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|  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  | | --- | | **Provider:** | | |  | | --- | | The Judge Rotenberg Educational Center, Inc | |  | |  | | --- | | **Provider Address:** | | |  | | --- | | 240 Turnpike Street , Canton | |  | |  |  |  |  |  |  |  | |  | |  | | --- | | **Name of Person Completing Form:** | | |  | | --- | | Carla Melone | |  | |  | | --- | | **Date(s) of Review:** | | |  | | --- | | 14-JUL-21 to 15-JUL-21 | |  | |  |
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| |  |  |  | | --- | --- | --- | | **Follow-up Scope and results :** |  |  | | Service Grouping | Licensure level and duration | # Indicators std. met/ std. rated | | Employment and Day Supports | 2 Year License | 4/4 | |  |  |  | | |  |

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| |  | | --- | | **Summary of Ratings** | |  |
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| |  |  | | --- | --- | |  |  | | |  |  |  | | --- | --- | --- | | **Administrative Areas Needing Improvement on Standard not met - Identified by DDS** | | | | **Indicator #** | | L48 | | **Indicator** | | HRC | | **Area Need Improvement** | | The Human Rights Committee (HRC) did not have attendance regular attendance of an attorney. Policies, procedures, and training materials related to human rights were not reviewed by the Committee. Several items that were within HRC's purview to review had not been reviewed. The agency needs to ensure that members with required expertise attend meetings. | | **Process Utilized to correct and review indicator** | | When coordinating Human Rights Committee meetings JRC will ensure that if the required quorum and level of expertise is not met the meeting will be rescheduled. JRC will add to the agenda all policies, procedures and training materials related to human rights to be reviewed by the committee on a yearly basis, as well as whenever a change has been made to any of these materials. | | **Status at follow-up** | | Two Human Right Committee meetings have taken place since the enhancement meeting, the attorney attended both meetings. All Human Right Materials were reviewed by the Human Rights Committee during the May 24th meeting. | | **Rating** | | Met | | **Indicator #** | | L66 | | **Indicator** | | HRC restraint review | | **Area Need Improvement** | | There were 60 restraints that were not reviewed by the HRC within the 120-day time limit. The agency needs to provide the HRC all restraints reports so these are reviewed within 120 days of the event. | | **Process Utilized to correct and review indicator** | | Due to the COVID pandemic, meetings were not able to be held as frequently. JRC will schedule meetings more frequently as was done before COVID to ensure that the 120 day review requirement is met. In addition, along with the completed incident forms, a detailed grid style report is provided the head of the committee, this will help ensure that no incident is missed. Also the meeting notes are more detailed to include the number of restraint incidents for each individual reviewed during the meeting. | | **Status at follow-up** | | All restraint incidents occurring in February and March of 2021 were reviewed at the meeting that took place on April 28th, all restraint incidents occurring in April of 2021 were reviewed during the May 24th meeting. All restraints reviews were completed within the within the 120 requirement. | | **Rating** | | Met | | **Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS** |  | | | **Indicator #** | | L16 | | **Indicator** | | Accessibility | | **Area Need Improvement** | | In one accessible bathroom, the pipes under roll under sink were not wrapped in protective materials to prevent burns. The agency needs to ensure that all exposed pipes are wrapped in protective materials. | | **Process Utilized to correct and review indicator** | | This requirement has been reviewed with the Director of Maintenance. | | **Status at follow-up** | | Immediately following the facilities tour, in which the DDS team pointed this out, JRC contact its plumber and the issue was correct the following morning. Pictures were provided to DDS at that time. During the tour of the second main building that occurred two days later this was found as a met in that building as well. | | **Rating** | | Met | | **Indicator #** | | L50 | | **Indicator** | | Respectful Comm. | | **Area Need Improvement** | | The agency refers to people employed by JRC as "client employees." Verbal and oral communication about individuals involved terms such as client/student or descriptive of functioning level. The agency needs to ensure to use person first language when referring to the adults who are receiving supports. The agency needs to ensure staff describes individuals in a positive affirming way with a focus on their abilities. | | **Process Utilized to correct and review indicator** | | JRC has added language to its training materials regarding using person first language when referring to the adults, as well as focus on the individual's abilities. Trainings will be provided to staff on the topic. Periodic observations will be conducted and documents reviewed to ensure compliance. JRC will continue working on changing the culture to ensure that the use of labels, description based on diagnosis and disability no longer occurs and that staff focus on the person's abilities. | | **Status at follow-up** | | JRC has added language to its training materials regarding use person first language when referring to the adults, as well as focus on the individual's abilities. Additional memos have been sent to all personnel. In person trainings have taken place with direct care supervisors, residential team leaders, monitoring and quality control staff, and clinical staff. Some observations were conducted and documents reviewed. | | **Rating** | | Met | |  | | |