



**PROVIDER REPORT
FOR
COMMUNITY RESOURCES
FOR JUSTICE
355 Boylston Street
Boston, MA 02116**

January 06, 2025

Version

Public Provider Report

**Prepared by the Department of Developmental Services
OFFICE OF QUALITY ENHANCEMENT**

SUMMARY OF OVERALL FINDINGS

Provider	COMMUNITY RESOURCES FOR JUSTICE
Review Dates	12/3/2024 - 12/9/2024
Service Enhancement Meeting Date	12/23/2024
Survey Team	Andrea Comeau Susan Dudley-Oxx Ken Jones Michelle Boyd Melanie McNamara Marisa Himes (TL) Eric Lunden Stephanie Baldwin
Citizen Volunteers	

<u>Survey scope and findings for Residential and Individual Home Supports</u>						
Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level	
Residential and Individual Home Supports	21 location(s) 22 audit (s)	Full Review	84/90 2 Year License 12/23/2024 - 12/23/2026		46 / 46 Certified 12/23/2024 - 12/23/2026	
Residential Services	11 location(s) 11 audit (s)			Full Review	20 / 20	
Placement Services	10 location(s) 11 audit (s)			Full Review	20 / 20	
Planning and Quality Management				Full Review	6 / 6	

EXECUTIVE SUMMARY :

Founded in 1878, Community Resources for Justice (CRJ) is a large non-profit organization, with a long-established history of providing support to at-risk populations. The agency's name and mission have evolved over time, and today, the Community Strategies of Massachusetts division works to empower people with Intellectual and Developmental Disabilities to live as independently as possible. To fulfill its mission, the agency provides 24-hour residential and placement services to over 200 individuals in Massachusetts communities. The agency also offers behavioral health services (including clinical assessment) and social justice services to the community at large.

For this 2024 survey, the Department of Developmental Services (DDS) Central West Office of Quality Enhancement conducted a full licensing and certification review of services offered in the agency's 24-hour residential supports and shared-living (placement) services.

Survey results showed that organizationally, CRJ is system driven and mission focused. Relative to staff competency, staff were trained on all DDS mandated topics. The agency's human rights committee demonstrated effectiveness in maintaining membership; quarterly meetings; and reviewing plans, incident reports, and complaints. Abuse and neglect were reported as mandated, and appropriate action was taken to protect people when reports were made. The agency also had a strategic plan that included actionable goals that benefited individuals, including objectives to improve the day-to-day lives of the people in their care by increasing opportunities for progressive independence, and improving the pathway to Shared Living from Residential Care.

Throughout residential services, in the areas of personal and environmental safety, DDS approved safety plans were in place; fire drills were conducted as required to ensure safe evacuation of individuals from homes during drills, and smoke and carbon monoxide detectors were present and operable as required. Furthermore, the homes that were visited were found to be clean, well maintained, and blended well with the neighborhood.

Across all sites, effective standards were noted relative to communication and the protection of human rights. Surveyors observed positive, respectful interactions between staff and supported individuals in their day-to-day lives. Staff were trained on and familiar with individuals' unique needs, preferences, and communication styles. Staff provided all necessary supports to individuals to achieve their aspirations. Individuals and guardians were trained on human rights as well as how to report abuse and neglect (DPPC).

CRJ also demonstrated successful practices in other areas, including in the area of behavior management. Individuals were supported to learn and apply positive coping skills to replace behaviors which had negatively impacted their lives. Through the agency's strong clinical focus, several individuals experienced successes in behavior modification, and plans became less restrictive, which afforded them greater control over their lives. CRJ's systems for oversight of medication administration and healthcare coordination were effective. Additionally, systems were in place and effective for funds management, and development and implementation of ISP objectives.

Relative to competent workforce, staff/home providers were trained on individuals' restrictive practices, PABC, and how to respond to medical emergencies. Another highlight for the organization was the quality and consistency of clinical and nursing supports. Clinical and nursing staff visited homes regularly to meet with both agency staff and individuals. The benefits of this practice were reflected in increased staff training and greater consistency in the implementation of behavior plans and health protocols.

In relation to certification, CRJ had efficient processes for obtaining individual input in the interviewing/hiring of new staff, and on staff performance evaluations on an annual basis.

