carf INTERNATIONAL

Three-Year Accreditation

CARF
Survey Report
for

Christ Centered
Homes, Inc.

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Organization

Christ Centered Homes, Inc. (CCHI)
327 West Monroe Street
Jackson, MI 49202

Organizational Leadership

Reverend Ira Combs Jr., Executive Director

Survey Dates

June 4-6, 2014

Survey Team

Shawn P. Griffin, M.A., Administrative Surveyor

Lisa R. Jackson, Program Surveyor

Nathaniel Rogers Jr., Program Surveyor

Programs/Services Surveyed

Community Housing
Community Integration
Supported Living

Previous Survey

June 27-29, 2011
Three-Year Accreditation

Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: June 2017

SURVEY SUMMARY

Christ Centered Homes, Inc. (CCHI), has strengths in many areas.

- The CCHI staff is commended for the can-do attitude reflected throughout the organization. This attitude is demonstrated by the fact that CCHI willingly accepts consumers with significant challenges who are often rejected by other organizations.

- The organization is well respected in the community and is recognized for its capacity to provide services with care and compassion to consumers with high support needs. The consumers, parents, and the funding source all are more than satisfied with the services provided.

- The staff members are very sensitive to the needs, desires, and strengths of their consumers. They ensure that the person-centered plans match the consumer's needs, desires, and strengths. They are commended for the efforts made to accommodate the persons served. Several of the homes' remodeling projects have occurred to ensure the safety and comfort of the consumers.

- The staff members are tenured, dedicated, professional, skilled, and effective. They demonstrate teamwork in their willingness to go above and beyond their assigned responsibilities to get the job done.

- The organization has made great strides and is commended for its efforts in the development of a detailed quality measurement system that gauges numerous quality indicators throughout its services. These include detailed and prompt follow-up by a quality management team to address any areas of measurement that fall below the established threshold.

- CCHI was recognized by Summit Pointe in its spring 2014 Provider Review for its comprehensive medication policies and procedures.

- The organization is commended for recently implementing a documentation software program that is currently being piloted at two homes and should make documentation processes much more efficient and effective.

- CCHI is commended for having a quality improvement manager involved in a task force that has developed a residential services assessment with LifeWays Community Mental Health, the primary funding agency. This assessment will provide more detailed information for support planning and authorization for funding.

- The organization maintains a detailed account tracking system for consumers that includes a cross-reference of expenditures to ensure proper use of funds. In addition, the fiscal department is commended for publishing detailed monthly fiscal reports that can be tied to each individual home, offering quick reference for necessary adjustments based upon each site's expenses and fluctuating reimbursement model.

CCHI should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.

On balance, CCHI demonstrates knowledge of and commitment to the CARF standards as exemplified by comprehensive input and analysis from stakeholders and high levels of expressed satisfaction among stakeholders. Furthermore, it appears that the leadership and staff members are

committed to applying the CARF standards in their efforts to enhance the quality of services delivered. The organization is seen by stakeholders as providing crucial services to consumers in the counties served and for serving some consumers with very difficult challenges. Identifying and meeting both community and consumer needs using a person-centered approach to service delivery guides the organization's mission and practices.

Christ Centered Homes, Inc., has earned a Three-Year Accreditation. The organization is commended for its efforts to provide person-centered training and supports to consumers with challenging needs. The organization is encouraged to remain current with the CARF standards as it moves forward in addressing the areas for improvement noted.

SECTION 1. ASPIRE TO EXCELLENCE®

A. Leadership

Principle Statement

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

■ Leadership structure

■ Leadership guidance

■ Commitment to diversity

■ Corporate responsibility

■ Corporate compliance

Recommendations
A.3.k.

It is recommended that CCHI complete an annual review of all of the organization's policies.

A.5.a.(1) through A.5.d.

The organization has a very comprehensive policy related to cultural competency and diversity, and also demonstrates an awareness of cultural diversity among its multiple stakeholders; however, the organization does not have a written cultural competency and diversity plan. It is recommended that CCHI implement a cultural and diversity plan that addresses the persons served, personnel, and other stakeholders. The cultural competency and diversity plan should be based on consideration of

culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, and language. The plan should be reviewed at least annually for relevance and be updated as needed. The established policy could serve as a framework when developing the cultural competency and diversity plan.

C. Strategic Planning

Principle Statement

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

■ Strategic planning considers stakeholder expectations and environmental impacts

■ Written strategic plan sets goals

■ Plan is implemented, shared, and kept relevant

Recommendations
C.2.b.(1) through C.2.b.(3)

The organization has a written strategic plan; however, it is recommended that the plan reflect the organization's financial position at the time the plan is written, at projected points in the future, and with respect to allocating resources necessary to support accomplishment of the plan.

