten individuals, Health Care Records were not updated to include all required information. The agency needs to ensure Health Care Records are maintained and updated as required.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For four of nine individuals where health related supports were prescribed, documentation was not available to demonstrate that cleaning, maintenance and safety checks were occurring on a regular basis as outlined in the health-related support authorization forms. The agency needs to ensure that each device is maintained and regularly cleaned, and that safety checks of the individual and of the device are conducted as needed.
L63	Medication treatment plans are in written format with required components.	For three individuals who had medications requiring Medication Treatment Plans (MTPs), data collection was not occurring in a consistent and sustained manner. The agency needs to ensure that data collection is occurring for individualized target behaviors as outlined in each person's MTP, so that data can be shared with prescribing physicians on a regular basis.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For three individuals for whom the agency had shared or delegated money management responsibility, written financial plans either did not accurately reflect what supports were required or provided, and where funds were stored, or did not include information about how funds were safeguarded and how to further independence in the management of the funds. The agency needs to ensure that financial management plans include all required components, being alignment with current practices, noting each individual's funds management skills, areas to develop, physical storage arrangements and staff support details.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L69	Individual expenditures are documented and tracked.	At one location, the agency did not document the disbursement of the Social Security benefit payments made on behalf of an individual in real time and did not clearly document and track repayments as transactions made from the individual's Social Security benefit amount. At one other location, there was a discrepancy between cash on hand and the financial transaction records in favor of the individual served. The agency must ensure that individual expenditures are properly documented and tracked.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For two individuals, required assessments had not been submitted within ISP timelines. The agency needs to ensure that ISP assessments are submitted at least 15 days in advance of the ISP meeting.
L89	The provider has a complaint and resolution process that is effectively implemented at the local level.	At one location, the complaint resolution log form was not readily available to individuals living in the home. The agency needs to ensure that the complaint resolution system for ABI/MFP residential homes includes ensuring that each location has a log, either on paper or electronic which can record a complaint with date, short description, name of the complainant, date resolved and who and how this was resolved.
L91	Incidents are reported and reviewed as mandated by regulation.	At five of eight locations, incident reports were not reported or submitted and/or finalized within the required timelines. The agency needs to ensure all incidents are submitted within the required timelines, which includes finalization within seven business days.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L8	Emergency fact sheets are current and accurate and available on site.	For five of thirteen individuals, the emergency fact sheets either lacked required information such as medications, and/or included inaccurate information relating to the individual. The agency needs to ensure emergency fact sheets are reviewed regularly for accurate content, updated to include all required demographic and individualized information, including current medications and diagnoses.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At one Community Based Day Services location, water temperatures tested outside of the required range. The agency needs to ensure that water temperatures are regularly monitored at all locations to ensure that they are within acceptable limits; in work/day locations, the standard for water temperature at sinks is no higher than 110 degrees.
℞ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For two of four individuals, staff were neither properly trained nor adequately prepared to execute treatment protocols ordered by their physicians. The agency must ensure that the staff are trained on and equipped with resources to complete specific actions contained in individuals' physicians' orders and treatment protocols.
L39	Special dietary requirements are followed.	For two individuals, agency staff were not knowledgeable regarding each person's special dietary requirements. The agency needs to ensure that when individuals have special dietary requirements, support staff are trained and knowledgeable in those requirements.
L91	Incidents are reported and reviewed as mandated by regulation.	At two of five locations, incident reports were not submitted and/or finalized within the required timelines. The agency needs to ensure all incidents are submitted and finalized within the required timelines, which includes finalization within seven business days.
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).	For one individual, the agency did not have necessary documentation relating to the medical monitoring device in use. The agency needs to ensure that documentation is in place for all medical monitoring devices and such documentation includes the rationale for use, authorization from a medical professional, instructions for use and correct implementation, and guidelines for cleaning and maintenance from which support staff can be fully trained.

