



**PROVIDER REPORT
FOR
ARC OF BRISTOL COUNTY
141 Park St.
Attleboro, MA 02703**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider ARC OF BRISTOL COUNTY

Review Dates 4/18/2023 - 4/24/2023

**Service Enhancement
Meeting Date** 5/10/2023

Survey Team Linda Griffith (TL)
Kayla Condon
William Muguro
Michael Marchese

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	6 location(s) 8 audit (s)	Full Review	78/86 2 Year License 05/10/2023-05/10/2025		65 / 66 Certified 05/10/2023 - 05/10/2025
ABI-MFP Residential Services	1 location(s) 3 audit (s)			Full Review	19 / 20
Placement Services	4 location(s) 4 audit (s)			Full Review	20 / 20
Individual Home Supports	1 location(s) 1 audit (s)			Full Review	20 / 20
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	1 location(s) 1 audit (s)	Targeted Review	DDS 14/15 Provider 14 / 16 28 / 31 2 Year License 05/10/2023-05/10/2025		No Review Conducted
Community Based Day Services	1 location(s) 1 audit (s)			Deemed	0/0(Provider)
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

EXECUTIVE SUMMARY :

The Arc of Bristol County, founded in 1959, supports individuals with intellectual and developmental disabilities in both Massachusetts and Rhode Island. The agency provides a wide array of services including ABI/MFP 24-hour residential, shared living/placement services, individualized home supports (IHS), adult family care (AFC), community-based day supports (CBDS), day habilitation, adult day health, guardianship services, representative payee services, trust management, family support, and recreation services.

The Department of Developmental Services (DDS) Office of Quality Enhancement (OQE) survey team focused on the following service models: Individualized Home Supports, Placement, ABI/MFP 24-hour residential, and Community-Based Day Supports. The scope of the survey consisted of a full licensing and certification review for all residential services and a targeted review of licensure indicators for CBDS. The Arc of Bristol County elected to conduct a self-assessment of all licensure indicators for their CBDS program. The licensure score for Day Supports/CBDS is a combination of the agency's self-assessed ratings and those from DDS. The agency utilized a deemed process (CARF) for the evaluation of certification indicators within CBDS.

Within residential services, many positive practices were noted within the domain of human rights. A pictorial-based training process to support individuals who learn best with visual materials resulted with individuals being knowledgeable of human rights, DPPC, and the agency's grievance procedure. Guardians were also trained and provided information on human rights, DPPC, and the grievance process. Written and oral communication about the individuals served was consistently respectful, and individuals were afforded privacy within their homes.

In the area of choice and control, individuals had personalized living spaces with their bedrooms decorated according to their interests and tastes. Individuals' artwork, photographs of family and friends, and sports memorabilia were prominently displayed. New bedroom furniture had been purchased by one individual in placement, and another individual was especially proud of his recliner in his football-themed bedroom. Individuals were encouraged to explore their spiritual and community interests. Individuals were attending services at local churches and/or watching church services on television, as well as participating in vacations, metal detector outings, and local community concerts. Individuals were also supported to have ongoing relationships and participate in activities with friends and family members. In the domain of communication, frequent communication was observed between agency staff/providers and guardians/family members.

Within the health domain, individuals had consistently received their annual physical and dental exams, medical protocols were in place and followed, staff were trained and knowledgeable of these medical protocols and individuals' unique needs, and individuals received prompt treatment for episodic illnesses. Individuals were supported toward a healthy diet and physical activity, including walks, swimming, use of exercise bikes, and other sports/exercise. Within the domain of environmental safety, locations were clean and well-maintained, with necessary inspections and fire safety components in place.

In the CBDS program, written and oral communication regarding the individual was respectful. Staff was knowledgeable about the medical protocols, as well as symptoms of illness that should be reported to the nursing staff.

Some areas requiring further attention were identified during the survey. Organizationally, the human rights committee should review all reported allegations of abuse/neglect, DPPC case findings, outcomes from investigations, and any follow-up action plans to ensure that human rights are upheld. Within residential services, the agency needs to ensure that when the use of restrictive practices are in place, there is a plan to fade those restrictions as well as mitigation for the other individuals in the home. Assistive technology options need to be further explored, so that identified AT items/equipment can be implemented to maximize the independence of individuals. In Placement and Individualized Home Supports, the content of the Signs and Symptoms training curriculum needs to include the main components of Health Observation Guidelines and Just Not Right.

