

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**Mid-Cycle Review Final Report**

Provider	ELIOT COMMUNITY HUMAN SERVICES	Provider Address	125 Hartwell Ave, Lexington
Survey Team	Rodriguez,Raquel; Dolan,Cheryl; Hazelton,John; Gregory,Katherine; Conley-Sevier,Jennifer; Downing,John;	Date(s) of Review	03-AUG-22 to 09-AUG-22

Mid-Cycle Scope and results :					
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated at Mid-Cycle	Sanction status prior to Mid-Cycle	Combined Results post-Mid-Cycle;	Sanction status post Mid-Cycle
Residential and Individual Home Supports  6 Locations 14 Audits	2 Year License with Mid-Cycle Review	8/17	<input checked="" type="checkbox"/> Eligible for new business  <input type="checkbox"/> Ineligible for new business.	2 Year License with Mid-Cycle Review 70/79 (88.61% )	<input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met)  <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**LICENSURE AND CERTIFICATION**  
**Mid-Cycle Review Final Report**

**Summary of Ratings**

**Organizational Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	L48
<b>Indicator</b>	HRC
<b>Area Need Improvement</b>	The agency's Human Rights Committee did not maintain the required membership, as it has been without a nurse and clinician for over a year. The agency needs to ensure that it's HRC membership meets both DDS regulations and their own bylaws.
<b>Status at mid-cycle</b>	The Human Rights Committee has met all the requirements.
<b>#met /# rated at mid-cycle</b>	1/1
<b>Rating</b>	MET

**Residential and Individual Home Supports Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	L5
<b>Indicator</b>	Safety Plan
<b>Area Need Improvement</b>	In the two ABI homes, there was no evidence that all staff had been trained on the current safety plans in the homes. The agency needs to ensure that training on safety plans occurs with all staff, and that documentation of these trainings includes the date of the Safety Plan, staff trained, and the date of the training for each staff.
<b>Status at mid-cycle</b>	Four of five locations had an approved safety plan.
<b>#met /# rated at mid-cycle</b>	4/5
<b>Rating</b>	MET

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**Mid-Cycle Review Final Report**

<b>Indicator #</b>	L8
<b>Indicator</b>	Emergency Fact Sheets
<b>Area Need Improvement</b>	Three Emergency Fact Sheets did not contain required and/or current data including all relevant medical information. The agency needs to ensure each component of an Emergency Fact Sheet contains current and complete data.
<b>Status at mid-cycle</b>	Thirteen of fourteen emergency facts sheets were current and accurate.
<b>#met /# rated at mid-cycle</b>	13/14
<b>Rating</b>	MET

<b>Indicator #</b>	L35
<b>Indicator</b>	Preventive screenings
<b>Area Need Improvement</b>	Three individuals had not received some recommended health screenings. The agency needs to ensure that its staff review recommendations outlined in the DDS Adult Screening Checklist with the individuals' health care practitioners to ensure that individuals are supported to receive these screenings.
<b>Status at mid-cycle</b>	Four individuals had not received some recommended health screenings. The agency needs to ensure that its staff review recommendations outlined in the DDS Adult Screening Checklist with the individuals' health care practitioners to ensure that individuals are supported to receive these screenings.
<b>#met /# rated at mid-cycle</b>	8/12
<b>Rating</b>	NOT MET

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**Mid-Cycle Review Final Report**

<b>Indicator #</b>	L43
<b>Indicator</b>	Health Care Record
<b>Area Need Improvement</b>	For 7 individuals, health care records had not been updated to reflect new vaccinations, current healthcare providers, and/or the most recent health screenings. The agency needs to ensure health care records are updated at the ISP as well as within 30 days of a significant health care event.
<b>Status at mid-cycle</b>	Five individuals' health care records health care records had not been updated to reflect new vaccinations, current healthcare providers, and/or the most recent health screenings. The agency needs to ensure health care records are updated at the ISP as well as within 30 days of a significant health care event.
<b>#met /# rated at mid-cycle</b>	8/13
<b>Rating</b>	NOT MET

