



**PROVIDER REPORT
FOR
WORK INC
25 Beach Street
Dorchester, MA 02122**

March 15, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	WORK INC
Review Dates	1/9/2023 - 1/13/2023
Service Enhancement Meeting Date	1/30/2023
Survey Team	Michael Marchese Raymond Edi-Osagie Mark Boghoian (TL) Cheryl Hampton Margareth Larrieux Lisa MacPhail Leslie Hayes Raymond Obeng
Citizen Volunteers	

<u>Survey scope and findings for Residential and Individual Home Supports</u>					
Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	13 location (s) 13 audit (s)	Full Review	71/88 Defer Licensure		Certified
Residential Services	6 location(s) 6 audit (s)			Deemed	
Placement Services	4 location(s) 4 audit (s)			Deemed	
Individual Home Supports	3 location(s) 3 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	
<u>Survey scope and findings for Employment and Day Supports</u>					
Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	3 location(s) 20 audit (s)	Full Review	52/58 Defer Licensure		Certified
Community Based Day Services	1 location(s) 9 audit (s)			Deemed	
Employment Support Services	2 location(s) 11 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	

EXECUTIVE SUMMARY :

Work Inc. is a human service agency that provides services to adults with Developmental and Intellectual Disabilities, the Deaf and Hard of Hearing, Acquired Brain Injury, populations with chronic mental illnesses, and the physically disabled. The agency offers Twenty-Four Hour Residential Services, Individual Home Supports, Placement Services, Employment Supports, Community Based Day Supports (CBDS), Day Habilitation and Family Supports.

For this 2023 DDS Licensing and Certification Survey, a full review of all licensing indicators within the agency's residential and day services was conducted by the DDS Metro Office of Quality Enhancement (OQE). The agency's Three-Year CARF Accreditation (Commission on Accreditation of Rehabilitation Facilities) was accepted to Deem for the certification component of this 2023 DDS Licensing and Certification Review. The scope of the survey included six individuals at six 24/7 residential homes, four placement homes, three individual support homes, nine individuals at one CBDS site and eleven individuals at three employment sites.

An evaluation of organizational indicators revealed that Work Inc. maintained a fully comprised Human Rights Committee that met regularly to review matters under its purview. The agency also ensured that staff were trained in human rights and abuse and neglect reporting. A review of complaints and investigations revealed that Work Inc. took immediate actions to protect people, and action plans developed in response to investigations were adhered to. Work Inc. also screened potential employees prior to hire and ensured that staff requiring licenses for their positions maintained the requisite credentials.

Across Work Inc.'s residential supports, required annual inspections were conducted, locations were clean and in good repair, and DDS authorized Emergency Evacuation Safety Plans were current. The review of the agency's medical supports showed that individuals received annual physical and dental exams. Staff communicated with people in a respectful manner and people's preferred method of communication were supported. This was highly evident in the support offered to the Deaf and Hard of Hearing people; staff were fluent in ASL (American Sign Language) and ASL and CDI interpreters were built into the fabric of supports. In the area of human rights, individuals and their guardians were informed relative to human rights and abuse reporting, and the rights of people to have visitors and make telephone calls in private were well supported. When required, restrictive interventions and behavior plans were developed in accordance with DDS guidelines and data related to the interventions was maintained.

Within Work Inc's Day and Employment supports, locations received all required annual inspections, were clean and in good repair, and had current DDS authorized Emergency Evacuation Safety Plans. It was noted that for those individuals who engaged in the employment support programs, support was given to continue working through the Covid-19 pandemic; staff educated individuals relative to the proper use of PPE, hand sanitizing, and social distancing. It was also noted through observation and interviews that staff supported and communicated with people in a respectful manner using people's preferred methods of communicating. Staff in day services were equally fluent in ASL and there was a noticeable presence of ASL and CDI interpreters. The agency ensured that human rights were upheld; individuals and their guardians were given information relative to human rights and abuse reporting. Individuals also had privacy when discussing personal matters and had access to making telephone calls. When required, the agency sought consent for the use of people's images in print and electronic media forums. In general, people's contact information and emergency fact sheets were well maintained, and all were evaluated relative to their safe use of equipment. As it relates to incident reporting and required ISP submissions, incidents were reported into HCSIS within required timelines, and ISP assessments and provider support strategies were developed and submitted in a timely manner as well.

