



**PROVIDER REPORT
FOR**

**DDS SOUTHEAST STATE OP
151 Campanelli Drive
B Middleboro, MA 02346**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider DDS SOUTHEAST STATE OP

Review Dates 7/7/2022 - 7/13/2022

**Service Enhancement
Meeting Date** 7/26/2022

Survey Team Michelle Boyd
Mark Boghoian
Margareth Larrieux
Michael Marchese
Barbara Mazzella
Tina Napolitan
Scott Nolan (TL)

Citizen Volunteers

Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	13 location (s) 13 audit (s)	Full Review	75/90 2 Year License 07/26/2022 - 07/26/2024		22 / 26 Certified 07/26/2022 - 07/26/2024
Residential Services	13 location (s) 13 audit (s)			Full Review	17 / 20
Planning and Quality Management (For all service groupings)				Full Review	5 / 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	2 location(s) 9 audit (s)	Full Review	42/42 2 Year License 07/26/2022 - 07/26/2024		20 / 21 Certified 07/26/2022 - 07/26/2024
Employment Support Services	2 location(s) 9 audit (s)			Full Review	15 / 15
Planning and Quality Management (For all service groupings)				Full Review	5 / 6

EXECUTIVE SUMMARY :

Southeastern Residential Services (SRS) is a state operated agency which provides 24-hour residential and Employment Supports to individuals with developmental and intellectual disabilities. The agency currently provides residential services to over 170 people living in communities throughout southeastern Massachusetts. SRS, under its employment services, operates two redemption centers with the businesses located in the Mansfield Industrial Park and Dighton in a small plaza which employs 51 people in total.

This survey was a full licensing and certification review of the agency's residential and employment services, including a review of the agency's organizational management systems.

The agency demonstrated positive findings in a number of areas subject to licensure. At an organizational level, the agency had an effective staff training system that ensured that its staff received all mandated trainings, SRS also has an active Human Rights Committee. All three Human Rights Committees met composition requirements, held meetings more than required and reviewed incidents, investigations as well as other issues. The committee would ask pertinent questions during their meetings which were responded to by the agency.

Residentially, within the health domain, individuals were supported to maintain good health as evidenced by routine medical and follow-up with specialists for consultation. Nursing was assigned to homes to meet the medical needs of more complex individuals with administering medication and providing specialized care. Medications were administered in accordance with the Medication Administration Program (MAP). Individuals were found to follow healthy diet at most homes and engaged in activities such as walking to maintain good health.

In the area of human rights, staff were respectful of individuals in verbal communications and supported them to exercise their rights. This was observed across both residential and employment services in which staff established a mutually respectful relationship with individuals. Staff used teachable moments to assist individuals to work through completing a household task or job responsibility by motivating them motivated do things independently. Human Right information was posted within homes and at the employment sites, and individuals could identify the Human Rights Officer.

Within the agency's Employment and Day Services, there were many notable practices occurring. Its Mansfield and Dighton Redemption Centers were located with other local business with easy community access for drive up and drop off at outside collection areas. As part of the greater community, the business and its employees were well known. Staff encouraged individuals to take an active role in meeting production standards by setting group goals which increased productivity resulting in team recognition. Individuals met with the Worker's Council to discuss changes and ideas they had for the workplace. and individualized work schedules were provided that included work time and training/educational opportunities in small group settings. Two of the individuals participating in the survey served on the Worker's Council as Chairperson and Secretary respectively, were elected by their peers, and expressed the importance of the committee in making their wants known to their supervisors.

All Individuals expressed satisfaction with both their jobs and opportunities for professional/personal growth. A review of employee performance reviews reflected a balanced review of interpersonal and job skills. Areas identified for improvement in the individual's performance review were carried over in an ISP goal to further support professional growth. Individuals were paid at minimum wage and contributed to the Massachusetts Paid Family Medical Act which entitled them to the same benefits as other employees. Environmental modifications were made to the work setting to accommodate individual needs. Some examples included use of a grab bar to reach items in a bin, providing a box at eye level to assist one individual to easily sort in a workspace free of distraction.

