



**CARF**  
**Survey Report**  
**for**  
**Creston and District**  
**Society for**  
**Community Living**

**CARF INTERNATIONAL**

4891 East Grant Road  
Tucson, AZ 85712 USA  
Toll-free/TTY 888 281 6531 ■ Fax 520 318 1129  
[www.carf.org](http://www.carf.org)

**CARF-CCAC**

1730 Rhode Island Avenue, NW, Suite 209  
Washington, DC 20036 USA  
Toll-free 866 888 1122 ■ Fax 202 587 5009  
[www.carf.org/aging](http://www.carf.org/aging)

**CARF CANADA**

10665 Jasper Avenue, Suite 1400A  
Edmonton, Alberta T5J 3S9 Canada  
Tel 780 429 2538 ■ Fax 780 426 7274  
[www.carfcanada.ca](http://www.carfcanada.ca)

**Organization**

Creston and District Society for Community Living (CDSCL)  
205 Seventh Avenue North  
Creston, BC V0B 1G0  
Canada

**Organizational Leadership**

Peter S. Feltham, Executive Director

**Survey Dates**

October 6-8, 2008

**Survey Team**

Timothy R. Williams, Administrative Surveyor  
Gail E. Simpson, M.S.W., CPRP, DPSM, Program Surveyor

**Programs/Services Surveyed**

Community Services: Community Housing  
Community Services: Community Integration  
Community Services: Supported Living

**Previous Survey**

September 12-14, 2005  
Three-Year Accreditation



---

**Survey Outcome**

**Three-Year Accreditation**  
**Expiration: November 2011**

---

# SURVEY SUMMARY

**Creston and District Society for Community Living (CDSCL) has strengths in many areas.**

- CDSCL's strong management team demonstrates compassion, commitment, and a strong sense of the organization's mission. The board of directors works closely with the executive director and is very aware of the needs of the persons served and the organization overall. Both the board and management members speak passionately about the mission of the organization and are dedicated to upholding the values of the organization.
- The leadership uses a lateral management system, strongly centered in a management team consisting of the leaders in the organization and the executive director. The executive director reports directly to the board, but many decisions are made collaboratively with the management team having input into most aspects of decision making. The organization demonstrates great effectiveness using this model.
- Funding sources and other stakeholders have high levels of confidence in the organization and in the quality services that are being provided with strong dedication to the persons served.
- Persons served, families, and referral and funding sources hold the staff members and management of the organization in high regard and state that they would refer others to CDSCL. The organization has strong relationships with its funding sources and other stakeholders in the community.
- The organization fosters community involvement and assists persons served in community integration. Persons served are known by others in Creston and are seen as citizens of the community. The community is accepting and supportive of its neighbours with disabilities.
- The leadership consists of managers who have remained with the organization for several years. This longevity in employment lends to continuity and stability of service delivery. The organization acknowledges the longstanding contribution of its management team and its commitment to weathering change and restructuring, always keeping the focus on the mission of the organization.
- CDSCL demonstrates a high degree of skill with respect to the organization of reports and data. Financial statements and reports do not simply present numbers but include synthesis and interpretation of the data in a narrative and easily understood manner. This allows board members to read and digest information quickly and use the information in a meaningful way.
- There is a warm and comfortable atmosphere evident in the homes for persons served. The home sites are well furnished, attractively decorated, and well maintained.
- The tenure of the staff members is noteworthy in that many have been working for the organization for more than ten years. This continuity of relationships with persons served enhances their opportunities for feeling supported to try new endeavours.
- The move of the drop-in program to the new building has been highly appreciated by both persons served and staff members. Many persons served remark that the new surroundings increase their enjoyment of participation in the program and allow for new activities, because the space is better configured than the previous quarters and can accommodate more varied pursuits.

- Persons served in the supported independent living program are well prepared for coping during possible emergencies through clear training and effective back up after hours.
- Medication monitoring and management procedures are generally well planned and carefully followed.
- Many of the persons served who reside in the apartments have roomed together for over a decade. Some have been together since the former service provider was operating, which was more than sixteen years ago. This tenure indicates a strong sense of satisfaction on the part of the persons served, whose wishes and needs are addressed promptly and fully.

**Creston and District 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, CDSCL demonstrates a commitment to the CARF process and to meeting the standards. The organization appears to have the infrastructure in place to address the recommendations noted in this report and to continue meeting the standards during the tenure of this accreditation. From the board of directors to the direct support professionals, knowledge of the standards and recognition of the value of meeting the standards to provide effective and efficient services are evident. Significantly noteworthy is the leadership's commitment to a model of collaboration and lateral management. The compassion and dedication of the management team provides the motivation to continue meeting the CARF standards and seeking quality improvement in all services. Although there are areas of the standards that CDSCL has yet to address, there is evidence from the board of directors and the leadership of the organization that plans are underway to meet these standards within the next year. The work of the organization's accreditation committee will likely serve CDSCL well in creating a quality improvement plan to provide an effective roadmap for future improvements.

