



CARF Accreditation Report
for
Bernard C. Vinge & Associates
(HCS) Ltd.

Three-Year Accreditation



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About CARF

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

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

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

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

Organization

Bernard C. Vinge & Associates (HCS) Ltd.
4538 Kingsway, Suites 416 & 418
Burnaby BC V5H 4T9
CANADA

Organizational Leadership

Anthony AM. Kops, Controller of Admin & Finance
Augustus E. Kops, RN, President
James Thompson, Director of Community Living Programs

Survey Number

141653

Survey Date(s)

April 26, 2021–April 27, 2021

Surveyor(s)

Sylvia A. R. Tremblay, DESS Administrative
Jeff Harrison, DESS Program
Paige Salinas, LCSW, CBIS, DESS Program

Program(s)/Service(s) Surveyed

Community Housing
Case Management (Adults)
Case Management (Children and Adolescents)

Previous Survey

March 15, 2018–March 16, 2018
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation

Expiration: May 31, 2024

Executive Summary

This report contains the findings of CARF's site survey of Bernard C. Vinge & Associates (HCS) Ltd. conducted April 26, 2021–April 27, 2021. 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, Bernard C. Vinge & Associates (HCS) Ltd. demonstrated substantial conformance to the standards. HCS is a highly respected housing and service provider for persons in care with complex needs. Among its many strengths are HCS's dedicated and effective leadership team and enthusiastic, well-trained, and skilled staff members, many of which have long tenure with HCS. HCS's administrative and training practices form a stable and solid foundation for the exceptional quality of services and supports it provides. The organization demonstrates impressive corporate citizenship and strategically and proactively engages in relationships and initiatives with funders and other organizations that enhance the quality of services it provides. HCS embraces the CARF accreditation process, and all concerned were very receptive to the recommendations, consultations, and other feedback provided. There are areas for improvement, including the need for better accountability for the confidentiality of information for the persons in care when transportation is provided, written analysis regarding wound care, and more complete written analysis of samplings of the records of persons in care. There is confidence that the organization has the willingness and the capacity to make the recommended improvements and to bring the organization into full conformance to the CARF standards.

Bernard C. Vinge & Associates (HCS) Ltd. appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Bernard C. Vinge & Associates (HCS) Ltd. is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Bernard C. Vinge & Associates (HCS) Ltd. has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

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

Survey Details

Survey Participants

The survey of Bernard C. Vinge & Associates (HCS) Ltd. was conducted by the following CARF surveyor(s):

- Sylvia A. R. Tremblay, DESS Administrative
- Jeff Harrison, DESS Program
- Paige Salinas, LCSW, CBIS, DESS 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 Bernard C. Vinge & Associates (HCS) 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
- Case Management (Adults)
- Case Management (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 Bernard C. Vinge & Associates (HCS) Ltd. demonstrated the following strengths:

- HCS continues to grow under the leadership of a widely respected and professional team led by a president and director of services who continue to lead by example. This is evidenced by personal involvement with the persons served. Many staff members hold significant longevity. HCS has resulted in organizational stability, staff members' loyalty, and a shared commitment to the mission and values of the organization.
- HCS is commended for how it has adapted and managed to provide continuity of excellent care during the COVID-19 pandemic. The organization is considered a leader and an example of best practices regarding its handling of the pandemic by funders, common-cause organizations, and all other stakeholders. The care and diligence it has directed to implementing its protocols and procedures to managing the COVID-19 pandemic has achieved exceptional results.

