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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** | 6 location(s) 10 audit (s) | Full Review | 68/77 2 Year License 01/29/2020 - 01/29/2022 |  | 45 / 51 Certified 01/29/2020 - 01/29/2022 | | Residential Services | 3 location(s) 7 audit (s) |  |  | Full Review | 17 / 22 | | Individual Home Supports | 3 location(s) 3 audit (s) |  |  | Full Review | 22 / 23 | | Planning and Quality Management |  |  |  | Full Review | 6 / 6 | |  | |

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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  |
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|  | |  | | --- | | Beta Community Partnerships, Inc. is a non-profit organization that provides residential services to individuals with disabilities and their families in the Greater Attleboro, Taunton and Brockton communities. Services provided include 24 hour residential and Individual Home Supports (IHS).   The scope of this survey conducted by the Department of Developmental Services (DDS) Office of Quality Enhancement, included a full review of all licensing and certification indicators applicable to residential services and organizational practices.   Since the full last survey, the agency has placed an emphasis on strengthening its nursing and medical support. An outcome of these efforts was the creation of a training checklist and curriculum to identify and enhance staff competency to support individuals with complex medical issues and the use of specialized medical equipment. Staff were familiar with people's unique medical issues and within 24 hour residential services, health care management plans were in place.   They have also added a house manager position to each 24 hour home and a part time human resources position.    Within the area of Human Rights, staff was observed to be respectful when interacting with individuals, taking time to listen and ensure that individuals were satisfied with their services and supports. Individuals had been informed of who they could speak with if an issue arose.  The agency also made efforts to ensure it had an effective human rights committee. Meeting minutes demonstrated that the committee reviewed the required information, met composition and met on a quarterly basis.   The review also identified several licensing areas that require strengthening. The agency needs to strengthen its environmental oversight to ensure staff have keys to bedroom doors that have locks, no locks are on bedroom doors that lead to an egress and no combustibles are stored near the heating system. The agency needs to ensure that it has an effective system for tracking ensuring staff obtain and maintain required trainings.   Positive outcomes were seen in the area of supporting individuals to maintain long-term relationships with their families. The agency invites individuals and their families to attend a fall picnic, a holiday party and a spring banquet. They also facilitate visits with families throughout the year Staff were knowledgeable about strategies to ensure that the unique needs of individuals' are being addressed. For example, one individual received support and education from his staff to realize his desire to independently access his community. Individuals were supported to have choice and control over their leisure and community activities. One individual expressed his desire to access the community without his housemate. Staff supported this individual attend activities of his choice with people he felt comfortable accessing the community with.   In the certification areas, the agency needs to expand its efforts to ensure individuals are supported to provide feedback on staff performance at the time of hire and on an ongoing basis, and to share this information with staff for training purposes.   Within 24 hour residential supports, the agency needs to provide education and training to staff to help support individuals to explore and define their needs for intimacy and companionship. Staff also needs additional training to better support individuals to assess, identify and utilize assistive technology to maximize their independence at home.   Based on the findings of this report, Beta Community Partnerships, Inc. has earned a Two-Year License and is certified for its Residential services. The DDS will conduct a follow up within 60 days on any licensing indicators rated not met. | | |  |

