



**PROVIDER REPORT
FOR**

**BETA COMMUNITY
PARTNERSHIPS
146 Bank St POB 695
Attleboro, MA 02703**

February 24, 2025

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	BETA COMMUNITY PARTNERSHIPS
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Review Dates	1/21/2025 - 1/27/2025
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Service Enhancement Meeting Date	2/10/2025
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Survey Team	Scott Nolan William Muguro Gina Ford (TL)
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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	6 location(s) 10 audit (s)	Targeted Review	DDS 17/21 Provider 66 / 67 83 / 88 2 Year License 02/10/2025-02/10/2027		DDS 1 / 1 Provider 46 / 46 47 / 47 Certified 02/10/2025 - 02/10/2027
Residential Services	3 location(s) 7 audit (s)			DDS Targeted Review	20 / 20
Individual Home Supports	3 location(s) 3 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

Beta Community Partnerships, Inc. is a non-profit organization established in 1973 which provides residential services to individuals with disabilities and their families in the Greater Attleboro, Taunton and Brockton communities. The agency currently provides residential services including 24-hour residential services and Individual Home Supports (IHS).

Based on the outcomes of the last Licensure and Certification Survey BETA earned the option to conduct a self-assessment for Residential Services. During this cycle's survey, the DDS Office of Quality Enhancement (OQE) conducted a Targeted Review of all critical indicators for Licensing, and also reviewed all indicators for Licensing which did not receive a met outcome at the last review. BETA conducted a self-assessment for the remainder of the indicators.

For licensing within the organizational indicators, the agency has shown strength in their Human Rights Committee and meetings. They have met quorum and attendance requirements and have detailed agendas and minutes outlining what was discussed along with the outcomes. Each meeting all IR's, investigations and restraints are discussed.

Within licensing for residential services, the review revealed positive practices across the agency within the domain of environmental safety. The agency had required inspections, smoke alarms and carbon monoxide detectors were located within requirements and were all operational to meet indicators. Homes were clean and in good repair. Safety plans were up to date. Each home had adequate PPE and appropriate cleaning supplies and procedures for staff to follow universal precautions and any COVID precautions. In one home the layout is quite spread out and they had smoke detectors and carbon monoxide detectors in all required areas. This home was also in good repair and very clean.

Within health and safety, the individuals were taken to standard and follow-up medical care and medications were administered by MAP Certified staff in homes registered with DPH. Physicians orders and medical protocols are individual specific and reviewed by appropriate medical professionals. For one individual they had several medical protocols, G/J Tube protocol, Epi-Pen protocol, Fall protocol, Seizure protocol and a Dysphagia protocol. All staff were knowledgeable about all of these protocols and could speak to what to look for and do for each one.

Within the licensing area of Human Rights, restrictive practices for one individual met all requirements including an outline on why it was needed, appropriate review by required parties, signatures to show agreement with the practice along with mitigating factors for other individuals in the home. Staff in the home were knowledgeable about when and when not to use the restrictive practice.

The review also identified licensing areas that require strengthening. These include required signatures on money management plans, adherence to ISP timelines, submitting Incident Reports within the required timelines and restraint reporting within required timelines.

Based on the findings of this report, Beta Community Partnerships, Inc. has earned a Two-Year License, achieving an 94% score and is certified for its Residential services, achieving a score of 100%.

DDS will conduct a follow up within 60 days on any licensing indicators rated not met.

Description of Self Assessment Process:

Beta Community Partnerships, Inc. is a not-for-profit organization that provides support to individuals with disabilities. Since 1973 Beta has worked with the Greater Attleboro, Taunton and Brockton community to enhance the lives of the people we serve. Currently, we assist adults, ranging in age from 22 to 84, who live in Southeastern Massachusetts. Funding is provided through contracts with the Massachusetts Department of Developmental Services and through donations. Services can vary from a few hours to 24 hours of support.

The agency currently serves 35 individuals who receive 24-hour residential support and 10 individuals who receive varying hours of in-home support based on an individual's level of independence.

Beta Community Partnerships is committed to providing support and services of exceptional quality to adults with developmental disabilities. The agency supports individuals' health, safety, and well-being; empowers people to control their own lives to the extent possible; fostering enriching social relationships and encouraging individuals' full participation in their communities. We examine the supports we provide by applying the standard - "Would the service we provide be good enough for me?"

