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|  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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| |  |  | | --- | --- | |  |  | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Survey scope and findings for Residential and Individual Home Supports** | | | | | | | **Service Group Type** | **Sample Size** | **Licensure Scope** | **Licensure Level** | **Certification Scope** | **Certification Level** | | **Residential and Individual Home Supports** | 4 location(s) 8 audit (s) | Full Review | 71 / 79 2 Year License 01/25/2017 - 01/25/2019 |  | 43 / 48 Certified 01/25/2017 - 01/25/2019 | | Residential Services | 2 location(s) 6 audit (s) |  |  | Full Review | 17 / 22 | | Individual Home Supports | 2 location(s) 2 audit (s) |  |  | Full Review | 20 / 20 | | Planning and Quality Management |  |  |  | Full Review | 6 / 6 | | |  |  | |

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| |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  |
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| |  | | --- | | Nexus Inc. is a small non-profit agency, located in Woburn. Established in 1972, Nexus provides personalized services to individuals living in its seven 24 hour homes and its Individual Home Supports program. Although the agency was eligible to complete a self-assessment, Nexus chose to have DDS conduct a full licensing and certification survey.   Since the previous survey, the agency has improved in the realm of environmental safety. Specifically, the locations surveyed were found to be clean and well maintained, and all walkways, driveways and other means of egress were in good repair. At one of the sites surveyed, the home was notably equipped with grab bars and other amenities that created a physically accessible environment for individuals with mobility needs. In addition, the indicators in the human rights domain which had not been met during the last cycle have since been ameliorated. For example, surveyors noted that individuals were able to access and keep their own possessions, and there were no restrictive practices in place that unduly restricted the rights of individuals. The agency was found to have an effective Human Rights Committee with the requisite composition and quorum at timely meetings. It was noted that if a member was unable to attend the meetings in person, then the agency committee would utilize technology such as Apple's FaceTime to ensure the absent member's participation in the meeting.   Staff's ability to recognize and support individuals' unique needs was an agency strength. Many of the Assistant Program Directors and IHS staff had been working with the individuals for many years; this coupled with the longevity in tenure of the executive management team contributed to staff knowledge that resulted in positive outcomes for individuals. For example, one of the individuals surveyed had been supported in IHS for many years. Staff recognized emerging healthcare issues compromising her sustained mobility and assisted her in acquiring additional support by relocating to a 24-hour residence. Also notable was the agency staff's open communication with guardians and family as evidenced by survey feedback and individual interview.  Throughout the course of the survey, it was noted that the agency has incorporated many of the new or strengthened standards recently implemented by DDS in response to the Centers for Medicare and Medicaid Services (CMS) requirements of the Community Rule. For example, locks on bedroom doors afforded individuals with additional privacy; a choice of dining options was fully supported; and individuals were supported to make choices in schedules and routines, as well as purchasing personal belongings and utilizing generic resources in the community.   The agency has successfully integrated assistive technology and unique modifications into individuals' lives to maximize independence according to individual assessment of needs. For example, many of the individuals utilized electric razors, electric toothbrushes and iPads to increase their independence in successfully accomplishing daily living skills with less reliance on staff support. In one household, staff had assisted an individual with labeling her bureau drawers in an effort to improve her ability to put her clothes away. In another instance, staff recognized that an individual's mobility and range of motion was decreasing and assisted her in purchasing a long handled hair washer to help her reach to shampoo her hair.   Some areas requiring further attention were identified during the survey. The overarching issue present in this survey was a lack of formal systems resulting in inconsistency in practices, documentation and support services. As a result, in one of the 24 hour homes that was surveyed, there was clear evidence of daily, individualized activities and documentation of staff attempts to connect individuals with community-based and personalized activities and events outside of the home. However, in the other 24 hour residence, it was difficult to ascertain the extent of interpersonal relationship cultivation or community-based activities due to lack of systems to demonstrate support provided. The agency has demonstrated the existence of various committees and would benefit from utilizing the knowledge gleaned from them to foster best practices on an agency-wide scope.   