



SURVEY OUTCOME
Three-Year Accreditation

CARF
Survey Report
for
MSA Society for
Community Living

CARF INTERNATIONAL

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Organization

MSA Society for Community Living
2391 Crescent Way
Abbotsford, BC V2S 3M1
Canada

Organizational Leadership

Richard C. Ashton, Executive Director

Survey Dates

January 21-23, 2009

Survey Team

Lois D. Wynne, Administrative Surveyor
Cynthia A. Doherty, Program Surveyor

Programs/Services Surveyed

Community Services: Community Housing
Community Services: Community Integration
Community Services: Host Family Services
Community Services: Respite Services

Previous Survey

January 11-13, 2006
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: March 2012



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SURVEY SUMMARY

MSA Society for Community Living has strengths in many areas.

- The mission and values of the organization reflect a person-first environment. Persons served are treated with dignity and respect, and their quality of life is a focus for the organization.
- The board of directors is made up of a diverse group of individuals who contribute to the organization's profile and long-term planning and sustainability.
- MSA Society for Community Living has knowledgeable and capable leadership. The leadership is dedicated, longstanding, and supportive of program staff, persons served, and their families.
- Stakeholders, including persons served and staff members, express high degrees of satisfaction with the quality of services provided by the organization.
- MSA Society for Community Living appears to have a sound fiscal environment. Reports are generated in a timely manner and are important to the stability of fiscal matters. The board is well informed concerning financial matters.
- The organization has a positive presence in the community. Its participation in community matters and leadership create partnerships, a profile for the services available, and community awareness of service needs.
- MSA Society for Community Living has gone through significant changes in the last year or so with the move to the new permanent location for administration and day services. This has been a time-consuming, stressful process for staff and persons served with an end result of a beautiful new space that has been developed considering the needs of both the staff and persons served.
- Individual files are clear, comprehensive, and well organized.
- Program staff knows the persons served well and clearly understand each person's strengths, needs, preferences, and means of communication. The staff goes to great lengths to empower the persons served to communicate their needs and desires, enabling them to have as much choice and control as possible over their lives.
- Management has established excellent rapport with direct care staff. Management is described as proactive, approachable, responsive, and supportive.
- Parents, funders, and persons served convey high levels of satisfaction with the services provided.
- All facilities where services are provided are accessible, clean, and decorated attractively.
- Persons served across all programs frequently enjoy a broad array of community activities based on their interests.
- Persons served in the day programs frequently utilize the local bus to access the community.
- The organization is tenacious in its efforts to maintain safe and healthy environments and practices for both persons served and staff. Most notable are the track-type lifting devices available at program sites, eliminating the need for manual lifting of persons served.
- Individual rights are consistently promoted, and persons served receive the support and information they need to develop self-advocacy skills.

MSA Society for Community Living should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate non-conformance to standards but is offered as a suggestion for further quality improvement.

On balance, MSA Society for Community Living is a well-established provider of services to individuals in the Abbotsford area. Services are clearly benefitting the persons served, and the organization is highly thought of by persons served, their families, and other stakeholders. The organization has experienced some significant changes in the last year or so, including the development and move into a new building that houses administration and day programs. The development and completion of the building has been a long and difficult process for the staff and the persons and families served. Despite this significant challenge, the organization had prepared itself with well-thought-out interim plans and has settled well into the new space. MSA Society for Community Living is encouraged to continue its organizational changes and planning to improve not only business functioning, but also the quality of services to persons served. Although recommendations are contained within the survey report, the organization has the commitment of staff members and the leadership to address the opportunities for improvement.

MSA Society for Community Living has earned a Three-Year Accreditation. The leadership, staff members, and persons served are recognized for the ongoing efforts they have made in pursuit and maintenance of international accreditation, and they are encouraged to continue using the CARF standards as guidelines to continuously improve the quality of the services offered.

SECTION 1. ASPIRE TO EXCELLENCE®

A. Leadership

Principle Statement

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
- Leadership guidance
- Commitment to diversity
- Corporate responsibility
- Corporate compliance

Recommendations

There are no recommendations in this area.

Consultation

- MSA Society for Community Living has several separate policies and procedures on waste, fraud, abuse, and other wrongdoing. For ease of use, it is suggested that these policies and procedures be consolidated into one policy.
-

C. Strategic Integrated Planning

Principle Statement

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

- Strategic planning considers stakeholder expectation and environmental impacts
 - Written strategic plan sets goals
 - Plan is implemented, shared, and kept relevant
-

Recommendations

There are no recommendations in this area.

Consultation

- MSA Society for Community Living has developed an organizational strategic plan that has involved board and staff. It is suggested that the organization consider ways in which to share this plan with a larger audience as a means of community engagement. This could be accomplished through the established website, mailings, information available at sites, etc.
-

D. Input from Persons Served and Other Stakeholders

Principle Statement

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

- Ongoing collection of information from a variety of sources
 - Analysis and integration into business practices
 - Leadership response to information collected
-

Recommendations

There are no recommendations in this area.

E. Legal Requirements

Principle Statement

CARF-accredited organizations comply with all the legal and regulatory requirements of federal, state, provincial, county, and city entities.

