



**PROVIDER REPORT
FOR
RESOURCES FOR HUMAN
DEVELOPMENT
70 Colby Street
Medford, MA 02155**

June 09, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	RESOURCES FOR HUMAN DEVELOPMENT
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Review Dates	5/1/2023 - 5/5/2023
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Service Enhancement Meeting Date	5/18/2023
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Survey Team	Mark Boghoian David Bullard Cheryl Hampton Raymond Obeng (TL)
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Citizen Volunteers	
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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	5 location(s) 7 audit (s)	Full Review	82/89 Defer Licensure		45 / 47 Certified
Residential Services	4 location(s) 6 audit (s)			Full Review	18 / 20
Individual Home Supports	1 location(s) 1 audit (s)			Full Review	21 / 21
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	1 location(s) 6 audit (s)	Full Review	64/66 2 Year License 05/18/2023 - 05/18/2025		21 / 21 Certified 05/18/2023 - 05/18/2025
Community Based Day Services	1 location(s) 6 audit (s)			Full Review	15 / 15
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

EXECUTIVE SUMMARY :

Resources for Human Development (RHD) Boston is a division of Resources for Human Development that was established in 1970 and is headquartered in Philadelphia. The agency provides services to individuals with Intellectual and Developmental Disabilities (ID/DD). The agency also provides mental health, addiction and recovery, children and families, and homelessness services in many communities. RHD Boston operates 24-hour residential homes and Individual Home Support (IHS). It also operates a Community-Based Day Supports (CBDS) program and an arts-focused workshop called Outside the Lines Studio (OTL) where many individuals are served.

For this 2023 survey, the Department of Developmental Services (DDS) Metro Office of Quality Enhancement conducted a full licensing and certification review of RHD's organizational systems and supports offered to individuals in the agency's 24/7 residential homes, IHS homes, and CBDS programs.

Survey findings showed that RHD has effective organizational systems that promoted a positive work culture. The agency screened potential employees prior to hire, and the licenses for credentialed staff were current. The agency had an effective training tracking system and staff received all the DDS-mandated training, including abuse and neglect training. As it relates to staff development, the agency provided regular nursing and supervisory oversight, staff training, and other staff development activities. In the area of human rights, the agency's human rights committee met all mandates including deliberating all matters under its purview. The agency took immediate action when complaints occurred, and when necessary, it developed and implemented action plans to protect the individuals served. RHD had a strategic plan that included goals related to the improvement of services for the people it supports, such as the increased use of technology. It also conducted annual satisfaction surveys in which it solicited feedback internally from individuals and externally from guardians, DDS, and other stakeholders and used the feedback to make improvements in service delivery. The agency collected data on programmatic service delivery and analyzed the data within its administrative body as a way of ensuring ongoing effective supports within its programs.

Within residential services (including IHS), RHD evidenced positive outcomes for the individuals it serves in many areas. In the area of safety, evacuation safety drills were conducted as required, and individuals were supported to evacuate within the required timeframe. Agency homes had current safety and emergency backup plans, and staff knew what to do during emergencies. Safety requirements such as functional smoke and carbon monoxide detectors were in place, and water temperature measured within acceptable limits. In the area of healthcare, RHD staff supported individuals to attend annual physical and dental appointments, and medication was administered in accordance with Physician orders. Staff was familiar with the unique needs of individuals and individuals were supported to eat healthy diets and maintain a physical lifestyle. Within the homes, individuals' bedrooms were decorated to suit their preferences, and the bedrooms had lockable doors for privacy.

In the certification areas, oral and written communication with and about individuals was respectful. The agency supported individuals to maintain connections with families; many individuals visited with family members on weekends, and/or talked to family on the telephone. Also, individuals had an opportunity to utilize community resources such as local shops, malls, restaurants, parks, and recreation.

Within RHD's CBDS program (including Outside the Lines Studio- OTL), several licensure outcomes were evident. The day service location was clean and well-maintained, and all required annual inspections were completed. Smoke detection, alarm, and fire suppression systems were in proper working condition, and staff supported individuals to evacuate in accordance with evacuation procedures in the safety plan. In the area of healthcare, medical treatment protocols were properly implemented, and medication was administered in accordance with physician orders and MAP policy.

