



**PROVIDER REPORT
FOR**

**Mentor ABI LLC, dba
NeuroRestorative
980 Washington St.
Dedham, MA 02026**

November 10, 2024

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider Mentor ABI LLC, dba NeuroRestorative

Review Dates 9/30/2024 - 10/4/2024

Service Enhancement Meeting Date 10/18/2024

Survey Team David Bullard
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Citizen Volunteers

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	7 location(s) 7 audit (s)	Full Review	70/81 2 Year License 10/18/2024 - 10/18/2026		42 / 46 Certified 10/18/2024 - 10/18/2026
Residential Services	1 location(s) 1 audit (s)			Full Review	18 / 20
ABI-MFP Residential Services	6 location(s) 6 audit (s)			Full Review	18 / 20
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

Mentor ABI dba NeuroRestorative is a division of Sevita Home and Community Based Health Care which provides services across many U.S. states. NeuroRestorative serves individuals with Acquired and Traumatic brain injuries (ABI/TBI), Spinal Cord Injuries, Developmental and Intellectual Disabilities (DD/ID) as well as others with medically complex health challenges and rehabilitative needs. Since 1991, the agency has been offering twenty-four-hour residential services to adults in Massachusetts.

For this 2024 survey, the Department of Developmental Services (DDS) Metro Office of Quality Enhancement (OQE) conducted a full licensing and certification review of Neurorestorative's twenty-four hour and ABI twenty-four-hour residential homes. The scope of the review included organizational systems, and the supports offered to individuals living in the homes.

Organizationally and in residential services, NeuroRestorative met all critical licensing indicators. The agency demonstrated a system for taking immediate action to protect the well-being of individuals when abuse and neglect complaints were filed; staff were trained on DPPC and human rights. NeuroRestorative had a five-year strategic plan, and the agency was actively collecting data regarding program quality. In addition, it solicited input from individuals, families and guardians, as well as external stakeholders for use in effecting service improvements. At each ABI home, the agency had an effective complaint and resolution process and log in place, and both staff and individuals were trained on the process.

Neurorestorative demonstrated many effective systems for promoting the health and well-being of individuals served. Fire drills were conducted more frequently than what was required in DDS approved site safety plans, and people were supported to evacuate in under 2.5 minutes during emergency drills. Neurorestorative's residential homes were clean and well-maintained, and all required inspections were conducted. Locks were present on bedroom doors providing privacy, and interviewed individuals reported enjoying their homes and feeling supported by the staff that work with them.

In the area of healthcare, individuals were supported to receive annual medical and dental exams. Medication was administered in accordance with the written orders of health care providers by MAP certified staff. Medical treatment protocols were found to contain all required components, and staff were trained on the implementation of the protocols. Individuals were also supported to engage in physical activity and follow a healthy diet. The special dietary requirements of individuals were equally well supported. Neurorestorative had a robust system for communicating the unique needs of individuals, via readily accessible binders containing important personal information including likes, dislikes, and information specific to medical, psychological, and other treatment needs. Additionally, assessments were completed and in place regarding potential need areas for assistive technology.

In the area of certification, the homes blended in well with others in the neighborhoods in which they were situated. Individual bedrooms were decorated/set-up to the taste of people residing in the homes. Individuals were supported to utilize generic community resources for activities such as shopping and dining; they were also supported to get together with their families and friends.

There were some licensing areas both organizationally and within twenty-four-hour residential services where further attention is warranted from the agency. The Human Rights Committee did not meet mandates for required membership composition, as well as the annual review of human rights training materials and policies. Relative to staff competency, the agency did not demonstrate a system for screening new employees to verify that their qualifications matched the description of the job for which they had applied. Relative to healthcare, emergency Fact Sheets and health care records were not updated to reflect the most current and accurate information. Medication treatment

plans did not contain all required components, and data relative to observable symptoms defined in the plan was not collected/tracked.

In the area of human rights, restrictive practices in homes were not written in an outline that included all required components including mitigation measures for people affected for whom they were not intended; individuals affected by the practice (and their guardians) were also not informed in writing of the practice/s. Relative to the ISP, Support strategies required for ISP goals were not developed and submitted within the required timelines, and strategies were not implemented to support individuals to achieve their ISP goals/objectives. Regarding financial supports, individual expenditures were not tracked/recorded in manner that reflected agreements and ongoing transactions. Incident reports were also not submitted and finalized within the required timelines in HCSIS.

