OPIA Risk Management System

<u>Risk Indicator Report - DDD Community</u> **Report on Data Collected Between** Wednesday, July 02, 2014 And Thursday, July 02, 2015

Tier 1 (LRC of 101 or more)

Quality Domain	Insp	ection and	d Progra	m Revie	w		t Reporti anageme		Abuse/N	leglect In	vestigation	Financia	al Audits	
Quality Indicator	Licensed Residential Capacity (LRC)	Size of agency based on LRC	Provis Lice		Multiple Provisional Licenses	Unusual In Report Timelin	ing	Failure to Submit Invtgn Rpts	Substat Investiş		Repeat Victims	Audit Submission	Deficit Fund Balance	
Threshold	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<mark>10%</mark>	1	<mark>3.0</mark>	<i>N/A</i>	<mark>30%</mark>	N/A	<i>N/A</i>	<mark>1</mark>	<mark>No</mark>	Yes	
Indicator Operational Definition (These values represent data captured during the entire 12-month period and reflect the status of the agency during that timeframe only)	Maximum # of individual who can reside at an agency	TIER 1 (101 or more), TIER 2 (51 to 100), TIER 3 (1 to 50), TIER 4 (0)	Number of licenses issued*	% of licenses that were prov- isional	Number ofsites which had more than one provisional license	Average # of days between date known to staff and date reported	Avg for last 3 mnths of period	% of missing reports compared to those due	Number of incidents which SRU investi- gated	# of incidents SRU substant- iated	Number of SRs who were involved in 2 or more <u>substantiated</u> SRU invstgns	Agency submitted an audit	Agency's audit identified a deficit fund balance	
Agency						reporteu						Gray fields involv	indicate no vement	<u>Thresholds</u> <u>Triggered:</u>
Tier 1 (LRC of 101 or more)			ī		ī									
ADVOSERV OF NEW JERSEY INC	439	Tier 1	50			1.5	1.3	1.3%	28	2		Yes	No	0
ALLIES INC	211	Tier 1	61			2.4	2.0		8	4		Yes	No	0
ALTERNATIVES INC	108	Tier 1	24	4.2%		2.1	1.9	1.1%	10			Yes	No	0
BANCROFT NEUROHEALTH	423	Tier 1	62			4.0	5.3	3.9%	24	8		Yes	No	1
CARING HOUSE PROJECTS INC	245	Tier 1	50			2.5	2.5		6	1		Yes	No	0
COMMUNITY ACCESS UNLIMITED	297	Tier 1	59			1.7	1.3		9			Yes	No	0
COMMUNITY OPTIONS INC	297	Tier 1	101	3.0%		3.3	3.0	3.0%	13	5	1	Yes	No	2
DELTA COMMUNITY SUPPORTS, INC	129	Tier 1	40			3.2	2.4	27.8%	2	1		Yes	No	1
DEVEREUX FOUNDATION	254	Tier 1	6	<mark>33.3%</mark>		2.7	2.3	3.0%	24	7	4	Yes	No	2
EASTERN CHRSTN CHLNS RETRT	129	Tier 1	10			1.2	1.6		1			Yes	No	0
ELWYN NEW JERSEY	255	Tier 1	2			3.5	3.3	3.8%	13	3		Yes	No	1
ESSEX ARC	144	Tier 1	32			1.5	1.0		2	2		Yes	No	0
KELSCH ASSOC INC	123	Tier 1	16			1.5	1.2	25.0%	5	3		Yes	No	0
MORRIS ARC	146	Tier 1	27			2.6	1.5		3			Yes	No	0

Tier 1 (LRC of 101 or more)

Quality Domain	Insp	ection and	d Progra	n Revie	w		t Reporti anageme		Abuse/N	leglect In	vestigation	Financia	ul Audits	
Quality Indicator	Licensed Residential Capacity (LRC)	Size of agency based on LRC	Provis Lice		Multiple Provisional Licenses	Unusual Ir Report Timelin	ing	Failure to Submit Invtgn Rpts	Substar Investig		Repeat Victims	Audit Submission	Deficit Fund Balance	
Threshold	<i>N/A</i>	<i>N/A</i>	N/A	<mark>10%</mark>	1	<mark>3.0</mark>	<i>N/A</i>	<mark>30%</mark>	<i>N/A</i>	N/A	<mark>1</mark>	<mark>No</mark>	Yes	
Indicator Operational Definition (These values represent data captured during the entire 12-month period and reflect the status of the agency during that timeframe only)	Maximum # of individual who can reside at an agency	TIER 1 (101 or more), TIER 2 (51 to 100), TIER 3 (1 to 50), TIER 4 (0)	Number of licenses issued*	% of licenses that were prov- isional	Number ofsites which had more than one provisional license	Average # of days between date known to staff and date reported	Avg for last 3 mnths of period	% of missing reports compared to those due	Number of incidents which SRU investi- gated	# of incidents SRU substant- iated	Number of SRs who were involved in 2 or more <u>substantiated</u> SRU invstgns	Agency submitted an audit	Agency's audit identified a deficit fund balance	
Agency												Gray fields involv		<u>Thresholds</u> <u>Triggered:</u>
OAKS INTEGRATED CARE	194	Tier 1	38			2.2	3.4	15.4%	5	1		Yes	No	0
OCEAN ARC	185	Tier 1	7			2.3	1.6	<mark>33.3%</mark>	4			Yes	No	1
REM-NJ INC	182	Tier 1	44	6.8%		1.8	1.4	29.3%	16	3		Yes	Yes	1
RES-CARE NJ INC	107	Tier 1	23			3.3	1.8	5.3%	3			Yes	No	1
SERV ACHIEVEMENT CENTER	134	Tier 1	33			2.4	2.4	1.6%	11	3		Yes	Yes	1
SOMERSET ARC	111	Tier 1	22	4.5%		2.0	1.1		2			Yes	No	0
SPECTRUM FOR LIVING	153	Tier 1	19			2.1	1.8	<mark>35.7%</mark>	1			Yes	No	1
SUSSEX ARC	112	Tier 1	25			1.8	1.6	3.0%				Yes	No	0
UNION ARC	103	Tier 1	23	4.3%		1.9	2.6					Yes	No	0
UNIVERSAL INSTITUTE INC	137	Tier 1	22			1.4	1.3	3.0%	6	5		Yes	No	0
WILLOWGLEN ACADEMY-NJ INC	151	Tier 1	37			5.3	2.8	19.7%	11	4		Yes	No	1
Tier 2 (LRC of 51 to 100)					Ī									
21 PLUS, INC.	64	Tier 2	13			2.3	2.6	4.2%				Yes	No	0
AMIB INC	54	Tier 2	10			3.5	2.1		2	1		Yes	No	1
ARC - MIDDLESEX CTY INC	82	Tier 2	20			2.0	1.6	4.3%	6			Yes	No	0
ATLANTIC ARC	99	Tier 2	18			2.3	2.4		2	1		Yes	No	0
BENCHMARK HUMAN SERVICES	91	Tier 2	18			1.7	1.7		1			Yes	No	0
BERGEN-PASSAIC ARC	88	Tier 2	31			1.6	1.8		1	1		Yes	No	0
BURLINGTON ARC	53	Tier 2	11			1.5	1.9	10.0%	1	1		Yes	No	0
CAPE MAY ARC	90	Tier 2	17			1.9	1.6	10.0%	3			Yes	No	0