<b>Indicator #</b>	L61
<b>Indicator</b>	Health protection in ISP
<b>Area Need Improvement</b>	For 7 of nine individuals, supports and health related protections were not included as part of the ISP and/or the health-related protective equipment did not have authorization for use by the prescriber, including the purpose, and duration of use. The agency needs to ensure that any supports and health-related protections are being implemented correctly according to the health care provider's authorization.
<b>Status at mid-cycle</b>	For two individuals , supports and health related protections were not included as part of the ISP and/or the health-related protective equipment did not have authorization for use by the prescriber, including the purpose, and duration of use. The agency needs to ensure that any supports and health-related protections are being implemented correctly according to the health care provider's authorization.

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**Mid-Cycle Review Final Report**

<b>#met /# rated at mid-cycle</b>	5/7
<b>Rating</b>	NOT MET

<b>Indicator #</b>	L63
<b>Indicator</b>	Med. treatment plan form
<b>Area Need Improvement</b>	For some individuals prescribed behavior modifying medications, medication treatment plans were not in place. For those individuals who had medication treatment plans in place, plans did not include all of the required components. Plans were missing baseline/historical data, descriptions of behaviors in observable terms, current data and the clinical plan/ course for use of the medication such as criteria for re-evaluating / adjusting the medication based on the treatment data. The agency needs to ensure that there is a plan in place for all individuals prescribed behavior modifying medications, and these plans need to include all the required components.
<b>Status at mid-cycle</b>	Four medication treatment pans were either not in place or did not include all of the required components. Plans were missing baseline/historical data, descriptions of behaviors in observable terms, current data and the clinical plan/ course for use of the medication such as criteria for re-evaluating / adjusting the medication based on the treatment data. The agency needs to ensure that there is a plan in place for all individuals prescribed behavior modifying medications, and these plans need to include all the required components.
<b>#met /# rated at mid-cycle</b>	7/11
<b>Rating</b>	NOT MET

<b>Indicator #</b>	L64
<b>Indicator</b>	Med. treatment plan rev.

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**Mid-Cycle Review Final Report**

<b>Area Need Improvement</b>	For 5 of 10 individuals prescribed behavior modifying medications, plans had not been submitted to the ISP team for review as required. The agency needs to ensure that plans are submitted into HCSIS in preparation for ISP review by the team.
<b>Status at mid-cycle</b>	For ten of eleven individuals prescribed behavior modifying medications the plans had been included with the ISP.
<b>#met /# rated at mid-cycle</b>	10/11
<b>Rating</b>	MET

<b>Indicator #</b>	L67
<b>Indicator</b>	Money mgmt. plan
<b>Area Need Improvement</b>	For most individuals with money management plans in place, the plans did not include support strategies for assisting the individual to become more independent in the management of their money. The agency needs to ensure that training plans are in place and include not only goals, but strategies for teaching individuals to become more independent.
<b>Status at mid-cycle</b>	Nine of eleven money management/training plans had been updated to include support strategies and delegated money management responsibilities.
<b>#met /# rated at mid-cycle</b>	9/11
<b>Rating</b>	MET

<b>Indicator #</b>	L71
<b>Indicator</b>	Charges for care appeal

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**Mid-Cycle Review Final Report**

<b>Area Need Improvement</b>	For 6 individuals, the appeal process for the charges for care was not outlined. Although the charges for care/room and board notification did include the right to appeal statement, it did not include an explanation of the appeal process and who to contact. The agency needs to include what the process is for appealing charges for care, and information on who to contact within the agency.
<b>Status at mid-cycle</b>	Twelve of thirteen individuals' charges for care notification included information to individuals of their appeal rights and contained the necessary attachments.
<b>#met /# rated at mid-cycle</b>	12/13
<b>Rating</b>	MET

