



**PROVIDER REPORT
FOR**

**Bridgewell Inc.
471 Broadway
Lynnfield, MA 01940**

November 13, 2014

Version

Provider Web Report

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

SUMMARY OF OVERALL FINDINGS

Provider	Bridgewell Inc.
Review Dates	10/20/2014 - 10/24/2014
Service Enhancement Meeting Date	11/4/2014
Survey Team	Steve Goldberg (TL) Leslie Hayes John Hazelton Joyce Herrmann Lisa MacPhail Michelle Stomboly-Lorenzo Patty McCarthy
Citizen Volunteers	

Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	24 location (s) 25 audit (s)	Full Review	78 / 86 2 Year License 11/04/2014 - 11/04/2016		
Residential Services	19 location (s) 19 audit (s)			Deemed	
Respite Services	1 location(s) 2 audit (s)			No Review	No Review
Individual Home Supports	4 location(s) 4 audit (s)			Deemed	

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	2 location(s) 8 audit (s)	Full Review	58 / 63 2 Year License 11/04/2014 - 11/04/2016		
Community Based Day Services	1 location(s) 4 audit (s)			Deemed	
Employment Support Services	1 location(s) 4 audit (s)			Deemed	

Survey scope and findings for Planning and Quality Management

Service Group Type	Sample Size	Scope	Licensure Level	Certification Scope	Certification Level
Planning and Quality Management	N/A	N/A	N/A	Deemed	0/0 Certified

EXECUTIVE SUMMARY :

Bridgewell, Inc. is a large non-profit human service organization providing a wide range of services for people with developmental disabilities. Since the previous survey (October 2012) the agency has seen an expansion in its supports for people with autism, has expanded day habilitation services, and in July 2014, began to provide Community Based Day Services (CBDS). The agency serves individuals throughout the Northeast, Merrimack Valley and Greater Lowell areas of the Massachusetts Department of Developmental Services (DDS). Supports include, but are not limited to, 24-hour residential supports, Individual Home Supports (IHS), facility based respite, as well as Employment, and the aforementioned CBDS.

The agency recently (August, 2014) received three-year CARF accreditation. As a result of that accomplishment, Bridgewell was able to 'deem' the certification portion of the DDS survey. For the purpose of this DDS Licensing review, audits were conducted in nineteen 24-hour residential homes, two audits occurred at the agency's facility based respite location, four audits of people receiving Individual Home Supports, four audits in Employment Supports, and four audits in Community Based Day Services. In all, 33 audits, inclusive of agency supports for 57 individuals, were reviewed.

Bridgewell is one of the largest provider agencies in the Northeast Region of DDS. The agency continues to grow, create innovative services, and meet the changing needs of the people it has traditionally served as they age. This is made possible, in large part, by an experienced and effective senior management team, and through the development and maintenance of effective agency systems, including the increased use of technology. The agency recently moved to an electronic confidential record (TIER), and had made significant enhancements to its intra-net network. Via the agency intra-net staff can access training information, agency policies and procedures, find information or take action on financial, facility and safety related issues, and communicate with one another.

The agency had a highly effective system in place to ensure that the almost 1300 Bridgewell employees complete and maintain the training their job requires. Managers at all levels were typically promoted from within the agency. Through the agency intra-net, managers were made aware of the status of staff training and the need for re-training or re-certification. Staff also utilized a variety of e-academy on-line trainings, and regularly attended training offered by DDS. At homes, the occurrence of person specific training was well documented, and the agency continued to utilize and expand the use of "skill cards" to enhance staff knowledge. The agency also continued to organize an annual conference; in August 2014 the conference's focus was on supporting an aging population. Bridgewell is also now providing training opportunities for the staff of two other provider agencies.