In the area of the ISP, required assessments and support strategies for ISPs were completed and submitted within the required timelines. The agency also supported individuals to work on accomplishing the agreed upon goals and objectives from the ISP. Individuals in CBDS had opportunities for privacy when discussing personal matters, and communication with and about individuals by staff was observed to be respectful. Regarding restrictive practices intended to protect people, individuals affected, and their guardians were informed of the practices. CBDS staff were familiar with people's unique needs and preferences, and effectively supported them. The agency's CBDS affiliated art studio, Outside the Lines was truly a showcase of the creativity that existed at RHD. OTL staff provided individuals with the resources they needed to create art, and the supports to define themselves as artists. Individual artists successfully showcased their works at local and national exhibits at renowned art galleries.

Within 24/7 residential and IHS, corrective attention is needed from the agency in some areas to meet requirements. In the area of healthcare, physicians' orders and medical treatment protocols were not consistently developed and implemented effectively; this needs to occur consistently in line with Physician orders. Additionally, recommended tests and appointments with specialists were not consistently made and kept. Regarding medication treatment plans, some lacked consistent data collection and sharing with prescribers. Some medication treatment plans were also not submitted to the ISP team as required. In the area of human rights, restrictive practices intended for individuals that affected others served at a location were not communicated to all guardians. In the area of the ISP, assessments and support strategies for the ISP were not developed and submitted within the required timeframes. Additionally, it was not evident that individuals were supported to work on and accomplish their agreed upon ISP goals. Regarding assistive technology, individuals were not assessed for the use of assistive technologies that would promote independence, and technologies were not identified and in use. Sexuality and companionship were other areas of concern; assessments for preferences and interests had not been completed for individuals and education and support were absent in these areas.

Within the CBDS program, two areas in need of attention were noted. Timelines for submission and finalization of incidents in HCSIS were not met. Additionally, individuals and their guardians were not informed of how to file a grievance or to whom they should talk if they have a concern as part of human rights training.

RHD met 92% of licensing indicators in residential services but did not meet the standard for one critical indicator. The agency is, therefore, in Deferred License Status for the residential service grouping. The DDS Metro Office of Quality Enhancement will conduct a follow-up review of licensing indicators that were not met within 60 days of the SEM meeting. If the agency meets the standard for the one critical indicator at the follow-up review, it will then earn a Two-Year license with a Mid-Cycle review for the residential service grouping. The residential service grouping is Certified having met 96% of certification indicators.

RHD met 97% of licensing indicators in Day and Employment Services and will receive a Two-Year license for its Day and Employment Services Grouping. The agency will perform its own follow-up of licensing indicators that were not met within 60 days of the SEM and report the findings to the DDS Metro Office of Quality Enhancement. The agency's Day and Employment Services grouping is Certified having met 100% of certification indicators.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Residential and Individual Home Supports	72/79	7/79	
Residential Services Individual Home Supports			
Critical Indicators	7/8	1/8	
Total	82/89	7/89	92%
Defer Licensure			
# indicators for 60 Day Follow-up		7	

	Met / Rated	Not Met / Rated	% Met
Organizational	10/10	0/10	
Employment and Day Supports	54/56	2/56	
Community Based Day Services			
Critical Indicators	8/8	0/8	
Total	64/66	2/66	97%
2 Year License			
# indicators for 60 Day Follow-up		2	

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

Indicator #	Indicator	Area Needing Improvement
L36	Recommended tests and appointments with specialists are made and kept.	For two of seven individuals, recommended tests and appointments with specialists were not completed. The agency needs to ensure that recommended tests and appointments with specialists for all individuals are made and kept.

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

Indicator #	Indicator	Area Needing Improvement
Ⓡ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For one of three individuals, medical treatment protocols were not developed and effectively implemented. The agency needs to ensure that when needed, medical treatment protocols for individuals are developed and effectively implemented.
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 of five individuals who reside at locations where restrictive practices were in place, guardians were not informed of those environmental restrictions. The agency needs to ensure that all guardians are informed of restrictive practices intended for one individual/s that affect all individuals served at a location.
L63	Medication treatment plans are in written format with required components.	For two of six individuals, there was inconsistent data collection for medication treatment plans. The agency needs to ensure that data collection for medication treatment is consistent, and data is shared with prescribing physicians.
L64	Medication treatment plans are reviewed by the required groups.	For two of six individuals, medication treatment plans were not submitted to the ISP team. The agency needs to ensure that medication treatment plans that are submitted to the ISP team.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For four of seven individuals, support strategies and ISP objectives were not being implemented as agreed upon by the ISP team. The agency needs to support individuals to work on their agreed upon ISP goals and objectives.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Two of seven individuals were not fully assessed and supported to use assistive technologies that would promote their independence. The agency needs to ensure that individuals are assessed and supported to use assistive technology and/or modifications that would maximize their independence.