<b>Indicator #</b>	L77
<b>Indicator</b>	Unique needs training
<b>Area Need Improvement</b>	Training documentation did not include the topics of trainings staff were receiving, and not all staff had received training relative to unique needs of the individuals supported in the home. The agency needs to ensure that all staff receive the requisite trainings for all individuals' unique needs. Trainings should include topics, curricula and dates that each staff received the training.
<b>Status at mid-cycle</b>	All reviews indicated the agency trained staff/care providers on the unique needs of the individuals.
<b>#met /# rated at mid-cycle</b>	14/14
<b>Rating</b>	MET

<b>Indicator #</b>	L84
<b>Indicator</b>	Health protect. Training

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**Mid-Cycle Review Final Report**

<b>Area Need Improvement</b>	In four of nine instances, staff had not been fully trained on the use of health related protections in place for individuals. The agency needs to ensure that staff are trained on all components of health-related protections per regulation.
<b>Status at mid-cycle</b>	In four out of seven instances, staff had not been fully trained on the use of health related protections in place for individuals. The agency needs to ensure that staff are trained on all components of health-related protections per regulation.
<b>#met /# rated at mid-cycle</b>	3/7
<b>Rating</b>	NOT MET

<b>Indicator #</b>	L86
<b>Indicator</b>	Required assessments
<b>Area Need Improvement</b>	For 9 individuals, assessments had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that assessments are completed in preparation for the ISP and submitted in accordance with regulatory requirements.
<b>Status at mid-cycle</b>	For seven individuals, assessments had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that assessments are completed in preparation for the ISP and submitted in accordance with regulatory requirements.
<b>#met /# rated at mid-cycle</b>	5/12
<b>Rating</b>	NOT MET

<b>Indicator #</b>	L87
<b>Indicator</b>	Support strategies



**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**Mid-Cycle Review Final Report**

<b>Area Need Improvement</b>	For 7 individuals, support strategies had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that support strategies are completed in preparation for the ISP and submitted in accordance with regulatory requirements.
<b>Status at mid-cycle</b>	For six individuals, support strategies had not been completed and submitted to DDS 15 days prior in preparation for the ISP. The agency needs to ensure that support strategies are completed in preparation for the ISP and submitted in accordance with regulatory requirements.
<b>#met /# rated at mid-cycle</b>	6/12
<b>Rating</b>	NOT MET

<b>Indicator #</b>	L88
<b>Indicator</b>	Strategies implemented
<b>Area Need Improvement</b>	For four individuals, ISP objectives were either not being implemented, or data collection was not occurring. The agency needs to ensure that ISP objectives are implemented as described within support strategies, and that data relating to ISP objectives is collected.
<b>Status at mid-cycle</b>	For three individuals, ISP objectives were either not being implemented, or data collection was not occurring. The agency needs to ensure that ISP objectives are implemented as described within support strategies, and that data relating to ISP objectives is collected.
<b>#met /# rated at mid-cycle</b>	11/14
<b>Rating</b>	NOT MET

<b>Indicator #</b>	L89
<b>Indicator</b>	Complaint and resolution process

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**Mid-Cycle Review Final Report**

<b>Area Need Improvement</b>	At 2 locations, programs did not have a complaint log to record complaints and their resolution, and staff were unfamiliar with the complaint resolution process. The provider needs to ensure that each home has on site, a complaint log containing the complaint with date, short description, name of the complainant, date resolved and who and how this was resolved. Individuals, staff, and family/guardians must receive training in the complaint resolution policy.
<b>Status at mid-cycle</b>	Both locations had a complaint and resolution process that is effectively implemented at the local level.
<b>#met /# rated at mid-cycle</b>	2/2
<b>Rating</b>	MET