Work Inc evidenced positive outcomes across residential licensing service areas; however, several

areas were identified to need further attention. In the area of medical, the agency needs to ensure that medication is stored in accordance with MAP regulations at DPH registered sites. It needs to ensure that medication is administered in accordance with prescribing Physicians orders. Work Inc also needs to ensure that people are supported to schedule/ attend medical follow-up visits and have recommended tests conducted. Relative to behavior modifying medication treatment plans, the agency needs to ensure that plans contain all required components including data collection; it needs to ensure that plans are submitted for the requisite reviews. When health-related supportive and protective equipment is ordered for individuals use, the agency needs to ensure that staff receive training relative to the use, maintenance, and safety checks for the equipment(s), including documentation requirements. In the area of the ISP, the agency needs to ensure that it develops and submits ISP assessments and provider support strategies to DDS within the required timeframes; it also needs to implement provider support strategies to assist individuals to meet their identified goals. Similarly, the agency needs to ensure that incident reports are submitted into HCSIS within the required timelines. In the area of assistive technology, the agency needs to focus on increasing people's independence by assessing them, identifying, and acquiring assistive technologies with an eye towards supporting them with both high and low assistive technologies. Relative to money management, the agency needs to ensure that when it has shared and/or delegated responsibility for managing people's money, it develops detailed money management plans that depict each party's responsibility. The survey also revealed that the agency had not met programmatic expectations relative to effective supervision, oversight, and staff development.

Within Work Inc's Day and Employment supports, a few areas were identified that would benefit from further attention. The agency needs to ensure that when ordered by physicians for individual treatment, medical treatment protocols are effectively implemented. When people are supported to use health-related equipment, the agency needs to maintain information relative to staff training in properly assisting the individual with the equipment. The agency also needs to ensure that it implements the provider support strategies for people's ISP goals, and consistently documents progress toward achieving their identified goals.

Work Inc. met 81% of the residential licensing indicators, with one critical indicator (Medication Administration) receiving a not met rating; the agency's residential service grouping is thus in deferred licensure status, pending the correction of the critical indicator at a follow-up review to be conducted by the DDS Metro Office of Quality Enhancement within 60 days of the SEM meeting. If the agency meets the critical indicator at follow-up, the agency will earn a two-year license with a mid-cycle review for this service grouping.

Work Inc's Day and Employment service grouping met 90% of licensing indicators, with one critical indicator (Medication Protocols) receiving a not met rating; the day and employment service grouping is thus in deferred licensure status pending the correction of the critical indicator at a follow-up review to be conducted by the DDS Metro Office of Quality Enhancement within 60 days of the SEM meeting. The agency's residential and employment service groupings are Certified due to the agency's CARF Accreditation.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Residential and Individual Home Supports	62/78	16/78	
Residential Services Individual Home Supports Placement Services			
Critical Indicators	7/8	1/8	
Total	71/88	17/88	81%
Defer Licensure			
# indicators for 60 Day Follow-up		17	

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Employment and Day Supports	43/48	5/48	
Community Based Day Services Employment Support Services			
Critical Indicators	5/6	1/6	
Total	52/58	6/58	90%
Defer Licensure			
# indicators for 60 Day Follow-up		6	

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.	Nine of twenty restraint reports reviewed in HCSIS within the past thirteen months were not submitted and/or finalized within the required timeframes. The agency needs to ensure that restraint reports are submitted into HCSIS and finalized within the established timeframes.

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

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.	Five of thirteen 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 thirteen 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
L45	Medications are stored in a locked container or area in which nothing except such medications are stored.	At two of six locations, medication was not stored in a locked container or exclusive storage area where only medications are stored. The agency needs to ensure that medication is stored in a secure container or area where nothing except medications is stored.
R L46	All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.	At two of nine locations, prescribed medications were not administered according to the written order of the practitioner. The agency needs to ensure that prescribed medications are administered in accordance with physician's written order.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For one of three individuals who use health-related equipment, the continued need for the equipment was not properly outlined. The agency needs to ensure that the continued need for health- related protections is well outlined.
L63	Medication treatment plans are in written format with required components.	For four of six individuals, medication treatments plans did not contain all of the required components (including data collection). The agency needs to ensure that medication treatment plans contain all required components.
L64	Medication treatment plans are reviewed by the required groups.	Two of six individual's medication treatment plans were not reviewed by the required groups. The agency needs to ensure that all medication treatment plans are submitted to the ISP team for review.
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 ten individuals, with whom the agency had shared and/or delegated money management responsibility, there was no detailed written plan in place accompanied by a training plan (when required). The agency needs to ensure that when it has shared or delegated money management responsibility for an individual's funds, it develops a detailed written plan that includes a training component when required.

