



**PROVIDER REPORT
FOR**

**OAKDALE FOUNDATION
16 Oak St
Great Barrington, MA 01230**

September 13, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider OAKDALE FOUNDATION

Review Dates 8/16/2023 - 8/18/2023

Service Enhancement Meeting Date 8/30/2023

Survey Team Eric Lunden (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 | 2 location(s) 3 audit (s) | Targeted Review | DDS 16/18 Provider 56 / 58 72 / 76 2 Year License 08/30/2023-08/30/2025 | | DDS 0 / 0 Provider 27 / 27 27 / 27 Certified 08/30/2023 - 08/30/2025 |
| Individual Home Supports | 2 location(s) 3 audit (s) | | | DDS Targeted Review | 21 / 21 |
| Planning and Quality Management | | | | DDS Targeted Review | 6 / 6 |

EXECUTIVE SUMMARY :

The Oakdale Foundation is a non-profit agency, founded in 1981, which provides Individual Home Supports for twelve individuals in settings where they receive less than 24-hour support. Individuals have a range of support needs, including developmental disabilities and mental health diagnoses. They reside in two Victorian-style homes, located in Great Barrington and close to the downtown area. Individuals are funded through the Department of Mental Health (DMH), private pay arrangements, and through the Department of Developmental Services.

The agency was eligible and received approval from the DDS Regional Office to conduct a self-assessment of its quality management processes for the current licensing and certification cycle. This occurred in conjunction with a targeted licensing review completed by the Office of Quality Enhancement (OQE). The targeted review focused on eight critical licensing indicators applied to residential supports, three licensing indicators that were not met during the previous cycle, along with nine licensing indicators that were added or revised since Oakdale's previous survey. The final survey results reflect a combination of ratings from the self-assessment process conducted by Oakdale and the targeted review conducted by DDS, with ratings from DDS prevailing where indicators were rated by both entities.

Findings of the targeted review verified that standards for licensing were maintained for the indicators reviewed. The survey found that Oakdale's systems for oversight of medication administration, and personal safety were effective. All licensing standards relating to critical indicators were met.

Review of Individual Home Supports found that of the three previously unmet licensing indicators, one was met. Improvements were noted in the maintenance of handrails and fire escapes.

In addition to the positive findings within Individual Home Supports, there were two licensure areas noted that would benefit from further attention by the agency. Oakdale needs to ensure that all walkways and egresses are maintained and in good repair. Additionally, the agency needs to ensure funds-management plans outline the roles and responsibilities of the agency in supporting individuals to manage and spend their personal funds. Furthermore, financial training plans need to include strategies to reduce the need for assistance.

As a result of the agency's self-assessment findings and the targeted review conducted by OQE, Oakdale will receive a Two-Year License for its Individual Home Support service, with a score of 95%. This service group is Certified with an overall score of 100%. Follow-up will be conducted by the agency within sixty days on the licensing indicators that received a rating of Not Met.

The Oakdale Foundation presented the following self-assessment report describing the organization's ongoing quality assurance systems and the agency's current evaluation of compliance with DDS licensing.

Description of Self Assessment Process:

Oakdale Foundation's self-assessment process occurred between July 17th and July 26th 2023. To begin the assessment a random sample of individuals to audit was done. Five names were blindly selected from a jar by a staff member. The Executive Director solicited the assistance of four staff members, a member of the human rights committee and a member of the board of directors to assist in performing various parts of the audit. Oakdale utilized DDS's certification and licensing tools including licensing and certification applicability definitions, residential survey worksheets for all five individuals sampled, the administrative review worksheet and the centralized training review checklist. These tools are available for review. Oakdale performed this audit as closely as possible to a DDS in-person audit in all areas of review. The rating system used was the same as that used by DDS. Each licensing and certification indicator received a Met, Not Met, or Not Rated. Oakdale applied DDS's 80% threshold in rating any indicator Met.

For the administrative review, a random sample of staff members to audit was done. Four names were blindly drawn from a jar by a staff person.

