



**PROVIDER REPORT
FOR**

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

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 8/5/2019 - 8/8/2019

Service Enhancement Meeting Date 8/21/2019

Survey Team Michael Marchese
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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	5 location(s) 7 audit (s)	Targeted Review	DDS 9 / 14 Provider 70 / 70 79 / 84 Defer Licensure		DDS 6 / 12 Provider 38 / 38 44 / 50 Certified
Residential Services	1 location(s) 1 audit (s)			DDS Targeted Review	19 / 22
ABI-MFP Residential Services	4 location(s) 6 audit (s)			DDS Targeted Review	19 / 22
Planning and Quality Management				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

Mentor ABI LLC, dba NeuroRestorative is a multi-state agency that provides post-acute residential services to individuals with traumatic and/or acquired brain injuries, developmental disabilities, spinal cord, medically complex injuries and other neurological challenges. NeuroRestorative has been in operations since 1977; and has been providing neurological rehabilitation and support services in Massachusetts for thirty years. The agency's residential services include 24/7 homes and placement (shared living) homes to individuals with ABI and with ID.

For this licensing and certification survey, the agency conducted a self-assessment of all licensure and certification indicators, with the Department of Developmental Services Office of Quality Enhancement conducting a targeted review for its Residential Services and ABI-MFP Residential Services. This targeted review included critical indicators and indicators that were not-met from the last licensing and certification survey. This result of the licensing and certification review reflects a combination of the Department of Developmental Services targeted review and the ratings from the agency's self-assessment.

The review of the agency's 24/7 residential home supports Services identified a number of positive practices, for indicators related to licensing. Homes visited were found to be clean, required annual inspections were conducted, and individuals were assisted to evacuate during fire drills in under 2.5 minutes. A notable strength of the agency is its commitment to the healthcare of individuals; medications were administered properly and medical oversight systems were in place. Furthermore, when necessary, physician orders and treatment protocols were found to be in place and staff was trained accordingly.

In the certification areas, positive outcomes were observed; individuals were supported to explore their interests for community involvement and to engage in activities of their choice; people also had on-going access the community for exploration. Individuals' receiving ABI-MFP residential services were supported to use assistive technologies and modifications to maximize their independence within their home and the community.

The survey revealed areas where the agency needs to concentrate their efforts in order to meet requirements. Allegations of and suspected abuse and neglect need to be reported to DPPC as mandated by regulations., There were a few Human Rights Committee areas that could benefit from further attention such as the review of the agency's policies and procedures that potentially impact the rights of individuals and, ensuring that information is given to and are reviewed by the committee members regarding investigations.

In the area of licensure, emergency fact sheets must contain all pertinent information such as emergency contacts and medical diagnosis. In the area of certification, support opportunities must be given to individuals to provide feedback on staff at time of hire and on performance on an ongoing basis; and, this information must be shared with staff for training purposes. Additionally, the agency needs to assess individuals to identify their preferences for intimacy and companionship, and support them in this area. Finally, greater efforts are needed to support individuals to connect with their neighbors and their neighborhood, by participation in neighborhood and local community activities, events and organizations.

Based on the findings of the survey, the agency received an overall 94% for licensing indicators. Due to one not met critical indicator for the reporting of allegations of abuse /neglect, the agency will be in deferred licensure status, and will receive a 60 follow-up review conducted by the DDS OQE team. If follow-up demonstrates correction of the critical indicator, the agency will receive a Two Year License with Mid-cycle Review for Residential Home Supports. 60 day follow-up will also include a review of all not met licensure indicators. The agency is certified with 88% for Residential / Individual Home Supports service grouping.

Description of Self Assessment Process:

NeuroRestorative is committed to provide effective rehabilitation services to our persons served. A quality improvement system has been established to assess and improve the quality of organizational performance, evaluate compliance with internal standards and external regulations, ensure accountability to the people served, and to promote the integrity of program operations. Within each program, issues regarded as potentially high risk are considered priority. Standards exist for core areas including, clinical areas, facility based operations, physical plant, infection control, and medical services.

