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|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | | |  |  |
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|  | |  | | --- | | Community Systems, Inc. (CSI) is a non-profit organization that has divisions located within the states of Connecticut, Delaware, Virginia, and Massachusetts. CSI Massachusetts was established in 1988 and offers residential supports, community- based day services (CBDS) as well as case management services to individuals with developmental and intellectual disabilities residing on Cape Cod and the Islands, Taunton area and the Greater Plymouth area CSI supports over eighty individuals residing in twenty-four hour staffed homes; twenty-nine individuals reside in four person homes, forty-eight individuals in three person homes and six individuals in two person homes. Approximately one hundred individuals reside in shared living arrangements and/or individual home support settings. Ten individuals receive community-based day support services.   The scope of this survey conducted by the DDS Office of Quality Enhancement included a full review of all licensing and certification indicators for services within the Residential/Individual Supports service grouping and for Community-based day services. Organizationally, both licensing and certification outcomes were reviewed.  During the past year, CSI has experienced a significant amount of change and reorganization. A new Executive Director and Assistant Executive Director were recently hired beginning in February and March of 2022 respectively. The agency experienced significant staffing shortages with many ongoing staff taking on additional roles to ensure that services continued.   Organizationally, the agency continued to develop and track progress towards goals identified in their strategic plan, with many strategic plan goals having been individually driven. Within the area of human rights, the HRC was found to be effective. And included all mandated composition requirements, familiarity with and effectively supporting all individuals and locations served by the agency, and all other requirements outlined in DDS regulations. The agency ensured that all action plans were implemented in response to investigations.   Within residential services, several positive practices are noted. Within the area of human rights, individuals were generally trained and familiar with their human rights and had access to their possessions. The agency ensured that individuals and/or guardians gave informed consent prior to publishing any photographs. Within the safety domain, the agency concentrated on decreasing point of contact to decrease the spread of COVID and adhered to recommendations with visitations with friends and families.   Within the area of health care management, individuals were supported to attend annual physicals and receive prompt treatment regarding episodic health care concerns. Many homes had exercise equipment to promote exercise. Individuals are encouraged to eat nutritious meals and follow regular physical exercise routines. For the majority, prescription medications are administered according to a written order of a practitioner and were properly documented on a Medication Treatment Chart. Within Placement services, care provider and placement service systems ensured correct administration and tracking medications, and individuals who were self-administering were supported to do so. Findings also revealed that staff promoted ongoing connections with individuals and their families within all residential service settings. Several individuals were supported to go home on weekends and family members feel welcomed to visit homes and speak with staff at all levels of the organization. Additionally, it was observed that people were supported to achieve their ISP goals through data collection.   