

PROVIDER REPORT FOR

NUPATH 147 New Boston Street Woburn, MA 01801

Version

Public Provider Report

Prepared by the Department of Developmental Services OFFICE OF QUALITY ENHANCEMENT

SUMMARY OF OVERALL FINDINGS

Provider	NUPATH
Review Dates	11/29/2023 - 12/7/2023
Service Enhancement Meeting Date	12/18/2023
Survey Team	Anne Carey
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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	7 location(s) 7 audit (s)	Full Review	86/90 2 Year License 12/18/2023 - 12/18/2025		38 / 40 Certified 12/18/2023 - 12/18/2025
Residential Services	5 location(s) 5 audit (s)			Deemed	
Placement Services	1 location(s) 1 audit (s)			Full Review	20 / 20
Individual Home Supports	1 location(s) 1 audit (s)			Full Review	18 / 20
Planning and Quality Management (For all service groupings)				Deemed	

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	5 location(s) 18 audit (s)	Full Review	64/69 2 Year License 12/18/2023 - 12/18/2025		Certified 12/18/2023 - 12/18/2025
Community Based Day Services	3 location(s) 11 audit (s)			Deemed	
Employment Support Services	2 location(s) 7 audit (s)			Deemed	
Planning and Quality Management (For all service groupings)				Deemed	

EXECUTIVE SUMMARY :

NuPath is a not-for-profit human service organization based in Woburn, Massachusetts. For more than 50 years the agency has been providing supports to individuals with varied clinical, intellectual, physical and developmental disabilities. The agency provides both residential and day supports. Individuals reside in the agency's 24-hour residential programs, Shared Living/Placement Supports and Individual Home Supports programs. The agency's day service includes Employment Supports, Community-Based Day Supports (CBDS) and Day Habilitation.

The scope of this survey conducted by the Office of Quality Enhancement (OQE) was a full licensing review of its Residential Services grouping and its CBDS and Employment service Grouping. As the agency is also accredited by CARF, NuPath chose to utilize the results of that previous review for the certification indicators for 24-hour residential programs, as well as CBDS and Employment Supports. Certification indicators were reviewed by DDS/OQE for both Shared Living/Placement and Individual Home Supports.

Within the agency's Residential Services, the agency had implemented several systems to ensure that health and safety practices were consistently followed. Within the domain of medical care, medication was consistently being administered according to physician orders and staff were knowledgeable about the implementation of individualized medical protocols. In addition, all annual physical exams, dental visits and recommended preventive screenings were occurring in a timely manner. With regard to safety, individuals were being evacuated within the requisite timeframe, inspections were up-to-date, and all the homes were clean and well maintained.

Another identified strength of the agency is the focus on health maintenance through a well-balanced diet and encouraging a healthy lifestyle. Many of the individuals enjoyed walking in their neighborhoods or using treadmills to maintain fitness. Staff were also actively educating individuals about healthy eating choices, as evidenced by nutritious and varied food availability in the homes. In addition, the agency had recently implemented the My25 Choice pilot program that offers customizable menu planning, grocery shopping, and recipe resources that take into consideration individuals surveyed had lost significant amounts of weight, resulting in positive overall health outcomes, including a reduction in reliance on medication.

Across the Residential Service Grouping, agency staff exhibited a high level of understanding of unique support needs and preferences. For example, this was particularly evident in one home in which staff had the individual's laptop space ready upon his return from work so as to support his afternoon routine. Although restrictive practices were in place in some locations, these restrictions were regularly reviewed and implemented to create the least restrictive environment whilst focusing on safety and positive behavioral supports. For example, in one home, staff reported some of the residents had been experiencing challenging issues resulting in property destruction. Staff had demonstrated proactive innovation by assisting the individuals to decorate their home with vibrant seasonal decals and shatterproof décor that preserved the beauty and integrity of the individuals' living space.

