



CARF Accreditation Report for Applegate Residential Programs Ltd.

One-Year Accreditation



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Contents

[Executive Summary](#)

[Survey Details](#)

[Survey Participants](#)

[Survey Activities](#)

[Program\(s\)/Service\(s\) Surveyed](#)

[Representations and Constraints](#)

[Survey Findings](#)

[Program\(s\)/Service\(s\) by Location](#)

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

Applegate Residential Programs Ltd.
1195 B Fir Street
Campbell River BC V9W 3B6
CANADA

Organizational Leadership

Rebecca de Aro, Executive Director

Survey Number

195930

Survey Date(s)

June 11, 2025–June 13, 2025

Surveyor(s)

Ann Howlett, Administrative
Jill G. Bloom, RN, CPRP, Program
Trenton Galozo, Program
Carol M. Smith, MA, LPC, CCS, CAADC, Program

Program(s)/Service(s) Surveyed

Community Housing
Community Housing (Children and Adolescents)
Community Integration
Personal Supports Services
Respite Services (Children and Adolescents)

Previous Survey

August 17, 2022–August 19, 2022
Three-Year Accreditation

Accreditation Decision**One-Year Accreditation**

Expiration: June 30, 2026

Executive Summary

This report contains the findings of CARF's site survey of Applegate Residential Programs Ltd. conducted June 11, 2025–June 13, 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, Applegate Residential Programs Ltd. demonstrated conformance to many of the standards. Applegate Residential Programs provides meaningful services that positively impact the lives of the persons served. Staff members noted that they feel appreciated, and families are very satisfied with the services. However, there are many recommendations identified in the ASPIRE to Excellence section, and the services provided are not adequately supported by an administrative infrastructure of policies, written procedures, and organizational plans. Areas for improvement include leadership; strategic planning; financial planning and management, including further refinement of billing and audit practices; health and safety, including an analysis of critical incidents, consistency of unannounced tests of each emergency procedure, and self-inspections; workforce development; technology; rights of persons served; performance measurement and management; analysis of service delivery and business function performance; program/service structure; individual-centred service planning, design, and delivery; medication monitoring and management; community service principle standards; the community integration and personal supports services programs; and standards related to the child and adolescent population. There are several repeated areas for improvement that had not been addressed since the last survey. The leadership appears to be committed to the accreditation process and able to implement improvement efforts.

Applegate Residential Programs Ltd. appears to have the capability and commitment to address the recommendations identified in this report. Applegate Residential Programs Ltd. is required to submit a post-survey Quality Improvement Plan (QIP) that addresses all recommendations identified in this report.

Applegate Residential Programs Ltd. has earned a One-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 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 Applegate Residential Programs Ltd. was conducted by the following CARF surveyor(s):

- Ann Howlett, Administrative
- Jill G. Bloom, RN, CPRP, Program
- Trenton Galozo, Program
- Carol M. Smith, MA, LPC, CCS, CAADC, 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 Applegate Residential Programs Ltd. 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 Housing (Children and Adolescents)
- Community Integration
- Personal Supports Services
- Respite Services (Children and Adolescents)

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 Applegate Residential Programs Ltd. demonstrated the following strengths:

- The organization is person centred, not only with the persons served but also with staff. The organization has many long-term staff members, and leadership actively focuses on ongoing recognition of staff through various recognition events, such as the multicultural lunch.
- To support the transition into services at Applegate Residential Programs, the staff members develop a Social Story for the persons served that includes pictures and information about each person's home and family, new home and staff members, likes and preferences, and other information to increase the person's comfort and

familiarity with the changes taking place during the move into the new surroundings. The Social Story is an effective tool that has had positive outcomes in assisting the persons served to feel comfortable in the residential program.

