



**PROVIDER REPORT
FOR**

**ANODYNE CORPORATION
10 Granite St 2nd Fl
Quincy, MA 02169**

Version

Public Provider Report

**Prepared by the Department of Developmental Services
OFFICE OF QUALITY ENHANCEMENT**

SUMMARY OF OVERALL FINDINGS

Provider	ANODYNE CORPORATION
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Review Dates	6/15/2022 - 6/17/2022
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Service Enhancement Meeting Date	7/1/2022
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Survey Team	Michael Marchese Katherine Gregory (TL)
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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	4 location(s) 5 audit (s)	Targeted Review	DDS 12/13 Provider 57 / 57 69 / 70 2 Year License 07/01/2022-07/01/2024		No Review Conducted
Placement Services	4 location(s) 5 audit (s)			Deemed	17/17(Provider)
Planning and Quality Management				Deemed	6/6(Provider)

EXECUTIVE SUMMARY :

Anodyne Corporation is a healthcare staffing agency established in 1981. The agency provides a home-based healthcare service to people living in Greater Boston, Southeastern Mass, and the Cape and Islands. The agency also provides Adult Foster Care and Placement services. This review conducted by The Department of Developmental Services (DDS) addressed Anodyne's Shared Living (Placement) services. At the time of the survey, placement services were provided to 17 individuals.

During Anodyne's previous review a Two-Year License was earned for its shared living service. Due to this, the agency was eligible to conduct a Self-Assessment as part of this year's licensing and certification process. DDS conducted a Targeted Review of all licensing indicators that were not met at the last review in addition to eight critical indicators DDS considers to be essential to maintaining health and safety, and any new or strengthened indicators. Because the agency met 100% of certification indicators in the previous survey, certification indicators were not part of the DDS review. The ratings from this survey are a combination of the agency's self-assessment and DDS's application of licensing and certification standards.

The survey identified several accomplishments on the part of the agency, which resulted in positive outcomes. On the organizational level, to ensure continuity of safety and services during emergencies, a system of increased support was developed. Administrative staff could be reached 24 hours a day and an after-hours answering service was in place to relay calls. During emergencies there was a plan for increased frequency of communication with shared living providers utilizing their preferred method of communication. Shared living providers would receive frequent relevant updates and support. Increased on-site support was available if needed with consideration for maintaining safety.

In the domain of Competent and Skilled Workforce, the agency provided both in-person training and virtual training to its staff. Home care providers completed a variety of mandated and supplemental trainings to ensure ongoing development. These trainings included Mandated Reporting, Human Rights, and share living providers were aware of their roles as reporters of abuse, neglect, and mistreatment.

The agency demonstrated overall strength in the domain of Personal and Environmental Safety and in the domain of Medication and Healthcare. The agency implemented a schedule of monthly on-site reviews to ensure health and safety requirements were in place. The survey revealed individuals were able to safely evacuate, required inspections were completed and water temperatures were maintained within the required range. The agency ensured that emergency back up plans were individualized to meet the needs of the persons served and their shared living providers. In addition, the agency maintained a list of available alternate respite providers that could render services in emergencies. A nurse was available for questions regarding medications and conducted record reviews along with additional duties. Home care providers had effective systems in place to ensure prescribed medications were administered according to doctors' orders.

A licensing indicator in need of further attention was identified during the survey. In the domain of supportive technology, individuals were not making use of technology that could increase their autonomy and independence in areas of need identified by the agency. It is recommended that additional efforts are made to support individuals to explore options for the use of assistive technology and to received help in obtaining and supporting the use of relevant technology to further individuals' independence.

Based on the findings of this report, Anodyne has earned a Two-Year License and is Certified for their Shared Living program. Scores achieved were 99% in licensing and 100% in certification. Within sixty days, the agency will conduct its own follow-up on any licensing indicators rated Not Met and submit the results to the DDS Office of Quality Enhancement. The agency's description of its self-assessment process follows.

Description of Self Assessment Process:

Anodyne conducted assessments of all 17 Members of the Shared Living Program over the past twelve months. The documents we reviewed were monthly progress notes, physician's summary forms, ISP documentation, including all ISP assessments, training records, and home inspections. These assessments were gathered by the Shared Living Director (SLD), the Shared Living Coordinators (SLC), and Anodyne's Registered Nurse. Anodyne considers any outcome of over 80%, as meeting the standard.

