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|  |  | |  | | --- | | **SUMMARY OF OVERALL FINDINGS** | |  |  |
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|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  | |  | | --- | | **Provider** | |  | |  | | --- | | ANODYNE CORPORATION | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Review Dates** | |  | |  | | --- | | 5/21/2019 - 5/28/2019 | |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Service Enhancement  Meeting Date** | |  | |  | | --- | | 6/7/2019 | |  |  | |  |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Survey Team** | |  | |  | | --- | | Katherine Gregory | | Michael Marchese (TL) | | |  | |  |  |  |  | |  |  |  |  |  |  | |  | |  | | --- | | **Citizen Volunteers** | |  | |  | | --- | |  | |  |  | | | |  |

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| |  |  |  | | --- | --- | --- | |  |  |  | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Survey scope and findings for Residential and Individual Home Supports** | | | | | | | **Service Group Type** | **Sample Size** | **Licensure Scope** | **Licensure Level** | **Certification Scope** | **Certification Level** | | **Residential and Individual Home Supports** | 5 location(s) 5 audit (s) | Full Review | 53/57 2 Year License 06/07/2019 - 06/07/2021 |  | Certified 06/07/2019 - 06/07/2021 | | Placement Services | 5 location(s) 5 audit (s) |  |  | Deemed |  | | Planning and Quality Management |  |  |  | Deemed |  | |  | |

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|  | |  | | --- | | **EXECUTIVE SUMMARY :** | |  |  |
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|  | |  | | --- | | Anodyne Corporation is multi-faceted healthcare staffing agency established in 1981. The agency provides a variety of home-based healthcare services to people living in Greater Boston, Southeastern Mass, and the Cape and Islands. The agency also provides Adult Foster Care and Placement services. At the time of the survey, placement services were provided to twenty-one individuals.  The scope of this survey included a full review of all licensing indicators applicable to Residential/Placement Services. Anodyne Corporation received a three year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF), and chose to deem this process for the evaluation of certification indicators related to its organizational and residential services.  A review of organizational licensure indicators demonstrated the presence of an effective Human Rights Committee, which met composition and attendance requirements, and convened on a quarterly basis. The agency demonstrated an effective system for tracking staff and provider training, and ensuring professional staff has the required credentials.  The review affirmed that systems were in place supporting the presence of a number of essential safeguards, including the areas of healthcare coordination, and medication administration and funds management. For example, providers ensured that individuals received annual physicals, and other routine exams and preventative screenings. Providers were found to be knowledgeable of peoples unique needs, supported people to follow a healthy diet and participate in regular physical activities. The agency utilizes an effective representative payee accounting system for overseeing peoples' Social Security benefits, including an accurate and timely process for disbursing their personal funds.   Strengths were also seen in the areas of human rights and personal safety. People participating in the review were found to be knowledgeable of their human rights, how to file a complaint, and whom to talk to with concerns in this area. Providers and staff treated people they supported in a respectful and appropriate manner. All homes had current evacuation safety plans in place and required fire drills were conducted.  While the review identified strengths in a number of licensing domains, the agency is encouraged to focus efforts in the following areas needing strengthening.   Organizationally, particular focus needs to be placed on ensuring that all staff and providers are trained on reporting potential abuse and neglect. The agency also needs to enhance oversight of providers to ensure that for people requiring supports and health related protections, written plans are in place, outlining their continued need, along with parameters for their use, cleaning and care.  In the area of environmental safety the agency needs to enhance their oversight process, ensuring that hot water temperatures in all shared living provider homes are within the required safe range of 110 and 120 degrees.   Based on the findings of this report, Anodyne Corporation has earned a two-year license for its Residential/Placement Services, with 93% of the licensing indicators rated 'Met'. The agency will conduct its own follow-up review of any licensing indicators that were rated 'Not Met'. | | |  |

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|  | |  |  |  | | --- | --- | --- | |  |  |  | | |  | | --- | | **LICENSURE FINDINGS** | |  |  | |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  | **Met / Rated** | **Not Met / Rated** | **% Met** | | **Organizational** | **5/6** | **1/6** |  | | **Residential and Individual Home Supports** | **48/51** | **3/51** |  | | Placement Services |  |  |  | | **Critical Indicators** | **7/7** | **0/7** |  | | **Total** | **53/57** | **4/57** | **93%** | | **2 Year License** |  |  |  | | **# indicators for 60 Day Follow-up** |  | **4** |  | | |  | |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | **Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:** | | | |  | **Indicator #** | **Indicator** | **Area Needing Improvement** | |  | L83 | Support staff are trained in human rights. | Agency staff and providers were not trained on the mandated reporting requirements, required as of April 1, 2018. A Notice of Action was issued. The agency needs to ensure that all staff and providers have been trained in the most current mandated reporting requirements. | | | | |  |
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|  | |  | | --- | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  | |  | |  | **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). | At two homes, hot water temperatures were outside of the required range of 110 and 120 degrees. The agency needs to ensure that hot water temperature tests between 110 and 120 degrees at all home locations. | |  | L61 | Supports and health related protections are included in ISP assessments and the continued need is outlined. | Two individuals requiring supports and/or health related protections did not have all the required safeguards in place, including parameters for use, cleaning, and care. The agency needs to ensure that when persons utilize supports and health related protections there is a written plan for their use that includes all required components. | |  | L62 | Supports and health related protections are reviewed by the required groups. | The agency's Human Rights Committee (HRC) had not reviewed an individual's health related support which limits movement. The agency needs to ensure that all supports and health related protections limiting a person's movement are reviewed by the HRC. | | |  | |  |

