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|  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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| |  |  | | --- | --- | |  |  | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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** | 10 location(s) 13 audit (s) | Full Review | 74 / 87 2 Year License 01/23/2020 - 01/23/2022 |  | 43 / 50 Certified 01/23/2020 - 01/23/2022 | | Residential Services | 4 location(s) 6 audit (s) |  |  | Full Review | 16 / 22 | | Placement Services | 5 location(s) 5 audit (s) |  |  | Full Review | 21 / 22 | | Respite Services | 1 location(s) 2 audit (s) |  |  | No Review | No Review | | Planning and Quality Management (For all service groupings) |  |  |  | Full Review | 6 / 6 | | **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** | 6 location(s) 9 audit (s) | Full Review | 58 / 61 2 Year License 01/23/2020 - 01/23/2022 |  | 40 / 42 Certified 01/23/2020 - 01/23/2022 | | Community Based Day Services | 1 location(s) 4 audit (s) |  |  | Full Review | 14 / 14 | | Employment Support Services | 5 location(s) 5 audit (s) |  |  | Full Review | 20 / 22 | | Planning and Quality Management (For all service groupings) |  |  |  | Full Review | 6 / 6 | | |

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| |  | | --- | | American Training, Inc. (ATI) is a non-profit agency that serves adults and children with developmental and intellectual disabilities throughout the Northeast Region. Among the agency's Department of Developmental Services (DDS) funded service models, and the subject of this review, are Community Based Day Supports (CBDS), Employment Supports, 24-hour residential, and Placement/Shared Living.  The scope of this survey conducted by the Office of Quality Enhancement (OQE) was a full licensing and certification review of its residential services grouping and its employment supports service group.   The survey identified a number of accomplishments on the part of the agency which resulted in positive individual outcomes. One area of strength was noted in the healthcare domain within the residential setting, which included adherence to medical protocols through staff training and familiarity with individuals' needs, as well as evidence that all medication was administered according to physician's orders. In placement locations, a designated staff was responsible for accompanying individuals to medical appointments. Surveyors noted that this practice directly benefited both individuals and their providers by offering an additional layer of support and ensuring continuity of care. Another positive outcome was noted with regard to the agency's support of individuals to improve their health by following a healthy diet and engaging in physical activity. For example, in one home, the individual had been diagnosed with obesity. Agency support staff were supporting her to make positive changes by trying new recipes and assisting her in joining a local gym. In another home, the surveyor noted that in addition to specialized staff training on Executive Order 509 on Nutritional Standards, there was also a menu book of favorite healthy menus, inclusive of recipe instructions for individuals and/or less familiar staff to follow when preparing meals. The use of pictorials allowed nonverbal residents to have input in the process as well.   Individuals were observed to have choices in such things as their personal and household schedules, as well as what and where and with whom they would like to eat. The agency has also focused its efforts on supporting and enhancing relationships with friends and family through assisting in coordinating transportation to family visits and events. For example, in one of the residences, staff facilitated transportation for an individual and his mother for an outing to Maine. In other homes, staff offered encouragement and support to individuals who had been estranged from family members to rebuild those relationships when possible through phone calls or via invitations to holiday parties and other events. Lastly, the agency has made significant strides in implementing a system to obtain feedback from individuals at the time of applicant hire and with regard to the staff who support them. The agency has been able to successfully integrate this feedback into employee evaluations for training and improved service delivery.   Findings generated from surveys of ATI's day supports and employment services indicated that safeguard systems were effective across licensing domains, including personal and environmental safety, human rights, and respectful communication. Individuals with CBDS supports were supported to identify and explore individual activity options that comport with these interests. For example, one of the individuals surveyed has consistently expressed an interest in music. Agency staff supported him to participate in the Special Stars Performing Arts Program, offering adaptive singing and dancing classes and activities, in addition to attending concert series at local libraries.   