In the following statements we will detail the findings of our recent self-assessment of Residential Home Indicators.

Residential Home Supports Indicators:

Personal Safety

To ensure the Individual's Personal Safety was met Anodyne Staff assessed the following:

All Guardians received a copy of our Abuse Neglect Training, which is taken directly from the DDS training website. These trainings are mailed every January, most recently January 2022. Copies of these letters to the Guardians are kept in the Individual's records in the Anodyne office.

Shared Living Providers complete the same training annually as well. Copies of the sign offs are kept in their personnel file.

Evacuation Plans are done every two years. The Plans met all standards and requirements set forth in DDS regulations. Three Evacuation Plans needed to be updated in the past 12 months. The next Evacuation Plan review is due December 2022.

All (17) Emergency Fact Sheets (EFS) were reviewed, changes were made, and information was kept up to date over the last 12 months. During monthly home reviews SLCs always inquired about any possible changes needed to the EFS, and the changes were noted on the monthly visit forms.

Accompanying the EFS in every record is a copy of the Individual's current medication list, a copy of their insurance card, most recent Health Care Record, and a copy of signed medical consents that are current within the last 12 months.

Environmental Safety

SLCs monitor the home's compliance each month, mindful of the Environmental Safety Indicators.

Every month during home visits, the SLC checks the water temperature within the home. They also did a test of the fire alarm system, check the fire extinguishers to ensure they are in the "green zone". If an SLC notices anything in the home environment that could be considered dangerous, it is addressed immediately during the home visit. SLCs will give the SLP a timeline in which to fix the issue, and another home visit will be conducted to make sure the issue is resolved. Should there be a serious safety factor found in the home, the Individual would move to a respite placement until the needed work is completed.

At the time of this self- assessment, Anodyne had one property with a swimming pool. This pool is properly fenced according to the town's pool regulations. A copy of the regulations is kept in the Provider's personnel file. The pool had not been opened and functional for a number of years. The pool is properly covered, and the safety fence that is directly around the pool is locked.

A home inspection is completed in every Shared Living Home by an Independent Safety Coordinator (ISC) at least every two years. The ISC uses the QE Home Inspection Tool as a guideline for these inspections. This tool is taken directly from the Mass.Gov Licensure and Certification page.

Communication

The Anodyne SLD, SLC, SLP, and Nursing Supervisor are available by phone 24 hours a day 365 days of the year. Anodyne maintains an answering service as a means for contact after the regular business hours of 7:00am to 5:00pm Monday through Friday and 7:00am to 3:00pm Saturday and Sunday. We questioned several SLPs and Individuals if they had to reach an Anodyne staff member after hours, and what the results of these communications were. All SLPs and Individuals responded saying that their calls were answered promptly and appropriately. The SLPs demonstrated the ability to communicate with the Individual in their language/ form of communication, with assistive devices if they were needed.

During the monthly visits, the SLC documented the effective means by which the Individual received support to understand verbal and written communication, both within the home and community.

Health

During our assessment period all seventeen health records were updated during their ISP period, or whenever changes/updates were needed to be made.

Physician's visits were also reviewed, all 17 members were found to have up to date physicals and dental visits. Other health screenings and specialty visits were in the Individual's record and are noted on monthly visit notes by the SLC.

Dietary needs were met according to general nutritional requirements and recommendations were followed if applicable. During this assessment it was noted that three Individuals have diets that need to be followed due to a diagnosis of Diabetes, and Chron's disease. All three Individuals, along with their SLP, were trained on these diets by Anodyne's Registered Nurse. A copy of the training was placed in the Individuals file and noted in the SLP's training file.

Self-Medication Assessments were conducted on all 17 members during the past 12 months. Eleven of the 17 members were found to need Medication Administration Charts. All 11 members had one year of concise and complete Medication Administration Charts, signed by both the SLP and the SLC. Sixteen out of the 17 Individuals have been on prescribed medication over the last 12 month, all 16 Individuals were found to have current medication lists signed by the prescribing doctors. The medication of all 16 Individuals had locked boxes to store the medication in for safety.