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

Indicator #	Indicator	Area Needing Improvement
L78	Staff are trained to safely and consistently implement restrictive interventions.	At one of two locations where restrictive interventions were implemented, staff were not trained to safely and consistently implements those interventions. The agency needs to ensure that staff are trained to safely and consistently implement restrictive interventions.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	At two of four locations, staff were not trained on the correct utilization of health-related protections. The agency needs to ensure that staff are trained on the correct utilization of people's health related protections.
L85	The agency provides ongoing supervision, oversight and staff development.	At eight of twelve locations, the agency was not providing effective ongoing supervision, oversight, and staff development. The agency needs to ensure that effective oversight, supervision, and staff development occur on a continuous basis.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For four of nine individuals, ISP assessments were not developed and submitted into HCSIS within the required timelines. The agency needs to ensure that ISP assessments are developed and submitted within the required timelines.
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 ten individuals, ISP provider support strategies were not developed and submitted into HCSIS within the required timelines. The agency needs to ensure that ISP provider support strategies are developed and submitted within the required timelines.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For four of thirteen individuals, staff were not implementing the agreed upon ISP support strategies for goal accomplishment, and they did not consistently maintain documentation of progress. The agency needs to ensure that staff support the implementation of provider support strategies and document peoples progress towards meeting goals.
L91	Incidents are reported and reviewed as mandated by regulation.	At three of twelve locations, incidents were not reported into HCSIS within the required timelines. The agency needs to ensure that incidents are reported into HSCIS within with the required timelines.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Six of thirteen individuals were not adequately assessed relative to their need for assistive technology. The agency needs to ensure that all individuals are assessed relative to their need for assistive technology for the purpose of increasing their independence.

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

Indicator #	Indicator	Area Needing Improvement
P L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For one of two individuals, Physician ordered medical treatment protocol was not being effectively implemented. The agency needs to ensure that when ordered by physicians for individual treatment, medical treatment protocols are effectively implemented.
L57	All behavior plans are in a written plan.	For one individual's positive behavior support plan reviewed, there was no data being collected to help determine the effectiveness of the plan. The agency needs to ensure that data is collected to determine the effectiveness of PBS plans.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For one individual requiring the use of health-related supports and protective equipment, the continued need was not properly outlined. The agency needs to ensure that the continued need for health- related equipment is well outlined.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For one individual, staff were not trained in the correct utilization of health-related equipment. The agency needs to ensure that staff are trained on the correct utilization of people's health-related equipment.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For five of twenty individuals, staff were not implementing the agreed upon ISP support strategies, and were not consistently maintaining documentation of progress. The agency needs to ensure that staff implement the provider support strategies and document people's progress towards meeting goals.