- The staff members demonstrate a person-centred philosophy. It is apparent that staff members work well together as a team. They appear committed, enthusiastic, and passionate about meeting the unique needs of the persons served. They are actively engaged in the services they provide and know the strengths of each person served. They display creativity and thoughtfulness in providing care and responding to the needs and preferences of the persons served.
- The residences in Nanaimo are exceptional examples of the care and respect that the organization demonstrates for the persons served and their families. The residences are new, modern homes located in a quiet, upscale neighbourhood, offering comfortable and private space for each of the persons served. There is evidence of personalized decorations, activities, and menus.
- The persons served and their families expressed a high level of satisfaction with the programs and staff members. They recognize the dedication of the staff members and value the relationships that are established by the staff members with the persons served.
- Applegate Residential Programs is committed to the persons served and bends over backwards to accommodate their needs and desires. One standout example is when the organization opened a home in an area to support a person served who was moving there, and some members of the staff moved as well to ensure consistent care through the transition.
- The organization is composed of people who care deeply for the persons served, and this is demonstrated by the knowledge of the staff members about the likes, dislikes, and nuances of the persons served; the close involvement of the leadership; and the welcome involvement of families of the persons served. Parents of the persons served emphasized that the organization and the staff members feel like family to them and their children.
- Families expressed great admiration for the efforts of staff to go the extra mile to assist their loved ones with their complex challenges of daily living. They feel that their children are provided with creative and ample opportunities to acquire new skills and to participate in activities that are meaningful to them. They also expressed their appreciation that the staff communicates with them regularly and is willing to listen to their concerns or even problem solve any extenuating situations that may arise.
- The organization cares about the persons served and recognizes the importance of focusing on the personnel who provide the care. The organization is commended for recently initiating a self-care program for staff, which utilizes a coaching model to encourage expression of concerns and personal thoughts about the sometimes exhausting yet rewarding work being done each day.
- The organization's nursing service demonstrates unlimited dedication and an exceptional degree of professionalism in its role in monitoring and delivering the best healthcare for the persons served. Although many persons served have complex physical conditions, the staff members can comfortably and adequately provide the necessary care, as nursing is instrumental in creating the training modules for the often technical procedures needed and supporting the performed tasks with almost continuous availability, as needed.

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

1.A.3.c.

1.A.3.e.

1.A.3.g.

As there has been inconsistent financial management and performance measurement and management planning, it is recommended that the identified leadership guide the achievement of outcomes in the programs and services offered, financial solvency, and ongoing performance improvement.

Consultation

- As the organization is identifying leadership changes coming up within the next couple of years, it is suggested that it invest in a leadership development program. This could be for individuals recently hired into leadership roles as well as individuals who have been identified as upcoming, emerging leaders in the organization. This type of program could support staff members in developing leadership knowledge and skills and help them develop confidence in their leadership abilities, which may contribute to the long-term success and sustainability of the organization.

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

1.C.1.m.

It is recommended that the ongoing strategic planning of the organization also consider information from the analysis of performance.

1.C.2.b.(1)

1.C.2.b.(2)

1.C.2.b.(3)(a)

1.C.2.c.(2)

1.C.2.d.

1.C.2.e.

The organization's current strategic plan does not include financial resources required for the outlined objectives in relation to its current financial position or future resources. It is recommended that the organization implement a strategic plan that reflects its financial position at the time the plan is written and at a projected point(s) in the future with respect to allocating financial resources necessary to support accomplishment of the plan. In addition, the current strategic plan does not outline priorities. It is recommended that the strategic plan also set priorities, be reviewed at least annually for relevance, and be updated as needed.

Consultation

- The current strategic plan is for only one year. The organization may want to develop a strategic plan that covers three to five years, as this could better support the organization with longer-term planning, especially as it is looking at leadership changes, technology updates, and possible purchasing of properties.

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.

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.2.a.

1.F.2.b.(1)

1.F.2.b.(2)

1.F.2.b.(3)

1.F.2.b.(4)

1.F.2.c.(1)(a)

1.F.2.c.(1)(b)

1.F.2.c.(1)(c)

1.F.2.c.(2)

1.F.2.d.(1)

1.F.2.d.(2)

The organization could not demonstrate that it consistently develops annual budgets. It is recommended that budgets consistently be prepared prior to the start of the fiscal year; reflect input from various stakeholders (as required), comparison to historical performance, consideration of necessary cash flow, and consideration of external environment information; document reasonable projections of revenues, expenses, and capital expenditures; document approval by the identified authority; and be disseminated, as appropriate, to personnel and other stakeholders.

1.F.3.a.

1.F.3.b.(1)

1.F.3.b.(2)

1.F.3.b.(3)

1.F.3.c.

The organization does not appear to review actual financial results. As previously recommended, actual financial results should be compared to budget; reported, as appropriate, to persons served, personnel, and other stakeholders; and reviewed at least monthly.