The NeuroRestorative Regional Executive Director gathers information from encompassing facets of the facility to develop an annual Strategic Plan which supplements the Quality Improvement System for the upcoming year. This plan considers business, clinical, outcome, employee and physical plant information in delineating strengths, weaknesses, opportunities and threats associated with program operations and proposals for new areas of program development.

A quarterly and annual review of outcomes is provided within each program of NeuroRestorative and includes the treating team, operations, quality improvement, and the analytics team. Four key areas reviewed include: effectiveness, efficiency, service access, and satisfaction.

A comprehensive audit of each program was conducted for the purpose of current status of licensure indicators. A total of 15 programs were audited. During each audit, 100% of all participant charts were reviewed, and an environmental survey was completed. The members in attendance included: Quality Improvement Specialist (QIS), Program Director, Program Manager, Residential Supervisor, and Program Nurse. A toolkit composed of all indicators, including the new and enhanced indicator criteria was created and utilized. Indicators that were not met received a deficiency statement, listed the person responsible for corrective action and a target date for completion. The completed toolkit was shared with the Director of Health Services, Quality Improvement Director, State Director, and Executive Director. The QIS then conducted a follow up visit to each program to ensure any deficiency was resolved.

Safety of our participants served is a priority. All reports of potential abuse and neglect are addressed immediately with a plan of action and resolution. Incidents involving individuals served are reported within the timeframes set forth in our Incident Management Protocol and DDS HCSIS guidelines. Incidents are managed to minimize the impact of the incident on the individual and/or others involved in the incident. Portability profiles, safety plans and risk plans are updated annually and as needed to accommodate for any status change. An anonymous survey is conducted annually which provides data and input regarding treatment, staff, and environment.

Monthly environmental, vehicle, and first aid kit inspections are completed for all programs. The environmental inspection addresses overall cleanliness, fire extinguishers, smoke and carbon monoxide detectors, egresses, doorways, flooring, rubbish, chemicals and cleaning supplies, emergency supplies, water temperatures, food safety, functionality of appliances and electrical equipment, flammables, and household adaptive equipment such as scales, hoist lifts, hospital beds, wheelchairs, etc. The residential supervisor schedules the inspections/drills and reviews all completed documentation.

Maintenance is available on a routine and as needed basis. The maintenance department coordinates all annual inspections with professional external contractors. All durable medical equipment is inspected annually by a professional external company.

NeuroRestorative has established one Human Rights Committee across three DDS regions. The Human Rights Committee is comprised of all obligatory members and meets quarterly. The committee reviews major incident reports, behavior plans, medication treatment plans, health related protection plans, financial management plans, and restrictive intervention plans. NeuroRestorative is a restraint free facility.

On an annual basis, participants, guardians, and staff receive training on human rights, abuse prevention/DPPC, visitor policy and grievance procedures.

An individual's control of personal funds is encouraged in all operations. Individuals are supported to maximize their ability to be independent in the management of their money. Procedures are in place in all programs to ensure accountability and to protect individuals receiving services from financial exploitation. NeuroRestorative provides nursing supports across all programs. The nursing team completes ongoing medical assessments and screenings, assists in scheduling medical appointments, maintains the medical record, and provides ongoing support and medical training to participants and staff. NeuroRestorative is dedicated to ensuring safe medication practices for our participants. Within 6 months of employment, newly

hired staff must obtain Medication Administration Program (MAP) certification. NeuroRestorative has implemented and abides by a strict medication error policy.

NeuroRestorative Programs solicits input from each participant served regarding his or her program and encourages participants, their families, and other constituencies to provide feedback to the program on various aspects of the provision of services.

The Individual Daily Activity Plan (IDAP) has been developed by the individual's residential team and completed daily for each person served. The IDAP provides an ongoing assessment of each individual's progress during the 24 hour day and focuses the consistent efforts of all staff on critical residential objectives. In November 2018, an individual goal tracker was implemented on the IDAP. Since the implementation, there has been an evident increase in documentation. Progress of goals is reflected in the monthly progress note as well as the monthly QI report as part of our annual Continue Quality Improvement (CQI) plan.