Creston and District Society for Community Living has earned a Three-Year Accreditation. The board, administration, and staff members are complimented for the positive efforts they have made in the pursuit and maintenance of accreditation. The organization is encouraged to continue diligently in its plans to address the recommendations noted in this report and to continue using the CARF standards to ensure that the services provided are of optimal value to the persons served. The organization is aware of the actions to take to address the recommendations and has the commitment to make improvements.

## **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**

- The organization expresses concern with the perception of reprisal even though a no-reprisal policy is in place. CDSCL might consider the use of hotline telephone numbers or drop boxes for persons to report ethics breaches or other misconduct in a confidential manner.
- 

## **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**

- It is suggested that the organization consider including time lines in its goal statements. The use of the specific, measurable, achievable, realistic, and time-based (SMART) model of goal construction may be used to maintain the quality of the goals established in the strategic plan.
-

## 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.

### Consultation

- It is suggested that CDSCL develop a task group composed of a cross section of employees throughout the organization to design a meaningful, valid, and reliable employee survey tool. This could provide more ownership and confidence in the survey process for all employees.
- 

## 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

### G.1.a.

Although the risk management plan outlines tasks and steps to be taken to alleviate risks in certain areas of operations, there is no clear identification or process to identify specific loss exposures in the organization. It is recommended that the organization implement a risk management plan that includes identification of loss exposures.

### Consultation

- It is suggested that, as part of the annual risk management plan and report, the organization conduct assessments of all major areas of risk, both external and internal, possibly using a strengths, weaknesses, opportunities, and threats (SWOT) analysis or as part of strategic planning. It is also suggested that the organization research web-based resources, such as the Nonprofit Risk Management Center.
- 

## 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.4.a.(2)

### H.4.b.(2)

### H.4.c.

Although health and safety training is provided upon hire, the organization does not conduct annual in-service training in all areas. In addition, there is no evidence that CDSCL trains personnel in the identification of unsafe environmental factors during orientation or annually thereafter. CDSCL should ensure that personnel receive annual competency-based training. Annual and ongoing training should include identification of unsafe environmental factors and should be documented.

### **H.7.d.(13)**

Beyond procedures for reporting, there is no policy or procedures in place regarding suicide or attempted suicide. The organization's policies and written procedures regarding critical incidents should be expanded to include suicide or attempted suicide.

### **H.9.a.(1)**

### **H.9.a.(3)**

Although general discussion is held with individuals during planning meetings, there is no clear evidence of training in the prevention and control of infection or communicable diseases for persons served or other stakeholders. The organization is urged to implement an infection control plan that includes training regarding the prevention and control of infections and communicable diseases for persons served and other stakeholders.

### **H.10.i.**

Although most vehicles are equipped with a copy of written emergency procedures, two vehicles are missing the procedures. CDSCL should ensure that all vehicles have written emergency procedures.

### **Consultation**

- Emergency information, such as contact names and phone numbers, for personnel is stored at the administration building. It is suggested that a copy of the contact phone numbers be included in the grab bags at other program sites.
- 

## **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**

There are no recommendations in this area.

---

## 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.(7)

Although CDSCL has set a strategic goal to develop a disaster recovery preparedness plan, the plan has not yet been developed. The organization's written technology and system plan should include disaster recovery preparedness.

---

## 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.1.a.(3)

Although some rights are communicated at each individual's annual planning meeting, not all rights are discussed. All rights should be communicated annually for any persons served in a program for more than one year.

#### K.2.d.

#### K.2.g.

#### K.2.i.

Access to information pertinent to the person served is implied and discussed verbally on a case-by-case basis, but this is not clearly stated in written policy. In addition, there are no policies evident that provide access to self-help and advocacy support services or regarding the investigation of infringement of rights. The organization's policies regarding the rights of persons served should

promote access to information pertinent to the person served in sufficient time to facilitate his or her decision making. The policies should be expanded to promote access to self-help and advocacy support services and investigation and resolution of alleged infringement of rights.

**K.3.b.(2)(a)**

**K.3.b.(2)(b)**

**K.3.b.(2)(e) through K.3.b.(2)(g)**

**K.3.c.(2)**

CDSCL's procedure concerning formal complaints should be expanded to specify that action will not result in retaliation or barriers to services, how efforts will be made to resolve the complaint, procedures for written notification regarding the actions to be taken to address the complaint, the rights and responsibilities of each party, and the availability of advocates or other assistance. The organization should also ensure that complaint procedures and forms are understandable to the persons served. The organization could expand the grievance policy to include persons served and state clearly and understandably how efforts will be made to resolve complaints.

---

## **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**

There are no recommendations in this area.

---

## **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.3.b.**

Although CDSCL measures performance in some areas, it has not yet implemented a formal, comprehensive performance measurement system. For business function improvement, the organization should measure performance indicators.

### **M.4.a.**

Although basic data are collected upon admission, the characteristics of persons served are not included in the data collection system. For service delivery improvement, the data collection system should include the characteristics of the persons served.

---

## **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**

There are no recommendations in this area.