In addition to paid employment, individuals were offered opportunities to participate in trainings, activities and committees that further promoted self-growth. For example, an eight-week course which focused on healthy eating and lifestyle, and the Self-Advocacy Leadership Series. One individual did a presentation for her peers on her Indian culture and traditions as part of diversity training and another wrote a column on Creating for a Good Cause to promote kindness.

Some areas requiring further attention were identified during the survey . Within residential services, the agency needs to ensure that all individuals receive annual training on how to report abuse and mistreatment, and that guardians are informed of charges for care. The agency needs to ensure that when the use of restrictive practices are in place, that there is a plan to fade. Individuals should be provided with the opportunity to become as independent as possible. Assessing the need and benefit of assistive technology is one The agency would benefit from strengthening its training and oversight in the area of supervision. In the certification realm, the agency needs to increase opportunities for individuals to become part of their neighborhoods, and the greater community through the use of local resources available to community members.

Survey findings also identified areas within certification domains that would benefit from further attention. In the area of human sexuality and companionship, individuals may benefit from strategies that go beyond assessment and create opportunities for individuals to receive education and support according to their preferences and primary learning styles. Additionally, SRS needs to ensure that staff understand their role to act as bridge-builders and opportunity-creators in the area of relationships and community involvement.

As a result of this review, the agency has met 83% of licensing indicators with all critical indicators were met within its residential services. The agency will receive a Two-Year License for Residential Services. Follow-up on all not met licensing indicators will be conducted by the DDS OQE within 60 days of the Service Enhancement Meeting. The agency met 81% of all certification indicators and is fully certified. Within its employment services, SRS met 100% of licensing indicators and will receive a Two-Year license for its Employment and Day Services. Having met 95% of certification indicators, the agency's Employment and Day services is fully certified.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Residential and Individual Home Supports	65/80	15/80	
Residential Services			
Critical Indicators	8/8	0/8	
Total	75/90	15/90	83%
2 Year License			
# indicators for 60 Day Follow-up		15	

	Met / Rated	Not Met / Rated	% Met
Organizational	11/11	0/11	
Employment and Day Supports	31/31	0/31	
Employment Support Services			
Critical Indicators	4/4	0/4	
Total	42/42	0/42	100%
2 Year License			
# indicators for 60 Day Follow-up		0	

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L1	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	Three out of thirteen individuals were not provided information regarding how to report alleged abuse/neglect. The agency needs to ensure that individuals are provided with information in how to report alleged abuse/neglect.
L8	Emergency fact sheets are current and accurate and available on site.	Three out of thirteen emergency fact sheets did not contain all required components including current diagnoses, medications or health care protocols. The agency needs to ensure that emergency fact sheets contain all required components.

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L54 (07/21)	Individuals have privacy when taking care of personal needs and discussing personal matters.	Three homes did not have bathrooms that had locks. The agency needs to ensure that individuals have privacy when taking care of personal needs.
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.	For three out of six individuals with restrictive practices in place, two plans did not include practices to fade the restriction and one restriction did not include a written plan. The agency needs to ensure that plans are in place for all restrictive practices, and that these plans include all required components.
L63	Medication treatment plans are in written format with required components.	Two out of thirteen medication treatment plans did not include all required components. Current data was not available in order to inform the prescribing practitioner of the effectiveness of the plan, and there was no plan to fade a pre-sedate within another medication treatment plan. The agency needs to ensure that medication treatment plans contain all required components.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	Four out of thirteen money management plans did not include how individuals are assisted to increase their independence with their funds, training plans and/ or agreement from the individual's guardians. The agency needs to ensure money management plans contain all required components.
L71	Individuals are notified of their appeal rights for their charges for care.	Individual's guardians were not notified of their appeal rights for their charges for care. The agency needs to ensure all parties are informed of their right to appeal their charges for care.
L78	Staff are trained to safely and consistently implement restrictive interventions.	Staff were not trained and/ or correctly implementing restrictive interventions. The agency needs to ensure all staff are trained and correctly implementing restrictive interventions.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	Staff were not trained in the effective and safe implementation of the support and health related protections. The agency needs to ensure all staff are trained in the safe and effective implementation of the support and health related protections.
L85	The agency provides ongoing supervision, oversight and staff development.	At four locations, there is a lack of oversight and supervision regarding implementation of ISP goals, menu planning, and/or community involvement. The agency did not have effective supervisory oversight to identify areas for improvement and oversight to make corrections. The agency needs to ensure there is oversight and supervision across all homes.

