

**Department of Mental Retardation
Office of Quality Management, Quality Enhancement Division
Survey and Certification**

Report Date: January 9, 2009

Agency: The Judge Rotenberg Educational Center

Review Dates: September 29, 2008 to October 10, 2008

Licensure: November 6, 2008 to November 6, 2009

Licensure Level: Conditional One-Year License

Follow-Up Required: Yes, "People are valued."

"People's rights are affirmed."

"People's rights are protected."

"People maintain good health."

"People's funds are safeguarded."

"The organization has systems in place to safeguard individuals."

Certification Performed By: Department of Mental Retardation for Residential & Employment Supports

Certification Outcome: Certified with 1 out of 6 Quality of Life Areas "Achieved"

Certification Completed On: November 6, 2008

Survey Team: Stephen Abreu (Team Leader), Jennifer Petersen & Edward Sutka

Citizen Volunteers: None

Number of Individual Reviews Completed: [18]

[12] Residential Reviews

[6] Work/Community Reviews

[0] Respite Reviews (*Not Rated*)

[2] Safeguard System Reviews

(Not Rated)

EXECUTIVE SUMMARY

The Judge Rotenberg Educational Center (JRC) is a private non-profit organization providing both day and residential supports to children and adults. The agency specializes in supporting individuals with a history of severe behavior disorders. Many of the individuals JRC supports (over 70%) come from states other than Massachusetts and often with many previous unsuccessful attempts in treatment supports from other service providers. The agency has had a decrease in enrollment since the last survey and now supports just over 180 individuals. As many of the individuals supported (111) are under the age of eighteen, the agency is also licensed by another state entity, Department of Early Education and Care (EEC). This other entity is responsible for the licensure of the residences in which one or more individuals is age eighteen or younger. This full Licensure and Certification Review by DMR focused on a sample of individuals from the Adult Services Program which consists of residential and vocational services for a total of seventy-three adults. Of these seventy-three adults, thirty-one are Massachusetts residents receiving funding through the Department of Mental Retardation (DMR.)

The survey sample for the current Licensure and Certification Review was comprised of a random sample of twelve individuals who received twenty-four hours of residential supports and six individuals who received employment supports. Safeguard System Reviews, which were not focused upon a specific person, were also conducted at two of the agency's remaining four homes that provide twenty-four hour supports.

Since the previous survey the agency had moved forward on the renovations of both buildings that make up its campus. One building now had a fully functional cafeteria that prepared and served all meals. This location also prepared the meals that were sent to each home for dinner Friday through Sunday. Other physical changes included a gymnasium with basketball court and exercise equipment. The day support location for adults was moved from its previous location and occupied several "classrooms" at its new location. The agency had completed its process of separating adult's residential supports from its children residential supports. Additional changes occurred in its systems of information integration as individual files were expanded to contain information that had been maintained in separate locations in the past such as medical, legal, and financial information. The system for access and storage of individual daily data had also been improved to allow for a more systematic review of the implementation of treatment plans.

DMR recognizes that the agency serves some of the most behaviorally challenged individuals in the Commonwealth. As a result, its treatment modality is inherently restrictive with regard to individual freedoms. The agency's highly structured programming and settings are emphasized over other treatment strategies, such as psychotropic medication.

Indeed, controlling the environment continues to be a primary component of treatment at JRC and viewed as a contributing factor in successfully managing maladaptive behaviors. While acknowledging this component of its programs, the survey team nevertheless found the agency's policies to be overly restrictive with regard to individuals' protected rights and freedoms.

Moreover, some of the agency's practices are markedly restrictive. For example, adults (and children) at the agency spend an excessive amount of time at the agency's campus location rather than their home. This practice of keeping adult clients in their work (day support) environment through dinner and into the evening period Monday through Thursday impacts on the individuals' rights in a number of ways described below.

The practice of people going home at 4 p.m. on Friday's and spending the entire weekend at home was implemented in August 2008. Prior to this date, individuals were transported to the day support location seven days a week, and remained there until after dinner on Monday through Thursday. Although the current practice provides a greater opportunity for people to be at home, the agency should continue to provide opportunities for individuals to spend more time in their home and expand the choice making options available to individuals while at home.

