



**PROVIDER REPORT  
FOR**

**MULTICULTURAL  
COMMUNITY SERVICES  
1000 Wilbraham Road  
Springfield, MA 01109**

**August 27, 2024**

**Version**

**Public Provider Report**

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

# SUMMARY OF OVERALL FINDINGS

<b>Provider</b>	MULTICULTURAL COMMUNITY SERVICES
<b>Review Dates</b>	7/24/2024 - 7/30/2024
<b>Service Enhancement Meeting Date</b>	8/13/2024
<b>Survey Team</b>	Ken Jones (TL) Janina Millet Elsa Adorno Carole Black Marisa Himes Stephanie Baldwin
<b>Citizen Volunteers</b>	

## Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
<b>Residential and Individual Home Supports</b>	15 location(s) 16 audit (s)	Full Review	79/91 Defer Licensure		62 / 66 Certified
Residential Services	5 location(s) 5 audit (s)			Full Review	19 / 20
Placement Services	8 location(s) 8 audit (s)			Full Review	20 / 20
Respite Services	1 location(s) 2 audit (s)			No Review	No Review
Individual Home Supports	1 location(s) 1 audit (s)			Full Review	20 / 20
Planning and Quality Management				Full Review	3 / 6

## **EXECUTIVE SUMMARY :**

Multicultural Community Services of the Pioneer Valley (MCS) is a non-profit organization that provides an array of services and supports to individuals with intellectual disabilities and their families who reside throughout western Massachusetts. MCS is a diverse organization that offers services which support and embrace the cultural and linguistic background of individuals utilizing its services. This aspect of the agency's profile was also reflected in the company's workforce.

The scope of this survey was a full licensure and certification review of the agency's twenty-four-hour residential services, placement services, Individual Home Supports (IHS), and planned Respite services.

Findings of the licensing review showed that individuals were supported to receive timely healthcare services across residential service types. Healthcare oversight visits included regular medical reviews by agency nurses assigned to residential sites and individuals who received placement services to ensure that routine healthcare information such as annual physical and dental examinations for people were current, compliance with medication administration requirements, attending appointments with specialists and recommended follow up was occurring, and that people receive preventive screenings as recommended by their physicians.

Health-related protocols such as seizure and diabetic protocols were being implemented as required. In several instances, assigned clinical team members ensured that Safety Care training was a priority for staff that informed them of individuals' unique needs, how to best support individuals who presented with challenging behaviors and knew what to do in the event of an emergency.

Through sampled audits of MCS's planned respite service, it was demonstrated that the referral and intake process identified all the essential areas of support needs for its guests and determined that required supports were in place for all areas subject to licensure at the time of their visits.

In areas subject to certification, survey findings showed that individuals received consistent support to exercise choice and control over their daily routines across all service types. Individuals were supported to decide how and when they participated in household routines, daily menus and how they spent their personal time. Staff and home providers were also attuned to when people wanted to spend time alone or take a short walk within their respective neighborhoods. Likewise, it was found that individuals were supported to develop skills to maximize independence with their personal routines and preferred activities in the community. MCS recognize the importance of maintaining family connections as individuals across settings were supported to maintain relationships with family members and guardians on an ongoing basis by telephone calls, Facetime or by in-person visits.

Results of the licensing review also found that aspects of the organization's oversight systems were not wholly effective. For environmental safety, safeguard systems must address compliance with proper placement and operation of smoke and carbon monoxide detector systems, MCS must also be responsive in timely home repairs and maintenance issues. Safety features must also be in place for homes that have swimming pools or access to waterways. The agency's oversight of fire alarm systems and overall home maintenance must be improved. In the human rights domain, MCS needs to ensure the human rights committee meets its roles and responsibilities regarding required membership and attendance, quarterly meetings, and oversight of investigations. Focused attention is needed to ensure that environmental restrictions are incorporated in a written plan that includes a plan to fade the restriction. Also, restrictive interventions must be included in a behavior plan and data collection mechanisms are consistently and correctly implemented. Lastly, medication treatments plans must address all required elements and is incorporated into the person's ISP.

Among the areas subject to certification that require additional attention, the organization's quality improvement processes is encouraged to develop clear strategies to collect and analyze information on service quality to accurately identify patterns and trends and to effectively develop and track service improvement goals. Processes for including individual input into hiring and evaluation of support staff should be an area for agency strengthening to consistently implement for residential services.