At times during the audit the random sample did not represent a full sample for the indicators being rated. Such indicators include medication, funds management, medication treatment plans, health related protocols. In these instances, other individuals were randomly selected from a pool of individuals in which the indicator could be applied to. For example, KW is self-medicating. Another individual was selected who is not self-medicating was randomly selected so that a full audit of five individuals could be performed in this area.

Oakdale broke the self-assessment into segmented reviews that included specific licensing and certification indicators and these segments were assigned to specific "auditors".

The administrative review was performed by the executive director, a human rights committee member and a staff member. The administrative worksheet was used during this process and those listed indicators were audited individually by each auditor. The auditors also utilized the centralized training review checklist. Supporting documents such as DPPC policies, incident reports, communication logs, staff trainings, hiring practices, staff job descriptions, staff evaluations, satisfaction surveys, and strategic planning documents were reviewed by the auditors in assessing these indicators. The auditors also reviewed human rights meeting minutes for the past 24 months, human rights bylaws and member composition and attendance to meetings, grievance policies and forms, residential agreements, and board meeting minutes. A post-audit meeting was held in which each indicator was reviewed by comparing each auditor's notes regarding whether a particular indicator was met, not met, or not rated using DDS's applicability definitions. Once a consensus was reached, the executive director noted the rating on a scoring template to be used to execute the final report to DDS.

The second segment of the self-assessment process was performed by the executive director, a human rights committee member, a board member and the facility manager. Each auditor utilized a residential survey worksheet in this process. This segment of the audit focused on Personal Safety. Documents reviewed by the auditors include EESP's, fire drill logs, safety assessments, emergency back up plans, individual safety assessments, incident reports, communication logs sample menus, staff 509 trainings, grievance policies, facility checklists, cleaning and disinfecting policies. Walk throughs of all locations were performed in this audit segment (16 Oak Street, 56 West Avenue apartments 1 and 3). Individual and staff interviews were executed by a human rights committee member and a board member. A post-audit meeting was held in which each indicator was reviewed by comparing each auditor's notes regarding whether a particular indicator was met, not met, or not rated using DDS's applicability definitions. Once a consensus was reached, the executive director noted the rating on a scoring template to be used to execute the final report to DDS.

The third segment of the self-assessment process was performed by the executive director, facility manager and one staff member. Each auditor utilized a residential survey worksheet in this process. This segment of the audit focused on the environments and personal safety of the individuals sampled. A thorough walk through of 16 Oak Street and apartments 1 and 2 at 56 West Avenue were performed

and many indicators were rated on site as they were observed. Documents reviewed were annual inspections and facility checklists; emergency backup plans; incident reports; on-site testing of fire alarms and water temperatures were performed. A member of the human rights committee conducted individual and staff interviews. A post-audit meeting was held in which each indicator was reviewed by comparing each auditor's notes regarding whether a particular indicator was met, not met, or not rated using DDS's applicability definitions. Once a consensus was reached, the executive director noted the rating on a scoring template to be used to execute the final report to DDS.

The fourth segment of the self-assessment was performed by the executive director and another staff member. This segment of the audit focused on competent workforce. Each auditor utilized a residential survey worksheet in this process. Documents reviewed by the auditors included staff trainings, agency policies, communication logs, tracking systems, staff meeting logs and staff evaluations. Staff interviews were conducted. A post-audit meeting was held in which each indicator was reviewed by comparing each auditor's notes regarding whether a particular indicator was met, not met, or not rated using DDS's applicability definitions. Once a consensus was reached, the executive director noted the rating on a scoring template to be used to execute the final report to DDS.

The fifth segment of the self-assessment was performed by the executive director and a MAP certified staff member. This segment of the audit focused on medication. Each auditor utilized a residential worksheet in this process. Documents reviewed during this process included DPH registrations, medication labels on containers, side effect sheets of medications, medication sheets, health care provider orders, documentation of medications administration, controlled substance book. These documents were cross checked to make sure all information matched. Also reviewed were the agency's policies to monitor and oversee medication administration, self-medication assessments, self-medicating monitoring forms, medication treatment plans and data collection logs. Also audited were areas where medications are stored. Individual interviews were performed for those self-medicating and/or in process of self-medicating. A post-audit meeting was held in which each indicator was reviewed by comparing each auditor's notes regarding whether a particular indicator was met, not met, or not rated using DDS's applicability definitions. Once a consensus was reached, the executive director noted the rating on a scoring template to be used to execute the final report to DDS.