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|  | |  | | --- | | **MASTER SCORE SHEET LICENSURE** | | | |  |  |  |
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|  | |  | | --- | | **Organizational: ANODYNE CORPORATION** | |  | | |  |  |
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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Indicator #** | **Indicator** | **Met/Rated** | **Rating(Met,Not Met,NotRated)** | | O | L2 | Abuse/neglect reporting | **1/1** | **Met** | |  | L3 | Immediate Action | **1/1** | **Met** | |  | L48 | HRC | **1/1** | **Met** | |  | L75 | Qualified staff | **1/1** | **Met** | |  | L76 | Track trainings | **4/4** | **Met** | |  | L83 | HR training | **0/4** | **Not Met(0 % )** | |  |  | | |  |

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|  | |  | | --- | | **Residential and Individual Home Supports:** | | | | |  |  |  |  |
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|  | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **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 |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L5 | Safety Plan | L |  |  | 5/5 |  |  |  | **5/5** | **Met** | | O | L6 | Evacuation | L |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L8 | Emergency Fact Sheets | I |  |  | 5/5 |  |  |  | **5/5** | **Met** | | O | L11 | Required inspections | L |  |  | 5/5 |  |  |  | **5/5** | **Met** | | O | L12 | Smoke detectors | L |  |  | 5/5 |  |  |  | **5/5** | **Met** | | O | L13 | Clean location | L |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L14 | Site in good repair | L |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L15 | Hot water | L |  |  | 3/5 |  |  |  | **3/5** | **Not Met (60.0 %)** | |  | L16 | Accessibility | L |  |  | 4/5 |  |  |  | **4/5** | **Met (80.0 %)** | |  | L21 | Safe electrical equipment | L |  |  | 4/5 |  |  |  | **4/5** | **Met (80.0 %)** | |  | L22 | Well-maintained appliances | L |  |  | 4/5 |  |  |  | **4/5** | **Met (80.0 %)** | |  | L26 | Walkway safety | L |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L29 | Rubbish/combustibles | L |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L30 | Protective railings | L |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L31 | Communication method | I |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L32 | Verbal & written | I |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L33 | Physical exam | I |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L34 | Dental exam | I |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L35 | Preventive screenings | I |  |  | 4/4 |  |  |  | **4/4** | **Met** | |  | L36 | Recommended tests | I |  |  | 4/5 |  |  |  | **4/5** | **Met (80.0 %)** | |  | L37 | Prompt treatment | I |  |  | 4/4 |  |  |  | **4/4** | **Met** | | O | L38 | Physician's orders | I |  |  | 2/2 |  |  |  | **2/2** | **Met** | |  | L41 | Healthy diet | L |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L42 | Physical activity | L |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L43 | Health Care Record | I |  |  | 5/5 |  |  |  | **5/5** | **Met** | | O | L46 | Med. Administration | I |  |  | 2/2 |  |  |  | **2/2** | **Met** | |  | L47 | Self medication | I |  |  | 4/5 |  |  |  | **4/5** | **Met (80.0 %)** | |  | L49 | Informed of human rights | I |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L50 | Respectful Comm. | L |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L51 | Possessions | I |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L52 | Phone calls | I |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L53 | Visitation | I |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L54 | Privacy | L |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L61 | Health protection in ISP | I |  |  | 0/2 |  |  |  | **0/2** | **Not Met (0 %)** | |  | L62 | Health protection review | I |  |  | 0/1 |  |  |  | **0/1** | **Not Met (0 %)** | |  | L67 | Money mgmt. plan | I |  |  | 4/4 |  |  |  | **4/4** | **Met** | |  | L68 | Funds expenditure | I |  |  | 3/4 |  |  |  | **3/4** | **Met** | |  | L69 | Expenditure tracking | I |  |  | 3/3 |  |  |  | **3/3** | **Met** | |  | L70 | Charges for care calc. | I |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L71 | Charges for care appeal | I |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L77 | Unique needs training | I |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L80 | Symptoms of illness | L |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L81 | Medical emergency | L |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L84 | Health protect. Training | I |  |  | 2/2 |  |  |  | **2/2** | **Met** | |  | L85 | Supervision | L |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | L86 | Required assessments | I |  |  | 4/4 |  |  |  | **4/4** | **Met** | |  | L87 | Support strategies | I |  |  | 4/4 |  |  |  | **4/4** | **Met** | |  | L88 | Strategies implemented | I |  |  | 4/4 |  |  |  | **4/4** | **Met** | |  | L90 | Personal space/ bedroom privacy | I |  |  | 4/4 |  |  |  | **4/4** | **Met** | |  | L91 | Incident management | L |  |  | 5/5 |  |  |  | **5/5** | **Met** | |  | **#Std. Met/# 51 Indicator** |  |  |  |  |  |  |  |  | **48/51** |  | |  | **Total Score** |  |  |  |  |  |  |  |  | **53/57** |  | |  |  |  |  |  |  |  |  |  |  | **92.98%** |  | |  |  |  | | | |  |
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|  | |  | | --- | | **MASTER SCORE SHEET CERTIFICATION** | |  | | | |  |  |  |
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