Across all settings, staff were observed to be respectful when interacting with individuals, taking time to listen and ensure that individuals were satisfied with their services and supports. Individuals living in shared living settings were supported to maintain long-term relationships with their care providers. Within many homes staff and care providers were knowledgeable about strategies to ensure that the unique needs of individuals are being addressed. Staff knowledge of the individual was apparent and instrumental in enabling individuals to actively participate in routines and activities successfully and as independently as possible. One individual had previously received more facility-based services and with the agency support now receives supports within the IHS model of supports. People's bedrooms reflected their preferences and were personalized to their interests. The agency was observed to demonstrate significant compassion and support to both an individual and his shared living provider while dealing with end of life. It was clear that dignity, having loved ones nearby and present was very important to all.    Numerous strengths were identified within Community-based day supports. The agency offers site-less day services which allows for maximum community integration. CSI provides 1:1 staffing for individuals creating an individualized and person-centered day support program which focuses on each person's wants, needs, and desires. Additionally, the agency provided tremendous flexibility when changes to activities were desired or required, as the designated staff person frequently altered schedules in line with the wishes of the individuals.  This review also identified several licensing areas within the agency's residential supports that need strengthening. Required timelines for reporting incidents and for reporting and finalizing physical restraints need to be followed. When individuals have a significant medical condition, the agency needs to ensure that comprehensive health management protocols are developed with individualized approaches. When supporting individuals who have supports and health protective devices, the agency needs to ensure that staff are aware of the specifics for usage including ensuring equipment is present and provisions for safety checks. The agency needs to strengthen its efforts to collect data regarding observable behaviors identified in medication treatment plans. Fire drills need to be conducted as required and several homes could benefit from repair and maintenance and / or need to be adapted to better suit the current accessibility needs of the individuals served.    The agency also needs to strengthen its practices in assisting individuals with their finances. Practices need to be enhanced to ensure that individual funds are used only to the benefit of the individual, that monies are easily tracked, and balances are maintained within allowable limits.    Across the agency, in the areas of certification, staff also need additional training to better support individuals to assess, identify and utilize assistive technology to maximize their independence.  The License levels for Residential is deferred as a result of being not met in one critical indicator. Pending the results of a successful follow-up review in 60 days, the agency will be granted a Two Year with Mid-Cycle License for Residential Service Groupings. The agency received a Two-Year License for Employment/ Day Service Grouping. A follow up review with be conducted by DDS day services within sixty days.  The agency's Residential Services are Certified with 95% of the certification indicators receiving a rating of Met. The Employment/Day services are also Certified with 100% of the certification indicators receiving a rating of Met. | |  | |  |

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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | |  |  | | |  | | --- | | **LICENSURE FINDINGS** | | | |  |  | |  | | |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **9/10** | **1/10** |  | | **Residential and Individual Home Supports** | **61/78** | **17/78** |  | | Residential Services  Individual Home Supports  Placement Services |  |  |  | | **Critical Indicators** | **7/8** | **1/8** |  | | **Total** | **70/88** | **18/88** | **80%** | | **Defer Licensure** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **18** |  | |  |  |  |  | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **9/10** | **1/10** |  | | **Employment and Day Supports** | **23/29** | **6/29** |  | | Community Based Day Services |  |  |  | | **Critical Indicators** | **2/2** | **0/2** |  | | **Total** | **32/39** | **7/39** | **82%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **7** |  | |  |  |  |  | |  | | |  | |  | | |  |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  | | |  |  | |  | **Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L65 | | | Restraint reports are submitted within required timelines. | 8 of the 26 restraints reviewed were not submitted and/or finalized within the required timelines. The agency needs to ensure that all restraints are submitted and finalized as required. | |  |  | | | |  |