The agency utilized a variety of practices that did not promote individuals as valued adults. For example, individuals throughout the survey were referred to by staff at all levels of the organization, as "low-functioning" or "high-functioning," and this terminology was also noted in two documents utilized as staff training materials as well as the agency's web site. Individuals were also required to stand in line in large groups and walk from room to room waiting for individuals from their line to be dropped-off at the appropriate room.

A number of agency practices did not promote individuals' rights. These can best be categorized as practices that were generalized amongst all individuals supported within both residential and day supports. Examples of generalized practices that violated individuals' rights as set forth in DMR regulations included: mandatory bed times and bed checks, restricting talking, and not allowing any deviation from the food menu. These were implemented universally, across sampled individuals. Since these restrictions and other practices were not individually based and not specified within treatment plans, their application affected all the individuals

sampled and thus resulted in an overall rating of “Partially Achieved” in the Quality of Life Areas pertaining to rights affirmation and protection.

All of the individuals who participated in the survey were supported with interventions with restrictive components, such as Level I plans with a restriction of possessions and funds or Level III behavior plans with the use of physical and mechanical limitation of movement, and/or the administration of behavior-modifying medication, and/or the use of health-related protection devices. Concerns were seen for all people who participated in the survey in one or more aspects of the implementation of these restrictive practices. These included compliance with the procedural safeguards such as ensuring that interventions were the least intrusive and based on the individual’s needs; that all of the interventions being implemented are included in the written plan; that consent was obtained; that review and the necessary approval for the type of intervention being used such as HRC for the restriction of possession and funds, is sought; and that interventions are safely and consistently implemented.

The agency identified a system to support optimum healthcare that primarily relied on coordination amongst internal nursing, contracted physicians, and community based practitioners. However, supporters at other levels of the organization were also involved in the coordination and oversight of individuals’ healthcare. For example, individuals were typically brought to healthcare appointments within the community by their case manager or another designated staff. Additionally, although a system to communicate with external medical professionals was developed, this was not consistently implemented nor was a comprehensive consult form complete for the physician to review. Thus, physicians would have to rely on the staff person attending the appointment. It was unclear however, whether staff had been trained to fully understand the individuals’ medical needs or brought sufficient written information with them to effectively communicate their healthcare needs, to observe and record symptoms, or to summarize pertinent data. For instance, two case managers who regularly attended and/or communicated with external physicians reported that knowledge and understanding of a person’s medical diagnosis was a function of the nursing department and not their responsibility. Additionally, in some cases medical diagnoses and recommendations available within the confidential records were not fully acknowledged by agency personnel. This resulted in failure to seek specialized services or reasonable accommodations, and issues regarding the diagnoses were not tracked and presented to an appropriate specialist for some of the individuals that participated in the survey. The agency needs to strengthen the coordination of medical services to ensure that all personnel involved in the coordination of care are knowledgeable of people’s healthcare needs and their role in promoting a continuum of care.

Further compromising this area was the practice of staff administering medication without the required Medication Administration Program (MAP) certification and maintaining (storing) medication at homes that had not been registered through the Department of Public Health as required by regulation. (*See 115 CMR 5.15.*) For example, although most were not administered daily, medications stored and administered at individual’s homes by non-licensed or non-certified staff were comprised of both over-the-counter medications and those prescribed on an as needed basis.

The agency structured its residential homes in a hierarchy of restrictiveness. Individuals were moved within this hierarchy for a variety of reasons relating to behavioral reward or consequence, between settings which tied to an individual’s assigned level of functioning. This impacted individual rights, choice, privacy, and control for all of the agency’s adult clients. Additionally, individuals were transferred from one residential location to another based not necessarily upon their own behavior, but upon other individuals’ behavior. Prior to this current review, the survey process had not identified the frequency with which this occurs. For example, in one instance, an individual moved four times in a three month period.

Although individuals spent their day at a location within a business district, and homes were located within residential neighborhoods in close proximity to community based resources, individuals were not supported to regularly use local resources or to become integrated into their neighborhoods. For instance, the staff ensured

that individuals did not socialize with others who are not associated with the JRC while on a “field trip.” In addition, for all of the sampled individuals, the use of community resources was typically done in groups and was not necessarily based on individuals’ unique interests or preferences.