Wednesday, September 30, 2015

*Data field reflects DHS licensing activity for the reporting period and is not necessarily the actual number of operational/licensed sites

Tier 2 (LRC of 51 to 100)

Quality Domain	Insp	ection and	d Progra	n Revie	w		t Reporti anageme		Abuse/N	leglect In	vestigation	Financia	al Audits	
Quality Indicator	Licensed Residential Capacity (LRC)	Size of agency based on LRC	Provis Lice		Multiple Provisional Licenses	Unusual II Report Timelin	ing	Failure to Submit Invtgn Rpts	Substar Investig		Repeat Victims	Audit Submission	Deficit Fund Balance	
Threshold	<i>N/A</i>	<i>N/A</i>	N/A	<mark>10%</mark>	1	<mark>3.0</mark>	<i>N/A</i>	<mark>30%</mark>	<i>N/A</i>	N/A	<mark>1</mark>	<mark>No</mark>	Yes	
Indicator Operational Definition (These values represent data captured during the entire 12-month period and reflect the status of the agency during that timeframe only)	Maximum # of individual who can reside at an agency	TIER 1 (101 or more), TIER 2 (51 to 100), TIER 3 (1 to 50), TIER 4 (0)	Number of licenses issued*	% of licenses that were prov- isional	Number ofsites which had more than one provisional license	Average # of days between date known to staff and date reported	Avg for last 3 mnths of period	% of missing reports compared to those due	Number of incidents which SRU investi- gated	# of incidents SRU substant- iated	Number of SRs who were involved in 2 or more <u>substantiated</u> SRU invstgns	Agency submitted an audit	Agency's audit identified a deficit fund balance	
Agency						reporteu						Gray fields involv		<u>Thresholds</u> <u>Triggered:</u>
CAPITOL CARE INC	78	Tier 2	20			1.6	1.4		5	1		Yes	No	0
CENTER FOR FAMILY SUPPORT NJ	86	Tier 2	18			3.4	2.0		5			Yes	No	1
CENTER FOR HMNSTC CHG OF NJ IN	73	Tier 2	14			1.5	1.4		1			Yes	No	0
CEREBRAL PALSY OF NO JERSEY	64	Tier 2	14			2.6	1.7	11.5%	5	1		Yes	No	0
DDANJ	71	Tier 2	13			1.4	0.9		5	2		Yes	No	0
DEPT FOR PERSONS WITH DISABILI	73	Tier 2	11			1.0	1.2					Yes	No	0
EDEN AUTISM SERVICES, INC	84	Tier 2	1			<mark>3.6</mark>	1.8		1			Yes	No	1
EIHAB HUMAN SERVICES	65	Tier 2	16			2.2	2.0							0
ENABLE INC	66	Tier 2	15	6.7%		2.5	3.1		8	4	1	Yes	No	1
EVERAS COMMUNITY SERVICES, INC.	89	Tier 2	18			1.3	1.2	7.7%	5			Yes	No	0
GLOUCESTER CTY ARC	92	Tier 2	20			1.6	2.6					Yes	No	0
HEART TO HEART HOME CARE	74	Tier 2	12	<mark>116.7%</mark>	5	4.5	1.7	5.0%	6	2		Yes	No	3
HUDSON MILESTONES	55	Tier 2	10			0.8	1.2		2			Yes	No	0
HUNTERDON ARC	86	Tier 2	25			<mark>14.5</mark>	14.9	<mark>89.5%</mark>	2			Yes	No	2
KEYSTONE COMMUNITY LIVING INC	66	Tier 2	14			2.1	1.3					Yes	No	0
MERCER ARC	76	Tier 2	18			3.3	1.7	20.0%	2	1		Yes	No	1
MONMOUTH ARC	91	Tier 2	2			1.9	2.4		2			Yes	No	0
NATIONAL MENTOR HEALTHCARE INC	100	Tier 2	66	1.5%		2.9	3.0	<mark>100.0%</mark>	9	1				1
NATL INSTITUTE F/PEOPLE W/DIS	63	Tier 2	9			1.5	2.2		1	1		Yes	Yes	1

Tier 2 (LRC of 51 to 100)

