

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**LICENSURE AND CERTIFICATION**  
**PROVIDER FOLLOW-UP REPORT**

**Provider:** ANODYNE CORPORATION

**Provider Address:** 10 Granite St 2nd Fl , Quincy

**Name of Person** Megan Gajewski  
**Completing Form:**

**Date(s) of Review:** 05-AUG-24 to 06-AUG-24

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	2/2

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**Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L30
<b>Indicator</b>	Protective railings
<b>Area Need Improvement</b>	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.
<b>Process Utilized to correct and review indicator</b>	Caregiver was notified. Board and baluster were repaired.
<b>Status at follow-up</b>	Corrected.
<b>Rating</b>	Met

<b>Indicator #</b>	L69
<b>Indicator</b>	Expenditure tracking
<b>Area Need Improvement</b>	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.
<b>Process Utilized to correct and review indicator</b>	Guardian and caregiver were notified money needs to be tracked, and turned in monthly.
<b>Status at follow-up</b>	Corrected.
<b>Rating</b>	Met