MASTER SCORE SHEET LICENSURE

Organizational: WORK INC

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
R L2	Abuse/neglect reporting	15/15	Met
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	1/1	Met
L65	Restraint report submit	11/20	Not Met(55.00 %)
L66	HRC restraint review	19/19	Met
L74	Screen employees	6/6	Met
L75	Qualified staff	5/5	Met
L76	Track trainings	19/20	Met(95.00 %)
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/Rat ed	Rating
L1	Abuse/n eglect training	I	6/6	3/3	3/4				12/13	Met (92.31 %)
L5	Safety Plan	L	6/6	3/3	3/3				12/12	Met
R L6	Evacuation	L	5/6	3/3	3/3				11/12	Met (91.67 %)
L7	Fire Drills	L	6/6						6/6	Met
L8	Emergency Fact Sheets	I	3/6	3/3	2/4				8/13	Not Met (61.54 %)
L9 (07/21)	Safe use of equipment	I	6/6	3/3					9/9	Met
L10	Reduce risk interventions	I	2/2						2/2	Met
R L11	Required inspections	L	6/6	2/2	2/3				10/11	Met (90.91 %)
R L12	Smoke detectors	L	6/6	2/2	2/3				10/11	Met (90.91 %)
R L13	Clean location	L	6/6	2/2	3/3				11/11	Met
L14	Site in good repair	L	5/5	2/2	3/3				10/10	Met
L15	Hot water	L	6/6	2/2	2/3				10/11	Met (90.91 %)
L16	Accessibility	L	6/6	2/2	3/3				11/11	Met
L17	Egress at grade	L	6/6	1/1	2/2				9/9	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L18	Above grade egress	L	4/4	2/2	2/2				8/8	Met
L19	Bedroom location	L	2/2		2/2				4/4	Met
L20	Exit doors	L	6/6	2/2					8/8	Met
L21	Safe electrical equipment	L	6/6	2/2	2/3				10/11	Met (90.91 %)
L22	Well-maintained appliances	L	5/6	1/2	2/2				8/10	Met (80.0 %)
L23	Egress door locks	L	6/6	1/1					7/7	Met
L24	Locked door access	L	5/6	2/2	3/3				10/11	Met (90.91 %)
L25	Dangerous substances	L	6/6	2/2					8/8	Met
L26	Walkway safety	L	6/6	2/2	3/3				11/11	Met
L28	Flammables	L	6/6	2/2					8/8	Met
L29	Rubbish/combustibles	L	6/6	2/2	2/3				10/11	Met (90.91 %)
L30	Protective railings	L	6/6	1/1	3/3				10/10	Met
L31	Communication method	I	6/6	3/3	4/4				13/13	Met
L32	Verbal & written	I	6/6	3/3	4/4				13/13	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	6/6	3/3	4/4				13/13	Met
L34	Dental exam	I	5/5	3/3	4/4				12/12	Met
L35	Preventive screenings	I	5/5	2/2	3/4				10/11	Met (90.91 %)
L36	Recommended tests	I	5/6	2/3	2/4				9/13	Not Met (69.23 %)
L37	Prompt treatment	I	4/5	3/3	4/4				11/12	Met (91.67 %)
L38	Physician's orders	I	5/6						5/6	Met (83.33 %)
L39	Dietary requirements	I	2/2						2/2	Met
L40	Nutritional food	L	6/6	2/2					8/8	Met
L41	Healthy diet	L	6/6	3/3	3/3				12/12	Met
L42	Physical activity	L	6/6	3/3	3/3				12/12	Met
L43	Health Care Record	I	5/6	3/3	3/4				11/13	Met (84.62 %)
L44	MAP registration	L	6/6						6/6	Met
L45	Medication storage	L	4/6						4/6	Not Met (66.67 %)
L46	Med. Administration	I	5/6		2/3				7/9	Not Met (77.78 %)
L47	Self medication	I	1/1	2/2	1/1				4/4	Met
L49	Informed of human rights	I	6/6	3/3	3/4				12/13	Met (92.31 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L50 (07/21)	Respectful Comm.	I	6/6	3/3	4/4				13/13	Met
L51	Possessions	I	6/6	3/3	4/4				13/13	Met
L52	Phone calls	I	6/6	3/3	4/4				13/13	Met
L53	Visitation	I	6/6	3/3	4/4				13/13	Met
L54 (07/21)	Privacy	I	6/6	3/3	4/4				13/13	Met
L55	Inform ed consent	I	2/2						2/2	Met
L56	Restricti ve practices	I	1/1						1/1	Met
L57	Written behav ior plans	I	2/2						2/2	Met
L60	Data mainten ance	I	2/2						2/2	Met
L61	Health protecti on in ISP	I	2/3						2/3	Not Met (66.67 %)
L62	Health protecti on review	I	2/2						2/2	Met
L63	Med. treatme nt plan form	I	1/4		1/2				2/6	Not Met (33.33 %)
L64	Med. treatme nt plan rev.	I	2/4		2/2				4/6	Not Met (66.67 %)
L67	Money mgmt. plan	I	4/5	1/2	1/3				6/10	Not Met (60.0 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L68	Funds expenditure	I	5/5	2/2	2/3				9/10	Met (90.0 %)
L69	Expenditure tracking	I	4/5	1/2	3/3				8/10	Met (80.0 %)
L70	Charges for care calc.	I	6/6	2/2	4/4				12/12	Met
L71	Charges for care appeal	I	6/6	2/2	4/4				12/12	Met
L77	Unique needs training	I	5/6	3/3	3/4				11/13	Met (84.62 %)
L78	Restrictive Int. Training	L	1/2						1/2	Not Met (50.0 %)
L79	Restraint training	L	2/2						2/2	Met
L80	Symptoms of illness	L	4/6	3/3	3/3				10/12	Met (83.33 %)
L81	Medical emergency	L	6/6	3/3	3/3				12/12	Met
R L82	Medication admin.	L	6/6						6/6	Met
L84	Health protect. Training	I	2/4						2/4	Not Met (50.0 %)
L85	Supervision	L	2/6	2/3	0/3				4/12	Not Met (33.33 %)
L86	Required assessments	I	2/5	2/2	1/2				5/9	Not Met (55.56 %)
L87	Support strategies	I	2/5	2/2	0/3				4/10	Not Met (40.0 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L88	Strategies implemented	I	5/6	2/3	2/4				9/13	Not Met (69.23 %)
L90	Personal space/bedroom privacy	I	4/6	3/3	4/4				11/13	Met (84.62 %)
L91	Incident management	L	3/6	3/3	3/3				9/12	Not Met (75.00 %)
L93 (05/22)	Emergency back-up plans	I	6/6	3/3	4/4				13/13	Met
L94 (05/22)	Assistive technology	I	3/6	3/3	1/4				7/13	Not Met (53.85 %)
L96 (05/22)	Staff training in devices and applications	I	2/2	1/1	1/1				4/4	Met
#Std. Met/# 78 Indicator									62/78	
Total Score									71/88	
									80.68%	