Additionally, effective supports were noted in the areas of human rights, personal choice, control, and growth as reflected in the choice and control they had over their activities of daily living. People were encouraged to develop their own household routines as well as determining how to spend free time. Individuals were supported to maintain relationships with family members and friends via cellphone/video calls, and visits with family and friends. All individuals completed community interest inventories which were utilized in making decisions regarding community activities they participated in. Individual's bedrooms were also decorated based on their personal style and preferences.

The survey identified a few licensing areas where further attention is required from the agency. Medication treatment plans must include all the required components, including the presence of specific, individualized clinical indicators for initiating a discussion with the treating clinician regarding a potential medication reduction. Media release need to be obtained on an annual basis for the use of individual's image, likeness, name or story being shared. The consent form must outline the media/parameters for which the consent is being sought. Lastly, consistent oversight is needed to ensure compliance with required timelines for submitting restraint reports, incident reports, and ISP assessments.

As a result of the licensing and certification review, Community Resources for Justice's Residential and Individual Home Supports service grouping will receive a Two-Year license from DDS due to an overall score of 93% of licensure indicators met. A provider follow-up will be conducted by the agency within 60 days of the SEM on the licensing indicators that received a rating of Not Met, and the result will be submitted to the DDS Central West Office of Quality Enhancement.

The Residential and Individual Home Supports service grouping is Certified with an overall score of 100% of certification indicators met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	9/10	1/10	
Residential and Individual Home Supports	75/80	5/80	
Residential Services Placement Services			
Critical Indicators	8/8	0/8	
Total	84/90	6/90	93%
2 Year License			
# indicators for 60 Day Follow-up		6	

Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L65	Restraint reports are submitted within required timelines.	Sixty-two restraint reports were not created and/or finalized within the required timelines in HCSIS. Strengthened oversight is needed to ensure compliance with required timelines for submitting and finalizing

		restraint reports. Each restraint report must be created in three calendar days and finalized for area office review in five calendar days.
--	--	---

Residential Commendations on Standards Met:

Indicator #	Indicator	Commendations
L77	The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals.	Commendable practices were observed at CRJ around staff training across all service types. Beyond the DDS mandated trainings and tracking, staff at CRJ locations were knowledgeable concerning individual's specific unique needs. Staff were trained on how to support individuals with their ISP goals while still promoting independence and the achievement of stated outcomes. Additionally, staff were trained and knowledgeable regarding medical needs and protocols; best approaches for supporting everyone; training and knowledge regarding medication and behavior plans; and the data being tracked for each. In addition, all sites had the ongoing management support and training by the licensed professionals who developed each plan or had the knowledge of the needs. Clinicians and nursing staff were available to provide additional training to ensure that everyone was receiving the highest quality supports to meet their needs.

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	Water temperature exceeded allowable limits at five of twenty-one sites. CRJ must ensure that deliverable water temperature is maintained at no more than 120 degrees for residential faucets, and 112 degrees for tubs/showers.
L55	Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent.	For three individuals for whom media release occurred, media release forms were not obtained as required. For all individuals whose image, likeness, or voice are used in mediums, media release consent forms must be developed and consent sought which outline the parameters related to the intended use of any individual's image, name or story being shared on an annual basis.
L63	Medication treatment plans are in written format with required components.	For all twenty-two individuals, medication treatment plans were either not in place, or were missing an essential component relative to clinical indicators for discussions with prescribers about the tapering or termination of the medication/s. CRJ must ensure that medication treatment plans are developed to include all the required components, including specific, individualized clinical indicators for

		initiating a discussion with the treating clinician regarding a potential medication reduction.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For five of twenty individuals, required assessments for the ISP were not developed and submitted within the required timeframe for the ISP meetings. Strengthened oversight is needed to ensure compliance with required timelines for submitting ISP assessments. Assessments must be submitted at least 15 days in advance of the ISP meeting.
L91	Incidents are reported and reviewed as mandated by regulation.	At ten of twenty sites, incident reports were not submitted and/or finalized within the required timelines in HCSIS. Additional oversight is needed to ensure compliance with timelines for the reporting and finalization of incident reports in HCSIS. Major incidents are to be reported within one business day, minor incidents within three business days, and the finalization of reports is to occur within seven business days.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	40/40	0/40	
Placement Services	20/20	0/20	
Residential Services	20/20	0/20	
Total	46/46	0/46	100%
Certified			