In the agency's Day Supports, effective systems were in place in several licensing domains, including safe use of equipment, disaster protocols and emergency back-up plans, and respectful communication. In addition, there was a comprehensive medical system in place to ensure that individuals received all medication as prescribed and emergent medical attention when warranted. Where required, medical protocols had been developed and staff were trained in their implementation. Staff were also found to be knowledgeable of each individual's unique needs. This was particularly evident in the competitive employment program, where job coaches had been working with the individuals for quite some time and demonstrated the ability to provide additional support in the workplace due to increased anxiety or other conditions as necessary, as well as fading

those supports to encourage independence and empowerment.

Overall, staff were receiving effective supervision in several areas, including working on ISP objectives, implementing behavioral interventions, and recognizing and acting accordingly in emergency medical situations. Staff were consistently utilizing the Navigating Life app to communicate life events to guardians and family in "real time" and to track outcomes, progress and behavioral data. At the organizational level, NuPath had an effective system to train employees in DDS mandatory areas and site-specific protocols. The agency also has a fully constituted Human Rights Committee that reviewed all restrictive practices, agency policies affecting human rights, and DPPC complaints and investigations.

Several areas requiring further attention were identified during the survey. On an organizational level, in the area of restraint reporting, the agency needs to ensure that restraint reports are submitted and finalized within required timeframes. Within the agency's residential programs, the agency needs to ensure that medication treatment plans include all required components, including data collection on observable target behaviors and a description of the general clinical plan for the use of the medication. In addition, the agency needs to ensure that incident reports are entered into HCSIS and reviewed as required by DDS regulations. Also, individuals' assistive technology needs should be fully assessed to ensure that individuals are supported to become more independent. Lastly, in the Certification realm for Placement Services, the agency needs to focus on assessing the needs for intimacy, sexuality and companionship and ensure that supporters demonstrate knowledge of those needs. For Individual Home Supports, individuals should be afforded an opportunity to explore their interests in the community and engage in them on a consistent and ongoing basis.

Within CBDS and Employment Services, areas for the agency to further strengthen include ensuring that all Emergency Fact Sheets contain the required components and that incident reports are reviewed and reported in HCSIS within required time frames. Also, increased focus is needed to ensure individual safety relative to running fire drills as outlined within Safety Plans. Lastly, the agency needs to ensure all individuals are fully assessed in the area of assistive technology to increase individual levels of independence.

Within the Residential Services/Placement and Individual Home Supports programs NuPath received a rating of met in 96% of licensing indicators and all critical indicators were met. The agency will receive a Two-Year License for Residential Services/Placement/Individual Home Supports. For Certification, the agency met 95% of all certification indicators and is fully certified in Placement and Individual Home Supports.

Within the Employment and Day Supports program, the agency met 93% of all licensing indicators, including all critical indicators. As a result, the agency will receive a Two-Year License for its Employment and Day Supports program. NuPath will complete its own follow-up on licensing indicators not met during the survey for both Service Groups, to be submitted to OQE within 60 days of the Service Enhancement Meeting.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Residential and Individual Home Supports	77/80	3/80	
Residential Services Individual Home Supports Placement Services			
Critical Indicators	8/8	0/8	
Total	86/90	4/90	96%
2 Year License			
# indicators for 60 Day Follow-up		4	

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Employment and Day Supports	55/59	4/59	
Community Based Day Services Employment Support Services			
Critical Indicators	8/8	0/8	
Total	64/69	5/69	93%
2 Year License			
# indicators for 60 Day Follow-up		5	

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

Indicator #	Indicator	Area Needing Improvement
	timelines.	Twenty-nine restraint reports were not submitted within required timelines either at the initial input and/or finalization level within HCSIS. The agency needs to ensure that restraint reports are submitted within required timelines.