<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	At 3 locations, incident reports were not created and/or finalized in HCSIS within the required time frames. The agency needs to ensure all incident reports are generated and finalized by the required HCSIS due dates.
<b>Status at mid-cycle</b>	At 3 locations, incident reports were not created and/or finalized in HCSIS within the required time frames. The agency needs to ensure all incident reports are generated and finalized by the required HCSIS due dates.
<b>#met /# rated at mid-cycle</b>	2/5
<b>Rating</b>	NOT MET

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**Mid-Cycle Review Final Report**

**Mid-Cycle Detail Report**

*For provider and area office use only. This page elaborates on all of the indicators reviewed at follow-up where the standard was not met.*

**Residential and Individual Home Supports**

<b>Indicator</b>	<b>Service Type</b>	<b>Location</b>	<b>Individual</b>	<b>Issue</b>
L5	ABI-MFP Residential Services	256 Boardman Street Haverhill MA 01830		A new individual moved into the home in April 2022; the updated Safety Plan has not been signed by the DDS Regional Team (7/25/22 signed by the provider).
L8	ABI-MFP Residential Services	256 Boardman Street Haverhill MA 01830	JT	There is no medication list attached to the emergency fact sheet (corrected).
L35	Residential Services	217 GREAT RD Bedford MA 01730	GF	Stool test for Colorectal cancer screening requested by PCP on 11/13/20 had not been completed. No PAP completed. ISP states that GF has refused these tests, but there is no plan in place for how to address this or provide education regarding refusing preventative screenings.
L35	Residential Services	217 GREAT RD Bedford MA 01730	PV	Routine screenings not occurring as recommended, including colonoscopy or screening, PSA, routine blood work or eye appt.
L35	ABI-MFP Residential Services	256 Boardman Street Haverhill MA 01830	LB	LB is 65, and had his last APE on 8/3/21; the agency did not advocate with the PCP to discuss the need for a colonoscopy.

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**Mid-Cycle Review Final Report**

L35	Placement Services	86 Buckingham St. Apt. 24 Cambridge MA 02138	YA	Agency staff report that this individual's family manages her health care and accompany her to medical appointments. The agency reportedly has not been able to obtain some documentation regarding the date and outcome of required preventive medical visits and screenings, including ophthalmology and audiology exams. The agency is responsible for ensuring that all preventive screenings are scheduled and that documentation of practitioner's instructions from these visits, if any, are followed. Staff need to continue to work with the family to obtain health related information as required by the DDS regulations.
L43	Residential Services	217 GREAT RD Bedford MA 01730	GF	Several diagnoses listed are not listed in the HCR updated 8/2/22. ( Thrombocytopenia Cataracts,) One prescribed medication is also missing from the HCR
L43	Residential Services	217 GREAT RD Bedford MA 01730	KC	Four prescribed medications were not listed within the Health Care Record
L43	ABI-MFP Residential Services	256 Boardman Street Haverhill MA 01830	JS	The individual's ISP was held on 6/16/22; the health care record was not updated until after the ISP (7/1/22).
L43	ABI-MFP Residential Services	256 Boardman Street Haverhill MA 01830	JT	The HCR was not updated prior to the ISP meeting (ISP held on 4/5/22, HCR updated 10/4/21).
L43	ABI-MFP Residential Services	256 Boardman Street Haverhill MA 01830	LB	LB's ISP was on 7/5/22; the HCR was not updated prior to the ISP meeting (last updated 7/8/21).

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**Mid-Cycle Review Final Report**

