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| **PROVIDER REPORT FOR** |

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| **ARC OF GREATER PLYMOUTH (THE)52 Armstrong Drive Plymouth, MA 02360**  |

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| **Public Provider Report** |

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| **Prepared by the Department of Developmental ServicesOFFICE OF QUALITY ENHANCEMENT** |

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| **SUMMARY OF OVERALL FINDINGS** |

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| ARC OF GREATER PLYMOUTH (THE) |

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| **Review Dates** |

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| 11/17/2021 - 11/23/2021 |

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| **Service Enhancement Meeting Date** |

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| 12/8/2021 |

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| **Survey Team** |

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| Jamie Savage |
| Michael Marchese |
| Katherine Gregory (TL) |
| Tina Napolitan |
| Michelle Boyd |

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| **Citizen Volunteers** |

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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** | 7 location(s) 9 audit (s)  | Full Review | 72/84 2 Year License 12/08/2021 - 12/08/2023 |  | 67 / 73 Certified 12/08/2021 - 12/08/2023 |
| ABI-MFP Residential Services | 1 location(s) 3 audit (s)  |  |  | Full Review | 18 / 22 |
| Placement Services | 4 location(s) 4 audit (s)  |  |  | Full Review | 21 / 22 |
| Individual Home Supports | 2 location(s) 2 audit (s)  |  |  | Full Review | 22 / 23 |
| 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) 8 audit (s)  | Full Review | 47/52 2 Year License 12/08/2021 - 12/08/2023 |  | 33 / 39 Certified 12/08/2021 - 12/08/2023 |
| Community Based Day Services | 1 location(s) 6 audit (s)  |  |  | Full Review | 12 / 17 |
| Employment Support Services | 0 location(s) 2 audit (s)  |  |  | Full Review | 15 / 16 |
| Planning and Quality Management (For all service groupings) |   |  |  | Full Review | 6 / 6 |

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| **EXECUTIVE SUMMARY :** |

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| The ARC of Greater Plymouth, established in 1966, has evolved into a full-service organization supporting individuals with intellectual and developmental disabilities, Autism, and brain injuries. In 2019, The ARC of Plymouth extended their services to include the Upper Cape out to Hyannis.The scope of this survey conducted by Department of Developmental Services Office of Quality Enhancement consisted of a full review of licensing and certification indicators for The ARC's Acquired Brain Injury Residential Services, Shared Living, Individual Home Supports, Community Based Day Supports (CBDS), and Employment services.Organizationally, the agency demonstrated strengths in several areas. The agency's Strategic Plan included objectives addressing effective implementation of COVID-19 policies and procedures and the development of a testing and surveillance system. The agency has initiated recruitment and retention measures to address the ongoing staffing shortage and continuously reviews and revises strategies to meet ongoing challenges in this area. The agency's Human Rights Committee was found to be effective. All action plans were implemented in response to investigations. The agency maintained an accurate training database which tracked all required trainings for staff.The review of licensing indicators identified several strengths within residential services. Individuals received annual physicals, were supported to complete recommended testing, and appointments with their specialists were maintained. Medications were administered according to physicians' orders, and several individuals were successfully supported to self-medicate.Homes were reflective of others in their neighborhoods and were decorated to the taste of the individuals. To allow greater independence, the agency had implemented a transportation plan in which individuals could access ride-hailing services such as Uber or Lyft at a reduced rate subsidized by the agency. While the agency demonstrated positive findings, there were areas that could benefit from increased attention. Within the residential programs, health care management could be further improved through ensuring completion of routine and preventative screenings and ensuring health care records are updated with essential information. In certain homes, there was a lack of training for health-related protections and restrictive practices, and further attention is required to ensure these trainings are in place. The agency could strengthen oversight of financial management of individuals' funds to increase consistency in documentation of transactions and ensure current skills and plans to fade supports are reflected in funds management and training plans. Strengths were identified in CBDS and Employment Supports. Staff were trained in Signs and Symptoms of Illness and were aware of what to do in a medical emergency. Within the CBDS program, Individuals were able to choose from an extensive library of training modules such as social skills development or conflict resolution and had the option of presenting the materials to others in a scheduled session. Sessions were offered with local community members presenting Zumba, Yoga, Karate and Dog Training Classes through a remote platform. Individuals' preferences were reflected in the scheduling of activities and participants were able to revise their schedules. Within Employment Supports, assistance was provided as needed, with additional support offered for individual needs. Individuals received evaluations on their job performance. The agency provided and furnished an office to allow one individual to work remotely during the pandemic as her office had closed. The Employment program collaborating with her developing a list of items she needed to allow her to be her comfortable and productive.Within day supports areas were identified that require additional focus. In CBDS the agency needs to continue its efforts to ensure all individuals on a path to employment have plans in place identifying the individuals' interests, strengths and needs with goals for skill development that optimize their potential for employment. The agency will need to continue to strategize around providing increased opportunities for activities in the community. Based on the findings of this licensing and certification review, The ARC of Greater Plymouth has earned a Two-Year License for their Residential Programs with a score of 86% and a Two-Year License for Employment / Day Services with a score of 90%. The agency is also Certified for Residential Services (92%) and Certified for Employment / Day Services with a score of 85%. |