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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | |  |  | | |  | | --- | | **LICENSURE FINDINGS** | | | |  |  | |  | | |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **6/8** | **2/8** |  | | **Residential and Individual Home Supports** | **62/69** | **7/69** |  | | Residential Services  Individual Home Supports |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **68/77** | **9/77** | **88%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **9** |  | |  | | |  | |  | | |  |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  | | |  |  | |  | **Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L74 | | | The agency screens prospective employees per requirements. | Two of the four newly hired staff reviewed did not meet the minimum requirement for their position as outlined within the agency's job description. The agency needs to ensure that all new hires meet the minimum required qualifications for the position for which they are hired. | |  | L76 | | | The agency has and utilizes a system to track required trainings. | Two of the nine staff reviewed did not have all of the required trainings, which included the Human Rights Officer training and the fire safety strategies training. The agency needs to ensure that all staff obtain and maintain the required training. | |  |  | | | |  |
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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. | At one of three locations, only one asleep fire drill was conducted, when the safety plan stated that two needed to occur. The agency needs to ensure that all fire drills are conducted as outlined within the location's safety plan. | |  | L22 | | | All appliances and equipment are operational and properly maintained. | In one of three locations, a gas grill was directly against the wooden porch with the propane tank connected. The agency needs to ensure that all gas grills are at least 10 feet from the home and are not directly onto/next to wooden porches/balconies. | |  | L23 | | | There are no locks on bedroom doors that provide access to an egress. | At two of the three locations visited, a bedroom that provides a means of egress had a lock on the door. The agency needs to ensure that all bedrooms that provide a means of egress do not have locks. | |  | L24 | | | Locks on doors not providing egress can be opened by the individuals from the inside and staff carry a key to open in an emergency. | At one location of three reviewed, the staff could not locate the keys to open the bedroom doors. The agency needs to ensure that all keys for bedroom doors are present and easily accessible to staff should they need to open the door in the event of an emergency. | |  | L29 | | | No rubbish or other combustibles are accumulated within the location including near heating equipment and exits. | In one location combustibles were located near the furnace. In another location the cigarette container located next to the wooden porch was very full posing a potential fire hazard. The agency needs to ensure that homes are free of potential hazards. | |  | L54 | | | Individuals have privacy when taking care of personal needs and discussing personal matters. | Two of the five locations reviewed did not have locks on a bathroom door to afford the individuals privacy while completing personal care. The agency needs to ensure the individuals have privacy when taking care of personal matters. | |  | L91 | | | Incidents are reported and reviewed as mandated by regulation. | In two of the six locations where reportable incidents had occurred, there were instances in which reports had not been submitted and/or finalized within required timelines. The agency needs to ensure that incidents are reported within required timelines. | | |  | |  |

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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. | Two out of three individuals were not included in the hiring of new staff nor was a process in place to solicit feedback on an ongoing basis and then shared with staff for evaluation or training purposes. The agency needs to ensure that individuals are offered opportunities to provide feedback on staff at time of hire and regarding their performance. | |  |  | | |  |  | |  | **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. | Five out of seven individuals were not included in the hiring of new staff nor was there a process in place to solicit feedback on an ongoing basis and then shared with staff for evaluation or training purposes. The agency needs to ensure that individuals are offered opportunities to provide feedback on staff at time of hire and regarding their performance. | |  | C9 | | | Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts. | Two out of seven individuals participating in the review needed additional support to develop and/or increase personal relationships and social contacts. The agency needs to provide individuals opportunities to develop and/or increase relationships and social contacts. | |  | C12 | | | Individuals are supported to explore, define, and express their need for intimacy and companionship. | Three out of seven individuals needed additional support in the area of companionship and intimacy. Staff were not providing education and guidance in this area. The agency needs to assess individuals' needs in this area and offer training to staff to assist individuals to explore, define and express their need for intimacy and companionship. | |  | C13 | | | Staff (Home Providers) provide support for individuals to