L61	Residential Services	217 GREAT RD Bedford MA 01730	KC	A shower chair is listed within the ISP and in use but no clinical order and instructions for use.
L61	ABI-MFP Residential Services	31 Achilles Way North Attleboro MA 02763	NO	There is no authorization by a healthcare provide for NO's tray used for positioning while he is in his wheelchair
L63	Residential Services	2 CEDARWOOD RD Woburn MA 01801	AG	The medication treatment plan for Prozac does not have baseline data. Daily data on behaviors is being taken however that information is not then collated to be given to the prescriber. The individual's mother takes the individual to his appointments and provides subjective information on his behaviors.
L63	ABI-MFP Residential Services	256 Boardman Street Haverhill MA 01830	JS	The individual is prescribed Hydroxyzine and Melatonin for sleep disturbance. The medication treatment plan indicates the symptom of "trouble falling asleep at night and staying asleep for duration longer than 4-6 hours"; data collection is not occurring in terms of these parameters, instead only occurring as "slept" or "slept all night".
L63	ABI-MFP Residential Services	256 Boardman Street Haverhill MA 01830	JT	The individual is prescribed Melatonin for sleep. The MTP states it is for "trouble sleeping throughout the night", however data collection is only occurring to indicate if "slept".

## **DEPARTMENT OF DEVELOPMENTAL SERVICES**

### **LICENSURE AND CERTIFICATION**

#### **Mid-Cycle Review Final Report**

L63	Placement Services	86 Buckingham St. Apt. 24 Cambridge MA 02138	YA	This individual is prescribed Prozac for anxiety; however, the agency has not created a behavior modifying medication treatment plan with all applicable components as required. Specifically, anxiety needs to be described in observable and individualized terms, and the Provider needs to formulate a data collection system for those behaviors that will guide the clinical course for use of the medication. This data should be shared with the prescriber at appointments as criteria for altering dosage or terminating the medication based on treatment data.
L64	Placement Services	86 Buckingham St. Apt. 24 Cambridge MA 02138	YA	The medication treatment plan has not been reviewed by the ISP team.
L67	ABI-MFP Residential Services	31 Achilles Way North Attleboro MA 02763	JL	The agency held money for JL and assisted him with spending. There was no written plan in place to guide staff regarding how much money he could safely hold on his person, how bills would be paid, or what assistance he needed for banking and purchases.
L67	ABI-MFP Residential Services	31 Achilles Way North Attleboro MA 02763	NO	The money management plan did not include details regarding how staff will manage NO's money such as how much money he is able to safely hold on his person, what type of assistance he needs during purchases, or how his bills will be paid.
L71	ABI-MFP Residential Services	31 Achilles Way North Attleboro MA 02763	JL	There was no benefit award letter on which the agency had based their calculation for the charges for care generated 1/1/2022.
L84	Residential Services	217 GREAT RD Bedford MA 01730	KC	Staff are not trained on how to use and maintain the shower chair.

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**Mid-Cycle Review Final Report**

L84	ABI-MFP Residential Services	256 Boardman Street Haverhill MA 01830	JS	Staff have not received training to support the individual's use of compression stockings.
L84	ABI-MFP Residential Services	31 Achilles Way North Attleboro MA 02763	BR	The staff training record did not list which health related protections of BR's the staff had training in.
L84	ABI-MFP Residential Services	31 Achilles Way North Attleboro MA 02763	NO	Training documentation does not specify which health related protections staff were trained on for NO.
L86	Residential Services	2 CEDARWOOD RD Woburn MA 01801	AP	The health and dental assessment was requested on 2/23/22, due 3/23/22 and submitted 5/16/22.
L86	Residential Services	217 GREAT RD Bedford MA 01730	GF	Required ISP assessments were not submitted within the required timelines. Requested by SC on 6/3/21, due on 08/19/21. Submitted 8/23-through 8/28/22
L86	Residential Services	217 GREAT RD Bedford MA 01730	KC	ISP assessments were not submitted within the required timelines. Requested by SC on 06/21/2021, due 08/12/2021. Submitted 8/19/21
L86	Residential Services	217 GREAT RD Bedford MA 01730	PV	Assessments were not submitted within the required timelines. Assessments requested by SC on 02/16/2022 due on 4/27/22. Health and dental submitted 5/19/22
L86	ABI-MFP Residential Services	256 Boardman Street Haverhill MA 01830	JS	The ISP assessments were not submitted to the ABI Regional Office at least 15 days prior to the ISP meeting (requested 4/27/22, due 6/1/22, submitted 6/29/22).