Indicator #	Indicator	Area Needing Improvement
L63	Medication treatment plans are in written format with required components.	Two individuals had medication treatment plans that did not include all required components. Plans either did not outline what the medication is intending to treat in behavioral terms, were missing baseline or historical data and/or the clinical plan for the course of treatment, or consistent data for the treating provider to assess the effectiveness of the plan with a process to reduce or fade the need for the medication. The agency needs to ensure all medication treatment plans are written with the required components.
L91	Incidents are reported and reviewed as mandated by regulation.	Two locations had incidents that were not reported or reviewed as mandated by regulation. The agency needs to ensure that all incidents are reported and reviewed according to regulatory timelines.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Four individuals had not yet been thoroughly assessed in the area of Assistive Technology (AT), to determine if they would benefit from the addition of AT to increase their level of independence. The agency needs to ensure all individuals are fully assessed in the area of Assistive Technology. The agency also needs to ensure that when an assessment identifies areas of need, each individual is then supported to obtain and use Assistive Technology as identified within the assessment in a timely manner.

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

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

Indicator #	Indicator	Area Needing Improvement
L7	Fire drills are conducted as required.	At two locations, fire drills were not conducted as outlined in the safety plan. The agency needs to ensure that fire drills are held as scheduled in the safety plan, and that staff ratios are followed during drills.
L8	Emergency fact sheets are current and accurate and available on site.	For four individuals, Emergency Fact Sheets did not contain required and/or current information, including all relevant medical information, such as medical diagnoses. The agency needs to ensure that all Emergency Fact Sheets contains current and complete information.
L91	Incidents are reported and reviewed as mandated by regulation.	Two locations had incidents that were not reported or reviewed as mandated by regulation. The agency needs to ensure that all incidents are reported and reviewed according to regulatory timelines.

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

Indicator #	Indicator	Area Needing Improvement
L94 (05/22)	Individuals have assistive technology to maximize independence.	Thirteen individuals had not yet been thoroughly assessed in the area of Assistive Technology (AT), to determine if they would benefit from the addition of AT to increase their level of independence. The agency needs to ensure all individuals are fully assessed in the area of Assistive Technology. The agency also needs to ensure that when an assessment identifies areas of need, each individual is then supported to obtain and use Assistive Technology as identified within the assessment in a timely manner.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Residential and Individual Home Supports	38/40	2/40	
Individual Home Supports	18/20	2/20	
Placement Services	20/20	0/20	
Total	38/40	2/40	95%
Certified			

	Met / Rated	Not Met / Rated	% Met
Employment and Day Supports			
Total			
Certified			

Individual Home Supports- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For one individual, the agency did not have curriculum to assess and support this individual to explore, define and express his need for intimacy and companionship. The agency needs to ensure all individuals are assessed to identify their level of understanding and interest in being supported to explore, define and express their need for companionship and intimacy. Support and education should be tailored to the learning style and ability of each individual.
C17	Community activities are based on the individual's preferences and interests.	For one individual, community activities based on identified areas of interest and preference did not occur regularly. The agency needs to ensure that individuals are supported to explore their interests and engage in them consistently.