Notably, the agency has made a concerted effort to focus on community integration and membership in lieu of primarily site-based services. This was particularly evident in the "CBDS Without Walls" program that has expanded and flourished in the past two years. Surveyors observed participants engaged in a varied array of activities and skill building classes, including an interactive team-building session at a local Panera Bread, as well as volunteering at Central Ministry Food Pantry, Catholic Charities, and Meals on Wheels. Individuals also had their choice of participating in various recreational and social pursuits in the greater community, including adaptive skating in Boston, cycling, hiking and educational trips to the Museum of Science and other museums throughout the Merrimack Valley.   Within Employment Supports, individuals were supported to obtain competitive jobs within the local community through documented job trials, coaching and job skills training. Assessments of skills and interests were individualized, and career plans included specific supports, barriers and clearly delineated objectives.   While the agency has successfully solicited and incorporated feedback from stakeholders and formulated a viable strategic plan, the survey revealed areas where the agency needs to increase its focus in order to meet requirements on an organizational level. Specifically, there is a need for increased monitoring and oversight in the areas of reporting and reviewing of restraints. With respect to the Human Rights Committee, the agency needs to ensure that committee members are active participants in quarterly meetings and that all restrictive practices or devices are regularly reviewed by a fully constituted committee with the appropriate quorum.   There were several areas requiring further attention identified in the agency's residential services. ATI would benefit from enhancing its systems to ensure that behavior modifying medication treatment plans include all required components, including measurable and observable criteria for target behaviors and data collection on these behaviors. Likewise, the agency needs to review its systems relative to funds management to ensure there is a funds management plan and accurate tracking of funds when the agency has shared or delegated money management responsibility. Lastly, the agency needs to ensure its oversight systems are effective so that hot water temperatures test within acceptable parameters, behavior modifying medication treatment plans are reviewed through the ISP process and ISP support strategies are implemented and that progress on objectives is tracked as agreed upon by the ISP team.  In the certification realm, it was evident to surveyors that individuals were participating in activities with housemates, family and friends; many residences were utilizing the weekly House Meetings as a forum to discuss upcoming events. However, in both 24-hour and placement, further assessment and exploration of each person's interests for cultural, social, recreational and spiritual needs in both the neighborhood and the larger community would be beneficial to individuals supported to ensure a wider array of options and individualized choices. Although the agency has developed a comprehensive relationships and sexuality assessment, the agency needs to ensure that staff are knowledgeable about implementing the requisite support to further assist individuals to develop relationships and explore, define and express their need for intimacy and companionship.  With regard to licensing in both CBDS and employment services, the agency would benefit from the development of a data collection process on ISP support strategies, so that progress on objectives is accurately tracked and reviewed. For certification in employment services, the agency needs to ensure that there is a mechanism in place for individuals in competitive employment to have the opportunity to provide feedback on their job coaches and direct support staff. Lastly, the agency needs to ensure that individuals have an individualized analysis completed outlining how their entitlements can be managed to allow them to work successfully in the community.  