



**PROVIDER REPORT  
FOR**

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

**August 9, 2024**

**Version**

**Public Provider Report**

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

## **SUMMARY OF OVERALL FINDINGS**

<b>Provider</b>	ANODYNE CORPORATION
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<b>Review Dates</b>	7/8/2024 - 7/12/2024
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<b>Service Enhancement Meeting Date</b>	7/26/2024
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<b>Survey Team</b>	Katherine Gregory (TL)
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<b>Citizen Volunteers</b>	
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**Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	5 location(s) 5 audit (s)	Full Review	58/60 2 Year License 07/26/2024 - 07/26/2026		No Review Conducted
Placement Services	5 location(s) 5 audit (s)			Deemed	
Planning and Quality Management				Deemed	

## **EXECUTIVE SUMMARY :**

Anodyne Corporation established in 1981 provides healthcare staffing services for in home care and medical facilities in the Greater Boston area, Southeastern Massachusetts and the Cape and Islands. The agency also provides adult foster care, Placement Services and In-Home Supports. This review conducted by the Department of Developmental Services (DDS) Office of Quality Enhancement (OQE) consisted of a full review of licensing indicators for Anodyne's Placement Services. Anodyne Corp maintains CARF accreditation, and for this survey DDS OQE did not conduct a review of DDS Certification indicators. At the time of this review Anodyne provided Placement Services to 14 individuals and 2 individuals receiving under 15 hours in In-Home Supports.

The survey identified efforts made by the agency resulting in positive outcomes. Organizational indicators reviewed revealed Anodyne maintained a Human Rights Committee that had a full complement of members with the expertise in requisite areas to meet the requirements for review of relevant materials. The Committee met regularly and reviewed investigations, human rights training materials, and also reviewed individual rights. Staff had all been screened, had the required qualifications, and had received all mandated trainings.

The survey also identified Anodyne's efforts to support positive outcomes among Location and Individual Licensing indicators. In the Environmental review, all inspections had been conducted and were current. Smoke and carbon monoxide detectors were operational, and locations were clean and overall were well-maintained. Individuals were supported to regularly practice evacuation, and all were able to exit their homes in a safe and timely manner. Healthy meals were served, and exercise was encouraged.

In the domain of Competent Workforce, Shared Living Providers received monthly documented visits from supervisors for oversight and support with a review of their training needs. All providers were well-versed in the conditions and medical needs of the individuals living with them. There was frequent, ongoing communication between Shared Living Providers and their supervisors between monthly visits providing updates on medical appointments, and other relevant events or concerns as they arose. In addition, providers received support and training for medication changes or medical status changes from a nurse on sight as needed.

Further positive findings in Licensing revealed strengths in the Medication and Healthcare domain. Individuals all received recommended health care screenings, and all medical tests, appointments with specialists, and follow-up appointments were consistently completed in a timely manner. It is recommended that the agency work with guardians to be able to access the individuals' electronic healthcare portals to access testing results more easily. Where individuals were self-medicating, there was assessment, training and monitoring in place with supports designed to ensure safety and success.

In the domain of Goal Accomplishment and Skill Acquisition, all ISP assessments and support strategies were submitted within the required timelines. Goals were measurable and were personalized for the needs and desires of the individuals. Individuals' objectives were addressed regularly with progress noted during monthly supervisory visits.

Additional success was revealed in the domain of Human Rights, Choice, Communication and Control. The agency's training for the individuals and guardians on human rights, the grievance policy, and mandated reporting was effective. All individuals interviewed knew to whom they could speak if they had a concern, and most could identify their Human Rights Officer and understood the role of DPPC and knew where to find the hotline number. Guardians received annual packets from the agency on these topics as well. In the area of communication, individuals were supported to express themselves and to be understood. One individual who did not speak had received a simple communication device which he used to let his provider and others know his needs and preferences.

It was clear that he was encouraged to make use of the device and it gave him great pleasure to press his selection and receive a response or desired outcome such as a drink, or TV.

Further success was demonstrated in the area of Supportive Technology. All individuals had been assessed by the agency for their needs and to determine what technology could be used to assist them in increasing their independence. One gentleman, who loved Boston sports teams, was being taught to use Alexa to access the Red Sox schedule, and he found this very exciting. Another individual used her cell phone to navigate public transportation and to do her banking. Two individuals were using Alexa or their computer to set their morning alarms. Where individuals had no needs or interest, they were referred to an expert for further assessment and recommendations.