The sixth segment of the self-assessment was performed by the executive director, staff member and a member of the human rights committee. This segment of the audit focused on health and health related supports and protective equipment. Each auditor utilized a residential worksheet in this process. Documents reviewed during this process included medical encounter forms (including annual PE's), emergency fact sheets, health care records, medication sheets, evidence of screening checklists, tracking systems, medication container labels, staff training. Individual interviews were also conducted. A post-audit meeting was held in which each indicator was reviewed by comparing each auditor's notes regarding whether a particular indicator was met, not met, or not rated using DDS's applicability definitions. Once a consensus was reached, the executive director noted the rating on a scoring template to be used to execute the final report to DDS.

The seventh segment of the self-assessment was performed by the executive director, a member of the human rights committee and a staff member. This segment of the audit focused on funds management. Individual interviews were conducted as well as staff interviews. Documents reviewed in this segment included charges for care, bank statements/registers, FTR's, receipts, ISP's, auditing practices, fund management plans. On site counts took place for individual cash accounts where applicable as well as review of location where funds are kept (security/access). A post-audit meeting was held in which each indicator was reviewed by comparing each auditor's notes regarding whether a particular indicator was met, not met, or not rated using DDS's applicability definitions. Once a consensus was reached, the executive director noted the rating on a scoring template to be used to execute the final report to DDS.

The eighth segment of the self-assessment was performed by the executive director, a member of the human rights committee, a member of the board of directors and a staff member. This segment of the audit focused on relationships, goal accomplishment, skill building, community access and integration, human rights, choice, communication and control. Individual and staff interviews were conducted. Documents reviewed included ISP's, goals and objectives, data collection, assessments, staff trainings, individual trainings, agency policies, individual records, staff evaluations. A post-audit meeting was held

in which each indicator was reviewed by comparing each auditor's notes regarding whether a particular indicator was met, not met, or not rated using DDS's applicability definitions. Once a consensus was reached, the executive director noted the rating on a scoring template to be used to execute the final report to DDS.

Once all segments were completed the executive director transferred the ratings from the template to the DDS scoring sheet

During the self-assessment process 78 licensing indicators were rated for the five individuals sampled and two locations. 75 of the 78 indicators were rated as MET. The three licensing indicators not met are L 26: Walkway Safety, L 30: Protective Railings and L 34: Individuals receive an annual dental exam. Actions and/or plans to address are noted in the self-assessment scoring document.

During the self-assessment process 27 certification indicators were rated for the five individuals sampled and two locations. 27 of the 27 indicators were rated as MET.

The provider utilizes tracking sheets and checklists for quality assurance and compliance. Tracking sheets are utilized to track individual medical appointments, staff trainings, annual consents and facility maintenance. The provider has recently subscribed to an online staff training platform and expects to implement that in the coming months.

The provider audits individual's funds on a monthly basis for both cash and checking and/or savings accounts. For cash accounts funds are counted and recorded with a beginning and ending balance and are compared to the previous month and receipts are reviewed. Bank statements are reviewed along with check registers and receipts are reviewed.

The provider solicits feedback from residents, families and other stakeholders on an annual as well as ongoing basis. All stakeholders are encouraged to share their feedback about the program and staff and this information is used to make service improvements.

The executive director regularly accesses DDS's learning website for new mandated and non-mandated training as well as DDS's Learning Matters.

The provider and the members completing the self-assessment found the process both challenging and eye opening. It was particularly useful to have a member from the human rights committee and board of directors assist in the process. Most valuable were their interviews with individuals. There were several indicators, that although rated met based on the applicability definitions, were identified as areas that could be improved for enhanced service delivery. The standard was met for L 40 and L 41, but it was identified that the sample of menus reviewed was repetitive at times and that a greater variety of meals served would be beneficial to individuals, especially in the area of expanding their experiences with new foods. The standard was met for L 42, but it was noted that more can be done to formalize/schedule physical activity. The provider's process of monthly medication audits would benefit from a more structured process. Staff communication log(s) and daily notes would benefit from an assessment about available technology to streamline these processes. Although clearly demonstrated through staff interviews, staff meetings are held at least on a monthly basis, but the provider would benefit from a structured way in which to document the meetings. It was noted by the two members who conducted individual interviews that the individuals sampled have a clear sense of independence, autonomy and inclusion in the community. These individuals also demonstrated that choice, decision making and personal preference are afforded to them at all times. All individuals verbalized their satisfaction in how staff serve them.