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

Indicator #	Indicator	Area Needing Improvement
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	All six individuals and/or guardians were not informed of how to file a grievance as part of human rights training. The agency needs to ensure that all individuals and guardians are informed of their human rights and know how to file a grievance, including who to talk to should they have a concern.
L91	Incidents are reported and reviewed as mandated by regulation.	An incident was not reported and finalized in HCSIS within the required timelines. The agency needs to ensure that incidents are reported and finalized in HCSIS within the required timelines.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	39/41	2/41	
Residential Services	18/20	2/20	
Individual Home Supports	21/21	0/21	
Total	45/47	2/47	96%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Employment and Day Supports	15/15	0/15	
Community Based Day Services	15/15	0/15	
Total	21/21	0/21	100%
Certified			

Residential Services- 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 three of six individuals, the agency did not assess their preferences, interests, and needs in the areas of intimacy and companionship; there was also no education and support evident in these areas. The agency needs to assess individuals for their interests, preferences, and needs for intimacy and companionship and using a curriculum, provide training and support to individuals and staff in this area.
C51	Staff (Home Providers) are knowledgeable about individuals' satisfaction with services and supports and support individuals to make changes as desired.	For two of six individuals, there was no system for assuring staff knowledge about their satisfaction with services and supports in order to make changes as desired. The agency needs to develop a system for gaging individuals' ongoing satisfaction with services and supports and support individuals to make changes as desired.