The use of restrictive interventions was prevalent in all the supports identified; however, organizational systems to address essential safeguards, protection of human rights, and management of risk were not consistently implemented or monitored. Issues included the failure of the provider to support its Human Rights Committee to fulfill its role of ensuring supports are the least intrusive and most appropriate, the safeguarding of individuals’ funds, and the administration of medication and healthcare coordination. In terms of managing risks, the agency needs to more effectively monitor GED trouble reports for trends. Additionally, as it was indicated that the device, including the electrodes used, were last assessed in 1994 by John M.R. Bruner, M.D. The agency needs to have the more periodic regular reviews of the devices used to ensure that these operate safely and do not pose a safety threat to individuals.

The agency’s philosophy of education and treatment was based on one of the basic principles of behavioral psychology, “that all behaviors are powerfully influenced by the consequences that they produce.” As many restrictions were generalized to the general population that JRC serves, these restrictions went beyond what was intended to be more individualized treatment. It is recommended that the agency continue to explore ways in which it can assure an individualized approach to treatment interventions at the same time that it both protects the health, safety, and rights of all served.

Based on the findings of the survey, the agency is certified with one out of six Quality of Life Areas “Achieved.” As the agency received a rating of “Partially Achieved” in the Quality of Life Areas of “Rights and Dignity” and “Personal Well-Being,” and an overall rating of “Not Achieved” in the Outcomes for the Organization, it will receive a Conditional One Year License. This status necessitates a Follow-up Review within sixty days.

Provider Certification Scoring Summary

Licensure Review

Quality of Life Area	Residential	Day	Overall Provider Rating
Rights and Dignity	Partially Achieved	Partially Achieved	Partially Achieved
Personal Well-Being	Partially Achieved	Achieved	Partially Achieved
Organizational Outcome:	The organization has systems in place to safeguard people.		Not Achieved

Certification Review

Quality of Life Area	Residential	Day	Overall Provider Rating
Individual Control	Partially Achieved	Partially Achieved	Partially Achieved
Community and Social Connections	Partially Achieved	Partially Achieved	Partially Achieved
Personal Growth and Accomplishments	Achieved	Achieved	Achieved
Organizational Outcome:	Staff have the skills and knowledge to support the quality of life of people.		Partially Achieved
Organizational Outcome:	The organization supports growth and change to continually improve its quality of supports.		Not Achieved
Organizational Combined Rating: (Based on both the licensure organizational outcome and the two certification quality of life outcomes.)			Not Achieved

**Department of Mental Retardation
Office of Quality Management, Office of Quality Enhancement
Licensure and Certification**

Section I

Licensure Review

Outcome of Individual Quality Reviews

*Rights and Dignity
Personal Well-Being*

Outcomes for the Organization

The organization has systems in place to safeguard people.

**QUALITY OF LIFE AREA #1:
RIGHTS AND DIGNITY
Rating: *Partially Achieved***

Principles: Support and affirmation of individual rights are safeguards for all people as citizens of the United States. These rights are framed in the Constitution, Bill of Rights, and Federal and State statutes. They include such freedoms as the rights to privacy, free speech, and due process. The actualization of individual rights is especially important to people with disabilities because they have not always been afforded these most basic of guarantees and may need support to exercise their rights. In order to have their rights affirmed, individuals first must be respected, valued, and treated with positive regard.

QUALITY OF LIFE SCORING SUMMARY

QUALITY OF LIFE SCORING SUMMARY													
People are valued.		Residential			Day			Respite			% of Indicators		
<i>Partially Achieved</i>		Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
1.1A	Interactions are respectful of people.	1	11	0	1	5	0	-		-	11%	89%	N/A
1.1B	People are supported to identify themselves as adults.	0	12	0	1	5	0	-	-	-	6%	94%	N/A
1.1C	People are supported to take pride in themselves and their surroundings	11	0	1	4	2	0	-	-	-	88%	12%	N/A
1.1D	People live and work in settings that are typical of other members of the community.	0	11	1	0	6	0	-	-	-	--	100%	N/A
People's rights are affirmed.		Residential			Day			Respite			% of Indicators		
<i>Partially Achieved</i>		Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
1.2A	People and/or those supporting them understand individual rights.	11	1	0	6	0	0	-	-	-	94%	6%	N/A
1.2B	People's rights are exercised in their everyday lives.	0	12	0	0	6	0	-	-	-	--	100%	N/A
1.2C	People receive the same treatment as other employees.	0	0	12	6	0	0	-	-	-	100%	--	N/A
1.2D	People receive comparable wages and benefits as other employees.	0	0	12	5	1	0	-	-	-	83%	17%	N/A
People's rights are protected.		Residential			Day			Respite			% of Indicators		
<i>Partially Achieved</i>		Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
1.3A	All interventions are the least intrusive and are based upon people's unique needs.	0	12	0	0	6	0	-	-	-	--	100%	N/A
1.3B	All interventions are included in a written plan.	0	12	0	2	4	0	-	-	-	11%	89%	N/A
1.3C	People or their guardians knowingly give consent and have the opportunity to refuse or withdraw approval.	2	10	0	2	4	0	-	-	-	22%	78%	N/A
1.3D	Safeguards ensure a thorough review and approval process when needed.	0	12	0	2	4	0	-	-	-	11%	89%	N/A
1.3E	All interventions are safely, accurately, and consistently implemented.	1	11	0	0	6	0	-	-	-	6%	94%	N/A