LICENSURE FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|---|-------------|-----------------|-------|
| Organizational | 8/8 | 0/8 | |
| Residential and Individual Home Supports | 64/68 | 4/68 | |
| Individual Home Supports | | | |
| Critical Indicators | 7/7 | 0/7 | |
| Total | 72/76 | 4/76 | 95% |
| 2 Year License | | | |
| # indicators for 60 Day Follow-up | | 4 | |

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:
From DDS review:**

| Indicator # | Indicator | Area Needing Improvement |
|-------------|--|---|
| L26 | Walkways, driveways and ramps are in good repair and kept clear in all seasons. | At one location, the front walkway had pavers that were not secured and did not lay flat on the ground, presenting a tripping hazard. Additionally, a step leading from the rear egress was noted to be defective. The agency needs to ensure that all walkways and egresses are maintained in a safe condition. |
| 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, funds management plans did not reflect the procedures used in assisting the individuals to manage and safeguard their personal funds. Additionally, the training plans did not identified steps to promote the individual's independence. The agency needs to ensure funds-management plans outline the roles and responsibilities of the agency in supporting individuals to manage and spend their personal funds. These plans must be individualized and include a training plan to reduce the need for assistance. |

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:
From Provider review:**

| Indicator # | Indicator | Issue identified | Action planned to address |
|--------------------|---|---|--|
| L30 | Every porch, balcony, deck or roof used as a porch or deck has a wall or protective railing in good repair. | The porch at one of the locations has a railing that is not in good repair. A board has been installed to secure the railing. | The provider was aware of the issue and installed a temporary support to secure the railing. The provider is currently working with an architect and structural engineer to make permanent repairs/renovate the porch. |
| L34 | Individuals receive an annual dental exam. | Two individuals had annual dental exams that were more than 15 months apart | The provider will continue to track medical appointments on an ongoing basis |

CERTIFICATION FINDINGS

| | Reviewed By | Met / Rated | Not Met / Rated | % Met |
|--|---------------------------|--------------|-----------------|-------------|
| Certification - Planning and Quality Management | DDS 0/0 Provider 6/6 | 6/6 | 0/6 | |
| Residential and Individual Home Supports | DDS 0/0 Provider 21/21 | 21/21 | 0/21 | |
| Individual Home Supports | DDS 0/0 Provider 21/21 | 21/21 | 0/21 | |
| Total | | 27/27 | 0/27 | 100% |
| Certified | | | | |

MASTER SCORE SHEET LICENSURE

Organizational: OAKDALE FOUNDATION

| Indicator # | Indicator | Reviewed by | Met/Rated | Rating(Met,Not Met,NotRated) |
|-------------|-------------------------|-------------|-----------|------------------------------|
| Ⓡ L2 | Abuse/neglect reporting | DDS | 2/2 | Met |
| L3 | Immediate Action | Provider | - | Met |
| L4 | Action taken | Provider | - | Met |
| L48 | HRC | Provider | - | Met |
| L74 | Screen employees | Provider | - | Met |
| L75 | Qualified staff | Provider | - | Met |
| L76 | Track trainings | Provider | - | Met |
| L83 | HR training | Provider | - | Met |