Relative to certification, Neurorestorative did not consistently solicit the input of individuals relative to the performance of staff that support them, as well as during the time of staff hire. Individuals were also not assessed as to their potential needs in the areas of intimacy and companionship; and if a need area was identified, education and support was not evident tailored to each person's unique learning style.

Mentor dba NeuroRestorative achieved an overall score of 86% of licensing indicators met; the agency has earned a Two-Year License for its Residential Services grouping. The agency's residential services grouping is also certified with 91% of certification indicators met. Based on the score, a follow-up review will be conducted within sixty days of the service enhancement meeting by the DDS Metro Office of Quality Enhancement on the indicators that were not met during the survey.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	6/8	2/8	
Residential and Individual Home Supports	64/73	9/73	
Residential Services ABI-MFP Residential Services			
Critical Indicators	8/8	0/8	
Total	70/81	11/81	86%
2 Year License			
# indicators for 60 Day Follow-up		11	

Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The Human Rights Committee did not meet the mandate for requisite membership composition. Additionally, the agency human rights training materials and policies were not reviewed on an annual basis which is a committee responsibility. Required membership composition and attendance of HRC meetings by required members should be consistent to ensure that all relevant topics are reviewed and deliberated properly.
L74	The agency screens prospective employees per requirements.	For three of thirteen recent staff that were hired, the agency did not verify qualifications as specified in the job postings. All new hire qualifications must be verified to correspond with the job positions the agency seeks to fill.

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

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	For two of seven individuals, emergency fact sheets did not include a current identifying image and/or information on medical diagnoses. Emergency fact sheets must be current and accurate and include all required information.
L43	The health care record is maintained and updated as required.	For two of seven individuals, health care records were missing required medical information. Health care records must be accurate and current and include all required information.

L56	Restrictive practices intended for one individual that affect all individuals served at a location need to have a written rationale that is reviewed as required and have provisions so as not to unduly restrict the rights of others.	For two individuals at whose home restrictive practices were in place, the practices were not in a written outline that included all required components, and there was no notification of individuals/guardians. All environmental restrictive practices must be clearly written to contain all components, including a rationale and mitigation measures for others affected (but unintended for) by the restriction. Individuals that are affected by the restriction (and guardians) must also be notified of the measures in place.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For five of seven individuals, the supports and health-related protections being utilized did not have a documentation and tracking of the use, cleaning, care, and maintenance of the equipment. The frequency of use, cleaning, care and maintenance of all supports and health-related devices utilized by individuals in a home must be documented consistently.
L63	Medication treatment plans are in written format with required components.	Three of six individual's medication treatment plans did not contain all of the required components. Medication treatment plans must be written to contain all the components required, and data collected must accurately reflect the observable symptoms defined in the plan.
L69	Individual expenditures are documented and tracked.	For one of two individuals, the agency did not demonstrate an effective system for tracking individual expenditures. Individual expenditures must be tracked in a manner that is reflective of funds management policy and ongoing practices/transactions.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For three of four individuals, support strategies necessary for assisting individuals with meeting their goals and objectives were not submitted within the required timeframe. Support strategies for ISP goals must be submitted at least fifteen days before the scheduled ISP meeting.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For two of seven individuals, support strategies for ISP objectives were not being implemented as agreed upon. Individuals must be supported to actualize the goals and objectives agreed upon in the ISP utilizing the support strategies developed by the agency.
L91	Incidents are reported and reviewed as mandated by regulation.	At four of seven sites, incidents were not submitted and/or finalized within the required timelines in HCSIS. The agency must ensure that all incident reports are submitted and finalized within the required timelines in HCSIS.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	36/40	4/40	
ABI-MFP Residential Services	18/20	2/20	
Residential Services	18/20	2/20	
Total	42/46	4/46	91%
Certified			