Arc of Bristol County has earned a Two-Year License for its Residential programs, scoring 91% for licensure indicators and 98% for certification indicators. The agency has also earned a Two-Year License for its CBDS program, meeting 90% of the licensure indicators. CBDS is deemed for Certification due to CARF accreditation. Based on the 90% scoring, the Arc of Bristol County will conduct its own follow-up review within 60 days for any licensure indicators that were rated Not Met within Residential Services and CBDS.

Description of Self Assessment Process:

The CBDS programming through The Arc of Bristol County is unique as Vibra Hospital oversees and manages the many indicators reviewed in the surveying process. The Arc of Bristol County provides day programming services which is named "Community Directions" located inside the Vibra Hospital in New Bedford, where full nursing care is provided by Vibra employees. In addition, the building is maintained by the hospital which completes the inspections, drills, and maintenance.

The Community Directions program is designed to provide opportunities for individuals to access day programming while in a hospital-like setting that provides medical oversight. This program provides individuals the opportunity to leave their bedrooms while still having access to critical medical care oversight through Vibra employees such as nursing and therapists.

The program has only a single surveyable individual (KH), who has resided at Vibra Hospital for many decades. KH is provided day programming from the community activity room within Vibra Hospital up to 30 hours per week. The program manager has worked for the department for 30 years and has well established rapport with the management team at Vibra Hospital and maintains regular communication regarding the medical and programmatic needs of the individual to ensure that Vibra's systems meet the standards for DDS regulations.

Due to the shared oversight between The Arc of Bristol County and Vibra Hospital, there are many indicators that are not rated. Through our auditing practices, we identify these areas as non-applicable as the responsibility falls to Vibra Hospital.

Indicators that are not rated for this service model (CBDS) are not included as part of the assessment.

The self-assessment process was completed using the agency's audit tool, along with The Arc of Bristol County's Quality Improvement process and oversight to ensure compliance towards indicators rated. If applicable, evidence of such compliance was attached to the self-assessment report.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Residential and Individual Home Supports	71/78	7/78	
Individual Home Supports Placement Services ABI-MFP Residential Services			
Critical Indicators	8/8	0/8	
Total	78/86	8/86	91%
2 Year License			
# indicators for 60 Day Follow-up		8	

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Employment and Day Supports	21/23	2/23	
Community Based Day Services			
Critical Indicators	2/2	0/2	
Total	28/31	3/31	90%
2 Year License			
# indicators for 60 Day Follow-up		3	

**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 agency's Human Rights Committee had not reviewed reported allegations of abuse or neglect, including DPPC case findings, investigation outcomes and follow-up action plans. The agency needs to ensure that their HRC has been provided with all necessary documentation/ information needed to properly review all allegations of abuse or neglect.

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

Indicator #	Indicator	Area Needing Improvement
L27	If applicable, swimming pools and other bodies of water are safe and secure according to policy.	At one of two locations with a pool present, the provider had not taken a water safety course. The agency needs to ensure that providers that have a pool receive water safety training.
L43	The health care record is maintained and updated as required.	Of the eight individuals, three had missing or inaccurate information on their HCR including vaccination dates, preventative screening dates, and annual exam dates. The agency needs to ensure that HCRs reflect current and accurate information.
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.	One location with a restrictive practice impacting all of the individuals living there lacked all of the required components, including a plan to eliminate or fade the restriction, and no mitigation plan to limit its impact on those not requiring the restriction. The agency needs to ensure that all restrictive practices include a written rationale for the restriction, a plan to eliminate/fade the restriction and if the restriction impacts others, a plan to mitigate its impact.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For one individual, the use of two health-related supports lacked all required components, including their authorization of use, parameters of appropriate use, and an outline for their continued need. The agency needs to ensure that all supports and health-related protections are included in ISP assessments and contain all required components including an outline for their continued need.
L80	Support staff are trained to recognize signs and symptoms of illness.	At five of six locations, staff/providers had not received training in Health Observation Guidelines and Just Not Right. The agency needs to ensure that staff are trained in the correct curriculum for signs and symptoms of illness.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Two out of eight individuals did not have any assistive technology explored, or in place, to maximize independence. The agency needs to ensure that individuals are given the opportunity to have assistive technology options to maximize their independence.
L99 (05/22)	Medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately. (eg seizure watches; fall sensors).	One individual's medical monitoring device lacked authorization and did not include all required components including the parameters of use and care of the device. The agency needs to ensure that all medical monitoring devices are authorized with completion of components for use and are implemented as directed.

