



**PROVIDER REPORT
FOR**

**ALMADAN INC
P. O. Box 518
Amherst, MA 01004**

November 17, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	ALMADAN INC
Review Dates	10/18/2023 - 10/24/2023
Service Enhancement Meeting Date	11/3/2023
Survey Team	Susan Dudley-Oxx (TL) Danielle Chiaravallotti
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	7 location(s) 9 audit (s)	Targeted Review	DDS 18/19 Provider 67 / 67 85 / 86 2 Year License 11/03/2023-11/03/2025		DDS 2 / 2 Provider 63 / 65 65 / 67 Certified 11/03/2023 - 11/03/2025
Residential Services	1 location(s) 3 audit (s)			DDS Targeted Review	19 / 20
Placement Services	3 location(s) 3 audit (s)			DDS Targeted Review	19 / 20
Individual Home Supports	3 location(s) 3 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

Almadan, Inc., a small for-profit organization located in Amherst, has been providing services since 1985 to individuals who reside in western Massachusetts. The agency offers supports to adults with intellectual disabilities and mental health needs through a range of service models, including 24-hour residential supports, placement services, and in-home supports.

The agency was eligible and received approval from the Department of Development Services (DDS) Regional Office to conduct a self-assessment of its quality management systems for the current licensing and certification cycle. This occurred in conjunction with a targeted licensing review completed by the Office of Quality Enhancement (OQE). The targeted review focused on eight critical

licensing indicators, six licensing indicators and two certification indicators that were not met during the previous survey cycle, along with nine licensing indicators that were added or revised since the agency's last review. The final survey results reflect a combination of ratings from the self-assessment process conducted by Almadan and targeted review conducted by OQE, with ratings from DDS prevailing where indicators were rated by both entities.

Findings from the targeted licensing review were positive with all critical indicators met. The agency's oversight systems ensured standards for individuals' personal and environmental safety were in place with positive outcomes related to abuse and neglect reporting, and emergency evacuation strategies. A healthy and safe environment was maintained in 24-hour residences, with the agency ensuring required inspections were current, smoke and CO detectors were operable and placed where required, and hot water temperatures were safely maintained.

Further results found outcomes were achieved for supported individuals in domains related to health care, human rights, and individual goal development. Staff were familiar and trained in individuals' health care protocols and correct utilization of health-related supports such as compression stockings. In addition, medications were properly administered by MAP certified staff. Funds were monitored to ensure individuals had access to their resources. Support strategies to assist in the development of individual goals were submitted within the required timelines.

Overall findings subject to certification review were positive. One indicator identified by the provider related to intimacy and one identified by OQE related to the organizational standard concerning the agency's human rights committee were found to be in need of improvement.

As a result of the agency's self-assessment findings and the targeted review conducted by OQE, the Residential and Individual Home Supports service group operated by Almadan achieved a score of 99% of licensure indicators met and will receive a Two-Year License for its Residential and Individuals Supports services. In addition, this service group is certified with an overall score of 97% of certification indicators met. Follow-up will be conducted by Almadan and reported to OQE within 60 days on those licensing indicators that received a rating of not met.

Description of Self Assessment Process:

Almadan is an experienced provider of residential supports, placement services, and in home supports funded by the Department of Developmental Services and the Department of Mental Health. For this self-assessment, Almadan determined its sampling based on input from a random number generator. Numbers for each site, placement, and in home support were assigned on an excel spreadsheet. The agency then took that sample and determined the easiest and least disruptive way to review each licensing and certification indicator. The sampling consisted of three in-home supports, three placement services, and four audits at one residential location.

The agency self-assessment team was comprised of Almadan leadership including, the Quality Assurance and Training Director, Program Directors, Program Managers, Human Resources Coordinator, Community Supports Director, Case Manager, and Executive Director. Each individual audit was completed by 2 team members and the person supervising the program. This allowed for varying perspectives and an ability to come to a consensus on indicator rating without concern for bias.

Almadan's Quality Assurance and Training director has employed, over the years, many systems, and processes to ensure ongoing agency compliance. These include monthly review of pertinent person, employee, and program specific documents including but not limited to behavior plan tracking, psychotropic med treatment data tracking, fire drill, medical appointment tracking, supported and protective device tracking, community integration data, employee performance reviews, training certifications/attendance sheets, program walkthrough maintenance forms, vehicle tracking forms, financial ledgers, and any other program specific data tracking.