Key Areas Addressed

- Compliance with all legal/regulatory requirements
-

Recommendations

There are no recommendations in this area.

F. Financial Planning and Management

Principle Statement

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual 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

- Budget(s) prepared, shared, and reflective of strategic planning
- Financial results reported/compared to budgeted performance
- Organization review
- Fiscal policies and procedures

- Review of service billing records and fee structure
 - Financial review/audit
 - Safeguarding funds of persons served
-

Recommendations

There are no recommendations in this area.

G. Risk Management

Principle Statement

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

Key Areas Addressed

- Written risk management plan
 - Adequate insurance coverage
-

Recommendations

There are no recommendations in this area.

Consultation

- Although there is a risk management plan, and there has been for several years, it is suggested that the organization review the plan annually and update it as needed.
-

H. Health and Safety

Principle Statement

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

- Inspections
- Emergency procedures
- Access to emergency first-aid

- Competency of personnel in safety procedures
 - Reporting/reviewing critical incidents
 - Infection control
-

Recommendations

H.5.a.(4)

The present written procedure is for power failure only. It is recommended that the organization expand this to include and consider all utility failures.

H.8.a. through H.8.b.(7)

The organization tracks critical incidents and documents them in the health and safety committee minutes. It is recommended that the organization develop a written analysis of all critical incidents at least annually that addresses causes, trends, actions for improvement, results of performance improvement plans, and any necessary education and training of personnel.

H.13.a. through H.13.e.

The organization conducts tests of emergency procedures for fires, power failures, bomb threats, and natural disasters. It is recommended that medical emergencies and safety during violent and other threatening situations also be tested. These tests should include actual or simulated physical evacuations when included in the procedures. The tests should also be analyzed in writing for performance improvement and result in improvement or affirmation of current practice.

Consultation

- MSA Society for Community Living is encouraged to consider having the present health and safety committee take on the responsibility of the CARF standards and the accessibility standards and plan. With limited staff available to assist, this could be a way to ensure that ongoing compliance is maintained.
 - MSA Society for Community Living might consider developing a document that contains a checklist for tests of all emergency procedures required to ensure that all tests are completed.
-

I. Human Resources

Principle Statement

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

Key Areas Addressed

- Adequate staffing
 - Verification of background/credentials
 - Recruitment/retention efforts
 - Personnel skills/characteristics
 - Annual review of job description/performance
 - Policies regarding students/volunteers, if applicable
-

Recommendations

I.5.d.(5)

Due to a staffing issue, not all performance reviews were completed or updated at the time of the survey. The organization has recently implemented a system to track when performance reviews are due for each staff person, which will move it into conformance. In addition to this, the executive director's review appears to be completed once every two years. It is recommended that all performance evaluations for all personnel be performed annually.

I.5.e.(1) through I.5.e.(4)

The organization uses several contract personnel. It is recommended that, for all contractors, their performance be assessed, that they follow all applicable policies and procedures of the organization, conform to the CARF standards applicable to the services they provide, and these assessments be performed annually.

Consultation

- It is suggested that all job descriptions be reviewed at the time of the annual performance review. This could be noted on the performance review document with a comment indicating whether or not changes were made and what those changes were.
-

J. Technology

Principle Statement

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Written technology and system plan

Recommendations

J.1.a.(6)

The organization implements a technology plan that includes hardware, software, security, confidentiality, backup policies, disaster recovery preparedness, and virus protection that supports the information management and performance improvement activities. It is recommended that the organization also consider any assistive technology needs.

Consultation

- It is suggested that the organization create an inventory of all hardware and software owned/used by the organization, which can be updated as required.
-

K. Rights of Persons Served

Principle Statement

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

Key Areas Addressed

- Communication of rights
 - Policies that promote rights
-

Recommendations

K.3.b.(2)(c)

K.3.b.(2)(d)

The organization is urged to add to its current policy for complaints made by persons served a description of the levels of review, including the availability of external review, and time frames that are adequate for prompt consideration that result in timely decisions for the persons served.

K.4.a. through K.4.b.(3)

The organization documents any formal complaints, including resolution. It is recommended that a review of formal complaints be conducted annually that considers trends, areas for performance improvement, and actions to be taken.

L. Accessibility

Principle Statement

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

Key Areas Addressed

- Written accessibility plan(s)
 - Status report regarding removal of identified barriers
 - Requests for reasonable accommodations
-

Recommendations

L.2.a.(5)

L.2.a.(7)

The organization has developed an accessibility plan that identifies barriers in the areas of architecture, environment, attitudes, finances, communication, and community integration. It is recommended that barriers in the areas of employment and transportation also be considered and included in the plan.

L.3.a. through L.3.c.(2)

It is recommended that an accessibility status report regarding the removal of identified barriers be prepared annually in writing and include progress made in the removal of identified barriers and any areas for improvement.

L.4.d.

The organization tries to respond to requests for reasonable accommodations. It is recommended that any requests that are identified, reviewed, and decided upon be documented.