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

Indicator #	Indicator	Issue identified	Action planned to address
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	Grievance/How to file a complaint was not returned signed by guardian for 2023.	Re-sent Grievance training and consent, as well as followed up with phone call. Will work on updating consent "packets" checklists to ensure that all required documentation is sent and returned with signatures.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Progress Summary was not completed until 1/19/23 (45 days late), which is after the due date of 12/5/2022.	Progress summary was due on 12/5/2022; Initial request was sent by DDS Service Coordinator on 7/19/22. Was approved by DDS on 2/15/23. Email was sent to DDS Service Coordinator on 2/9/2023. As part of record audit tool, progress summaries are identified and reviewed for compliance. In addition, twice a month HCSIS alerts are provided outlining current, past due, and active actions. Provide additional training to Program Manager related to checking HCSIS for pending or approaching tasks for this individual.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	59/60	1/60	
ABI-MFP Residential Services	19/20	1/20	
Individual Home Supports	20/20	0/20	
Placement Services	20/20	0/20	
Total	65/66	1/66	98%
Certified			

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS	6/6	0/6	
Employment and Day Supports	Provider	0/0	0/0	
Community Based Day Services	Provider (also Deemed)	0/0	0/0	
Total		6/6	0/6	100%
No Review Conducted				

ABI-MFP Residential Services- Areas Needing Improvement on Standards not met From DDS Review:

Indicator #	Indicator	Area Needing Improvement
C48	Individuals are a part of the neighborhood.	Three individuals at one home had not been fully supported to develop connections with neighbors or explore any local community/ neighborhood groups or events. The agency needs to ensure that individuals are supported to become part of their neighborhood.