- HCS continues to actively search out new and better ways to serve the people in care. It also realizes that, by always striving to improve its business functions, it will ultimately improve its service delivery. Examples of business enhancements include an enhanced payroll system and staff member orientation. Improvements also include new training programs, online hiring, redevelopment of its website, new newsletters, uplifting weekly news bits for staff members, an enhanced focus on cultural and diversity, and a more inclusive approach to strategic planning. Examples of enhancements to service delivery include new nursing staff members and new persons in care. "A Day in the Life" videos that promote the personal stories of people in care and the inclusion of two new programs in just one year have been successful.
- The COVID-19 pandemic has provided HCS with a push to enhance its already advanced use of technology. Technology is now used more than ever in staff member orientation; training and workshops; and virtual events, such as the Music Jam. Providing services online has also increased, and HCS is commended on how it has enhanced its policies and procedures regarding the delivery of services using technology to ensure consent, decision making, availability, and staff member trainings.
- The organization's key funder holds HCS in high regard and considers the organization exceptional in all it does, including participation in its funders that includes "Include Me!" The key funder said that it is happy with all of the homes HCS operates and with how well persons served are doing in their homes. It considers HCS transparent and always working to improve, be proactive, and timely and, when asked if there was anything HCS could do better, the funder said, "I would like to see [the organization] get more funding because then [it] could do even more."
- Another service provider that HCS provides contracted services for expressed great satisfaction in the collaborative working relationship between two organizations and stated that HCS is admired for the level of training it provides for its staff members. The strong advocacy that the organization does for the persons served shows the complex issues it is willing to work with and the always "make it happen" attitude is timeless, even when funding is an issue.
- Families and advocates expressed a high level of satisfaction with the services provided by HCS. There were multiple noted instances where HCS stepped forward to support families and persons served in significant crisis or where a breakdown of existing supports had occurred. Families and advocates noted that HCS used transparency and open communication to stabilize these situations and made them a part of the solution moving forward. Parties interviewed during the survey also noted that HCS's supports compared very favourably to other providers with whom they may have been associated and expressed gratitude for the sensible and empathic-approach utilized. HCS's responsiveness, transparency, and accountability has notably been recognized. Longer-term stakeholders noted that the quality of supports have remained consistent throughout the years, even when key personnel in the organization have changed.
- HCS provides strong supports to persons served who have complex needs, including supports with challenging behaviour and, in some cases, requiring ongoing intensive staff member support. Services in this area are bolstered by partnerships with behaviour consultants and are focused on positive behaviour supports that take into account how complex behaviour is influenced by medical, communication, and other needs. On HCS taking on new supports for one person in care with very complex needs, one community partner lauded HCS for not allowing that person's reputation to be a barrier to services.
- Services are extremely individualized and are reflective of both the values of the organization and the desires and needs of persons in care. Families noted the gains that their loved ones have made with the help of HCS's supports. They also noted that the organization does not promote a caregiver mentality and that persons in care are respected as individuals. Services are informed by a wide range of service plans that emphasize everything from healthcare needs to independence to community inclusion activities while maintaining a very person-centred tone and approach.
- HCS is acknowledged for its efforts to maintain community inclusion opportunities for persons in care, despite the challenges presented by the COVID-19 pandemic. These efforts have included the use of technology to stay connected to natural supports and to preferred activities that otherwise may have been missed.

- HCS is person centred in its treatment approach. The staff members provide guidance while facilitating the care of the persons served and their families are driving their treatment. This has been noted by families to be very beneficial in their progress, in addition to allowing the families to feel a part of the treatment team. Staff members are being trained on sign language and picture symbols to effectively communicate with persons in care, demonstrating a person-centred approach.
- The organization uses ShareVision, which is user friendly and allows all of the medical and treatment information to be centrally located for easy access. The family site tab allows for full access to information provided by HCS, which is a beneficial feature for the families.
- HCS offers a detailed family guide that allows the persons served and family to have a full understanding of the services provided and clear expectations.
- The healthcare plans and quality of life care plans are detailed and thorough, providing specific procedures for staff members to follow to provide optimal care to persons in care.
- The newsletter that HCS distributes weekly allows for external stakeholders to be kept updated on the activities occurring each week. This also provides an opportunity to share with the community how HCS continues to provide a high level of quality care and identify ways to continue toward performance improvement.

