

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 Marie Lewis _____
Completing Form: _____

Date(s) of Review: 26-SEP-24 to 27-SEP-24 _____

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

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

Indicator #	L63
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Indicator	Med. treatment plan form
Issue Identified	For two of the individuals' files that were reviewed, staff were not tracking the correct medications on medication treatment plans.
Actions Planned/Occurred	Our clinical department is responsible for completing and maintaining our medication treatment plans. Each clinician has a caseload and will be responsible for ensuring that staff are collecting data on every medication. Program directors will be responsible for scanning all data on a monthly basis so our clinicians can conduct desk audits.
Process Utilized to correct and review indicator	The QA department reviewed 10 records. 4 medication treatment plans were amended prior to 8/30/2024 to ensure staff are tracking the correct medications. The CRC Clinical Team is 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. Staff are responsible for scanning the behavioral data on a weekly basis.
Status at follow-up	The agency restructured our Clinical Department to include geographically focused team members within our programs. We also hired new 3 RBTs who will be monitoring data in programs.
Rating	Met

Indicator #	L85
Indicator	Supervision
Issue Identified	At two of the locations where reviews occurred, evidence such as missing documentation and lack of training and written supervision notes indicated a lack of effective supervision.

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Actions Planned/Occurred	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.
Process Utilized to correct and review indicator	The QA department has taken over reviewing monthly paperwork for all programs as of 9/1/2024. Supervisions are to be saved electronically and tracked monthly to ensure compliance.
Status at follow-up	The QA department has taken over reviewing monthly paperwork for all programs as of 9/1/2024. Supervisions are to be saved electronically and tracked monthly to ensure compliance. The QA department reviewed 10 location's supervision notes and at 7 locations supervision notes were present.
Rating	Not Met

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

Indicator #	L67
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Indicator	Money mgmt. plan
Area Need Improvement	For 3 of 8 individuals there was no written money management plan and a training plan for the agency's shared or delegated money management responsibility. The agency must ensure that for individuals with whom it has shared money management responsibilities, a written plan accompanied by a training plan (when required) is developed and in place at their program.
Process Utilized to correct and review indicator	The agency developed an addendum to our money management plan that includes all aspects of a training plan and what the staff's role is for holding individual funds.
Status at follow-up	9 out of 10 money management plans had a written money management plan and training plan.
Rating	Met

Indicator #	L91
Indicator	Incident management
Area Need Improvement	At 3 of 9 sites incidents were not reported and/or reviewed as mandated by regulation. The agency must ensure that incidents are developed and submitted within the required timelines in HCSIS.

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Process Utilized to correct and review indicator	The Quality Assurance Dept. and the training department will provide a refresher training to all residential Program Directors, Case Managers, Program Supervisors, Assistant Program Directors, and Residential Directors on the Incident Reporting process, categories and timelines on an on-going process. 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	7 incidents were reviewed during this timeframe. All 7 incident reports were entered and submitted within the mandated reporting regulation timeframe.
Rating	Met

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

Indicator #	L15
Indicator	Hot water
Issue Identified	At Three locations, Hot water temperature was out of the required range.

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Actions Planned/Occurred	Maintenance will conduct monthly water temperature checks at all locations and will contact the director immediately if there is an issue. They will also enter all water temperatures in our maintenance on-line tracking system, Worxhub, and will flag it for immediate action needed. The full maintenance team is working on developing specific procedures and videos on water testing and reporting temperature discrepancies. Additionally, the Program Directors will also be responsible for checking water temperatures monthly and will contact the on-call if there are any issues.
Process Utilized to correct and review indicator	Maintenance will conduct monthly water temperature checks at all locations and will contact the director immediately if there is an issue. They will also enter all water temperatures in our maintenance on-line tracking system, Worxhub, and will flag it for immediate action needed. The full maintenance team is working on developing specific procedures and videos on water testing and reporting temperature discrepancies. Additionally, the Program Directors will also be responsible for checking water temperatures monthly and will contact the on-call if there are any issues.
Status at follow-up	All locations were reviewed for water temperatures throughout the month of August, and all locations tested in the water temperature regulatory range.
Rating	Met

Indicator #	L60
Indicator	Data maintenance
Issue Identified	For two individuals reviewed, staff were not collecting data for behaviors written in the behavior plan.
Actions Planned/Occurred	Behavior plans and data collection will be updated at least annually and reviewed by the RBT/clinical team monthly. Data collection sheets will be added to the post ISP checklist.

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Process Utilized to correct and review indicator	Behavior plans and data collection will be updated at least annually and reviewed by the RBT/clinical team monthly. Data collection sheets will be added to the post ISP checklist to ensure tracking is accurate on an annual basis as things are added.
Status at follow-up	4 Behavior plans were reviewed. All behavior plans were tracking the correct behaviors.
Rating	Met

Indicator #	L77
Indicator	Unique needs training
Issue Identified	For individuals reviewed, unique needs training was not all-encompassing to include pertinent information related to the needs of persons served. Staff were not trained in all unique needs
Actions Planned/Occurred	<p>For individuals reviewed, unique needs training was not all-encompassing to include pertinent information related to the needs of persons served. Staff were not trained in all unique needs</p> <p>Person Centered Unique needs trainings will be updated at least annually or as changes occur. They will be completed by nursing and our clinical director with the help of case coordinators. Trainings will occur for all staff after the ISP and tracked internally.</p>
Process Utilized to correct and review indicator	The Quality Assurance Department and nursing department are responsible for tracking person centered unique needs training. Nursing will continue to train staff on these plans.
Status at follow-up	For individual's reviewed, 8 out of the 10 trainings included all-encompassing, pertinent information related to the unique needs of the persons served.
Rating	Met