1.F.4.a.(1)

1.F.4.a.(2)

1.F.4.a.(3)(a)

1.F.4.a.(3)(b)

1.F.4.a.(3)(c)

1.F.4.a.(3)(d)

1.F.4.a.(4)(a)

1.F.4.a.(4)(b)

1.F.4.a.(4)(c)

1.F.4.a.(4)(d)

1.F.4.b.

1.F.4.c.

1.F.4.d.

It appears that the organization has not been consistently reviewing its finances. It is recommended that the organization identify and review, at a minimum, revenues; expenses; internal financial trends, financial challenges, financial opportunities, and management information; and external financial trends, financial challenges, financial opportunities, and industry trends. The organization should identify areas needing improvement; implement actions to address the improvements needed; and review financial solvency, with the development of remediation plans, if appropriate.

Consultation

- The organization is encouraged to develop budgets that are more detailed and include a specific breakdown of the sources of revenue. In order to allow for more accurate financial oversight and to support program planning, the organization could develop program-level budgets that list all sources of revenue and expenditures per program area. This could allow for more efficient and effective monitoring and oversight of budgets and better understanding of the true costs of programs.
- The organization has some written policies and procedures around internal control practices. With the new processes being implemented, It is suggested that the policies and procedures be updated to reflect any new practices.

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

There are no recommendations in this area.

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

1.H.7.a.(1)

1.H.7.a.(2)

1.H.7.a.(3)

1.H.7.b.

1.H.7.c.(1)

1.H.7.c.(2)

1.H.7.c.(3)

1.H.7.c.(4)

1.H.7.c.(5)

1.H.7.d.

Emergency procedures are not being consistently tested on all shifts or at all sites, and procedures for bomb threats were not tested at all. As previously recommended, an unannounced test of each emergency procedure should be conducted at least annually on each shift at each location; include, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill; be analyzed for performance that addresses areas needing improvement, actions to address the improvements needed, implementation of the actions, necessary education and training of personnel, and whether the actions taken accomplished the intended results; and be evidenced in writing, including the analysis.

1.H.8.b.(1)

1.H.8.b.(2)

1.H.8.b.(3)

1.H.8.b.(4)

1.H.8.b.(5)

While the organization has a policy related to providing services off site, it is not comprehensive. The organization should implement written procedures that fully address safety at the service delivery site, including consideration of any emergency procedures that may already be in place at the service delivery site; the physical environment, including accessibility, of the service delivery site; basic needs in the event of an emergency; actions to be taken in the event of an emergency; and provisions for communication by personnel while providing services regarding decisions to continue or discontinue services. The procedures could address community outings, such as going to a pool, bowling alley, coffee shop, or some other public place.

1.H.11.a.

1.H.11.b.(1)

1.H.11.b.(2)

1.H.11.b.(3)

1.H.11.b.(4)

1.H.11.b.(5)

1.H.11.b.(6)

1.H.11.b.(7)

1.H.11.b.(8)

1.H.11.b.(9)

1.H.11.b.(10)

The organization presented a written summary of critical incidents for only the last year. As previously recommended, a written analysis of all critical incidents should be provided to or conducted by the leadership at least annually that addresses causes, trends, areas needing improvement, actions to address the improvements needed, implementation of the actions, whether the actions taken accomplished the intended results, necessary education and training of personnel, prevention of recurrence, internal reporting requirements, and external reporting requirements. In order to better identify patterns and trends, the organization may want to break down

the analysis further based on program areas, rather than just global results for the organization. In addition, completing a comparative analysis of not only the current year but also the previous two years could help to identify trends and patterns.

1.H.14.a.(2)

While self-inspections are being completed, they are not consistently being completed on all shifts. It is recommended that comprehensive health and safety self-inspections be conducted on each shift.

Consultation

- It is suggested that the organization develop procedures for additional utility failures, such as gas leaks and water leaks.
- The organization might consider adding a separate text box to the existing emergency drill form to document the actual time of the test, as there were many cases where only the date was written in the existing box. It is further suggested that the emergency drill form be expanded to include a checkbox that distinguishes whether the drill included a full evacuation or was conducted as a tabletop exercise.
- Many of the vehicles contain fire extinguishers; however, not all of them were secured in the vehicle. The organization is encouraged to either secure all fire extinguishers in the vehicles or remove them from the vehicles. Additionally, while most program vehicles have a seatbelt cutter or window breaker in the safety equipment, one did not (due to a concern over it being a danger to the person served if it is accessible in the vehicle). It is suggested that items be kept in a grab bag in the house office that the staff members can take with them anytime they provide transportation using the vehicle.