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| **LICENSURE FINDINGS** |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **10/10** | **0/10** |  |
| **Residential and Individual Home Supports** | **62/74** | **12/74** |  |
|  ABI-MFP Residential Services Placement Services Individual Home Supports |  |  |  |
| **Critical Indicators** | **8/8** | **0/8** |  |
| **Total** | **72/84** | **12/84** | **86%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **12** |  |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Organizational** | **10/10** | **0/10** |  |
| **Employment and Day Supports** | **37/42** | **5/42** |  |
|  Community Based Day Services Employment Support Services |  |  |  |
| **Critical Indicators** | **6/6** | **0/6** |  |
| **Total** | **47/52** | **5/52** | **90%** |
| **2 Year License** |  |  |  |
| **# indicators for 60 Day Follow-up** |  | **5** |  |

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|  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L7 | Fire drills are conducted as required. | In one location, fire drills were not conducted as required. The agency must ensure that all fire drills are completed as required. |
|  |  L34 | Individuals receive an annual dental exam.  | For 2 out of 8 individuals, annual dental exams were not completed. The agency needs to ensure that all individuals receive their annual dental exam. |
|  |  L35 | Individuals receive routine preventive screenings.  | For 2 out of 9 individuals, routine preventative screenings did not occur. The agency needs to ensure that routine preventive screenings are completed |
|  |  L43 | The health care record is maintained and updated as required.  | For 3 out of 8 individuals, health care records were not maintained and updated. The agency needs to implement a system that ensures health care records are updated as required. |
|  |  L55 | Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent. | For 2 out of 8 individuals, photo consents were not returned with the signature consent from the relevant individual/guardian. The agency needs to confirm consent on photo release preferences. |
|  |  L61 | Supports and health related protections are included in ISP assessments and the continued need is outlined. | For one of 3 individuals there was no guidance from the practitioner regarding alternative methods to support an individual when the device was not in use due to a recall. The agency needs to ensure that when a Health-Related Supportive device cannot be used there are clear directives from the practitioner regarding alternative methods to support that individual with their related diagnosis. |
|  |  L67 | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | For 5 individuals the Financial Management Plan did not accurately reflect their current level of independence or contain supports needed. Financial Management Plans and training plans need to accurately reflect the individuals' current support needs, and training plans need to include strategies for skill-building. |
|  |  L69 | Individual expenditures are documented and tracked. | For 4 of 5 individuals, financial transaction documentation was either unavailable or incomplete. The agency needs to ensure that when they have shared or delegated responsibility for individuals' funds, documentation is completed and receipts over $25.00 are maintained, and to ensure that individuals assets do not exceed allowable limits. |
|  |  L78 | Staff are trained to safely and consistently implement restrictive interventions. | For one program with alarmed exits, there was no staff training on this restrictive practice. The agency needs to ensure that all staff are trained on restrictive practices. |
|  |  L84 | Staff / care providers are trained in the correct utilization of health related protections per regulation. | In one location, staff were not sufficiently trained nor were they knowledgeable in the correct utilization of an individual's health-related protections. The agency needs to ensure staff are trained and knowledgeable in the utilization of health related protections. |
|  |  L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | Required assessments for 4 of 5 individuals were not submitted within the required timelines. The agency needs to ensure required assessments are submitted to the DDS area office at least 15 days prior to the scheduled ISP meeting |
|  |  L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | Support strategies for 7 of 8 individuals were not submitted within the required timelines. The agency needs to ensure support strategies are submitted to the DDS area office at least 15 days prior to the scheduled ISP meeting. |