Beta took a comprehensive approach; the scope of this survey was reviewing each indicator for the selected sample size and across the organization for those individuals receiving 15 hours of support or more per week. Although the process was labor-intensive, it was essential for accurately assessing each indicator in its entirety. The sample was selected randomly and consisted of a mix of individual supports and of those residing in a residential setting.

To start, several indicators were immediately apparent as met, such as L17-L19: egress at grade level where all homes are designed to be at grade level, except for Bank Street, which has an outdoor fire escape. For indicator L27 concerning pools and hot tubs, it's worth noting that Beta does not own any properties with these features. The Map Coordinator closely monitors indicators such as L44, keeping a record of all sites with a current MCSR, which were all in compliance and up to date. Another area, L45, has been strengthened over the years. Additionally, indicators L80 and L81 are reviewed with direct care staff and managers, annually by the Nursing Department, and this material is included in the annual staff packets and reviewed during staff training for person specific protocols or guidelines. Indicator L1 and L49, Individuals have been trained, and guardians are provided with information on how to report alleged abuse/neglect, direct on-site training for individuals and a mailing is sent out annually in December or January, the dates are available upon request. Regarding L5, approved safety plans; the organization noted all safety plans were approved, and staff were trained, with a small lapse in signature for one Individual support gentleman. Beta will begin to include IHS safety plan expiration dates on the quarterly report to ensure no lapse in approved plans.

The maintenance department consists of one full-time and a part-time staff member. They are supervised by the Director of Operations. All repair requests are submitted to the Beta office staff, and only a few management members enter repairs, a toggle is set in order of significance level in the app and once completed the work order is closed out by the maintenance dept. The maintenance department maintains sites by conducting routine assessments and completing annual work, and completing tasks such as changing batteries, checking homes to ensure fire and carbon detectors are working, etc. Throughout some homes, small index cards are tagged near appliances, reminding staff to clean after use. Beta plans to have homes power washed in the spring and contracts with Country Club Landscaping for the upkeep of outdoor lawn areas.

Post COVID, Beta has experienced extreme hardship in hiring and retaining staff. The staffing crisis has been a challenge and Beta has utilized two thousand three hundred thirty-eight hours temporary agency staffing in calendar year 2024, which limits community access and other areas such as administering medication. Although the staffing crisis has been difficult, Beta was able to implement pay increases for employees in September 2024 and gave out "star bonuses" to recognize staff that had gone above and beyond in certain areas. This has significantly raised the standard pay for direct care staff, implemented pay differential for MAP certified staff to encourage staff to become med certified, enhancing staff retention and commitment to those they support. Beta utilizes an array of platforms for hiring staff. Some include Indeed, Beta's website, local career centers, job fairs and staff

referrals.

Considering the increase in utilizes temp agency staff, it became even more apparent to ensure all Beta staff receive adequate training on all individuals they support such as medical protocols (L38), diet (L39), clinical support (L57) and unique needs (L77), especially if working with agency temp staff in order to ensure one member was fully competent and trained. Beta currently prioritizes staff training by ensuring house managers, program directors, nursing, clinical, and administrative staff, create and maintain regularly scheduled training at all sites to ensure the best quality of care possible. Beta recognizes the need for ongoing booster sessions and support training, Beta will continue to ensure both individual specific training as well as agencywide trainings continue especially in areas of reporting, policy, procedures, and agency philosophy. In a recent survey, most individuals served were able to identify a minimum of one trusted staff person they could seek out if they had concerns to address. Based on the results of the individual surveys, individuals communicated their wish to have more involvement with staff interviewing and hiring of staff. Based on this result, Beta will look at their hiring process to ensure individuals supported can be included in more of a pivotal role when it comes to onboarding staff, which has already begun.

One area that has been strengthened over the last two years is L3 and L4: Immediate Action and Action Taken. Beta prioritizes any threats to an individual's well-being and has a great working relationship with the T/A area program monitor. Beta works closely with Melissa Probst to report allegations and ensure the department is notified of any significant occurrences which has improved the area of L2. The Human Rights Committee, L48, was particularly effective this year, meeting as required and serving as a valuable forum for ideas and feedback, which included site visits to several homes.