Employment opportunities are posted on websites such as Indeed and LinkedIn. Potential new employees apply to postings electronically. The submitted applications are screened and disbursed to residential supervisors for review. All candidates being considered for employment with NeuroRestorative must successfully complete all eligibility requirements through specific state agencies, national and local criminal background checks. New staff must attend an orientation within 30 days of employment. New employees receive trainings that are not only program specific, but include topics in human rights and nursing. The human resources department tracks and maintains all mandatory trainings utilizing an internal tracking system. Within the programs, staff receives ongoing training and supervision for the purposes of maintaining the health and safety of our participants and employees as well as providing support within the workplace.

The goal of an individual's rehabilitation is his/her return, as much as possible, to life in the community with all its benefits and rewards. The freedom which community life gives carries responsibilities and risks including those related to sexual behavior. NeuroRestorative programs recognize that individuals may have the desire to engage in sexual activity while in our programs therefore making it part of the therapeutic milieu.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	6/8	2/8	
Residential and Individual Home Supports	73/76	3/76	
Residential Services ABI-MFP Residential Services			
Critical Indicators	7/8	1/8	
Total	79/84	5/84	94%
Defer Licensure			
# indicators for 60 Day Follow-up		5	

**Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:
From DDS review:**

Indicator #	Indicator	Area Needing Improvement
Ⓟ L2	Allegations of abuse/neglect are reported as mandated by regulation.	Two incident reports contained information that rose to the level of reportable events; one incident involved an agency staff who was observed taunting an individual with cigarettes and laughing as the individual was getting upset. Another incident involved an individuals' whose wheelchair tipped backwards and the individual reported right shoulder and hip pain and bumped the back of her heads. The incidents should have been reported to the DPPC as allegations/complaints of abuse/neglect but were not.
L48	The agency has an effective Human Rights Committee.	The Human Rights Committee was not sufficiently addressing all its mandated responsibilities, including the review of DPPC complaints, investigations, and follow-up actions. Members had also only visited five of 15 locations where services are provided; and, if the agency decides to continue with a multi-regional Committee, it needs to strengthen its mandated reviews, and knowledge of all locations.

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:
From DDS review:**

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	Four of seven Emergency Fact Sheets were missing pertinent information such as allergies, emergency contacts and medical diagnosis. The agency needs to ensure that emergency fact sheets are current, accurate and contain all required information.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For two individuals, ISP goals developed were not being fully implemented as described in the individuals' support strategies. The agency needs to ensure that support strategies agreed upon in the individual's ISP are being implemented consistently.
L91	Incidents are reported and reviewed as mandated by regulation.	At two of the five locations, incidents were not submitted within mandated timelines. The agency needs to ensure that incidents are reported and finalized as mandated by regulations.

CERTIFICATION FINDINGS

	Reviewed by	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 0/0 Provider 6/6	6/6	0/6	
Residential and Individual Home Supports	DDS 6/12 Provider 32/32	38/44	6/44	
ABI-MFP Placement Services	DDS 0/0 Provider 0/0	0/0	0/0	
ABI-MFP Residential Services	DDS 4/7 Provider 15/15	19/22	3/22	
Residential Services	DDS 2/5 Provider 17/17	19/22	3/22	
Total		44/50	6/50	88%
Certified				

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

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.	For the six individuals, there were no opportunities offered to provide feedback at the time of hire of new staff, or on an ongoing basis on the performance of staff. The agency needs to ensure that individuals have opportunities to provide feedback at the time of hire and on an ongoing basis on the performance of staff that support them.

C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For five out of the six individuals, the agency had not formally or informally assessed individuals' need for intimacy and companionship in line with their unique learning styles. Additionally, there was no education provided to staff to support individuals in the area of sexuality and intimacy. The agency needs to ensure that individual's preferences for sexuality and companionship are assessed, and that they are supported to explore, define and express their needs for in this area.
C48	Individuals are a part of the neighborhood.	For five out of the six individuals, connections with neighbors and the neighborhood had not been fully supported. The agency needs to ensure that individuals are supported to be part of their neighborhood through participation and socialization.

