

DHCFP Settings Self-Assessment Survey Results
146 Total Responses

	Question	Y	N	Y with explanation	N with explanation	N/A	Blank
1.	Was the client given a choice regarding where to live/receive services?	139	6	0	0	0	1
2.	Is the client able to choose what activities to participate in outside of the home setting and apart from the housemates with whom s/he resides?	145	0	0	0	1	0
3.	Is the client employed in the larger community?	64	70	2	2	0	0
4.	Does the client have his or her own room?	130	10	2	0	0	1
5.	If the client shares a room, was s/he given a choice of roommates?	45	4	4	2	62	28
6.	Do married couples share or not share a room by choice? <input type="checkbox"/> N/A	10	1	0	20	114	1
7.	Is the client able to choose his or her own schedule separate from housemate's or other residents' schedules?	131	1	0	1	13	0
8.	Does the client have control over and access to his or her personal resources?	81	13	6	46	0	0
9.	Can the client choose what, when, where and with whom to eat?	132	3	2	8	0	1
10.	Does the client have access to food whenever s/he wants?	127	1	1	17	0	0
11.	Are the client's preferences incorporated into the services and supports provided?	146	0	0	0	0	0
12.	Can the client choose the provider of services and supports?	135	11	0	0	0	0
13.	Does the client have access to make private telephone calls/texts/email at his or her convenience?	139	0	1	4	0	0
14.	Is the client free from coercion?	146	0	0	0	0	0
15.	If the client has concerns, is s/he comfortable discussing them?	146	0	0	0	0	0

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16.	Does the client or authorized representative have an active role in the development and updating of the client's person-centered plan?	146	0	0	0	0	0
17.	Does the setting facilitate integration of clients within the broader community? (Ex. Banking, medical visits, beautician, church/spiritual affiliations, civic groups, volunteerism, gyms, classes, recreational events, etc.?)	145	1	0	0	0	0
18.	Is the client able to receive visitors when and where s/he wants?	142	2	1	1	0	0
19.	Do clients have choice which is not limited by State laws, regulations, requirements or facility protocols or practices?	128	16	0	0	1	1
20.	Does the setting support the client's comfort, independence and preferences?	145	0	0	0	0	1
21.	Is the setting physically accessible?	145	1	0	0	0	0
22.	Are supports or adaptations available for the clients who need them?	144	0	0	0	0	2
23.	Are clients able to come and go at will?	75	17	2	48	0	3
24.	Do clients have access to public transportation?	127	11	0	5	0	2
25.	If public transportation is limited, are other resources provided to clients?	135	0	9	0	0	2
26.	Is the client's PHI and other personal information kept private?	144	0	0	0	0	2
27.	Are clients who need assistance to dress given choices and respect?	144	0	0	0	0	2
28.	Does staff communicate with clients in a respectful and dignified manner?	144	0	0	0	0	2
29.	If modifications of the setting requirements for a client are made, are they supported by an assessed need and justified in the person-centered plan?	144	0	0	0	0	2

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30.	Is there documentation of positive, less intrusive, interventions and supports used prior to any plan modifications?	143	0	0	0	1	4
31.	Does the plan include a description of the condition that is proportional to the assessed need, data to support ongoing effectiveness of the intervention, time limits for periodic reviews, informed consent, and assurance that the intervention will not cause harm? <input type="checkbox"/> N/A	109	0	0	0	34	3
32.	Do clients have privacy in their living and sleeping spaces and toileting facilities?	144	1	0	0	0	1
33.	Is furniture arranged as the clients prefer?	138	3	0	0	0	1
34.	Can bedroom and bathroom doors be locked?	93	34	0	17	0	2
35.	Do staff or other residents knock before entering?	143	0	0	1	1	1
36.	Do staff use a key to enter a living space only under limited circumstances previously agreed upon with the client?	119	21	0	5	0	1
37.	Is resident free from video monitoring/continuous monitoring?	139	3	0	1	2	1
38.	Are clients able to furnish and decorate their sleeping and/or living units as they desire?	144	0	0	1	0	1
39.	Is the residence owned by someone other than the Provider or Provider's affiliate(s)?	102	42	0	1	0	1
40.	Is there a lease or written residency agreement?	135	6	0	0	3	1
41.	Does the client know his or her rights regarding housing and when s/he could be required to relocate?	134	11	0	0	0	1
42.	Do clients know how to relocate and request new housing?	125	15	4	0	0	2

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43.	Does the written agreement include language that provides protections to address eviction processes and appeals comparable with those provided under the jurisdiction's landlord/tenant laws?	123	20	0	0	0	3
44.	Does the facility have adequate staff to accommodate specific, spontaneous requests from residents?	107	37	0	1	0	1