## **CERTIFICATION FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>1/6</b>	<b>5/6</b>	
<b>Residential and Individual Home Supports</b>	<b>37/40</b>	<b>3/40</b>	
Residential Services	19/20	1/20	
ABI-MFP Residential Services	18/20	2/20	
<b>Total</b>	<b>38/46</b>	<b>8/46</b>	<b>83%</b>
<b>Certified</b>			

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>1/6</b>	<b>5/6</b>	
<b>Employment and Day Supports</b>	<b>34/36</b>	<b>2/36</b>	
Employment Support Services	21/21	0/21	
Community Based Day Services	13/15	2/15	
<b>Total</b>	<b>35/42</b>	<b>7/42</b>	<b>83%</b>
<b>Certified</b>			

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C1	The provider collects data regarding program quality including but not limited to incidents, investigations, restraints, and medication occurrences.	The agency does not have an effective internal quality management and improvement system that regularly gathers data on program and service quality, including but not limited to, incidents, restraints, investigations, and other program quality information. The agency needs to develop an effective data collection system so that ongoing data collection is occurring and available for ongoing review and analysis with a view to service quality improvement.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C2	The provider analyzes information gathered from all sources and identifies patterns and trends.	The agency does not currently have a clear mechanism for the ongoing review of quality management data across services that could be utilized to analyze information and identify patterns and trends within each service type and for the organization as a whole. The agency needs to develop a system whereby data analysis can occur, patterns and trends can be identified, and whereby individuals, families, and provider staff are involved in the review of information and in the provision of feedback.
C4	The provider receives and utilizes input received from DDS and other stakeholders to inform service improvement efforts.	The agency does not have an effective system for evaluating information received from all major stakeholders including data gathered on program quality, to determine the process for utilizing this information in service improvement efforts. The agency needs to establish clear methodology for soliciting and responding to input received from internal data collection, DDS, CMS and other major stakeholders, and incorporating information received into the design of service improvement efforts in a timely manner.

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

Indicator #	Indicator	Area Needing Improvement
C5	The provider has a process to measure progress towards achieving service improvement goals.	The agency does not have clearly defined organizational goals and objectives, nor system in place to track progress towards future service improvement goals. The agency needs to establish clear service improvement goals based on the data analysis of patterns and trends. Strategic planning efforts need to include a process in place to target areas upon which to work and a consensus within the agency regarding the importance of these service improvement targets. The agency needs to establish quantifiable targets against which it can measure its progress in reaching its desired goal(s), a process for measuring and monitoring progress, and an ability to make "mid-course" corrections if necessary. The agency also needs to have mechanisms to assure that individuals and families receive information regarding the achievement of targeted service improvements.
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 documented mechanisms are not in place to plan for future directions in service delivery. The agency needs to establish a formal mechanism for strategic organizational planning so that long range planning can occur with broad organizational goals being established. The agency needs to ensure that individual's current and future needs are incorporating into the agency's planning process and that the planning process results in strategies being implemented and plans being actualized.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C9	Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	For two individuals, the agency was not consistently supporting individuals to develop and increase opportunities for social contact and personal relationships. The agency needs to ensure that, in accordance with their desires, individuals are provided with ongoing and sustained opportunities to develop and increase relationships with friends including fostering opportunities for ongoing planned and spontaneous communication, activities, and visits with friends.
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	One of three 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.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For two individuals, the agency had not conducted a review of individuals' needs relative to intimacy/sexuality, in order to provide support to those individuals based on assessed needs. The agency needs to effectively assess the needs, preferences, desires and wishes of all individuals with relation to intimacy and companionship in a manner that is consistent with each person's learning and communication styles. Once assessed, the agency should ensure that any identified areas of additional support are provided either via an outside resource, or internally with the assistance of an agency curriculum geared to the learning styles of those receiving the instruction.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C39 (07/21)	There is a plan developed to identify job goals and support needs that would lead to movement into supported employment.	Three of seven individuals did not have a plan developed which identified job goals and support needs that may lead to movement into supported employment. The agency needs to ensure that individuals on the CBDS Pathway to Employment, have plans developed that identify job goals and support needs that may lead to movement into supported employment.
C44	Staff have effective methods to assist individuals to explore their job interests if appropriate.	For two of seven individuals, the agency did not have effective methods to assist individuals to explore their job interests. The agency needs to ensure that it utilizes a variety of different methods to assess each person's individualized job interests and explore those interests at least annually.