---

## SECTION 2. QUALITY INDIVIDUALIZED SERVICES AND SUPPORTS

### A. Individual-Centred 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-centred and individualized
  - Persons are given information about the organization's purposes and ability to address desired outcomes
- 

#### Recommendations

##### A.2.

CDSCL has acceptance policies and procedures; however, it is recommended that the acceptance policies and procedures be presented in an understandable manner. This could be accomplished by developing two different sets of procedures, one for persons referred by contractual agreement and one for others not included in the organization's contract.

##### A.9.b.

##### A.9.e.

##### A.9.f.

A coordinated individual service plan is developed for each person served. The organization is urged to ensure that all individual service plans are consistently based on a person's abilities, desired outcome(s), and cultural background.

##### A.10.a.

Although the staff members attempt to include the input of each person served when developing the individual service plan, this is sometimes difficult given that some persons served have difficulty communicating. It is recommended that CDSCL ensure that all persons served have individual coordinated plans that are developed with their input. Staff members could elicit ideas from similar organizations as to other methods of gathering input and how to complete documentation of this.

---

## **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**

#### **B.4.**

Although the organization permits persons served to access their own records, this is not documented in the policy manual or explained in other documents. There may be some limitations in law concerning access to certain information in the record, but these are not made clear to the persons served. It is recommended that the organization ensure that the persons served can access their own records. The provisions for access and limitations could be outlined in the orientation information provided to each person and posted with the rights statement.

---

## **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.1.f.**

The individual record of medications used by the person served should include drug interactions that could be experienced with each medication listed.

### **C.2.e.**

CDSCL has a well-developed medication manual. It is recommended that the written procedures be expanded to address maintenance of an adequate supply of medications for the persons served.

### **C.4.**

A pharmacist, a nurse, staff members, and, when available, the physician meet twice yearly to review medication, and the pharmacist conveys any findings to the physician in writing. The organization should document that the use of all medications by persons served is reviewed at least annually by a physician or other qualified professional licensed to prescribe medications. A new form has been developed for an annual update with a physician, and it includes a section for medication review and sign-off by the doctor. Use of this form could assist in conformance to this standard.

### **C.5.a.**

### **C.5.b.**

Delivery by the pharmacy on weekends is implied, but not in writing. It is recommended that the organization's written procedures address processes for handling medication shortages on weekends and medication transportation and delivery.

### **C.6.c.**

As an organization that manages medications for persons served, CDSCL should have written procedures for integrating any prescribed medication into a person's overall plan, including special dietary needs and restrictions associated with medication use, if applicable.

## **Consultation**

- It is suggested that the medication manual be edited for typographical errors and to eliminate any contradictory statements. For example, one section states there are five rights of drug administration, and the rest indicate six. In addition, it could be helpful to resolve the two different processes noted as the disposal method for expired medication.
- It is suggested that the poison control number be placed on the short emergency list posted in most staff rooms. In some offices, it is included in small print on a coloured sheet that could be hard to read. Also, the numbers listed for emergency contact on the wall, particularly for the persons in independent living situations, might now include the area code, as the seven-digit number cannot be reached without the area code.

---

## **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.

## Consultation

- The organization is encouraged to use plain language in the brochures to ensure that persons who are seeking services understand the values of the organization and the potential benefits to their quality of life.
- 

# 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**

#### **E.7.b.**

In the previous survey report, the organization's attempt to get a ruling on a possible employee-employer relationship in one of the day programs was referenced. No such ruling from the relevant authorities has yet been made. As this could be a risk factor of liability of the organization, it is

important to attempt to get a clear response and resolution from relevant authorities. Previous correspondence to the federal government could be attached, including statements from two of the persons served in this program who wish to continue participating. When an organization has an employer-employee relationship with a person served, the organization should ensure that it complies with applicable provincial laws and regulations. Should these efforts not be fruitful, other options could be considered, including possible contracting out of the program, other sources of funding to allow self-sustainment, discussion with other providers in the province with similar questions, or a cooperative venture by the persons involved with support from the organization in the way of rental and utilities funding.

---

## **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.

---

## **K. Supported Living**

### **Principle Statement**

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

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

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

The home or individual apartment of the person served, even when the organization holds the lease or rental agreement on behalf of the person served, is not included in the Intent to Survey or identified as a site on the accreditation outcome.

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

---

# PROGRAMS/SERVICES BY LOCATION

## **Creston and District Society for Community Living**

205 Seventh Avenue North  
Creston, BC V0B 1G0  
Canada

Community Services: Community Integration  
Community Services: Supported Living

## **25th Avenue**

635 25th Avenue South  
Creston, BC V0B 1G0  
Canada

Community Services: Community Housing

## **Eighth Avenue Day Program/Woodshop**

105 Eighth Avenue South  
Creston, BC V0B 1G3  
Canada

Community Services: Community Integration

## **Orchard House**

901 Erickson Road  
Creston, BC V0B 1G0  
Canada

Community Services: Community Housing

## **Purcell Place**

535 18th Avenue South  
Creston, BC V0B 1G0  
Canada

Community Services: Community Housing

## **Sixteenth Avenue**

518 16th Avenue South  
Creston, BC V0B 1G3  
Canada

Community Services: Community Housing