As a result of the current review, the Residential and Individual Home Supports service group, operated by Multicultural Community Services, received an overall score of 87% of licensure indicators met. The agency's residential service grouping will be in deferred status due to two not-met critical indicator (L12 and L13). If the agency meets 80% of indicators and the two not-met critical indicator at follow-up, it will earn a two-year license with a mid-cycle review. This service group is Certified with an overall score of 94% of certification indicators Met.

## **LICENSURE FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Organizational</b>	<b>8/10</b>	<b>2/10</b>	
<b>Residential and Individual Home Supports</b>	<b>71/81</b>	<b>10/81</b>	
Residential Services Individual Home Supports Respite Services Placement Services			
<b>Critical Indicators</b>	<b>6/8</b>	<b>2/8</b>	
<b>Total</b>	<b>79/91</b>	<b>12/91</b>	<b>87%</b>
<b>Defer Licensure</b>			
<b># indicators for 60 Day Follow-up</b>		<b>12</b>	

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L48	The agency has an effective Human Rights Committee.	The agency Human Rights Committee (HRC) meeting minutes reflected the absence of a required member (medical professional) at several meetings. The HRC did not meet quarterly and was not reviewing the status of investigations and actions required pertaining to placement services. The agency needs to ensure that HRC required membership is maintained at meetings, that the HRC meet quarterly meeting requirements, and that the HRC is able fulfill its responsibility in reviewing all agency complaints and investigations.

L66	All restraints are reviewed by the Human Rights Committee.	Two restraint reports had not been reviewed by the agency Human Rights Committee. The agency needs to ensure that all restraints are reviewed by the human rights committee within the required timeframes (either at the next meeting or within 120 days of the restraint).
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**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:**

Indicator #	Indicator	Area Needing Improvement
Ⓟ L12	Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.	Five locations did not have correctly placed or operational smoke and or CO detection systems. For two residential sites, one home did not have any CO detectors in the home and the other did not have a CO detector within 10 feet of the bedroom. For placement services, three homes did not have operable smoke and or CO detectors on all levels of the home. The agency needs to ensure that smoke and carbon monoxide detectors are properly located and are fully operational.
Ⓟ L13	Location is clean and free of rodent and/or insect infestation.	Four homes required actions needed to be taken to address environmental safety and sanitation issues within the home. At three residential locations, significant disrepair and the potential presence of mold in bathroom areas had not been addressed. One placement location, the agency had not supported the home care provider around identifying or addressing repairs needed around the bathtub area. The agency needs to ensure the development and implementation of an effective mechanism for environmental safety review at all service locations in order to identify areas of necessary home maintenance and repair. Once issues are identified, the agency needs to ensure that home repairs are planned for and made in a timely manner.
L27	If applicable, swimming pools and other bodies of water are safe and secure according to policy.	Two placement locations had swimming pools that did not have adequate safeguards in place to minimize unauthorized access to the pools. The agency needs to ensure that adequate safeguards are in place for above ground and in ground pools that is consistent with the DDS Water Safety Policy.
L43	The health care record is maintained and updated as required.	Health Care Records (HCR's) for three individuals did not contain their most recent medical diagnosis, allergy information, or updated personal information. The agency needs to ensure that health care records contain accurate and current information, including that HCR's are updated within one month when significant changes occur, for example, change in recent medical diagnosis, immunizations, hospitalization, and or change of personal information.

