Provider	M.O. Life, Inc.		Provider Address 43	Daniel Street, Fairha	aven
Survey Team	Boyd,Michelle;		Date(s) of Review 20-	MAR-23 to 22-MAR	-23
Mid-Cycle So	ope and results :				
Service Groupi	ng 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 Hom Supports		15/17	区 Eligible for new business	2 Year License with Mid-Cycle Review 65/67 (97.01%)	区 Eligible for New Business (80% or more std. met; no critical std. not met)
3 Locations 4 Audits			☐ Ineligible for new business		☐ Ineligible for New Business (<=80% std met and/or more critical std. not met)

Mid-Cycle Review Final Report

Summary of Ratings

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

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Indicator #	L5	
Indicator	Safety Plan	
Area Need Improvement	For one location, the safety plan did not identify strategies to ensure the individual could exit safely in case of an emergency. The agency needs to ensure that the strategies in place reflect the individuals capabilities and are included in the safety plans.	
Status at mid-cycle	Safety plans were in place for each location with strategies that reflect the individuals capabilities.	
#met /# rated at mid-cycle	3/3	
Rating	MET	

Indicator #	L7
Indicator	Fire Drills
Area Need Improvement	Fire drills were not conducted at the staffing ratio noted in the safety plan. They agency needs to ensure that fire drill are conducted as outlined in the safety plan.
Status at mid-cycle	Fire drills were conducted at the staffing ratio noted in the safety.
#met /# rated at mid-cycle	1/1
Rating	MET

Indicator #	L8

Indicator	Emergency Fact Sheets
	For two individuals the emergency fact sheet (EFS) did not list all relevant diagnoses and allergies. The agency needs to ensure that all allergies and diagnoses are listed on the EFS.
	For one individual, the emergency fact sheet (EFS) did not include all diagnoses. The agency needs to ensure all diagnoses are listed on the EFS.
#met /# rated at mid-cycle	3/4
Rating	MET

Indicator #	L20
Indicator	Exit doors
	At one location the 2 egresses doorknobs could not be turned when the knob was locked. The agency needs to ensure that all doors that lead to a means of egress are easily operable (Corrected).
Status at mid-cycle	Exit doors are easily operable from the inside without the use of a key.
#met /# rated at mid-cycle	1/1
Rating	MET

Indicator #	L35
Indicator	Preventive screenings
	For one individual some preventative screenings had not occurred. The agency needs to ensure that preventative screenings are occurring based on the DDS Adult Screening Recommendations.
	One of the two individuals had not received all of their preventive screenings. The agency needs to ensure that preventative screenings are occurring based on the DDS Adult Screening Recommendations.

#met /# rated at mid-cycle	3/4
Rating	MET

Indicator #	L36
Indicator	Recommended tests
Area Need Improvement	For two individuals recommended tests did not occur. The agency needs to ensure that all recommended tests and treatments are completed as requested.
Status at mid-cycle	Recommended tests and appointments with specialists are made and completed as required.
#met /# rated at mid-cycle	4/4
Rating	MET

Indicator #	L38
Indicator	Physician's orders
Area Need Improvement	A healthcare management plan was not in place for an individual with a significant medical condition. The agency needs to ensure that when an individual has a significant medical condition that a healthcare management plan is in place to guide staff on how to monitor and support the individual.
Status at mid-cycle	Healthcare management plans were in place with the required components and staff training.
#met /# rated at mid-cycle	1/1
Rating	MET

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Indicator #	IL47	

Indicator	Self medication
	For two individuals, support plans for self-medicating were not in place and physician's orders for medications were not present. The agency needs to ensure that individuals that are self-medicating meet all criteria to do so, that support plans are in place, and current physician's orders are present for all medications.
	Self-medication assessments had not received approval from the individuals for the individual to administer their medications. Corrected
#met /# rated at mid-cycle	0/3
Rating	NOT MET

Indicator #	L61		
Indicator	Health protection in ISP		
	For one individual the health care provider has not authorized the use of a health related supportive device. The agency needs to ensure that health related supportive and protective devices are authorized by a healthcare provider		
	Health related supportive device was in place and had been authorized by the healthcare provider.		
#met /# rated at mid-cycle	1/1		
Rating	MET		

Indicator #	L63	
Indicator	Med. treatment plan form	

	For one individual that takes behavior modifying medications, a medication treatment plan (MTP) was not present. The agency needs to ensure that MTPs are in place when an individual takes behavior modifying medications For two individuals taking behavior modifying medications, the medication treatment plan (MTP) was present with the required components.	
Status at mid-cycle		
#met /# rated at mid-cycle	2/2	
Rating	MET	