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At one location, the door knob would not turned from the inside when locked. At another location the slider, which is a means of egress, was difficult to open. The agency needs to ensure that all exit door can be easily opened. | |  | L22 | | | All appliances and equipment are operational and properly maintained. | Six out of ten locations did not have appliances that were properly maintained. Two locations did not have fully operative over stove range hoods and another location had the front door missing from the microwave. The agency needs to ensure that all appliances and equipment are operational and maintained. | |  | L26 | | | Walkways, driveways and ramps are in good repair and kept clear in all seasons. | Six out of seventeen locations were in need of repair or clearing to ramps, driveways and other exterior pathways.. One of those locations had a walkway that needed to be cleared of snow and ice. The agency needs to ensure that all walkways, driveways, and ramps are in good repair and clear in all seasons. | |  | L35 | | | Individuals receive routine preventive screenings. | Four of seventeen individuals reviewed did not have routine preventative screenings such as PAP smears, cancer screenings and hearing screening for a person with hearing loss. The agency needs to ensure that preventative screenings are performed as required. | | O | L38 | | | Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team). | In four of the fourteen individuals with health management protocols, the protocols lacked or had conflicting information about when to contact the HCP and when to call 911. The agency needs to ensure that health care protocols are consistent with physician recommendations, developed as needed and that staff are knowledgeable about the specific health care instructions for each individual with a health care management protocol including when to contact an individuals' HCP or when to call 911. | |  | L49 | | | Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern. | Four out of eighteen individuals/guardians have not been informed how to file a grievance or to whom they should talk to if they have a concern. The agency needs to develop a system to ensure that individuals and guardians are notified on how to file a grievance and to whom they should contact when there is a concern. | |  | L56 | | | Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others. | One of three restrictive practices were not being implemented as outlined within the ISP. The agency needs to ensure that restrictive practices are implemented as designed. | |  | L60 | | | Data are consistently maintained and used to determine the efficacy of behavioral interventions. | Of the two individuals that required the use of a behavior support plan, one individual's restrictive plan was not being implemented as outlined. The agency needs to ensure that behavior support plans are being implemented as outlined based on the data collected. | |  | L61 | | | Supports and health related protections are included in ISP assessments and the continued need is outlined. | For four of ten individuals with supportive and health related protections, the agency did not have the equipment, or physician's orders for equipment, and/ or were not preforming safety checks. The agency needs to ensure that supportive and health related protections have oversight of a qualified professional, are present and well maintained. | |  | L63 | | | Medication treatment plans are in written format with required components. | Four of fifteen medication treatment plans did not contain all required components such as baseline data, specific symptoms/ behaviors to be modified and adequate tracking of behaviors. The agency needs to ensure medication treatment plans contain all required components with data collected as