L47	Individuals are supported to become self medicating when appropriate.	One individual who was being supported to self-administer medications, did not have a self-medication assessment in place. The agency needs to ensure that for individuals who are self-medicating, a clear assessment has been completed, documenting their skills in this area.
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 two individuals, environmental restrictions in place without a written rationale or a plan to fade the restrictions. The agency needs to ensure that when restrictive practices are in place, they outlined in a written plan, which identifies the rationale, and outlines the practices as the least restrictive alternative. The agency needs to ensure that a plan and criteria for elimination or fading is included with the rationale as part of the document. For other individuals in the home impacted by restrictions, the agency needs to ensure that provisions are developed so as to not unduly restrict them. The agency needs to ensure that all plans detailing restrictive practices are reviewed at least annually by the Human Rights Committee.
L57	All behavior plans are in a written plan.	One individual within Placement Services had restrictions in place regarding internet access and phone usage which had not been incorporated into a written behavior plan. The agency needs to ensure that if restrictive practices are in place, a written behavior plan has been developed and reviewed.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	One individual had a behavior plan in place where data on current target behaviors was being tracked inconsistently. The agency needs to ensure that data collection is ongoing and accurate in order to chart the efficacy of intervention and support strategies.
L63	Medication treatment plans are in written format with required components.	Five individuals had Medication Treatment Plans (MTPs) that did not include all required components. The agency needs to ensure that all MTP's include a description of target behaviors for which medication is prescribed in individualized, observable and measurable terms. The agency also needs to ensure that procedures to minimize the risks of taking the medication(s) are defined; and measurable criteria for discontinuing or fading the medications are included. Data on behaviors targeted for treatment needs to be collected consistently so it may be shared with the prescriber to evaluate medication effectiveness.
L64	Medication treatment plans are reviewed by the required groups.	Three individuals' Medication Treatment Plans (MTPs') had not yet been submitted for review to the ISP team. The agency needs to ensure that all MTP's are submitted for ISP team review. Additionally, when individuals are prescribed anti-psychotic medication and under legal Guardianship, the agency must take appropriate steps to communicate with the ISP team to ensure the initiation for a Rogers monitor appointment to be made.

## **CERTIFICATION FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>3/6</b>	<b>3/6</b>	
<b>Residential and Individual Home Supports</b>	<b>59/60</b>	<b>1/60</b>	
Individual Home Supports	20/20	0/20	
Placement Services	20/20	0/20	
Residential Services	19/20	1/20	
<b>Total</b>	<b>62/66</b>	<b>4/66</b>	<b>94%</b>
<b>Certified</b>			

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C1	The provider collects data regarding program quality including but not limited to incidents, investigations, restraints, and medication occurrences.	The agency's internal data collection system was limited in its scope of gathering service data on program quality and standards. The agency needs to ensure a data collection process is in place to capture information on service quality across all service types, locations and corresponding areas of support to individuals.
C2	The provider analyzes information gathered from all sources and identifies patterns and trends.	The agency's methods of data analysis for determining patterns and trends did not fully identify clear goals for service improvement. The agency needs to develop its capacity to effectively analyze data collected regarding service quality across all aspects of service delivery in a manner that pinpoints needs and goals for service improvement.
C5	The provider has a process to measure progress towards achieving service improvement goals.	The agency had not developed an effective process of prioritizing areas for service improvement, setting specific service improvement targets, or effective methods of measuring progress toward achieving service improvement goals. The agency needs to take steps to develop goals for improvement in service quality as well as methods of effectively measuring organizational progress toward meeting goals for service

		improvement, making mid-course corrections where necessary.
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**Residential Services- Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	Two individuals who receive residential services had not been supported to participated in either the hiring process and or the annual performance evaluation process of staff that support them. The agency needs to develop and implement a system that includes individual input in both the hiring and performance evaluation of staff that supports them.

**MASTER SCORE SHEET LICENSURE**

**Organizational: MULTICULTURAL COMMUNITY SERVICES**

<b>Indicator #</b>	<b>Indicator</b>	<b>Met/Rated</b>	<b>Rating(Met,Not Met,NotRated)</b>
☐ L2	Abuse/neglect reporting	<b>15/15</b>	<b>Met</b>
L3	Immediate Action	<b>15/15</b>	<b>Met</b>
L4	Action taken	<b>5/5</b>	<b>Met</b>
L48	HRC	<b>0/1</b>	<b>Not Met(0 % )</b>
L65	Restraint report submit	<b>5/6</b>	<b>Met(83.33 % )</b>
L66	HRC restraint review	<b>0/2</b>	<b>Not Met(0 % )</b>
L74	Screen employees	<b>4/4</b>	<b>Met</b>
L75	Qualified staff	<b>2/2</b>	<b>Met</b>
L76	Track trainings	<b>17/19</b>	<b>Met(89.47 % )</b>
L83	HR training	<b>19/19</b>	<b>Met</b>