In the area of licensure, several distinct items were noted. Emergency fact sheets need to list all required components, some of which were missing at one 24 hour location. In that same location, the hot water temperature tested beyond the allowable limits and an action was issued; however, the temperature was corrected onsite. In addition, staff need to ensure that protective and supportive devices and medication treatment plans contain the required components and are reviewed by the appropriate entities. For medication treatment plans, data should be collected according to outlined clinical course of treatment. In the financial realm, individuals need to have a financial management plan in place when the agency has shared or delegated money management responsibility. Lastly, the agency needs to ensure that support strategies identified and agreed upon in the Individual Service Plan (ISP) for which the provider has designated responsibility are being implemented.   In the area of certification, the agency needs to further assist individuals to develop relationships, enhance friendships and explore, define and express their need for intimacy and companionship. While it was evident that staff encouraged individuals to visit with family/guardians, efforts to assist individuals to broaden their relationships with individuals other than paid staff or family were not noted at all locations. While staff is familiar with the individuals' preferences and support needs within the residences, further assessment and exploration of each person's interests for cultural, social, recreational and spiritual needs in both the neighborhood and the larger community would be beneficial to individuals supported  As a result of this review, Nexus's Residential Services Program received a rating of met in 90% of licensing indicators with all critical indicators met. The agency met 90% of certification indicators reviewed. As a result, the agency will receive a Two Year License for Residential / Individual Home Service Grouping and is Certified. Follow-up on all not met licensing indicators will be conducted by Nexus within 60 days from the Service Enhancement Meeting (SEM). | | |  |

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| |  |  |  | | --- | --- | --- | |  |  |  | | |  | | --- | | **LICENSURE FINDINGS** | |  |  | |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **6/7** | **1/7** |  | | **Residential and Individual Home Supports** | **65/72** | **7/72** |  | | Residential Services  Individual Home Supports |  |  |  | | **Critical Indicators** | **8/8** | **0/8** |  | | **Total** | **71/79** | **8/79** | **90%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **8** |  | | |  | |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | **Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | L76 | The agency has and utilizes a system to track required trainings. | Two of the seven staff reviewed had not received required trainings. The agency needs to ensure that all staff receive the required mandatory trainings prior to working directly with individuals. (one corrected) | | | | | |  |
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| |  | | --- | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  | |  | |  | **Residential Areas Needing Improvement on Standards not met/Follow-up to occur:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | L8 | Emergency fact sheets are current and accurate and available on site. | For several individuals surveyed, emergency fact sheets did not contain all the required components. The agency needs to ensure that emergency fact sheets contain required components, including the height and weight of the individual. | |  | L15 | Hot water temperature tests between 110 and 130 degrees. | For one home surveyed, hot water temperatures measured outside of the acceptable temperature range (corrected). The provider needs to ensure that hot water temperatures at sinks are between 110 - 120 degrees, and at shower between 110 - 112 degrees. | |  | L61 | Supports and health related protections are included in ISP assessments and the continued need is outlined. | For one individual surveyed, several supportive devices were being utilized, however these were not included in the individual's ISP. The provider needs to ensure that when any health related protections are being utilized, they are clearly outlined in the ISP and articulated in a written plan for implementation. Required components include a determination that the measure is the least restrictive means of achieving a therapeutic outcome. The plan should also specify the device to be used, indications for use, discontinuance, the alternatives considered, the frequency and duration of use, procedures for safety checks, and the qualified professional supervising the use of the device. | |  | L62 | Supports and health related protections are reviewed by the required groups. | The provider needs to ensure that when supportive and/or protective devices are utilized, the required reviews occur. At a minimum, ISP review is required, and when there is a restrictive component to the device, human rights committee review is required. | |  | L63 | Medication treatment plans are in written format with required components. | For three individuals surveyed taking behavior modifying medication, plans did not include all required components, and data collection was not occurring. The provider needs to ensure that medication treatment plans contain all required components, including a general clinical plan for the use of the medication, such as criteria for re-evaluating or adjusting the medication. Data collection also needs to occur for each observable behavior identified within medication treatment plans. | |  | L67 | There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility. | For three individuals surveyed, money management plans were either lacking required components, or were not present. The provider needs to ensure that when the agency has shared or delegated money management responsibilities, there is a written money management plan in place that includes some level of detail regarding what typical expenditures are important to the individual, and what amounts of money are typically budgeted for these expenditures. Plans should also identify what amount of money the individual is capable of managing independently; teaching plans should be designed to increase skills and abilities in the realm of money management. | |  | L88 | Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented. | For two individuals surveyed, data collection was not occurring for ISP objectives. The provider needs to ensure that ISP goals are implemented as described within the implementation strategy, and that data collection occurs. Data should be collected in terms of the measurement criteria identified in the objective (for example, the number of prompts given during a training session). | | |  | |  |  |

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This may include peers with whom the individual works, a desire to re-acquaint with former friends, or expanding relationships with others with whom the individual has a shared interest during an event, place of worship, or attendance at a club. Individuals should be supported to increase personal relationships by encouraging them to make arrangements to see people and to engage in activities that promote the development of relationships like invitations to the home. Staff should assist individuals to be "good friends"; for example, supporting them to call friends on birthdays or check in with them when they are sick. Individuals should be consistently supported to develop and/or increase opportunities for social contact, and staff should be able to articulate strategies and identify specific steps being taken towards this achieving this goal. | |  | C12 | Individuals are supported to explore, define, and express their need for intimacy and companionship. | For three individuals surveyed, neither formal nor informal assessments of the individuals' needs and interests in the area of intimacy and companionship were present. The agency needs to ensure that staff are knowledgeable of the individuals' needs and interests in this area, and that individuals receive support in these identified areas. Education provided to individuals should be geared to the individuals' learning style. The provider must either have appropriately trained staff and use a teaching curriculum, or have access to resources that support learning in this area. | |  | C16 | Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities. | For two individuals surveyed, there was no evidence that the process of exploration, discovery, and participation of integrated cultural, social, recreational and spiritual activities was occurring. Activities occurring outside of the home were limited in variety and were usually limited to accessing local community resources. The agency needs to ensure that efforts are made to expose individuals to a broad range of activities that contribute to rich and varied lives, and determine which of these activities are of interest to the individual. The agency also needs to ensure that individuals are supported in such a way as to potentially broaden each individual's knowledge of potential options that they may not be aware of. Individuals could be supported to explore their ethnicity or interest in religious or spiritual involvement. Hobbies such as baking or doll collecting are areas in which individuals can be supported to join clubs. The local senior center may offer activities of interest to elder individuals. | |  | C17 | Community activities are based on the individual's preferences and interests. | The agency needs to ensure that individuals are provided with frequent opportunities to engage in community activities that are in line with the individual's preferences and interests. For instance, based on the