Quality Domain	Insp	ection and	d Prograi	m Revie	w	Incident Mo	t Reporti anageme		Abuse/N	leglect In	vestigation	Financia	ul Audits	
Quality Indicator	Licensed Residential Capacity (LRC)	Size of agency based on LRC	Provis Licer		Multiple Provisional Licenses	Unusual In Report Timelin	ing	Failure to Submit Invtgn Rpts	Substar Investiş		Repeat Victims	Audit Submission	Deficit Fund Balance	
Threshold	<i>N/A</i>	N/A	N/A	<mark>10%</mark>	1	<mark>3.0</mark>	N/A	<mark>30%</mark>	N/A	N/A	<mark>1</mark>	<mark>No</mark>	Yes	
Indicator Operational Definition (These values represent data captured during the entire 12-month period and reflect the status of the agency during that timeframe only)	Maximum # of individual who can reside at an agency	TIER 1 (101 or more), TIER 2 (51 to 100), TIER 3 (1 to 50), TIER 4 (0)	Number of licenses issued*	% of licenses that were prov- isional	Number ofsites which had more than one provisional license	Average # of days between date known to staff and date reported	Avg for last 3 mnths of period	% of missing reports compared to those due	Number of incidents which SRU investi- gated	# of incidents SRU substant- iated	Number of SRs who were involved in 2 or more <u>substantiated</u> SRU invstgns	Agency submitted an audit	Agency's audit identified a deficit fund balance	
Agency												Gray fields involv	indicate no ement	<u>Thresholds</u> <u>Triggered:</u>
NEW HORIZONS IN AUTISM INC	51	Tier 2	13			1.2	0.8	<mark>50.0%</mark>	2	2		No	No	2
NEW JERSEY INSTITUTE FOR DISABILITIES	89	Tier 2	21			2.6	1.4	18.8%	2			Yes	No	0
OUR HOUSE INC	91	Tier 2	23			0.8	0.9		1			Yes	No	0
PLUS-NJ, INC./NEURORESTORATIVE NJ	82	Tier 2	13			3.9	2.6	6.7%	4					1
Q.M.A.N.J. INC	51	Tier 2	14			1.6	1.6	8.3%	2			Yes	No	0
WARREN ARC	88	Tier 2	18			3.2	1.9		3	2		Yes	Yes	2
Tier 3 (LRC of 1 to 50)														
1ST CP OF NEW JERSEY	18	Tier 3	3			2.3	2.4		2			Yes	No	0
ABC GROUP HOME INC	9	Tier 3	2			1.0						No	No	1
ADEPT PROGRAMS	43	Tier 3	5			2.2	3.5		1	1		No	No	1
ADVANCING OPPORTUNITIES, INC.	47	Tier 3	17	<mark>35.3%</mark>		4.8	2.3	13.8%	14	3		Yes	No	2
ALFA DEVELOPMENT INC	20	Tier 3	4			1.6	1.8	14.3%	3	1		Yes	No	0
ALLEGRO SCHOOL INC	29	Tier 3	6			2.2	0.0	<mark>75.0%</mark>				Yes	No	1
ARCHWAY PROGRAMS	21	Tier 3	4			3.8	2.4					Yes	No	1
BETHEL RIDGE	6	Tier 3	1			2.0						Yes	No	0
BETHESDA LUTHERAN COMMUNITIES, INC.	19	Tier 3	4			2.4	3.8		1			Yes	No	0
BROADWAY RESPITE AND HOMECARE, LLC	4	Tier 3	1	<mark>100.0%</mark>		4.0	6.0							2
CAREER OPPORTUNITY DEVELOPMENT	5	Tier 3	1			0.8	0.4		2	1		Yes	No	0
CHILDRENS AID AND FAMILY SERVICES	8	Tier 3	1	<mark>100.0%</mark>		7.1	3.1							2
CLIFTON ADULT OPPORTUNITY CTR	13	Tier 3	2			0.3	0.3					Yes	No	0

Tier 3 (LRC of 1 to 50)

Quality Domain	Insp	ection and	d Progra	m Revie	w		t Reporti anageme		Abuse/N	leglect In	ivestigation	Financia	al Audits	I
Quality Indicator	Licensed Residential Capacity (LRC)	Size of agency based on LRC	Provis Lice		Multiple Provisional Licenses	Unusual In Report Timelin	ing	Failure to Submit Invtgn Rpts	Substat Investig		Repeat Victims	Audit Submission	Deficit Fund Balance	
Threshold	<i>N/A</i>	N/A	N/A	<mark>10%</mark>	1	<mark>3.0</mark>	N/A	<mark>30%</mark>	N/A	N/A	<u>1</u>	<mark>No</mark>	Yes	
Indicator Operational Definition (These values represent data captured during the entire 12-month period and reflect the status of the agency during that timeframe only)	Maximum # of individual who can reside at an agency	THER 1 (101 or more), THER 2 (51 to 100), THER 3 (1 to 50), THER 4 (0)	Number of licenses issued*	% of licenses that were prov- isional	Number ofsites which had more than one provisional license	Average # of days between date known to staff and date reported	Avg for last 3 mnths of period	% of missing reports compared to those due	Number of incidents which SRU investi- gated	# of incidents SRU substant- iated	Number of SRs who were involved in 2 or more <u>substantiated</u> SRU invstgns	Agency submitted an audit	Agency's audit identified a deficit fund balance	
Agency						reporteu						Gray fields involv	indicate no rement	<u>Thresholds</u> <u>Triggered:</u>
COMMUNITY ACTION FOR IND LVG I	42	Tier 3	8			1.8	1.6	<mark>75.0%</mark>	1			Yes	Yes	2
COMMUNITY QUEST	20	Tier 3	5			2.3	5.6		1			No	No	1
CPC BEHAV HC INC	17	Tier 3	3			1.4	1.0					Yes	No	0
CUMBERLAND ARC	2	Tier 3	2			0.0						Yes	No	0
DUNGARVIN NJ INC	41	Tier 3	11			3.0	2.4	17.4%	2	1				1
DURAND ACADEMY INC	23	Tier 3	5			2.6	1.2	14.3%				Yes	No	0
EASTER SEAL SOC OF NJ INC	21	Tier 3	5			2.0	1.0	5.7%	4			Yes	No	0
EQUAL PARTNERS INC	9	Tier 3	2			9.5	18.0					Yes	No	1
FRIENDS OF CYRUS INC	2	Tier 3	1			1.6	1.4							0
FRIENDSHIP HOME SOLUTIONS OF NEW JERSEY	4	Tier 3	1	<mark>200.0%</mark>	1	1.2								2
J-ADD	47	Tier 3	10			1.2	1.1	<mark>37.5%</mark>	3			Yes	No	1
JESPY HOUSE INC	19	Tier 3	2			10.3	2.0					Yes	No	1
JEWISH SVC F/T DD OF METROWEST	39	Tier 3	10			1.5	1.7	12.5%				Yes	No	0
KEYSTONE COMMUN RESIDENCE INC	21	Tier 3	1									Yes	No	0
LADACIN NETWORK INC	43	Tier 3	6			1.1	1.0		4			Yes	No	0
LIFE OPPORTUNITIES UNLIMITED	21	Tier 3	4			2.0	2.5		1			Yes	No	0
LIFE SKILLS RESOURCE CENTER	17	Tier 3	4			1.0	1.0					Yes	No	0
LIVING IN FREEDOM	4	Tier 3	1	<mark>200.0%</mark>	1							Yes	No	2
MATHENY SCH AND HOSP INC	30	Tier 3	5	<mark>60.0%</mark>	1	2.4	1.8					Yes	No	2