D. Input from Persons Served and Other Stakeholders

Principle Statement

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

■ Ongoing collection of information from a variety of sources

■ Analysis and integration into business practices

■ Leadership response to information collected

Recommendations

There are no recommendations in this area.

E. Legal Requirements

Principle Statement

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

■ Compliance with all legal/regulatory requirements

Recommendations

E.2.b.

E.2.c.

Although the organization has written procedures to guide personnel in responding to subpoenas and other legal action, these procedures do not address search warrants and investigations. It is recommended that CCHI develop and implement written procedures to guide personnel in responding to search warrants and investigations. This could be done by adding procedures to the current legal response policies.

F. Financial Planning and Management

Principle Statement

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

■ Budget(s) prepared, shared, and reflective of strategic planning

■ Financial results reported/compared to budgeted performance

■ Organization review

■ Fiscal policies and procedures

- Review of service billing records and fee structure

- Financial review/audit

- Safeguarding funds of persons served

Recommendations
F.3.a.

As the current financial reporting does not provide a comparison to budget, it is recommended that actual financial results be compared to budget. Modifications to the current process could accommodate this.

F.9.e.

It is recommended that CCHI implement written procedures that define how interest will be credited to the accounts of the persons served, unless the organization is subject to guidelines that prohibit interest-bearing accounts. This could be accomplished by adding the relevant language to the existing Resident Fund Procedures maintained by the organization.

Consultation

- The organization might want to document its practice of approving the budget prior to the start of the fiscal year by adding such language to its fiscal policies and procedures.

G. Risk Management

Principle Statement

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Identification of loss exposures

- Development of risk management plan

- Adequate insurance coverage

Recommendations
G.3.b.

Although the organization is working with its professional association, Michigan Assisted Living Association, and has a very good draft of a social media policy produced by that association, it has not been adopted by the organization yet. It is recommended that CCHI continue its efforts to adopt and implement written procedures regarding communications that address the use of social

media. The media relations policy states that the group home staff is not to release any information to news reporters, the newspaper, etc. The organization might want to expand this language to include all staff members or to clarify which staff members can share information with the media.

Consultation

■ It is suggested that the organization include a review of the CARF standards when reviewing and modifying the existing risk management plan. The CARF standards could be used in conjunction with requirements of other oversight agencies when modifying its risk management plan to incorporate all proper reporting and mandates.

H. Health and Safety

Principle Statement

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

■ Inspections

■ Emergency procedures

■ Access to emergency first aid

■ Competency of personnel in safety procedures

■ Reporting/reviewing critical incidents

■ Infection control

Recommendations
H.6.a.(1) through H.6.b.
The organization has written emergency procedures that appear to conform to the CARF standards; however, it is recommended that unannounced tests of all emergency procedures be conducted at least annually on each shift and at each location.

H.8.f.(2)
The organization has a policy titled Restraints/Seclusion; however, this policy does not address seclusion anywhere else in the body of the policy and procedures. It is recommended that the organization develop written procedures regarding the use of seclusion. Although the organization has a policy related to prohibiting the use of physical restraint, it is suggested that CCHI determine if its definition of restraint includes chemical and mechanical restraints and associated practices.

H.12.a.(1) through H.12.b.(3)

It is recommended that comprehensive health and safety inspections be conducted by a qualified external authority at least annually that result in a written report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations.

I. Human Resources

Principle Statement

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

Key Areas Addressed

■ Adequate staffing

■ Verification of background/credentials

■ Recruitment/retention efforts

■ Personnel skills/characteristics

■ Annual review of job descriptions/performance

■ Policies regarding students/volunteers, if applicable

Recommendations
I.6.b.(4)(a) through I.6.b.(5)
I.6.c.(4)

The organization does not consistently complete performance evaluations for all personnel. It is recommended that the organization consistently use performance evaluations to assess performance related to objectives established in the last evaluation period and establish measurable performance objectives for the next year. It is further recommended that performance evaluations for all personnel directly employed by the organization be performed annually. Reviews of all contracted personnel utilized by the organization are not being performed annually. It is therefore recommended that reviews of all contracted personnel be performed annually.

I.8.a.(2)
I.8.b.(2)(a)
I.8.b.(2)(b)

It is recommended that organization's personnel policies be reviewed annually. The personnel policies should address both promotions and job postings in employee selection.

J. Technology

Principle Statement

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

■ Written technology and system plan

Recommendations
J.1.a.(5)
J.1.a.(7)

The organization is working with an outside vendor to develop technology assessments and system plan development. It is recommended that the organization continue this process and ensure that the technology and system plan includes backup policies and disaster recovery preparedness.

K. Rights of Persons Served

Principle Statement

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

■ Communication of rights

■ Policies that promote rights

■ Complaint, grievance, and appeals policy

■ Annual review of complaints

Recommendations
K.5.a. through K.5.b.(3)

CCHI has a quality steering committee that meets at least quarterly. The committee documents consumer complaints as part of its meeting process. In addition to documenting complaints, it is recommended that a written analysis of all formal complaints be conducted annually that determines trends, areas needing performance improvement, and actions to be taken.