Residential and Individual Home Supports:

| Ind. # | Ind. | Loc. or Indiv. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|------------|---------------------------|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|--------|
| L1 | Abuse/neglect training | I | Provider | | - | | | - | - | - | Met |
| L5 | Safety Plan | L | Provider | | - | | | - | - | - | Met |
| Ⓡ L6 | Evacuation | L | DDS | | 2/2 | | | | | 2/2 | Met |
| L8 | Emergency Fact Sheets | I | Provider | | - | | | - | - | - | Met |
| L9 (07/21) | Safe use of equipment | I | DDS | | 3/3 | | | | | 3/3 | Met |
| L10 | Reduce risk interventions | I | Provider | | - | | | - | - | - | Met |
| Ⓡ L11 | Required inspections | L | DDS | | 2/2 | | | | | 2/2 | Met |
| Ⓡ L12 | Smoke detectors | L | DDS | | 2/2 | | | | | 2/2 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|----------------------------|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|------------------|
| Ⓡ L13 | Clean location | L | DDS | | 2/2 | | | | | 2/2 | Met |
| L14 | Site in good repair | L | DDS | | 2/2 | | | | | 2/2 | Met |
| L15 | Hot water | L | Provider | | - | | | - | - | - | Met |
| L16 | Accessibility | L | Provider | | - | | | - | - | - | Met |
| L17 | Egress at grade | L | Provider | | - | | | - | - | - | Met |
| L18 | Above grade egress | L | Provider | | - | | | - | - | - | Met |
| L19 | Bedroom location | L | Provider | | - | | | - | - | - | Met |
| L20 | Exit doors | L | Provider | | - | | | - | - | - | Met |
| L21 | Safe electrical equipment | L | Provider | | - | | | - | - | - | Met |
| L22 | Well-maintained appliances | L | Provider | | - | | | - | - | - | Met |
| L23 | Egress door locks | L | DDS | | 2/2 | | | | | 2/2 | Met |
| L24 | Locked door access | L | DDS | | 2/2 | | | | | 2/2 | Met |
| L25 | Dangerous substances | L | Provider | | - | | | - | - | - | Met |
| L26 | Walkway safety | L | DDS | | 1/2 | | | | | 1/2 | Not Met (50.0 %) |
| L28 | Flammables | L | Provider | | - | | | - | - | - | Met |

| Ind. # | Ind. | Loc. or Individ. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|-----------------------|------------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|---------|
| L29 | Rubbish /combustibles | L | Provider | | - | | | - | - | - | Met |
| L30 | Protective railings | L | Provider | | - | | | - | - | - | Not Met |
| L31 | Communication method | I | Provider | | - | | | - | - | - | Met |
| L32 | Verbal & written | I | Provider | | - | | | - | - | - | Met |
| L33 | Physical exam | I | Provider | | - | | | - | - | - | Met |
| L34 | Dental exam | I | Provider | | - | | | - | - | - | Not Met |
| L35 | Preventive screenings | I | Provider | | - | | | - | - | - | Met |
| L36 | Recommended tests | I | Provider | | - | | | - | - | - | Met |
| L37 | Prompt treatment | I | Provider | | - | | | - | - | - | Met |
| L40 | Nutritional food | L | Provider | | - | | | - | - | - | Met |
| L41 | Healthy diet | L | Provider | | - | | | - | - | - | Met |
| L42 | Physical activity | L | Provider | | - | | | - | - | - | Met |
| L43 | Health Care Record | I | Provider | | - | | | - | - | - | Met |
| L44 | MAP registration | L | Provider | | - | | | - | - | - | Met |
| L45 | Medication storage | L | Provider | | - | | | - | - | - | Met |
| FL L46 | Med. Administration | I | DDS | | 2/2 | | | | | 2/2 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|-------------|--------------------------|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|---------------|
| L47 | Self medication | I | Provider | | - | | | - | - | - | Met |
| L49 | Informed of human rights | I | Provider | | - | | | - | - | - | Met |
| L50 (07/21) | Respectful Comm. | I | DDS | | 3/3 | | | | | 3/3 | Met |
| L51 | Possessions | I | Provider | | - | | | - | - | - | Met |
| L52 | Phone calls | I | Provider | | - | | | - | - | - | Met |
| L53 | Visitation | I | Provider | | - | | | - | - | - | Met |
| L54 (07/21) | Privacy | I | DDS | | 3/3 | | | | | 3/3 | Met |
| L55 | Informed consent | I | Provider | | - | | | - | - | - | Met |
| L56 | Restrictive practices | I | Provider | | - | | | - | - | - | Met |
| L63 | Med. treatment plan form | I | Provider | | - | | | - | - | - | Met |
| L67 | Money mgmt. plan | I | DDS | | 0/3 | | | | | 0/3 | Not Met (0 %) |
| L68 | Funds expenditure | I | Provider | | - | | | - | - | - | Met |
| L69 | Expenditure tracking | I | Provider | | - | | | - | - | - | Met |
| L70 | Charges for care calc. | I | Provider | | - | | | - | - | - | Met |
| L71 | Charges for care appeal | I | Provider | | - | | | - | - | - | Met |
| L77 | Unique needs training | I | Provider | | - | | | - | - | - | Met |