Tier 3 (LRC of 1 to 50)

Quality Domain	Insp	ection and	d Progra	m Revie	w		t Reporti anageme		Abuse/N	leglect In	vestigation	Financia	al Audits	
Quality Indicator	Licensed Residential Capacity (LRC)	Size of agency based on LRC	Provis Lice		Multiple Provisional Licenses	Unusual Ir Report Timelin	ing	Failure to Submit Invtgn Rpts	Substat Investiş		Repeat Victims	Audit Submission	Deficit Fund Balance	
Threshold	<i>N/A</i>	N/A	N/A	<mark>10%</mark>	1	<mark>3.0</mark>	<i>N/A</i>	<mark>30%</mark>	N/A	N/A	<mark>1</mark>	<mark>No</mark>	Yes	
Indicator Operational Definition (These values represent data captured during the entire 12-month period and reflect the status of the agency during that timeframe only)	Maximum # of individual who can reside at an agency	TIER 1 (101 or more), TIER 2 (51 to 100), TIER 3 (1 to 50), TIER 4 (0)	Number of licenses issued*	% of licenses that were prov- isional	Number ofsites which had more than one provisional license	Average # of days between date known to staff and date reported	Avg for last 3 mnths of period	% of missing reports compared to those due	Number of incidents which SRU investi- gated	# of incidents SRU substant- iated	Number of SRs who were involved in 2 or more <u>substantiated</u> SRU invstgns	Agency submitted an audit	Agency's audit identified a deficit fund balance	
Agency						reporteu						Gray fields involv	indicate no rement	<u>Thresholds</u> <u>Triggered:</u>
MENTOR ABI, LLC	27	Tier 3	5			3.0	3.5	10.0%	1					0
MIDLAND ADULT SERVICES INC.	29	Tier 3	6			1.3	1.3	50.0%				Yes	No	1
MILLER GROUP HOME INC	14	Tier 3	2			1.2	1.1					Yes	Yes	1
MOSS REHAB/DRUCKER BRAIN INJURY CENTER	8	Tier 3				2.0	1.0							0
NEIGHBOURS INC	14	Tier 3	11			1.4	1.5		1			Yes	No	0
NEW CONCEPTS FOR LIVING INC	48	Tier 3	8			1.0	0.8		2			Yes	No	0
NHS OF NEW JERSEY	38	Tier 3	14			6.9	1.4		2	1		Yes	Yes	2
NJ COMMUNITY DEV CORP	15	Tier 3	4			1.9	1.0							0
OCCUPATIONAL TRNG CTR OF BURL	10	Tier 3	1			1.4	1.5		1	1		No	No	1
OPPORTUNITY KNOCKS INC	37	Tier 3	8			3.2	7.3		2	1		No	No	2
P. I. L. O. T. SERVICES INC	34	Tier 3	10			4.0	5.5	14.3%				Yes	Yes	2
PAFACOM INC	40	Tier 3	10			2.2	3.7		1			Yes	No	0
PARTNERSHIPS FOR PEOPLE INC	30	Tier 3	8			1.6	1.9		1			Yes	Yes	1
PCDI	15	Tier 3	4			2.0	1.0					Yes	No	0
PENNREACH	29	Tier 3	8			3.3	1.7	4.0%	4			Yes	No	1
PRINCE ASSN F/T DEVEL DSABL IN	15	Tier 3	3			1.3	0.8					Yes	No	0
RAPHA, INC.	5	Tier 3	1			1.8	1.0					No	No	1
REHABILITATION SPECIALISTS	18	Tier 3	4	<mark>75.0%</mark>		1.8	2.0							1
ROSE HOUSE	16	Tier 3	4			1.0	0.8					Yes	No	0

Tier 3 (LRC of 1 to 50)

Quality Domain	Insp	ection and	d Progra	m Revie	w	Inciden Ma	t Reporti anageme		Abuse/N	leglect In	vestigation	Financia	al Audits	Ţ
Quality Indicator	Licensed Residential Capacity (LRC)	Size of agency based on LRC	Provis Lice		Multiple Provisional Licenses	Unusual In Report Timelin	ing	Failure to Submit Invtgn Rpts	Substat Investiį		Repeat Victims	Audit Submission	Deficit Fund Balance	
Threshold	<i>N/A</i>	<i>N/A</i>	N/A	<mark>10%</mark>	1	<mark>3.0</mark>	<i>N/A</i>	<mark>30%</mark>	N/A	N/A	<mark>1</mark>	<mark>No</mark>	Yes	
Indicator Operational Definition (These values represent data captured during the entire 12-month period and reflect the status of the agency during that timeframe only)	Maximum # of individual who can reside at an agency	TIER 1 (101 or more), TIER 2 (51 to 100), TIER 3 (1 to 50), TIER 4 (0)	Number of licenses issued*	% of licenses that were prov- isional	Number ofsites which had more than one provisional license	Average # of days between date known to staff and date reported	Avg for last 3 mnths of period	% of missing reports compared to those due	Number of incidents which SRU investi- gated	# of incidents SRU substant- iated	Number of SRs who were involved in 2 or more <u>substantiated</u> SRU invstgns	Agency submitted an audit	Agency's audit identified a deficit fund balance	
Agency						reporteu						Gray fields involv	indicate no rement	<u>Thresholds</u> <u>Triggered:</u>
SALEM ARC	11	Tier 3	2			1.8	0.7		1	1		Yes	No	0
SCHI DISABILITY SERVICES, INC.	5	Tier 3	2			0.7						Yes	Yes	1
SEARCH DAY PROG INC	7	Tier 3	1			0.6	1.0					Yes	No	0
SKYLANDS CENTER	10	Tier 3	2			1.0	1.0					Yes	No	0
SPECIAL HOMES OF NJ INC	43	Tier 3	10			3.6	2.1		1			Yes	No	1
THE ARC OF CAMDEN COUNTY	48	Tier 3	17			3.3	1.4					Yes	No	1
THE OPEN DOOR, LLC	12	Tier 3	4			2.4	2.7		2	1		Yes	No	0
VINE COMMUNITY	4	Tier 3	1	<mark>100.0%</mark>		0.6	0.0		2			No	No	2
VOLUNTEERS OF AMERICA	4	Tier 3	1			1.0								0
WINDMILL ALLIANCE INC	15	Tier 3	1			1.9	2.0		3	1		Yes	No	0
YOUTH CONSULTATION SERVICES	46	Tier 3	11			2.4	1.9		7	1				0
ZION INC	15	Tier 3	3			1.8	1.0		3	1		Yes	No	0
Tier 4 (LRC of 0)	Ī													
ABILITIES CTR OF SOUTHERN NJ		Tier 4				0.2	0.0							0
ABILITIES OF NORTHWEST JERSEY		Tier 4				1.3	1.6					Yes	No	0
ACCREDITED HEALTH SVCS INC		Tier 4												0
ADVOSERV NJ, INC.		Tier 4				6.7	8.3							1
AHS HOSPITAL CORP		Tier 4												0
ALL HEALTH CARE SVCS		Tier 4												0
APPROPRIATE LIVING F/T AUTISTI		Tier 4												0

