



**PROVIDER REPORT
FOR**

**Victory Human Services
P.O.BOX 240934
Dorchester, MA 02124**

December 17, 2025

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	Victory Human Services
Review Dates	11/13/2025 - 11/19/2025
Service Enhancement Meeting Date	12/3/2025
Survey Team	Mark Boghoian Cristina Calderon Cheryl Hampton (TL) Marie Fabiola Louis-Disla Lisa MacPhail
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	8 location(s) 12 audit (s)	Full Review	58/79 Defer Licensure		61 / 67 Certified
Residential Services	2 location(s) 6 audit (s)			Full Review	18 / 20
Placement Services	3 location(s) 3 audit (s)			Full Review	18 / 20
Individual Home Supports	3 location(s) 3 audit (s)			Full Review	20 / 21
Planning and Quality Management				Full Review	5 / 6

EXECUTIVE SUMMARY :

Victory Human Services, founded in 2000, is a non-profit agency headquartered in Brockton Massachusetts that operates 24-hour Residential Services, Shared Living Supports and Individual Home Supports in the Metro Boston and surrounding communities, funded through The Department of Developmental Services (DDS). Additionally, the agency also provides Adult Foster Care services across several counties in the state and intensive case management and home supports in activities of daily living to people with acquired brain injuries in a shared partnership with MassAbility.

For this 2025 review, the DDS Office of Quality Enhancement (OQE) conducted a full Licensing and Certification review of all indicators across all residential services.

Organizationally, the agency had a number of effective systems in place, including a system for the reporting and tracking of investigations and any corresponding corrective action plans, and a strong system which ensured that staff mandatory trainings, such as First Aid and CPR were maintained. The agency routinely and effectively screened new hires and ensured that qualifications were aligned with the job descriptions applied for; and employees requiring a license in their field were current. The agency Human Rights Committee (HRC) met regularly in accordance with their written by-laws, and attendance was consistent across all meeting reviewed, with the HRC reviewing all pertinent matters under their purview.

Relative to licensure at the location and individual level, other positive findings were gleaned from this review. All homes maintained current inspections and fire safety systems, including and smoke carbon monoxide detectors were present where required and operational. Medications were being administered by MAP trained staff where required. The majority of individuals had been evaluated and supported to use Assistive Technology (AT) such as cell phones, I-pads, and other pieces of AT which furthered each person's level of independence. All individuals were afforded privacy by way of having key access to their homes and/or bedroom doors locks present as required.

With regard to certification, at the organizational level, the agency employs different strategies to collect data and feedback from various sources, including individuals, family members and guardians. The agency is in the process of finalizing their new strategic plan for the period of 2025 through 2028, with many "core areas" and agency objectives being carried over from the previous plan, which covered the period 2021-2024, due to self-identified goals having not been met to date.

Relative to individual focused areas of certification, the agency maintained ongoing communication with people's families and guardians as well as supporting people to get together with family and friends. Many individuals were supported to regularly access generic community resources and had full access to transportation, as evidenced by many people having MBTA passes to travel independently, others utilizing MBTA The RIDE service. People were well-supported and regularly engaging in skill development to maximize independence, exploring the community at large, and budgeting to save money for desired trips. All were assessed regarding their interests in activities and for the most part, supported to engage in these activities independently or with assistance from their supporters.

In addition to these positive findings, there were a number of areas which warrant further attention from the agency, many relating to the domain of health care coordination and oversight. Individuals should be supported to receive annual dental appointments, receive routine and preventative screenings and schedule and keep all recommended follow up tests and appointments with specialists. Where medical treatment protocols are in place, all support staff should be trained and knowledgeable in their content to ensure prompt and accurate implementation of action steps ordered by physicians. Emergency fact sheets, location safety plans and individual Health Care Records should be kept up to date and contain accurate information. Medication treatment plans should be developed where required, shared with each person's ISP team, and corresponding data collection

occur.

Additionally, relative to licensure, money management plans need to contain all required components and required ISP assessments and support strategies must be submitted within the required timelines in preparation for the ISP. The agency should submit and finalize all incident reports within required time frames.

Relative to certification, the agency should focus attention on the robust review and analysis of data collected across the organization and utilize this analysis to drive service delivery improvement. The agency is encouraged to develop and implement a system to solicit individual feedback on the staff who support them, and to enable participation in the hiring process for potential new staff.