Consultation

- To assist the organization in its ongoing reporting through the accessibility plan, the CARF standards manual offers an easy to use accessibility report framework as well as various websites that may assist in the development of this report.
-

M. Information Measurement and Management

Principle Statement

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected, and information is used to manage and improve service delivery.

Key Areas Addressed

- Information collection, use, and management
- Setting and measuring performance indicators

Recommendations

M.1.b.

The organization collects data that provide information on the needs of persons served and other stakeholders and the business needs of the organization. It is recommended that MSA Society for Community Living allow for comparative analysis with the data collected.

Consultation

- MSA Society for Community Living has recently revamped its outcomes management system to better report on the effectiveness, efficiency, satisfaction, and service access performance indicators. Once this has been completed, it is important for the organization to consider how it will utilize this and other data/information collected for business improvement.
-

N. Performance Improvement

Principle Statement

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

- Proactive performance improvement
 - Performance information shared with all stakeholders
-

Recommendations

N.3.a. through N.3.c.

Performance information is shared at the annual general meeting in a summary format. Other reports and results from data collection have not been made available. It is recommended that performance information be shared in a formats that are useful to the persons served, personnel, and other stakeholders.

Consultation

- The organization is encouraged to develop a user-friendly format in which to share information from its outcomes report. A visual format, using graphs or pictures, might be developed to ease the understanding of the results for persons served and other stakeholders.
-

SECTION 2. QUALITY INDIVIDUALIZED SERVICES AND SUPPORTS

A. Individual-Centered Service Planning, Design, and Delivery

Principle Statement

Improvement of the quality of an individual's services 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 are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects his or her life. Efforts to include the person served in the direction or delivery of those services are evident. The service environment reflects identified cultural needs, practices, and diversity. The person served is given information about the purposes of the organization.

Key Areas Addressed

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

Recommendations

A.10.b.(2)

A.10.b.(3)

The individual plans were well written and contained a plethora of important person-centered information. The organization is urged to increase its efforts to develop objectives that are specific and measurable and clearly identify methods that will be used to achieve objectives for all individuals served.

A.10.c.

A.10.d.(3)

It is recommended that the organization ensure that individual plans for individuals receiving residential supports are regularly reviewed and revised based on the changing needs of the persons served.

Consultation

- Individual planning documents in residential services are lengthy and quite comprehensive. The organization is encouraged to develop a "cheat sheet" for each person served that summarizes the most important health and safety issues for each person served for quick reference.
-

B. Records of the Persons Served

Principle Statement

The organization maintains complete records and treats all information related to persons served as confidential.

Key Areas Addressed

- Complete, confidential records are maintained
-

Recommendations

There are no recommendations in this area.

C. Medication Monitoring and Management

Principle Statement

These standards apply only to programs that are responsible for monitoring and/or managing medications for the persons served.

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

C.2.a.

C.2.d.

C.2.e.

The organization is urged to add to its current medication administration procedure statements that address how medications are to be stored, including handling medications that require refrigeration or protection from light; safe disposal of medications; and how adequate supplies of medications for individuals served are to be maintained.

F. Community Services Principle Standards

Principle Statement

The standards in this subsection assert basic principles that should be demonstrated by any organization seeking accreditation in the area of community services.

Key Areas Addressed

- Access to community resources and services
-

Recommendations

There are no recommendations in this area.

SECTION 4. COMMUNITY SERVICES

Principle Statement

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

E. Community Integration

Principle Statement

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 center, a day program, a clubhouse, and a drop-in center 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 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.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- 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 centers, arts councils, etc.)

Key Areas Addressed

- Opportunities for community participation
-

Recommendations

There are no recommendations in this area.

H. Host Family Services

Principle Statement

Host family services are provided under a contract or agreement to provide a home for a person served, regardless of age. These placements tend to be long-term in nature.

Key Areas Addressed

- Temporary placement of participants in family settings outside the birth or adoptive family home
 - Supports and services established as needed
-

Recommendations

There are no recommendations in this area.

I. Respite Services

Principle Statement

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.

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.

J. Community Housing

Principle Statement

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 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 twelve 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.

The residences in which community housing services are provided must be identified in the Intent to Survey. These sites will be visited during the survey process and identified in the survey report and accreditation outcome as a site at which the organization provides a community housing program.

Key Areas Addressed

- Safe, secure, private location
- In-home safety needs
- Options to make changes in living arrangements

- Support to persons as they explore alternatives
 - Access as desired to community activities
 - System for on-call availability of personnel
-

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

MSA Society for Community Living

2391 Crescent Way
Abbotsford, BC V2S 3M1
Canada

Community Services: Community Integration
Community Services: Host Family Services

Day Services

31772 South Fraser Way
Abbotsford, BC V2T 1T9
Canada

Community Services: Community Integration

Mill Lake Road Home

33056 Mill Lake Road
Abbotsford, BC V2S 2A3
Canada

Community Services: Community Housing

Cindy Hedrick

108 - 32101 Mount Waddington Street
Abbotsford, BC V2T 6S5
Canada

Community Services: Community Housing

Respite Apartment

112 - 32101 Mount Waddington Street
Abbotsford, BC V2T 6S5
Canada

Community Services: Respite Services