CARF Accreditation Report

for

H.O.M.E.S.: Healthy Opportunities for Meaningful Experience Society

Three-Year Accreditation

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About CARF

CARF is an independent, non-profit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

H.O.M.E.S.: Healthy Opportunities for Meaningful Experience Society
101 - 33140 Mill Lake Road
Abbotsford BC V2S 2A5
CANADA

Organizational Leadership

Cheryl Richardson, HR Director

Survey Number

194340

Survey Date(s)

June 16, 2025–June 18, 2025

Surveyor(s)

Nancy Kula, Administrative
Judy K. A. Dubeau, PhD, Program
Iryna Dubeniuk, Program

Program(s)/Service(s) Surveyed

Community Housing
Community Integration
Host Family/Shared Living Services
Personal Supports Services
Respite Services
Supported Living

Previous Survey

March 17, 2022–March 18, 2022
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation

Expiration: May 31, 2028

Executive Summary

This report contains the findings of CARF's site survey of H.O.M.E.S.: Healthy Opportunities for Meaningful Experience Society conducted June 16, 2025–June 18, 2025. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, H.O.M.E.S.: Healthy Opportunities for Meaningful Experience Society demonstrated substantial conformance to the standards. H.O.M.E.S. was formed to respond to the needs of individuals who did not succeed in previous attempts to leave institutional life and return to the community. Now, H.O.M.E.S. welcomes over 120 individuals who need a supportive home. The organization provides a range of housing and community supports designed to meet the unique and individualized needs of the individuals served. H.O.M.E.S. is well respected by its funders, partners, and other stakeholders and is viewed as an innovative organization that takes on challenges and succeeds. The organization continues to strengthen its culture and the quality of its supports to further benefit these individuals. The Gentle Teaching Approach and resulting culture of gentleness was palpable in discussions with the teams. The organization has a clear and well-communicated strategy that is visible, actionable, and measurable. The organization has a robust quality infrastructure and shared ownership in positive outcomes for the individuals served. The staff members are well trained, compassionate, and genuine, and they work closely as a team. The environment is welcoming, is accepting, and creates mutual respect between and among staff members and the individuals served. Although there are some areas for improvement, some of which include enhancing the risk management plan, strengthening the performance measurement and management plan, and documenting various elements of the scope of services, leadership appears to have the resources and willingness to address these areas. Exceptional employment practices, combined with a strong culture of caring, have created an organization that is set up for future growth and success.

H.O.M.E.S.: Healthy Opportunities for Meaningful Experience Society appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. H.O.M.E.S.: Healthy Opportunities for Meaningful Experience Society is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

H.O.M.E.S.: Healthy Opportunities for Meaningful Experience Society has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of H.O.M.E.S.: Healthy Opportunities for Meaningful Experience Society was conducted by the following CARF surveyor(s):

- Nancy Kula, Administrative
- Judy K. A. Dubeau, PhD, Program
- Iryna Dubeniuk, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of H.O.M.E.S.: Healthy Opportunities for Meaningful Experience Society and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.

- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Community Housing
- Community Integration
- Host Family/Shared Living Services
- Personal Supports Services
- Respite Services
- Supported Living

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that H.O.M.E.S.: Healthy Opportunities for Meaningful Experience Society demonstrated the following strengths:

- H.O.M.E.S. uses a variety of mechanisms to obtain feedback from the individuals served, ensuring that response rates are reviewed in a timely manner, identifying potential barriers to participation, and adjusting approaches to facilitate feedback from individuals who may not have been able to respond initially.
- The Gentle Teaching Approach is embedded throughout the organization. This approach is incorporated into policy and is a core element of onboarding and ongoing training and education. It is viewed as one of the key factors contributing to the organization's ability to support individuals who may not have been successful with other organizations. The team members expressed that Gentle Teaching is simply who they are.
- The use of the Planning Alternative Tomorrows with Hope (PATH) process results in a clear visual representation of the strategic plan. The plan is supported by three important elements that support implementation, including a first-steps document confirming actions and responsibilities for the first three months and both six-month and annual reports that ensure continuous assessment of progress and accountabilities for implementation. The visual plan has been reproduced and is present in the organization's office/programming environments.
- H.O.M.E.S. has strong practices in place to support employee engagement and retention. This includes opportunities for wellness days, birthdays off with pay, health and wellness grants, staff recognition, incentives to refer candidates for jobs, formal and informal employee activities, caregiver connections, and other initiatives. The organization is focused on how to continuously improve the work environment, planning in partnership with teams to identify new opportunities.
- The organizational culture is very strong, leading to longevity and commitment of team members. Senior leaders work proactively to remain connected to and supportive of teams, with a hands-on approach to support that includes providing coverage in homes to enable the full team in a home to have a team meeting.
- The organization demonstrates a strong person-centred philosophy with a focus on helping individuals live fulfilling, enriched, and happy lives. The teams work proactively to mitigate challenges with individuals served with multiple complexities, and, when challenges do arise, they are well supported in advocacy efforts. The staff members share the goal of helping the individuals served get to where they want to go, collaborating across teams and working collectively.
- H.O.M.E.S. has developed a comprehensive approach to measuring and managing performance. The annual report provides a detailed synthesis of measures and progress in the current year, with comparisons to the previous year and explanatory notes. The organization has created a just culture around quality and quality improvement, in which individuals own their mistakes and work collaboratively toward improvement. This is supported by the Gentle Teaching method that encourages vulnerability in leadership. Information is shared freely, with survey results sent out to all participating groups and the overall report posted publicly on the website.
- Home share providers are well matched with the individuals served. The organization ensures that there are smooth transition plans prior to the official move in, which includes meet-and-greets as well as dinners and overnight visits. The home share providers are given initial and ongoing training when needed and at least annually. Home share providers, the individuals served, and their families reported being very happy with the living arrangements and expressed great satisfaction with the organization for the ongoing support and continuous communication.
- H.O.M.E.S. provides an array of services and supports to individuals with intellectual needs. Many of the individuals receive a few of the services, even if they are not funded for the community service programs. The organization ensures that the individuals served feel welcome to join in and take part in a variety of outings, crafts, and social gatherings where food is prepared and enjoyed by all.

- The staff and leadership are well trained, compassionate, and genuine. They work closely as a team. The culture within the organization is desirable. The atmosphere creates a feeling of welcoming and acceptance that is demonstrated by staff and extended to the individuals served.
- Program and office staff members shared positive sentiments about working for the organization. Their words and actions reflected their dedication to their work and their investment in their career choice. Collectively, they are focused on guiding and supporting the individuals served to achieve the best quality of life possible. Staff members described valued aspects of the workplace, such as opportunities for flexibility in scheduling, invitations to provide input, and overall job satisfaction. An open-door practice is evident, with leadership accessible to staff and the individuals served.
- H.O.M.E.S. goes above and beyond its service contract by providing the individuals served with paid and meaningful employment opportunities. The organization employs many individuals in a variety of roles, from grocery shopping for group homes to front desk reception and yard work. The organization also provides paid employment for individuals to host a variety of groups like bingo, a gardening club, a cooking club, bowling, etc. Not only is H.O.M.E.S. providing meaningful paid employment, but it is also providing job coaching to ensure that the individuals served are successful in earning money to top up their monthly incomes.
- H.O.M.E.S. has implemented an innovative walking program with the goal of assisting the individuals served to increase their personal health and well-being. The individuals served are provided with an incentive to walk. Once they have walked for 30 minutes or more for 10 consecutive days, they can choose a $10 gift card to the cineplex or a $10 gift card to Dollarama. This program is well received and appreciated by those participating. Families have also expressed their gratitude toward the organization for the implementation of the walking program and have shared the positive changes it has made in the lives of their family members.
- H.O.M.E.S. has established strong, collaborative, and respected relationships with the Health Services for Community Living (HSCL) team, which enhances the quality of care for the individuals served. This partnership has been instrumental in supporting the development of support care plans and ensuring that healthcare task delegation and staff training are completed effectively. Additionally, HSCL provides valuable recommendations on external healthcare resources, such as pharmacies, to assist with the administration of medications, further promoting safe and coordinated care.
- Staff members consistently expressed a strong sense of loyalty, job satisfaction, and pride in their work. Many began their journeys with the organization in direct service part-time roles and have since progressed into full-time positions and leadership roles. This internal growth highlights the organization's commitment to staff development and retention. Team members reported feeling motivated, valued, and genuinely happy to come to work each day, contributing to a positive, supportive workplace culture that aligns with the organization's mission and values.
- The houses are clean, well organized, and welcoming. Each individual served is provided with personalized space that is thoughtfully arranged to reflect relationships, interests, dreams, and aspirations. This high level of individualization demonstrates the organization's strong commitment to dignity, choice, and person-centred living, creating a true sense of home and belonging for each individual served.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of "aspiring to excellence." This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate non-conformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure and responsibilities
- Person-centred philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency, diversity, and inclusion
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