MASTER SCORE SHEET LICENSURE

Organizational: NUPATH

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
₽ L2	Abuse/neglect reporting	17/17	Met
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	1/1	Met
L65	Restraint report submit	61/90	Not Met(67.78 %)
L66	HRC restraint review	90/90	Met
L74	Screen employees	5/5	Met
L75	Qualified staff	2/2	Met
L76	Track trainings	20/20	Met
L83	HR training	20/20	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/Rat ed	Rating
L1	Abuse/n eglect training	I	5/5	1/1	1/1				7/7	Met
L5	Safety Plan	L	5/5	1/1	1/1				7/7	Met
^ፑ L6	Evacuat ion	L	5/5	1/1	1/1				7/7	Met
L7	Fire Drills	L	5/5						5/5	Met
L8	Emerge ncy Fact Sheets	I	4/5	1/1	1/1				6/7	Met (85.71 %)
L9 (07/21)	Safe use of equipm ent	I	5/5	1/1					6/6	Met
L10	Reduce risk interven tions	I	3/3						3/3	Met
₽ L11	Require d inspecti ons	L	5/5	1/1	1/1				7/7	Met
₽ L12	Smoke detector s	L	5/5	1/1	1/1				7/7	Met
^{թ.} L13	Clean location	L	5/5	1/1	1/1				7/7	Met
L14	Site in good repair	L	5/5	1/1	1/1				7/7	Met
L15	Hot water	L	4/5	1/1	1/1				6/7	Met (85.71 %)
L16	Accessi bility	L	5/5		1/1				6/6	Met
L17	Egress at grade	L	5/5		1/1				6/6	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	4/5		1/1				5/6	Met (83.33 %)
L19	Bedroo m location	L	3/3		1/1				4/4	Met
L20	Exit doors	L	5/5						5/5	Met
L21	Safe electrica I equipm ent	L	5/5	1/1	1/1				7/7	Met
L22	Well- maintai ned applianc es	L	5/5	1/1	1/1				7/7	Met
L23	Egress door locks	L	5/5	1/1					6/6	Met
L24	Locked door access	L	5/5	1/1	1/1				7/7	Met
L25	Danger ous substan ces	L	5/5	1/1					6/6	Met
L26	Walkwa y safety	L	5/5	1/1	1/1				7/7	Met
L27	Pools, hot tubs, etc.	L			1/1				1/1	Met
L28	Flamma bles	L	5/5	1/1					6/6	Met
L29	Rubbish /combu stibles	L	5/5	1/1	1/1				7/7	Met
L30	Protecti ve railings	L	5/5	1/1	1/1				7/7	Met
L31	Commu nication method	I	5/5	1/1	1/1				7/7	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
L32	Verbal & written	I	5/5	1/1	1/1				7/7	Met
L33	Physical exam	I	5/5	1/1	1/1				7/7	Met
L34	Dental exam	I	5/5	1/1	1/1				7/7	Met
L35	Preventi ve screenin gs		4/4	1/1	1/1				6/6	Met
L36	Recom mended tests	I	5/5	1/1	1/1				7/7	Met
L37	Prompt treatme nt	I	5/5	1/1	1/1				7/7	Met
₽ L38	Physicia n's orders	I	5/5	1/1					6/6	Met
L39	Dietary require ments	I	2/2						2/2	Met
L40	Nutrition al food	L	5/5	1/1					6/6	Met
L41	Healthy diet	L	5/5	1/1	1/1				7/7	Met
L42	Physical activity	L	5/5	1/1	1/1				7/7	Met
L43	Health Care Record	I	5/5	1/1	1/1				7/7	Met
L44	MAP registrat ion	L	5/5	1/1					6/6	Met
L45	Medicati on storage	L	5/5	1/1					6/6	Met
[₽] L46	Med. Adminis tration	I	5/5	1/1	1/1				7/7	Met
L47	Self medicati on	I	1/1		1/1				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	5/5	1/1	1/1				7/7	Met
L50 (07/21)	Respect ful Comm.	I	5/5	1/1	1/1				7/7	Met
L51	Possess ions	I	5/5	1/1	1/1				7/7	Met
L52	Phone calls	I	5/5	1/1	1/1				7/7	Met
L53	Visitatio n	I	5/5	1/1	1/1				7/7	Met
L54 (07/21)	Privacy	I	5/5	1/1	1/1				7/7	Met
L56	Restricti ve practice s	I	4/4						4/4	Met
L57	Written behavio r plans	I	4/4						4/4	Met
L58	Behavio r plan compon ent	I	4/4						4/4	Met
L59	Behavio r plan review	I	2/2						2/2	Met
L60	Data mainten ance	I	4/4						4/4	Met
L61	Health protecti on in ISP	I	3/3						3/3	Met
L62	Health protecti on review	I	3/3						3/3	Met
L63	Med. treatme nt plan form	I	3/5	1/1	1/1				5/7	Not Met (71.43 %)