individual's preferences, the use of the community for cultural, social, recreational and spiritual activities must be encouraged. Adult education classes, neighborhood meetings and gatherings, seminars, social/recreational clubs and groups are all potential areas of participation. | |  | C48 | Individuals are a part of the neighborhood. | For three individuals surveyed, there was minimal opportunity for individuals to establish connections with their neighbors. The agency needs to ensure that individuals are supported to connect with their neighbors through a variety of mechanisms, for example, participation in formal activities such as block parties, clean up days or yard sales, and more spontaneous opportunities such as walking in the neighborhood and waving to neighbors, or bringing holiday cookies to new neighbors. Individuals may also be supported to become part of their larger community by being supported to be involved in local politics such as signing petitions to support local movements, participation in town meetings, or developing a familiarity with the town offices and polling places. | |  |  |  |  | | |  | |  |

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Sup.** | **ABI-MFP Place.** | **Total Met/Rated** | **Rating** | |  | L1 | Abuse/neglect training | I | 6/6 | 2/2 |  |  |  |  | **8/8** | **Met** | |  | L5 | Safety Plan | L | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L6 | Evacuation | L | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L7 | Fire Drills | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L8 | Emergency Fact Sheets | I | 3/6 | 2/2 |  |  |  |  | **5/8** | **Not Met (62.50 %)** | |  | L9 | Safe use of equipment | L | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L10 | Reduce risk interventions | I | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L11 | Required inspections | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L12 | Smoke detectors | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L13 | Clean location | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L14 | Site in good repair | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L15 | Hot water | L | 1/2 |  |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L16 | Accessibility | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L17 | Egress at grade | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L18 | Above grade egress | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L19 | Bedroom location | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L20 | Exit doors | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L21 | Safe electrical equipment | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L22 | Clean appliances | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L23 | Egress door locks | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L24 | Locked door access | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L25 | Dangerous substances | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L26 | Walkway safety | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L28 | Flammables | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L29 | Rubbish/combustibles | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L30 | Protective railings | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L31 | Communication method | I | 6/6 | 2/2 |  |  |  |  | **8/8** | **Met** | |  | L32 | Verbal & written | I | 6/6 | 2/2 |  |  |  |  | **8/8** | **Met** | |  | L33 | Physical exam | I | 6/6 | 2/2 |  |  |  |  | **8/8** | **Met** | |  | L34 | Dental exam | I | 6/6 | 2/2 |  |  |  |  | **8/8** | **Met** | |  | L35 | Preventive screenings | I | 5/6 | 2/2 |  |  |  |  | **7/8** | **Met (87.50 %)** | |  | L36 | Recommended tests | I | 6/6 | 2/2 |  |  |  |  | **8/8** | **Met** | |  | L37 | Prompt treatment | I | 6/6 | 2/2 |  |  |  |  | **8/8** | **Met** | |  | L38 | Physician's orders | I | 4/4 |  |  |  |  |  | **4/4** | **Met** | |  | L39 | Dietary requirements | I | 6/6 | 2/2 |  |  |  |  | **8/8** | **Met** | |  | L40 | Nutritional food | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L41 | Healthy diet | L | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L42 | Physical activity | L | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L43 | Health Care Record | I | 6/6 | 2/2 |  |  |  |  | **8/8** | **Met** | |  | L44 | MAP registration | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L45 | Medication storage | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L46 | Med. Administration | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L47 | Self medication | I | 6/6 | 2/2 |  |  |  |  | **8/8** | **Met** | |  | L49 | Informed of human rights | I | 6/6 | 2/2 |  |  |  |  | **8/8** | **Met** | |  | L50 | Respectful Comm. | L | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L51 | Possessions | I | 6/6 | 2/2 |  |  |  |  | **8/8** | **Met** | |  | L52 | Phone calls | I | 6/6 | 2/2 |  |  |  |  | **8/8** | **Met** | |  | L53 | Visitation | I | 6/6 | 2/2 |  |  |  |  | **8/8** | **Met** | |  | L54 | Privacy | L | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L55 | Informed consent | I | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L56 | Restrictive practices | I | 3/3 |  |  |  |  |  | **3/3** | **Met** | |  | L61 | Health protection in ISP | I | 0/1 | 1/1 |  |  |  |  | **1/2** | **Not Met (50.0 %)** | |  | L62 | Health protection review | I | 0/1 | 0/1 |  |  |  |  | **0/2** | **Not Met (0 %)** | |  | L63 | Med. treatment plan form | I | 2/5 |  |  |  |  |  | **2/5** | **Not Met (40.0 %)** | |  | L64 | Med. treatment plan rev. | I | 4/5 |  |  |  |  |  | **4/5** | **Met (80.0 %)** | |  | L67 | Money mgmt. plan | I | 2/5 | 2/2 |  |  |  |  | **4/7** | **Not Met (57.14 %)** | |  | L68 | Funds expenditure | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L69 | Expenditure tracking | I | 5/5 |  |  |  |  |  | **5/5** | **Met** | |  | L70 | Charges for care calc. | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L71 | Charges for care appeal | I | 6/6 |  |  |  |  |  | **6/6** | **Met** | |  | L77 | Unique needs training | I | 6/6 | 2/2 |  |  |  |  | **8/8** | **Met** | |  | L78 | Restrictive Int. Training | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L79 | Restraint training | L | 1/1 |  |  |  |  |  | **1/1** | **Met** | |  | L80 | Symptoms of illness | L | 1/2 | 2/2 |  |  |  |  | **3/4** | **Met** | |  | L81 | Medical emergency | L | 1/2 | 2/2 |  |  |  |  | **3/4** | **Met** | |  | L82 | Medication admin. | L | 2/2 |  |  |  |  |  | **2/2** | **Met** | |  | L84 | Health protect. Training | I | 1/1 | 1/1 |  |  |  |  | **2/2** | **Met** | |  | L85 | Supervision | L | 2/2 | 2/2 |  |  |  |  | **4/4** | **Met** | |  | L86 | Required assessments | I | 3/4 | 2/2 |  |  |  |  | **5/6** | **Met (83.33 %)** | |  | L87 | Support strategies | I | 2/3 | 2/2 |  |  |  |  | **4/5** | **Met (80.0 %)** | |  | L88 | Strategies implemented | I | 4/6 | 2/2 |  |  |  |  | **6/8** | **Not Met (75.00 %)** | |  | L90 | Personal space/ bedroom privacy | I | 6/6 | 2/2 |  |  |  |  | **8/8** | **Met** | |  | **#Std. Met/# 72 Indicator** |  |  |  |  |  |  |  |  | **65/72** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **71/79** |  | |  |  |  |  |  |  |  |  |  |  | **89.87%** |  | | | | | |  |
|  |  |  |  |  |  |
|  | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | | |  |  |  |
|  |  |  |  |  |  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Certification - Planning and Quality Management** | | | | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating** | |  | C1 | Provider data collection | 1/1 | **Met** | |  | C2 | Data analysis | 1/1 | **Met** | |  | C3 | Service satisfaction | 1/1 | **Met** | |  | C4 | Utilizes input from stakeholders | 1/1 | **Met** | |  | C5 | Measure progress | 1/1 | **Met** | |  | C6 | Future directions planning | 1/1 | **Met** | |  |  |  |  |  | | | | | |  |
|  |  |  |  |  |  |
| |  |  |  |  | | --- | --- | --- | --- | | **Individual Home Supports** | | | | | **Indicator #** | **Indicator** | **Met/Rated** | **Rating** | | C7 | Feedback on staff performance | 2/2 | **Met** | | C8 | Family/guardian communication | 2/2 | **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 | 2/2 | **Met** | | C14 | Choices in routines & schedules | 2/2 | **Met** | | C16 | Explore interests | 2/2 | **Met** | | C17 | Community activities | 2/2 | **Met** | | C18 | Purchase personal belongings | 2/2 | **Met** | | C19 | Knowledgeable decisions | 2/2 | **Met** | | C20 | Emergency back-up plans | 2/2 | **Met** | | C21 | Coordinate outreach | 2/2 | **Met** | | C46 | Use of generic resources | 2/2 | **Met** | | C47 | Transportation to/ from community | 2/2 | **Met** | | C51 | Ongoing satisfaction with services/ supports | 2/2 | **Met** | | C52 | Leisure activities and free-time choices /control | 2/2 | **Met** | | C53 | Food/ dining choices | 2/2 | **Met** | | C54 | Assistive technology | 2/2 | **Met** | | **Residential Services** | | | | | **Indicator #** | **Indicator** | **Met/Rated** | **Rating** | | C7 | Feedback on staff performance | 6/6 | **Met** | | C8 | Family/guardian communication | 6/6 | **Met** | | C9 | Personal relationships | 3/6 | **Not Met (50.0 %)** | | C10 | Social skill development | 6/6 | **Met** | | C11 | Get together w/family & friends | 6/6 | **Met** | | C12 | Intimacy | 3/6 | **Not Met (50.0 %)** | | C13 | Skills to maximize independence | 6/6 | **Met** | | C14 | Choices in routines & schedules | 6/6 | **Met** | | C15 | Personalize living space | 2/2 | **Met** | | C16 | Explore interests | 3/5 | **Not Met (60.0 %)** | | C17 | Community activities | 4/6 | **Not Met (66.67 %)** | | C18 | Purchase personal belongings | 6/6 | **Met** | | C19 | Knowledgeable decisions | 6/6 | **Met** | | C20 | Emergency back-up plans | 2/2 | **Met** | | C46 | Use of generic resources | 6/6 | **Met** | | C47 | Transportation to/ from community | 6/6 | **Met** | | C48 | Neighborhood connections | 3/6 | **Not Met (50.0 %)** | | C49 | Physical setting is consistent | 2/2 | **Met** | | C51 | Ongoing satisfaction with services/ supports | 6/6 | **Met** | | C52 | Leisure activities and free-time choices /control | 6/6 | **Met** | | C53 | Food/ dining choices | 6/6 | **Met** | | C54 | Assistive technology | 6/6 | **Met** | |  |  |  |  | | | | |  |  |