| Ind. # | Ind. | Loc. or Indiv. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|-------------|--------------------------------|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|--------|
| L78 | Restrictive Int. Training | L | Provider | | - | | | - | - | - | Met |
| L80 | Symptoms of illness | L | Provider | | - | | | - | - | - | Met |
| L81 | Medical emergency | L | Provider | | - | | | - | - | - | Met |
| Ⓡ L82 | Medication admin. | L | DDS | | 2/2 | | | | | 2/2 | Met |
| L85 | Supervision | L | Provider | | - | | | - | - | - | Met |
| L86 | Required assessments | I | Provider | | - | | | - | - | - | Met |
| L87 | Support strategies | I | Provider | | - | | | - | - | - | Met |
| L88 | Strategies implemented | I | Provider | | - | | | - | - | - | Met |
| L90 | Personal space/bedroom privacy | I | Provider | | - | | | - | - | - | Met |
| L91 | Incident management | L | Provider | | - | | | - | - | - | Met |
| L93 (05/22) | Emergency back-up plans | I | DDS | | 3/3 | | | | | 3/3 | Met |
| L94 (05/22) | Assistive technology | I | DDS | | 3/3 | | | | | 3/3 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Reviewed by | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|---------------------------------|--|----------------|-------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|--------|
| L96 (05/22) | Staff training in devices and applications | I | DDS | | 3/3 | | | | | 3/3 | Met |
| #Std. Met/# 68 Indicator | | | | | | | | | | 64/68 | |
| Total Score | | | | | | | | | | 72/76 | |
| | | | | | | | | | | 94.74% | |

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|-------------|----------------------------------|-------------|-----------|--------|
| C1 | Provider data collection | Provider | - | Met |
| C2 | Data analysis | Provider | - | Met |
| C3 | Service satisfaction | Provider | - | Met |
| C4 | Utilizes input from stakeholders | Provider | - | Met |
| C5 | Measure progress | Provider | - | Met |
| C6 | Future directions planning | Provider | - | Met |

Individual Home Supports

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|-------------|---|-------------|-----------|--------|
| C7 | Feedback on staff / care provider performance | Provider | - | Met |
| C8 | Family/guardian communication | Provider | - | Met |
| C9 | Personal relationships | Provider | - | Met |

Individual Home Supports

| Indicator # | Indicator | Reviewed By | Met/Rated | Rating |
|--------------------|---|--------------------|------------------|---------------|
| C10 | Social skill development | Provider | - | Met |
| C11 | Get together w/family & friends | Provider | - | Met |
| C12 | Intimacy | Provider | - | Met |
| C13 | Skills to maximize independence | Provider | - | Met |
| C14 | Choices in routines & schedules | Provider | - | Met |
| C15 | Personalize living space | Provider | - | Met |
| C16 | Explore interests | Provider | - | Met |
| C17 | Community activities | Provider | - | Met |
| C18 | Purchase personal belongings | Provider | - | Met |
| C19 | Knowledgeable decisions | Provider | - | Met |
| C21 | Coordinate outreach | Provider | - | Met |
| C46 | Use of generic resources | Provider | - | Met |
| C47 | Transportation to/ from community | Provider | - | Met |
| C48 | Neighborhood connections | Provider | - | Met |
| C49 | Physical setting is consistent | Provider | - | Met |
| C51 | Ongoing satisfaction with services/ supports | Provider | - | Met |
| C52 | Leisure activities and free-time choices /control | Provider | - | Met |
| C53 | Food/ dining choices | Provider | - | Met |