QUALITY OF LIFE AREA
Personal Well-Being
Rating: *Partially Achieved*

Principles: Being safe, secure and healthy provides a foundation that enables people to have a truly fulfilling life and do the things that are important to them. As with rights, certain universal things contribute to the well-being of everyone in society, regardless of who they are and their personal circumstance. These universals include having routine physical examinations, wearing seat belt, or installing smoke detectors. Beyond the universal safeguards, personal well-being is supported by recognition of people's skills and needs as balanced against their lifestyle choices. Services are designed to assist people to be secure, achieve and/or maintain good health, to make decisions that keep them out of harm's way, and to ensure a prompt response when people's safety, security or health are compromised.

QUALITY OF LIFE SCORING SUMMARY													
People are safe at home and work.		Residential			Day			Respite			% of Indicators		
<i>Achieved</i>		Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
5.1A	People's home and workplace are safe, secure, and in good repair.	10	2	0	6	0	0	-	-	-	89%	11%	N/A
5.1B	People and their supporters know what to do in an emergency.	12	0	0	6	0	0	-	-	-	100%	--	N/A
5.1C	People can safely evacuate from their home and workplace in an emergency.	12	0	0	6	0	0	-	-	-	100%	--	N/A
5.1D	There are adequate supports for people to be safe in their home and work.	12	0	0	6	0	0	-	-	-	100%	--	N/A
5.1E	People use materials and equipment safely.	1	0	11	6	0	0	-	-	-	100%	--	N/A
People are protected from harm.		Residential			Day			Respite			% of Indicators		
<i>Achieved</i>		Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
5.2A	Supports are in place if people make decisions that put them at risk.	1	1	10	1	0	5	-	-	-	67%	33%	N/A
5.2B	Immediate actions are taken to ensure people's safety.	1	1	10	1	0	5	-	-	-	67%	33%	N/A
5.2C	Actions are taken to correct the situation when people have been mistreated.	2	2	8	2	0	4	-	-	-	67%	33%	N/A
5.2D	Steps are taken to prevent the situation from occurring again.	1	3	8	1	1	4	-	-	-	33%	67%	N/A
5.2E	People know how or have support to report a situation where they feel they are being mistreated or have been mistreated or harmed.	12	0	0	6	0	0	-	-	-	100%	--	N/A

Personal Well-Being, cont.

People maintain good health.		Residential			Day			Respite			% of Indicators		
<i>Partially Achieved</i>		Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
5.3A	People are supported to have a healthy lifestyle.	12	0	0	6	0	0	-	-	-	100%	--	N/A
5.3B	People are supported to be active participants in their health care.	12	0	0	5	1	0	-	-	-	94%	6%	N/A
5.3C	People have needed routine and specialized health care services.	7	5	0	4	2	0	-	-	-	61%	39%	N/A
5.3D	Supporters are knowledgeable about people's health care needs.	11	1	0	5	1	0	-	-	-	89%	11%	N/A
5.3E	People's medications are given properly and as prescribed by the practitioner.	0	12	0	5	1	0	-	-	-	28%	72%	N/A
People's funds are safeguarded.		Residential			Day			Respite			% of Indicators		
<i>Not Achieved</i>		Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
5.4A	People receive the support and/or education they need in managing their financial resources.	0	12	0	0	1	5	-	-	-	--	100%	N/A
5.4B	People's funds are managed properly and with their consent.	4	8	0	0	1	5	-	-	-	31%	69%	N/A

OUTCOMES FOR THE ORGANIZATION

Principles: Positive outcomes for individuals are the result of many factors, not the least of which is a strong, coherent organizational structure. For positive outcomes for individuals to be sustained over time, across all settings and by all staff, agencies need to create an infrastructure and culture that supports quality and safeguards individuals.