As outlined in Beta's 2023 strategic plan, the purchase of Holmes Road represents a new endeavor. Beta has not opened a new home in many years, which has posed challenges, especially during COVID, in meeting all specific needs at the location. On a positive note, Beta successfully secured a full-time clinician, Lauren Giordano, to oversee all clinical services throughout the organization which correlates to L10, L56, L57, L58,59, L60, L63, L64 and L78 in collaborative effort with QA, L79. The clinician works to implement and maintain clinical programming across the organization. With a primary focus on ensuring all clinical programming, behavior support plans and restrictive practices are in regulatory compliance. All clinical data is reviewed and summarized to ensure treatment fidelity. Staff training is provided to all staff regularly to ensure all staff are trained in both PBS supporting principles as well as individualized programming. Lauren will oversee the role of Volunteer coordinator, a position recently filled by Rebecca Fernandes. Beta is excited to reinvigorate this important program, which has fostered long-lasting relationships with individuals in Attleboro. The Volunteer Coordinator was created to help develop meaningful 1:1 relationship between residents and the members of the community. To determine potential pairings, the Volunteer Coordinator completes a preference assessment for each individual and reaches out to the community to seek out volunteers who have interests that align.

Certification has always been a strong area for Beta, with personal relationships, circles of friends, community integration, and outings. A new initiative involves weekly activities at the Beta office, which occur on a rotating basis between different Beta offices. The joy and excitement shared during these events was wonderful to witness and experience for everyone involved. Another highlight is the annual Thanksgiving party, where all individual support staff and residents are invited to a feast at the Taunton location, cooked by staff and enjoyed amidst laughter and community. Beta recently hosted a passing group which was successful and well received by the individuals at Semple Village. Beta has continued to host its annual Christmas party, summer picnic, and fall party, which are well-attended and enjoyable for individuals, families, guardians, and board members alike. L51-53 has been in process and visible with many individuals having cell phones, personal landlines, visitors, and enjoying time at family and friends houses for holidays, weekends or other special occasions.

Workforce development is on-going, in relation to L74-L77. Human Resources tracks all training on a spreadsheet and participates in orientation. House Managers and Program Directors complete an orientation packet which is reviewed for completion and offers feedback from the individuals in the home. Management meets bi-weekly to discuss any pending concerns, immediate risk and on-call notes. Management meets as a group every 6-8 weeks to hold a Risk meeting/management meeting.

House Managers have monthly house meetings to review any program updates or policies with direct care staff.

Other key areas of communication improvement include quarterly meetings with the T/A department, in which Beta completes and reviews a detailed description of the last few months within the organization and discuss any items that require further review. Families and guardians are quite familiar with contacting the on-call administrator and upper management.

Some indicators, however, are still a work in progress. Beta hired a medical appointment coordinator to input all incident reports, MORs and ISP's but deadlines have not been consistently met. This position will need to be reviewed more closely, and responsibilities may need to revert to managers for each case load or restructured to keep the position. Another area L8, updating EFS and HCR's, which included in the medical coordinator position, will have greater compliance once Beta adopts an electronic record keeping system.

Beta has managed rodent/infestations throughout the year by hiring a cleaning crew and contacting Griggs & Browne, this relates to L13. Over the past few years, Beta has made a significant effort to improve overall upkeep in the homes, which include renovations and adaptations at several sites. These efforts, L16, have made it possible for individuals to age at home and would include decks, ramps, and interior door changes. L9, many of the homes have equipment, which is easily operatable, which was apparent while in the home, as individuals were doing laundry, making dinner or using the microwave to heat up food.

Although monitoring monthly on the audit cover sheets, water temperatures fluctuate often and can run too high or low depending on the weather conditions. To tackle this, Beta has installed mixing valves in a number of problematic homes.

Beta recently received a grant that correlates to L93, emergency back-up plans, which will provide generators for 8 of the 10 homes, with Holmes Road already set up with a generator on purchase. This grant will be spread over the next year to include 5 homes this year, and 3 next year. Another grant was received for improving electronic systems, purchasing computers for the homes to have greater control over administrative duties while on shift.