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Assessments for five individual's ISPs were not submitted within required timeframes. The agency needs to ensure that assessments for the ISP are submitted within required timeframes.
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 five individual's ISPs were not submitted within required timeframes. The agency needs to ensure that support strategies for the ISP are submitted within required timeframes.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Support strategies agreed upon in the ISP for four individuals are not being implemented. The agency needs to ensure that agreed upon support strategies identified in the ISP are being implemented.
L91	Incidents are reported and reviewed as mandated by regulation.	At four locations, incidents were not filed or were not submitted within required timelines. The agency needs to ensure incidents are reported and reviewed within the required timelines
L94 (05/22)	Individuals have assistive technology to maximize independence.	Ten individuals had not been reviewed/assessed to determine if they would benefit from the use of assistive technology to increase their independence nor was their any assistive tech being used. The agency needs to assess individual's ability to utilize assistive technology to maximize their independence.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	5/6	1/6	
Residential and Individual Home Supports	17/20	3/20	
Residential Services	17/20	3/20	
Total	22/26	4/26	85%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	5/6	1/6	
Employment and Day Supports	15/15	0/15	
Employment Support Services	15/15	0/15	
Total	20/21	1/21	95%
Certified			

Planning and Quality Management Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C2	The provider analyzes information gathered from all sources and identifies patterns and trends.	The agency is not gathering information from all sources to identify patterns and trends across service types to prioritize service improvement activities across the agency. The agency needs to ensure that data collected is used to identify patterns and trends across service types to enhance and prioritize service improvement efforts.

Residential Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C9	Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	Opportunities to develop, and/or increase personal relationships and social contacts with individuals other than paid staff was not present for three individuals. The agency needs to ensure that staff support individuals with opportunities to develop, and/or increase personal relationships and social contacts.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	Four individuals were not supported to explore, define, and express their need for intimacy and companionship. Although assessments were completed, specific individualized strategies were not incorporated into the assessments in order to assist staff to educate and support individuals in defining their needs for intimacy and companionship. The agency needs to ensure that individuals are supported to explore, define and express their needs for companionship and intimacy in concert with their unique learning style.
C46	Staff (Home Providers) support individuals to learn about and use generic community resources.	Three individuals were not supported to learn about and use generic community resources such as a bank. The agency needs to ensure that individuals are provided opportunities to learn about and use generic resources in the community.

MASTER SCORE SHEET LICENSURE

Organizational: DDS SOUTHEAST STATE OP

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	15/16	Met(93.75 %)
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	3/3	Met
L65	Restraint report submit	7/7	Met
L66	HRC restraint review	7/7	Met
L74	Screen employees	20/20	Met
L75	Qualified staff	20/20	Met
L76	Track trainings	20/20	Met
L83	HR training	20/20	Met
L92 (07/21)	Licensed Sub-locations (e/d).	2/2	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	10/13						10/13	Not Met (76.92 %)
L5	Safety Plan	L	11/13						11/13	Met (84.62 %)
R L6	Evacuation	L	13/13						13/13	Met
L7	Fire Drills	L	13/13						13/13	Met
L8	Emergency Fact Sheets	I	10/13						10/13	Not Met (76.92 %)
L9 (07/21)	Safe use of equipment	I	13/13						13/13	Met
L10	Reduce risk interventions	I	5/5						5/5	Met
R L11	Required inspections	L	13/13						13/13	Met
R L12	Smoke detectors	L	13/13						13/13	Met
R L13	Clean location	L	13/13						13/13	Met
L14	Site in good repair	L	5/6						5/6	Met (83.33 %)
L15	Hot water	L	11/13						11/13	Met (84.62 %)
L16	Accessibility	L	13/13						13/13	Met
L17	Egress at grade	L	13/13						13/13	Met