described. | |  | L67 | | | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | Three of four individuals did not have teaching plans as recommended by the ISP team. Two individual's plans did not describe how they accessed their funds. The agency needs to ensure that money management support plans are in place and describes what supports are in place when the agency has shared and delegated responsibilities. | |  | L69 | | | Individual expenditures are documented and tracked. | Five of seventeen individuals, showed a lack of accurate tracking/ documentation of funds. Two individuals have not been supported to protect their financial assets or reoccurring benefits. The agency needs to ensure a tracking of all expenditures are documented and individuals are supported to protect their financial assets and reoccurring benefits. | |  | L78 | | | Staff are trained to safely and consistently implement restrictive interventions. | Two of the three locations were not implementing restrictive practices as outlined. This included a lack of door alarms and audio monitors where needed. The agency needs to ensure that when restrictive interventions are required that are fully implemented as outlined within their plan. | |  | L86 | | | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | Eight out of fifteen individuals' assessments were not submitted within required timelines in preparation for the ISP. The agency needs to develop a system to ensure that assessment submission timelines are met as required. | |  | L87 | | | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | Five out of 17 individuals' support strategies were not submitted within required timelines in preparation for the ISP. The agency needs to ensure that support strategies are submitted with in required timelines. | | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | |  | **Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | L10 | | | The provider implements interventions to reduce risk for individuals whose behaviors may pose a risk to themselves or others. | For one individual, strategies have not been implemented to determine if he is capable of administering his medication nor has an process been implemented to administer his medication so he does not pose a risk to himself. The agency needs to ensure the individual is assessed for the capability to self-administer or implement the process for staff to administer his medications. | |  | L67 | | | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | Three of the four individuals reviewed did not have money management plans in place that describes CBDS staff role in hold, securing, or managing the individuals funds used during CBDS hours. The agency needs to ensure that money management plans are in place when staff have shared and delegated responsibility of funds. | |  | L77 | | | The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals. | For three individuals, staff had not received trainings regarding their unique medical diagnoses. The agency needs to ensure that staff are trained regarding the individuals unique needs. | |  | L86 | | | Required assessments concerning individual needs and abilities are completed in preparation for the ISP. | ISP assessments were not submitted on time for three of four individuals. The agency needs ensure that ISP assessments are submitted 15 days prior to the ISP. | |  | L87 | | | Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP. | ISP support strategies were not submitted on time for three of four individuals. The agency needs to ensure that ISP support strategies are submitted 15 days prior to the ISP. | |  | L91 | | | Incidents are reported and reviewed as mandated by regulation. | The was one incident that was not submitted within the required timelines. All incidents reported need to be submitted and finalized within the required timelines. | | |  |

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|  | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Certification - Planning and Quality Management** | **6/6** | **0/6** |  | | **Residential and Individual Home Supports** | **63/67** | **4/67** |  | | Residential Services | 20/22 | 2/22 |  | | Individual Home Supports | 22/23 | 1/23 |  | | Placement Services | 21/22 | 1/22 |  | | **Total** | **69/73** | **4/73** | **95%** | | **Certified** |  |  |  | |  |  |  |  | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Certification - Planning and Quality Management** | **6/6** | **0/6** |  | | **Employment and Day Supports** | **15/15** | **0/15** |  | | Community Based Day Services | 15/15 | 0/15 |  | | **Total** | **21/21** | **0/21** | **100%** | | **Certified** |  |  |  | |  |  |  |  | |  | | |  |  |