develop skills to enable them to maximize independence and participation in typical activities and routines. | Two out of seven individuals were not fully supported to become more independent. The agency needs to support individuals to develop skills to maximize their independence and participation in typical activities and routines. | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | Six out of seven individuals had recently been assessed or not assessed for assistive technology (AT); generally areas were identified to foster individual independence in different areas but strategies were not in place. Staff were not knowledgeable of how to support individuals in AT. The agency needs to ensure staff are trained to support individuals to have the AT and/or modification to maximize their independence. | |  |  | | |  |  | |  |  | | |  |

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|  | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | | | |  |  |  |
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|  | |  | | --- | | **Organizational: BETA COMMUNITY PARTNERSHIPS** | |  | | |  |  |
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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **6/6** | **Met** | |  | L3 | Immediate Action | **15/15** | **Met** | |  | L4 | Action taken | **11/12** | **Met(91.67 % )** | |  | L48 | HRC | **1/1** | **Met** | |  | L74 | Screen employees | **2/4** | **Not Met(50.0 % )** | |  | L75 | Qualified staff | **2/2** | **Met** | |  | L76 | Track trainings | **7/9** | **Not Met(77.78 % )** | |  | L83 | HR training | **9/9** | **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 | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** | |  | L5 | Safety Plan | L | 3/3 | 2/3 |  |  |  |  | **5/6** | **Met (83.33 %)** | | O | L6 | Evacuation | L | 3/3 | 3/3 |  |  |  |  | **6/6** | **Met** | |  | L7 | Fire Drills | L | 2/3 |  |  |  |  |  | **2/3** | **Not Met (66.67 %)** | |  | L8 | Emergency Fact Sheets | I | 6/7 | 3/3 |  |  |  |  | **9/10** | **Met (90.0 %)** | |  | L9 | Safe use of equipment | L | 3/3 | 3/3 |  |  |  |  | **6/6** | **Met** | |  | L10 | Reduce risk interventions | I | 6/6 | 1/1 |  |  |  |  | **7/7** | **Met** | | O | L11 | Required inspections | L | 3/3 |  |  |  |  |  | **3/3** | **Met** | | O | L12 | Smoke detectors | L | 3/3 |  |  |  |  |  | **3/3** | **Met** | | O | L13 | Clean location | L | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L14 | Site in good repair | L | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L15 | Hot water | L | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L16 | Accessibility | L | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L17 | Egress at grade | L | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L18 | Above grade egress | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L19 | Bedroom location | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L20 | Exit doors | L | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L21 | Safe electrical equipment | L | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L22 | Well-maintained appliances | L | 2/3 |  |  |  |  |  | **2/3** | **Not Met (66.67 %)** | |  | L23 | Egress door locks | L | 1/3 |  |  |  |  |  | **1/3** | **Not Met (33.33 %)** | |  | L24 | Locked door access | L | 2/3 |  |  |  |  |  | **2/3** | **Not Met (66.67 %)** | |  | L25 | Dangerous substances | L | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L26 | Walkway safety | L | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L28 | Flammables | L | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L29 | Rubbish/combustibles | L | 1/3 |  |  |  |  |  | **1/3** | **Not Met (33.33 %)** | |  | L30 | Protective railings | L | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L31 | Communication method | I | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** | |  | L32 | Verbal & written | I | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** | |  | L33 | Physical exam | I | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** | |  | L34 | Dental exam | I | 6/7 | 2/3 |  |  |  |  | **8/10** | **Met (80.0 %)** | |  | L35 | Preventive screenings | I | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** | |  | L36 | Recommended tests | I | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** | |  | L37 | Prompt treatment | I | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** | | O | L38 | Physician's orders | I | 6/6 | 0/1 |  |  |  |  | **6/7** | **Met (85.71 %)** | |  | L39 | Dietary requirements | I | 3/4 | 1/1 |  |  |  |  | **4/5** | **Met (80.0 %)** | |  | L40 | Nutritional food | L | 3/3 | 1/1 |  |  |  |  | **4/4** | **Met** | |  | L41 | Healthy diet | L | 3/3 | 3/3 |  |  |  |  | **6/6** | **Met** | |  | L42 | Physical activity | L | 3/3 | 3/3 |  |  |  |  | **6/6** | **Met** | |  | L43 | Health Care Record | I | 5/7 | 3/3 |  |  |  |  | **8/10** | **Met (80.0 %)** | |  | L44 | MAP registration | L | 3/3 | 2/2 |  |  |  |  | **5/5** | **Met** | |  | L45 | Medication storage | L | 3/3 | 2/2 |  |  |  |  | **5/5** | **Met** | | O | L46 | Med. Administration | I | 6/7 | 2/2 |  |  |  |  | **8/9** | **Met (88.89 %)** | |  | L47 | Self medication | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L49 | Informed of human rights | I | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** | |  | L50 | Respectful Comm. | L | 3/3 | 3/3 |  |  |  |  | **6/6** | **Met** | |  | L51 | Possessions | I | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** | |  | L52 | Phone calls | I | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** | |  | L53 | Visitation | I | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** | |  | L54 | Privacy | L | 1/3 | 2/2 |  |  |  |  | **3/5** | **Not Met (60.0 %)** | |  | L61 | Health protection in ISP | I | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L62 | Health protection review | I | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L63 | Med. treatment plan form | I | 5/6 |  |  |  |  |  | **5/6** | **Met (83.33 %)** | |  | L64 | Med. treatment plan rev. | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L67 | Money mgmt. plan | I | 7/7 | 2/2 |  |  |  |  | **9/9** | **Met** | |  | L68 | Funds expenditure | I | 6/7 | 1/1 |  |  |  |  | **7/8** | **Met (87.50 %)** | |  | L69 | Expenditure tracking | I | 6/7 | 1/1 |  |  |  |  | **7/8** | **Met (87.50 %)** | |  | L70 | Charges for care calc. | I | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L71 | Charges for care appeal | I | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L77 | Unique needs training | I | 6/7 | 3/3 |  |  |  |  | **9/10** | **Met (90.0 %)** | |  | L80 | Symptoms of illness | L | 3/3 | 3/3 |  |  |  |  | **6/6** | **Met** | |  | L81 | Medical emergency | L | 3/3 | 3/3 |  |  |  |  | **6/6** | **Met** | | O | L82 | Medication admin. | L | 3/3 | 2/2 |  |  |  |  | **5/5** | **Met** | |  | L84 | Health protect. Training | I | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L85 | Supervision | L | 3/3 | 3/3 |  |  |  |  | **6/6** | **Met** | |  | L86 | Required assessments | I | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** | |  | L87 | Support strategies | I | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** | |  | L88 | Strategies implemented | I | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** | |  | L90 | Personal space/ bedroom privacy | I | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** | |  | L91 | Incident management | L | 2/3 | 2/3 |  |  |  |  | **4/6** | **Not Met (66.67 %)** | |  | **#Std. Met/# 69 Indicator** |  |  |  |  |  |  |  |  | **62/69** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **68/77** |  | |  |  |  |  |  |  |  |  |  |  | **88.31%** |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  | | --- | | **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** | |  |  | | | |  |  |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Individual Home Supports** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 1/3 | **Not Met (33.33 %)** | | 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 | 3/3 | **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** | | C17 | | | | Community activities | 3/3 | **Met** | | C18 | | | | Purchase personal belongings | 3/3 | **Met** | | C19 | | | | Knowledgeable decisions | 3/3 | **Met** | | C20 | | | | Emergency back-up plans | 3/3 | **Met** | | C21 | | | | Coordinate outreach | 3/3 | **Met** | | C46 | | | | Use of generic resources | 3/3 | **Met** | | C47 | | | | Transportation to/ from community | 3/3 | **Met** | | C48 | | | | Neighborhood connections | 3/3 | **Met** | | 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 | 1/1 | **Met** | | **Residential Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 2/7 | **Not Met (28.57 %)** | | C8 | | | | Family/guardian communication | 7/7 | **Met** | | C9 | | | | Personal relationships | 5/7 | **Not Met (71.43 %)** | | C10 | | | | Social skill development | 7/7 | **Met** | | C11 | | | | Get together w/family & friends | 7/7 | **Met** | | C12 | | | | Intimacy | 4/7 | **Not Met (57.14 %)** | | C13 | | | | Skills to maximize independence | 5/7 | **Not Met (71.43 %)** | | C14 | | | | Choices in routines & schedules | 7/7 | **Met** | | C15 | | | | Personalize living space | 3/3 | **Met** | | C16 | | | | Explore interests | 7/7 | **Met** | | C17 | | | | Community activities | 7/7 | **Met** | | C18 | | | | Purchase personal belongings | 7/7 | **Met** | | C19 | | | | Knowledgeable decisions | 7/7 | **Met** | | C20 | | | | Emergency back-up plans | 3/3 | **Met** | | C46 | | | | Use of generic resources | 7/7 | **Met** | | C47 | | | | Transportation to/ from community | 7/7 | **Met** | | C48 | | | | Neighborhood connections | 7/7 | **Met** | | C49 | | | | Physical setting is consistent | 3/3 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 7/7 | **Met** | | C52 | | | | Leisure activities and free-time choices /control | 7/7 | **Met** | | C53 | | | | Food/ dining choices | 7/7 | **Met** | | C54 | | | | Assistive technology | 1/7 | **Not Met (14.29 %)** | |  | | | |  |  |  | |  |  | | | |  |  |