L. Accessibility

Principle Statement

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

■ Written accessibility plan(s)

■ Status report regarding removal of identified barriers

■ Requests for reasonable accommodations

Recommendations
L.1.b.(8)

The organization implements an ongoing process to identify barriers; however, this does not include barriers to community integration. It is recommended that CCHI implement an on ongoing process for the identification of barriers to community integration.

L.2.b.

Time lines are not consistently identified for all barriers. It is recommended that the organization's accessibility plan identify time lines for all identified barriers.

M. Performance Measurement and Management

Principle Statement

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and information is used to manage and improve service delivery.

Key Areas Addressed

■ Information collection, use, and management

■ Setting and measuring performance indicators

Recommendations

There are no recommendations in this area.

N. Performance Improvement

Principle Statement

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

■ Proactive performance improvement

■ Performance information shared with all stakeholders

Recommendations

There are no recommendations in this area.

SECTION 2. QUALITY INDIVIDUALIZED SERVICES AND SUPPORTS

A. Program/Service Structure

Principle Statement

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

■ Services are person centered and individualized

■ Persons are given information about the organization's purposes and ability to address desired outcomes

■ Documented scope of services shared with stakeholders

■ Service delivery based on accepted field practices

■ Communication for effective service delivery

■ Entrance/exit/transition criteria

Recommendations

A.15.c.(1)

A.15.c.(2)

CCHI contracts for services with three personnel. It is recommended that any contracted services be reviewed at least annually for cost-effectiveness and to ensure the health and safety of the persons served.

B. Individual-Centered Service Planning, Design, and Delivery

Principle Statement

Improvement of the quality of an individual's services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects his or her life. Efforts to include the person served in the direction or delivery of those services/ supports are evident. The service environment reflects identified cultural needs, practices, and diversity. The person served is given information about the purposes of the organization.

Key Areas Addressed

■ Services are person-centered and individualized

■ Persons are given information about the organization's purposes and ability to address desired outcomes

Recommendations

There are no recommendations in this area.

C. Medication Monitoring and Management

Key Areas Addressed

■ Current, complete records of medications used by persons served

■ Written procedures for storage and safe handling of medications

■ Educational resources and advocacy for persons served in decision making

■ Physician review of medication use

■ Training and education for persons served regarding medications

Recommendations
C.2.a.

It is recommended that CCHI have written procedures that address handling of medications that require protection from light.

C.6.e.

Although CCHI documents the number of medication errors at each home monthly, it is recommended that written procedures provide for a review of medication errors and drug reactions. This could be conducted as a part of the quality monitoring and improvement system and include the type and severity of medication errors and drug reactions.

F. Community Services Principle Standards

Key Areas Addressed

■ Access to community resources and services

■ Enhanced quality of life

■ Community inclusion

■ Community participation

Recommendations

There are no recommendations in this area.

SECTION 3. EMPLOYMENT AND COMMUNITY SERVICES

Principle Statement

An organization seeking CARF accreditation in the area of employment and community services assists the persons served through an individualized person-centered process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase *person served*, this may also include *family served*, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

■ Increased inclusion in community activities.

■ Increased or maintained ability to perform activities of daily living.

■ Increased self-direction, self-determination, self-reliance, and self-esteem.

■ Increased independence.

■ Increased employment options.

■ Employment obtained and maintained.

■ Competitive employment.

■ Economic self-sufficiency.

K. Community Housing

Principle Statement

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services/supports are provided are typically owned, rented, leased, or operated directly by the organization, or may be owned, rented, or leased by a third party, such as a governmental entity. Providers exercise control over these sites in terms of having direct or indirect responsibility for the physical conditions of the facility.

Community housing is provided in partnership with individuals. These services/supports are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long-term in nature. The services/supports are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services/supports are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of individuals.

Community housing may include either or both of the following:

■ Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for six to twelve months and can be offered in congregate settings that may be larger than residences typically found in the community.

■ Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences in which Community Housing services are provided must be identified in the Intent to Survey. These sites will be visited during the survey process and identified in the survey report and accreditation outcome as a site at which the organization provides a Community Housing program.

Key Areas Addressed

■ Safe, secure, private location

■ In-home safety needs

■ Options to make changes in living arrangements

■ Support to persons as they explore alternatives

■ Access as desired to community activities

■ System for on-call availability of personnel

Recommendations

There are no recommendations in this area.

L. Supported Living

Principle Statement

Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons usually living in their own homes (apartments, townhouses, or other residential settings). Supported living services are generally long-term in nature but may change in scope, duration, intensity, or location as the needs and preferences of individuals change over time.