In conclusion, Victory Human Service's residential service grouping achieved a Licensing score of 73% and received a Not Met rating in one critical indicator L38; the agency's license will be deferred. The DDS Office of Quality Enhancement (OQE) will conduct a follow-up review within 60 days of the Service Enhancement Meeting (SEM) on all licensing indicators rated as Not Met, including the L38 critical indicator. To be issued a Two-Year License with a mid-cycle review, the agency must demonstrate at least 80% compliance within the critical indicator during the follow-up review. The residential service grouping is Certified with 91% of the certification indicators having received an overall rating of Met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Residential and Individual Home Supports	50/71	21/71	
Residential Services Individual Home Supports Placement Services			
Critical Indicators	7/8	1/8	
Total	58/79	21/79	73%
Defer Licensure			
# indicators for 60 Day Follow-up		21	

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

Indicator #	Indicator	Area Needing Improvement
L1	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	For three of twelve individuals the agency could not demonstrate that individuals were trained and/or guardians received information regarding how to report abuse and neglect. The agency needs to ensure that individuals receive annual training in how to report abuse/neglect, in accordance with their method of communication and that guardians are provided with information on how to file a complaint.
L5	There is an approved safety plan in home and work locations.	For two of eight locations, safety plans were either in place without having received current approved from the DDS Area Office or the resettlement language section of the plan contained inaccuracies. The agency needs to ensure that location safety plans are less than two years old, include all elements accurately, reflect current practices and are approved by DDS Area Director, or designee.

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

Indicator #	Indicator	Area Needing Improvement
L7	Fire drills are conducted as required.	At one location, the agency had three documented unsuccessful fire drills over the period of a year without having taken action steps to communicate with the DDS Area Office and create a plan to identify and resolve barriers to evacuation. The agency should ensure that fire drills are conducted as required, including following the action steps contained within the "Guidance on Emergency Evacuation Safety Plan" Memorandum in the event a fire drill is unsuccessful. The agency should ensure that strategies are implemented, which are supported by documentation, to resolve the temporary new situation that has caused the evacuation to fail. It is each provider agency's responsibility to notify the appropriate area office (s) of the issue and how the evacuation need will be addressed. The agency and Area Office must agree on a documented timeframe for the repeat of a fire drill and retraining of individuals and staff.
L8	Emergency fact sheets are current and accurate and available on site.	Six of twelve individuals' emergency fact sheets were missing required information. The agency needs to ensure that emergency fact sheets contain all required components.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At two of seven locations the water temperature measured outside of the required range. The agency needs to ensure that water temperatures are consistently maintained within the required range of between 110 and 120 degrees Fahrenheit.
L34	Individuals receive an annual dental exam.	Three of twelve individuals were not supported to receive annual dental examinations. The agency needs to support individuals to receive annual dental examinations, with annual appointments being scheduled at an interval no greater than fifteen months apart.
L35	Individuals receive routine preventive screenings.	Five of twelve individuals had not received routine and preventative screenings. The agency needs to ensure that individuals receive preventive health screenings in accordance with their age and gender.
L36	Recommended tests and appointments with specialists are made and kept.	For five of twelve individuals, recommended tests and appointments with specialists were either not scheduled or kept. The agency needs to ensure that all recommended tests and appointments with specialists are scheduled and kept.
L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For two of six individuals, there was no information to support that staff were trained on physician ordered medical protocols. The agency needs to ensure that where physicians' orders and treatment protocols are in place, a robust mechanism is in place to ensure that all staff are trained in the content of each protocol so that action steps can be accurately implemented if parameters arose.

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

Indicator #	Indicator	Area Needing Improvement
L43	The health care record is maintained and updated as required.	Seven of twelve individuals' Health Care Records were not updated and maintained as required. The agency needs to ensure Health Care Records are maintained and updated as required; annually at the time of an individual's ISP, and within thirty days of significant changes or events.
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.	For four of twelve individuals, the agency could not demonstrate that individuals were fully trained and/or guardians received information regarding human rights and how to file a grievance if they had a concern. The agency needs to ensure that individuals and guardians receive annual training in human rights and residential agreements are in place as appropriate.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For two of five individuals who required the use of health related supports, their devices were not authorized and/or did not have written instructions for proper use, cleaning and maintenance. When individuals require health-related devices, the use of these devices must be authorized by a medical professional. This authorization must include instructions for applying and using the device, instructions for the care and cleaning of the device and the frequency of safety checks.
L63	Medication treatment plans are in written format with required components.	For three of eight individuals, Medication Treatment Plans (MTPs) were not developed and/or data on the target behaviors for which medication was prescribed was not being collected. The agency needs to develop Medication Treatment Plans where required. Plans should contain all required components including measurable target behaviors. The agency needs to also establish aligned data collection systems, and ensure there is a mechanism in place for each individual to share that data with prescribing physicians in an ongoing manner.
L64	Medication treatment plans are reviewed by the required groups.	For seven of eight individuals with Medication Treatment Plans, the agency did not submit plans for ISP team review. The agency needs to ensure that Medication Treatment Plans are shared with the individual's ISP team.