## MASTER SCORE SHEET LICENSURE

Organizational: Work Community Independence Inc

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	1/1	Met
L3	Immediate Action	15/15	Met
L4	Action taken	11/15	Not Met(73.33 % )
L48	HRC	0/1	Not Met(0 % )
L65	Restraint report submit	26/34	Not Met(76.47 % )
L66	HRC restraint review	1/1	Met
L74	Screen employees	6/6	Met
L75	Qualified staff	3/3	Met
L76	Track trainings	20/20	Met
L83	HR training	20/20	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	6/6				3/3		9/9	Met
L5	Safety Plan	L	7/7				1/1		8/8	Met
R L6	Evacuation	L	7/7				1/1		8/8	Met
L7	Fire Drills	L	5/7				1/1		6/8	Not Met (75.00 %)
L8	Emergency Fact Sheets	I	6/7				2/3		8/10	Met (80.0 %)
L9 (07/21)	Safe use of equipment	I	7/7				3/3		10/10	Met
L10	Reduce risk interventions	I	2/2						2/2	Met
R L11	Required inspections	L	7/7				1/1		8/8	Met
R L12	Smoke detectors	L	5/7				1/1		6/8	Not Met (75.00 %)
R L13	Clean location	L	7/7				1/1		8/8	Met
L14	Site in good repair	L	7/7				1/1		8/8	Met
L15	Hot water	L	7/7				1/1		8/8	Met
L16	Accessibility	L	6/6				1/1		7/7	Met
L17	Egress at grade	L	7/7				1/1		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
L18	Above grade egress	L	5/5				1/1		6/6	Met
L19	Bedroom location	L	4/4				1/1		5/5	Met
L20	Exit doors	L	7/7				1/1		8/8	Met
L21	Safe electrical equipment	L	7/7				1/1		8/8	Met
L22	Well- maintained appliances	L	6/7				0/1		6/8	Not Met (75.00 %)
L23	Egress door locks	L	3/3				1/1		4/4	Met
L24	Locked door access	L	6/7				1/1		7/8	Met (87.50 %)
L25	Dangerous substances	L	7/7				1/1		8/8	Met
L26	Walkway safety	L	7/7				1/1		8/8	Met
L28	Flammables	L	6/6				1/1		7/7	Met
L29	Rubbish /combustibles	L	7/7				1/1		8/8	Met
L30	Protective railings	L	6/6				1/1		7/7	Met
L31	Communication method	I	7/7				3/3		10/10	Met
L32	Verbal & written	I	7/7				3/3		10/10	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L33	Physical exam	I	7/7				3/3		10/10	Met
L34	Dental exam	I	7/7				3/3		10/10	Met
L35	Preventive screenings	I	7/7				1/2		8/9	Met (88.89 %)
L36	Recommended tests	I	4/7				3/3		7/10	Not Met (70.0 %)
L37	Prompt treatment	I	7/7				3/3		10/10	Met
℞ L38	Physician's orders	I	5/5				3/3		8/8	Met
L39	Dietary requirements	I	6/6						6/6	Met
L40	Nutritional food	L	7/7				1/1		8/8	Met
L41	Healthy diet	L	7/7				1/1		8/8	Met
L42	Physical activity	L	7/7				1/1		8/8	Met
L43	Health Care Record	I	3/7				0/3		3/10	Not Met (30.0 %)
L44	MAP registration	L	7/7				1/1		8/8	Met
L45	Medication storage	L	7/7				1/1		8/8	Met
℞ L46	Med. Administration	I	6/7				3/3		9/10	Met (90.0 %)
L47	Self medication	I	2/2						2/2	Met
L49	Informed of human rights	I	7/7				3/3		10/10	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
L50 (07/21)	Respect ful Comm.	I	7/7				3/3		10/10	Met
L51	Possess ions	I	7/7				3/3		10/10	Met
L52	Phone calls	I	6/6				3/3		9/9	Met
L53	Visitation	I	6/6				3/3		9/9	Met
L54 (07/21)	Privacy	I	7/7				3/3		10/10	Met
L55	Informed consent	I	3/3						3/3	Met
L56	Restrictive practices	I	3/3						3/3	Met
L57	Written behavior plans	I	1/1						1/1	Met
L58	Behavior plan component	I	1/1						1/1	Met
L60	Data maintenance	I	1/1						1/1	Met
L61	Health protection in ISP	I	5/6				0/3		5/9	Not Met (55.56 %)
L62	Health protection review	I	1/1						1/1	Met
L63	Med. treatment plan form	I	6/7				1/3		7/10	Not Met (70.0 %)
L64	Med. treatment plan rev.	I	5/6				3/3		8/9	Met (88.89 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L67	Money mgmt. plan	I	5/7				1/2		6/9	Not Met (66.67 %)
L68	Funds expenditure	I	6/6				2/2		8/8	Met
L69	Expenditure tracking	I	5/6				1/2		6/8	Not Met (75.00 %)
L70	Charges for care calc.	I	7/7				3/3		10/10	Met
L71	Charges for care appeal	I	7/7				3/3		10/10	Met
L77	Unique needs training	I	7/7				3/3		10/10	Met
L78	Restrictive Int. Training	L	4/4						4/4	Met
L79	Restraint training	L	1/1						1/1	Met
L80	Symptoms of illness	L	7/7				1/1		8/8	Met
L81	Medical emergency	L	7/7				1/1		8/8	Met
L82	Medication admin.	L	7/7				1/1		8/8	Met
L84	Health protect. Training	I	6/7				3/3		9/10	Met (90.0 %)
L85	Supervision	L	6/7				1/1		7/8	Met (87.50 %)
L86	Required assessments	I	3/5				3/3		6/8	Not Met (75.00 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L87	Support strategies	I	4/5				3/3		7/8	Met (87.50 %)
L88	Strategies implemented	I	7/7				2/3		9/10	Met (90.0 %)
L89	Complaint and resolution process	L					0/1		0/1	Not Met (0 %)
L90	Personal space/bedroom privacy	I	7/7				3/3		10/10	Met
L91	Incident management	L	3/7				0/1		3/8	Not Met (37.50 %)
L93 (05/22)	Emergency back-up plans	I	7/7				3/3		10/10	Met
L94 (05/22)	Assistive technology	I	7/7				3/3		10/10	Met
L96 (05/22)	Staff training in devices and applications	I	3/3				1/1		4/4	Met