**Residential and Individual Home Supports:**

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	2/5	1/1	8/8	2/2			13/16	Met (81.25 %)
L3	Immediate Action	L				1/1			1/1	Met
L5	Safety Plan	L	4/5	1/1	8/8	1/1			14/15	Met (93.33 %)
Ⓜ L6	Evacuation	L	4/5	1/1	8/8	1/1			14/15	Met (93.33 %)
L7	Fire Drills	L	4/5						4/5	Met (80.0 %)
L8	Emergency Fact Sheets	I	5/5	1/1	6/8	2/2			14/16	Met (87.50 %)
L9 (07/21)	Safe use of equipment	I	5/5	1/1		2/2			8/8	Met
L10	Reduce risk interventions	I	1/1		2/3				3/4	Met
Ⓜ L11	Required inspections	L	5/5		8/8	1/1			14/14	Met
Ⓜ L12	Smoke detectors	L	3/5		5/8	1/1			9/14	Not Met (64.29 %)
Ⓜ L13	Clean location	L	2/5		7/8	1/1			10/14	Not Met (71.43 %)
L14	Site in good repair	L	5/5		8/8	1/1			14/14	Met
L15	Hot water	L	5/5		6/8	1/1			12/14	Met (85.71 %)
L16	Accessibility	L	4/5		8/8	1/1			13/14	Met (92.86 %)
L17	Egress at grade	L	5/5		8/8	1/1			14/14	Met
L18	Above grade egress	L	1/1		6/6				7/7	Met

L19	Bedroom location	L	5/5		7/7	1/1			<b>13/13</b>	<b>Met</b>
L20	Exit doors	L	5/5			1/1			<b>6/6</b>	<b>Met</b>
L21	Safe electrical equipment	L	5/5		8/8	1/1			<b>14/14</b>	<b>Met</b>
L22	Well-maintained appliances	L	4/5		8/8	1/1			<b>13/14</b>	<b>Met (92.86 %)</b>
L23	Egress door locks	L	4/4			1/1			<b>5/5</b>	<b>Met</b>
L24	Locked door access	L	5/5		8/8	1/1			<b>14/14</b>	<b>Met</b>
L25	Dangerous substances	L	5/5			1/1			<b>6/6</b>	<b>Met</b>
L26	Walkway safety	L	5/5		8/8	1/1			<b>14/14</b>	<b>Met</b>
L27	Pools, hot tubs, etc.	L			0/2				<b>0/2</b>	<b>Not Met (0 %)</b>
L28	Flammables	L	5/5			1/1			<b>6/6</b>	<b>Met</b>
L29	Rubbish/combustibles	L	5/5		8/8	1/1			<b>14/14</b>	<b>Met</b>
L30	Protective railings	L	3/5		8/8	1/1			<b>12/14</b>	<b>Met (85.71 %)</b>
L31	Communication method	I	5/5	1/1	8/8	2/2			<b>16/16</b>	<b>Met</b>
L32	Verbal & written	I	5/5	1/1	8/8	2/2			<b>16/16</b>	<b>Met</b>
L33	Physical exam	I	5/5	1/1	7/8				<b>13/14</b>	<b>Met (92.86 %)</b>
L34	Dental exam	I	5/5	1/1	7/7				<b>13/13</b>	<b>Met</b>
L35	Preventive screenings	I	5/5	1/1	8/8				<b>14/14</b>	<b>Met</b>
L36	Recommended tests	I	5/5	1/1	8/8				<b>14/14</b>	<b>Met</b>
L37	Prompt treatment	I	5/5	1/1	8/8	2/2			<b>16/16</b>	<b>Met</b>
Pa L38	Physician's orders	I	4/4	1/1	5/5	2/2			<b>12/12</b>	<b>Met</b>
L39	Dietary requirements	I	3/3		3/3	1/1			<b>7/7</b>	<b>Met</b>
L40	Nutritional food	L	5/5			1/1			<b>6/6</b>	<b>Met</b>
L41	Healthy diet	L	5/5	1/1	8/8	1/1			<b>15/15</b>	<b>Met</b>
L42	Physical activity	L	5/5	1/1	8/8				<b>14/14</b>	<b>Met</b>
L43	Health Care Record	I	4/5	1/1	6/8				<b>11/14</b>	<b>Not Met (78.57 %)</b>