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**Mid-Cycle Review Final Report**

L86	ABI-MFP Residential Services	256 Boardman Street Haverhill MA 01830	JT	The ISP assessments were not submitted to the ABI Regional office at least 15 days prior to the ISP meeting (due 3/21/22, requested 2/4/22, submitted financial 3/18, health and dental 4/11, safety 3/18).
L86	ABI-MFP Residential Services	31 Achilles Way North Attleboro MA 02763	BR	Assessments were requested two days after the due date on 4/21/22 and were due on 5/4/22. They were submitted 5/13/22 for an ISP held on 5/19/22.
L86	ABI-MFP Residential Services	31 Achilles Way North Attleboro MA 02763	JL	JL's ISP was scheduled on 5/9/22 for 5/19/22. Assessments were due 11/4/21 and were submitted 2/7/22. Three assessment were submitted 3 months prior to the ISP and 2 were submitted 2 days before the ISP which was held on 5/19/22
L86	Individual Home Supports	6 Overlook Ave Woburn MA 00000	JY	The individual's ISP was held on 11/18/2021. Required assessments were requested on 9/8/2021, due on 11/3/2021 and submitted on 11/23/2021.
L87	Residential Services	2 CEDARWOOD RD Woburn MA 01801	AP	The support strategy was due 3/23/22 and submitted on 3/24/22.
L87	Residential Services	2 CEDARWOOD RD Woburn MA 01801	FF	The support strategy was due 8/3/21 and submitted 8/23/21.
L87	Residential Services	2 CEDARWOOD RD Woburn MA 01801	PJ	The support strategies were due 7/29/21 and submitted 8/20/21
L87	Residential Services	217 GREAT RD Bedford MA 01730	GF	Support strategies not submitted within the required timelines. Requested by SC on 6/3/21, due on 08/19/21. Submitted 8/23/21



**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**Mid-Cycle Review Final Report**

L87	Residential Services	217 GREAT RD Bedford MA 01730	KC	Support strategies were not submitted within the required timelines Requested by SC on 06/21/2021, due 08/12/2021. Submitted 8/31/21
L87	ABI-MFP Residential Services	256 Boardman Street Haverhill MA 01830	JS	The ISP support strategies were not submitted to the ABI Regional Office at least 15 days prior to the ISP meeting (requested 4/27/22, due 6/1/22, submitted 6/10/22).
L87	ABI-MFP Residential Services	31 Achilles Way North Attleboro MA 02763	BR	Support strategies were requested two days after the due date on 4/21/22 and were due on 5/4/22. They were submitted 5/13/22 for an ISP held on 5/19/22.
L88	Residential Services	2 CEDARWOOD RD Woburn MA 01801	AP	This individual had multiple objectives/support strategies listed in her ISP but only one of them was being implemented and tracked.
L88	Residential Services	2 CEDARWOOD RD Woburn MA 01801	FF	Daily tracking does not indicate if the support strategies are being implemented and is not being tracked daily. The support strategy being tracked is not the same one from the ISP.
L88	Residential Services	2 CEDARWOOD RD Woburn MA 01801	PJ	The ISP lists two objectives/support strategies but only one is being implemented and tracked.
L91	Residential Services	217 GREAT RD Bedford MA 01730		Incident #1259330 was not finalized within the required HCSIS timelines
L91	ABI-MFP Residential Services	256 Boardman Street Haverhill MA 01830		Six incident reports were either not submitted or finalized within the required time period (IR# 1492010, 1189251, 1494249, 1380490, 1081190, 1315470)

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**Mid-Cycle Review Final Report**

L91	ABI-MFP Residential Services	31 Achilles Way North Attleboro MA 02763		Incident number 1202250 was submitted 11/22/21 and not finalized. Incident number 1199990 was submitted 11/19/21, finalized 8/2/22 ,8 months after the timeline.
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