SCORING SUMMARY

Outcome and Indicators		Agency Totals
The organization has systems in place to safeguard people. <i>Not Achieved</i>		Finding
7.1A	The organization has strategies that proactively ensure that essential safeguards are in place across settings and over time.	No
7.1B	The organization has systems in place to affirm and protect the rights and dignity of individuals.	No
7.1C	The organization has procedures that minimize unnecessary risk to individuals.	No
% Indicators Present		0%

**Department of Mental Retardation
Office of Quality Management, Office of Quality Enhancement
Licensure and Certification**

Section II

Certification Review

Outcome of Individual Quality Reviews

*Individual Control
Community and Social Connections
Personal Growth and Accomplishments*

Outcomes for the Organization

*Staff have the skills and knowledge to support the quality of life of people.
The organization supports growth and change to continually improve its quality of supports.*

QUALITY OF LIFE AREA

Individual Control

Rating: *Partially Achieved*

Principles: Being able to direct the course of one's life is something for which all people strive. Self-determination is expressed in all aspects of people's lives, both in little things such as deciding when to get up as well as in major life decisions that may have a deep, long lasting effect such as deciding on a certain career or moving to a new community. The type and amount of support people need to take charge of their lives varies greatly. For some, even making everyday choices is a new experience and they need much guidance in learning how to make both everyday and major choices. For others, periodic check-ins and discussions are needed to keep them on course and to make sure they have an understanding of their options and of the consequences of their decisions. What is important is that people have all the information they need to make decisions, that they are empowered and supported to take action, and that they understand how their decisions affect their lives.

QUALITY OF LIFE SCORING SUMMARY													
People are understood.		Residential			Day			Respite			% of Indicators		
<i>Partially Achieved</i>		Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
2.1A	Supporters understand what people are expressing.	9	3	0	5	1	0	-	-	-	78%	22%	N/A
2.1B	Supporters use people's primary means of communication.	8	4	0	5	1	0	-	-	-	72%	28%	N/A
2.1C	Supporters assist people to communicate with and be understood by others.	8	4	0	5	1	0	-	-	-	72%	28%	N/A
People make choices in their everyday lives.		Residential			Day			Respite			% of Indicators		
<i>Partially Achieved</i>		Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
2.2A	People make choices about their routines and schedules.	0	12	0	0	6	0	-	-	-	--	100%	N/A
2.2B	People make choices about the work and household tasks for which they are responsible.	0	12	0	0	6	0	-	-	-	--	100%	N/A
2.2C	People spend their leisure times in personally satisfying ways.	3	9	0	1	0	5	-	-	-	31%	69%	N/A
People are the primary decision-makers in their lives.		Residential			Day			Respite			% of Indicators		
<i>Partially Achieved</i>		Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
2.3A	People develop their personal goals.	6	6	0	2	4	0	-	-	-	44%	56%	N/A
2.3B	People influence that provides their support.	0	12	0	0	6	0	-	-	-	--	100%	N/A
2.3C	People control important decisions about their home and home life.	1	11	0	0	0	6	-	-	-	8%	92%	N/A
2.3D	People choose where they work or, if they choose not to work, people have other options that are meaningful to them.	0	0	12	1	5	0	-	-	-	17%	83%	N/A

QUALITY OF LIFE AREA
Community and Social Connections
Rating: *Partially Achieved*

Principles: Membership in community life supports people's sense of belonging and provides opportunities for citizenship, friendship and valued roles in society. Everyone has unique, identifiable ways that he or she is connected to the community and to other people who are important to them. Being a part of community life means that people are using all the resources and amenities that others use. Being connected also means that people have other people in their lives who are important to them, who are there for them when needed and with whom they can share their thoughts and concerns. It also includes having a place in society, a place that other people recognize and value. It may mean helping out neighbors and friends when needed or having talents and gifts that are recognized and shared with other people.