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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Individual Home Supports- Areas Needing Improvement on Standards not met:** |  |  | | | |  | **Indicator #** | | | **Indicator** | **Area Needing Improvement** | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | Two out of three individuals did not have assistive technology and/or modifications in place to maximize independence. In one location the individual used an electronic reminder to take medications and that assistive technology was not in place. The agency needs to ensure that when an individual had an identified area where they want further independence, that assistive technology is explored and secured in an effort to maximize the individuals level of independence. | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | For three individuals an AT assessment was incomplete and for one individual AT was identified but the individual did not have the item identified. The agency needs to ensure that when an individual had an identified area that assistive technology is explored and secured in an effort to maximize the individuals level of independence. | |  | C48 | | | Individuals are a part of the neighborhood. | In two if seven homes, individuals were not supported to become a part of their neighborhood. | |  | C54 | | | Individuals have the assistive technology and/or modifications to maximize independence. | Four of six individuals had assistive technology assessments however, the assessments were incomplete or recommendations not followed through on. The agency needs to ensure that when an individual had an identified area that assistive technology is explored and secured in an effort to maximize the individuals level of independence. | |  |  | | |  |  | |  |  | | |  |

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|  | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | | | |  |  |  |
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|  | |  | | --- | | **Organizational: COMMUNITY SYSTEMS INC** | |  | | |  |  |
|  |  | | |  |  |  |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **18/18** | **Met** | |  | L3 | Immediate Action | **15/15** | **Met** | |  | L4 | Action taken | **15/15** | **Met** | |  | L48 | HRC | **1/1** | **Met** | |  | L65 | Restraint report submit | **18/26** | **Not Met(69.23 % )** | |  | L66 | HRC restraint review | **25/26** | **Met(96.15 % )** | |  | L74 | Screen employees | **4/4** | **Met** | |  | L75 | Qualified staff | **2/2** | **Met** | |  | L76 | Track trainings | **16/20** | **Met(80.0 % )** | |  | L83 | HR training | **19/20** | **Met(95.00 % )** | |  |  | | |  |

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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 | 6/7 | 3/3 | 8/8 |  |  |  | **17/18** | **Met (94.44 %)** | |  | L5 | Safety Plan | L | 4/7 | 3/3 | 8/8 |  |  |  | **15/18** | **Met (83.33 %)** | | O | L6 | Evacuation | L | 7/7 | 3/3 | 8/8 |  |  |  | **18/18** | **Met** | |  | L7 | Fire Drills | L | 5/7 |  |  |  |  |  | **5/7** | **Not Met (71.43 %)** | |  | L8 | Emergency Fact Sheets | I | 5/7 | 3/3 | 8/8 |  |  |  | **16/18** | **Met (88.89 %)** | |  | L9 (07/21) | Safe use of equipment | I | 7/7 | 3/3 |  |  |  |  | **10/10** | **Met** | |  | L10 | Reduce risk interventions | I | 1/2 |  | 2/2 |  |  |  | **3/4** | **Met** | | O | L11 | Required inspections | L | 6/7 | 2/2 | 7/8 |  |  |  | **15/17** | **Met (88.24 %)** | | O | L12 | Smoke detectors | L | 4/7 | 2/2 | 8/8 |  |  |  | **14/17** | **Met (82.35 %)** | | O | L13 | Clean location | L | 7/7 | 2/2 | 7/8 |  |  |  | **16/17** | **Met (94.12 %)** | |  | L14 | Site in good repair | L | 6/7 | 1/1 | 5/5 |  |  |  | **12/13** | **Met (92.31 %)** | |  | L15 | Hot water | L | 7/7 | 2/2 | 7/8 |  |  |  | **16/17** | **Met (94.12 %)** | |  | L16 | Accessibility | L | 4/7 |  | 7/8 |  |  |  | **11/15** | **Not Met (73.33 %)** | |  | L17 | Egress