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|  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:** |
|  | **Indicator #** | **Indicator** | **Area Needing Improvement** |
|  |  L8 | Emergency fact sheets are current and accurate and available on site. | Two emergency fact sheets did not contain all of the individual's pertinent diagnoses. The agency needs to ensure all emergency fact sheets are current and accurate. |
|  |  L15 | Hot water temperature tests between 110 and 120 degrees (as of 1/2014). | The water temperature tested at 86 and 89 degrees. The agency needs to ensure water temperatures test between 110 and 120 degrees. |
|  |  L29 | No rubbish or other combustibles are accumulated within the location including near heating equipment and exits.  | Combustible boards were located near the heating equipment. The agency needs to ensure no combustible material is located near the heating equipment. Corrected |
|  |  L86 | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | For 3 out of 7 individuals, required assessments were not submitted with in the required timeline. The agency needs to develop a system to ensure required assessments are submitted with in the required timelines. |
|  |  L87 | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | For 3 out of 8 individuals, support strategies were not submitted with in the required timeline. The agency needs to develop a system to ensure support strategies are submitted with in the required timelines. |

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| **CERTIFICATION FINDINGS** |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **6/6** | **0/6** |  |
| **Residential and Individual Home Supports** | **61/67** | **6/67** |  |
| ABI-MFP Residential Services | 18/22 | 4/22 |  |
| Individual Home Supports | 22/23 | 1/23 |  |
| Placement Services | 21/22 | 1/22 |  |
| **TOTAL** | **67/73** | **6/73** | **92%** |
| **Certified** |  |  |  |

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|  | **Met / Rated** | **Not Met / Rated** | **% Met** |
| **Certification - Planning and Quality Management** | **6/6** | **0/6** |  |
| **Employment and Day Supports** | **27/33** | **6/33** |  |
| Community Based Day Services | 12/17 | 5/17 |  |
| Employment Support Services | 15/16 | 1/16 |  |
| **TOTAL** | **33/39** | **6/39** | **85%** |
| **Certified** |  |  |  |

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|  | **ABI-MFP Residential 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. | Opportunities have not been offered to three individuals to provide feedback on an on-going basis on the performance of staff who are supporting them. The agency needs to ensure that individuals have opportunities to provide feedback on an ongoing basis on the performance of staff. |
|  |  C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | Two individuals were not supported to explore, define, and express their need for intimacy and companionship. The agency needs to ensure they are aware of each individuals' potential wants/needs regarding companionship and intimacy, and that they are supported to explore these, including maintaining current relationships and exploring new ones. |
|  |  C48 | Individuals are a part of the neighborhood. | Three individuals, have not been provided support to reconnect with a neighbor who had previously been visiting their home by exploring safe options for resuming visits, or to develop other community/neighborhood connections. The agency needs to ensure that staff support individuals to develop connections with neighbors through regular opportunities. |
|  |  C54 | Individuals have the assistive technology and/or modifications to maximize independence.  | Two individuals had completed assistive technology assessments, but strategies were not in place based to address individual needs to maximize independence. The agency needs to ensure that they identify areas where individuals require additional supports and could potentially utilize assistive technology to increase their independence. Once those areas are identified strategies should be created to support the individual with utilizing the assistive technology. |
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|  | **Individual Home Supports- 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. | For both individuals reviewed there was no process being implemented to ensure individuals' feedback regarding the performance of their staff was obtained and shared with their staff for evaluation and training purposes. The agency needs to ensure there is a process in place for soliciting individual input for the evaluation of staff |
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|  | **Placement 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. | For 3 of 4 individuals there was no process being implemented to ensure individuals' feedback regarding the performance of their staff was obtained and shared with their staff for evaluation and training purposes. The agency needs to ensure there is a process in place for soliciting individual input for the evaluation of staff. |
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|  | **Community Based Day 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. | For all 6 individuals there was no process being implemented to ensure individuals' feedback regarding the performance of their staff was obtained and shared with their staff for evaluation and training purposes. The agency needs to ensure there is a process in place for soliciting individual input for the evaluation of staff. |
|  |  C39 (07/21) | There is a plan developed to identify job goals and support needs that would lead to movement into supported employment. | For 2 of 5 individuals, there were no job goals identified with a clear plan including the support needs that would assist them in achieving these goals. The agency needs to ensure that job related goals are in place for individuals with related support needs defined. |
|  |  C41 | Individuals participate in activities, including those in the community, that reflect their interests and preferences. | Six individuals were not provided regular opportunities for community activities that include their preferences. The agency needs to ensure regular community activities reflecting the preferences and interests of the individuals are frequently offered. |
|  |  C42 | Individuals are involved in activities that connect them to other people in the community. | Six individuals were not provided sufficient opportunities for activities that would allow them to make connections with members of the community. The agency needs to increase its efforts to ensure there are frequent opportunities offered allowing individuals to engage with community members. |
|  |  C54 | Individuals have the assistive technology and/or modifications to maximize independence.  | For three individuals, an assessment or interview identified several areas where assistive technology could potentially help individuals become more independent. However, the individuals were not supported to explore the use of assistive technology methods. The agency needs to ensure that individuals are supported to access AT to increase their abilities and independence. |
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|  | **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. | Individuals were not provided the opportunity to give feedback on the staff that support them. The agency needs to ensure individuals are provided with an opportunity to give feedback on staff at the time of hire and on an on-going basis. |
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| **MASTER SCORE SHEET LICENSURE** |