As a result of the survey, within the Residential service grouping, ATI received a met rating in 85% of licensing indicators, inclusive of all critical indicators. The service also received a rating of met in 86% of certification indicators reviewed. As a result, the agency will receive a Two Year License and is certified for its Residential Services and Placement Services. Within the Employment and Day Supports program, the agency met 95% of all licensing indicators, including all critical indicators, and met 95% of the certification indicators reviewed. As a result, the agency will receive a Two Year License, and is certified for its Employment and Day Supports programs. Follow-up on the residential licensing indicators rated not met will be conducted by OQE, and the agency will conduct their own follow-up for day services within 60 days of the Service Enhancement Meeting. | | |  |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | |  | | --- | | **LICENSURE FINDINGS** | |  |  |  |  | |  |  |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **8/10** | **2/10** |  | | **Residential and Individual Home Supports** | **66/77** | **11/77** |  | | Respite Services  Residential Services  Placement Services |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **74/87** | **13/87** | **85%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **13** |  | | |  | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **8/10** | **2/10** |  | | **Employment and Day Supports** | **50/51** | **1/51** |  | | Community Based Day Services  Employment Support Services |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **58/61** | **3/61** | **95%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **3** |  | |  | |  |  |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | **Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | L48 | The agency has an effective Human Rights Committee. | The agency's Human Rights Committee (HRC) did not include some required elements such as, consistent attendance/active participation of members with expertise. The agency needs to ensure its HRC members actively participate and provide input at all HRC meetings. | |  | L65 | Restraint reports are submitted within required timelines. | Twenty seven out of sixty three restraint reports were not submitted and/or finalized within required time frames. The agency needs to ensure that restraint reports are submitted within three days and finalized within five days of each restraint. | | | | | | | |  |
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The agency needs to establish an effective system of monitoring water temperatures at all residential locations so that temperatures are maintained within required ranges at all times. | |  | L56 | Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others. | At the respite facility, house guidelines indicated that exterior doors may be alarmed and sharps may be locked as necessary for the safety of the individuals in respite who require these safeguards. Although not currently in use, these restrictions need to be reviewed by the agency's Human Rights Committee and stipulate that they will only be utilized as required. At one 24-hour support, there was no written rationale in place that outlined the locked sharps as the least restrictive alternative, nor was there a plan for elimination or a mitigation plan for those for whom the restriction is not in place to have access to sharps. | |  | L63 | Medication treatment plans are in written format with required components. | Six individuals had medication treatment plans lacking at least one required component. The plans did not define the person's behaviors to be modified specific to the person. Data collection and plans to decrease or discontinue medications were also identified as lacking. The agency needs to ensure that all medication treatment plans are in written format with all required components completed. | |  | L64 | Medication treatment plans are reviewed by the required groups. | Three medication treatment plans were not reviewed by the required groups of people. All medication treatment plans must be submitted and included in the individual's ISP and reviewed by their ISP Team. The agency needs to ensure all medication treatment plans are submitted and reviewed by the required groups. | |  | L67 | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | Six of ten individuals for whom the agency had delegated or shared financial management did not have a financial training plan. The agency needs to establish a detailed written plan of how support is being provided to each individual so that each person is supported to actively develop skills with regard to money management. Once developed, the agency needs to ensure that individualized training plans are utilized as active tools to promote ongoing learning and development for each person. Additionally, where the agency is Representative Payee, ATM cards are being held by agency staff rather than the individual. The agency needs to ensure that ATM cards are only available when an individual is being supported to learn how to use one as part of a teaching strategy. | |  | L68 | Expenditures of individual's funds are made only for purposes that directly benefit the individual. | Three of ten individuals' funds reviewed had issues identified with funds being used for items which did not directly benefit the individuals These were all related to