All 17 Individuals had current, signed consents in their record for Emergency Medication Treatment and Authorization to Receive Routine and Preventative Care.

Human Rights

Evidence of the SLP's review of the Individual's Human Rights, Voter Registration, Universal Precautions, and HIV was documented by an annual sign off sheet signed by the Individual and/or their Guardian, if appropriate. This was present in their record.

All 17 of the Individuals also participated in these trainings, and signed training forms were present in all 17 records.

Human Rights is reviewed at least every other month during SLC's visits. It was noted on all 17 Individual's visit notes that Human Rights were reviewed at least 6 times over the 12 month review. A photo of one of Anodyne's Human Rights Coordinators, along with the DPPC hotline number was located in all 17 Individual's bedrooms.

All 17 Individuals had signed consents pertaining to Release of Information and Permission to photograph in their records.

All five Medication Treatment Plans were updated and reflected DDS requirements. Two were noted to be on anti- psychotic medication, and had a current Roger's Monitor in their record, or had a DDS legal counsel Roger's Monitor written request in process.

Sixteen Money Management Skills Assessment and a shared/ delegated Money Management Plan was documented in the Individual's record. Calculated charges for care, (i.e., Room and Board Agreements) were compliant with DDS Regulation. They were signed by the SLP, the SLC and the Individual, and/or the Guardian if appropriate. There is one Individual in our program who has a signed doctor's letter that he would not benefit from a Money Management Plan.

All 17 Individuals had been informed of their right to appeal charges. A Training Plan was tied to the assessment unless a clinical evaluation determined otherwise. The documents outline the specific supports the Individual requires to manage his/ her own money. Five Individuals were assessed to be independent with money management. A Cash Transaction Sheet was completed monthly for the 12 Individuals who required assistance with money management. All transactions the SLP made on behalf of the Individual were tracked on Financial Tracking Forms. SLCs reviewed the logs each month to ensure the expenditure was made only for the purpose that directly benefits the Individual and any expenditures over \$25 is accompanied by a receipt. The completed logs were brought back to the office and were present in the Individual's record.

Competent Workforce

Evidence of all required staff training was documented in the SLC's and SLP's personnel records and reviewed by the SLD. Anodyne instituted a new in-service tracking system in 2016. The in-service record provided evidence of the minimum 12-hour training, detailing all annually required trainings such as CPR, First Aid, Human Rights, Mandatory Review, Mandated Reporting, PBS Universal Supports, Signs and Symptoms of Illness, Nutrition and a review of all policies and procedures, including OSHA, Bloodborne Pathogens, Covid-19 Safety, and DPPC review. All SLP files were reviewed by the SLD and met required compliance standards. All DDS mandated trainings were completed and reflected DDS requirements, noting this was an area needing improvement made at our last DDS Licensure and Certification review in 2019.

Goal Development and Implementation

During our self- assessment, all 17 Individuals were found to have complete, current ISPs with all required assessments and supporting documents completed. All 17 Individuals had their ISP goals

monitored and documented during monthly home visits by their SLC.

Organizational Indicators

Personal Safety

The SLD accessed the HCSIS system for all 17 Individuals and insured that any Anodyne incident had been filed. It was determined that all instances of abuse and neglect were reported immediately, and proper action had been taken including notifying required parties. Any corrective action that was required by the Area Office had also been taken.

Human Rights

A review of Human Rights Committee (HRC) was performed. Composition of members, bi-laws, meetings, and minutes were compliant with regulations. HRC meetings have been held virtually due to the Covid-19 Pandemic.

Competent Work Force See overlapping evidence in Residential Indicators.

Planning and Quality Management Indicators

Planning and Quality Improvement

In addition to our staff observing Individual support monthly, a Satisfaction Survey was sent to all Individuals/ Guardians, as applicable, in December 2021. The results were reviewed and graphed by the SLD, and SLC and used to improve any facet based on this valuable input. Through conversations, virtual meetings, and emails we demonstrated our close contact with Individuals/ Families/Guardians, providing quick and regular feedback to questions or concerns regarding the SLP or other general program areas. During the Covid-19 Pandemic with isolation and depression being such a major concern, the SLCs continued to complete in person monthly home visits. Visits were outside from a distance and when indoors proper PPEs were used to keep everyone healthy and safe.