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| **Organizational: ARC OF GREATER PLYMOUTH (THE)** |

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|  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** |
| O |  L2 | Abuse/neglect reporting | **1/1** | **Met** |
|  |  L3 | Immediate Action | **13/13** | **Met** |
|  |  L4 | Action taken | **15/15** | **Met** |
|  |  L48 | HRC | **1/1** | **Met** |
|  |  L65 | Restraint report submit | **1/1** | **Met** |
|  |  L66 | HRC restraint review | **1/1** | **Met** |
|  |  L74 | Screen employees | **2/2** | **Met** |
|  |  L75 | Qualified staff | **3/3** | **Met** |
|  |  L76 | Track trainings | **4/4** | **Met** |
|  |  L83 | HR training | **4/4** | **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 |  | 2/2 | 4/4 |  | 3/3 |  | **9/9** | **Met** |
|  |  L5 | Safety Plan | L |  | 2/2 | 3/4 |  | 1/1 |  | **6/7** | **Met(85.71 %)** |
| O |  L6 | Evacuation | L |  | 2/2 | 4/4 |  | 1/1 |  | **7/7** | **Met** |
|  |  L7 | Fire Drills | L |  |  |  |  | 0/1 |  | **0/1** | **Not Met(0 %)** |
|  |  L8 | Emergency Fact Sheets | I |  | 1/2 | 4/4 |  | 3/3 |  | **8/9** | **Met(88.89 %)** |
|  |  L9 (07/21) | Safe use of equipment | I |  | 2/2 |  |  | 3/3 |  | **5/5** | **Met** |
|  |  L10 | Reduce risk interventions | I |  |  | 2/2 |  | 1/1 |  | **3/3** | **Met** |
| O |  L11 | Required inspections | L |  | 1/1 | 4/4 |  | 0/1 |  | **5/6** | **Met(83.33 %)** |
| O |  L12 | Smoke detectors | L |  | 1/1 | 3/4 |  | 1/1 |  | **5/6** | **Met(83.33 %)** |
| O |  L13 | Clean location | L |  | 1/1 | 4/4 |  | 1/1 |  | **6/6** | **Met** |
|  |  L14 | Site in good repair | L |  | 1/1 | 4/4 |  |  |  | **5/5** | **Met** |
|  |  L15 | Hot water | L |  | 1/1 | 4/4 |  | 1/1 |  | **6/6** | **Met** |
|  |  L16 | Accessibility | L |  | 1/1 | 4/4 |  | 1/1 |  | **6/6** | **Met** |
|  |  L17 | Egress at grade  | L |  | 1/1 | 4/4 |  | 1/1 |  | **6/6** | **Met** |
|  |  L18 | Above grade egress | L |  | 1/1 | 3/3 |  |  |  | **4/4** | **Met** |
|  |  L19 | Bedroom location | L |  |  |  |  | 1/1 |  | **1/1** | **Met** |
|  |  L20 | Exit doors | L |  | 1/1 |  |  | 1/1 |  | **2/2** | **Met** |
|  |  L21 | Safe electrical equipment | L |  | 1/1 | 4/4 |  | 1/1 |  | **6/6** | **Met** |
|  |  L22 | Well-maintained appliances | L |  | 1/1 | 4/4 |  | 1/1 |  | **6/6** | **Met** |