unknown bank charges that could be avoided. The agency needs to ensure that individual's funds are used only for items which directly benefit each individual. | |  | L69 | Individual expenditures are documented and tracked. | For five of ten individuals, issues were identified with the tracking of funds. The agency needs to ensure that when supporting individuals in the management of finances, there needs to be a cash in/ cash out process that occurs at the end of the day for Placement services and at the time of the transaction for all other residential support services. | |  | L84 | Staff / care providers are trained in the correct utilization of health related protections per regulation. | There were four instances where staff had not been fully trained on the health related protections. The agency needs to ensure that staff are trained on all components of the health related protections per regulations and that all health related protections have been documented. | |  | L88 | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For three individuals, evidence of ISP objectives being implemented in accordance with the agreed upon support strategies identified within the ISP was missing. Progress notes did not consistently report on progress of these objectives. The agency needs to ensure that staff have been trained in carrying out the strategies identified in the ISP, and are consistently and effectively reporting on progress. | |  | L91 | Incidents are reported and reviewed as mandated by regulation. | At four locations, incident reports were not submitted or finalized within the required timelines. For major incidents the initial report needs to be completed in one day, for minor incidents three days, and final reports for both need to be finalized in seven days. The agency needs to ensure that incident reports are submitted and finalized within required timelines. | | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  | |  | |  | **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. | For six of the nine individuals, the agency was not collecting specific data to demonstrate the services and support strategies for which it agreed and is responsible to implement, as well as the effectiveness of the implemented strategies. The agency needs to ensure services and support strategies for which they have agreed are implemented, and the effectiveness demonstrated through the effective collection of data specific to each person's goal and objective. | | |  |  |

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|  | |  |  |  |  | | --- | --- | --- | --- | |  | **Placement Services- Areas Needing Improvement on Standards not met:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | C16 | Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities. | Two of five individuals had not been supported to explore interests in community-based activities that were consistent with their cultural, recreational, social, or spiritual interests. The agency needs to evaluate and assist individuals to explore new interests and broaden their awareness of activities that are available in the wider community. The agency needs to take into account individual communication needs to capture each person's likes, dislikes and individualized preferences in an ongoing and sustained manner. | |  |  |  |  | |  | **Residential Services- Areas Needing Improvement on Standards not met:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | For two individuals, the agency had assessed the individuals' needs and desires in the area of intimacy and companionship but was not providing support once the individuals' needs became known. The agency needs to ensure that it assesses the needs of each individual to determine the interests, goals, and support needs of individuals, and that support is provided relative to these needs. The provider must also ensure that support provided utilizes methods and models of delivery that are consistent with the individuals' learning style. | |  | C16 | Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities. | Five individuals had not been supported to explore interests in community-based activities that were consistent with their cultural, recreational, social, or spiritual interests. The agency needs to evaluate and assist individuals to explore new interests and broaden their awareness of activities that are available in the wider community. The agency needs to take into account individual communication needs to capture each person's likes, dislikes and individualized preferences in an ongoing and sustained manner. | |  | C17 | Community activities are based on the individual's preferences and interests. | Three of six individuals were not presented with frequent opportunities to participate in community activities that reflected the person's interests and preferences. The agency needs to ensure that individualized plans and strategies