DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Provider: Charles River Center

Provider Address: 59 East Militia Heights Road , Needham

Name of Person Completing Form: Marie Lewis

Date(s) of Review: 29-JUL-19 to 30-JUL-19

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	3/4

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Summary of Ratings

Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by Provider

Indicator #	L43
Indicator	Health Care Record
Issue Identified	Out of the 8 records reviewed there were 2 Health Care Records that did not contain an accurate list of diagnosis
Actions Planned/Occurred	Actions Taken to Correct: The two Health Care Records that identified during the review were fixed by 5/3/19 Plan to Address: 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. The Residential Program Director will review the current Health Care Record (HCR) and input any diagnosis as needed The Nursing team will review all Health Care Encounter forms, including discharge paperwork from ED, Urgent Care and hospitalizations and conduct a medication and a diagnosis reconciliation. New diagnosis will be entered the HCR within 5 business days of the new diagnosis.
Process Utilized to correct and review indicator	The VP of Residential & the QA department reviewed 10 records. The agency developed a form that will be included in all new admissions. All staff have been notified of this change. The nursing team will also be closely monitoring diagnoses and medications that have been added during a hospitalization discharge and will complete a diagnosis and medication reconciliation. 9 out of the 10 records reviewed listed all diagnoses.
Status at follow-up	Staff have been notified on this process change, a new form was created and the 9 out of the 10 Health Care Records that were reviewed had all diagnoses listed. We are also moving towards EFS in our electronic record system, therefore it will be accessible for

	managers to audit remotely.
Rating	Met

Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L55
Indicator	Informed consent
Area Need Improvement	The one photo consent did not specify which photo was to be used in the publication. 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.
Process Utilized to correct and review indicator	The QA department and VP of Residential developed a new form to be utilized as of July 1st, 2019, for all photo consents. This new form includes a drop box for staff to link the photo being used. Staff are instructed to insert the photo that is being consented to use. The new form will indicate the exact photo being used, where & why it is being used and where the photo will be distributed. This form will be used for every photo consent that is obtained with guardian signatures. The VP of Residential, the QA & development department reviewed 5 consents that were sent out as part of our Annual Appeal.
Status at follow-up	A new form has been created, and staff have been informed to use this form as of July 1st, 2019. As of July 1st, 2019 it is the responsibility of the program director and oversight of the residential director and VP to ensure that this new form is used. 5 out of the 5 reviewed consents met the criteria of specifying the photo that was used for the publication and the intended use of the pictures
Rating	Met
Indicator #	L63
Indicator	Med. treatment plan form

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Area Need Improvement	Four of the seven medication treatment plans did not specifically define the unique observable symptoms to be tracked for each individual. The agency needs to ensure that medication treatment plans contain all required components.
Process Utilized to correct and review indicator	The QA department reviewed 14 records. 4 medication treatment plans were amended prior to 5/17/19 to track the unique symptoms of each individual. As of July 1, 2019, the CRC Behavioral Teams will be responsible for the management of the Medication Treatment Plans to ensure that the plans meet DDS requirements, to oversee staff training on the plan and to monitor data collection and ensure data is reviewed regularly and shared with the person's prescriber. A new more comprehensive form has been created to help better define the unique behaviors of those we serve. 14 MTPs were reviewed by the QA department. Going forward this will be the responsibility of the Clinical team to ensure all behaviors are measurable and defined.
Status at follow-up	The agency developed a new MTP policy. The agency has developed a CRC Behavioral Team which includes, our clinical department staff and Quality Assurance staff. Meetings are held once a month. Starting July 1st 2019 Medication Treatment Plans will be reviewed during these meetings. 14 out of 14 medication treatment plans included the unique symptoms of the individual.
Rating	Met
Indicator #	L91
Indicator	Incident management
Area Need Improvement	Two of the eight reported incidents were found to have been finalized later than the timeline requires. One of the reported incidents was reported later than the required timeline, in addition to late finalization. The agency needs to ensure that it adheres to required timelines in the reporting and finalization of incidents.
Process Utilized to correct and review indicator	The Quality Assurance Dept. will provide a refresher training in

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	Relias to all residential Program Directors, Case Managers, Program Supervisors, Assistant Program Directors, and Residential Directors on the Incident Reporting process, categories and timelines by June 30, 2019. Once trained, the Case Managers, Program Directors or Supervisors will be responsible for entering the Incident report into HCSIS. Before submitting, the staff entering the incident will send an email to the Residential Director or Management designee for review. The incident will be reviewed for accuracy and quality and will then provide feedback to the report author to incorporate back into the report. Once the feedback is incorporated, the report will be resubmitted for finalization, and the Residential Director or Management designee will Finalize.
Status at follow-up	The QA department ran a report in HCSIS. There were 8 incidents reported during this timeframe. One was a major incident where the initial report was late, 7 were minor incidents and the initial reporting was late. Staff have been assigned to take a training that the QA department developed in our electronic training system. Staff have a deadline of completing this training by June 30th, 2019. All staff have been assigned to take the training in Relias. As of July 1st 139 staff have taken this training. A reminder was sent out to all managers about the deadline for this training.
Rating	Not Met