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

1.I.3.d.

1.I.3.f.

The organization has not consistently developed or implemented a performance measurement system, and staff members were not aware of any organizational performance management and measurement system. Additionally, it did not appear that the organization had consistently completed strategic planning. It is recommended that workforce development and management practices reflect the organization's performance measurement and management system and strategic plan.

1.I.5.a.(2)(a)

1.I.5.a.(2)(b)

1.I.5.b.(2)

Currently, the organization does not check credentials with primary sources. It is recommended that the organization implement written procedures that address verification of the credentials of all applicable workforce (including licensure, certification, registration, and education) with primary sources and in all states/provinces or other jurisdictions where the workforce will deliver services. In addition, the organization should implement written procedures that address actions to be taken in response to the information received concerning credentials verification. This is specific to positions that require some post-secondary education.

1.I.6.a.(4)

1.I.6.a.(5)

1.I.6.a.(6)

It is recommended that onboarding and engagement activities include orientation that addresses the organization's performance measurement and management system, risk management plan, and strategic plan. Current onboarding practices do not include providing information on these topics.

1.I.9.e.

1.I.9.f.

Goals in performance appraisals were not consistently written in a way that is measurable. It is recommended that the organization implement written procedures for performance appraisal that address measurable goals. The organization might consider using the specific, measurable, achievable, realistic, and time-based (SMART) goal framework.

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

1.J.2.b.(7)

1.J.2.d.

While the technology plan identifies technology maintenance and upgrades, it does not identify timeframes. It is recommended that the organization implement a technology and system plan that also includes timeframes and aligns with the organization's strategic plan.

1.J.4.a.

1.J.4.b.(1)

1.J.4.b.(2)

1.J.4.b.(3)

1.J.4.b.(4)

1.J.4.b.(5)

1.J.4.b.(6)

1.J.4.c.

While the organization's policies address testing its procedures for business continuity/disaster recovery, a test had not actually been completed by the time of the survey. It is recommended that a test of the organization's procedures for business continuity/disaster recovery be conducted at least annually; analyzed for effectiveness, areas needing improvement, actions to address the improvements needed, implementation of the actions, whether the actions taken accomplished the intended results, and necessary education and training of personnel; and evidenced in writing, including the analysis.

1.J.5.a.

1.J.5.b.

1.J.5.c.(1)

1.J.5.c.(2)

While the organization implemented training in the last year related to cybersecurity, it is recommended that the organization provide documented initial and ongoing training to personnel on cybersecurity and on the technology used in performance of their job duties.

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.2.a.(3)

While rights are to be reviewed annually with the person served and/or their guardian/family, this was not being done consistently. As previously recommended, the rights of the persons served should be communicated to the persons served at least annually for those served in a program longer than one year.

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.3.a.(2)(a)

1.M.3.a.(2)(b)

1.M.3.a.(2)(c)

1.M.3.a.(2)(d)

1.M.3.a.(2)(e)

1.M.3.a.(3)(a)

1.M.3.a.(3)(b)

1.M.3.a.(3)(c)

1.M.3.a.(3)(d)

1.M.3.a.(5)

1.M.3.a.(6)(a)

1.M.3.a.(6)(b)

1.M.3.a.(6)(c)

1.M.3.a.(7)

1.M.3.a.(8)(a)

1.M.3.a.(8)(b)

1.M.3.a.(9)(a)

1.M.3.a.(9)(b)

1.M.3.a.(9)(c)

1.M.3.a.(9)(d)

1.M.3.a.(9)(e)

1.M.3.b.

1.M.3.c.

The organization is urged to implement a performance measurement and management plan that addresses identification of measures for service delivery objectives for each program/service seeking accreditation, including, at a minimum, results achieved for the persons served (effectiveness), experience of services received and other feedback from the persons served, experience of services and other feedback from other stakeholders, resources used to achieve results for the persons served (efficiency), and service access; the collection of data about the persons served at the beginning of services, appropriate intervals during services, the end of services, and a point(s) in time following services; the extent to which the data collected measure what they are intended to measure (validity); the process for obtaining data in a consistent manner (reliability) that will be complete and accurate; extenuating and influencing factors that may impact results; timeframes for the analysis of data and communication of results; how data are collected and analyzed; how performance improvement plans are developed and implemented; and how performance information is communicated. The plan should be reviewed at least annually for relevance and updated as needed.