Indicator #	L64	
Indicator	Med. treatment plan rev.	
	For two individuals, the MTP was not included in the ISP. The agency needs to ensure that MTPs are included in the ISP.	
	For one of the two individuals, their MTP was not included in the ISP. The agency needs to ensure the MTP is included in the ISP.	
#met /# rated at mid-cycle	1/2	
Rating	NOT MET	

Indicator #	L67
Indicator	Money mgmt. plan
	For two individuals for whom the agency had shared and delegated responsibility of their funds there were no money management plans in place. The agency needs to ensure that money management plans are in place when there is shared or delegated responsibilities for funds. The plans need to outline their responsibilities, how funds are secured, and how much money the individuals can independently manage

	Money management plans were in place for individuals for whom the agency had shared and delegated responsibility of their funds.	
#met /# rated at mid-cycle	2/2	
Rating	MET	

Indicator #	L68	
Indicator	Funds expenditure	
	Receipts were not present and there was no system in place to ensure individuals received funds given directly to them. The agency needs to ensure that all funds are used to benefit the individual directly.	
Status at mid-cycle	Receipts were present and there is a system in place to ensure individuals receive funds given directly to them.	
#met /# rated at mid-cycle	2/2	
Rating	MET	

Indicator #	L69
Indicator	Expenditure tracking
	Individuals expenditures were not fully documented or tracked and the agency supporting individuals were not aware of individual account specifics so that they can assist the individual in tracking purchases. Bank statements were not available for individuals who had community bank accounts. The agency needs to ensure that there is a system that shows when individuals directly receive their own funds. Bank statements must be available.
	Individuals expenditures were documented and tracked. Bank statements were aware for individuals who had community bank accounts.
#met /# rated at mid-cycle	2/2

Rating	MET	
Indicator #	L84	
Indicator	Health protect. Training	
Area Need Improvement	For one individual, staff were not trained in the use of their health related protective equipment. The agency needs to ensure that staff are trained in the proper use and cleaning of all health related supportive and protective equipment.	
Status at mid-cycle	For one individual, staff were trained in the use of their health related protective equipment.	
#met /# rated at mid-cycle	1/1	
Rating	MET	
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Indicator #	L85	
Indicator	Supervision	
Area Need Improvement At one location there was no system to ensure a continuity when key roles are vacant. The agency needs to ensure the place that provide adequate oversight.		
Status at mid-cycle	At three locations, there is a system of supervision to ensure proper oversight is provided.	
#met /# rated at mid-cycle	3/3	
Rating	MET	
Indicator #	L86	
Indicator	Required assessments	
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	For one of two individuals, the ISP assessments were not submitted within required timelines. The agency needs to ensure that ISP assessments are submitted within required timelines. ISP assessments were submitted within the required timelines.	
Status at mid-cycle		
#met /# rated at mid-cycle	2/2	
Rating	MET	

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

Indicator	Service Type	Location	Individual	Issue
L8	Residential Services	124 ALVA ST. New Bedford MA 02740	BG	The emergency fact does not include his diagnosis of Autism.
L35	Residential Services	124 ALVA ST. New Bedford MA 02740	BG	BG has not had a PSA or prostate exam.
L47	Residential Services	124 ALVA ST. New Bedford MA 02740	BG	A self medication assessment was completed. The assessment was signed by BG's physician 3/20/23.
L47	Individual Home Supports	30 McGann Terrace Fairhaven MA 02719	KS	A self medication assessment was completed on 3/1/23 and signed by KS' physician on 3/20/23.
L47	Individual Home Supports	32 FREMONT STREET S. DARTMOUTH MA 02748	СМ	A self medication assessment was completed 3/1/23 and was signed by CM's physician 3/20/23.
L64	Residential Services	124 ALVA ST. New Bedford MA 02740	JC	JC's Medication Treatment Plan (MTP) has not been included in the ISP. A modification was requested 3/8/23 and an email to the service coordinator was sent 3/18/23 to include the MTP in the ISP.
L86	Residential Services	124 ALVA ST. New Bedford MA 02740	BG	Assessment requests were due 09/26/2022 and were requested on 10/07/2022. Assessments were due 10/11/2022 and were submitted 01/05/2023.

L86	124 ALVA ST. New Bedford MA 02740	Assessments requests were due 10/09/2022 and were requested 10/14/2022.
	WA 02740	Assessments were due 10/24/2022 and were submitted 01/05/2023.