MASTER SCORE SHEET LICENSURE

Organizational: COMMUNITY RESOURCES FOR JUSTICE

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	22/22	Met
L3	Immediate Action	15/15	Met
L4	Action taken	15/15	Met
L48	HRC	1/1	Met
L65	Restraint report submit	155/217	Not Met(71.43 %)

L66	HRC restraint review	204/207	Met(98.55 %)
L74	Screen employees	13/13	Met
L75	Qualified staff	4/4	Met
L76	Track trainings	20/20	Met
L83	HR training	20/20	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	11/11		11/11				22/22	Met
L5	Safety Plan	L	11/11		10/10				21/21	Met
✉ L6	Evacuation	L	11/11		10/10				21/21	Met
L7	Fire Drills	L	10/11						10/11	Met (90.91 %)
L8	Emergency Fact Sheets	I	11/11		9/11				20/22	Met (90.91 %)
L9 (07/21)	Safe use of equipment	I	11/11						11/11	Met
L10	Reduce risk interventions	I	8/8		5/5				13/13	Met
✉ L11	Required inspections	L	11/11		10/10				21/21	Met
✉ L12	Smoke detectors	L	11/11		10/10				21/21	Met
✉ L13	Clean location	L	11/11		10/10				21/21	Met
L14	Site in good repair	L	11/11		7/9				18/20	Met (90.0 %)
L15	Hot water	L	8/11		8/10				16/21	Not Met (76.19 %)
L16	Accessibility	L	11/11		10/10				21/21	Met
L17	Egress at grade	L	11/11		2/2				13/13	Met
L18	Above grade egress	L	9/9						9/9	Met
L19	Bedroom location	L	7/7		6/6				13/13	Met

L20	Exit doors	L	11/11					11/11	Met
L21	Safe electrical equipment	L	11/11		10/10			21/21	Met
L22	Well-maintained appliances	L	11/11		10/10			21/21	Met
L23	Egress door locks	L	6/6					6/6	Met
L24	Locked door access	L	11/11		10/10			21/21	Met
L25	Dangerous substances	L	10/11					10/11	Met (90.91 %)
L26	Walkway safety	L	10/11		10/10			20/21	Met (95.24 %)
L27	Pools, hot tubs, etc.	L	1/1		2/2			3/3	Met
L28	Flammables	L	11/11					11/11	Met
L29	Rubbish/combustibles	L	11/11		10/10			21/21	Met
L30	Protective railings	L	11/11		9/9			20/20	Met
L31	Communication method	I	11/11		11/11			22/22	Met
L32	Verbal & written	I	11/11		11/11			22/22	Met
L33	Physical exam	I	10/11		10/10			20/21	Met (95.24 %)
L34	Dental exam	I	11/11		11/11			22/22	Met
L35	Preventive screenings	I	11/11		11/11			22/22	Met
L36	Recommended tests	I	11/11		11/11			22/22	Met
L37	Prompt treatment	I	11/11		11/11			22/22	Met
L38	Physician's orders	I	10/10		5/5			15/15	Met
L39	Dietary requirements	I	4/5		2/2			6/7	Met (85.71 %)
L40	Nutritional food	L	11/11					11/11	Met
L41	Healthy diet	L	11/11		9/10			20/21	Met (95.24 %)
L42	Physical activity	L	11/11		10/10			21/21	Met
L43	Health Care Record	I	10/10		7/11			17/21	Met (80.95 %)
L44	MAP registration	L	11/11					11/11	Met