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 and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

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
- 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
- Safeguarding funds of persons served, if applicable
- Review/audit of financial statements

Recommendations

There are no recommendations in this area.

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

- Competency-based training on safety procedures and practices
- Emergency procedures
- Access to first aid and emergency information
- Critical incidents
- Infection control
- Health and safety inspections

Recommendations

There are no recommendations in this area.

Consultation

- The organization has excellent and detailed policies and procedures regarding infection prevention and control and has been commended on being a sector leader in how it has dealt with the current COVID-19 pandemic. It is suggested that the organization update the terminology in its current policies and procedures to include specific wording naming, the COVID-19 pandemic, and any current and potential variants in its lists of possible communicable diseases and infections and related specific protocols and precautions.

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 background/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

There are no recommendations in this area.

1.J. Technology

Description

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

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

Key Areas Addressed

- Ongoing assessment of technology and data use
- Technology and system plan implementation and periodic review
- Technology policies and procedures
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable
- Access to ICT information and assistance, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

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

Recommendations

1.K.1.a.

The organization has detailed policies and procedures promoting the confidentiality of information of the persons served. It is recommended that the organization ensure that these policies are implemented consistently and at all times. This includes when transportation is provided for persons served and their confidential information is needed to be on hand for the trip. The confidential information of persons served may not be kept unattended in the vehicle at any time.

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

There are no recommendations in this area.

1.N. Performance Improvement

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 2. Quality Individualized Services and Supports

Description

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

2.A. Program/Service Structure

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization's behaviour management policy be expanded to provide additional detail around how functional assessments, including an evaluation of the environment, personal stressors, data collection, and interpretation, might be conducted. It is also suggested that the policy reference how data might be used to inform decision making about the strategies being used to support persons served.
- HCS has strong practices in place around behaviour support strategies and is very careful to ensure that the least intrusive measures possible are in place. HCS might consider establishing a review committee to regularly appraise active behaviour support plans and practices. Such an entity may provide an extra safeguard to ensure that practices and strategies are ethically sound, appropriate to the ongoing needs of a person served, and adhere to ever-changing best practices.

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 affects 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

There are no recommendations in this area.

2.C. Medication Monitoring and Management

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.E. Community Services Principle Standards

Description

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

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

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

Expected results from these services may include:

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 4. Community Services

Description

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

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

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

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

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

4.H. Community Housing (CH)

Description

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

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

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

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for six to 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 survey application. These sites will be visited during the survey process and identified in the survey report and accreditation decision as a site at which the organization provides a community housing program.

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.

2020 Medical Rehabilitation standards were also applied during this survey. The following sections of this report reflect the application of those standards.

Section 2. The Rehabilitation and Service Process for the Persons Served

Description

The fundamental responsibilities of the organization are to effect positive change in functional ability and independence and self-reliance across environments, while protecting and promoting the rights of the persons served. The persons served should be treated with dignity and respect at all times. All personnel are able to demonstrate their awareness of the rights of the persons served as well as their own rights. The rehabilitation and service process is delivered by an integrated team that includes the person served. The process focuses on clarity of information, efficient use of resources, reduction of redundancy in service delivery, achievement of predicted outcomes, and reintegration of the person served into his or her community of choice.

2.A. Program/Service Structure for all Medical Rehabilitation Programs

Key Areas Addressed

- Scope of the program and services
- Admission and transition/exit criteria
- Team communication
- Provision of services to any persons who require ventilatory assistance
- Provision of services related to skin integrity and wound care, when applicable

Recommendations

2.A.27.b.(1)(a)

2.A.27.b.(1)(c)

2.A.27.b.(2)

2.A.27.b.(3)

2.A.27.b.(4)

2.A.27.b.(5)(a)

2.A.27.b.(5)(b)

2.A.27.b.(5)(c)

The program gathers information on each person served, including wounds that developed during the program and wounds that worsened during the program, but has not analyzed the data. It is recommended that the program conduct a written analysis at least annually that includes performance in relationship to established targets for wounds that developed during the program; wounds that worsened during the program; trends; actions for improvements; results of performance improvement plans; and necessary education and training of the person served, family/support system, and personnel.