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	11/11		9/9	20/20	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L5	Safety Plan	L	1/1		1/1	2/2	Met
R 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	11/11		7/9	18/20	Met (90.0 %)
L9 (07/21)	Safe use of equipment	I	11/11		9/9	20/20	Met
R L11	Required inspections	L			1/1	1/1	Met
R L12	Smoke detectors	L			1/1	1/1	Met
R L13	Clean location	L			1/1	1/1	Met
L14	Site in good repair	L			1/1	1/1	Met
L15	Hot water	L			1/1	1/1	Met
L16	Accessibility	L			1/1	1/1	Met
L17	Egress at grade	L			1/1	1/1	Met
L18	Above grade egress	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
L30	Protective railings	L			1/1	1/1	Met
L31	Communication method	I	11/11		9/9	20/20	Met
L32	Verbal & written	I	11/11		9/9	20/20	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L37	Prompt treatment	I	10/10		8/8	18/18	Met
P L38	Physician's orders	I	1/1		0/1	1/2	Not Met (50.0 %)
L49	Informed of human rights	I	11/11		9/9	20/20	Met
L50 (07/21)	Respectful Comm.	I	11/11		9/9	20/20	Met
L51	Possessions	I	11/11		8/9	19/20	Met (95.00 %)
L52	Phone calls	I	11/11		9/9	20/20	Met
L54 (07/21)	Privacy	I	11/11		9/9	20/20	Met
L55	Informed consent	I	1/1		4/4	5/5	Met
L56	Restrictive practices	I			2/2	2/2	Met
L57	Written behavior plans	I			0/1	0/1	Not Met (0 %)
L61	Health protection in ISP	I			0/1	0/1	Not Met (0 %)
L62	Health protection review	I			1/1	1/1	Met
L77	Unique needs training	I	11/11		8/9	19/20	Met (95.00 %)
L80	Symptoms of illness	L	2/2		1/1	3/3	Met
L81	Medical emergency	L	2/2		1/1	3/3	Met
L84	Health protect. Training	I			0/1	0/1	Not Met (0 %)
L85	Supervision	L	2/2		1/1	3/3	Met
L86	Required assessments	I	9/9		6/7	15/16	Met (93.75 %)
L87	Support strategies	I	8/8		6/7	14/15	Met (93.33 %)
L88	Strategies implemented	I	8/11		7/9	15/20	Not Met (75.00 %)
L91	Incident management	L	2/2		1/1	3/3	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L93 (05/22)	Emergency back-up plans	I	11/11		9/9	20/20	Met
L94 (05/22)	Assistive technology	I	11/11		6/9	17/20	Met (85.00 %)
L96 (05/22)	Staff training in devices and applications	I	6/6		4/4	10/10	Met
#Std. Met/# 48 Indicator						43/48	
Total Score						52/58	
						89.66%	
