

**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:** 07-NOV-22 to 07-NOV-22

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

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

<b>Indicator #</b>	L94 (05/22)
<b>Indicator</b>	Assistive technology
<b>Area Need Improvement</b>	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.
<b>Process Utilized to correct and review indicator</b>	Staff was able to be formally trained on this indicator, assistive devices are ordered
<b>Status at follow-up</b>	Corrected.
<b>Rating</b>	Met