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L18	Above grade egress	L	2/2						2/2	Met
L19	Bedroom location	L	12/12						12/12	Met
L20	Exit doors	L	13/13						13/13	Met
L21	Safe electrical equipment	L	13/13						13/13	Met
L22	Well- maintained appliances	L	9/11						9/11	Met (81.82 %)
L23	Egress door locks	L	5/5						5/5	Met
L24	Locked door access	L	12/13						12/13	Met (92.31 %)
L25	Dangerous substances	L	13/13						13/13	Met
L26	Walkway safety	L	12/13						12/13	Met (92.31 %)
L28	Flammables	L	12/12						12/12	Met
L29	Rubbish /combustibles	L	11/13						11/13	Met (84.62 %)
L30	Protective railings	L	8/8						8/8	Met
L31	Communication method	I	13/13						13/13	Met
L32	Verbal & written	I	13/13						13/13	Met

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L33	Physical exam	I	13/13						13/13	Met
L34	Dental exam	I	13/13						13/13	Met
L35	Preventi ve screenin gs	I	12/13						12/13	Met (92.31 %)
L36	Recom mended tests	I	12/13						12/13	Met (92.31 %)
L37	Prompt treatme nt	I	12/13						12/13	Met (92.31 %)
℞ L38	Physicia n's orders	I	12/12						12/12	Met
L39	Dietary require ments	I	10/11						10/11	Met (90.91 %)
L40	Nutrition al food	L	13/13						13/13	Met
L41	Healthy diet	L	12/13						12/13	Met (92.31 %)
L42	Physical activity	L	13/13						13/13	Met
L43	Health Care Record	I	12/13						12/13	Met (92.31 %)
L44	MAP registrat ion	L	13/13						13/13	Met
L45	Medicati on storage	L	13/13						13/13	Met
℞ L46	Med. Adminis tration	I	13/13						13/13	Met
L47	Self medicati on	I	2/2						2/2	Met

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L49	Informe d of human rights	I	13/13						13/13	Met
L50 (07/21)	Respect ful Comm.	I	13/13						13/13	Met
L51	Possess ions	I	13/13						13/13	Met
L52	Phone calls	I	13/13						13/13	Met
L53	Visitati on	I	13/13						13/13	Met
L54 (07/21)	Privacy	I	10/13						10/13	Not Met (76.92 %)
L55	Informe d consent	I	1/1						1/1	Met
L56	Restricti ve practice s	I	3/6						3/6	Not Met (50.0 %)
L57	Written behavio r plans	I	3/3						3/3	Met
L58	Behavio r plan compon ent	I	3/3						3/3	Met
L59	Behavio r plan review	I	3/3						3/3	Met
L60	Data mainten ance	I	3/3						3/3	Met
L61	Health protecti on in ISP	I	11/13						11/13	Met (84.62 %)
L62	Health protecti on review	I	13/13						13/13	Met