Wednesday, September 30, 2015

Tier 4 (LRC of 0)

Tier 4 (LRC of 0) <i>Quality Domain</i>	Insp	ection and	d Progra	m Revie	w		t Reporti anageme		Abuse/N	leglect In	vestigation	Financia	al Audits	
Quality Indicator	Licensed Residential Capacity (LRC)	Size of agency based on LRC	Provis Lice		Multiple Provisional Licenses	Unusual Ir Report Timelin	ing	Failure to Submit Invtgn Rpts	Substat Investi _ž		Repeat Victims	Audit Submission	Deficit Fund Balance	
Threshold	<i>N/A</i>	N/A	N/A	<mark>10%</mark>	1	<mark>3.0</mark>	<i>N/A</i>	<mark>30%</mark>	N/A	N/A	<mark>1</mark>	<mark>No</mark>	Yes	
Indicator Operational Definition (These values represent data captured during the entire 12-month period and reflect the status of the agency during that timeframe only)	Maximum # of individual who can reside at an agency	THER 1 (101 or more), THER 2 (51 to 100), THER 3 (1 to 50), THER 4 (0)	Number of licenses issued*	% of licenses that were prov- isional	Number ofsites which had more than one provisional license	Average # of days between date known to staff and date reported	Avg for last 3 mnths of period	% of missing reports compared to those due	Number of incidents which SRU investi- gated	# of incidents SRU substant- iated	Number of SRs who were involved in 2 or more <u>substantiated</u> SRU invstgns	Agency submitted an audit	Agency's audit identified a deficit fund balance	
Agency												Gray fields involv	indicate no ement	<u>Thresholds</u> <u>Triggered:</u>
BAYADA NURSES INC		Tier 4												0
BENEDICTINE SCH FOR EXPTNL CHL		Tier 4												0
BENHAVEN INC		Tier 4												0
BERGEN CO SPEC SERVICES		Tier 4				0.5	1.2							0
BERGEN COUNTY YJCC-SHALOM		Tier 4												0
BOSTON HIGASHI SCHOOL INC		Tier 4												0
BRAIN INJURY ALLIANCE OF NJ INC.		Tier 4				0.0	0.0					Yes	No	0
BRENTWOOD HEALTH CARE, INC		Tier 4												0
BRIARWOOD-BROOKWOOD INC		Tier 4												0
BURLINGTON CTY CP ASSN		Tier 4										Yes	No	0
CAMP OAKHURST/NEW YORK SVCS F/		Tier 4				0.0								0
CAMPHILL VILL KIM HILLS INC		Tier 4												0
CAPE MAY SPECIAL SERVICES		Tier 4				10.0								1
CARE FINDERS INC		Tier 4												0
CARING WITH COMPASSION		Tier 4												0
CATHOLIC CHAR-DIOC OF METUCHEN		Tier 4												0
CATHOLIC CHARITIES ARCH NEWARK		Tier 4				1.0								0
CATHOLIC FAMILY & COMMUNITY SV		Tier 4				0.0	0.0							0
CENTER FOR DISCOV MAG SVCS COR		Tier 4				1.0	1.0							0

Tier 4 (LRC of 0)