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

Indicator #	Indicator	Area Needing Improvement
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For nine of eleven individuals where the agency had a shared or delegated money management responsibility, written plans did not contain all required components, for example, clearly identifying parameters on the amounts of money the person could hold, and containing teaching strategies for identified goals relative to supporting individuals to increase their money management skills. The agency needs to develop funds management plans that outline the roles and responsibilities of the agency in supporting individuals to manage and spend their personal funds. The agency needs to ensure that plans are individualized and contain all required components. Additionally, the agency needs to obtain annual written agreement from the individual or his/her guardian, on each funds management plan.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For four of five individuals who used health-related devices, staff were not trained in the proper use, care, and cleaning of the equipment. The agency needs to ensure that staff are trained and knowledgeable in the safe use, application, proper care, and cleaning of health-related devices.
L85	The agency provides ongoing supervision, oversight and staff development.	At six of eight locations, the agency did not have an effective system of oversight and monitoring. The agency needs to ensure that oversight systems are established and implemented on an agency-wide basis to ensure that effective monitoring occurs in areas including but not limited to money management, healthcare coordination and environmental safety. Supervisory oversight systems need to ensure that support staff receive adequate training and support in areas such as physician ordered treatment protocols, medication administration systems in accordance with MAP policy, and in the utilization and care of health related supports.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Two of four individuals' ISP assessments were not completed and submitted within the established timeline. The agency needs to ensure that it completes and submits ISP assessments at least 15 days prior to each ISP meeting.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Two of five individuals' ISP support strategies were not completed and submitted within the established timeline. The agency needs to ensure that it completes and submits ISP support strategies at least 15 days prior to each ISP meeting.

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

Indicator #	Indicator	Area Needing Improvement
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Three of eleven individuals were not supported to work towards accomplishing their identified ISP goals through the implementation of support strategies identified and agreed upon in their ISP. The agency needs to ensure that staff implement identified support strategies to support individuals to achieve their identified goals, and that corresponding data collection is occurring in an ongoing and sustained manner.
L91	Incidents are reported and reviewed as mandated by regulation.	At two of eight locations, incidents were not reported, and/or submitted reviewed by the agency within the required timelines. The agency needs to ensure that all incidents are reported, submitted and reviewed within the required timelines.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	5/6	1/6	
Residential and Individual Home Supports	56/61	5/61	
Individual Home Supports	20/21	1/21	
Placement Services	18/20	2/20	
Residential Services	18/20	2/20	
Total	61/67	6/67	91%
Certified			

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

Indicator #	Indicator	Area Needing Improvement
C2	The provider analyzes information gathered from all sources and identifies patterns and trends.	The agency did not have an identifiable system for analyzing data collected from various sources, including but not limited to internal audits and feedback from DDS stakeholders, with a view to identifying patterns and trends. The agency needs to develop and implement a mechanism to review service quality information on an on-going basis so that patterns and trends may be identified and key areas for service improvement initiatives can be targeted.

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

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	None of three individuals had been provided the opportunity to give input during the time of hire and/or give feedback about the staff that support them to be incorporated into ongoing professional development for staff. The agency needs to develop a system to ensure that all individuals have both the opportunity to participate in the hiring process of new support staff and the opportunity to give feedback on staff who support them so that feedback can be utilized to inform performance evaluation and training.
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	None of three individuals had been provided the opportunity to give input during the time of hire and/or give feedback about the staff that support them to be incorporated into ongoing professional development for staff. The agency needs to develop a system to ensure that all individuals have both the opportunity to participate in the hiring process of new support staff and the opportunity to give feedback on staff who support them so that feedback can be utilized to inform performance evaluation and training.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For one of three individuals, the agency had not thoroughly assessed support needs in the areas of intimacy and companionship; nor had education and support in these areas been provided. The agency needs to assess all individuals relative to their preferences for intimacy and companionship and have available a curriculum to provide training and support to individuals and support staff in this area.