There are no recommendations in this area.

Consultation

- H.O.M.E.S. could consider undertaking a more formal baseline assessment of cultural competency, diversity, and inclusion. This may help to structure the improvement work in this area and facilitate the assessment of measurable outcomes.

1.C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

■ Environmental considerations
■ Strategic plan development, implementation, and periodic review

Recommendations

There are no recommendations in this area.

Consultation

- Financial and other resource needs related to the strategic plan are identified during the planning process and through the review of the plan and its implementation. These discussions take place with the leadership team and with the board. The organization may want to use a more consolidated approach to identifying and monitoring resource needs through inclusion of this content in the annual strategic plan report.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

■ Collection of input from persons served, personnel, and other stakeholders
■ Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

■ Compliance with obligations
■ Response to legal action
■ Confidentiality and security of records

Recommendations

There are no recommendations in this area.

Consultation

- H.O.M.E.S. might consider developing a legislative compliance monitoring template that includes the key pieces of legislation that guide the organization's work, which could be reviewed and updated by the leadership team.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

■ Budgets
■ Review of financial results and relevant factors
■ Fiscal policies and procedures
■ Reviews of bills for services and fee structures, if applicable
■ Review/audit of financial statements
■ Safeguarding funds of persons served, if applicable

Recommendations

1.F.3.c.
Although H.O.M.E.S. reviews financial results quarterly through reporting to the board and undertakes bank reconciliation on a monthly basis, actual financial results should be reviewed at least monthly.

1.G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

■ Risk management plan implementation and periodic review
■ Adequate insurance coverage
■ Media relations and social media procedures
■ Reviews of contract services

Recommendations

1.G.1.a.(6)
Although the organization implements a risk management plan that includes anticipated outcomes of actions taken to reduce risks, the plan should also include reporting results of actions taken to reduce risks.

Consultation

- The organization might consider including a measure of residual risk in the risk management plan, highlighting the anticipated impact on risk level following implementation of risk mitigation strategies. H.O.M.E.S. might also consider exploring the use of a visual "heat map" of risks to support risk management reporting to the board.

1.H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

■ Healthy and safe environment
■ Competency-based training on health and safety procedures and practices
■ Emergency and evacuation procedures
■ Access to first aid and emergency information
■ Critical incidents
■ Infections and communicable diseases
■ Health and safety inspections

Recommendations

There are no recommendations in this area.

Consultation

- Although H.O.M.E.S. undertakes a review of all incidents and, where relevant, identifies underlying causes/contributing factors and remedies, it might consider consolidating the review of contributing factors into an annual (or more frequent) report that identifies enterprise- or program-level trends and quality improvement activities.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioural expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that centre on enhancing the lives of persons served.