Placement Service Indicators

Communication

The audit of the 17 Individual's records demonstrated ongoing communication with Individuals/ Families/ Guardians. Monthly visits by the SLCs were reviewed to ensure competent staff performance.

SLCs met at least monthly with Individuals to ask how things are going, sensitive to the way the Individual was able to express their happiness with their home and SLP. The SLC/SLD meet with the Individual annually to discuss and conduct the SLP's Annual Performance Reviews. Direct quotes from the Individuals were used in their performance reviews to express their feeling on their SLP's performance.

Support and Enhancing Relationships

As with everyone else, the Covid-19 Pandemic made relationships for the Individuals challenging. The SLPs encouraged virtual communication whenever needed or possible to ensure that the Individual was able to keep healthy relationships with the people, they consider most important to them.

Choice, Growth and Control

We have developed reliable, working tools to evaluate independence. The documentation of our assessments were evidenced in the Individual's records. Individuals, to the extent of their ability, were observed to demonstrate their ability to make everyday household routine decisions, including dining, personalized space, and choices with rewarding results. Inquiries also confirmed SLP's assistance to make healthy and safe choices, not only nutritional but leisure/ free time/ social. Our monthly Provider visits also reviewed the ongoing benefit/ growth of SLP's services/ supports.

Access and Integration

Through inquiry and observation, it was noted Individuals have access to the community to fulfill interests and make connections. Resources such as libraries, parks, churches, travel companies, and work opportunities were noted in monthly progress notes. Since our last survey and due to the Covid-19 Pandemic community connections have been particularly challenging. Management Staff was monitoring COVID numbers, state and federal recommendations or mandates daily. When there were decreases in case numbers Anodyne encouraged Individuals to go out into the community safely, using proper PPE that Anodyne was always willing to provide. SLPs would make sure Individuals were mindful of safe social distancing. They encouraged Individuals to stay away from crowded events and encourage smaller gatherings where social distancing was possible.

Anodyne continues to monitor COVID numbers and CDC recommendations. We are working with our SLPs and Individuals on a regular basis in regards to integration and accessibility in the community during a constantly changing environment.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Residential and Individual Home Supports	61/62	1/62	
Placement Services			
Critical Indicators	6/6	0/6	
Total	69/70	1/70	99%
2 Year License			
# indicators for 60 Day Follow-up		1	

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:
From DDS review:**

Indicator #	Indicator	Area Needing Improvement
L94 (05/22)	Individuals have assistive technology to maximize independence.	Two individuals had areas of need identified by the agency in which their independence could be increased by Assistive Technology. There were no related modifications or assistive technology in place to increase self-reliance in those identified areas. The agency needs to ensure that when there are identified areas of need a plan is developed to explore options and obtain assistive technology, with the goal of implementation and ongoing use to increase individuals' autonomy.

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	Provider (also Deemed)	6/6	0/6	
Residential and Individual Home Supports	Provider	17/17	0/17	
Placement Services	Provider (also Deemed)	17/17	0/17	
Total		40/40	0/40	100%
No Review Conducted				