L44	MAP registration	L	5/5	1/1		1/1			7/7	Met
L45	Medication storage	L	5/5	1/1		1/1			7/7	Met
<sup>Pa</sup> L46	Med. Administration	I	4/5	1/1	8/8	2/2			15/16	Met (93.75%)
L47	Self medication	I	1/2		1/1				2/3	Not Met (66.67%)
L49	Informed of human rights	I	2/5	1/1	8/8	2/2			13/16	Met (81.25%)
L50 (07/21)	Respectful Comm.	I	5/5	1/1	7/8	2/2			15/16	Met (93.75%)
L51	Possessions	I	4/5	1/1	8/8	2/2			15/16	Met (93.75%)
L52	Phone calls	I	5/5	1/1	7/8	2/2			15/16	Met (93.75%)
L53	Visitation	I	5/5	1/1	8/8	2/2			16/16	Met
L54 (07/21)	Privacy	I	5/5	1/1	8/8	2/2			16/16	Met
L55	Informed consent	I			2/2				2/2	Met
L56	Restrictive practices	I	1/2		0/1				1/3	Not Met (33.33%)
L57	Written behavior plans	I	2/2		0/1				2/3	Not Met (66.67%)
L60	Data maintenance	I	1/2		1/1				2/3	Not Met (66.67%)
L61	Health protection in ISP	I	3/3		2/2	1/1			6/6	Met
L62	Health protection review	I			1/1				1/1	Met
L63	Med. treatment plan form	I	3/5	1/1	5/8				9/14	Not Met (64.29%)

L64	Med. treatment plan rev.	I	4/5	1/1	6/8				<b>11/14</b>	<b>Not Met (78.57 %)</b>
L67	Money mgmt. plan	I	5/5	1/1	5/6				<b>11/12</b>	<b>Met (91.67 %)</b>
L68	Funds expenditure	I	5/5	1/1	7/7				<b>13/13</b>	<b>Met</b>
L69	Expenditure tracking	I	5/5	1/1	5/6				<b>11/12</b>	<b>Met (91.67 %)</b>
L70	Charges for care calc.	I	3/4		7/7				<b>10/11</b>	<b>Met (90.91 %)</b>
L71	Charges for care appeal	I	4/4		7/7				<b>11/11</b>	<b>Met</b>
L77	Unique needs training	I	5/5	1/1	8/8	2/2			<b>16/16</b>	<b>Met</b>
L78	Restrictive Int. Training	L	3/3						<b>3/3</b>	<b>Met</b>
L79	Restraint training	L	3/3						<b>3/3</b>	<b>Met</b>
L80	Symptoms of illness	L	4/5	1/1	8/8	1/1			<b>14/15</b>	<b>Met (93.33 %)</b>
L81	Medical emergency	L	5/5	1/1	8/8	1/1			<b>15/15</b>	<b>Met</b>
<sup>PH</sup> L82	Medication admin.	L	5/5	1/1		1/1			<b>7/7</b>	<b>Met</b>
L84	Health protect. Training	I	3/3		2/2	1/1			<b>6/6</b>	<b>Met</b>
L85	Supervision	L	4/5	1/1	8/8	1/1			<b>14/15</b>	<b>Met (93.33 %)</b>
L86	Required assessments	I	3/4	1/1	6/7				<b>10/12</b>	<b>Met (83.33 %)</b>
L87	Support strategies	I	4/5	1/1	7/8				<b>12/14</b>	<b>Met (85.71 %)</b>
L88	Strategies implemented	I	5/5	1/1	8/8				<b>14/14</b>	<b>Met</b>
L90	Personal space/ bedroom privacy	I	5/5	1/1	8/8				<b>14/14</b>	<b>Met</b>
L91	Incident management	L	3/5	1/1	8/8	1/1			<b>13/15</b>	<b>Met (86.67 %)</b>
L93 (05/22)	Emergency back-up plans	I	5/5	1/1	8/8	2/2			<b>16/16</b>	<b>Met</b>

L94 (05/22)	Assistive technology	I	4/5	1/1	8/8				<b>13/14</b>	<b>Met (92.86 %)</b>
L96 (05/22)	Staff training in devices and applications	I	3/3		5/5				<b>8/8</b>	<b>Met</b>
L99 (05/22)	Medical monitoring devices	I	1/1						<b>1/1</b>	<b>Met</b>
<b>#Std. Met/# 81 Indicator</b>									<b>71/81</b>	
<b>Total Score</b>									<b>79/91</b>	
									<b>86.81%</b>	