The Quality Assurance and Training Director also completes quarterly audits using an audit tool of all confidential files across all programs. The medical portions of the confidential files are audited by the Registered Nurse and tracking of preventative health screenings is also completed for annual physicals. The audit forms are shared with managers and directors to report the necessary follow up. These ongoing processes assist the agency with identifying areas or patterns so performance improvement steps can be made.

These systems and tracking were used to complete a large portion of the self-assessment. By the agency having strong on-going quality management systems in place, it allowed for easy access to the needed materials and information for the audit.

The environmental portions of the audit were completed by an agency designee who evaluated previous program walkthroughs to ensure that necessary maintenance was completed in a timely manner, especially when it involved anything that would impact a health or safety concern. The sites were each also checked in person to ensure integrity of the program walkthroughs and to rate the licensing and certification indicators that require a physical verification.

Investigations and Human Rights indicators were audited at the main office by the Agency Quality Assurance and Training Director, The Human Rights Coordinator, and the Executive Director. Review of documents showed timely completion of all investigation follow up. Reports were populated through HCSIS to be used in reviewing incident reports, investigations, and required timeline completion. This along with agency tracking helped compliment and demonstrate reporting and follow up processes.

The audits were conducted at the office for some of the documentation and at each individual physical site for the sample. The threshold for a met rating was 80% or higher for each indicator. When rating the indicators for personal safety the auditing team reviewed each investigation to ensure proper follow up was completed and documented. The agency reviewed fire drill reports for each site to ensure that they were within compliance with regulatory requirements and conducted as outlined in the site-specific safety plan. The fire drill reports also demonstrated that individuals at the site were able to evacuate under 2.5 minutes. The safety plans were reviewed to ensure that all critical information was complete and accurate and was approved by the area office. Emergency fact sheets were reviewed at each site to ensure they were updated within the year and were complete. To rate safe use of equipment, L9, the auditing team reviewed ISP safety assessments and talked with staff and individuals at the site. For L10, strategies for minimizing risk were reviewed. For one house sharps are locked to keep individuals in place and consent was in place for all individuals affected. Incident reports were viewed on the virtual gateway to ensure timely submission. Also, during the audits there was no evidence of any unreported incidents. For L93, the audit teams reviewed on call procedures, search and disaster plans, and staff/ shared living provider's knowledge of what to do for various emergencies, should they arise. Individuals in in home supports were able to report on who to call in case of an emergency.

For the section of indicators relating to environmental safety the audit team did an environmental walkthrough of the physical site. Smoke and CO detector systems were checked to ensure that they are operable, located as required, and not out of date at all locations where the provider owns or leases the property. The environmental audit also looked to ensure that required inspections were completed for all properties owned or leased by the agency for the sample. Hot water temperatures were checked and to ensure they were within the 110 and 120 degrees. The physical sites were also checked for cleanliness, working appliances, walkways, railings, any signs of pests, or electrical issues. Flammables, rubbish, and combustibles were assessed to be located appropriately. Also, bedroom door locks were checked to ensure privacy was provided for individuals who did not have an egress from their bedroom. For one shared living location that had a pool, the pool was assessed to meet town ordinances for safety.

Communication indicators, L31 and L32, were assessed through staff interview and individual interview. Staff were found to be knowledgeable in each individual's unique communication needs.

For the health-related licensing indicators each audit team looked through the medical files for everyone in the sample to ensure annual physicals, dental exams, preventative screenings, specialist appointments, episodic health, and follow up to include lab work, etc. was completed in accordance with regulatory requirements and in the appropriate timelines. Medical files were reviewed at the main office and at the site locations. Any person specific health related protocol was reviewed for health supports and protective equipment. The indicator for dietary requirements was not rated as no one in the sample had dining guidelines. To ensure nutritional and healthy food was present in the programs there was a physical check at the programs of food stock and storage and review of program menus for the residential program reviewed. When looking at food there was emphasis on viewing healthy food options that provided a well-balanced diet.

A review of medications was completed using the tool found in the residential licensing worksheet for each audit. L44, L38, L45, L46, and L47 were reviewed at the sites to ensure current physician orders matched medications and there was evidence that medications were being administered as ordered. For the residential program, medication storage was reviewed, and review of MAP related protocols was completed. Medication Administration records were reviewed for the current month, previous month, and a month at random within the year. The MAP registration was also present at the residential program and not expired. For individuals who were self-medicating across service models, self-administration authorization by the physician was reviewed and any coinciding assessments and self-administration plans.