Key Areas Addressed

■ Composition of workforce
■ Ongoing workforce planning
■ Verification of backgrounds/credentials/fitness for duty
■ Workforce engagement and development
■ Performance appraisals
■ Succession planning

Recommendations

There are no recommendations in this area.

1.J. Technology

Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

Recommendations

1.K.3.a.(1)
The organization implements a policy and written procedure by which the individuals served may formally complain to it, and the organization uses the terms "complaint," "concern," and "grievance" in its policies and processes. However, the organization should implement a policy and written procedure by which individuals served may formally complain to the organization that also specify its definition of a formal complaint.

Consultation

- Although H.O.M.E.S. utilizes plain language and employee support where needed to ensure that rights are available in a way that is understandable, the organization might consider creating a poster or brochure that uses visuals to provide independent access to knowledge about their rights to more individuals served.
- It is suggested that H.O.M.E.S. make complaint forms more readily accessible in its spaces and include a complaint form on its website for ease of access.

1.L. Accessibility

Description

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

Recommendations

1.M.4.b.(2)
To measure its results achieved for the individuals served (effectiveness), each program/service seeking accreditation should document a performance indicator(s), including the person(s)/position(s) responsible for collecting the data.

1.M.5.b.(2)
To measure experience of services received and other feedback from the individuals served, each program/service seeking accreditation should document a performance indicator(s), including the person(s)/position(s) responsible for collecting the data.

1.M.6.b.(2)
To measure experience of services received and other feedback from other stakeholders, each program/service seeking accreditation should document a performance indicator(s), including the person(s)/position(s) responsible for collecting the data.

1.M.7.b.(2)
To measure the resources used to achieve results for the individuals served (efficiency), each program/service seeking accreditation should document a performance indicator(s), including the person(s)/position(s) responsible for collecting the data.

1.M.8.b.(2)
To measure service access, each program/service seeking accreditation should document a performance indicator(s), including the person(s)/position(s) responsible for collecting the data.

1.M.9.b.(2)
To measure its business function, the organization should document, for each objective, a performance indicator(s), including the person(s)/position(s) responsible for collecting the data.

1.N. Performance Improvement

Description

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

Recommendations

There are no recommendations in this area.

Section 2. Quality Individualized Services and Supports

Description

For an organization to achieve quality services, the persons served are active participants in the planning, implementation, and ongoing review and revision of the services offered. The organization's commitment to quality and the involvement of the persons served spans the entire time that the persons served are involved with services. The service planning process is individualized, establishing goals and measurable objectives that incorporate the unique strengths, abilities, needs, and preferences of the persons served. Services are responsive to the expectations of persons served and their desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

2.A. Program/Service Structure

Description

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

- Services are person centred and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes
- Documented scope of services shared with stakeholders
- Service delivery based on accepted field practices
- Communication for effective service delivery
- Entrance/exit/transition criteria

Recommendations

2.A.1.a.(3)
2.A.1.a.(4)
2.A.1.a.(5)
Although there is a brochure highlighting some information, each program/service should also document the following parameters regarding its scope of services: hours of services, days of services, and frequency of services. This information could be documented in the individual's handbook, brochures, website, or any other source of documentation. This action could help ensure consistent understanding of service availability.

2.A.10.c.
Although the organization provides information about the variety of services available, information about the organization provided to the persons inquiring about services should be updated as necessary to reflect changes in information provided.

2.B. Individual-Centred Service Planning, Design, and Delivery

Description

Improvement of the quality of an individual's services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations and desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affect the person's life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

Key Areas Addressed

■ Services are person centred and individualized
■ Persons are given information about the organization's purposes and ability to address desired outcomes

Recommendations

2.B.5.b.(2)
2.B.5.b.(3)
2.B.5.b.(5)
Although H.O.M.E.S. supports the individuals served to actively participate in directing all the aspects of the planning process, a coordinated individualized service plan should also identify specific measurable objectives, methods/techniques to be used to achieve the objectives, and how and when progress on objectives will be regularly reviewed.