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	0/1	<b>Not Met (0 %)</b>
C2	Data analysis	0/1	<b>Not Met (0 %)</b>
C3	Service satisfaction	1/1	<b>Met</b>
C4	Utilizes input from stakeholders	1/1	<b>Met</b>
C5	Measure progress	0/1	<b>Not Met (0 %)</b>
C6	Future directions planning	1/1	<b>Met</b>

### Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/5	<b>Not Met (60.0 %)</b>
C8	Family/guardian communication	5/5	<b>Met</b>
C9	Personal relationships	5/5	<b>Met</b>
C10	Social skill development	5/5	<b>Met</b>
C11	Get together w/family & friends	5/5	<b>Met</b>
C12	Intimacy	4/5	<b>Met (80.0 %)</b>
C13	Skills to maximize independence	5/5	<b>Met</b>

C14	Choices in routines & schedules	5/5	<b>Met</b>
C15	Personalize living space	5/5	<b>Met</b>
C16	Explore interests	3/4	<b>Met</b>
C17	Community activities	4/4	<b>Met</b>
C18	Purchase personal belongings	5/5	<b>Met</b>
C19	Knowledgeable decisions	5/5	<b>Met</b>
C46	Use of generic resources	4/4	<b>Met</b>
C47	Transportation to/ from community	5/5	<b>Met</b>
C48	Neighborhood connections	5/5	<b>Met</b>
C49	Physical setting is consistent	5/5	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	5/5	<b>Met</b>
C52	Leisure activities and free-time choices /control	5/5	<b>Met</b>
C53	Food/ dining choices	5/5	<b>Met</b>

### Placement Services

<b>Indicator #</b>	<b>Indicator</b>	<b>Met/Rated</b>	<b>Rating</b>
C7	Feedback on staff / care provider performance	8/8	<b>Met</b>
C8	Family/guardian communication	8/8	<b>Met</b>
C9	Personal relationships	8/8	<b>Met</b>
C10	Social skill development	8/8	<b>Met</b>
C11	Get together w/family & friends	8/8	<b>Met</b>
C12	Intimacy	8/8	<b>Met</b>
C13	Skills to maximize independence	8/8	<b>Met</b>
C14	Choices in routines & schedules	8/8	<b>Met</b>
C15	Personalize living space	8/8	<b>Met</b>
C16	Explore interests	8/8	<b>Met</b>
C17	Community activities	8/8	<b>Met</b>
C18	Purchase personal belongings	8/8	<b>Met</b>
C19	Knowledgeable decisions	8/8	<b>Met</b>
C46	Use of generic resources	8/8	<b>Met</b>
C47	Transportation to/ from community	8/8	<b>Met</b>

C48	Neighborhood connections	8/8	<b>Met</b>
C49	Physical setting is consistent	8/8	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	8/8	<b>Met</b>
C52	Leisure activities and free-time choices /control	8/8	<b>Met</b>
C53	Food/ dining choices	8/8	<b>Met</b>

### **Individual Home Supports**

<b>Indicator #</b>	<b>Indicator</b>	<b>Met/Rated</b>	<b>Rating</b>
C7	Feedback on staff / care provider performance	1/1	<b>Met</b>
C8	Family/guardian communication	1/1	<b>Met</b>
C9	Personal relationships	1/1	<b>Met</b>
C10	Social skill development	1/1	<b>Met</b>
C11	Get together w/family & friends	1/1	<b>Met</b>
C12	Intimacy	1/1	<b>Met</b>
C13	Skills to maximize independence	1/1	<b>Met</b>
C14	Choices in routines & schedules	1/1	<b>Met</b>
C16	Explore interests	1/1	<b>Met</b>
C17	Community activities	1/1	<b>Met</b>
C18	Purchase personal belongings	1/1	<b>Met</b>
C19	Knowledgeable decisions	1/1	<b>Met</b>
C21	Coordinate outreach	1/1	<b>Met</b>
C46	Use of generic resources	1/1	<b>Met</b>
C47	Transportation to/ from community	1/1	<b>Met</b>
C48	Neighborhood connections	1/1	<b>Met</b>
C49	Physical setting is consistent	1/1	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	1/1	<b>Met</b>
C52	Leisure activities and free-time choices /control	1/1	<b>Met</b>
C53	Food/ dining choices	1/1	<b>Met</b>