Tier 4 (LRC of 0) <i>Quality Domain</i>	Insp	ection and	d Progra	m Revie	w		t Reporti anageme		Abuse/N	leglect In	vestigation	Financi	al Audits	
Quality Indicator	Licensed Residential Capacity (LRC)	Size of agency based on LRC	Provis Lice		Multiple Provisional Licenses	Unusual Ir Report Timelin	ing	Failure to Submit Invtgn Rpts	Substar Investiş		Repeat Victims	Audit Submission	Deficit Fund Balance	
Threshold	<i>N/A</i>	N/A	N/A	<mark>10%</mark>	1	<mark>3.0</mark>	<i>N/A</i>	<mark>30%</mark>	N/A	<i>N/A</i>	<mark>1</mark>	<mark>No</mark>	Yes	
Indicator Operational Definition (These values represent data captured during the entire 12-month period and reflect the status of the agency during that timeframe only)	Maximum # of individual who can reside at an agency	TIER 1 (101 or more), TIER 2 (51 to 100), TIER 3 (1 to 50), TIER 4 (0)	Number of licenses issued*	% of licenses that were prov- isional	Number ofsites which had more than one provisional license	Average # of days between date known to staff and date reported	Avg for last 3 mnths of period	% of missing reports compared to those due	Number of incidents which SRU investi- gated	# of incidents SRU substant- iated	Number of SRs who were involved in 2 or more <u>substantiated</u> SRU invstgns	Agency submitted an audit	Agency's audit identified a deficit fund balance	
Agency						reporteu						Gray fields involv	indicate no vement	<u>Thresholds</u> <u>Triggered:</u>
CENTER FOR EDUCATIONAL ADVANCE		Tier 4				11.0	11.0							1
CEREBRAL PALSY ADULT ACTIVITY		Tier 4				0.7						Yes	No	0
CEREBRAL PALSY LEAGUE OF UNION		Tier 4				3.2	8.8					Yes	No	1
CHAPEL HAVEN INC		Tier 4												0
CHRISTOPHER HOUSE		Tier 4												0
COMMUNITY HEALTH LAW PROJECT		Tier 4										Yes	No	0
COMMUNITY MEDICAL REFERRALS IN		Tier 4												0
COMMUNITY OPTIONS ENTERPRISES		Tier 4				2.0	2.2					Yes	No	0
COMMUNITY PERSONNEL SERVICES I		Tier 4												0
COMPUTER ENABLING PROGRAM FOUN		Tier 4												0
COOPERATIVE HOUSING CORP		Tier 4												0
COSAC		Tier 4												0
DAUGHTERS OF MIRIAM		Tier 4				1.0	0.8					Yes	No	0
DELTA-T GROUP INC		Tier 4												0
DELTA-T GROUP NORTH JERSEY INC		Tier 4												0
DEVELOPMENTAL DISABILITIES HEA		Tier 4										Yes	No	0
DORSON HOME CARE INC		Tier 4												0
EDISON SHELTERED WORKSHOP		Tier 4				0.5	0.0							0
EL ROI INC		Tier 4										No	No	1

Tier 4 (LRC of 0)

Tier 4 (LRC of 0) <i>Quality Domain</i>	Insp	ection and	d Progra	m Revie	W		t Reporti anageme		Abuse/N	leglect Ir	ivestigation	Financi	al Audits	
Quality Indicator	Licensed Residential Capacity (LRC)	Size of agency based on LRC	Provis Lice		Multiple Provisional Licenses	Unusual In Report Timelin	ing	Failure to Submit Invtgn Rpts	Substar Investiş		Repeat Victims	Audit Submission	Deficit Fund Balance	
Threshold	<i>N/A</i>	N/A	N/A	<mark>10%</mark>	1	<mark>3.0</mark>	<i>N/A</i>	<mark>30%</mark>	N/A	N/A	<u>1</u>	<mark>No</mark>	Yes	
Indicator Operational Definition (These values represent data captured during the entire 12-month period and reflect the status of the agency during that timeframe only)	Maximum # of individual who can reside at an agency	TIER 1 (101 or more), TIER 2 (51 to 100), TIER 3 (1 to 50), TIER 4 (0)	Number of licenses issued*	% of licenses that were prov- isional	Number ofsites which had more than one provisional license	Average # of days between date known to staff and date reported	Avg for last 3 mnths of period	% of missing reports compared to those due	Number of incidents which SRU investi- gated	# of incidents SRU substant- iated	Number of SRs who were involved in 2 or more <u>substantiated</u> SRU invstgns	Agency submitted an audit	Agency's audit identified a deficit fund balance	
Agency												Gray fields involv	indicate no vement	<u>Thresholds</u> <u>Triggered:</u>
ELWYN		Tier 4				4.5								1
EMERALD HEALTH CARE SERVICES I		Tier 4												0
EMPLOYMENT HORIZONS		Tier 4				0.0	0.0							0
FAMILY RESOURCE NETWORK		Tier 4				0.7	1.0							0
FEDERATION OF MULTICULTURAL PR		Tier 4				2.0		100.0%				No	No	2
FIRST OCCUPAT CTR OF NJ		Tier 4												0
FLORIDA INST F/NEURO REHAB INC		Tier 4												0
FOUR WINDS COMMUNITY		Tier 4												0
GOODWILL INDUST OF SOUTHERN NJ		Tier 4				0.7								0
HASC CENTER INC		Tier 4												0
HOLLYDELL INC		Tier 4				0.8	0.8					Yes	No	0
HUDSON ARC		Tier 4				0.5	0.5					Yes	No	0
IN HEALTH ASSOCIATES		Tier 4												0
INTERNATION MEDICAL RESOURCES		Tier 4												0
J-ADD RESPITE SERVICES		Tier 4												0
JAWONIO INC		Tier 4				1.4	1.0					Yes	Yes	1
JERSEY CAPE DIAG TRNG OPP CTR		Tier 4												0
JEWISH FAM & CHLDNS SVC		Tier 4										Yes	No	0
JUDGE ROTENBERG ED CTR INC		Tier 4												0

Tier 4 (LRC of 0)

Tier 4 (LRC of 0) <i>Quality Domain</i>	Insp	ection and	d Progra	m Revie	w		t Reporti anageme		Abuse/N	leglect In	vestigation	Financi	al Audits	
Quality Indicator	Licensed Residential Capacity (LRC)	Size of agency based on LRC	Provis Lice		Multiple Provisional Licenses	Unusual Ir Report Timelin	ing	Failure to Submit Invtgn Rpts	Substat Investi _ž		Repeat Victims	Audit Submission	Deficit Fund Balance	
Threshold	<i>N/A</i>	N/A	N/A	<mark>10%</mark>	1	<mark>3.0</mark>	N/A	<mark>30%</mark>	N/A	N/A	<u>1</u>	<mark>No</mark>	Yes	
Indicator Operational Definition (These values represent data captured during the entire 12-month period and reflect the status of the agency during that timeframe only)	Maximum # of individual who can reside at an agency	TIER 1 (101 or more), TIER 2 (51 to 100), TIER 3 (1 to 50), TIER 4 (0)	Number of licenses issued*	% of licenses that were prov- isional	Number ofsites which had more than one provisional license	Average # of days between date known to staff and date reported	Avg for last 3 mnths of period	% of missing reports compared to those due	Number of incidents which SRU investi- gated	# of incidents SRU substant- iated	Number of SRs who were involved in 2 or more <u>substantiated</u> SRU invstgns	Agency submitted an audit	Agency's audit identified a deficit fund balance	
Agency												Gray fields involv	indicate no rement	<u>Thresholds</u> <u>Triggered:</u>
JUSTICE RESOURCE INST INC		Tier 4												0
KING"S DAUGHTERS" SCH OF MAU		Tier 4												0
KINGSWAY LEARNING CENTER		Tier 4												0
KOLBURNE SCHOOL INC		Tier 4												0
LAKEVIEW NEUROREHAB CTR INC		Tier 4												0
LARC SCHOOL INC		Tier 4				1.0						Yes	No	0
LEANDER HOUSE INC		Tier 4												0
LIVINGSTON TWP		Tier 4												0
LOVING CARE AGENCY, INC.		Tier 4				0.0	0.0							0
LUKAS FOUNDATION		Tier 4												0
LUTHERAN SOCIAL MINISTRIES OF		Tier 4				3.8	1.1	16.7%				Yes	No	1
MAGNOLIA HOUSE OF SFTY HRB LLC		Tier 4												0
MARTHA LLOYD CRF INC		Tier 4												0
MARYS MANOR INC		Tier 4												0
MELMARK HOME INC		Tier 4				1.6	0.0	<mark>33.3%</mark>						1
METROPOLITAN HOME HEALTH CARE		Tier 4												0
MILTON DVLPMTL SVCS INC		Tier 4				3.0								1
MONMOUTH COUNTY PARK SYSTEM		Tier 4												0
NATIONAL DEAF ACADEMY LLC		Tier 4												0