|  |  L23 | Egress door locks | L |  |  |  |  | 1/1 |  | **1/1** | **Met** |
|  |  L24 | Locked door access | L |  |  |  |  | 1/1 |  | **1/1** | **Met** |
|  |  L25 | Dangerous substances | L |  | 1/1 |  |  | 1/1 |  | **2/2** | **Met** |
|  |  L26 | Walkway safety | L |  | 1/1 | 4/4 |  | 1/1 |  | **6/6** | **Met** |
|  |  L27 | Pools, hot tubs, etc. | L |  | 1/1 | 1/1 |  |  |  | **2/2** | **Met** |
|  |  L28 | Flammables | L |  | 1/1 |  |  | 1/1 |  | **2/2** | **Met** |
|  |  L29 | Rubbish/combustibles | L |  | 1/1 | 3/4 |  | 1/1 |  | **5/6** | **Met(83.33 %)** |
|  |  L30 | Protective railings | L |  | 1/1 | 4/4 |  | 1/1 |  | **6/6** | **Met** |
|  |  L31 | Communication method | I |  | 2/2 | 4/4 |  | 3/3 |  | **9/9** | **Met** |
|  |  L32 | Verbal & written | I |  | 2/2 | 4/4 |  | 3/3 |  | **9/9** | **Met** |
|  |  L33 | Physical exam | I |  | 2/2 | 4/4 |  | 3/3 |  | **9/9** | **Met** |
|  |  L34 | Dental exam | I |  | 2/2 | 4/4 |  | 0/2 |  | **6/8** | **Not Met(75.00 %)** |
|  |  L35 | Preventive screenings | I |  | 1/2 | 4/4 |  | 2/3 |  | **7/9** | **Not Met(77.78 %)** |
|  |  L36 | Recommended tests | I |  | 2/2 | 4/4 |  | 3/3 |  | **9/9** | **Met** |
|  |  L37 | Prompt treatment | I |  | 2/2 | 4/4 |  | 3/3 |  | **9/9** | **Met** |
| O |  L38 | Physician's orders | I |  | 1/1 | 3/3 |  | 2/3 |  | **6/7** | **Met(85.71 %)** |
|  |  L39 | Dietary requirements | I |  |  | 2/2 |  |  |  | **2/2** | **Met** |
|  |  L40 | Nutritional food | L |  | 1/1 |  |  | 1/1 |  | **2/2** | **Met** |
|  |  L41 | Healthy diet | L |  | 2/2 | 4/4 |  | 1/1 |  | **7/7** | **Met** |
|  |  L42 | Physical activity | L |  | 2/2 | 4/4 |  | 1/1 |  | **7/7** | **Met** |
|  |  L43 | Health Care Record | I |  | 0/1 | 4/4 |  | 1/3 |  | **5/8** | **Not Met(62.50 %)** |
|  |  L44 | MAP registration | L |  |  |  |  | 1/1 |  | **1/1** | **Met** |
|  |  L45 | Medication storage | L |  |  |  |  | 1/1 |  | **1/1** | **Met** |
| O |  L46 | Med. Administration | I |  | 1/1 | 3/3 |  | 3/3 |  | **7/7** | **Met** |
|  |  L47 | Self medication | I |  | 2/2 | 2/3 |  |  |  | **4/5** | **Met(80.0 %)** |
|  |  L49 | Informed of human rights | I |  | 2/2 | 4/4 |  | 3/3 |  | **9/9** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I |  | 2/2 | 4/4 |  | 3/3 |  | **9/9** | **Met** |
|  |  L51 | Possessions | I |  | 2/2 | 4/4 |  | 3/3 |  | **9/9** | **Met** |
|  |  L52 | Phone calls | I |  | 2/2 | 4/4 |  | 3/3 |  | **9/9** | **Met** |