are in place to support all individuals' frequent and ongoing involvement in community activities which are in line with their expressed interests and preferences. | |  | C46 | Staff (Home Providers) support individuals to learn about and use generic community resources. | Two of six individuals were not effectively supported to utilize generic resources. The agency needs to employ effective strategies that support individual's use of generic resources. | |  | C48 | Individuals are a part of the neighborhood. | For three individuals efforts to encourage or seek opportunities for people to come in contact with neighbors had not been sustained. Staff need to support individuals to actively engage with people in their local neighborhood. | |  | C54 | Individuals have the assistive technology and/or modifications to maximize independence. | At two locations it was identified that people would have benefited from the use of assistive technology to maximize their independence. The agency needs to ensure staff are aware of assistive technology, and develop a process to assess individual need across programs and supports. | |  |  |  |  | |  | **Employment Support Services- Areas Needing Improvement on Standards not met:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | C7 | Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them. | Four individuals did not have the opportunity to provide feedback at the time of hire and/or on an ongoing basis on the performance of staff that support them. The agency needs to ensure the opportunity to provide feedback at the time of hire and on an ongoing basis is afforded to every individual. | |  | C26 | Career planning includes an analysis of how an individual's entitlements can be managed in a way that allows them to work successfully in the community. | None of the four individuals had a completed analysis as to how their entitlements could be managed in a manner that allows them to work successfully in the community. The agency needs to ensure that Career Planning includes a completed analysis of how each person's entitlements can be managed in a manner that allows them to work successfully in the community. | |  |  |  |  | | | | |  |

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|  | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | |  |  |  |
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|  | |  | | --- | | **Organizational: AMERICAN TRAINING** | | |  |  |
|  |  |  |  |  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | |  | L2 | Abuse/neglect reporting | **16/16** | **Met** | |  | L3 | Immediate Action | **15/15** | **Met** | |  | L4 | Action taken | **15/15** | **Met** | |  | L48 | HRC | **0/1** | **Not Met(0 % )** | |  | L65 | Restraint report submit | **36/63** | **Not Met(57.14 % )** | |  | L66 | HRC restraint review | **43/47** | **Met(91.49 % )** | |  | L74 | Screen employees | **5/6** | **Met(83.33 % )** | |  | L75 | Qualified staff | **2/2** | **Met** | |  | L76 | Track trainings | **20/20** | **Met** | |  | L83 | HR training | **20/20** | **Met** | | | | |  |

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|  | |  | | --- | | **Residential and Individual Home Supports:** | | |  |  |  |  |
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| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Res. Sup.** | **Ind. Home Sup.** | **Place.** | **Resp.** | **ABI-MFP Res. Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | 5/6 |  | 5/5 | 2/2 |  |  | **12/13** | **Met (92.31 %)** | |  | L3 | Immediate Action | L |  |  |  | 1/1 |  |  | **1/1** | **Met** | |  | L5 | Safety Plan | L | 4/4 |  | 5/5 | 1/1 |  |  | **10/10** | **Met** | |  | L6 | Evacuation | L | 4/4 |  | 5/5 | 1/1 |  |  | **10/10** | **Met** | |  | L7 | Fire Drills | L | 3/4 |  |  |  |  |  | **3/4** | **Met** | |  | L8 | Emergency Fact Sheets | I | 5/6 |  | 4/5 | 1/2 |  |  | **10/13** | **Not Met (76.92 %)** | |  | L9 | Safe use of equipment | L | 4/4 |  |  | 1/1 |  |  | **5/5** | **Met** | |  | L10 | Reduce risk interventions | I | 2/2 |  |  | 1/1 |  |  | **3/3** | **Met** | |  | L11 | Required inspections | L | 4/4 |  | 5/5 | 1/1 |  |  | **10/10** | **Met** | |  | L12 | Smoke detectors | L | 4/4 |  | 5/5 | 1/1 |  |  | **10/10** | **Met** | |  | L13 | Clean location | L | 4/4 |  | 5/5 | 1/1 |  |  | **10/10** | **Met** | |  | L14 | Site in good repair | L | 4/4 |  | 5/5 | 1/1 |  |  | **10/10** | **Met** | |  | L15 | Hot water | L | 3/4 |  | 0/5 | 1/1 |  |  | **4/10** | **Not Met (40.0 %)** | |  | L16 | Accessibility | L | 4/4 |  | 5/5 | 1/1 |  |  | **10/10** | **Met** | |  | L17 | Egress at grade | L | 4/4 |  |  | 1/1 |  |  | **5/5** | **Met** | |  | L18 | Above grade egress | L | 2/2 |  |  | 1/1 |  |  | **3/3** | **Met** | |  | L19 | Bedroom location | L | 3/3 |  |  | 1/1 |  |  | **4/4** | **Met** | |  | L20 | Exit doors | L | 4/4 |  |  | 1/1 |  |  | **5/5** | **Met** | |  | L21 | Safe electrical equipment | L | 4/4 |  | 5/5 | 1/1 |  |  | **10/10** | **Met** | |  | L22 | Well-maintained appliances | L | 4/4 |  | 5/5 | 1/1 |  |  | **10/10** | **Met** | |  | L23 | Egress door locks | L | 4/4 |  |  | 1/1 |  |  | **5/5** | **Met** | |  | L24 | Locked door access | L | 3/4 |  |  | 1/1 |  |  | **4/5** | **Met (80.0 %)** | |  | L25 | Dangerous substances | L | 4/4 |  |  | 1/1 |  |  | **5/5** | **Met** | |  | L26 | Walkway safety | L | 4/4 |  | 5/5 | 1/1 |  |  | **10/10** | **Met** | |  | L28 | Flammables | L | 3/4 |  |  | 1/1 |  |  | **4/5** | **Met (80.0 %)** | |  | L29 | Rubbish/combustibles | L | 4/4 |  | 5/5 | 1/1 |  |  | **10/10** | **Met** | |  | L30 | Protective railings | L | 4/4 |  | 5/5 | 1/1 |  |  | **10/10** | **Met** | |  | L31 | Communication method | I | 6/6 |  | 5/5 | 2/2 |  |  | **13/13** | **Met** | |  | L32 | Verbal & written | I | 6/6 |  | 5/5 | 2/2 |  |  | **13/13** | **Met** | |  | L33 | Physical exam | I | 4/6 |  | 5/5 |  |  |  | **9/11** | **Met (81.82 %)** | |  | L34 | Dental exam | I | 5/5 |  | 5/5 |  |  |  | **10/10** | **Met** | |  | L35 | Preventive screenings | I | 6/6 |  | 3/5 |  |  |  | **9/11** | **Met (81.82 %)** | |  | L36 | Recommended tests | I | 4/6 |  | 5/5 |  |  |  | **9/11** | **Met (81.82 %)** | |  | L37 | Prompt treatment | I | 6/6 |  | 5/5 | 2/2 |  |  | **13/13** | **Met** | |  | L38 | Physician's orders | I | 5/5 |  | 1/1 |  |  |  | **6/6** | **Met** | |  | L39 | Dietary requirements | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L40 | Nutritional food | L | 4/4 |  |  | 1/1 |  |  | **5/5** | **Met** | |  | L41 | Healthy diet | L | 4/4 |  | 5/5 | 1/1 |  |  | **10/10** | **Met** | |  | L42 | Physical activity | L | 4/4 |  | 5/5 |  |  |  | **9/9** | **Met** | |  | L43 | Health Care Record | I | 5/6 |  | 4/5 |  |  |  | **9/11** | **Met (81.82 %)** | |  | L44 | MAP registration | L | 4/4 |  |  | 1/1 |  |  | **5/5** | **Met** | |  | L45 | Medication storage | L | 3/4 |  |  | 1/1 |  |  | **4/5** | **Met (80.0 %)** | |  | L46 | Med. Administration | I | 6/6 |  | 5/5 | 2/2 |  |  | **13/13** | **Met** | |  | L47 | Self medication | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L49 | Informed of human rights | I | 5/6 |  | 5/5 | 2/2 |  |  | **12/13** | **Met (92.31 %)** | |  | L50 | Respectful Comm. | L | 3/4 |  | 5/5 | 1/1 |  |  | **9/10** | **Met (90.0 %)** | |  | L51 | Possessions | I | 6/6 |  | 5/5 | 2/2 |  |  | **13/13** | **Met** | |  | L52 | Phone calls | I | 6/6 |  | 5/5 | 2/2 |  |  | **13/13** | **Met** | |  | L53 | Visitation | I | 6/6 |  | 5/5 | 2/2 |  |  | **13/13** | **Met** | |  | L54 | Privacy | L | 4/4 |  | 5/5 | 1/1 |  |  | **10/10** | **Met** | |  | L56 | Restrictive practices | I | 0/1 |  |  | 0/2 |  |  | **0/3** | **Not Met (0 %)** | |  | L57 | Written behavior plans | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L58 | Behavior plan component | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L59 | Behavior plan review | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L60 | Data maintenance | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L61 | Health protection in ISP | I | 5/6 |  | 1/1 |  |  |  | **6/7** | **Met (85.71 %)** | |  | L62 | Health protection review | I | 5/6 |  | 1/1 |  |  |  | **6/7** | **Met (85.71 %)** | |  | L63 | Med. treatment plan form | I | 1/6 |  | 4/5 |  |  |  | **5/11** | **Not Met (45.45 %)** | |  | L64 | Med. treatment plan rev. | I | 4/6 |  | 4/5 |  |  |  | **8/11** | **Not Met (72.73 %)** | |  | L67 | Money mgmt. plan | I | 2/5 |  | 2/5 |  |  |  | **4/10** | **Not Met (40.0 %)** | |  | L68 | Funds expenditure | I | 4/5 |  | 3/5 |  |  |  | **7/10** | **Not Met (70.0 %)** | |  | L69 | Expenditure tracking | I | 3/5 |  | 2/5 |  |  |  | **5/10** | **Not Met (50.0 %)** | |  | L70 | Charges for care calc. | I | 4/6 |  | 5/5 |  |  |  | **9/11** | **Met (81.82 %)** | |  | L71 | Charges for care appeal | I | 6/6 |  | 5/5 |  |  |  | **11/11** | **Met** | |  | L77 | Unique needs training | I | 6/6 |  | 5/5 | 2/2 |  |  | **13/13** | **Met** | |  | L78 | Restrictive Int. Training | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L79 | Restraint training | L | 2/2 |  |  | 1/1 |  |  | **3/3** | **Met** | |  | L80 | Symptoms of illness | L | 4/4 |  | 5/5 | 1/1 |  |  | **10/10** | **Met** | |  | L81 | Medical emergency | L | 4/4 |  | 5/5 | 1/1 |  |  | **10/10** | **Met** | |  | L82 | Medication admin. | L | 4/4 |  |  | 1/1 |  |  | **5/5** | **Met** | |  | L84 | Health protect. Training | I | 2/6 |  | 1/1 |  |  |  | **3/7** | **Not Met (42.86 %)** | |  | L85 | Supervision | L | 3/4 |  | 5/5 | 1/1 |  |  | **9/10** | **Met (90.0 %)** | |  | L86 | Required assessments | I | 5/5 |  | 3/3 |  |  |  | **8/8** | **Met** | |  | L87 | Support strategies | I | 5/5 |  | 3/3 |  |  |  | **8/8** | **Met** | |  | L88 | Strategies implemented | I | 2/5 |  | 5/5 |  |  |  | **7/10** | **Not Met (70.0 %)** | |  | L90 | Personal space/ bedroom privacy | I | 6/6 |  | 4/5 |  |  |  | **10/11** | **Met (90.91 %)** | |  | L91 | Incident management | L | 2/4 |  | 4/5 | 0/1 |  |  | **6/10** | **Not Met (60.0 %)** | |  | **#Std. Met/# 77 Indicator** |  |  |  |  |  |  |  |  | **66/77** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **74/87** |  | |  |  |  |  |  |  |  |  |  |  | **85.06%** |  | | | | | | |  |