MASTER SCORE SHEET LICENSURE

Organizational: RESOURCES FOR HUMAN DEVELOPMENT

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	6/7	Met(85.71 %)
L3	Immediate Action	2/2	Met
L4	Action taken	8/8	Met
L48	HRC	1/1	Met
L65	Restraint report submit	10/11	Met(90.91 %)
L66	HRC restraint review	11/11	Met
L74	Screen employees	4/4	Met
L75	Qualified staff	2/2	Met
L76	Track trainings	18/18	Met
L83	HR training	18/18	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	5/6	1/1					6/7	Met (85.71 %)
L5	Safety Plan	L	4/4	1/1					5/5	Met
R L6	Evacuation	L	4/4	1/1					5/5	Met
L7	Fire Drills	L	4/4						4/4	Met
L8	Emergency Fact Sheets	I	6/6	1/1					7/7	Met
L9 (07/21)	Safe use of equipment	I	6/6	1/1					7/7	Met
L10	Reduce risk interventions	I	1/1	1/1					2/2	Met
R L11	Required inspections	L	4/4	1/1					5/5	Met
R L12	Smoke detectors	L	4/4	1/1					5/5	Met
R L13	Clean location	L	4/4	1/1					5/5	Met
L14	Site in good repair	L	4/4	1/1					5/5	Met
L15	Hot water	L	4/4	1/1					5/5	Met
L16	Accessibility	L	2/2	1/1					3/3	Met
L17	Egress at grade	L	4/4	1/1					5/5	Met
L18	Above grade egress	L	3/3	1/1					4/4	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L19	Bedroom location	L	2/2						2/2	Met
L20	Exit doors	L	4/4	1/1					5/5	Met
L21	Safe electrical equipment	L	4/4	1/1					5/5	Met
L22	Well-maintained appliances	L	4/4	1/1					5/5	Met
L23	Egress door locks	L	3/3	1/1					4/4	Met
L24	Locked door access	L	4/4						4/4	Met
L25	Dangerous substances	L	4/4	1/1					5/5	Met
L26	Walkway safety	L	4/4	1/1					5/5	Met
L28	Flammables	L	3/3	1/1					4/4	Met
L29	Rubbish/combustibles	L	4/4	1/1					5/5	Met
L30	Protective railings	L	4/4	1/1					5/5	Met
L31	Communication method	I	6/6	1/1					7/7	Met
L32	Verbal & written	I	6/6	1/1					7/7	Met
L33	Physical exam	I	5/5	1/1					6/6	Met
L34	Dental exam	I	6/6	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/Rated	Rating
L35	Preventive screenings	I	5/5	1/1					6/6	Met
L36	Recommended tests	I	5/6	0/1					5/7	Not Met (71.43 %)
L37	Prompt treatment	I	6/6	1/1					7/7	Met
℞ L38	Physician's orders	I	2/3						2/3	Not Met (66.67 %)
L39	Dietary requirements	I	2/2						2/2	Met
L40	Nutritional food	L	4/4	1/1					5/5	Met
L41	Healthy diet	L	4/4	1/1					5/5	Met
L42	Physical activity	L	3/3	1/1					4/4	Met
L43	Health Care Record	I	5/6						5/6	Met (83.33 %)
L44	MAP registration	L	4/4						4/4	Met
L45	Medication storage	L	4/4						4/4	Met
℞ L46	Med. Administration	I	6/6						6/6	Met
L47	Self medication	I		1/1					1/1	Met
L49	Informed of human rights	I	5/6	1/1					6/7	Met (85.71 %)
L50 (07/21)	Respectful Comm.	I	6/6	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/Rated	Rating
L51	Possessions	I	6/6	1/1					7/7	Met
L52	Phone calls	I	6/6	1/1					7/7	Met
L53	Visitation	I	6/6	1/1					7/7	Met
L54 (07/21)	Privacy	I	6/6	1/1					7/7	Met
L55	Informed consent	I	1/1	1/1					2/2	Met
L56	Restrictive practices	I	2/4	1/1					3/5	Not Met (60.0 %)
L57	Written behavior plans	I	1/1	1/1					2/2	Met
L58	Behavior plan component	I	1/1	1/1					2/2	Met
L59	Behavior plan review	I	1/1	1/1					2/2	Met
L60	Data maintenance	I	1/1	1/1					2/2	Met
L61	Health protection in ISP	I	2/3	1/1					3/4	Met
L63	Med. treatment plan form	I	3/5	1/1					4/6	Not Met (66.67 %)
L64	Med. treatment plan rev.	I	3/5	1/1					4/6	Not Met (66.67 %)
L67	Money mgmt. plan	I	6/6	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
L68	Funds expendi ture	I	6/6	1/1					7/7	Met
L69	Expendi ture tracking	I	6/6	1/1					7/7	Met
L70	Charges for care calc.	I	6/6	1/1					7/7	Met
L71	Charges for care appeal	I	6/6	1/1					7/7	Met
L77	Unique needs training	I	6/6	1/1					7/7	Met
L78	Restricti ve Int. Training	L	3/3						3/3	Met
L80	Sympto ms of illness	L	4/4	1/1					5/5	Met
L81	Medical emerg ncy	L	4/4	1/1					5/5	Met
L82	Medicati on admin.	L	4/4						4/4	Met
L84	Health protect. Training	I	3/3	1/1					4/4	Met
L85	Supervi sion	L	4/4	1/1					5/5	Met
L86	Require d assess ments	I	3/4	1/1					4/5	Met (80.0 %)
L87	Support strategi es	I	3/4	1/1					4/5	Met (80.0 %)
L88	Strategi es implem ented	I	2/6	1/1					3/7	Not Met (42.86 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L90	Personal space/bedroom privacy	I	6/6	1/1					7/7	Met
L91	Incident management	L	4/4	1/1					5/5	Met
L93 (05/22)	Emergency back-up plans	I	6/6	1/1					7/7	Met
L94 (05/22)	Assistive technology	I	4/6	1/1					5/7	Not Met (71.43 %)
L96 (05/22)	Staff training in devices and applications	I	4/4	1/1					5/5	Met
L99 (05/22)	Medical monitoring devices	I	1/1						1/1	Met
#Std. Met/# 79 Indicator									72/79	
Total Score									82/89	
									92.13%	

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			5/6	5/6	Met (83.33 %)