For licensing indicators for that were in the category of Human Rights, there was an audit completed of the Human Rights Committee binder to ensure for the sample appropriate consents, health-related protections, and behavior plans were reviewed within the year and written with all content requirements. Psychotropic Medication Treatment plans and PRN protocols were reviewed at the sites during the audits for each person who was prescribed psychotropic medications. Behavioral data was reviewed for current month and data summaries were reviewed for previous months for completion and usage in plan updates. Review of the Human Rights Committee was completed using the Human Rights Committee worksheet provided by OQE. Review of individual confidential files and staff training tracking was viewed to ensure that individuals and staff were trained in Human rights, mandated reporting, and DPPC.

For the sample where the agency had shared and delegated funds management responsibilities funds management plans, consents, ledgers, and current month cash on hand was reviewed. Charges for Care letters were reviewed for accuracy and that they contained information on how they were calculated and the appeal process for individuals in the residential and shared living samples. Receipts were also reviewed to ensure that funds were expended on items for the individual supported.

Competent workforce indicators were reviewed using the provided centralized training review checklist. The sampling was randomly generated to review 10% of the total number of employees. Training grids and training attendance sheets located in program manuals at the sites were reviewed to complete the checklist.

For indicators relating to goal development and implementation HCSIS was reviewed for each individual audit to ensure assessments and support strategies were submitted and within the required timeline. ISP goal tracking was also reviewed for each person to ensure implementation of the support strategies.

Assistive technology assessments were reviewed for each individual for completion and staff training attendance sheets were reviewed for any devices that required staff supervision or support. Medical monitoring devices was not rated for the sample as there were none being used for the sample.

Restraint reports were viewed in HCSIS to ensure they were submitted within the required timeline. One out of two was not finalized within 5 days so the indicator was not met at 50%. HRC restraint review was completed within the required timeline for both reports.

The hiring process was reviewed to ensure that employees were screened and met minimal qualifications. Nursing and clinical licenses were reviewed for employees and consultants. Certification review was completed through individual interviews, physical site reviews, and documentation review. Satisfaction surveys for individuals, families/guardians, employees, and stakeholders were reviewed. The agency's strategic plan was reviewed and data tracking. Individuals were interviewed regarding their access to the community, relationship support, and preferences being supported. Individuals were also asked about their input on hiring, evaluating, and providing feedback regarding the employees supporting them. The physical environments were checked to see if there was evidence of the individuals' preferences and personality being supported in the décor and furniture present. Community integration data was also reviewed to see that individuals are supported in the community.

At any time when there was a question of how to rate an indicator there was conversation with the Quality Assurance Director, Executive Director, and any additional clarification was sought from the OQE team lead to determine the rating.

For the residential audits 72 licensing indicators were applied to the audit and 20 certification indicators. The shared living audits applied 70 licensing indicators and 20 certification indicators. Individual home supports had 56 licensing indicators and 19 certification indicators. The organization reviewed 10 licensing indicators and 6 certifications for their administrative review. The agency met a total of 79 indicators out of 82 for a licensing percentage met of 96. The agency also met 25 out of 26 certification indicators for a percentage met of 96.

Some areas highlighted by the audit that deserve mention include the robust quality assurance system in the agency that has a prime focus on education and leadership partnership. This is demonstrated by the quarterly audit completion and follow up by program leadership for timely correction when needed. The residential program audit showed how everyone's interests were showcased. This included gardens on the deck, exercise area in the basement, and special attention to sensory needs of one of the individuals served. A review of ledgers and community integration for the programming demonstrated the agency's coordination to get folks out in the community and active.

The agency continues to struggle with water temperature and will need to improve monitoring efforts to ensure hot water temperatures are within required ranges at all water sources. This is to include kitchen sinks, bathroom sinks, tubs, and showers. Additionally, another area the agency is working on getting into compliance is around the certification indicator for intimacy. The agency is doing many natural supports in this category but would benefit from a more formalized approach to supporting individuals in this area that supports a wide range of need levels.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Residential and Individual Home Supports	76/76	0/76	
Placement Services Residential Services Individual Home Supports			
Critical Indicators	8/8	0/8	
Total	85/86	1/86	99%

2 Year License			
# indicators for 60 Day Follow-up		1	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The legal expertise member of the agency's human rights committee attended four of the eight meetings held during the past two years with an attendance rate of 50%. The agency needs to ensure members with required expertise are present at human rights committee meetings.