Healthcare, facilities, financial, quality and risk management systems effectively support people and their supporters. Currently, nurses or LPN's are assigned to every agency location with the number of hours based on need. Nursing staff act as an important liaison to medical/healthcare professionals, provide staff training, and are accessible to staff after hours on-call. Facilities staff have recently increased due to agency the expansion and the creation of new sites. Maintenance staff ensure that homes are safe and in good repair, and that inspections occur as required. The facilities director also oversees the expanding responsibilities of the agency's safety committee. Bridgewell is representative payee for a large number of the people it supports residentially. Centralized financial systems ensure the people's money is managed securely and effectively. Systems, policies and procedures are no more effective than the people responsible for maintaining them. Agency systems are enabled by well trained and supportive managers, program directors, and nurses at each site who conduct regular audits of, for example, people's finances, the facility, and medication, and report results to supervisors, senior staff, QA and Human Rights managers for their review.

People's human rights are well supported by the agency. Formal human rights training occurred as required for staff and individuals, and human rights related topics were discussed regularly, for example, at each weekly house meeting at residences. The agency supports its own chapter of Mass Advocates Standing Strong (MASS) and self-advocates were very active in MASS activities, within Bridgewell, and in legislative action. The agency supports three hard working and effective Human Rights Committees. Committee minutes were reflective of a thoughtful and interrogative review of the presented material.

and the committee exceeded its typical role by, for example, reviewing medication treatment plans (not required of HRC's).

At homes and the day/work location, people spoke positively about their staff. Interactions were observed to be respectful, warm, professional, and supportive. At Boston Street, people spoke about the jobs, groups and activities they enjoyed. There was a hustle and bustle as people came and went from community based work and activities. Everywhere, people were supported to be independent and active participants in their services.

Some areas needing improvement were identified during the survey. The agency needs to improve systems to ensure that restraint reviews occur as required by DDS regulations. Human Rights Committees need to include all required members; the healthcare/medical representative was missing for two of the three agency HRC's. In general, the agency needs to improve systems to ensure that work toward the implementation and accomplishment of ISP goals and objectives is well documented through timely submission of materials, and the effective use of progress notes.

As a result of this licensing survey, Bridgewell residential supports met 91% and employment/day services 92% of the indicators reviewed, earning a two-year license for each of these service groupings. Due to this very positive outcome, the agency is enabled to complete its own follow-up of the indicators that were not met.

The very positive survey outcome is reflective of the strong commitment of senior managers and staff to the agency's mission and core values. Congratulations.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Residential and Individual Home Supports	70/76	6/76	
Residential Services Respite Services Individual Home Supports			
Critical Indicators	8/8	0/8	
Total	78/86	8/86	91%
2 Year License			
# indicators for 60 Day Follow-up		8	

	Met / Rated	Not Met / Rated	% Met
Organizational	8/10	2/10	
Employment and Day Supports	50/53	3/53	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	58/63	5/63	92%
2 Year License			
# indicators for 60 Day Follow-up		5	

Organizational Commendations on Standards Met:

Indicator #	Indicator	Commendations
L76	The agency has and utilizes a system to track required trainings.	The agency had highly effective systems in place to ensure that the almost 1300 Bridgewell employees completed and maintained the training their job required. Through TIER and the agency intra-net, managers were made aware of the status of staff training and the need for re-training or re-certification. The agency is commended for developing systems that effectively ensure that required trainings occur within the identified guidelines.

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.	Although, in general, the agency supported three very hard working and effective HRC's, two were missing the required medical/health-care professional member. HRC's need to maintain the membership required by the DDS regulations.
L65	Restraint reports are submitted within required timelines.	Required restraint report time-lines had not been met. Neither the three-day initial submission, and/or the five-day restraint manager review, had consistently occurred. The agency must ensure that restraint reports are submitted within the required time-lines.