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| |  | | --- | | **Employment and Day Supports:** | | |  |  |  |  |  |
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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | 5/5 |  | 4/4 | **9/9** | **Met** | |  | L5 | Safety Plan | L |  |  | 1/1 | **1/1** | **Met** | |  | L6 | Evacuation | L |  |  | 1/1 | **1/1** | **Met** | |  | L7 | Fire Drills | L |  |  | 1/1 | **1/1** | **Met** | |  | L8 | Emergency Fact Sheets | I | 5/5 |  | 4/4 | **9/9** | **Met** | |  | L9 | Safe use of equipment | L | 2/2 |  | 1/1 | **3/3** | **Met** | |  | L11 | Required inspections | L |  |  | 1/1 | **1/1** | **Met** | |  | L12 | Smoke detectors | L |  |  | 1/1 | **1/1** | **Met** | |  | L13 | Clean location | L |  |  | 1/1 | **1/1** | **Met** | |  | L14 | Site in good repair | L |  |  | 1/1 | **1/1** | **Met** | |  | L15 | Hot water | L |  |  | 1/1 | **1/1** | **Met** | |  | L16 | Accessibility | L |  |  | 1/1 | **1/1** | **Met** | |  | L17 | Egress at grade | L |  |  | 1/1 | **1/1** | **Met** | |  | L18 | Above grade egress | L |  |  | 1/1 | **1/1** | **Met** | |  | L20 | Exit doors | L |  |  | 1/1 | **1/1** | **Met** | |  | L21 | Safe electrical equipment | L |  |  | 1/1 | **1/1** | **Met** | |  | L22 | Well-maintained appliances | L |  |  | 1/1 | **1/1** | **Met** | |  | L25 | Dangerous substances | L |  |  | 1/1 | **1/1** | **Met** | |  | L26 | Walkway safety | L |  |  | 1/1 | **1/1** | **Met** | |  | L28 | Flammables | L |  |  | 1/1 | **1/1** | **Met** | |  | L29 | Rubbish/combustibles | L |  |  | 1/1 | **1/1** | **Met** | |  | L30 | Protective railings | L |  |  | 1/1 | **1/1** | **Met** | |  | L31 | Communication method | I | 5/5 |  | 4/4 | **9/9** | **Met** | |  | L32 | Verbal & written | I | 5/5 |  | 4/4 | **9/9** | **Met** | |  | L37 | Prompt treatment | I | 4/4 |  | 4/4 | **8/8** | **Met** | |  | L38 | Physician's orders | I | 1/1 |  | 2/2 | **3/3** | **Met** | |  | L39 | Dietary requirements | I |  |  | 1/1 | **1/1** | **Met** | |  | L44 | MAP registration | L |  |  | 1/1 | **1/1** | **Met** | |  | L45 | Medication storage | L |  |  | 1/1 | **1/1** | **Met** | |  | L46 | Med. Administration | I |  |  | 2/2 | **2/2** | **Met** | |  | L49 | Informed of human rights | I | 5/5 |  | 4/4 | **9/9** | **Met** | |  | L50 | Respectful Comm. | L | 5/5 |  | 1/1 | **6/6** | **Met** | |  | L51 | Possessions | I | 5/5 |  | 4/4 | **9/9** | **Met** | |  | L52 | Phone calls | I | 5/5 |  | 4/4 | **9/9** | **Met** | |  | L54 | Privacy | L | 5/5 |  | 1/1 | **6/6** | **Met** | |  | L55 | Informed consent | I | 2/2 |  |  | **2/2** | **Met** | |  | L61 | Health protection in ISP | I |  |  | 1/1 | **1/1** | **Met** | |  | L62 | Health protection review | I |  |  | 1/1 | **1/1** | **Met** | |  | L63 | Med. treatment plan form | I |  |  | 1/1 | **1/1** | **Met** | |  | L64 | Med. treatment plan rev. | I |  |  | 1/1 | **1/1** | **Met** | |  | L77 | Unique needs training | I | 5/5 |  | 4/4 | **9/9** | **Met** | |  | L79 | Restraint training | L |  |  | 1/1 | **1/1** | **Met** | |  | L80 | Symptoms of illness | L | 5/5 |  | 1/1 | **6/6** | **Met** | |  | L81 | Medical emergency | L | 5/5 |  | 1/1 | **6/6** | **Met** | |  | L82 | Medication admin. | L |  |  | 1/1 | **1/1** | **Met** | |  | L84 | Health protect. Training | I |  |  | 1/1 | **1/1** | **Met** | |  | L85 | Supervision | L | 4/5 |  | 1/1 | **5/6** | **Met (83.33 %)** | |  | L86 | Required assessments | I | 4/4 |  | 4/4 | **8/8** | **Met** | |  | L87 | Support strategies | I | 4/4 |  | 4/4 | **8/8** | **Met** | |  | L88 | Strategies implemented | I | 3/5 |  | 0/4 | **3/9** | **Not Met (33.33 %)** | |  | L91 | Incident management | L | 5/5 |  | 0/1 | **5/6** | **Met (83.33 %)** | |  | **#Std. Met/# 51 Indicator** |  |  |  |  |  | **50/51** |  | |  | **Total Score** |  |  |  |  |  | **58/61** |  | |  |  |  |  |  |  |  | **95.08%** |  | | | | | | |  |
|  |  |  |  |  |  |  |
|  | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | | | |  |  |  |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Certification - Planning and Quality Management** | | | | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating** | |  | C1 | Provider data collection | 1/1 | **Met** | |  | C2 | Data analysis | 1/1 | **Met** | |  | C3 | Service satisfaction | 1/1 | **Met** | |  | C4 | Utilizes input from stakeholders | 1/1 | **Met** | |  | C5 | Measure progress | 1/1 | **Met** | |  | C6 | Future directions planning | 1/1 | **Met** | |  |  |  |  |  | | | | | | |  |
|  |  |  |  |  |  |  |