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 1/1 Provider 5/5	6/6	0/6	
Residential and Individual Home Supports	DDS 1/1 Provider 58/60	59/61	2/61	
Individual Home Supports	DDS 1/1 Provider 20/20	21/21	0/21	
Placement Services	DDS 0/0 Provider 19/20	19/20	1/20	
Residential Services	DDS 0/0 Provider 19/20	19/20	1/20	
Total		65/67	2/67	97%
Certified				

Placement Services- Areas Needing Improvement on Standards not met From Provider review:

Indicator #	Indicator	Issues identified	Action planned to address
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	The agency does not have a clearly identified standard protocol and practice for how the organization supports individuals need for intimacy.	The agency has an administrative staff signed up for a train the trainer for sexuality in January. The agency clinician has been using some materials and assessment tools provided

			by DDS and purchased by the provider agency when there has been an identified need for support or requested sexuality assessment and education. There are several more natural ways the agency has supported individuals such as purchasing sensory items for an individual or assisting with community resources.
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Residential Services- Areas Needing Improvement on Standards not met From Provider review:

Indicator #	Indicator	Issues identified	Action planned to address
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	The agency does not have a clearly identified standard protocol and practice for how the organization supports individuals need for intimacy.	The agency has an administrative staff signed up for a train the trainer for sexuality in January. The agency clinician has been using some materials and assessment tools provided by DDS and purchased by the provider agency when there has been an identified need for support or requested sexuality assessment and education. There are several more natural ways the agency has supported individuals such as purchasing sensory items for an individual or assisting with community resources.

MASTER SCORE SHEET LICENSURE

Organizational: ALMADAN INC


Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	DDS	7/7	Met
L3	Immediate Action	Provider	-	Met

L4	Action taken	Provider	-	Met
L48	HRC	DDS	0/1	Not Met(0 %)
L65	Restraint report submit	Provider	-	Met
L66	HRC restraint review	Provider	-	Met
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Met
L83	HR training	Provider	-	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider	-	-	-		-	-	-	Met
L5	Safety Plan	L	Provider	-	-	-		-	-	-	Met
Ⓜ L6	Evacuation	L	DDS	1/1	3/3	3/3				7/7	Met
L7	Fire Drills	L	Provider	-	-	-		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider	-	-	-		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	Provider	-	-	-		-	-	-	Met
L10	Reduce risk interventions	I	Provider	-	-	-		-	-	-	Met
Ⓜ L11	Required inspections	L	DDS	1/1		3/3				4/4	Met
Ⓜ L12	Smoke detectors	L	DDS	1/1		3/3				4/4	Met
Ⓜ L13	Clean location	L	DDS	1/1		3/3				4/4	Met
L14	Site in good repair	L	Provider	-	-	-		-	-	-	Met
L15	Hot water	L	DDS	1/1		2/3				3/4	Met
L16	Accessibility	L	Provider	-	-	-		-	-	-	Met
L17	Egress at grade	L	Provider	-	-	-		-	-	-	Met
L18	Above grade egress	L	Provider	-	-	-		-	-	-	Met
L19	Bedroom location	L	DDS			2/2				2/2	Met
L20	Exit doors	L	Provider	-	-	-		-	-	-	Met
L21	Safe electrical equipment	L	Provider	-	-	-		-	-	-	Met

