

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**DDS FOLLOW-UP REPORT**

Provider	Charles River Center	Provider Address	59 East Militia Heights Road , Needham
Survey Team	Hampton, Cheryl; MacPhail, Lisa;	Date(s) of Review	29-JUL-19 to 30-JUL-19

<b>Follow-up Scope and results :</b>						
Service Grouping	Licensure level and duration	# Critical Indicators std. met/ std. rated at follow-up	# Indicators std. met/ std. rated at follow-up	Sanction status prior to Follow-up	Combined Results post-Follow-up; for Deferred, License level	Sanction status post Follow-up
Employment and Day Supports  3 Locations 12 Audits	2 Year License		5/8	<input checked="" type="checkbox"/> Eligible for new business (Two Year License)  <input type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License	<input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met)  <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)

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**Summary of Ratings**

**Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by Provider**

<b>Indicator #</b>	L7
<b>Indicator</b>	Fire Drills
<b>Issue Identified</b>	Out of the two locations reviewed, one location did not conduct the required number of fire drills per the location's Safety Plan
<b>Actions Planned/Occurred</b>	Plan to Address: Fire drills will be scheduled on a quarterly basis, dates randomly chosen at the beginning of every fiscal year (July of each year). The Grugan Center Fire Officer will be responsible for managing this calendar. The Fire Safety Officer will work with the Program Directors to determine any "blackout dates" that will prohibit fire drills from occurring on those dates (i.e.: program wide external events). To ensure that there is always quarterly fire drill scheduled, the Fire Safety Officer will schedule a new fire drill for the following year, again using random dates. Fire Drill compliance will be reviewed as part of the monthly department Health and Safety Meetings and each quarter as part of the Agency Health and Safety Meeting. Documentation of the drills will be submitted to the agency Health and Safety Committee for review
<b>Status at follow-up</b>	Two fire drills have been recorded within the 60 days leading to this follow-up review. In both cases, individuals were supported to evacuate in a reasonable amount of time. The agency must ensure that it conducts fire drills in accordance with the language found in the safety plan for the location.
<b>Rating</b>	Met

<b>Indicator #</b>	L8
<b>Indicator</b>	Emergency Fact Sheets
<b>Issue Identified</b>	Of the 7 of Emergency Fact Sheets reviewed, 5 did not list all the necessary diagnosis.
<b>Actions Planned/Occurred</b>	<p>Actions Taken to Correct: The emergency fact sheets identified during the review were fixed by 5/3/19</p> <p>Plan to Address: Case managers with support from their direct manager will review the person's current ISP, Health Care Record (if available) and any additional medical documentation and the person's EFS to ensure the at the diagnosis are listed in the EFS. If there is questions that are raised about the validity of a diagnosis, the manager will work with the case manager to consult with team members/medical providers to clarify the diagnosis. This will be completed by 6/30/19.</p>

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	<p>As part of the Icentrix rollout in Employment and Day Services the plan is as follows: For new admissions to the program, the Case Manager will request an updated and accurate list of all diagnoses related to the Individual prior to admission. For Individuals who currently attend the program, and who live in Charles River residential programs, the Residential Program Director will input the current list of diagnoses into the electronic data management system, iCentrix. The responsible Case Manager in the Employment and Day Program will then go into the iCentrix system and print the updated Emergency Fact Sheet; the iCentrix system will automatically update the EFS with this list of diagnoses.</p> <p>For those Individuals who live in a non-Charles River residential program, or who live with family, the responsible Case Manager in the Employment and Day Program will enter this information directly into iCentrix to be available for the EFS. The CRC Quality Assurance Department will provide technical assistance to the Employment and Day case management team as needed.</p>
<b>Status at follow-up</b>	Two of the emergency fact sheets that were reviewed were found to be current and accurate. The agency must ensure that emergency fact sheets contain all important medical and psychiatric diagnoses as well as accurate and current medications.
<b>Rating</b>	Not Met