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L63	Med. treatme nt plan form	I	10/13						10/13	Not Met (76.92 %)
L64	Med. treatme nt plan rev.	I	13/13						13/13	Met
L67	Money mgmt. plan	I	10/13						10/13	Not Met (76.92 %)
L68	Funds expendi ture	I	13/13						13/13	Met
L69	Expendi ture tracking	I	11/13						11/13	Met (84.62 %)
L70	Charges for care calc.	I	13/13						13/13	Met
L71	Charges for care appeal	I	3/13						3/13	Not Met (23.08 %)
L77	Unique needs training	I	11/13						11/13	Met (84.62 %)
L78	Restricti ve Int. Training	L	3/5						3/5	Not Met (60.0 %)
L79	Restrain t training	L	4/4						4/4	Met
L80	Sympto ms of illness	L	12/13						12/13	Met (92.31 %)
L81	Medical emerg ncy	L	13/13						13/13	Met
RE L82	Medicati on admin.	L	13/13						13/13	Met
L84	Health protect. Training	I	10/13						10/13	Not Met (76.92 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L85	Supervision	L	9/13						9/13	Not Met (69.23 %)
L86	Required assessments	I	7/12						7/12	Not Met (58.33 %)
L87	Support strategies	I	7/12						7/12	Not Met (58.33 %)
L88	Strategies implemented	I	9/13						9/13	Not Met (69.23 %)
L90	Personal space/bedroom privacy	I	13/13						13/13	Met
L91	Incident management	L	9/13						9/13	Not Met (69.23 %)
L93 (05/22)	Emergency back-up plans	I	13/13						13/13	Met
L94 (05/22)	Assistive technology	I	3/13						3/13	Not Met (23.08 %)
L96 (05/22)	Staff training in devices and applications	I	3/3						3/3	Met
#Std. Met/# 80 Indicator									65/80	
Total Score									75/90	
									83.33%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	9/9			9/9	Met
L8	Emergency Fact Sheets	I	9/9			9/9	Met
L9 (07/21)	Safe use of equipment	I	9/9			9/9	Met
L31	Communicatio n method	I	9/9			9/9	Met
L32	Verbal & written	I	9/9			9/9	Met
L37	Prompt treatment	I	9/9			9/9	Met
Ⓡ L38	Physician's orders	I	2/2			2/2	Met
L39	Dietary requirements	I	1/1			1/1	Met
L44	MAP registration	L	2/2			2/2	Met
L45	Medication storage	L	2/2			2/2	Met
Ⓡ L46	Med. Administration	I	2/2			2/2	Met
L49	Informed of human rights	I	9/9			9/9	Met
L50 (07/21)	Respectful Comm.	I	9/9			9/9	Met
L51	Possessions	I	9/9			9/9	Met
L52	Phone calls	I	9/9			9/9	Met
L54 (07/21)	Privacy	I	9/9			9/9	Met
L55	Informed consent	I	9/9			9/9	Met
L63	Med. treatment plan form	I	1/1			1/1	Met
L64	Med. treatment plan rev.	I	1/1			1/1	Met
L77	Unique needs training	I	9/9			9/9	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L80	Symptoms of illness	L	2/2			2/2	Met
L81	Medical emergency	L	2/2			2/2	Met
L82	Medication admin.	L	2/2			2/2	Met
L85	Supervision	L	2/2			2/2	Met
L86	Required assessments	I	8/8			8/8	Met
L87	Support strategies	I	8/8			8/8	Met
L88	Strategies implemented	I	9/9			9/9	Met
L91	Incident management	L	2/2			2/2	Met
L93 (05/22)	Emergency back-up plans	I	9/9			9/9	Met
L94 (05/22)	Assistive technology	I	8/8			8/8	Met
L96 (05/22)	Staff training in devices and applications	I	1/1			1/1	Met
#Std. Met/# 31 Indicator						31/31	
Total Score						42/42	
						100%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	1/1	Met
C2	Data analysis	0/1	Not Met (0 %)
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	13/13	Met
C8	Family/guardian communication	13/13	Met
C9	Personal relationships	10/13	Not Met (76.92 %)
C10	Social skill development	13/13	Met
C11	Get together w/family & friends	12/12	Met
C12	Intimacy	8/13	Not Met (61.54 %)
C13	Skills to maximize independence	13/13	Met
C14	Choices in routines & schedules	13/13	Met
C15	Personalize living space	13/13	Met
C16	Explore interests	11/13	Met (84.62 %)
C17	Community activities	12/13	Met (92.31 %)
C18	Purchase personal belongings	13/13	Met
C19	Knowledgeable decisions	13/13	Met
C46	Use of generic resources	10/13	Not Met (76.92 %)
C47	Transportation to/ from community	13/13	Met
C48	Neighborhood connections	11/13	Met (84.62 %)
C49	Physical setting is consistent	12/13	Met (92.31 %)
C51	Ongoing satisfaction with services/ supports	13/13	Met
C52	Leisure activities and free-time choices /control	12/13	Met (92.31 %)
C53	Food/ dining choices	12/13	Met (92.31 %)

Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	9/9	Met
C8	Family/guardian communication	9/9	Met
C26	Benefits analysis	8/8	Met
C28	Relationships w/businesses	2/2	Met
C30	Work in integrated settings	9/9	Met

Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C31	Job accommodations	8/8	Met
C32	At least minimum wages earned	9/9	Met
C33	Employee benefits explained	9/9	Met
C34	Support to promote success	9/9	Met
C35	Feedback on job performance	9/9	Met
C36	Supports to enhance retention	9/9	Met
C37	Interpersonal skills for work	9/9	Met
C47	Transportation to/ from community	9/9	Met
C50	Involvement/ part of the Workplace culture	9/9	Met
C51	Ongoing satisfaction with services/ supports	9/9	Met