Ind. #	Ind.	Loc. or Indiv.	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	2/2						2/2	Met
#Std. Met/# 81 Indicator									69/81	
Total Score									76/91	
									83.52%	

#### 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	6/6		7/7	13/13	Met
L5	Safety Plan	L			2/2	2/2	Met
℞ L6	Evacuation	L			2/2	2/2	Met
L7	Fire Drills	L			2/2	2/2	Met
L8	Emergency Fact Sheets	I	4/6		4/7	8/13	Not Met (61.54 %)
L9 (07/21)	Safe use of equipment	I	6/6		7/7	13/13	Met
L10	Reduce risk interventions	I			1/1	1/1	Met
℞ L11	Required inspections	L			2/2	2/2	Met
℞ L12	Smoke detectors	L			2/2	2/2	Met
℞ L13	Clean location	L			2/2	2/2	Met
L14	Site in good repair	L			1/1	1/1	Met
L15	Hot water	L			1/2	1/2	Not Met (50.0 %)
L16	Accessibility	L			2/2	2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L17	Egress at grade	L			2/2	2/2	Met
L18	Above grade egress	L			1/1	1/1	Met
L20	Exit doors	L			2/2	2/2	Met
L21	Safe electrical equipment	L			2/2	2/2	Met
L22	Well- maintained appliances	L			2/2	2/2	Met
L25	Dangerous substances	L			2/2	2/2	Met
L26	Walkway safety	L			2/2	2/2	Met
L28	Flammables	L			2/2	2/2	Met
L29	Rubbish/comb ustibles	L			2/2	2/2	Met
L30	Protective railings	L			1/1	1/1	Met
L31	Communicatio n method	I	6/6		7/7	13/13	Met
L32	Verbal & written	I	6/6		7/7	13/13	Met
L37	Prompt treatment	I	6/6		7/7	13/13	Met
℞ L38	Physician's orders	I	1/1		1/3	2/4	Not Met (50.0 %)
L39	Dietary requirements	I	0/1		2/3	2/4	Not Met (50.0 %)
L44	MAP registration	L			2/2	2/2	Met
L45	Medication storage	L			2/2	2/2	Met
℞ L46	Med. Administration	I			2/2	2/2	Met
L49	Informed of human rights	I	6/6		7/7	13/13	Met
L50 (07/21)	Respectful Comm.	I	6/6		7/7	13/13	Met
L51	Possessions	I	6/6		7/7	13/13	Met
L52	Phone calls	I	6/6		7/7	13/13	Met