MASTER SCORE SHEET LICENSURE

Organizational: ANODYNE CORPORATION

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	DDS	4/4	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	Provider	-	Met
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Met
L83	HR training	DDS	4/4	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider		-	-		-	-	-	Met
L5	Safety Plan	L	Provider		-	-		-	-	-	Met
Ⓡ L6	Evacuation	L	DDS			4/4				4/4	Met
L8	Emergency Fact Sheets	I	Provider		-	-		-	-	-	Met
Ⓡ L11	Required inspections	L	DDS			4/4				4/4	Met
Ⓡ L12	Smoke detectors	L	DDS			3/4				3/4	Met
Ⓡ L13	Clean location	L	DDS			4/4				4/4	Met
L14	Site in good repair	L	Provider		-	-		-	-	-	Met
L15	Hot water	L	DDS			4/4				4/4	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L16	Accessibility	L	Provider		-	-		-	-	-	Met
L17	Egress at grade	L	Provider		-	-		-	-	-	Met
L18	Above grade egress	L	Provider		-	-		-	-	-	Met
L20	Exit doors	L	Provider		-	-		-	-	-	Met
L21	Safe electrical equipment	L	Provider		-	-		-	-	-	Met
L22	Well-maintained appliances	L	Provider		-	-		-	-	-	Met
L23	Egress door locks	L	Provider		-	-		-	-	-	Met
L25	Dangerous substances	L	Provider		-	-		-	-	-	Met
L26	Walkway safety	L	Provider		-	-		-	-	-	Met
L27	Pools, hot tubs, etc.	L	Provider		-	-		-	-	-	Met
L28	Flammables	L	Provider		-	-		-	-	-	Met
L29	Rubbish/combustibles	L	Provider		-	-		-	-	-	Met
L30	Protective railings	L	Provider		-	-		-	-	-	Met
L31	Communication method	I	Provider		-	-		-	-	-	Met
L32	Verbal & written	I	Provider		-	-		-	-	-	Met
L33	Physical exam	I	Provider		-	-		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L34	Dental exam	I	Provider		-	-		-	-	-	Met
L35	Preventive screenings	I	Provider		-	-		-	-	-	Met
L36	Recommended tests	I	Provider		-	-		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-		-	-	-	Met
L39	Dietary requirements	I	Provider		-	-		-	-	-	Met
L40	Nutritional food	L	Provider		-	-		-	-	-	Met
L41	Healthy diet	L	Provider		-	-		-	-	-	Met
L42	Physical activity	L	Provider		-	-		-	-	-	Met
L43	Health Care Record	I	Provider		-	-		-	-	-	Met
L45	Medication storage	L	Provider		-	-		-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS			5/5				5/5	Met
L47	Self medication	I	Provider		-	-		-	-	-	Met
L49	Informed of human rights	I	Provider		-	-		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS			5/5				5/5	Met
L51	Possessions	I	Provider		-	-		-	-	-	Met
L52	Phone calls	I	Provider		-	-		-	-	-	Met
L53	Visitation	I	Provider		-	-		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L54 (07/21)	Privacy	I	DDS			5/5				5/5	Met
L55	Informed consent	I	Provider		-	-		-	-	-	Met
L63	Med. treatment plan form	I	Provider		-	-		-	-	-	Met
L64	Med. treatment plan rev.	I	Provider		-	-		-	-	-	Met
L67	Money mgmt. plan	I	Provider		-	-		-	-	-	Met
L68	Funds expenditure	I	Provider		-	-		-	-	-	Met
L69	Expenditure tracking	I	Provider		-	-		-	-	-	Met
L70	Charges for care calc.	I	Provider		-	-		-	-	-	Met
L71	Charges for care appeal	I	Provider		-	-		-	-	-	Met
L77	Unique needs training	I	Provider		-	-		-	-	-	Met
L80	Symptoms of illness	L	Provider		-	-		-	-	-	Met
L81	Medical emergency	L	Provider		-	-		-	-	-	Met
L84	Health protect. Training	I	Provider		-	-		-	-	-	Met
L85	Supervision	L	Provider		-	-		-	-	-	Met
L86	Required assessments	I	Provider		-	-		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L87	Support strategies	I	Provider		-	-		-	-	-	Met
L88	Strategies implemented	I	Provider		-	-		-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS			5/5				5/5	Met
L94 (05/22)	Assistive technology	I	DDS			3/5				3/5	Not Met (60.0 %)
L96 (05/22)	Staff training in devices and applications	I	DDS			2/2				2/2	Met
#Std. Met/# 62 Indicator										61/62	
Total Score										69/70	
										98.57%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

	Indicator #	Indicator	Reviewed By	Met/Rated	Rating
	C1	Provider data collection	Provider	-	Met
	C2	Data analysis	Provider	-	Met
	C3	Service satisfaction	Provider	-	Met
	C4	Utilizes input from stakeholders	Provider	-	Met

	C5	Measure progress	Provider	-	Met
	C6	Future directions planning	Provider	-	Met

Placement Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met

Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met

Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C12	Intimacy	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	Provider	-	Met