2.C. Medication Monitoring and Management

Key Areas Addressed

■ Current, complete records of medications used by persons served
■ Written procedures for storage and safe handling of medications
■ Educational resources and advocacy for persons served in decision making
■ Physician review of medication use
■ Training and education for persons served regarding medications

Recommendations

There are no recommendations in this area.

Consultation

- Regarding medication management, it is suggested that the organization add the right to check for allergies and the right reason.
- It is suggested that the organization revise its policy to state that any violation to the rights of administering medication constitutes a medication error.

2.E. Community Services Principle Standards

Description

An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources and services of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing opportunities and natural supports in the community.

The organization obtains information from the persons and/or families served regarding resources and services they want or require that will meet their identified needs, and offers an array of services it arranges for or provides. The organization provides the persons and/or families served with information so that they may make informed choices and decisions.

The services and supports are changed as necessary to meet the identified needs of the persons and/or families served and other stakeholders. Service designs address identified individual, family, socioeconomic, and cultural needs.

Expected results from these services may include:

- Increased or maintained inclusion in meaningful community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Increased self-esteem.

Key Areas Addressed

- Access to community resources and services
- Enhanced quality of life
- Community inclusion
- Community participation

Recommendations

There are no recommendations in this area.

Section 4. Community Services

Description

An organization seeking CARF accreditation in the area of community services assists the persons served through an individualized person-centred process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase person served, this may also include family served, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Self-esteem.
- Housing opportunities.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.

4.E. Host Family/Shared Living Services (HF/SLS)

Description

Host family/shared living services assist a person served to find a shared living situation in which the person is a valued person in the home and has supports as desired to be a participating member of the community. An organization may call these services, which are provided under a contract or written agreement with the host family/shared living provider, a variety of names, such as host family services, shared living services or supports, alternative family living, structured family care giving, family care, or home share.

Getting the person in the right match is a critical component to successful host family/shared living services. The organization begins by exploring with the person served what constitutes quality of life for the individual and identifies applicant host family/shared living providers who are a potential match with the person's identified criteria. The person served makes the final decision of selecting a host family/shared living provider.

Safety, responsibility, and respect between or amongst all people in the home are guiding principles in these services. Persons are supported to have meaningful reciprocal relationships both within the home, where they contribute to decision making, and in the community. The host family/shared living provider helps the person served to develop natural supports and strengthen existing networks. Relationships with the family of origin or extended family are maintained as desired by the person served. The host family/shared living provider supports the emotional, physical, and personal well-being of the person.

Persons develop their personal lifestyle and modify the level of support over time, if they so choose. The host family/shared living provider encourages and supports the person served to make decisions and choices.

The host family/shared living provider does not necessarily have to be a family, as it could be an individual supporting the person. Although the "home" is generally the host family/shared living provider's home or residence, it may also be the home of the person served.

Some examples of the quality results desired by the different stakeholders of these services and supports include:

- Quality of life, as identified by the person served, is enhanced.
- Increased independence.
- Increased community access.
- Persons served choose whom they will live with and where.
- Participation of the persons in the community.
- Community membership.
- Support for personal relationships.
- Increased natural supports.
- Strengthened personal networks.
- Supports accommodate individual needs.
- Persons feel safe.
- Persons feel that the supports they need/want are available.
- Persons decide where they live.
- Persons feel valued.
- Persons have meaningful relationships.
- Persons develop natural supports.
- Persons participate in their community.

Key Areas Addressed

■ Appropriate matches of non-family participants with homes
■ Contracts that identify roles, responsibilities, needs, and monitoring
■ Needed supports
■ Community living services in a long-term family-based setting
■ Sense of permanency

Recommendations

There are no recommendations in this area.