at grade | L | 7/7 |  | 6/6 |  |  |  | **13/13** | **Met** | |  | L18 | Above grade egress | L | 3/3 |  | 1/2 |  |  |  | **4/5** | **Met (80.0 %)** | |  | L19 | Bedroom location | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L20 | Exit doors | L | 5/7 |  |  |  |  |  | **5/7** | **Not Met (71.43 %)** | |  | L21 | Safe electrical equipment | L | 7/7 | 2/2 | 8/8 |  |  |  | **17/17** | **Met** | |  | L22 | Well-maintained appliances | L | 2/7 | 1/2 | 7/7 |  |  |  | **10/16** | **Not Met (62.50 %)** | |  | L23 | Egress door locks | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L24 | Locked door access | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L25 | Dangerous substances | L | 6/7 | 1/1 |  |  |  |  | **7/8** | **Met (87.50 %)** | |  | L26 | Walkway safety | L | 3/7 | 1/2 | 7/8 |  |  |  | **11/17** | **Not Met (64.71 %)** | |  | L27 | Pools, hot tubs, etc. | L | 1/1 | 1/1 | 2/2 |  |  |  | **4/4** | **Met** | |  | L28 | Flammables | L | 6/6 | 1/1 |  |  |  |  | **7/7** | **Met** | |  | L29 | Rubbish/combustibles | L | 6/7 | 2/2 | 7/8 |  |  |  | **15/17** | **Met (88.24 %)** | |  | L30 | Protective railings | L | 6/6 | 1/1 | 6/6 |  |  |  | **13/13** | **Met** | |  | L31 | Communication method | I | 7/7 | 3/3 | 8/8 |  |  |  | **18/18** | **Met** | |  | L32 | Verbal & written | I | 7/7 | 3/3 | 8/8 |  |  |  | **18/18** | **Met** | |  | L33 | Physical exam | I | 7/7 | 2/2 | 8/8 |  |  |  | **17/17** | **Met** | |  | L34 | Dental exam | I | 5/7 | 2/2 | 8/8 |  |  |  | **15/17** | **Met (88.24 %)** | |  | L35 | Preventive screenings | I | 3/7 | 2/2 | 8/8 |  |  |  | **13/17** | **Not Met (76.47 %)** | |  | L36 | Recommended tests | I | 4/7 | 2/2 | 8/8 |  |  |  | **14/17** | **Met (82.35 %)** | |  | L37 | Prompt treatment | I | 7/7 | 2/2 | 8/8 |  |  |  | **17/17** | **Met** | | O | L38 | Physician's orders | I | 3/6 | 2/2 | 4/5 |  |  |  | **9/13** | **Not Met (69.23 %)** | |  | L39 | Dietary requirements | I | 3/3 | 2/2 | 5/5 |  |  |  | **10/10** | **Met** | |  | L40 | Nutritional food | L | 7/7 | 2/2 |  |  |  |  | **9/9** | **Met** | |  | L41 | Healthy diet | L | 7/7 | 2/2 | 8/8 |  |  |  | **17/17** | **Met** | |  | L42 | Physical activity | L | 7/7 | 2/2 | 8/8 |  |  |  | **17/17** | **Met** | |  | L43 | Health Care Record | I | 4/7 | 2/2 | 8/8 |  |  |  | **14/17** | **Met (82.35 %)** | |  | L44 | MAP registration | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L45 | Medication storage | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | | O | L46 | Med. Administration | I | 6/7 | 2/2 | 4/5 |  |  |  | **12/14** | **Met (85.71 %)** | |  | L47 | Self medication | I | 1/1 | 1/1 | 6/6 |  |  |  | **8/8** | **Met** | |  | L49 | Informed of human rights | I | 5/7 | 2/3 | 7/8 |  |  |  | **14/18** | **Not Met (77.78 %)** | |  | L50 (07/21) | Respectful Comm. | I | 7/7 | 3/3 | 8/8 |  |  |  | **18/18** | **Met** | |  | L51 | Possessions | I | 7/7 | 3/3 | 8/8 |  |  |  | **18/18** | **Met** | |  | L52 | Phone calls | I | 7/7 | 3/3 | 8/8 |  |  |  | **18/18** | **Met** | |  | L53 | Visitation | I | 7/7 | 3/3 | 8/8 |  |  |  | **18/18** | **Met** | |  | L54 (07/21) | Privacy | I | 6/7 | 3/3 | 7/8 |  |  |  | **16/18** | **Met (88.89 %)** | |  | L55 | Informed consent | I |  |  | 3/3 |  |  |  | **3/3** | **Met** | |  | L56 | Restrictive practices | I | 1/2 |  | 1/1 |  |  |  | **2/3** | **Not Met (66.67 %)** | |  | L57 | Written behavior plans | I | 2/2 |  | 1/1 |  |  |  | **3/3** | **Met** | |  | L58 | Behavior plan component | I |  |  | 1/1 |  |  |  | **1/1** | **Met** | |  | L59 | Behavior plan review | I |  |  | 1/1 |  |  |  | **1/1** | **Met** | |  | L60 | Data maintenance | I | 0/1 |  | 1/1 |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L61 | Health protection in ISP | I | 3/7 | 1/1 | 2/2 |  |  |  | **6/10** | **Not Met (60.0 %)** | |  | L62 | Health protection review | I | 4/4 | 1/1 | 2/2 |  |  |  | **7/7** | **Met** | |  | L63 | Med. treatment plan form | I | 3/6 | 2/2 | 6/7 |  |  |  | **11/15** | **Not Met (73.33 %)** | |  | L64 | Med. treatment plan rev. | I | 5/6 | 2/2 | 7/7 |  |  |  | **14/15** | **Met (93.33 %)** | |  | L67 | Money mgmt. plan | I | 5/7 | 3/3 | 6/8 |  |  |  | **14/18** | **Not Met (77.78 %)** | |  | L68 | Funds expenditure | I | 5/7 | 2/2 | 7/8 |  |  |  | **14/17** | **Met (82.35 %)** | |  | L69 | Expenditure tracking | I | 5/7 | 1/2 | 6/8 |  |  |  | **12/17** | **Not Met (70.59 %)** | |  | L70 | Charges for care calc. | I | 6/7 | 2/2 | 8/8 |  |  |  | **16/17** | **Met (94.12 %)** | |  | L71 | Charges for care appeal | I | 7/7 | 2/2 | 8/8 |  |  |  | **17/17** | **Met** | |  | L77 | Unique needs training | I | 4/7 | 3/3 | 8/8 |  |  |  | **15/18** | **Met (83.33 %)** | |  | L78 | Restrictive Int. Training | L | 0/2 |  | 1/1 |  |  |  | **1/3** | **Not Met (33.33 %)** | |  | L79 | Restraint training | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L80 | Symptoms of illness | L | 7/7 | 3/3 | 8/8 |  |  |  | **18/18** | **Met** | |  | L81 | Medical emergency | L | 7/7 | 3/3 | 8/8 |  |  |  | **18/18** | **Met** | | O | L82 | Medication admin. | L | 7/7 |  |  |  |  |  | **7/7** | **Met** | |  | L84 | Health protect. Training | I | 5/7 | 1/1 | 2/2 |  |  |  | **8/10** | **Met (80.0 %)** | |  | L85 | Supervision | L | 4/7 | 3/3 | 8/8 |  |  |  | **15/18** | **Met (83.33 %)** | |  | L86 | Required assessments | I | 1/6 | 1/2 | 5/7 |  |  |  | **7/15** | **Not Met (46.67 %)** | |  | L87 | Support strategies | I | 2/6 | 3/3 | 7/8 |  |  |  | **12/17** | **Not Met (70.59 %)** | |  | L88 | Strategies implemented | I | 7/7 | 3/3 | 8/8 |  |  |  | **18/18** | **Met** | |  | L90 | Personal space/ bedroom privacy | I | 7/7 | 2/2 | 8/8 |  |  |  | **17/17** | **Met** | |  | L91 | Incident management | L | 6/7 | 2/3 | 7/8 |  |  |  | **15/18** | **Met (83.33 %)** | |  | **#Std. Met/# 78 Indicator** |  |  |  |  |  |  |  |  | **61/78** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **70/88** |  | |  |  |  |  |  |  |  |  |  |  | **79.55%** |  | |  |  |  | | | |  |
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|  | |  | | --- | | **Employment and Day Supports:** | | | | |  |  |  |  |
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|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Ind. #** | **Ind.** | **Loc. or Indiv.** | **Emp. Sup.** | **Cent. Based Work** | **Com. Based Day** | **Total Met / Rated** | **Rating** | |  | L1 | Abuse/neglect training | I |  |  | 5/5 | **5/5** | **Met** | |  | L8 | Emergency Fact Sheets | I |  |  | 5/5 | **5/5** | **Met** | |  | L9 (07/21) | Safe use of equipment | I |  |  | 4/5 | **4/5** | **Met (80.0 %)** | |  | L10 | Reduce risk interventions | I |  |  | 1/2 | **1/2** | **Not Met (50.0 %)** | |  | L31 | Communication method | I |  |  | 5/5 | **5/5** | **Met** | |  | L32 | Verbal & written | I |  |  | 5/5 | **5/5** | **Met** | |  | L37 | Prompt treatment | I |  |  | 5/5 | **5/5** | **Met** | | O | L38 | Physician's orders | I |  |  | 2/2 | **2/2** | **Met** | |  | L39 | Dietary requirements | I |  |  | 2/2 | **2/2** | **Met** | |  | L49 | Informed of human rights | I |  |  | 5/5 | **5/5** | **Met** | |  | L50 (07/21) | Respectful Comm. | I |  |  | 5/5 | **5/5** | **Met** | |  | L51 | Possessions | I |  |  | 5/5 | **5/5** | **Met** | |  | L52 | Phone calls | I |  |  | 5/5 | **5/5** | **Met** | |  | L54 (07/21) | Privacy | I |  |  | 5/5 | **5/5** | **Met** | |  | L56 | Restrictive practices | I |  |  | 2/2 | **2/2** | **Met** | |  | L57 | Written behavior plans | I |  |  | 2/2 | **2/2** | **Met** | |  | L60 | Data maintenance | I |  |  | 2/2 | **2/2** | **Met** | |  | L63 | Med. treatment plan form | I |  |  | 1/1 | **1/1** | **Met** | |  | L64 | Med. treatment plan rev. | I |  |  | 1/1 | **1/1** | **Met** | |  | L67 | Money mgmt. plan | I |  |  | 1/4 | **1/4** | **Not Met (25.00 %)** | |  | L77 | Unique needs training | I |  |  | 2/5 | **2/5** | **Not Met (40.0 %)** | |  | 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** | |  | L85 | Supervision | L |  |  | 1/1 | **1/1** | **Met** | |  | L86 | Required assessments | I |  |  | 1/4 | **1/4** | **Not Met (25.00 %)** | |  | L87 | Support strategies | I |  |  | 1/3 | **1/3** | **Not Met (33.33 %)** | |  | L88 | Strategies implemented | I |  |  | 5/5 | **5/5** | **Met** | |  | L91 | Incident management | L |  |  | 0/1 | **0/1** | **Not Met (0 %)** | |  | **#Std. Met/# 29 Indicator** |  |  |  |  |  | **23/29** |  | |  | **Total Score** |  |  |  |  |  | **32/39** |  | |  |  |  |  |  |  |  | **82.05%** |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  | | --- | | **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** | |  |  | | | |  |  |  | |  |  |  | | | |  |