L45	Medication storage	L	11/11					11/11	Met
L46	Med. Administration	I	11/11		7/7			18/18	Met
L47	Self medication	I	4/4		7/7			11/11	Met
L49	Informed of human rights	I	11/11		11/11			22/22	Met
L50 (07/21)	Respectful Comm.	I	11/11		11/11			22/22	Met
L51	Possessions	I	11/11		11/11			22/22	Met
L52	Phone calls	I	11/11		11/11			22/22	Met
L53	Visitation	I	11/11		11/11			22/22	Met
L54 (07/21)	Privacy	I	11/11		11/11			22/22	Met
L55	Informed consent	I	0/2		0/1			0/3	Not Met (0 %)
L56	Restrictive practices	I	10/10					10/10	Met
L57	Written behavior plans	I	11/11		4/4			15/15	Met
L60	Data maintenance	I	11/11		4/4			15/15	Met
L61	Health protection in ISP	I	10/10		6/7			16/17	Met (94.12 %)
L62	Health protection review	I			1/1			1/1	Met
L63	Med. treatment plan form	I	0/11		0/11			0/22	Not Met (0 %)
L64	Med. treatment plan rev.	I	11/11		10/10			21/21	Met
L67	Money mgmt. plan	I	9/9		8/8			17/17	Met
L68	Funds expenditure	I	9/9		8/8			17/17	Met
L69	Expenditure tracking	I	9/9		8/8			17/17	Met
L70	Charges for care calc.	I	11/11		11/11			22/22	Met
L71	Charges for care appeal	I	11/11		11/11			22/22	Met
L77	Unique needs training	I	11/11		11/11			22/22	Met
L78	Restrictive Int. Training	L	10/10					10/10	Met
L79	Restraint training	L	9/9					9/9	Met
L80	Symptoms of illness	L	11/11		10/10			21/21	Met

L81	Medical emergency	L	11/11		10/10			21/21	Met
L82	Medication admin.	L	11/11					11/11	Met
L84	Health protect. Training	I	9/9		6/7			15/16	Met (93.75 %)
L85	Supervision	L	11/11		10/10			21/21	Met
L86	Required assessments	I	7/10		8/10			15/20	Not Met (75.00 %)
L87	Support strategies	I	7/10		9/10			16/20	Met (80.0 %)
L88	Strategies implemented	I	11/11		11/11			22/22	Met
L90	Personal space/ bedroom privacy	I	11/11		11/11			22/22	Met
L91	Incident management	L	1/11		9/9			10/20	Not Met (50.0 %)
L93 (05/22)	Emergency back-up plans	I	11/11		11/11			22/22	Met
L94 (05/22)	Assistive technology	I	11/11		11/11			22/22	Met
L96 (05/22)	Staff training in devices and applications	I	5/5		6/6			11/11	Met
L99 (05/22)	Medical monitoring devices	I	4/4					4/4	Met
#Std. Met/# 80 Indicator								75/80	
Total Score								84/90	
								93.33%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	1/1	Met
C2	Data analysis	1/1	Met

C3	Service satisfaction	1/1	Met
C4	Utilizes input from stakeholders	1/1	Met
C5	Measure progress	1/1	Met
C6	Future directions planning	1/1	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	11/11	Met
C8	Family/guardian communication	11/11	Met
C9	Personal relationships	11/11	Met
C10	Social skill development	11/11	Met
C11	Get together w/family & friends	11/11	Met
C12	Intimacy	11/11	Met
C13	Skills to maximize independence	11/11	Met
C14	Choices in routines & schedules	11/11	Met
C15	Personalize living space	11/11	Met
C16	Explore interests	11/11	Met
C17	Community activities	11/11	Met
C18	Purchase personal belongings	11/11	Met
C19	Knowledgeable decisions	11/11	Met
C46	Use of generic resources	11/11	Met
C47	Transportation to/ from community	11/11	Met
C48	Neighborhood connections	11/11	Met
C49	Physical setting is consistent	11/11	Met
C51	Ongoing satisfaction with services/ supports	11/11	Met
C52	Leisure activities and free-time choices /control	11/11	Met
C53	Food/ dining choices	11/11	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	11/11	Met
C8	Family/guardian communication	11/11	Met
C9	Personal relationships	11/11	Met
C10	Social skill development	11/11	Met
C11	Get together w/family & friends	11/11	Met
C12	Intimacy	11/11	Met
C13	Skills to maximize independence	11/11	Met
C14	Choices in routines & schedules	11/11	Met
C15	Personalize living space	10/10	Met
C16	Explore interests	11/11	Met
C17	Community activities	11/11	Met
C18	Purchase personal belongings	11/11	Met
C19	Knowledgeable decisions	11/11	Met
C46	Use of generic resources	11/11	Met
C47	Transportation to/ from community	11/11	Met
C48	Neighborhood connections	11/11	Met
C49	Physical setting is consistent	10/10	Met
C51	Ongoing satisfaction with services/ supports	11/11	Met
C52	Leisure activities and free-time choices /control	11/11	Met
C53	Food/ dining choices	11/11	Met