|  |  L53 | Visitation | I |  | 2/2 | 4/4 |  | 3/3 |  | **9/9** | **Met** |
|  |  L54 (07/21) | Privacy | I |  | 2/2 | 4/4 |  | 3/3 |  | **9/9** | **Met** |
|  |  L55 | Informed consent | I |  | 1/2 | 2/3 |  | 3/3 |  | **6/8** | **Not Met(75.00 %)** |
|  |  L56 | Restrictive practices | I |  |  |  |  | 3/3 |  | **3/3** | **Met** |
|  |  L61 | Health protection in ISP | I |  |  | 0/1 |  | 2/2 |  | **2/3** | **Not Met(66.67 %)** |
|  |  L62 | Health protection review | I |  |  | 1/1 |  | 1/1 |  | **2/2** | **Met** |
|  |  L63 | Med. treatment plan form | I |  |  | 2/2 |  | 3/3 |  | **5/5** | **Met** |
|  |  L64 | Med. treatment plan rev. | I |  |  | 2/2 |  | 3/3 |  | **5/5** | **Met** |
|  |  L67 | Money mgmt. plan | I |  | 0/1 | 0/2 |  | 0/2 |  | **0/5** | **Not Met(0 %)** |
|  |  L68 | Funds expenditure | I |  |  | 2/2 |  | 1/1 |  | **3/3** | **Met** |
|  |  L69 | Expenditure tracking | I |  |  | 1/3 |  | 0/2 |  | **1/5** | **Not Met(20.0 %)** |
|  |  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 |  | 1/2 | 4/4 |  | 3/3 |  | **8/9** | **Met(88.89 %)** |
|  |  L78 | Restrictive Int. Training | L |  |  |  |  | 0/1 |  | **0/1** | **Not Met(0 %)** |
|  |  L80 | Symptoms of illness | L |  | 2/2 | 4/4 |  | 1/1 |  | **7/7** | **Met** |
|  |  L81 | Medical emergency | L |  | 2/2 | 4/4 |  | 1/1 |  | **7/7** | **Met** |
| O |  L82 | Medication admin. | L |  |  |  |  | 1/1 |  | **1/1** | **Met** |
|  |  L84 | Health protect. Training | I |  |  | 1/1 |  | 1/2 |  | **2/3** | **Not Met(66.67 %)** |
|  |  L85 | Supervision  | L |  | 2/2 | 4/4 |  | 0/1 |  | **6/7** | **Met(85.71 %)** |
|  |  L86 | Required assessments | I |  | 1/2 | 0/3 |  |  |  | **1/5** | **Not Met(20.0 %)** |
|  |  L87 | Support strategies | I |  | 1/2 | 0/3 |  | 0/3 |  | **1/8** | **Not Met(12.50 %)** |
|  |  L88 | Strategies implemented | I |  | 2/2 | 4/4 |  | 3/3 |  | **9/9** | **Met** |
|  |  L89 | Complaint and resolution process | L |  |  |  |  | 1/1 |  | **1/1** | **Met** |
|  |  L90 | Personal space/ bedroom privacy | I |  | 2/2 | 4/4 |  | 3/3 |  | **9/9** | **Met** |
|  |  L91 | Incident management | L |  | 2/2 | 4/4 |  | 0/1 |  | **6/7** | **Met(85.71 %)** |
|  | **#Std. Met/# 74 Indicator** |  |  |  |  |  |  |  |  | **62/74** |  |
|  | **Total Score** |  |  |  |  |  |  |  |  | **72/84** |  |
|  |  |  |  |  |  |  |  |  |  | **85.71%** |  |