QUALITY OF LIFE SCORING SUMMARY													
People are integrated into their community		Residential			Day			Respite			% of Indicators		
<i>Partially Achieved</i>		Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
3.1A	People live and work in communities with the resources they want and need.	12	0	0	5	1	0	-	-	-	94%	6%	N/A
3.1B	People use the same community resources as others on a frequent and ongoing basis.	1	11	0	0	6	0	-	-	-	6%	94%	N/A
People are connected with their community.		Residential			Day			Respite			% of Indicators		
<i>Partially Achieved</i>		Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
3.2A	People are supported to explore their personal interests and options for community involvement.	0	12	0	0	0	6	-	-	-	--	100%	N/A
3.2B	People are involved in activities that connect them to other people in the community.	0	12	0	0	0	6	-	-	-	--	100%	N/A
People have relationships.		Residential			Day			Respite			% of Indicators		
<i>Partially Achieved</i>		Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
3.3A	People are supported to maintain and enhance relationships with family, friends, and co-workers.	7	5	0	4	2	0	-	-	-	61%	39%	N/A
3.3B	People are supported to develop new friendships.	0	12	0	0	0	6	-	-	-	--	100%	N/A
3.3C	People are supported to explore, define, and express their need for intimacy.	1	11	0	0	0	6	-	-	-	8%	92%	N/A

QUALITY OF LIFE AREA
Personal Growth and Accomplishments
Rating: *Achieved*

Principles: While developing one's own goals is a critical first step in making decisions about one's life, achieving personal goals and developing the skills to be as independent as possible give individuals a sense of purpose, direction and self-fulfillment in their lives. The strategies and support used in assisting people to reach their goals takes on many forms and should be tailored to people's unique skills, needs, preferences and style of learning. It includes helping people to learn from both planned as well as unanticipated events in their lives. While there is much to be proud of in acquiring the skills to do things independently, it does not mean that people are independent in everything they do. There is the joy that people feel in accomplishing things together and the feeling of self-worth that comes with completing something as independently as possible.

QUALITY OF LIFE SCORING SUMMARY													
People accomplish their goals.		Residential			Day			Respite			% of Indicators		
<i>Achieved</i>		Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
4.1A	People's goals are the basis for actions and supports.	9	3	0	4	2	0	-	-	-	72%	28%	N/A
4.1B	There is a match between what people are doing now and what they want to do in the future.	10	2	0	2	4	0	-	-	-	67%	33%	N/A
4.1C	People have access to needed resources in order to accomplish their goals.	10	1	1	2	4	0	-	-	-	71%	29%	N/A
4.1D	There are supports to get a job that people like.	0	0	12	3	3	0	-	-	-	50%	50%	N/A
4.1E	There are supports to succeed at the job.	0	0	12	3	3	0	-	-	-	50%	50%	N/A
4.1F	People are supported to advance in their job.	1	0	11	3	3	0	-	-	-	57%	43%	N/A
People have autonomy.		Residential			Day			Respite			% of Indicators		
<i>Achieved</i>		Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
4.2A	People complete day to day activities, tasks, and chores as independently as possible.	12	0	0	6	0	0	-	-	-	100%	--	N/A
4.2B	People have access within their home and workplace.	11	1	0	4	2	0	-	-	-	83%	17%	N/A
People grow through their life experiences.		Residential			Day			Respite			% of Indicators		
<i>Achieved</i>		Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
4.3A	Supporters are sensitive and attuned to both small and large events in people's lives.	10	2	0	6	0	0	-	-	-	89%	11%	N/A
4.3B	People are encouraged to understand experiences in their lives.	10	2	0	6	0	0	-	-	-	89%	11%	N/A
4.3C	People are supported to grow from events in their lives that affect them.	10	2	0	6	0	0	-	-	-	89%	11%	N/A

PART II: OUTCOMES FOR THE ORGANIZATION

Principles: Positive outcomes for individuals are the result of many factors, not the least of which is a strong, coherent organizational structure. For positive outcomes for individuals to be sustained over time, across all settings and by all staff, agencies need to create an infrastructure and culture that supports quality and safeguards individuals.

SCORING SUMMARY		
Outcomes		Agency Totals
Staff have the skills and knowledge to support the quality of life of people. <i>Partially Achieved</i>		Finding
7.2A	The organization recruits and maintains a competent work force.	Yes
7.2B	The organization has ways to support staff knowledge, effectiveness, and creativity.	No
% Indicators Present		50%
The organization supports growth and change to continually improve its quality of supports. <i>Not Achieved</i>		Finding
7.3A	The organization has processes to evaluate the quality of its supports.	No
7.3B	The organization improves services as a result of these analyses.	No
% Indicators Present		0%