ABI-MFP Residential Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	None of the six individuals was offered the opportunity to provide feedback on the performance of the staff that support them (including at the time of hire for some). All individuals must be supported to provide feedback on the staff that support them in their everyday life, as well as at the time of hire/match.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	Individuals were not fully assessed as to their potential needs and interests in the area of intimacy and companionship. Individuals must be fully assessed and provided with assistance and education corresponding to their unique learning styles relative to intimacy and companionship.
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	Individuals were not given the opportunity to provide feedback regarding the performance of the staff that supports them. Individuals must be supported to provide feedback on the hiring and evaluation of staff that support them in their everyday life.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	Individuals were not fully assessed as to their potential needs and interests in the area of intimacy and companionship. Individuals must be fully assessed and provided with

		assistance and education corresponding to their unique learning styles relative to intimacy and companionship.
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MASTER SCORE SHEET LICENSURE

Organizational: Mentor ABI LLC, dba NeuroRestorative

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
^{FD} L2	Abuse/neglect reporting	6/7	Met(85.71 %)
L3	Immediate Action	15/15	Met
L4	Action taken	14/15	Met(93.33 %)
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	10/13	Not Met(76.92 %)
L75	Qualified staff	5/5	Met
L76	Track trainings	17/20	Met(85.00 %)
L83	HR training	20/20	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	1/1				6/6		7/7	Met
L5	Safety Plan	L	1/1				6/6		7/7	Met
Ⓟ L6	Evacuation	L	1/1				6/6		7/7	Met
L7	Fire Drills	L	1/1				6/6		7/7	Met
L8	Emergency Fact Sheets	I	1/1				4/6		5/7	Not Met (71.43%)
L9 (07/21)	Safe use of equipment	I	1/1				6/6		7/7	Met
Ⓟ L11	Required inspections	L	1/1				6/6		7/7	Met
Ⓟ L12	Smoke detectors	L	1/1				6/6		7/7	Met
Ⓟ L13	Clean location	L	1/1				6/6		7/7	Met
L14	Site in good repair	L	1/1				4/4		5/5	Met
L15	Hot water	L	1/1				6/6		7/7	Met
L16	Accessibility	L	1/1				6/6		7/7	Met
L17	Egress at grade	L	1/1				6/6		7/7	Met
L19	Bedroom location	L	1/1				6/6		7/7	Met
L20	Exit doors	L	1/1				6/6		7/7	Met
L21	Safe electrical equipment	L	1/1				6/6		7/7	Met
L22	Well-maintained appliances	L	1/1				5/6		6/7	Met (85.71%)
L23	Egress door locks	L					4/4		4/4	Met
L24	Locked door access	L	1/1				6/6		7/7	Met
L25	Dangerous substances	L	1/1				6/6		7/7	Met
L26	Walkway safety	L	1/1				6/6		7/7	Met
L28	Flammables	L	1/1				6/6		7/7	Met
L29	Rubbish/combustibles	L	1/1				6/6		7/7	Met

L30	Protective railings	L	1/1				6/6		7/7	Met
L31	Communication method	I	1/1				6/6		7/7	Met
L32	Verbal & written	I	1/1				6/6		7/7	Met
L33	Physical exam	I	1/1				6/6		7/7	Met
L34	Dental exam	I	1/1				6/6		7/7	Met
L35	Preventive screenings	I	1/1				6/6		7/7	Met
L36	Recommended tests	I	1/1				5/6		6/7	Met (85.71 %)
L37	Prompt treatment	I	1/1				6/6		7/7	Met
Ⓟ L38	Physician's orders	I	1/1				5/5		6/6	Met
L39	Dietary requirements	I					1/1		1/1	Met
L40	Nutritional food	L	1/1				6/6		7/7	Met
L41	Healthy diet	L	1/1				6/6		7/7	Met
L42	Physical activity	L	1/1				6/6		7/7	Met
L43	Health Care Record	I	1/1				4/6		5/7	Not Met (71.43 %)
L44	MAP registration	L	1/1				6/6		7/7	Met
L45	Medication storage	L	1/1				6/6		7/7	Met
Ⓟ L46	Med. Administration	I	1/1				6/6		7/7	Met
L49	Informed of human rights	I	1/1				6/6		7/7	Met
L50 (07/21)	Respectful Comm.	I	1/1				6/6		7/7	Met
L51	Possessions	I	1/1				6/6		7/7	Met
L52	Phone calls	I	1/1				6/6		7/7	Met
L53	Visitation	I	1/1				6/6		7/7	Met
L54 (07/21)	Privacy	I	1/1				6/6		7/7	Met
L55	Informed consent	I					1/1		1/1	Met
L56	Restrictive practices	I					0/2		0/2	Not Met (0 %)
L57	Written behavior plans	I					1/1		1/1	Met