Consultation

- There is extensive, individualized training for all personnel within the organization. It is suggested that training and education be provided to personnel based on specific diagnosis and conditions of persons served.

2.D. The Rehabilitation and Service Process for Specific Diagnostic Categories

Key Areas Addressed

- Provision of services to any persons with limb loss, acquired brain injury, or spinal cord dysfunction
- Personnel demonstrate competency in limb loss, acquired brain injury, or spinal cord injury
- Provision or linkages with other entities for specialty services

Recommendations

There are no recommendations in this area.

2.E. The Rehabilitation and Service Process for Children and Adolescents Served

Key Areas Addressed

- Provision of services to any children/adolescents
- Family involvement throughout program
- Developmentally, culturally, and age-appropriate programs
- Competencies of personnel
- Education and training of the children/adolescents served and their families/support systems
- Communication with the school system

Recommendations

There are no recommendations in this area.

Section 3. Program Standards

3.I. Case Management

Description

Case Management proactively coordinates, facilitates, and advocates for seamless service delivery for persons with impairments, activity limitations, and participation restrictions based on the following:

- Initial and ongoing assessments.
- Knowledge and awareness of care options and linkages.
- Effective and efficient use of resources.
- Individualized plans based on the needs of the persons served.
- Predicted outcomes.
- Regulatory, legislative, and financial implications.

The delivery of case management may occur in a variety of settings that include, but are not limited to, a healthcare environment, a private practice, in the workplace, or in the payer community.

Key Areas Addressed

- Role and use of the continuum of care
- Services and resources used by case management
- Individual case management plans
- Coordination and integration of services
- Communication with stakeholders and referral services/programs
- Sharing of outcomes information with the persons served
- Case management-specific information-gathering requirements
- Program-specific information-gathering requirements

Recommendations

3.I.31.a.

3.I.31.b.(1)

3.I.31.b.(2)

3.I.31.b.(3)

3.I.31.c.(1)(a)

3.I.31.c.(1)(b)

3.I.31.c.(1)(c)

3.I.31.c.(2)

3.I.31.c.(3)

3.I.31.c.(4)

3.I.31.c.(5)

A written analysis of a representative sample of records from the persons served should be conducted at least annually, including documentation completed in accordance with the organization's policies and regulatory requirements, if applicable. The analysis should also include trends, actions for improvement, results of performance improvement plans, and necessary education and training of personnel. Record reviews could occur quarterly to ensure that proper documentation is in place.

Program(s)/Service(s) by Location

Bernard C. Vinge & Associates (HCS) Ltd.

4538 Kingsway, Suites 416 & 418
Burnaby BC V5H 4T9
CANADA

Community Housing
Case Management (Adults)
Case Management (Children and Adolescents)

1220

1220 East 14th Street
North Vancouver BC V5T 2P3
CANADA

Community Housing

20507

20507 70th Avenue
Langley BC V2Y 1S9
CANADA

Community Housing

2333

2333 East 8th Avenue
Vancouver BC V5N 5R7
CANADA

Community Housing

330

330 Kinver Street
Esquimalt BC V9A 6B8
CANADA

Community Housing

3652

3652 Maginnis Avenue
North Vancouver BC V7K 2L6
CANADA

Community Housing

4840

4840 Ranger Avenue
North Vancouver BC V7R 3M2
CANADA

Community Housing

5910

5910 Commercial Street
Vancouver BC V5P 3N9
CANADA

Community Housing

8833

8833 158th Street
Surrey BC V4N 2Y7
CANADA

Community Housing

9511

9511 Steveston Highway
Richmond BC V7A 1M7
CANADA

Community Housing