Tier 4 (LRC of 0)

Tier 4 (LRC of 0) <i>Quality Domain</i>	Insp	ection and	d Progra	m Revie	w		t Reporti anageme		Abuse/N	leglect In	vestigation	Financia	al Audits	
Quality Indicator	Licensed Residential Capacity (LRC)	Size of agency based on LRC	Provis Lice		Multiple Provisional Licenses	Unusual In Report Timelin	ing	Failure to Submit Invtgn Rpts	Substar Investiş		Repeat Victims	Audit Submission	Deficit Fund Balance	
Threshold	<i>N/A</i>	<i>N/A</i>	N/A	<mark>10%</mark>	1	<mark>3.0</mark>	<i>N/A</i>	<mark>30%</mark>	N/A	<i>N/A</i>	<mark>1</mark>	<mark>No</mark>	Yes	
Indicator Operational Definition (These values represent data captured during the entire 12-month period and reflect the status of the agency during that timeframe only)	Maximum # of individual who can reside at an agency	TIER 1 (101 or more), TIER 2 (51 to 100), TIER 3 (1 to 50), TIER 4 (0)	Number of licenses issued*	% of licenses that were prov- isional	Number ofsites which had more than one provisional license	Average # of days between date known to staff and date reported	Avg for last 3 mnths of period	% of missing reports compared to those due	Number of incidents which SRU investi- gated	# of incidents SRU substant- iated	Number of SRs who were involved in 2 or more <u>substantiated</u> SRU invstgns	Agency submitted an audit	Agency's audit identified a deficit fund balance	
Agency												Gray fields involv		<u>Thresholds</u> <u>Triggered:</u>
NEW ENGLAND CTR FOR CHLN INC		Tier 4												0
NEW ENGLAND VILLAGE INC		Tier 4												0
NJ FOUNDATION OF DENTISTRY		Tier 4										Yes	No	0
NJARC		Tier 4				0.0						Yes	No	0
NORTH JERSEY FRIENDSHIP HOUSE AUTISM		Tier 4				<mark>49.5</mark>	2.0							1
NURSING CARE INC		Tier 4												0
NW ESSEX COMMUN HEALTHCARE NET		Tier 4				0.0						Yes	No	0
OCCUPATIONAL CTR OF UNION		Tier 4				1.3								0
OPPORTUNITY PROJECT INC		Tier 4				0.3	0.3							0
OTSEGO CTY CHAPTER NYSARC INC		Tier 4												0
PASSAIC CTY ELKS CP CTR		Tier 4				0.6	0.8					Yes	No	0
PATHFINDER VILLAGE INC		Tier 4												0
PATHWAYS TO INDEPENDENCE INC		Tier 4				0.7	0.0					Yes	No	0
PEDIATRIC SERVICES OF AMERICA		Tier 4												0
PERSONAL-TOUCH HOME CARE OF NJ		Tier 4												0
PINE REST CHRISTIAN MH SVCS		Tier 4												0
PLAN OF NJ INC		Tier 4												0
PLOWSHARE FARM INC		Tier 4												0
PRADER-WILLI HMS OF OCONOM LLC		Tier 4												0

Tier 4 (LRC of 0)

Tier 4 (LRC of 0) <i>Quality Domain</i>	Inspection and Program Revie				W	Incident Reporting and Management				leglect In	vestigation	Financial Audits		
Quality Indicator	Kesidential agency Trovisional Provisional		Multiple Provisional Licenses	Unusual Incident Reporting Timeliness			Substa Investi		Repeat Victims	Audit Submission	Deficit Fund Balance			
Threshold	<i>N/A</i>	N/A	<i>N/A</i>	<mark>10%</mark>	1	<mark>3.0</mark>	<i>N/A</i>	<mark>30%</mark>	N/A	N/A	<u>1</u>	<mark>No</mark>	Yes	
Indicator Operational Definition (These values represent data captured during the entire 12-month period and reflect the status of the agency during that timeframe only)	Maximum # of individual who can reside at an agency	TIER 1 (101 or more), TIER 2 (51 to 100), TIER 3 (1 to 50), TIER 4 (0)	Number of licenses issued*	% of licenses that were prov- isional	Number ofsites which had more than one provisional license	Average # of days between date known to staff and date reported	Avg for last 3 mnths of period	% of missing reports compared to those due	Number of incidents which SRU investi- gated	# of incidents SRU substant- iated	Number of SRs who were involved in 2 or more <u>substantiated</u> SRU invstgns	Agency submitted an audit	Agency's audit identified a deficit fund balance	
Agency												Gray fields involv	indicate no ement	<u>Thresholds</u> <u>Triggered:</u>
PRESBYTERIAN SPECIAL SVCS INC		Tier 4												0
PRIME TIME CENTER		Tier 4												0
PROGRESSIVE COMPREHENSIVE SERVICES		Tier 4												0
PROJECT FREEDOM INC		Tier 4										Yes	No	0
PUERTO RICAN ASSOC FOR HUMAN D		Tier 4												0
RE-MED RECOVERY CARE CENTERS		Tier 4												0
RIDGEFIELD BOARD OF EDUCATION		Tier 4												0
RIVERBROOK RESIDENCE INC		Tier 4												0
ROYER-GREAVES SCHOOL FOR BLIND		Tier 4				8.5								1
RUTGERS-DOUGLASS DDC		Tier 4				0.7	0.9		1					0
RUTGERS-NSTM		Tier 4												0
SCARC GUARDNSHP SVCS INC		Tier 4												0
SECURA HOME HEALTH LLC		Tier 4												0
SENIOR CARE MANAGEMENT LLC		Tier 4												0
SHIRLEY EVES DEV AND THER CTR		Tier 4												0
SHOREHAVEN OF DELAWARE INC		Tier 4												0
SMALL AND ASSOCIATES INC		Tier 4												0
SPECIAL CARE COMM SVCS		Tier 4												0
SPECIAL CHILDREN''S CENTER		Tier 4										Yes	No	0

