

SUMMARY OF OVERALL FINDINGS

Provider: Mentor ABI LLC, dba NeuroRestorative

Review Dates: May 27 – June 1, 2015

Service Enhancement Meeting Date: June 12, 2015

Survey Team: Michael Marchese (TL) and Scott F. Nolan

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	3 Locations 6 Audits	Full Review	69 / 78 Deferred Licensure		
Residential Services	1 Location 1 Audit			DDS Targeted Review	0 / 0 Certified
ABI-MFP Residential Services	2 Locations 5 Audits			Deemed	

Survey Scope and Findings for Planning and Quality Management					
Service Group Type	Sample Size	Scope	Licensure Level	Certification Scope	Certification Level
Planning and Quality Management	N/A	N/A	N/A	DDS Targeted Review	0/0 Certified

EXECUTIVE SUMMARY

Mentor ABI LLC, dba NeuroRestorative is a multi-state agency, providing post-acute rehabilitation services for people with traumatic and or acquired brain injuries, spinal cord injuries, and other neurological challenges. The agency began providing brain injury services in Massachusetts in 1991, offering a continuum of community-based programs ranging from post-acute inpatient care, to 24/7 supported residential, and AFC/shared living. NeuroRestorative, currently serves twenty-three individuals who receives funding by the Department of Developmental Services (DDS) living in eight 24/7 residential homes. The agency has a long history of working with individuals with neurological disabilities, and has developed extensive medical and clinical resources that support its DDS Licensed programs.

The full Licensure review by the Department of Developmental Services entailed the evaluation of NeuroRestorative's Residential and ABI-MFP Residential Services. The scope of this Licensure review encompassed a range of indicators that covered areas that either directly impacted the individuals served or which related to the agency's organizational systems, such as personal and environmental safety, human rights, goal development and achievement, healthcare coordination, and medication administration. As the agency's ABI-MFP Residential Services is CARF accredited and its DDS Residential Services met all Certification indicators in their previous survey (6/2013), review of Certification indicators were not included in this survey.

The findings of the DDS survey team revealed the following strengths. The agency had systems in place to support the recruitment and retention of a competent workforce and knowledge-based, professional development in the area of traumatic and acquired brain injury. For example, staff is able to access the parent organization's "Mentor University" for a comprehensive list of training topics related to brain injury and other neurological disorders. Individuals' homes were found to be accessible, clean, and in good repair.

The agency had systems in place for the effective coordination of healthcare supports and continuum of care. This was evidenced by the timely provision of medical services to the individuals surveyed, including routine preventative care, follow-up specialty and diagnostic appointments, and acute medical services. Also, staff exhibited knowledge of individuals' health-care needs, and actively supported their access of community-based medical, clinical, and therapeutic services.

The survey team identified a number of areas where the agency's supports needed to be strengthened. For example, two of the homes surveyed had Emergency Evacuation Safety Plans that either needed updating or staff needed additional training. The agency should review its environmental safeguard systems going forward so as to ensure that Safety Plans are accurate, current, and that staff are familiar with them. Another environmental safety issue was identified at a home which had a smoke and carbon monoxide detection system that was not operational. The agency should review their monthly safety checks to ensure that they are comprehensive and effective in detecting any safety related issues within the homes.

The agency recently reorganized its Human Rights Committee (HRC). The committee meets composition requirements and initiated a process to review investigations, incidents, and other matters relevant to the committee. Efforts are needed to strengthen the effectiveness of the committee in fulfilling its roles and responsibilities. These include: providing education and training to the committee, ensuring information and updates are given to the committee regarding investigations, individuals under risk management, and incident reports, in addition HRC minutes need to include committee discussion and follow-up from the agency on the status or question by the committee to issues raised. The agency is encouraged to contact the regional Human Rights Specialist for assistance.

The agency implemented Risk Management Plans and practices for three out of five individuals participating in the survey who posed a potential risk to themselves or others. While the agency plans were updated by the Program Director and reviewed with staff, the specific instructions for intervention and staff supervision requirements were not consistently implemented or effective in mitigating the risks posed by one of the individuals. In addition, staff was conducting room searches to mitigate the potential risk posed by this individual's behavior without a plan or required review by the Human Rights Committee.

In the area of goal development and achievement, particular attention should focus on more effective monitoring of individuals' progress towards attainment of their goals, and developing implementation strategies that are consistent with the goals identified in their ISP. To that result, the agency should ensure that sufficient data and corresponding documentation of efforts to implemented support strategies is collected, and that information is used to evaluate progress towards those identified ISP goals.