Residential Commendations on Standards Met:

Indicator #	Indicator	Commendations
○ L13	Location is clean and free of rodent and/or insect infestation.	Homes were found to be clean, well maintained, and reflective of the preferences of those living therein. People took pride in their homes and personal spaces. Agency systems effectively ensured that maintenance issues were identified and promptly responded to. Managers completed site inspections twice a year. Facilities staff responded to issues as they arose, provided preventive maintenance including the update of bathrooms and kitchens, and ensured that required inspections occurred.
L41	Individuals are supported to follow a healthy diet.	Staff were knowledgeable about nutrition and homes were well stocked with nutritional food and snacks. There was evidence of staff training in a variety of related areas specific to the needs of people, such as diabetes related nutrition, low cholesterol or low fat diets, food textures, etc. The agency is commended for assisting people to follow a healthy diet.

Residential Commendations on Standards Met:

Indicator #	Indicator	Commendations
L42	Individuals are supported to engage in physical activity.	Staff supported people to be physically active. This was accomplished in a variety of ways based on people's skills and abilities, from regular neighborhood walks and mall walking, gardening, swimming, involvement in Special Olympics, bowling and flag football. Staff were knowledgeable themselves and assisted people to understand the connection between physical activity and good health. The agency is commended for assisting people to regularly engage in physical fitness activities.
L50	Written and oral communication about and with individuals is respectful.	In all homes communication and interactions between individuals and their staff were found to be positive and respectful. Staff appeared knowledgeable about people's preferences and in how and when to best communicate with them about plans, routines or expectations. In general, this helped to foster positive environments in which people liked and enjoyed each other's company. Staff are commended for the level of respect with which they communicated with and treated the people they supported.
L77	The agency assures that staff are familiar with and trained to support the unique needs of individuals.	The agency utilized a variety of methods to ensure that staff were trained in the unique needs of the individuals they supported. At homes, the occurrence of person specific training was well documented, and the agency continued to utilize and expand the use of "skill cards" to enhance staff knowledge. Staff also utilized a variety of e-academy on-line trainings, and regularly attended trainings offered by DDS. The agency also continued to organize an annual conference, and in August 2014 its focus was on supporting an aging population. The agency is commended for ensuring that staff are well trained in the unique needs of the people they support.

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

Indicator #	Indicator	Area Needing Improvement
L63	Medication treatment plans are in written format with required components.	Of the 21 Medication Treatment Plans reviewed, 5 lacked required components. A sixth individual did not have a plan in place, as required. The five plans lacked a specific description of the behavior(s) to be controlled/modified, and two did not include data on the behavior prior to medication and from which an evaluation of the medications effectiveness can be made. Medication Treatment Plans must include all required components.
L64	Medication treatment plans are reviewed by the required groups.	Medication Treatment Plans need to be submitted, along with other ISP related assessments, for review by the individual's ISP team. The agency needs to ensure that Medication Treatment Plans are reviewed as required.

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

Indicator #	Indicator	Area Needing Improvement
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	In general, staff were very knowledgeable about how people were supported to manage their funds, and could articulate possible areas of growth in this regard. However, formal training plans were not consistently in place. ISP financial assessments also frequently indicated people were not capable of learning to manage their funds, when in fact they could, at least in some small but meaningful way. When the agency has shared or delegated money management responsibilities, a training plan must be developed describing efforts to assist the individual to become as independent as possible in managing their funds. Such plans need to be submitted to service coordinators along with all other ISP related assessments.
L69	Individual expenditures are documented and tracked.	In general, financial systems ensured that people's funds were secure and expenditures accurately documented and tracked. However, at several locations staff were not documenting activity as it occurred and were only balancing tracking sheets after receipts were returned. At the time of each transaction, staff need to document the removal of cash on hand from an individual's account, as well as when change and receipts are returned. There also needs to be documentation of what happens to change from transactions, for example, cash back into the account or if change is withheld by the individual. The agency needs to ensure that individual expenditures are appropriately documented and tracked.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For 25% of the people surveyed (6 of 20) support strategies had not been submitted within the required time-line. Support strategies need to be submitted to the service coordinator 15 days prior to the ISP.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	The agency utilized a variety of methods to document the implementation of strategies utilized to assist people toward the achievement of their ISP goals/objectives. Daily notes, monthly notes, and data sheets were in use at various locations, to report on progress. However, notes were not consistently measurable, some were vague, some did not report on progress at all. The agency needs to ensure that there is consistent, measurable and clear reporting on the implementation of identified goals/objectives.