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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 | 2/2 |  | 6/6 | **8/8** | **Met** |
|  |  L5 | Safety Plan | L |  |  | 1/1 | **1/1** | **Met** |
| O |  L6 | Evacuation | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L7 | Fire Drills | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L8 | Emergency Fact Sheets | I | 1/2 |  | 5/6 | **6/8** | **Not Met(75.00 %)** |
|  |  L9 (07/21) | Safe use of equipment | I | 2/2 |  | 6/6 | **8/8** | **Met** |
|  |  L10 | Reduce risk interventions | I |  |  | 3/3 | **3/3** | **Met** |
| O |  L11 | Required inspections | L |  |  | 1/1 | **1/1** | **Met** |
| O |  L12 | Smoke detectors | L |  |  | 1/1 | **1/1** | **Met** |
| O |  L13 | Clean location | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L15 | Hot water | L |  |  | 0/1 | **0/1** | **Not Met(0 %)** |
|  |  L16 | Accessibility | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L17 | Egress at grade  | 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** |
|  |  L29 | Rubbish/combustibles | L |  |  | 0/1 | **0/1** | **Not Met(0 %)** |
|  |  L31 | Communication method | I | 2/2 |  | 6/6 | **8/8** | **Met** |
|  |  L32 | Verbal & written | I | 2/2 |  | 6/6 | **8/8** | **Met** |
|  |  L37 | Prompt treatment | I | 2/2 |  | 6/6 | **8/8** | **Met** |
| O |  L38 | Physician's orders | I |  |  | 2/2 | **2/2** | **Met** |
|  |  L49 | Informed of human rights | I | 2/2 |  | 6/6 | **8/8** | **Met** |
|  |  L50 (07/21) | Respectful Comm. | I | 2/2 |  | 6/6 | **8/8** | **Met** |
|  |  L51 | Possessions | I | 2/2 |  | 6/6 | **8/8** | **Met** |
|  |  L52 | Phone calls | I | 2/2 |  | 6/6 | **8/8** | **Met** |
|  |  L54 (07/21) | Privacy | I | 2/2 |  | 6/6 | **8/8** | **Met** |
|  |  L55 | Informed consent | I |  |  | 5/6 | **5/6** | **Met(83.33 %)** |
|  |  L56 | Restrictive practices | I |  |  | 5/6 | **5/6** | **Met(83.33 %)** |
|  |  L61 | Health protection in ISP | I |  |  | 1/1 | **1/1** | **Met** |
|  |  L62 | Health protection review | I |  |  | 1/1 | **1/1** | **Met** |
|  |  L77 | Unique needs training | I | 1/2 |  | 6/6 | **7/8** | **Met(87.50 %)** |
|  |  L78 | Restrictive Int. Training | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L80 | Symptoms of illness | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L81 | Medical emergency | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L84 | Health protect. Training | I |  |  | 1/1 | **1/1** | **Met** |
|  |  L85 | Supervision  | L |  |  | 1/1 | **1/1** | **Met** |
|  |  L86 | Required assessments | I | 0/2 |  | 4/5 | **4/7** | **Not Met(57.14 %)** |
|  |  L87 | Support strategies | I | 1/2 |  | 4/6 | **5/8** | **Not Met(62.50 %)** |
|  |  L88 | Strategies implemented | I | 2/2 |  | 5/6 | **7/8** | **Met(87.50 %)** |
|  |  L91 | Incident management | L |  |  | 1/1 | **1/1** | **Met** |
|  | **#Std. Met/# 42 Indicator** |  |  |  |  |  | **37/42** |  |
|  | **Total Score** |  |  |  |  |  | **47/52** |  |
|  |  |  |  |  |  |  | **90.38%** |  |