1.M.4.a.

1.M.4.b.(1)

1.M.4.b.(2)

1.M.4.b.(3)

1.M.4.b.(4)

1.M.4.b.(5)

The current performance measurement plan does not reflect each program. To measure its results achieved for the persons served (effectiveness), each program/service seeking accreditation should document an objective(s) and a performance indicator(s), including to whom the indicator(s) will be applied, the person(s)/position(s) responsible for collecting the data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

1.M.5.a.

1.M.5.b.(1)

1.M.5.b.(2)

1.M.5.b.(3)

1.M.5.b.(4)

1.M.5.b.(5)

While the organization collects input from persons served and other stakeholders, it is not identified per program. To measure experience of services received and other feedback from the persons served, each program/service seeking accreditation should document an objective(s) and a performance indicator(s), including to whom the indicator(s) will be applied, the person(s)/position(s) responsible for collecting the data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

1.M.6.a.

1.M.6.b.(1)

1.M.6.b.(2)

1.M.6.b.(3)

1.M.6.b.(4)

1.M.6.b.(5)

To measure experience of services and other feedback from other stakeholders, each program/service seeking accreditation should document an objective(s) and a performance indicator(s), including to whom the indicator(s) will be applied, the person(s)/position(s) responsible for collecting the data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

1.M.7.a.

1.M.7.b.(1)

1.M.7.b.(2)

1.M.7.b.(3)

1.M.7.b.(4)

1.M.7.b.(5)

To measure the resources used to achieve results for the persons served (efficiency), each program/service seeking accreditation should document an objective(s) and a performance indicator(s), including to whom or what the indicator(s) will be applied, the person(s)/position(s) responsible for collecting the data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

1.M.8.a.

1.M.8.b.(1)

1.M.8.b.(2)

1.M.8.b.(3)

1.M.8.b.(4)

1.M.8.b.(5)

To measure service access, each program/service seeking accreditation should document an objective(s) and a performance indicator(s), including to whom or what the indicator(s) will be applied, the person(s)/position(s) responsible for collecting the data, the source(s) from which data will be collected, identification of relevant timeframes for collection of data, and a performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

1.M.10.

It is recommended that personnel be provided with documented education and training in accordance with their roles and responsibilities for performance measurement and management.

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

1.N.1.a.

1.N.1.b.

1.N.1.c.(1)

1.N.1.c.(2)

1.N.1.c.(3)

1.N.1.c.(4)

1.N.1.c.(5)

1.N.1.d.(1)

1.N.1.d.(2)

1.N.1.e.(1)

1.N.1.e.(2)

1.N.1.e.(3)

1.N.1.f.(1)

1.N.1.f.(2)

1.N.1.f.(3)

1.N.1.f.(4)

While the organization completed an outcomes report for the last year, it did not include anything related to the performance measurement and management plan. It is recommended that the analysis of service delivery performance be documented; be completed at least annually and in accordance with the timeframes outlined in the performance measurement and management plan; address service delivery indicators for each program/service seeking accreditation, including, at a minimum, results achieved for the persons served (effectiveness), experience of services received and other feedback from the persons served, experience of services and other feedback from other stakeholders, resources used to achieve results for the persons served (efficiency), and service access; incorporate the characteristics of the persons served and the impact of extenuating or influencing factors; include

comparative analysis, identification of trends, and identification of causes; and be used to identify areas needing performance improvement, develop an action plan(s) to address the improvements needed, implement the action plan(s), and determine whether the actions taken accomplished the intended results.

1.N.2.a.

1.N.2.b.

1.N.2.c.

1.N.2.d.(1)

1.N.2.d.(2)

1.N.2.e.(1)

1.N.2.e.(2)

1.N.2.e.(3)

1.N.2.f.(1)

1.N.2.f.(2)

1.N.2.f.(3)

1.N.2.f.(4)

The organization's annual outcomes report did report on business functions, but it did not include anything related to performance improvement. It is recommended that the analysis of business function performance be documented; be completed at least annually and in accordance with the timeframes outlined in the performance measurement and management plan; address priority business function indicators determined by the organization; incorporate the characteristics of the persons served, if applicable, and the impact of extenuating or influencing factors; include comparative analysis, identification of trends, and identification of causes; and be used to identify areas needing performance improvement, develop an action plan(s) to address the improvements needed, implement the action plan(s), and determine whether the actions taken accomplished the intended results.