Employment/Day Commendations on Standards Met:

Indicator #	Indicator	Commendations
○ L13	Location is clean and free of rodent and/or insect infestation.	The day/work location was found to be clean and well maintained. Agency systems effectively ensured that maintenance issues were identified and promptly responded to, and managers completed site inspections twice a year. Individuals were also involved in the maintenance of the facility and took pride in its appearance. Meeting, lunch and office areas were bright, welcoming, and provided a positive atmosphere in which to work, socialize, and learn. The agency is commended for providing a clean and well maintained location for people to spend their day.
L50	Written and oral communication about and with individuals is respectful.	At the work/day location communication and interactions between individuals and their staff were found to be positive and respectful. When interviewed people were very positive about their supporters, their jobs and activities. A "smart board" was in use in the CBDS training space; individuals had obviously been trained in its use and were encouraged to use it in an interactive way that enhanced their learning experience. For some, communication books traveled back and forth from home and enhanced positive communication between staff, the individual, and family members. Staff are commended for the level of respect with which they communicated with and treated the people they supported.

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

Indicator #	Indicator	Area Needing Improvement
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Of the eight people surveyed, two (25%) had not had their assessments submitted to service coordinators within the required 15 days prior to the ISP. Assessments need to be submitted within the required time-line.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Of the eight people surveyed, three (37.5%) had not had their strategies submitted to service coordinators within the required 15 days prior to the ISP. Support strategies need to be submitted within the required time-line.

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

Indicator #	Indicator	Area Needing Improvement
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Of the eight people surveyed, for two (25%) it was evident that strategies were either ineffective, or it was unclear whether they were being effectively implemented. For one individual, whose ISP was held during January 2014, progress notes indicated no success in meeting the objective, yet no modification had been made to the ISP. For the second individual staff had made some changes to strategies, though they had not been formally sent to the SC, progress notes were vague, and it was unclear whether strategies were being fully implemented. The agency needs to ensure the identified strategies are implemented, and/or that the ISP is modified as required.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated
Residential and Individual Home Supports		

	Met / Rated	Not Met / Rated
Employment and Day Supports		

MASTER SCORE SHEET LICENSURE

Organizational: Bridgewell Inc.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
○ L2	Abuse/neglect reporting	15/16	Met(93.75 %)
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	1/3	Not Met(33.33 %)
L65	Restraint report submit	25/158	Not Met(15.82 %)
L66	HRC restraint review	115/115	Met
L74	Screen employees	14/14	Met
L75	Qualified staff	2/2	Met
L76	Track trainings	20/20	Met
L83	HR training	20/20	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	19/19	4/4		2/2			25/25	Met
L5	Safety Plan	L	19/19	4/4		1/1			24/24	Met
○ L6	Evacuation	L	18/19	4/4		1/1			23/24	Met (95.83 %)
L7	Fire Drills	L	19/19						19/19	Met
L8	Emergency Fact Sheets	I	19/19	4/4		0/2			23/25	Met (92.00 %)
L9	Safe use of equipment	L	18/18	4/4		1/1			23/23	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L10	Reduce risk interventions	I	7/7	1/1		1/1			9/9	Met
○ L11	Required inspections	L	19/19	1/1		1/1			21/21	Met
○ L12	Smoke detectors	L	19/19	1/1		1/1			21/21	Met
○ L13	Clean location	L	19/19	1/1		1/1			21/21	Met
L14	Site in good repair	L	16/16	1/1		1/1			18/18	Met
L15	Hot water	L	19/19	1/1		1/1			21/21	Met
L16	Accessibility	L	19/19	2/2		1/1			22/22	Met
L17	Egress at grade	L	19/19	1/1		1/1			21/21	Met
L18	Above grade egress	L	12/12	1/1		1/1			14/14	Met
L19	Bedroom location	L	15/15			1/1			16/16	Met
L20	Exit doors	L	19/19	2/2		1/1			22/22	Met
L21	Safe electrical equipment	L	18/19	1/1					19/20	Met (95.00%)
L22	Clean appliances	L	19/19	1/1					20/20	Met
L23	Egress door locks	L	14/15						14/15	Met (93.33%)
L24	Locked door access	L	17/18						17/18	Met (94.44%)