MASTER SCORE SHEET LICENSURE

Organizational: ARC OF BRISTOL COUNTY

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	9/9	Met
L3	Immediate Action	9/9	Met
L4	Action taken	4/4	Met
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	4/4	Met
L75	Qualified staff	4/4	Met
L76	Track trainings	7/8	Met(87.50 %)
L83	HR training	8/8	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I		1/1	4/4		3/3		8/8	Met
L5	Safety Plan	L		0/1	4/4		1/1		5/6	Met (83.33 %)
Ⓡ L6	Evacuation	L		0/1	4/4		1/1		5/6	Met (83.33 %)
L7	Fire Drills	L					1/1		1/1	Met
L8	Emergency Fact Sheets	I		1/1	4/4		3/3		8/8	Met
L9 (07/21)	Safe use of equipment	I		1/1			3/3		4/4	Met
L10	Reduce risk interventions	I					2/2		2/2	Met
Ⓡ L11	Required inspections	L			4/4		1/1		5/5	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
Ⓡ L12	Smoke detectors	L			4/4		1/1		5/5	Met
Ⓡ L13	Clean location	L			4/4		1/1		5/5	Met
L14	Site in good repair	L			4/4		1/1		5/5	Met
L15	Hot water	L			4/4		1/1		5/5	Met
L16	Accessibility	L			3/3		1/1		4/4	Met
L17	Egress at grade	L			3/3		1/1		4/4	Met
L18	Above grade egress	L			3/3				3/3	Met
L19	Bedroom location	L					1/1		1/1	Met
L20	Exit doors	L					1/1		1/1	Met
L21	Safe electrical equipment	L			4/4		1/1		5/5	Met
L22	Well-maintained appliances	L			4/4		1/1		5/5	Met
L23	Egress door locks	L					1/1		1/1	Met
L24	Locked door access	L			3/3		1/1		4/4	Met
L25	Dangerous substances	L					1/1		1/1	Met
L26	Walkway safety	L			4/4		1/1		5/5	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L27	Pools, hot tubs, etc.	L			1/2				1/2	Not Met (50.0 %)
L28	Flammables	L					1/1		1/1	Met
L29	Rubbish /combustibles	L			4/4		1/1		5/5	Met
L30	Protective railings	L			4/4				4/4	Met
L31	Communication method	I		1/1	4/4		3/3		8/8	Met
L32	Verbal & written	I		1/1	4/4		3/3		8/8	Met
L33	Physical exam	I		1/1	4/4		3/3		8/8	Met
L34	Dental exam	I		1/1	4/4		2/2		7/7	Met
L35	Preventive screenings	I		1/1	3/4		3/3		7/8	Met (87.50 %)
L36	Recommended tests	I		1/1	3/4		3/3		7/8	Met (87.50 %)
L37	Prompt treatment	I		1/1	4/4		1/1		6/6	Met
Ⓡ L38	Physician's orders	I		1/1	3/3		3/3		7/7	Met
L39	Dietary requirements	I		1/1	2/2		1/1		4/4	Met
L40	Nutritional food	L					1/1		1/1	Met
L41	Healthy diet	L		1/1	4/4		1/1		6/6	Met
L42	Physical activity	L		1/1	4/4		1/1		6/6	Met
L43	Health Care Record	I		1/1	2/4		2/3		5/8	Not Met (62.50 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L44	MAP registration	L					1/1		1/1	Met
L45	Medication storage	L					1/1		1/1	Met
L46	Med. Administration	I			1/2		3/3		4/5	Met (80.0 %)
L47	Self medication	I		1/1	2/2				3/3	Met
L49	Informed of human rights	I		1/1	4/4		3/3		8/8	Met
L50 (07/21)	Respectful Comm.	I		1/1	4/4		3/3		8/8	Met
L51	Possessions	I		1/1	4/4		2/3		7/8	Met (87.50 %)
L52	Phone calls	I		1/1	4/4		3/3		8/8	Met
L53	Visitation	I		1/1	4/4		3/3		8/8	Met
L54 (07/21)	Privacy	I		1/1	4/4		3/3		8/8	Met
L55	Informed consent	I		1/1			3/3		4/4	Met
L56	Restrictive practices	I					0/3		0/3	Not Met (0 %)
L57	Written behavior plans	I					1/1		1/1	Met
L60	Data maintenance	I					1/1		1/1	Met
L61	Health protection in ISP	I					2/3		2/3	Not Met (66.67 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L63	Med. treatment plan form	I		1/1	1/1		2/3		4/5	Met (80.0 %)
L64	Med. treatment plan rev.	I		1/1	0/1		2/2		3/4	Met
L67	Money mgmt. plan	I		1/1	3/3		3/3		7/7	Met
L68	Funds expenditure	I		1/1	2/3		3/3		6/7	Met (85.71 %)
L69	Expenditure tracking	I		1/1	2/3		3/3		6/7	Met (85.71 %)
L70	Charges for care calc.	I			4/4		3/3		7/7	Met
L71	Charges for care appeal	I			4/4		3/3		7/7	Met
L77	Unique needs training	I		1/1	4/4		3/3		8/8	Met
L80	Symptoms of illness	L		0/1	0/4		1/1		1/6	Not Met (16.67 %)
L81	Medical emergency	L		1/1	4/4		1/1		6/6	Met
L82	Medication admin.	L					1/1		1/1	Met
L84	Health protect. Training	I			1/1		3/3		4/4	Met
L85	Supervision	L		1/1	4/4		1/1		6/6	Met
L86	Required assessments	I		1/1	2/2				3/3	Met
L87	Support strategies	I		1/1	3/3				4/4	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L88	Strategies implemented	I		1/1	4/4		3/3		8/8	Met
L89	Complaint and resolution process	L					1/1		1/1	Met
L90	Personal space/ bedroom privacy	I		1/1	4/4		3/3		8/8	Met
L91	Incident management	L		1/1	4/4		0/1		5/6	Met (83.33 %)
L93 (05/22)	Emergency back-up plans	I		1/1	4/4		3/3		8/8	Met
L94 (05/22)	Assistive technology	I		1/1	4/4		1/3		6/8	Not Met (75.00 %)
L96 (05/22)	Staff training in devices and applications	I		1/1	4/4				5/5	Met
L99 (05/22)	Medical monitoring devices	I			1/1		0/1		1/2	Not Met (50.0 %)
#Std. Met/# 78 Indicator									71/78	
Total Score									78/86	
									90.70%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	Provider			-	-	Met
L5	Safety Plan	L	Provider			-	-	Met
L7	Fire Drills	L	Provider			-	-	Met
L8	Emergency Fact Sheets	I	DDS			1/1	1/1	Met
L9 (07/21)	Safe use of equipment	I	Provider			-	-	Met
L31	Communication method	I	Provider			-	-	Met
L32	Verbal & written	I	Provider			-	-	Met
L37	Prompt treatment	I	Provider			-	-	Met
Ⓡ L38	Physician's orders	I	DDS			1/1	1/1	Met
L49	Informed of human rights	I	Provider			-	-	Not Met
L50 (07/21)	Respectful Comm.	I	DDS			1/1	1/1	Met
L51	Possessions	I	Provider			-	-	Met
L52	Phone calls	I	Provider			-	-	Met
L54 (07/21)	Privacy	I	DDS			1/1	1/1	Met
L77	Unique needs training	I	Provider			-	-	Met
L80	Symptoms of illness	L	Provider			-	-	Met
L81	Medical emergency	L	Provider			-	-	Met
L85	Supervision	L	Provider			-	-	Met
L86	Required assessments	I	Provider			-	-	Met
L87	Support strategies	I	DDS			1/1	1/1	Met
L88	Strategies implemented	I	Provider			-	-	Not Met
L91	Incident management	L	Provider			-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS			1/1	1/1	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L94 (05/22)	Assistive technology	I	DDS			1/1	1/1	Met
#Std. Met/# 23 Indicator							21/23	
Total Score							28/31	
							90.32%	