1.N.3.a.

1.N.3.b.(1)

1.N.3.b.(2)

1.N.3.c.

It is recommended that the results of performance analysis be used to improve the quality of programs and services, facilitate organizational decision making regarding service delivery and business functions, and guide changes to the performance measurement and management plan.

1.N.4.a.(1)

1.N.4.a.(2)

1.N.4.a.(3)

1.N.4.b.(1)

1.N.4.b.(2)

1.N.4.b.(3)

In accordance with the performance measurement and management plan, the organization should communicate accurate performance information to the persons served, personnel, and other stakeholders according to the needs of the specific group, including content, format, and timing.

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.(1)
- 2.A.1.a.(2)
- 2.A.1.a.(3)
- 2.A.1.a.(4)
- 2.A.1.a.(5)
- 2.A.1.a.(6)
- 2.A.1.a.(7)
- 2.A.1.a.(8)
- 2.A.1.a.(9)
- 2.A.1.b.(1)
- 2.A.1.b.(2)
- 2.A.1.b.(3)
- 2.A.1.b.(4)
- 2.A.1.b.(5)
- 2.A.1.b.(6)
- 2.A.1.c.
- 2.A.1.d.

Although the organization identifies its various locations, it does not document a scope of service for each of the programs seeking accreditation, including the new community integration and personal support services. As previously recommended, each program/service should document the following parameters regarding its scope of services: population(s) served; settings; hours of services; days of services; frequency of services; payers and

funding sources; fees; referral sources; and the specific services offered, including whether the services are provided directly, by contract, or by referral. Each program/service should share relevant information about the scope of services with the persons served; families/support systems, in accordance with the choices of the persons served; referral sources; payers and funding sources; other relevant stakeholders; and the general public. Each program/service should review the scope of services at least annually and update the scope as necessary.

2.A.17.b.(1)

Although the organization implements a policy on the use of restraint, it is recommended that the organization also implement a policy for each program that identifies whether or not, and under what circumstances, seclusion is used.

2.A.19.a.

2.A.19.b.

Although the organization has a policy for medication monitoring, the policy did not identify its role related to medications that are used by the persons served in each program seeking accreditation. It is recommended that the organization have a policy that identifies whether or not it has any role related to medications that are used by the persons served in the programs seeking accreditation, including whether or not it directly provides medication monitoring and/or medication management.

Consultation

- The programs use the entry and exit criteria based on the contracts and referrals for services from the funding source. It is suggested that the organization also document its own criteria in the program descriptions or other service manuals.

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)

While the organization implements goal setting in the individualized service plans, it is recommended that a coordinated individualized service plan identify specific measurable objectives, methods/techniques to be used to achieve the objectives, and how and when progress on objectives will be regularly reviewed. It is suggested that the organization provide clearer linkages between the goals being set, the strategies being implemented, and how they are being measured. This could be accomplished by specifying the related goal number for each measurable objective, method used to achieve the objective, and measurements of the objective.

- 2.B.7.a.(1)
- 2.B.7.a.(2)
- 2.B.7.a.(3)
- 2.B.7.a.(4)
- 2.B.7.a.(5)
- 2.B.7.b.

Although the organization has a tool for assessing general safety needs of the persons served, it is recommended that, when applicable to the person and the person's goals and outcomes, the person and/or family served and/or their legal representatives be involved in assessing potential risks to each person's health and safety in the community, deciding whether to accept situations with inherent risks, identifying actions to be taken to minimize risks that have been identified, and identifying individuals responsible for those actions. Risk assessment results should be documented in the individual service plan.

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

2.C.2.d.

Although the organization has a written procedure that states that safe disposal of medications will be completed if necessary, it did not describe a process to complete this task. It is recommended that the organization implement written procedures that address safe disposal. The organization could provide details in the procedure on how this process is to be completed by staff.

2.C.5.b.