| |  |  |  |  | | --- | --- | --- | --- | | **Community Based Day Services** | | | | | **Indicator #** | **Indicator** | **Met/Rated** | **Rating** | | C7 | Feedback on staff / care provider performance | 4/4 | **Met** | | C8 | Family/guardian communication | 4/4 | **Met** | | C13 | Skills to maximize independence | 4/4 | **Met** | | C37 | Interpersonal skills for work | 4/4 | **Met** | | C40 | Community involvement interest | 4/4 | **Met** | | C41 | Activities participation | 4/4 | **Met** | | C42 | Connection to others | 4/4 | **Met** | | C43 | Maintain & enhance relationship | 4/4 | **Met** | | C44 | Job exploration | 3/3 | **Met** | | C45 | Revisit decisions | 4/4 | **Met** | | C46 | Use of generic resources | 4/4 | **Met** | | C47 | Transportation to/ from community | 4/4 | **Met** | | C51 | Ongoing satisfaction with services/ supports | 4/4 | **Met** | | C54 | Assistive technology | 4/4 | **Met** | | **Employment Support Services** | | | | | **Indicator #** | **Indicator** | **Met/Rated** | **Rating** | | C7 | Feedback on staff / care provider performance | 1/5 | **Not Met (20.0 %)** | | C8 | Family/guardian communication | 5/5 | **Met** | | C22 | Explore job interests | 5/5 | **Met** | | C23 | Assess skills & training needs | 5/5 | **Met** | | C24 | Job goals & support needs plan | 5/5 | **Met** | | C25 | Skill development | 5/5 | **Met** | | C26 | Benefits analysis | 0/4 | **Not Met (0 %)** | | C27 | Job benefit education | 5/5 | **Met** | | C28 | Relationships w/businesses | 5/5 | **Met** | | C29 | Support to obtain employment | 5/5 | **Met** | | C30 | Work in integrated settings | 4/4 | **Met** | | C31 | Job accommodations | 3/3 | **Met** | | C32 | At least minimum wages earned | 3/3 | **Met** | | C33 | Employee benefits explained | 3/4 | **Met** | | C34 | Support to promote success | 4/4 | **Met** | | C35 | Feedback on job performance | 4/4 | **Met** | | C36 | Supports to enhance retention | 4/4 | **Met** | | C37 | Interpersonal skills for work | 5/5 | **Met** | | C47 | Transportation to/ from community | 5/5 | **Met** | | C50 | Involvement/ part of the Workplace culture | 3/3 | **Met** | | C51 | Ongoing satisfaction with services/ supports | 5/5 | **Met** | | C54 | Assistive technology | 5/5 | **Met** | | **Placement Services** | | | | | **Indicator #** | **Indicator** | **Met/Rated** | **Rating** | | C7 | Feedback on staff / care provider performance | 5/5 | **Met** | | C8 | Family/guardian communication | 5/5 | **Met** | | C9 | Personal relationships | 5/5 | **Met** | | C10 | Social skill development | 5/5 | **Met** | | C11 | Get together w/family & friends | 5/5 | **Met** | | C12 | Intimacy | 5/5 | **Met** | | C13 | Skills to maximize independence | 5/5 | **Met** | | C14 | Choices in routines & schedules | 5/5 | **Met** | | C15 | Personalize living space | 5/5 | **Met** | | C16 | Explore interests | 3/5 | **Not Met (60.0 %)** | | C17 | Community activities | 5/5 | **Met** | | C18 | Purchase personal belongings | 5/5 | **Met** | | C19 | Knowledgeable decisions | 5/5 | **Met** | | C20 | Emergency back-up plans | 5/5 | **Met** | | C46 | Use of generic resources | 5/5 | **Met** | | C47 | Transportation to/ from community | 5/5 | **Met** | | C48 | Neighborhood connections | 5/5 | **Met** | | C49 | Physical setting is consistent | 2/2 | **Met** | | C51 | Ongoing satisfaction with services/ supports | 5/5 | **Met** | | C52 | Leisure activities and free-time choices /control | 5/5 | **Met** | | C53 | Food/ dining choices | 5/5 | **Met** | | C54 | Assistive technology | 4/5 | **Met (80.0 %)** | | **Residential Services** | | | | | **Indicator #** | **Indicator** | **Met/Rated** | **Rating** | | C7 | Feedback on staff / care provider performance | 6/6 | **Met** | | C8 | Family/guardian communication | 5/6 | **Met (83.33 %)** | | C9 | Personal relationships | 5/6 | **Met (83.33 %)** | | C10 | Social skill development | 6/6 | **Met** | | C11 | Get together w/family & friends | 5/6 | **Met (83.33 %)** | | C12 | Intimacy | 4/6 | **Not Met (66.67 %)** | | C13 | Skills to maximize independence | 6/6 | **Met** | | C14 | Choices in routines & schedules | 6/6 | **Met** | | C15 | Personalize living space | 4/4 | **Met** | | C16 | Explore interests | 1/6 | **Not Met (16.67 %)** | | C17 | Community activities | 3/6 | **Not Met (50.0 %)** | | C18 | Purchase personal belongings | 5/5 | **Met** | | C19 | Knowledgeable decisions | 6/6 | **Met** | | C20 | Emergency back-up plans | 4/4 | **Met** | | C46 | Use of generic resources | 4/6 | **Not Met (66.67 %)** | | C47 | Transportation to/ from community | 6/6 | **Met** | | C48 | Neighborhood connections | 3/6 | **Not Met (50.0 %)** | | C49 | Physical setting is consistent | 4/4 | **Met** | | C51 | Ongoing satisfaction with services/ supports | 6/6 | **Met** | | C52 | Leisure activities and free-time choices /control | 6/6 | **Met** | | C53 | Food/ dining choices | 6/6 | **Met** | | C54 | Assistive technology | 4/6 | **Not Met (66.67 %)** | |  |  |  |  | | | | | |  |  |