In closing, this process was eye-opening and helped evaluate areas still needing improvement while also highlighting systems that are not functioning as intended. We consider the area of supporting people to be a difficult benchmark to meet, with on-going fluctuation in areas of needs and wants. Beta has heart and is "very good at getting better" and we hope that this is apparent in the work and commitment of the Management team and staff members.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Residential and Individual Home Supports	74/78	4/78	
Residential Services Individual Home Supports			
Critical Indicators	8/8	0/8	
Total	83/88	5/88	94%
2 Year License			
# indicators for 60 Day Follow-up		5	

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

Indicator #	Indicator	Area Needing Improvement
L65	Restraint reports are submitted within required timelines.	Two restraint reports were submitted outside of the required timeline. The Agency will implement a system to ensure all restraint reports within the required timeline.

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

Indicator #	Indicator	Area Needing Improvement
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	Three out of nine individuals reviewed did not have a fully completed money management plan and/or signatures from the individuals or guardian. The agency will review incomplete plans and complete with required signatures
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Two out of the nine individuals reviewed were past required timelines in preparation of the ISP. The agency will ensure individuals assessments will be completed within the required timelines for ISP.
L91	Incidents are reported and reviewed as mandated by regulation.	Four out of five individuals reviewed had incident reports submitted and/or finalized outside of required timelines. The Agency will implement a system to ensure all incident reports are submitted and finalized within the required timelines

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

Indicator #	Indicator	Issue identified	Action planned to address
L43	The health care record is maintained and updated as required.	Health Care Record Not up to date	Will review the structure of this position, to ensure that all required information is included and up to date

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 1/1 Provider 5/5	6/6	0/6	
Residential and Individual Home Supports	DDS 0/0 Provider 41/41	41/41	0/41	
Individual Home Supports	DDS 0/0 Provider 21/21	21/21	0/21	
Residential Services	DDS 0/0 Provider 20/20	20/20	0/20	
Total		47/47	0/47	100%
Certified				