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Indiv.</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	5/5			5/5	Met
L57	Written behavior plans	I			1/1	1/1	Met
L60	Data maintenance	I			1/1	1/1	Met
L61	Health protection in ISP	I	1/1		2/3	3/4	Met
L63	Med. treatment plan form	I			1/1	1/1	Met
L64	Med. treatment plan rev.	I			1/1	1/1	Met
L77	Unique needs training	I	6/6		7/7	13/13	Met
L79	Restraint training	L	3/3		2/2	5/5	Met
L80	Symptoms of illness	L	3/3		2/2	5/5	Met
L81	Medical emergency	L	3/3		2/2	5/5	Met
Ⓡ L82	Medication admin.	L			2/2	2/2	Met
L84	Health protect. Training	I	2/2		2/3	4/5	Met (80.0 %)
L85	Supervision	L	3/3		2/2	5/5	Met
L86	Required assessments	I	4/4		5/6	9/10	Met (90.0 %)
L87	Support strategies	I	5/5		5/6	10/11	Met (90.91 %)
L88	Strategies implemented	I	6/6		6/7	12/13	Met (92.31 %)
L91	Incident management	L	2/3		1/2	3/5	Not Met (60.0 %)
L93 (05/22)	Emergency back-up plans	I	6/6		7/7	13/13	Met
L94 (05/22)	Assistive technology	I	6/6		7/7	13/13	Met
L96 (05/22)	Staff training in devices and applications	I	6/6		6/6	12/12	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L99 (05/22)	Medical monitoring devices	I			0/1	0/1	Not Met (0 %)
#Std. Met/# 57 Indicator						51/57	
Total Score						58/67	
						86.57%	

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

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

### Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	7/7	Met
C8	Family/guardian communication	7/7	Met
C9	Personal relationships	7/7	Met
C10	Social skill development	7/7	Met
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	5/7	Not Met (71.43 %)
C13	Skills to maximize independence	7/7	Met
C14	Choices in routines & schedules	7/7	Met
C15	Personalize living space	7/7	Met
C16	Explore interests	6/6	Met

## Residential Services

Indicator #	Indicator	Met/Rated	Rating
C17	Community activities	7/7	Met
C18	Purchase personal belongings	7/7	Met
C19	Knowledgeable decisions	7/7	Met
C46	Use of generic resources	7/7	Met
C47	Transportation to/ from community	7/7	Met
C48	Neighborhood connections	7/7	Met
C49	Physical setting is consistent	7/7	Met
C51	Ongoing satisfaction with services/ supports	7/7	Met
C52	Leisure activities and free-time choices /control	7/7	Met
C53	Food/ dining choices	7/7	Met

## ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/3	Met
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	1/3	Not Met (33.33 %)
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	1/1	Met
C16	Explore interests	2/3	Not Met (66.67 %)
C17	Community activities	3/3	Met
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	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	1/1	Met

**ABI-MFP Residential Services**

<b>Indicator #</b>	<b>Indicator</b>	<b>Met/Rated</b>	<b>Rating</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>

**Community Based Day Services**

<b>Indicator #</b>	<b>Indicator</b>	<b>Met/Rated</b>	<b>Rating</b>
C7	Feedback on staff / care provider performance	7/7	<b>Met</b>
C8	Family/guardian communication	7/7	<b>Met</b>
C13	Skills to maximize independence	7/7	<b>Met</b>
C37	Interpersonal skills for work	7/7	<b>Met</b>
C38 (07/21)	Habilitative & behavioral goals	7/7	<b>Met</b>
C39 (07/21)	Support needs for employment	4/7	<b>Not Met (57.14 %)</b>
C40	Community involvement interest	7/7	<b>Met</b>
C41	Activities participation	7/7	<b>Met</b>
C42	Connection to others	7/7	<b>Met</b>
C43	Maintain & enhance relationship	7/7	<b>Met</b>
C44	Job exploration	5/7	<b>Not Met (71.43 %)</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**

<b>Indicator #</b>	<b>Indicator</b>	<b>Met/Rated</b>	<b>Rating</b>
C7	Feedback on staff / care provider performance	6/6	<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	6/6	<b>Met</b>
C24	Job goals & support needs plan	5/6	<b>Met (83.33 %)</b>
C25	Skill development	6/6	<b>Met</b>
C26	Benefits analysis	5/6	<b>Met (83.33 %)</b>

### Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C27	Job benefit education	6/6	Met
C28	Relationships w/businesses	2/2	Met
C29	Support to obtain employment	6/6	Met
C30	Work in integrated settings	4/5	Met (80.0 %)
C31	Job accommodations	5/5	Met
C32	At least minimum wages earned	5/5	Met
C33	Employee benefits explained	5/5	Met
C34	Support to promote success	5/5	Met
C35	Feedback on job performance	5/5	Met
C36	Supports to enhance retention	5/5	Met
C37	Interpersonal skills for work	4/4	Met
C47	Transportation to/ from community	6/6	Met
C50	Involvement/ part of the Workplace culture	6/6	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met