Tier 4 (LRC of 0)

Tier 4 (LRC of 0) <i>Quality Domain</i>	Inspection and Program Review				w	Incident Reporting and Management			Abuse/N	leglect Ir	vestigation	Financial Audits		
Quality Indicator	Licensed Residential Capacity (LRC)	Size of agency based on LRC	Provis Lice		Multiple Provisional Licenses	Unusual II Report Timelin	ing	Failure to Submit Invtgn Rpts	Substar Investiş		Repeat Victims	Audit Submission	Deficit Fund Balance	
Threshold	<i>N/A</i>	<i>N/A</i>	N/A	<mark>10%</mark>	1	<mark>3.0</mark>	<i>N/A</i>	<mark>30%</mark>	N/A	<i>N/A</i>	<mark>1</mark>	<mark>No</mark>	Yes	
Indicator Operational Definition (These values represent data captured during the entire 12-month period and reflect the status of the agency during that timeframe only)	Maximum # of individual who can reside at an agency	TIER 1 (101 or more), TIER 2 (51 to 100), TIER 3 (1 to 50), TIER 4 (0)	Number of licenses issued*	% of licenses that were prov- isional	Number ofsites which had more than one provisional license	Average # of days between date known to staff and date reported	Avg for last 3 mnths of period	% of missing reports compared to those due	Number of incidents which SRU investi- gated	# of incidents SRU substant- iated	Number of SRs who were involved in 2 or more <u>substantiated</u> SRU invstgns	Agency submitted an audit	Agency's audit identified a deficit fund balance	
Agency						reponeu							indicate no vement	<u>Thresholds</u> <u>Triggered:</u>
SPECIAL YOUNG ADULTS, INC		Tier 4												0
SPINA BIFIDA ASSOCIATION OF NJ		Tier 4										Yes	No	0
ST JOHN OF GOD COMM SVCS		Tier 4				0.7			1					0
ST JOSEPH SCHOOL F/T BLIND		Tier 4												0
STAR COMMUNITY INC		Tier 4												0
SUNCOM INDUSTRIES INC		Tier 4												0
THE CENTER FOR AUTISM		Tier 4				3.8	2.0					Yes	No	1
THE MEDICAL ACCESS GROUP INC		Tier 4												0
TOWNSHIP OF BLOOMFIELD		Tier 4												0
TOWNSHIP OF WEST CALDWELL		Tier 4												0
TRIFORM ENTERPRISES LTD		Tier 4												0
TRINITAS HOSPITAL		Tier 4												0
UCP HUDSON CTY INC		Tier 4				2.0	2.0					Yes	No	0
UMDNJ - SOM		Tier 4												0
UMDNJ-SPH		Tier 4												0
UMDNJ-UCEDD, THE BOGGS CENTER		Tier 4												0
UNIQUE HOME CARE AND COMPANIONSHIP SERVIC		Tier 4												0
UNLIMITED CARE INC		Tier 4												0
VALUES INTO ACTION NJ		Tier 4										Yes	Yes	1

Tier 4 (LRC of 0)

Quality Domain	Insp		t Reporti anageme	0	Abuse/N	leglect In	vestigation	Financial Audits		I				
Quality Indicator	Licensed Residential Capacity (LRC)	Size of agency based on LRC	Provisional Licenses Multiple Provisional Licenses		Provisional	Panarting Subm		Failure to Submit Invtgn Rpts			Repeat Victims	Audit Submission	Deficit Fund Balance	
Threshold	<i>N/A</i>	N/A	N/A	<mark>10%</mark>	<u> </u>	<mark>3.0</mark>	<i>N/A</i>	<mark>30%</mark>	<i>N/A</i>	N/A	<mark>1</mark>	<mark>No</mark>	Yes	
Indicator Operational Definition (These values represent data captured during the entire 12-month period and reflect the status of the agency during that timeframe only) Agency	Maximum # of individual who can reside at an agency	TIER 1 (101 or more), TIER 2 (51 to 100), TIER 3 (1 to 50), TIER 4 (0)	Number of licenses issued*	% of licenses that were prov- isional	Number ofsites which had more than one provisional license	Average # of days between date known to staff and date reported	Avg for last 3 mnths of period	% of missing reports compared to those due	Number of incidents which SRU investi- gated	# of incidents SRU substant- iated	Number of SRs who were involved in 2 or more <u>substantiated</u> SRU invstgns	Agency submitted an audit Gray fields involv		<u>Thresholds</u> Triggered:
VANTAGE HEALTH SYSTEMS		Tier 4				3.0	3.0					Yes	No	1
VENICE AVE COMMUNITY RES		Tier 4												0
VISTA VOC & LIFE SKLS CTR INC		Tier 4												0
WATERFALL CANYON ACADEMY INC		Tier 4												0
WATERS & SIMS EMPL SVCS INC		Tier 4												0
WOMANSPACE INC		Tier 4				0.5	0.0							0
WOODS SERVICES INC		Tier 4				3.7	3.5		3			Yes	No	1