4.F. Respite Services (RS)

Description

Respite services facilitate access to time-limited, temporary relief from the ongoing responsibility of service delivery for the persons served, families, and/or organizations. Respite services may be provided in the home, in the community, or at other sites (as appropriate). An organization providing respite services actively works to ensure the availability of an adequate number of direct service personnel.

Some examples of the quality results desired by the different stakeholders of these services/supports include:

■ Services/supports are responsive to the family's needs.
■ Services/supports are safe for persons.
■ Services/supports accommodate medical needs.

Key Areas Addressed

■ Time-limited, temporary relief from service delivery
■ Accommodation for family's living routine and needs of person served

Recommendations

There are no recommendations in this area.

4.G. Community Integration (COI)

Description

Community integration is designed to help persons to optimize their personal, social, and vocational competency to live successfully in the community. Persons served are active partners in determining the activities they desire to participate in. Therefore, the settings can be informal to reduce barriers between staff members and persons served. An activity centre, a day program, a clubhouse, and a drop-in centre are examples of community integration services. Consumer-run programs are also included.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services and supports based on the identified needs and desires of the persons served. This may include services for persons who without this option are at risk of receiving services full-time in

more restrictive environments with intensive levels of supports such as hospitalization or nursing home care. A person may participate in a variety of community life experiences or interactions that may include, but are not limited to:

■ Leisure or recreational activities.
■ Communication activities.
■ Spiritual activities.
■ Cultural activities.
■ Pre-vocational experiences.
■ Vocational pursuits.
■ Volunteerism in the community.
■ Educational and training activities.
■ Development of living skills.
■ Health and wellness promotion.
■ Orientation, mobility, and destination training.
■ Access and utilization of public transportation.
■ Interacting with volunteers from the community in program activities.
■ Community collaborations and social connections developed by the program (partnerships with community entities such as senior centres, arts councils, etc.).

Some examples of the quality results desired by the different stakeholders of these services include:

■ Community participation.
■ Increased independence.
■ Increased interdependence.
■ Greater quality of life.
■ Skill development.
■ Slowing of decline associated with aging.
■ Volunteer placement.
■ Movement to employment.
■ Centre-based socialization activities during the day that enable persons to remain in their community residence.
■ Activity alternatives to avoid or reduce time spent in more restrictive environments, such as hospitalization or nursing home care.

Key Areas Addressed

■ Opportunities for community participation

Recommendations

There are no recommendations in this area.

4.H. Community Housing (CH)

Description

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services/supports are provided are typically owned, rented, leased, or operated directly by the organization, or may be owned, rented, or leased by a third party, such as a governmental entity. Providers exercise control over these sites in terms of having direct or indirect responsibility for the physical conditions of the facility.

Community housing is provided in partnership with individuals. These services/supports are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long-term in nature. The services/supports are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services/supports are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of individuals.

Community housing may include either or both of the following:

■ Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for six to twenty-four months and can be offered in congregate settings that may be larger than residences typically found in the community.
■ Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

Some examples of the quality results desired by the different stakeholders of these services/supports include:

■ Safe housing.
■ Persons choosing where they live.
■ Persons choosing with whom they will live.
■ Persons having privacy in their homes.
■ Persons increasing independent living skills.
■ Persons having access to the benefits of community living.
■ Persons having the opportunity to receive services in the most integrated setting.
■ Persons' rights to privacy, dignity, respect, and freedom from coercion and restraint are ensured.
■ Persons having the freedom to furnish and decorate their sleeping or living units as they choose.
■ Persons having freedom and support to control their schedules and activities.
■ Settings that are physically accessible to the individuals.

Key Areas Addressed

■ Safe, secure, private location
■ Support to persons as they explore alternatives
■ In-home safety needs
■ Access as desired to community activities
■ Options to make changes in living arrangements
■ System for on-call availability of personnel

Recommendations

There are no recommendations in this area.