As a result of the Licensure review, Mentor ABI LLC, dba NeuroRestorative's Residential Services met 69 of 78 Licensing indicators, but did receive a 'Not Met' score for one critical indicator. Based on the findings of this report, the agency's Residential License has been 'Deferred,' pending correction of the one critical indicator. Follow-up will be conducted in 60 days, and if resolved, the agency will be issued a Two-Year License with Mid-cycle Review in one year. In addition to follow-up on the one critical indicator, a review of all 'Not Met' Licensing indicators will also be part of the 60-day review.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Residential and Individual Home Supports	62/70	8/70	
Residential Services ABI-MFP Residential Services			
Critical Indicators	7/8	1/8	
Total	69/78	9/78	88%
Deferred Licensure			
# Indicators for 60 Day Follow-up		9	

Organizational Area Needing Improvement on Standard Not Met/Follow-up to Occur:

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	<p>The agency's Human Rights Committee (HRC) met twice during the past year. Discussion with the HR Coordinator revealed that the agency needs additional support to fulfill the role and responsibilities of an effective Human Rights Committee in accordance with DDS requirements.</p> <p>The issues that need to be address include:</p> <ul style="list-style-type: none"> - the committee needs to meet quarterly; - the Vice-Chairperson and voting member is an employee of the agency, therefore cannot serve in the dual role of HR Officer and Vice-Chairperson; - members need to be provided Human Rights Committee training; - the committee needs to be provided information regarding trends and patterns for all HCSIS reports, updates on DPPC investigations including action plans, and status of individuals under risk management; - meeting minutes should reflect practices and compliance with regulatory requirements including discussion and review of agency policies which potentially impact individual rights, results of site visits, incidents and follow-up towards resolution of identified issues.

Residential Areas Needing Improvement on Standards Not Met/Follow-up to Occur:

Indicator #	Indicator	Area Needing Improvement
L5	There is an approved Safety Plan in home and work locations.	At two locations, issues were identified regarding the accuracy and implementation of the Safety Plan. At one home, a fifth person living in the home was not included in the plan, and at another home, staff was not aware of the evacuation procedures. The agency needs to ensure that Safety Plans are accurate and staff is fully knowledgeable of their responsibilities in the event of an emergency.


Residential Areas Needing Improvement on Standards Not Met/Follow-up to Occur, cont.

Indicator #	Indicator	Area Needing Improvement
L10	The provider implements interventions to reduce risk for individuals whose behaviors may pose a risk to themselves or others.	Risk plans in place for two people were being implemented as written. For one person, the agency developed a Risk Management Plan and reviewed it with staff. Incidents demonstrated that the plan was not consistently implemented as written or effective in reducing the risk posed to the individual. The agency needs to review interventions designed to reduce risk for individuals to ensure that these can be implemented, assess effectiveness. Additionally, monitoring and guidance needs to be provided to staff to promote successful and consistent implementation.
L12	Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.	At one location, the interconnected smoke/carbon monoxide detection system did not activate each level when tested. The agency needs to ensure that the fire alarm system is fully operational.
L27	If applicable, swimming pools and other bodies of water are safe and secure according to policy.	At one home, the pool was not adequately safeguarded. At another location, where there is a community pool, water safety assessments had not been completed for the two individuals living there. The agency needs to ensure that the strategies outlined in the DDS pool policy are fully implemented.
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.	The use of a restrictive intervention, room searches, was used for one person without a written rationale. A plan needs to be written to address this restrictive practice that includes all required elements.
L63	Medication Treatment Plans are in written format with required components.	<p>The four Medication Treatment Plans (MTP) reviewed did not include procedures to minimize the risks of the medications, as well as behavioral/clinical indicators for reducing or eliminating the need for the medications identified in the plans. One of the plans did not include a behavior-modifying medication prescribed for that person.</p> <p>The agency needs to ensure that the Medication Treatment plans are accurate and contain all of the required components.</p>

Residential Areas Needing Improvement on Standards Not Met/Follow-up to Occur, cont.

Indicator #	Indicator	Area Needing Improvement
L64	Medication Treatment Plans are reviewed by the required groups.	The four Medication Treatment Plans (MTP) evaluated had not been reviewed by individuals' ISP team. The agency needs to ensure that the Medication Treatment Plans are reviewed by all required entities.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For five of the six individuals that participated in the survey, documentation identified services that were inconsistent with and or inconsistent implementation of support strategies. The agency needs to assist individuals to meet their goals by implementing the support strategies consistent those identified and agreed upon in their ISP.



MASTER SCORE SHEET LICENSURE**Organizational:**

Indicator #	Indicator	Met/Rated	Rating (Met, Not Met, Not Rated)
 L2	Abuse/Neglect reporting	7/7	Met
L3	Immediate Action	6/6	Met
L4	Action taken	6/6	Met
L48	Human Rights Committee	0/1	Not Met (0%)
L74	Screen employees	4/4	Met
L75	Qualified staff	3/3	Met
L76	Track trainings	11/11	Met
L83	Human Rights Training	11/11	Met


Residential and Individual Home Supports:

Ind. #	Indicator	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place-ment	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place-ment	Total Met/Rated	Rating
L1	Abuse/Neglect training	I	1/1				5/5		6/6	Met
L5	Safety Plan	L	1/1				0/2		1/3	Not Met (33.33%)
☞ L6	Evacuation	L	1/1				2/2		3/3	Met
L7	Fire Drills	L	1/1				2/2		3/3	Met
L8	Emergency Fact Sheets	I	1/1				5/5		6/6	Met
L9	Safe use of equipment	L	1/1				2/2		3/3	Met
L10	Reduce risk interventions	I					2/3		2/3	Not Met (66.67%)
☞ L11	Required inspections	L	1/1				2/2		3/3	Met
☞ L12	Smoke detectors	L	1/1				1/2		2/3	Not Met (66.67%)
☞ L13	Clean location	L	1/1				2/2		3/3	Met
L14	Site in good repair	L	1/1				2/2		3/3	Met
L15	Hot water	L	1/1				2/2		3/3	Met
L16	Accessibility	L	1/1				2/2		3/3	Met
L17	Egress at grade	L	1/1				2/2		3/3	Met
L18	Above grade egress	L					2/2		2/2	Met
L19	Bedroom location	L	1/1				2/2		3/3	Met
L20	Exit doors	L	1/1				2/2		3/3	Met
L21	Safe electrical equipment	L	1/1				2/2		3/3	Met
L22	Clean appliances	L	1/1				2/2		3/3	Met
L23	Egress door locks	L	1/1				2/2		3/3	Met
L24	Locked door access	L	1/1				2/2		3/3	Met
L25	Dangerous substances	L	1/1				2/2		3/3	Met
L26	Walkway safety	L	1/1				2/2		3/3	Met
L27	Pools, hot tubs, etc.	L	0/1				0/1		0/2	Not Met (0%)
L28	Flammables	L	1/1				2/2		3/3	Met
L29	Rubbish/Combustibles	L	1/1				2/2		3/3	Met
L30	Protective railings	L	1/1				2/2		3/3	Met
L31	Communication method	I	1/1				5/5		6/6	Met
L32	Verbal & written	I	1/1				5/5		6/6	Met
L33	Physical exam	I	1/1				5/5		6/6	Met

Residential and Individual Home Supports, cont.

Ind. #	Indicator	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place-ment	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place-ment	Total Met/Rated	Rating
L34	Dental exam	I	1/1				5/5		6/6	Met
L35	Preventive screenings	I	1/1				5/5		6/6	Met
L36	Recommended tests	I	1/1				5/5		6/6	Met
L37	Prompt treatment	I	1/1				5/5		6/6	Met
 L38	Physician's orders	I	1/1				2/2		3/3	Met
L40	Nutritional food	L	1/1				2/2		3/3	Met
L41	Healthy diet	L	1/1				2/2		3/3	Met
L42	Physical activity	L	1/1				2/2		3/3	Met
L43	Health Care Record	I	1/1				5/5		6/6	Met
L44	MAP registration	L	1/1				2/2		3/3	Met
L45	Medication storage	L	1/1				2/2		3/3	Met
 L46	Medication administration	I	1/1				5/5		6/6	Met
L47	Self-medication	I	1/1				5/5		6/6	Met
L49	Informed of human rights	I	1/1				5/5		6/6	Met
L50	Respectful communica- tion	L	1/1				2/2		3/3	Met
L51	Possessions	I	1/1				5/5		6/6	Met
L52	Phone calls	I	1/1				5/5		6/6	Met
L53	Visitation	I	1/1				5/5		6/6	Met
L54	Privacy	L	1/1				2/2		3/3	Met
L55	Informed consent	I					3/3		3/3	Met
L56	Restrictive practices	I					0/1		0/1	Not Met (0%)
L61	Health protection in ISP	I	1/1				1/1		2/2	Met
L62	Health protection review	I	1/1				1/1		2/2	Met
L63	Medication Treatment Plan form	I					0/4		0/4	Not Met (0%)
L64	Medication Treatment Plan review	I					0/4		0/4	Not Met (0%)
L67	Money Management Plan	I	1/1				3/3		4/4	Met
L68	Funds expenditure	I	1/1				3/3		4/4	Met
L69	Expenditure tracking	I	1/1				2/2		3/3	Met
L70	Charges for care calc.	I	1/1				5/5		6/6	Met
L71	Charges for care appeal	I	1/1				5/5		6/6	Met

Residential and Individual Home Supports, cont.

Ind. #	Indicator	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place-ment	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place-ment	Total Met/Rated	Rating
L77	Unique needs training	I	1/1				5/5		6/6	Met
L80	Symptoms of illness	L	1/1				1/1		2/2	Met
L81	Medical emergency	L	1/1				2/2		3/3	Met
 L82	Medication administration	L	1/1				2/2		3/3	Met
L84	Health protection training	I	1/1				1/1		2/2	Met
L85	Supervision	L	1/1				2/2		3/3	Met
L86	Required assessments	I	1/1				5/5		6/6	Met
L87	Support strategies	I	1/1				5/5		6/6	Met
L88	Strategies implemented	I	1/1				0/5		1/6	Not Met (16.67%)
L89	Complaint and resolution process	L					2/2		2/2	Met
# Std. Met/ 70 Indicators									62/70	
Total Score									69/78	
									88.46%	