The survey also revealed areas that will need increased attention from the agency. In the domain of Environmental Review, the agency will need to bolster its assessment of the exterior of placement homes to ensure that there are no areas which pose safety concerns. In the domain of Funds Management, where there is shared or delegated responsibility on the part of the agency for the management of individuals' funds, the agency will need to establish a system for online purchases that avoids borrowing or lending with contracted providers, staff or other individuals. In addition, the agency bears responsibility for tracking funds for which the agency or provider has shared or delegated responsibility. The agency will need to develop a solution for tracking expenditures for individuals whose guardians do not want this responsibility placed on the care provider.

Anodyne has achieved a Two-Year License for its Placement Services with a total score of 97%. They agency will submit a follow-up report to the DDS OQE in 60 days for the Licensing indicators not met.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>5/5</b>	<b>0/5</b>	
<b>Residential and Individual Home Supports</b>	<b>53/55</b>	<b>2/55</b>	
Placement Services			
<b>Critical Indicators</b>	<b>6/6</b>	<b>0/6</b>	
<b>Total</b>	<b>58/60</b>	<b>2/60</b>	<b>97%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>2</b>	

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

Indicator #	Indicator	Area Needing Improvement
L30	Every porch, balcony, deck or roof used as a porch or deck has a wall or protective railing in good repair.	One deck had a warped board and a broken baluster. The agency needs to ensure that all decks, balconies and porches are in good repair.
L69	Individual expenditures are documented and tracked.	One individual had reimbursed his provider for items purchased for him on her credit card. The agency needs to ensure that there is no borrowing or lending of funds.

## MASTER SCORE SHEET LICENSURE

Organizational: ANODYNE CORPORATION

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L48	HRC	1/1	Met
L74	Screen employees	1/1	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	4/4	Met
L83	HR training	4/4	Met

## Residential and Individual Home Supports:

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
℞ L6	Evacuation	L			5/5				5/5	Met
L8	Emergency Fact Sheets	I			5/5				5/5	Met
℞ L11	Required inspections	L			4/5				4/5	Met (80.0 %)
℞ L12	Smoke detectors	L			5/5				5/5	Met
℞ L13	Clean location	L			5/5				5/5	Met
L14	Site in good repair	L			4/5				4/5	Met (80.0 %)
L15	Hot water	L			4/5				4/5	Met (80.0 %)
L16	Accessibility	L			5/5				5/5	Met
L17	Egress at grade	L			3/3				3/3	Met
L21	Safe electrical equipment	L			5/5				5/5	Met
L22	Well-maintained appliances	L			4/5				4/5	Met (80.0 %)
L26	Walkway safety	L			5/5				5/5	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L29	Rubbish /combustibles	L			5/5				5/5	Met
L30	Protective railings	L			2/3				2/3	Not Met (66.67 %)
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			5/5				5/5	Met
L36	Recommended tests	I			5/5				5/5	Met
L37	Prompt treatment	I			5/5				5/5	Met
℞ 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
℞ L46	Med. Administration	I			5/5				5/5	Met
L47	Self medication	I			1/1				1/1	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L49	Informed of human rights	I			5/5				5/5	Met
L50 (07/21)	Respectful Comm.	I			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 (07/21)	Privacy	I			5/5				5/5	Met
L55	Informed consent	I			4/4				4/4	Met
L63	Med. treatment plan form	I			2/2				2/2	Met
L64	Med. treatment plan rev.	I			2/2				2/2	Met
L67	Money mgmt. plan	I			3/3				3/3	Met
L68	Funds expenditure	I			3/3				3/3	Met
L69	Expenditure tracking	I			1/2				1/2	Not Met (50.0 %)
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

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L80	Symptoms of illness	L			5/5				5/5	Met
L81	Medical emergency	L			5/5				5/5	Met
L85	Supervision	L			5/5				5/5	Met
L86	Required assessments	I			5/5				5/5	Met
L87	Support strategies	I			5/5				5/5	Met
L88	Strategies implemented	I			5/5				5/5	Met
L90	Personal space/bedroom privacy	I			5/5				5/5	Met
L91	Incident management	L			5/5				5/5	Met
L93 (05/22)	Emergency back-up plans	I			5/5				5/5	Met
L94 (05/22)	Assistive technology	I			5/5				5/5	Met

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L96 (05/22)	Staff training in devices and applicati ons	I			5/5				5/5	Met
#Std. Met/# 55 Indicat or									53/55	
Total Score									58/60	
									96.67%	