Consultation

- H.O.M.E.S. provides supportive contact during transition and, based on the needs of the individuals served, transitioning to other housing. There are procedures in place to assist with physical moves. However, it is suggested that the organization highlight the policies and procedures with this information and the role of Community Living British Columbia in securing new housing that is safe, affordable, accessible, and acceptable.

4.I. Supported Living (SL)

Description

Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons usually living in their own homes (apartments, townhouses, or other residential settings). Supported living services are generally long-term in nature but may change in scope, duration, intensity, or location as the needs and preferences of individuals change over time.

Supported living refers to the support services provided to the person served, not the residence in which these services are provided. A sample of people receiving services/supports in these sites will be visited as part of the interview process. Although the residence will generally be owned, rented, or leased by the person who lives there, the organization may occasionally rent or lease an apartment when the person served is unable to do so. Typically, in this situation the organization would co-sign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant.

Supported living programs may be referred to as supported living services, independent living, supportive living, semi-independent living, and apartment living, and services/supports may include home health aide and personal care attendant services. Typically there would not be more than two or three persons served living in a residence, no house rules or structure would be applied to the living situation by the organization, and persons served can come and go as they please. Service planning often identifies the number of hours and types of support services provided.

Some examples of the quality results desired by the different stakeholders of these services/supports include:

■ Persons served achieving choice of housing, either rent or ownership.
■ Persons served choosing whom they will live with, if anyone.
■ Minimizing individual risks.
■ Persons served have access to the benefits of community living.
■ Persons served have autonomy and independence in making life choices.

Key Areas Addressed

■ Safe, affordable, accessible housing chosen by the individual
■ Supports available based on needs and desires
■ In-home safety needs
■ Living as desired in the community
■ Support personnel available based on needs
■ Persons have opportunities to access community activities

Recommendations

There are no recommendations in this area.

4.P. Personal Supports Services (PSS)

Description

Personal supports services are designed to provide instrumental assistance to persons and/or families served. They may also support or facilitate the provision of services or the participation of the persons served in other services/programs, such as employment or community integration services. Services and supports, which are primarily delivered in the home or community, are not provided by skilled healthcare providers, and typically do not require individualized or in-depth service planning.

Services can include direct personal care supports such as personal care attendants and housekeeping and meal preparation services. Services can also include transporting persons served; information and referral services; translation services; senior centres; programs offering advocacy and assistance by professional volunteers (such as legal or financial services); training or educational activities (such as English language services); music therapy; recreation therapy; mobile meal services; or other support services, such as supervising visitation between family members and aides to family members.

A variety of persons may provide these services/supports other than a program's staff, such as volunteers and subcontractors.

Key Areas Addressed

- Training for personnel
- Supervision of personnel
- Identification of supports provided by program

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

H.O.M.E.S.: Healthy Opportunities for Meaningful Experience Society

101 - 33140 Mill Lake Road
Abbotsford BC V2S 2A5
CANADA

Community Integration
Host Family/Shared Living Services
Personal Supports Services
Respite Services
Supported Living

58th Home

29172 58th Avenue
Abbotsford BC V4X 2G1
CANADA

Community Housing
Community Integration

Bradner Home

3098 Bradner Road
Abbotsford BC V4K 1K2
CANADA

Community Housing
Community Integration

Donnie's Home

35212 Harris Road
Abbotsford BC V3G 1R7
CANADA

Community Housing
Community Integration

Eleanor Home

2052 Eleanor Avenue
Abbotsford BC V2S 4L6
CANADA

Community Housing
Community Integration

Fraser's Home

1821 Townline Road
Abbotsford BC V2T 6E2
CANADA

Community Housing
Community Integration

Gracie and Mikaela's Home

35159 Delair Road
Abbotsford BC V3G 2E3
CANADA

Community Housing
Community Integration

Swensson Home

27830 Swensson Avenue
Abbotsford BC V4X 2P6
CANADA

Community Housing
Community Integration