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

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	None of six individuals had been provided the opportunity to give input during the time of hire and/or give feedback about the staff that support them to be incorporated into ongoing professional development for staff. The agency needs to develop a system to ensure that all individuals have both the opportunity to participate in the hiring process of new support staff and the opportunity to give feedback on staff who support them so that feedback can be utilized to inform performance evaluation and training.
C9	Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	For three of six individuals, the agency was not consistently implementing strategies with a view to increasing each person's personal relationships, friends and social contacts. The agency needs to ensure that each person's support team is knowledgeable about an individuals' interests in friendship or social contacts with specific individuals and are consistently supporting individuals to develop and/or increase opportunities for social contact in an ongoing manner, for example, suggesting new ways to maintain current friendships, or creative opportunities to make new friends.

MASTER SCORE SHEET LICENSURE

Organizational: Victory Human Services

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
☒ L2	Abuse/neglect reporting	8/8	Met
L3	Immediate Action	3/3	Met
L4	Action taken	1/1	Met
L48	HRC	1/1	Met
L74	Screen employees	2/2	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	6/6	Met
L83	HR training	6/6	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	4/6	2/3	3/3				9/12	Not Met (75.00%)
L5	Safety Plan	L	2/2	3/3	1/3				6/8	Not Met (75.00%)
R L6	Evacuation	L	1/2	3/3	3/3				7/8	Met (87.50%)
L7	Fire Drills	L	1/2						1/2	Not Met (50.0%)
L8	Emergency Fact Sheets	I	3/6	2/3	1/3				6/12	Not Met (50.0%)
L9 (07/21)	Safe use of equipment	I	5/6	3/3					8/9	Met (88.89%)
R L11	Required inspections	L	2/2	2/2	3/3				7/7	Met
R L12	Smoke detectors	L	2/2	2/2	3/3				7/7	Met
R L13	Clean location	L	2/2	2/2	3/3				7/7	Met
L14	Site in good repair	L	2/2	2/2	3/3				7/7	Met
L15	Hot water	L	1/2	2/2	2/3				5/7	Not Met (71.43%)
L16	Accessibility	L	2/2	1/1	3/3				6/6	Met
L17	Egress at grade	L	2/2	2/2	3/3				7/7	Met
L18	Above grade egress	L	1/1	2/2					3/3	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L19	Bedroom location	L	1/1	1/1	1/1				3/3	Met
L20	Exit doors	L	2/2	2/2					4/4	Met
L21	Safe electrical equipment	L	2/2	1/2	3/3				6/7	Met (85.71%)
L22	Well-maintained appliances	L	2/2	2/2	1/1				5/5	Met
L23	Egress door locks	L		2/2					2/2	Met
L24	Locked door access	L	1/2	1/1	2/2				4/5	Met (80.0%)
L25	Dangerous substances	L	2/2						2/2	Met
L26	Walkway safety	L	2/2	2/2	3/3				7/7	Met
L28	Flammables	L	2/2	1/2					3/4	Met
L29	Rubbish/combustibles	L	2/2	1/2	3/3				6/7	Met (85.71%)
L30	Protective railings	L	2/2	2/2	3/3				7/7	Met
L31	Communication method	I	6/6	3/3	3/3				12/12	Met
L32	Verbal & written	I	6/6	3/3	3/3				12/12	Met
L33	Physical exam	I	6/6	2/3	3/3				11/12	Met (91.67%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L34	Dental exam	I	5/6	2/3	2/3				9/12	Not Met (75.00 %)
L35	Preventive screenings	I	5/6	2/3	0/3				7/12	Not Met (58.33 %)
L36	Recommended tests	I	5/6	1/3	1/3				7/12	Not Met (58.33 %)
L37	Prompt treatment	I	6/6	2/2	3/3				11/11	Met
℞ L38	Physician's orders	I	2/4		2/2				4/6	Not Met (66.67 %)
L39	Dietary requirements	I	2/2	0/1	2/2				4/5	Met (80.0 %)
L40	Nutritional food	L	2/2	3/3					5/5	Met
L41	Healthy diet	L	2/2	3/3	3/3				8/8	Met
L42	Physical activity	L	2/2	2/3	3/3				7/8	Met (87.50 %)
L43	Health Care Record	I	3/6	1/3	1/3				5/12	Not Met (41.67 %)
L44	MAP registration	L	2/2						2/2	Met
L45	Medication storage	L	2/2						2/2	Met
℞ L46	Med. Administration	I	5/6		3/3				8/9	Met (88.89 %)
L47	Self medication	I		1/1					1/1	Met
L49	Informed of human rights	I	4/6	2/3	2/3				8/12	Not Met (66.67 %)