L22	Well-maintained appliances	L	Provider	-	-	-		-	-	-	Met
L24	Locked door access	L	DDS			2/2				2/2	Met
L25	Dangerous substances	L	Provider	-	-	-		-	-	-	Met
L26	Walkway safety	L	Provider	-	-	-		-	-	-	Met
L27	Pools, hot tubs, etc.	L	Provider	-	-	-		-	-	-	Met
L28	Flammables	L	Provider	-	-	-		-	-	-	Met
L29	Rubbish/combustibles	L	Provider	-	-	-		-	-	-	Met
L30	Protective railings	L	Provider	-	-	-		-	-	-	Met
L31	Communication method	I	Provider	-	-	-		-	-	-	Met
L32	Verbal & written	I	Provider	-	-	-		-	-	-	Met
L33	Physical exam	I	Provider	-	-	-		-	-	-	Met
L34	Dental exam	I	Provider	-	-	-		-	-	-	Met
L35	Preventive screenings	I	Provider	-	-	-		-	-	-	Met
L36	Recommended tests	I	Provider	-	-	-		-	-	-	Met
L37	Prompt treatment	I	Provider	-	-	-		-	-	-	Met
Ⓟ L38	Physician's orders	I	DDS			1/1				1/1	Met
L40	Nutritional food	L	Provider	-	-	-		-	-	-	Met
L41	Healthy diet	L	Provider	-	-	-		-	-	-	Met
L42	Physical activity	L	Provider	-	-	-		-	-	-	Met
L43	Health Care Record	I	Provider	-	-	-		-	-	-	Met
L44	MAP registration	L	Provider	-	-	-		-	-	-	Met
L45	Medication storage	L	Provider	-	-	-		-	-	-	Met
Ⓟ L46	Med. Administration	I	DDS	3/3	3/3	3/3				9/9	Met
L47	Self medication	I	Provider	-	-	-		-	-	-	Met
L49	Informed of human rights	I	Provider	-	-	-		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider	-	-	-		-	-	-	Met
L51	Possessions	I	Provider	-	-	-		-	-	-	Met
L52	Phone calls	I	Provider	-	-	-		-	-	-	Met
L53	Visitation	I	Provider	-	-	-		-	-	-	Met
L54 (07/21)	Privacy	I	Provider	-	-	-		-	-	-	Met

L55	Informed consent	I	Provider	-	-	-		-	-	-	Met
L56	Restrictive practices	I	Provider	-	-	-		-	-	-	Met
L57	Written behavior plans	I	Provider	-	-	-		-	-	-	Met
L60	Data maintenance	I	Provider	-	-	-		-	-	-	Met
L61	Health protection in ISP	I	DDS		1/1	1/1				2/2	Met
L62	Health protection review	I	Provider	-	-	-		-	-	-	Met
L63	Med. treatment plan form	I	Provider	-	-	-		-	-	-	Met
L64	Med. treatment plan rev.	I	Provider	-	-	-		-	-	-	Met
L67	Money mgmt. plan	I	Provider	-	-	-		-	-	-	Met
L68	Funds expenditure	I	DDS	3/3	3/3	3/3				9/9	Met
L69	Expenditure tracking	I	Provider	-	-	-		-	-	-	Met
L70	Charges for care calc.	I	Provider	-	-	-		-	-	-	Met
L71	Charges for care appeal	I	Provider	-	-	-		-	-	-	Met
L77	Unique needs training	I	Provider	-	-	-		-	-	-	Met
L78	Restrictive Int. Training	L	Provider	-	-	-		-	-	-	Met
L80	Symptoms of illness	L	Provider	-	-	-		-	-	-	Met
L81	Medical emergency	L	Provider	-	-	-		-	-	-	Met
 L82	Medication admin.	L	DDS	1/1						1/1	Met
L84	Health protect. Training	I	DDS		1/1	1/1				2/2	Met
L85	Supervision	L	Provider	-	-	-		-	-	-	Met
L86	Required assessments	I	Provider	-	-	-		-	-	-	Met
L87	Support strategies	I	DDS	3/3	2/3	2/2				7/8	Met (87.50 %)
L88	Strategies implemented	I	Provider	-	-	-		-	-	-	Met
L90	Personal space/ bedroom privacy	I	Provider	-	-	-		-	-	-	Met
L91	Incident management	L	Provider	-	-	-		-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS	3/3	3/3	3/3				9/9	Met
L94	Assistive technology	I	DDS	3/3	3/3	3/3				9/9	Met

(05/22)											
L96 (05/22)	Staff training in devices and applications	I	DDS	3/3	3/3	3/3				9/9	Met
#Std. Met/# 76 Indicator										76/76	
Total Score										85/86	
										98.84%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

	Indicator #	Indicator	Reviewed By	Met/Rated	Rating
	C1	Provider data collection	Provider	-	Met
	C2	Data analysis	Provider	-	Met
	C3	Service satisfaction	Provider	-	Met
	C4	Utilizes input from stakeholders	Provider	-	Met
	C5	Measure progress	DDS	1/1	Met
	C6	Future directions planning	Provider	-	Met

Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	Provider	-	Not Met (0 %)
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met

C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met

Placement Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	Provider	-	Not Met (0 %)
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met

C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met

Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	DDS	3/3	Met
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C21	Coordinate outreach	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met

C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met