

DEPARTMENT OF DEVELOPMENTAL SERVICES
LICENSURE AND CERTIFICATION
PROVIDER FOLLOW-UP REPORT

Provider: COMMUNITY
RESOURCES/JUSTICE

Provider Address: 355 Boylston Street , Boston

Name of Person Michelle McCormick
Completing Form:

Date(s) of Review: 14-DEC-22 to 16-DEC-22

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	5/7

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

Indicator #	L33
Indicator	Physical exam

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Issue Identified	One individual out of 21 individuals did not have a physical completed within the 15-month time frame requirement. An appointment has been scheduled for him. The indicator was not met overall due to documentation issues with the required paperwork including the preventative screening and Health Review Checklist that were either missing or incomplete when filled out.
Actions Planned/Occurred	Further training will take place for all Managers, Assistant Managers and Meaningful Day Coordinators (the staff with access to preparing and entering all appointments onto ICentrix). Nurses will be required to review all annual physical appointments and follow up with the Managers when required documentation is missing.
Process Utilized to correct and review indicator	Further training will take place for all Managers, Assistant Managers and Meaningful Day Coordinators (the staff with access to preparing and entering all appointments onto ICentrix). Nurses will be required to review all annual physical appointments and follow up with the Managers when required documentation is missing.
Status at follow-up	Completed, a sample of physical exams were audited for content and timeliness and met the requirements of the indicator
Rating	Met

Indicator #	L35
Indicator	Preventive screenings
Issue Identified	Required preventative screenings outlined on the Preventative Checklist were not completed or have not been properly documented.

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Actions Planned/Occurred	Further training will occur for all Managers, Assistant Managers and Meaningful Day Coordinators (the staff with access to preparing and entering all appointments onto ICentrix). Nurses will be required to review all preventative screenings for each individual each year to ensure their required screenings have occurred or proper documentation is in place why they did not occur.
Process Utilized to correct and review indicator	Further training will occur for all Managers, Assistant Managers and Meaningful Day Coordinators (the staff with access to preparing and entering all appointments onto I-Centrix). Nurses will be required to review all preventative screenings for each. Further training will occur for all Managers, Assistant Managers and Meaningful Day Coordinators (the staff with access to preparing and entering all appointments onto ICentrix). Nurses will be required to review all preventative screenings for each individual each year to ensure their required screenings have occurred or proper documentation is in place as to why they did not occur.
Status at follow-up	Completed. A sample was done on individuals requiring preventative screening during the follow up period and the indicator was met.
Rating	Met

Indicator #	L36
Indicator	Recommended tests
Issue Identified	Recommended or requested follow ups for medical appointments were not properly documented with proof of them occurring.

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Actions Planned/Occurred	Training will occur for all Managers, Assistant Managers and Meaningful Day Coordinators (the staff with access to preparing and entering all appointments onto ICentrix) as well as direct care staff who attends the medical appointments. Nurses will be required to review all medical appointments as needed to ensure required tests, lab work, etc. have been completed as well as entered onto ICentrix.
Process Utilized to correct and review indicator	All program managers have been retrained on how to ensure all medical appointments with required procedures/ follow ups are properly documented onto the electronic system. All managers are in the process of adjusting the documentation to be accurate.
Status at follow-up	Partially completed, some documentation audited has not be completed yet, is expected to be done before 1/1/23
Rating	Not Met

Indicator #	L43
Indicator	Health Care Record
Issue Identified	The Health Care Records (HCR) were not current which included not being up to date with screenings, immunizations, medications, weights and/or diagnoses. The other issue identified was events were not updated to the HCR within the 30-day requirement.
Actions Planned/Occurred	All Managers will be retrained of the HCR requirements and how to properly update the form and address the current missing items on the HCR. A position was created within Community Strategies in July 2022 which directly oversee HCSIS. This role oversees reviewing incidents and ensuring they are entered onto the individual's HCR. We have seen an increase in compliance since the role took effect.

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Process Utilized to correct and review indicator	All program managers have been retrained on the HCR requirements. Moving forward our HCSIS point person within the agency is reviewing all incident reports and ensuring the required events are entered onto the individuals' HCRs within the required timeframe
Status at follow-up	Completed. A sample of HCR's were reviewed and are current and adhere to the indicator timelines
Rating	Met

Indicator #	L67
Indicator	Money mgmt. plan
Issue Identified	The current Funds Training Plans do not match the procedures in place; primarily in the Shared Living Department. The individuals are more financially independent and require a more personalized template to address how each individual handles their funds which includes maximizing their independence.
Actions Planned/Occurred	Community Strategies is in the process of adjusting how individual financials are handled which requires a new Funds Training Plan. These plans are being rolled out as the programs become a part of the new process. Each Manager is personally trained on the new Funds Training Plan and reviewed for accuracy.
Process Utilized to correct and review indicator	Community Strategies is in the process of adjusting how individual financials are handled which requires a new Funds Training Plan. These plans are being rolled out as the programs become a part of the new process. Each Manager is personally trained on the new Funds Training Plan and reviewed for accuracy.
Status at follow-up	Not completed. A new process is being rolled out on 1/1/23 to the CS division including shared living. All managers will be trained and moved over to the new system at which time the FMTP's will be revised to match the process.

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Rating	Not Met
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Indicator #	L69
Indicator	Expenditure tracking
Issue Identified	The prior months of financials (January, February, and May 2022) were missing various transactions that were not documented into the monthly ledgers as required.
Actions Planned/Occurred	Community Strategies is in the process of adjusting how individual financials are handled. We are centralizing the process within our fiscal department and all information is kept and audited in an electronic database. This also involves a training to all Managers as they become a part of the new process. In addition to the new process, the new role created for Community Strategies in July 2022 has an additional function to review financials and ensure they are accurate and corrective actions have been completed before moving forward. Since this staff person has started their role, we have found the ledgers from July and August to be compliant with the regulations and standards during a recent audit.
Process Utilized to correct and review indicator	Community Strategies is in the process of adjusting how individual financials are handled. We are centralizing the process within our fiscal department and all information is kept and audited in an electronic database. This also involves a training to all Managers as they become a part of the new process. In addition to the new process, the new role created for Community Strategies in July 2022 has an additional function to review financials and ensure they are accurate and corrective actions have been completed before moving forward. Since this staff person has started their role, we have found the ledgers from July and August to be compliant with the regulations and standards during a recent audit.

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Status at follow-up	Complete, a few managers still require training which will be done by 1/1/23, but all corrections have been made to prior months and a sample audit confirmed that.
Rating	Met

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

Indicator #	L91
Indicator	Incident management
Area Need Improvement	Incident Reports were not submitted or finalized within required timelines for five of the twenty-four locations and one placement location in the survey sample. The agency needs to ensure incident reports are submitted and finalized within the required timeframes.
Process Utilized to correct and review indicator	Managers have been retrained on timelines related to incident reports. We now have a system in place where issues are noted in our electronic database and cross referenced to ensure HCSIS incident reports have been done in a timely manner. HCSIS is monitored daily to ensure no incident reports remain open, emails are sent to relevant team members to follow up.
Status at follow-up	Complete, a sample of incident reports indicate that the timelines were adhered to as stated in the indicator
Rating	Met