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L5	Safety Plan	L			1/1	1/1	Met
℞ L6	Evacuation	L			1/1	1/1	Met
L7	Fire Drills	L			1/1	1/1	Met
L8	Emergency Fact Sheets	I			6/6	6/6	Met
L9 (07/21)	Safe use of equipment	I			6/6	6/6	Met
℞ L11	Required inspections	L			1/1	1/1	Met
℞ L12	Smoke detectors	L			1/1	1/1	Met
℞ L13	Clean location	L			1/1	1/1	Met
L14	Site in good repair	L			1/1	1/1	Met
L15	Hot water	L			1/1	1/1	Met
L16	Accessibility	L			1/1	1/1	Met
L17	Egress at grade	L			1/1	1/1	Met
L18	Above grade egress	L			1/1	1/1	Met
L20	Exit doors	L			1/1	1/1	Met
L21	Safe electrical equipment	L			1/1	1/1	Met
L22	Well- maintained appliances	L			1/1	1/1	Met
L26	Walkway safety	L			1/1	1/1	Met
L28	Flammables	L			1/1	1/1	Met
L29	Rubbish/comb ustibles	L			1/1	1/1	Met
L30	Protective railings	L			1/1	1/1	Met
L31	Communicatio n method	I			6/6	6/6	Met
L32	Verbal & written	I			6/6	6/6	Met
L37	Prompt treatment	I			6/6	6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
Ⓡ L38	Physician's orders	I			4/4	4/4	Met
L39	Dietary requirements	I			5/5	5/5	Met
L44	MAP registration	L			1/1	1/1	Met
L45	Medication storage	L			1/1	1/1	Met
Ⓡ L46	Med. Administration	I			5/5	5/5	Met
L49	Informed of human rights	I			0/6	0/6	Not Met (0 %)
L50 (07/21)	Respectful Comm.	I			6/6	6/6	Met
L51	Possessions	I			6/6	6/6	Met
L52	Phone calls	I			6/6	6/6	Met
L54 (07/21)	Privacy	I			6/6	6/6	Met
L55	Informed consent	I			5/5	5/5	Met
L56	Restrictive practices	I			6/6	6/6	Met
L57	Written behavior plans	I			1/1	1/1	Met
L60	Data maintenance	I			1/1	1/1	Met
L61	Health protection in ISP	I			3/3	3/3	Met
L63	Med. treatment plan form	I			2/2	2/2	Met
L64	Med. treatment plan rev.	I			2/2	2/2	Met
L77	Unique needs training	I			6/6	6/6	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			1/1	1/1	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L81	Medical emergency	L			1/1	1/1	Met
L82	Medication admin.	L			1/1	1/1	Met
L84	Health protect. Training	I			3/3	3/3	Met
L85	Supervision	L			1/1	1/1	Met
L86	Required assessments	I			6/6	6/6	Met
L87	Support strategies	I			6/6	6/6	Met
L88	Strategies implemented	I			6/6	6/6	Met
L91	Incident management	L			0/1	0/1	Not Met (0 %)
L93 (05/22)	Emergency back-up plans	I			6/6	6/6	Met
L94 (05/22)	Assistive technology	I			6/6	6/6	Met
L96 (05/22)	Staff training in devices and applications	I			2/2	2/2	Met
#Std. Met/# 56 Indicator						54/56	
Total Score						64/66	
						96.97%	

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
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Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	6/6	Met
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	6/6	Met
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	4/4	Met
C16	Explore interests	5/6	Met (83.33 %)
C17	Community activities	5/5	Met
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met
C46	Use of generic resources	6/6	Met
C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	6/6	Met
C49	Physical setting is consistent	4/4	Met
C51	Ongoing satisfaction with services/ supports	4/6	Not Met (66.67 %)
C52	Leisure activities and free-time choices /control	6/6	Met
C53	Food/ dining choices	6/6	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

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
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
C21	Coordinate outreach	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

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	6/6	Met
C8	Family/guardian communication	6/6	Met
C13	Skills to maximize independence	6/6	Met
C37	Interpersonal skills for work	6/6	Met
C38 (07/21)	Habilitative & behavioral goals	4/4	Met
C39 (07/21)	Support needs for employment	4/4	Met
C40	Community involvement interest	6/6	Met
C41	Activities participation	6/6	Met
C42	Connection to others	6/6	Met
C43	Maintain & enhance relationship	6/6	Met
C44	Job exploration	6/6	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C45	Revisit decisions	6/6	Met
C46	Use of generic resources	6/6	Met
C47	Transportation to/ from community	6/6	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met