Ind. #	Ind.	Loc. or Indiv	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L64	Med. treatme nt plan rev.	I	4/5	1/1	1/1				6/7	Met (85.71 %)
L67	Money mgmt. plan	I	5/5	1/1	1/1				7/7	Met
L68	Funds expendi ture	I	5/5	1/1	1/1				7/7	Met
L69	Expendi ture tracking	I	5/5	1/1	1/1				7/7	Met
L70	Charges for care calc.	I	5/5	1/1	1/1				7/7	Met
L71	Charges for care appeal	I	5/5	1/1	1/1				7/7	Met
L77	Unique needs training	I	5/5	1/1	1/1				7/7	Met
L78	Restricti ve Int. Training	L	4/4	1/1					5/5	Met
L79	Restrain t training	L	4/4	1/1					5/5	Met
L80	Sympto ms of illness	L	5/5	1/1	1/1				7/7	Met
L81	Medical emerge ncy	L	5/5	1/1	1/1				7/7	Met
[િ] L82	Medicati on admin.	L	5/5	1/1					6/6	Met
L84	Health protect. Training	I	3/3						3/3	Met
L85	Supervi sion	L	5/5	1/1	1/1				7/7	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
L86	Require d assess ments	I	3/4	1/1	1/1				5/6	Met (83.33 %)
L87	Support strategi es	I	3/4	1/1	1/1				5/6	Met (83.33 %)
L88	Strategi es implem ented	I	5/5	0/1	1/1				6/7	Met (85.71 %)
L90	Persona I space/ bedroo m privacy	I	5/5	1/1	1/1				7/7	Met
L91	Incident manage ment	L	3/5	1/1	1/1				5/7	Not Met (71.43 %)
L93 (05/22)	Emerge ncy back-up plans	I	5/5	1/1	1/1				7/7	Met
L94 (05/22)	Assistiv e technol ogy	I	2/5	0/1	1/1				3/7	Not Met (42.86 %)
L96 (05/22)	Staff training in devices and applicati ons	I	3/3	1/1	1/1				5/5	Met
#Std. Met/# 80 Indicat or									77/80	
Total Score									86/90	
									95.56%	