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L25	Dangerous substances	L	18/18			1/1			19/19	Met
L26	Walkway safety	L	19/19	2/2		1/1			22/22	Met
L28	Flammables	L	18/18			1/1			19/19	Met
L29	Rubbish/combustibles	L	19/19	1/1		1/1			21/21	Met
L30	Protective railings	L	16/16	1/1					17/17	Met
L31	Communication method	I	19/19	4/4		2/2			25/25	Met
L32	Verbal & written	I	19/19	4/4		2/2			25/25	Met
L33	Physical exam	I	19/19	4/4					23/23	Met
L34	Dental exam	I	19/19	4/4					23/23	Met
L35	Preventive screenings	I	18/19	3/3					21/22	Met (95.45%)
L36	Recommended tests	I	19/19	3/3					22/22	Met
L37	Prompt treatment	I	18/18	2/2		2/2			22/22	Met
○ L38	Physician's orders	I	16/16						16/16	Met
L39	Dietary requirements	I	10/11	1/1		2/2			13/14	Met (92.86%)
L40	Nutritional food	L	19/19	2/2		1/1			22/22	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L41	Healthy diet	L	19/19	4/4		1/1			24/24	Met
L42	Physical activity	L	19/19	4/4					23/23	Met
L43	Health Care Record	I	19/19	4/4					23/23	Met
L44	MAP registration	L	19/19	1/1		1/1			21/21	Met
L45	Medication storage	L	19/19	1/1		1/1			21/21	Met
○ L46	Med. Administration	I	19/19	1/1		2/2			22/22	Met
L47	Self medication	I	16/19	4/4					20/23	Met (86.96%)
L49	Informed of human rights	I	19/19	4/4		2/2			25/25	Met
L50	Respectful Comm.	L	19/19	4/4		1/1			24/24	Met
L51	Possessions	I	19/19	4/4		2/2			25/25	Met
L52	Phone calls	I	19/19	4/4		2/2			25/25	Met
L53	Visitation	I	19/19	4/4		2/2			25/25	Met
L54	Privacy	L	19/19	4/4		1/1			24/24	Met
L55	Informed consent	I	14/16	2/2		2/2			18/20	Met (90.0%)
L56	Restrictive practices	I	4/4			2/2			6/6	Met
L57	Written behavior plans	I	4/4			1/1			5/5	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L58	Behavior plan component	I	4/4			1/1			5/5	Met
L59	Behavior plan review	I	4/4			1/1			5/5	Met
L60	Data maintenance	I	4/4			1/1			5/5	Met
L61	Health protection in ISP	I	8/8						8/8	Met
L62	Health protection review	I	8/8						8/8	Met
L63	Med. treatment plan form	I	12/19	2/2					14/21	Not Met (66.67%)
L64	Med. treatment plan rev.	I	10/19	0/2					10/21	Not Met (47.62%)
L65	Restraint report submit	L				1/1			1/1	Met
L67	Money mgmt. plan	I	13/17	2/2					15/19	Not Met (78.95%)
L68	Funds expenditure	I	19/19	2/2					21/21	Met
L69	Expenditure tracking	I	14/19	2/2					16/21	Not Met (76.19%)
L70	Charges for care calc.	I	19/19			2/2			21/21	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L71	Charges for care appeal	I	19/19			2/2			21/21	Met
L77	Unique needs training	I	18/19	4/4		2/2			24/25	Met (96.00%)
L78	Restrictive Int. Training	L	3/3			1/1			4/4	Met
L79	Restraint training	L	3/3			1/1			4/4	Met
L80	Symptoms of illness	L	19/19	4/4		1/1			24/24	Met
L81	Medical emergency	L	19/19	4/4		1/1			24/24	Met
○ L82	Medication admin.	L	19/19	1/1		1/1			21/21	Met
L84	Health protect. Training	I	9/10						9/10	Met (90.0%)
L85	Supervision	L	19/19	4/4		1/1			24/24	Met
L86	Required assessments	I	14/16	4/4					18/20	Met (90.0%)
L87	Support strategies	I	10/16	4/4					14/20	Not Met (70.0%)