|  |  | | | |  |  |  |  |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Residential Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 7/7 | **Met** | | C8 | | | | Family/guardian communication | 7/7 | **Met** | | C9 | | | | Personal relationships | 6/7 | **Met (85.71 %)** | | C10 | | | | Social skill development | 7/7 | **Met** | | C11 | | | | Get together w/family & friends | 6/7 | **Met (85.71 %)** | | C12 | | | | Intimacy | 7/7 | **Met** | | C13 | | | | Skills to maximize independence | 7/7 | **Met** | | C14 | | | | Choices in routines & schedules | 7/7 | **Met** | | C15 | | | | Personalize living space | 7/7 | **Met** | | C16 | | | | Explore interests | 6/7 | **Met (85.71 %)** | | C17 | | | | Community activities | 7/7 | **Met** | | C18 | | | | Purchase personal belongings | 6/7 | **Met (85.71 %)** | | C19 | | | | Knowledgeable decisions | 7/7 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 7/7 | **Met** | | C46 | | | | Use of generic resources | 7/7 | **Met** | | C47 | | | | Transportation to/ from community | 7/7 | **Met** | | C48 | | | | Neighborhood connections | 5/7 | **Not Met (71.43 %)** | | C49 | | | | Physical setting is consistent | 6/7 | **Met (85.71 %)** | | 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 | 2/6 | **Not Met (33.33 %)** | | **Placement Services** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 8/8 | **Met** | | C8 | | | | Family/guardian communication | 8/8 | **Met** | | C9 | | | | Personal relationships | 8/8 | **Met** | | C10 | | | | Social skill development | 8/8 | **Met** | | C11 | | | | Get together w/family & friends | 8/8 | **Met** | | C12 | | | | Intimacy | 7/8 | **Met (87.50 %)** | | C13 | | | | Skills to maximize independence | 8/8 | **Met** | | C14 | | | | Choices in routines & schedules | 8/8 | **Met** | | C15 | | | | Personalize living space | 8/8 | **Met** | | C16 | | | | Explore interests | 8/8 | **Met** | | C17 | | | | Community activities | 8/8 | **Met** | | C18 | | | | Purchase personal belongings | 8/8 | **Met** | | C19 | | | | Knowledgeable decisions | 8/8 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 8/8 | **Met** | | C46 | | | | Use of generic resources | 8/8 | **Met** | | C47 | | | | Transportation to/ from community | 8/8 | **Met** | | C48 | | | | Neighborhood connections | 8/8 | **Met** | | C49 | | | | Physical setting is consistent | 8/8 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 8/8 | **Met** | | C52 | | | | Leisure activities and free-time choices /control | 8/8 | **Met** | | C53 | | | | Food/ dining choices | 8/8 | **Met** | | C54 | | | | Assistive technology | 4/7 | **Not Met (57.14 %)** | | **Individual Home Supports** |  |  |  | | | | | **Indicator #** | | | | **Indicator** | **Met/Rated** | **Rating** | | C7 | | | | Feedback on staff / care provider performance | 3/3 | **Met** | | C8 | | | | Family/guardian communication | 3/3 | **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 | 3/3 | **Met** | | C14 | | | | Choices in routines & schedules | 3/3 | **Met** | | C15 | | | | Personalize living space | 2/2 | **Met** | | C16 | | | | Explore interests | 2/2 | **Met** | | C17 | | | | Community activities | 3/3 | **Met** | | C18 | | | | Purchase personal belongings | 2/2 | **Met** | | C19 | | | | Knowledgeable decisions | 3/3 | **Met** | | C20 (07/21) | | | | 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 | 2/2 | **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 | 5/5 | **Met** | | C8 | | | | Family/guardian communication | 5/5 | **Met** | | C13 | | | | Skills to maximize independence | 5/5 | **Met** | | C20 (07/21) | | | | Emergency back-up plans | 5/5 | **Met** | | C37 | | | | Interpersonal skills for work | 1/1 | **Met** | | C40 | | | | Community involvement interest | 5/5 | **Met** | | C41 | | | | Activities participation | 5/5 | **Met** | | C42 | | | | Connection to others | 5/5 | **Met** | | C43 | | | | Maintain & enhance relationship | 5/5 | **Met** | | C44 | | | | Job exploration | 4/4 | **Met** | | C45 | | | | Revisit decisions | 5/5 | **Met** | | C46 | | | | Use of generic resources | 5/5 | **Met** | | C47 | | | | Transportation to/ from community | 5/5 | **Met** | | C51 | | | | Ongoing satisfaction with services/ supports | 5/5 | **Met** | | C54 | | | | Assistive technology | 4/5 | **Met (80.0 %)** | |  | | | |  |  |  | |  |  | | | |  |  |