Supported living refers to the support services provided to the person served, not the residence in which these services are provided. A sampling of people receiving services/supports in these sites will be visited as part of the interview process. Although the residence will generally be owned, rented, or leased by the person who lives there, the organization may occasionally rent or lease an apartment when the person served is unable to do so. Typically, in this situation the organization would co-sign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant.

Supported living programs may be referred to as supported living services, independent living, supportive living, semi-independent living, and apartment living; and services/supports may include home health aide and personal care attendant services. Typically there would not be more than two or three persons served living in a residence, no house rules or structure would be applied to the living situation by the organization, and persons served can come and go as they please. Service planning often identifies the number of hours and types of support services provided.

The home or individual apartment of the person served, even when the organization holds the lease or rental agreement on behalf of the person served, is not included in the intent to survey or identified as a site on the accreditation outcome.

Key Areas Addressed

■ Safe, affordable, accessible housing chosen by the individual

■ In-home safety needs

■ Support personnel available based on needs

■ Supports available based on needs and desires

■ Living as desired in the community

■ Persons have opportunities to access community activities

Recommendations

There are no recommendations in this area.

P. Community Integration

Principle Statement

Community integration is designed to help persons to optimize their personal, social, and vocational competency to live successfully in the community. Persons served are active partners in determining the activities they desire to participate in. Therefore, the settings can be informal to reduce barriers between staff members and persons served. An activity center, a day program, a clubhouse, and a drop-in center are examples of community integration services. Consumer-run programs are also included.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services and supports based on the identified needs and desires of the persons served. This may include services for persons who without this option are at risk of receiving services full-time in more restrictive environments with intensive levels of supports such as hospitalization or nursing home care. A person may participate in a variety of community life experiences or interactions that may include, but are not limited to:

- Leisure or recreational activities.

- Communication activities.

- Spiritual activities.

- Cultural activities.

- Pre-vocational experiences.

- Vocational pursuits.

- Development of work attitudes.

- Employment activities.

- Volunteerism in the community.

- Educational and training activities.

- Development of living skills.

- Health and wellness promotion.

- Orientation, mobility, and destination training.

- Access and utilization of public transportation.

- Interacting with volunteers from the community in program activities.

- Community collaborations and social connections developed by the program (partnerships with community entities such as senior centers, arts councils, etc.).

Key Areas Addressed

■ Opportunities for community participation

Recommendations

There are no recommendations in this area.

Consultation

■ The Freedom program offers some limited community activities and engagement; however, CCHI is encouraged to more actively promote the inclusion of the consumers in the community with activities that increase educational development, self-advocacy skills, and access to nondisability-related social resources.

PROGRAMS/SERVICES BY LOCATION

Christ Centered Homes, Inc.

327 West Monroe Street
Jackson, MI 49202

Community Integration

Napoleon

7722 Napoleon Road
Jackson, MI 49201

Community Housing

Grace

1215 Fitch Street
Albion, MI 49224

Community Housing

Russell Road

3663 Russell Road
Tecumseh, MI 49286

Community Housing

West

430 North West Street
Hillsdale, MI 49242

Community Housing

Westwood

115 Westwood
Hillsdale, MI 49242

Community Housing

Brown

1203 Brown Street
Jackson, MI 49203

Community Housing

Marvin

3376 Marvin Drive
Adrian, MI 49221

Community Housing

Westhaven

1501 Westhaven Boulevard
Tecumseh, MI 49286

Community Housing

West Washington Home

1913 West Washington
Jackson, MI 49203

Community Housing

Spring Arbor

2240 Spring Arbor Road
Jackson, MI 49203

Supported Living

Herkimer-Hayes

1612 Herkimer
Jackson, MI 49203

Community Housing

Tipton

2721 Tipton Highway
Adrian, MI 49221

Community Housing

North Adrian

4655 North Adrian
Adrian, MI 49221

Community Housing

Blackstone

1300 North Blackstone
Jackson, MI 49202

Community Housing

First

1412 First Street
Jackson, MI 49203

Supported Living

Deyo Home

1406 Deyo Street
Jackson, MI 49202

Supported Living

Herkimer-Regan Home

1616 Herkimer
Jackson, MI 49203

Community Housing

Operations Office

3029 Page Avenue
Jackson, MI 49203

Community Housing
Supported Living

Hill Place

1025 Hill Place
Jackson, MI 49202

Community Housing

McCain

3146 McCain Road
Jackson, MI 49203

Community Housing

Madison

418 Madison
Jackson, MI 49202

Community Housing

Westbrook

4524 Westbrook
Jackson, MI 49202

Supported Living

Adams Street Home

606 Adams Street
Jackson, MI 49202

Supported Living

Oakhill #1/Oakhill #2

622 Oakhill
Jackson, MI 49202

Community Housing