MASTER SCORE SHEET LICENSURE

Organizational: BETA COMMUNITY PARTNERSHIPS

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	DDS	9/9	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	DDS	1/1	Met
L65	Restraint report submit	DDS	0/2	Not Met(0 %)
L66	HRC restraint review	Provider	-	Met
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Met
L83	HR training	Provider	-	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider	-	-			-	-	-	Met
L5	Safety Plan	L	Provider	-	-			-	-	-	Met
Ⓡ L6	Evacuation	L	DDS	3/3	3/3					6/6	Met
L7	Fire Drills	L	Provider	-	-			-	-	-	Met
L8	Emergency Fact Sheets	I	Provider	-	-			-	-	-	Met
L9 (07/21)	Safe use of equipment	I	Provider	-	-			-	-	-	Met
L10	Reduce risk interventions	I	Provider	-	-			-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
☑ L11	Required inspections	L	DDS	3/3						3/3	Met
☑ L12	Smoke detectors	L	DDS	3/3						3/3	Met
☑ L13	Clean location	L	DDS	3/3						3/3	Met
L14	Site in good repair	L	Provider	-	-			-	-	-	Met
L15	Hot water	L	DDS	3/3						3/3	Met
L16	Accessibility	L	Provider	-	-			-	-	-	Met
L17	Egress at grade	L	Provider	-	-			-	-	-	Met
L18	Above grade egress	L	Provider	-	-			-	-	-	Met
L19	Bedroom location	L	Provider	-	-			-	-	-	Met
L20	Exit doors	L	Provider	-	-			-	-	-	Met
L21	Safe electrical equipment	L	Provider	-	-			-	-	-	Met
L22	Well-maintained appliances	L	Provider	-	-			-	-	-	Met
L23	Egress door locks	L	Provider	-	-			-	-	-	Met
L24	Locked door access	L	Provider	-	-			-	-	-	Met
L25	Dangerous substances	L	Provider	-	-			-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L26	Walkway safety	L	Provider	-	-			-	-	-	Met
L28	Flammables	L	Provider	-	-			-	-	-	Met
L29	Rubbish/combustibles	L	Provider	-	-			-	-	-	Met
L30	Protective railings	L	Provider	-	-			-	-	-	Met
L31	Communication method	I	Provider	-	-			-	-	-	Met
L32	Verbal & written	I	Provider	-	-			-	-	-	Met
L33	Physical exam	I	Provider	-	-			-	-	-	Met
L34	Dental exam	I	Provider	-	-			-	-	-	Met
L35	Preventive screenings	I	Provider	-	-			-	-	-	Met
L36	Recommended tests	I	DDS	5/6	3/3					8/9	Met (88.89 %)
L37	Prompt treatment	I	Provider	-	-			-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS	6/6	2/2					8/8	Met
L39	Dietary requirements	I	Provider	-	-			-	-	-	Met
L40	Nutritional food	L	Provider	-	-			-	-	-	Met
L41	Healthy diet	L	Provider	-	-			-	-	-	Met
L42	Physical activity	L	Provider	-	-			-	-	-	Met
L43	Health Care Record	I	Provider	-	-			-	-	-	Not Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L44	MAP registration	L	Provider	-	-			-	-	-	Met
L45	Medication storage	L	Provider	-	-			-	-	-	Met
L46	Med. Administration	I	DDS	7/7	2/2					9/9	Met
L47	Self medication	I	DDS	1/1	2/2					3/3	Met
L49	Informed of human rights	I	Provider	-	-			-	-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider	-	-			-	-	-	Met
L51	Possessions	I	Provider	-	-			-	-	-	Met
L52	Phone calls	I	Provider	-	-			-	-	-	Met
L53	Visitation	I	Provider	-	-			-	-	-	Met
L54 (07/21)	Privacy	I	Provider	-	-			-	-	-	Met
L55	Informed consent	I	Provider	-	-			-	-	-	Met
L56	Restrictive practices	I	DDS	1/1						1/1	Met
L57	Written behavior plans	I	Provider	-	-			-	-	-	Met
L60	Data maintenance	I	Provider	-	-			-	-	-	Met
L61	Health protection in ISP	I	Provider	-	-			-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L63	Med. treatment plan form	I	Provider	-	-			-	-	-	Met
L64	Med. treatment plan rev.	I	Provider	-	-			-	-	-	Met
L67	Money mgmt. plan	I	DDS	4/7	2/2					6/9	Not Met (66.67 %)
L68	Funds expenditure	I	DDS	7/7	2/2					9/9	Met
L69	Expenditure tracking	I	Provider	-	-			-	-	-	Met
L70	Charges for care calc.	I	Provider	-	-			-	-	-	Met
L71	Charges for care appeal	I	DDS	7/7	2/2					9/9	Met
L77	Unique needs training	I	Provider	-	-			-	-	-	Met
L78	Restrictive Int. Training	L	Provider	-	-			-	-	-	Met
L79	Restraint training	L	Provider	-	-			-	-	-	Met
L80	Symptoms of illness	L	Provider	-	-			-	-	-	Met
L81	Medical emergency	L	Provider	-	-			-	-	-	Met
Ⓡ L82	Medication admin.	L	DDS	3/3	2/2					5/5	Met
L84	Health protect. Training	I	Provider	-	-			-	-	-	Met
L85	Supervision	L	Provider	-	-			-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L86	Required assessments	I	DDS	6/7	1/2					7/9	Not Met (77.78 %)
L87	Support strategies	I	DDS	6/7	2/3					8/10	Met (80.0 %)
L88	Strategies implemented	I	Provider	-	-			-	-	-	Met
L90	Personal space/ bedroom privacy	I	Provider	-	-			-	-	-	Met
L91	Incident management	L	DDS	0/3	1/2					1/5	Not Met (20.0 %)
L93 (05/22)	Emergency back-up plans	I	Provider	-	-			-	-	-	Met
L94 (05/22)	Assistive technology	I	DDS	7/7	3/3					10/10	Met
L96 (05/22)	Staff training in devices and applications	I	Provider	-	-			-	-	-	Met
L99 (05/22)	Medical monitoring devices	I	Provider	-	-			-	-	-	Met
#Std. Met/# 78 Indicator										74/78	
Total Score										83/88	
										94.32%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

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

Residential Services

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

Residential Services

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

Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C21	Coordinate outreach	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C52	Leisure activities and free-time choices /control	Provider	-	Met

Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C53	Food/ dining choices	Provider	-	Met