L60	Data maintenance	I				1/1		1/1	Met
L61	Health protection in ISP	I	0/1			2/6		2/7	Not Met (28.57 %)
L63	Med. treatment plan form	I				3/6		3/6	Not Met (50.0 %)
L64	Med. treatment plan rev.	I				6/6		6/6	Met
L67	Money mgmt. plan	I	1/1			1/1		2/2	Met
L68	Funds expenditure	I	1/1			1/1		2/2	Met
L69	Expenditure tracking	I	0/1			1/1		1/2	Not Met (50.0 %)
L70	Charges for care calc.	I	1/1			6/6		7/7	Met
L71	Charges for care appeal	I	1/1			6/6		7/7	Met
L77	Unique needs training	I	1/1			6/6		7/7	Met
L80	Symptoms of illness	L	1/1			6/6		7/7	Met
L81	Medical emergency	L	1/1			6/6		7/7	Met
PB L82	Medication admin.	L	1/1			6/6		7/7	Met
L84	Health protect. Training	I	1/1			6/6		7/7	Met
L85	Supervision	L	1/1			6/6		7/7	Met
L86	Required assessments	I	0/1			4/4		4/5	Met (80.0 %)
L87	Support strategies	I	0/1			1/3		1/4	Not Met (25.00 %)
L88	Strategies implemented	I	1/1			4/6		5/7	Not Met (71.43 %)
L89	Complaint and resolution process	L				6/6		6/6	Met
L90	Personal space/ bedroom privacy	I	1/1			6/6		7/7	Met
L91	Incident management	L	0/1			3/6		3/7	Not Met

										(42.86 %)
L93 (05/22)	Emergency back-up plans	I	1/1				6/6		7/7	Met
L94 (05/22)	Assistive technology	I	1/1				6/6		7/7	Met
L96 (05/22)	Staff training in devices and applications	I	1/1				6/6		7/7	Met
#Std. Met/# 73 Indicator									64/73	
Total Score									70/81	
									86.42%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	1/1	Met
C2	Data analysis	1/1	Met
C3	Service satisfaction	1/1	Met
C4	Utilizes input from stakeholders	1/1	Met
C5	Measure progress	1/1	Met
C6	Future directions planning	1/1	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/1	Not Met (0 %)
C8	Family/guardian communication	1/1	Met
C9	Personal relationships	1/1	Met
C10	Social skill development	1/1	Met
C11	Get together w/family & friends	1/1	Met
C12	Intimacy	0/1	Not Met (0 %)

C13	Skills to maximize independence	1/1	Met
C14	Choices in routines & schedules	1/1	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	1/1	Met
C17	Community activities	1/1	Met
C18	Purchase personal belongings	1/1	Met
C19	Knowledgeable decisions	1/1	Met
C46	Use of generic resources	1/1	Met
C47	Transportation to/ from community	1/1	Met
C48	Neighborhood connections	1/1	Met
C49	Physical setting is consistent	1/1	Met
C51	Ongoing satisfaction with services/ supports	1/1	Met
C52	Leisure activities and free-time choices /control	1/1	Met
C53	Food/ dining choices	1/1	Met

ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/6	Not Met (0 %)
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	5/6	Met (83.33 %)
C10	Social skill development	6/6	Met
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	0/6	Not Met (0 %)
C13	Skills to maximize independence	6/6	Met
C14	Choices in routines & schedules	6/6	Met
C15	Personalize living space	6/6	Met
C16	Explore interests	6/6	Met
C17	Community activities	6/6	Met
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met
C46	Use of generic resources	6/6	Met

C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	6/6	Met
C49	Physical setting is consistent	6/6	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met
C52	Leisure activities and free-time choices /control	6/6	Met
C53	Food/ dining choices	6/6	Met