Although the organization implements a written procedure that addresses transportation and delivery of medications, it does not describe the actual process to complete this task. It is recommended that the organization implement written procedures that fully address transportation and delivery. The organization is encouraged to provide details for this procedure to enable safe transportation and delivery of medications.

2.C.6.c.

It is recommended that the organization implement written procedures regarding medications that provide for integrating any prescribed medications into a person's overall plan, including, if applicable, special dietary needs and restrictions associated with medication use.

Consultation

- It is suggested that the definition of "PRN" be clarified in the medication procedures, as the current definition is confusing and may lead to misinterpretation by staff.

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

2.E.5.a.

2.E.5.b.(1)

2.E.5.b.(2)(a)

2.E.5.b.(2)(b)(i)

2.E.5.b.(2)(b)(ii)

As appropriate to the population served, the program should ensure that personnel are provided with documented education and training about early signs indicating possible dementia and aging-related decline. When early signs of possible dementia or aging-related decline are identified, a recommendation for further evaluation should be made to the case manager responsible for the person's healthcare. When diagnosis is confirmed, if the scope of the program can support the person to remain and age in place, the person-centred planning process should respond to the new needs. If the scope of the program cannot support these new needs, it is recommended that appropriate transition planning be initiated and that transfer of information occur to support successful transition.

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.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

4.G.6.a.

4.G.6.b.

The program's outreach and follow-up procedures for the persons served should be directed to those who drop out of services and those who have been admitted to a treatment, institutional, or other setting. This was recommended in the previous accreditation report.

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 neighbourhoods 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

- The organization has policies for pets and visitors in the community homes. However, it was not clear how these policies are made available and communicated to the persons served and other stakeholders. It is suggested that the organization include these policies in the My Plan handbooks for the persons served and in the stakeholder handbook for families.

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

4.P.3.a.

4.P.3.b.

As previously recommended, when direct personal care supports are provided, the program should implement a plan and written procedures for the supervision of personnel (including provision of timely feedback to enhance skills) and for addressing unplanned absences to ensure continuity of supports.

Section 5. Specific Population Designations/Enhancements

5.A. Children and Adolescents Specific Population Designation

Description

Children and Adolescents is a specific population designation that can be added at the option of the organization to a community service being surveyed if children or adolescents are served and the organization desires this additional accreditation enhancement.

Such services are tailored to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Key Areas Addressed

- Children, adolescents, and their families are provided with options
- Social, vocational, psychological, and physical needs are met

Recommendations

5.A.9.a.

5.A.9.f.

It is recommended that service personnel receive training that covers, as appropriate to the scope of services, child growth and development and health and nutrition.

Program(s)/Service(s) by Location

Applegate Residential Programs Ltd.

1195 B Fir Street
Campbell River BC V9W 3B6
CANADA

Administrative Location Only

Alder 1

435 South Alder Street
Campbell River BC V9W 5V2
CANADA

Community Housing (Children and Adolescents)

Alder 2

463 South Alder Street
Campbell River BC V9W 5V2
CANADA

Community Housing (Children and Adolescents)

Applegate Home

710 Applegate Road
Campbell River BC V9W 7A2
CANADA

Community Housing

Codero 1

1060 Codero Crescent
Campbell River BC V9H 0B7
CANADA

Community Housing (Children and Adolescents)

Codero 2

953 Codero Crescent
Campbell River BC V9H 1S8
CANADA

Respite Services (Children and Adolescents)

Cooper

651 Cooper Street
Campbell River BC V9H 0B5
CANADA

Respite Services (Children and Adolescents)

Day Program Office

833 14th Avenue, Suite B
Campbell River BC V9W 4H3
CANADA

Community Integration
Personal Supports Services

Hilchey

354 Hilchey Road
Campbell River BC V9W 1P7
CANADA

Community Housing (Children and Adolescents)

Jones

70 Jones Road
Campbell River BC V9W 2V1
CANADA

Respite Services (Children and Adolescents)

Monga

917 Monga Road
Nanaimo BC V9R 3T4
CANADA

Respite Services (Children and Adolescents)

Nodales

627 Nodales Drive
Campbell River BC V9H 0A5
CANADA

Community Housing (Children and Adolescents)

Shante

922 Shante Road
Nanaimo BC V9R 0K9
CANADA

Community Housing

South Island Highway

3780 South Island Highway
Campbell River BC V9H 1M6
CANADA

Community Housing (Children and Adolescents)