<b>Indicator #</b>	L10
<b>Indicator</b>	Reduce risk interventions
<b>Issue Identified</b>	In two records reviewed, there was no documentation of the plan to provide specialized supervision needs or staff training around those needs. Staff were unable to describe the specific risks the person presented or strategies required by staff to ensure the persons safety.
<b>Actions Planned/Occurred</b>	Plan to Address: The Employment and Day Management team met with the CRC Behavioral support staff will review the clinical needs of people supported which put the person or others at risk to ensure that supervision plans, activities and staff training are in place to ensure that staff are able to effectively implement the strategies by 6/30/19.
<b>Status at follow-up</b>	For three applicable reviews, the provider was implementing risk reduction measures for individuals that behaviorally may pose a risk to themselves.
<b>Rating</b>	Met

<b>Indicator #</b>	L79
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<b>Indicator</b>	Restraint training
<b>Issue Identified</b>	Two staff did not have current Safety Care Certifications.
<b>Actions Planned/Occurred</b>	The two staff identified are scheduled for the June Safety Care training. Staff compliance with required trainings and certifications will be reviewed as part of ongoing staff supervision and progressive discipline will be utilized if a staff person does not meet minimum requirements for mandatory training.
<b>Status at follow-up</b>	The two staff that were previously untrained in restraint have since been trained.
<b>Rating</b>	Met

<b>Indicator #</b>	L85
<b>Indicator</b>	Supervision
<b>Issue Identified</b>	In one of the locations reviewed, evidence such as missing documentation, lack of training and written supervision notes indicated a lack of supervision
<b>Actions Planned/Occurred</b>	Plan to Address: Program and Asst. Program Directors will develop a Supervision schedule for all Life Skill Coaches and Case Managers. There will be a copy of this schedule in all program rooms, as well as in the Program Dir. Office. The Asst. Program Director will also create an Outlook schedule that will be maintained and reviewed daily to ensure compliance with this schedule. Program Dir. will create a standard Supervision Agenda that will be used for each meeting; this agenda will address core responsibilities and challenges, along with successes that the Staff member is experiencing. The completed Supervision notes will be scanned into the Supervisor's personal network folder, and a hard copy will be placed into the Supervision binder that is kept in the Program Directors office. The Sr. Dir. of Employment and Day Services will also develop a standard supervision agenda for their direct reports, as well as a monthly schedule - the notes will be scanned into their personal network drive for easy access. A contingency plan will be developed for supervisions to continue even when there is a supervisor vacancy, although it may be at a reduced scheduled basis temporarily.
<b>Status at follow-up</b>	The agency was found to have systems for both staff meetings, and individual supervision in place.
<b>Rating</b>	Met

**Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L55
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<b>Indicator</b>	Informed consent
<b>Area Need Improvement</b>	The one photo consent did not specify where and when the photograph will be published. The agency needs to ensure that when obtaining consents for use of photo or video, the form being used specifies the photo or video for which consent is being sought, and the intended use of the picture/video.
<b>Status at follow-up</b>	The one photo consent obtained was in written format that contained all the components necessary to fully consent to the photo's publication.
<b>#met /# rated at followup</b>	1/1
<b>Rating</b>	Met

<b>Indicator #</b>	L86
<b>Indicator</b>	Required assessments
<b>Area Need Improvement</b>	For four of seven individuals, required assessments were not submitted within the required timelines in preparation for the ISP. The agency needs to ensure that ISP assessments are submitted within the required timelines.
<b>Status at follow-up</b>	Required assessments for six people were found to have been submitted on or by the dates due, two people's assessments did not meet submission requirements. The agency must ensure that required assessments are submitted within the required ISP timelines.
<b>#met /# rated at followup</b>	6/8
<b>Rating</b>	Not Met

<b>Indicator #</b>	L87
<b>Indicator</b>	Support strategies
<b>Area Need Improvement</b>	For four of seven individuals, support strategies were not submitted within the required timelines in preparation for the ISP. The agency needs to ensure that ISP support strategies are submitted within the required timelines.
<b>Status at follow-up</b>	Support strategies for five people were found to have been submitted as part of the ISP on or by the dates due; three people's did not meet submission requirements. The agency must ensure that support strategies are submitted within the required ISP time lines.

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<b>#met /# rated at followup</b>	5/8
<b>Rating</b>	Not Met

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