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L50 (07/21)	Respectful Comm.	I	6/6	3/3	3/3				12/12	Met
L51	Possessions	I	6/6	3/3	3/3				12/12	Met
L52	Phone calls	I	6/6	3/3	3/3				12/12	Met
L53	Visitation	I	6/6	3/3	3/3				12/12	Met
L54 (07/21)	Privacy	I	6/6	3/3	2/2				11/11	Met
L55	Informed consent	I	2/2						2/2	Met
L61	Health protection in ISP	I	2/2	0/1	1/2				3/5	Not Met (60.0%)
L63	Med. treatment plan form	I	1/4	1/1	3/3				5/8	Not Met (62.50%)
L64	Med. treatment plan rev.	I	1/4	0/1	0/3				1/8	Not Met (12.50%)
L67	Money mgmt. plan	I	1/5	1/3	1/3				3/11	Not Met (27.27%)
L68	Funds expenditure	I	5/5	2/2	3/3				10/10	Met
L69	Expenditure tracking	I	4/5	2/2	3/3				9/10	Met (90.0%)
L70	Charges for care calc.	I	5/5	1/1	3/3				9/9	Met
L71	Charges for care appeal	I	5/5	1/1	3/3				9/9	Met
L77	Unique needs training	I	6/6	3/3	3/3				12/12	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L80	Symptoms of illness	L	1/2	3/3	3/3				7/8	Met (87.50%)
L81	Medical emergency	L	2/2	3/3	3/3				8/8	Met
L82	Medication admin.	L	2/2						2/2	Met
L84	Health protect. Training	I	0/2	0/1	1/2				1/5	Not Met (20.0%)
L85	Supervision	L	0/2	1/3	1/3				2/8	Not Met (25.00%)
L86	Required assessments	I	2/3	0/1					2/4	Not Met (50.0%)
L87	Support strategies	I	1/3	1/1	1/1				3/5	Not Met (60.0%)
L88	Strategies implemented	I	3/5	3/3	2/3				8/11	Not Met (72.73%)
L90	Personal space/bedroom privacy	I	6/6	3/3	3/3				12/12	Met
L91	Incident management	L	2/2	2/3	2/3				6/8	Not Met (75.00%)
L93 (05/22)	Emergency back-up plans	I	6/6	3/3	3/3				12/12	Met
L94 (05/22)	Assistive technology	I	6/6	3/3	1/3				10/12	Met (83.33%)

Ind. #	Ind.	Loc. or Indiv.	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	1	4/4	1/1					5/5	Met
#Std. Met/#									50/71	
Total Score									58/79	
									73.42%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	1/1	Met
C2	Data analysis	0/1	Not Met (0 %)
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

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/6	Not Met (0 %)
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

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C12	Intimacy	5/6	Met (83.33 %)
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	5/6	Met (83.33 %)
C17	Community activities	6/6	Met
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met
C46	Use of generic resources	5/6	Met (83.33 %)
C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	6/6	Met
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

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/3	Not Met (0 %)
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	3/3	Met
C10	Social skill development	3/3	Met
C11	Get together w/family & friends	3/3	Met
C12	Intimacy	2/3	Not Met (66.67 %)
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	3/3	Met
C16	Explore interests	3/3	Met
C17	Community activities	3/3	Met
C18	Purchase personal belongings	3/3	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C19	Knowledgeable decisions	3/3	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	3/3	Met
C49	Physical setting is consistent	3/3	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	3/3	Met
C53	Food/ dining choices	3/3	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/3	Not Met (0 %)
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	2/2	Met
C10	Social skill development	3/3	Met
C11	Get together w/family & friends	3/3	Met
C12	Intimacy	3/3	Met
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	2/2	Met
C16	Explore interests	3/3	Met
C17	Community activities	3/3	Met
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	3/3	Met
C21	Coordinate outreach	3/3	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	3/3	Met
C49	Physical setting is consistent	2/2	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C52	Leisure activities and free-time choices /control	3/3	Met
C53	Food/ dining choices	3/3	Met