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L88	Strategies implemented	I	9/19	4/4					13/23	Not Met (56.52%)
#Std. Met/# 76 Indicator									70/76	
Total Score									78/86	
									90.70%	

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	4/4		4/4	8/8	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	4/4		4/4	8/8	Met
L9	Safe use of equipment	L	1/1		2/2	3/3	Met
L10	Reduce risk interventions	I	1/1		1/1	2/2	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			2/2	2/2	Met
L15	Hot water	L			2/2	2/2	Met
L16	Accessibility	L			2/2	2/2	Met

Ind. #	Ind.	Loc. or Individ.	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			2/2	2/2	Met
L20	Exit doors	L			2/2	2/2	Met
L21	Safe electrical equipment	L			2/2	2/2	Met
L22	Clean 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/combustibles	L			2/2	2/2	Met
L30	Protective railings	L			2/2	2/2	Met
L31	Communication method	I	4/4		4/4	8/8	Met
L32	Verbal & written	I	4/4		4/4	8/8	Met
L37	Prompt treatment	I	1/1		1/1	2/2	Met
○ L38	Physician's orders	I			1/1	1/1	Met
L39	Dietary requirements	I	1/1		1/1	2/2	Met
L45	Medication storage	L			2/2	2/2	Met
○ L46	Med. Administration	I			1/1	1/1	Met
L49	Informed of human rights	I	4/4		4/4	8/8	Met
L50	Respectful Comm.	L	1/1		2/2	3/3	Met
L51	Possessions	I	4/4		4/4	8/8	Met
L52	Phone calls	I	4/4		4/4	8/8	Met
L54	Privacy	L			2/2	2/2	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L55	Informed consent	I	2/2		2/2	4/4	Met
L57	Written behavior plans	I	2/2			2/2	Met
L58	Behavior plan component	I	2/2			2/2	Met
L59	Behavior plan review	I	2/2			2/2	Met
L60	Data maintenance	I	2/2			2/2	Met
L61	Health protection in ISP	I	1/1		1/1	2/2	Met
L62	Health protection review	I	1/1		1/1	2/2	Met
L72	DOL requirements	I	1/1			1/1	Met
L73	DOL certificate	L			1/1	1/1	Met
L77	Unique needs training	I	3/4		4/4	7/8	Met (87.50 %)
L79	Restraint training	L	1/1		1/1	2/2	Met
L80	Symptoms of illness	L	1/1		1/1	2/2	Met
L81	Medical emergency	L	1/1		1/1	2/2	Met
○ L82	Medication admin.	L			2/2	2/2	Met
L85	Supervision	L	1/1		1/1	2/2	Met
L86	Required assessments	I	3/4		3/4	6/8	Not Met (75.00 %)
L87	Support strategies	I	2/4		3/4	5/8	Not Met (62.50 %)

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L88	Strategies implemented	I	4/4		2/4	6/8	Not Met (75.00 %)
#Std. Met/# 53 Indicator						50/53	
Total Score						58/63	
						92.06%	

MASTER SCORE SHEET CERTIFICATION