MASTER SCORE SHEET CERTIFICATION

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

ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	2/2	Met
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	3/3	Met
C10	Social skill development	3/3	Met
C11	Get together w/family & friends	3/3	Met
C12	Intimacy	2/2	Met
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	3/3	Met

ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C17	Community activities	3/3	Met
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	3/3	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	0/3	Not Met (0 %)
C49	Physical setting is consistent	1/1	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	3/3	Met
C53	Food/ dining choices	3/3	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/4	Met
C8	Family/guardian communication	4/4	Met
C9	Personal relationships	4/4	Met
C10	Social skill development	4/4	Met
C11	Get together w/family & friends	4/4	Met
C12	Intimacy	4/4	Met
C13	Skills to maximize independence	4/4	Met
C14	Choices in routines & schedules	4/4	Met
C15	Personalize living space	4/4	Met
C16	Explore interests	4/4	Met
C17	Community activities	4/4	Met
C18	Purchase personal belongings	4/4	Met
C19	Knowledgeable decisions	4/4	Met
C46	Use of generic resources	4/4	Met
C47	Transportation to/ from community	4/4	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C48	Neighborhood connections	4/4	Met
C49	Physical setting is consistent	4/4	Met
C51	Ongoing satisfaction with services/ supports	4/4	Met
C52	Leisure activities and free-time choices /control	4/4	Met
C53	Food/ dining choices	4/4	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	1/1	Met
C8	Family/guardian communication	1/1	Met
C9	Personal relationships	1/1	Met
C10	Social skill development	1/1	Met
C11	Get together w/family & friends	1/1	Met
C12	Intimacy	1/1	Met
C13	Skills to maximize independence	1/1	Met
C14	Choices in routines & schedules	1/1	Met
C16	Explore interests	1/1	Met
C17	Community activities	1/1	Met
C18	Purchase personal belongings	1/1	Met
C19	Knowledgeable decisions	1/1	Met
C21	Coordinate outreach	1/1	Met
C46	Use of generic resources	1/1	Met
C47	Transportation to/ from community	1/1	Met
C48	Neighborhood connections	1/1	Met
C49	Physical setting is consistent	1/1	Met
C51	Ongoing satisfaction with services/ supports	1/1	Met
C52	Leisure activities and free-time choices /control	1/1	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C53	Food/ dining choices	1/1	Met