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	7/7		11/11	18/18	Met
L5	Safety Plan	L			3/3	3/3	Met
[₽] L6	Evacuation	L			3/3	3/3	Met
L7	Fire Drills	L			1/3	1/3	Not Met (33.33 %)
L8	Emergency Fact Sheets	I	5/7		9/11	14/18	Not Met (77.78 %)
L9 (07/21) Safe use of equipment	I	7/7		11/11	18/18	Met
L10	Reduce risk interventions	I			3/3	3/3	Met
ନ୍ L11	Required inspections	L			3/3	3/3	Met
[િ] L12	Smoke detectors	L			3/3	3/3	Met
₽ L13	Clean location	L			3/3	3/3	Met
L14	Site in good repair	L			3/3	3/3	Met
L15	Hot water	L			3/3	3/3	Met
L16	Accessibility	L			3/3	3/3	Met
L17	Egress at grade	L			3/3	3/3	Met
L18	Above grade egress	L			1/1	1/1	Met
L20	Exit doors	L			3/3	3/3	Met
L21	Safe electrical equipment	L			3/3	3/3	Met
L22	Well- maintained appliances	L			3/3	3/3	Met
L25	Dangerous substances	L			3/3	3/3	Met
L26	Walkway safety	L			3/3	3/3	Met
L28	Flammables	L			3/3	3/3	Met
L29	Rubbish/comb ustibles	L			3/3	3/3	Met
L30	Protective railings	L			2/2	2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L31	Communicatio n method	I	7/7		11/11	18/18	Met
L32	Verbal & written	I	7/7		11/11	18/18	Met
L37	Prompt treatment	I	7/7		11/11	18/18	Met
[₽] L38	Physician's orders	I	1/1		9/9	10/10	Met
L39	Dietary requirements	I			1/1	1/1	Met
L44	MAP registration	L			3/3	3/3	Met
L45	Medication storage	L			3/3	3/3	Met
^ክ L46	Med. Administration	I			10/10	10/10	Met
L49	Informed of human rights	I	7/7		11/11	18/18	Met
L50 (07/21)	Respectful Comm.	I	7/7		11/11	18/18	Met
L51	Possessions	I	7/7		11/11	18/18	Met
L52	Phone calls	I	7/7		11/11	18/18	Met
L54 (07/21)	Privacy	I	7/7		11/11	18/18	Met
L55	Informed consent	I	1/1		1/1	2/2	Met
L57	Written behavior plans	I			3/3	3/3	Met
L58	Behavior plan component	I			3/3	3/3	Met
L60	Data maintenance	I			3/3	3/3	Met
L61	Health protection in ISP	I			2/2	2/2	Met
L62	Health protection review	I			1/1	1/1	Met
L63	Med. treatment plan form	I			6/6	6/6	Met
L64	Med. treatment plan rev.	I			6/6	6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L77	Unique needs training	I	7/7		11/11	18/18	Met
L79	Restraint training	L	2/2		3/3	5/5	Met
L80	Symptoms of illness	L	2/2		3/3	5/5	Met
L81	Medical emergency	L	2/2		3/3	5/5	Met
₽ L82	Medication admin.	L			3/3	3/3	Met
L84	Health protect. Training	I			2/2	2/2	Met
L85	Supervision	L	2/2		3/3	5/5	Met
L86	Required assessments	I	3/3		6/7	9/10	Met (90.0 %)
L87	Support strategies	I	3/3		6/7	9/10	Met (90.0 %)
L88	Strategies implemented	I	5/7		11/11	16/18	Met (88.89 %)
L91	Incident management	L			1/3	1/3	Not Met (33.33 %)
L93 (05/22)	Emergency back-up plans	I	7/7		11/11	18/18	Met
L94 (05/22)	Assistive technology	I	1/7		4/11	5/18	Not Met (27.78 %)
L96 (05/22)	Staff training in devices and applications	I	4/4		4/4	8/8	Met
L99 (05/22)	Medical monitoring devices	I			1/1	1/1	Met
#Std. Met/# 59 Indicator						55/59	
Total Score						64/69	
						92.75%	

MASTER SCORE SHEET CERTIFICATION

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Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	1/1	Met
C8	Family/guardian communication	1/1	Met
C9	Personal relationships	1/1	Met
C10	Social skill development	1/1	Met
C11	Get together w/family & friends	1/1	Met
C12	Intimacy	1/1	Met
C13	Skills to maximize independence	1/1	Met
C14	Choices in routines & schedules	1/1	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	1/1	Met
C17	Community activities	1/1	Met
C18	Purchase personal belongings	1/1	Met
C19	Knowledgeable decisions	1/1	Met
C46	Use of generic resources	1/1	Met
C47	Transportation to/ from community	1/1	Met
C48	Neighborhood connections	1/1	Met
C49	Physical setting is consistent	1/1	Met
C51	Ongoing satisfaction with services/ supports	1/1	Met
C52	Leisure activities and free-time choices /control	1/1	Met
C53	Food/ dining choices	1/1	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	1/1	Met
C8	Family/guardian communication	1/1	Met
C9	Personal relationships	1/1	Met
C10	Social skill development	1/1	Met
C11	Get together w/family & friends	1/1	Met
C12	Intimacy	0/1	Not Met (0 %)
C13	Skills to maximize independence	1/1	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C14	Choices in routines & schedules	1/1	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	1/1	Met
C17	Community activities	0/1	Not Met (0 %)
C18	Purchase personal belongings	1/1	Met
C19	Knowledgeable decisions	1/1	Met
C46	Use of generic resources	1/1	Met
C47	Transportation to/ from community	1/1	Met
C48	Neighborhood connections	1/1	Met
C49	Physical setting is consistent	1/1	Met
C51	Ongoing satisfaction with services/ supports	1/1	Met
C52	Leisure activities and free-time choices /control	1/1	Met
C53	Food/ dining choices	1/1	Met