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| **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** |
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| **ABI-MFP Residential Services** |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 0/3 | **Not Met (0 %)** |
|  C8 | Family/guardian communication | 2/2 | **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 | 1/3 | **Not Met (33.33 %)** |
|  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** |
|  C17 | Community activities | 3/3 | **Met** |
|  C18 | Purchase personal belongings | 3/3 | **Met** |
|  C19 | Knowledgeable decisions | 3/3 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 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** |
|  C54 | Assistive technology | 1/3 | **Not Met (33.33 %)** |
| **Community Based Day Services** |  |  |  |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 0/6 | **Not Met (0 %)** |
|  C8 | Family/guardian communication | 6/6 | **Met** |
|  C13 | Skills to maximize independence  | 6/6 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 6/6 | **Met** |
|  C37 | Interpersonal skills for work | 6/6 | **Met** |
|  C38 (07/21) | Habilitative & behavioral goals | 4/5 | **Met (80.0 %)** |
|  C39 (07/21) | Support needs for employment | 3/5 | **Not Met (60.0 %)** |
|  C40 | Community involvement interest | 6/6 | **Met** |
|  C41 | Activities participation | 0/6 | **Not Met (0 %)** |
|  C42 | Connection to others | 0/6 | **Not Met (0 %)** |
|  C43 | Maintain & enhance relationship | 6/6 | **Met** |
|  C44 | Job exploration | 5/5 | **Met** |
|  C45 | Revisit decisions | 6/6 | **Met** |
|  C46 | Use of generic resources | 6/6 | **Met** |
|  C47 | Transportation to/ from community | 6/6 | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | 6/6 | **Met** |
|  C54 | Assistive technology | 3/6 | **Not Met (50.0 %)** |
| **Employment Support Services** |  |  |  |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 0/2 | **Not Met (0 %)** |
|  C8 | Family/guardian communication | 2/2 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 2/2 | **Met** |
|  C26 | Benefits analysis | 2/2 | **Met** |
|  C27 | Job benefit education | 1/1 | **Met** |
|  C30 | Work in integrated settings | 2/2 | **Met** |
|  C31 | Job accommodations | 2/2 | **Met** |
|  C32 | At least minimum wages earned | 2/2 | **Met** |
|  C33 | Employee benefits explained | 2/2 | **Met** |
|  C34 | Support to promote success | 2/2 | **Met** |
|  C35 | Feedback on job performance | 2/2 | **Met** |
|  C36 | Supports to enhance retention | 2/2 | **Met** |
|  C47 | Transportation to/ from community | 2/2 | **Met** |
|  C50 | Involvement/ part of the Workplace culture | 2/2 | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | 2/2 | **Met** |
|  C54 | Assistive technology | 2/2 | **Met** |
| **Individual Home Supports** |  |  |  |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 0/2 | **Not Met (0 %)** |
|  C8 | Family/guardian communication | 2/2 | **Met** |
|  C9 | Personal relationships | 2/2 | **Met** |
|  C10 | Social skill development | 2/2 | **Met** |
|  C11 | Get together w/family & friends | 2/2 | **Met** |
|  C12 | Intimacy | 2/2 | **Met** |
|  C13 | Skills to maximize independence  | 2/2 | **Met** |
|  C14 | Choices in routines & schedules | 2/2 | **Met** |
|  C15 | Personalize living space | 1/1 | **Met** |
|  C16 | Explore interests | 2/2 | **Met** |
|  C17 | Community activities | 2/2 | **Met** |
|  C18 | Purchase personal belongings | 1/1 | **Met** |
|  C19 | Knowledgeable decisions | 2/2 | **Met** |
|  C20 (07/21) | Emergency back-up plans | 2/2 | **Met** |
|  C21 | Coordinate outreach | 2/2 | **Met** |
|  C46 | Use of generic resources | 2/2 | **Met** |
|  C47 | Transportation to/ from community | 2/2 | **Met** |
|  C48 | Neighborhood connections | 2/2 | **Met** |
|  C49 | Physical setting is consistent  | 1/1 | **Met** |
|  C51 | Ongoing satisfaction with services/ supports | 2/2 | **Met** |
|  C52 | Leisure activities and free-time choices /control | 2/2 | **Met** |
|  C53 | Food/ dining choices | 2/2 | **Met** |
|  C54 | Assistive technology | 2/2 | **Met** |
| **Placement Services** |  |  |  |
| **Indicator #** | **Indicator** | **Met/Rated** | **Rating** |
|  C7 | Feedback on staff / care provider performance | 1/4 | **Not Met (25.00 %)** |
|  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** |
|  C20 (07/21) | Emergency back-up plans | 4/4 | **Met** |
|  C46 | Use of generic resources | 4/4 | **Met** |
|  C47 | Transportation to/ from community | 4/4 | **Met** |
|  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** |
|  C54 | Assistive technology | 3/4 | **Met** |
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