

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

**Provider:** COMMUNITY RESOURCES FOR JUSTICE  
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**Provider Address:** 355 Boylston Street , Boston  
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**Name of Person** Michelle McCormick  
**Completing Form:** \_\_\_\_\_

**Date(s) of Review:** 23-DEC-24 to 10-FEB-25  
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<b>Follow-up Scope and results :</b>		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports		4/6

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**Summary of Ratings**

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

<b>Indicator #</b>	L15
<b>Indicator</b>	Hot water
<b>Area Need Improvement</b>	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.
<b>Process Utilized to correct and review indicator</b>	Water temperature checks will now be conducted at monthly residential and shared living visits by residential directors and/or coordinators. This information will be relayed to the facilities department for correction as needed. This information will also be tracked to ensure compliance and pinpoint any specific locations where there are additional changes that need to be made. Random checks will also occur by the quality and compliance department.
<b>Status at follow-up</b>	A random audit was conducted in a sample of locations and water temperature was within acceptable limits per the guidance.
<b>Rating</b>	Met

<b>Indicator #</b>	L55
<b>Indicator</b>	Informed consent
<b>Area Need Improvement</b>	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

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	use of any individual's image, name or story being shared on an annual basis.
<b>Process Utilized to correct and review indicator</b>	A consent form has been created that satisfies the requirements outlined above and is awaiting final review by the OQE team. Once approved this is being rolled to individuals and guardians as appropriate and will be tracked to ensure compliance. If media is used in any way, the person using it will check to ensure consent was granted and is current.
<b>Status at follow-up</b>	CRJ is in the process of getting the form approved and will then roll it out.
<b>Rating</b>	Not Met

<b>Indicator #</b>	L63
<b>Indicator</b>	Med. treatment plan form
<b>Area Need Improvement</b>	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.
<b>Process Utilized to correct and review indicator</b>	Med treatment plans are being modified to include required information, clinicians are being retrained, and a tracking system is being created to ensure they are done and contain that information.
<b>Status at follow-up</b>	Plans are being redone at the current time to coincide with preestablished due dates, with the goal of this project being fully complete within one year.
<b>Rating</b>	Not Met

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<b>Indicator #</b>	L86
<b>Indicator</b>	Required assessments
<b>Area Need Improvement</b>	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.
<b>Process Utilized to correct and review indicator</b>	A more comprehensive tracking system to alert managers of timelines has been implemented by the training department. Emails are sent and supervisors are copied, and information is shared daily with the team if deadlines are approaching, and information is not complete.
<b>Status at follow-up</b>	A random sample of ISP information that was due during the follow up period was reviewed and was submitted on time.
<b>Rating</b>	Met

<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	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.
<b>Process Utilized to correct and review indicator</b>	A system has been implemented where staff report incidents using a QR code. This information is reviewed in real time by the training department and the residential directors. Data is shared on a daily

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	call to ensure that incident timelines are met. HCSIS is monitored daily by two employees to ensure nothing is missed.
<b>Status at follow-up</b>	A random sample of incidents were reviewed for adherence to deadlines and were met according to the indicator parameters.
<b>Rating</b>	Met

**Administrative Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L65
<b>Indicator</b>	Restraint report submit
<b>Area Need Improvement</b>	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.
<b>Process Utilized to correct and review indicator</b>	The same system put in place for incident reporting has now been implemented for restraint reporting. Staff enter information internally using a QR code, this is reviewed in real time, and deadlines are tracked daily.
<b>Status at follow-up</b>	A random sample of restraint reports was audited for adherence to the established timeframes and were found to be in compliance.
<b>Rating</b>	Met