Residential Services- Areas Needing Improvement on Standards not met From DDS Review:

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.	The individual was not afforded the opportunity to provide feedback at the time of hire of new staff and on an ongoing basis the performance of staff that support him. The agency needs to ensure that individuals have opportunities to provide feedback at the time of hire and on an ongoing basis of the performance of staff that support them.
C12	Individuals are supported to explore, define, and express their need for intimacy and	Education had not been provided to staff to support individuals in the areas of

	companionship.	sexuality and intimacy. Additionally the agency had not formally or informally assessed individual's needs for intimacy and companionship in line with their unique learning styles. The agency needs to ensure that individuals are supported to explore, define and express their need for intimacy and companionship.
C54	Individuals have the assistive technology and/or modifications to maximize independence.	The individual had not been assessed to determine his needs for assistive technologies that may be of benefit, and/or modifications to maximize his independence. The agency needs to ensure that individuals are assessed to determine whether they would benefit from any assistive devices to maximize their independence at home and in the community.

MASTER SCORE SHEET LICENSURE

Organizational: Mentor ABI LLC, dba NeuroRestorative

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
☞ L2	Abuse/neglect reporting	DDS	4/6	Not Met(66.67 %)
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	DDS	0/1	Not Met(0 %)
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Met
L83	HR training	Provider	-	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider	-						-	Met
L5	Safety Plan	L	Provider	-						-	Met
☞ L6	Evacuation	L	DDS	1/1				4/4		5/5	Met
L7	Fire Drills	L	Provider	-						-	Met
L8	Emergency Fact Sheets	I	DDS	1/1				2/6		3/7	Not Met (42.86 %)
L9	Safe use of equipment	L	Provider	-						-	Met
L10	Reduce risk interventions	I	Provider	-						-	Met
☞ L11	Required inspections	L	DDS	1/1				4/4		5/5	Met
☞ L12	Smoke detectors	L	DDS	1/1				4/4		5/5	Met
☞ L13	Clean location	L	DDS	1/1				4/4		5/5	Met
L14	Site in good repair	L	Provider	-						-	Met
L15	Hot water	L	Provider	-						-	Met
L16	Accessibility	L	Provider	-						-	Met

L17	Egress at grade	L	Provider	-						-	Met
L18	Above grade egress	L	Provider	-						-	Met
L19	Bedroom location	L	Provider	-						-	Met
L20	Exit doors	L	Provider	-						-	Met
L21	Safe electrical equipment	L	Provider	-						-	Met
L22	Well-maintained appliances	L	Provider	-						-	Met
L23	Egress door locks	L	Provider	-						-	Met
L24	Locked door access	L	Provider	-						-	Met
L25	Dangerous substances	L	Provider	-						-	Met
L26	Walkway safety	L	Provider	-						-	Met
L28	Flammables	L	Provider	-						-	Met
L29	Rubbish/combustibles	L	Provider	-						-	Met
L30	Protective railings	L	Provider	-						-	Met
L31	Communication method	I	Provider	-						-	Met
L32	Verbal & written	I	Provider	-						-	Met
L33	Physical exam	I	Provider	-						-	Met
L34	Dental exam	I	Provider	-						-	Met
L35	Preventive screenings	I	Provider	-						-	Met
L36	Recommended tests	I	Provider	-						-	Met
L37	Prompt treatment	I	Provider	-						-	Met
Ⓜ L38	Physician's orders	I	DDS	1/1				5/5		6/6	Met
L39	Dietary requirements	I	Provider	-						-	Met
L40	Nutritional food	L	Provider	-						-	Met
L41	Healthy diet	L	Provider	-						-	Met
L42	Physical activity	L	Provider	-						-	Met
L43	Health Care Record	I	Provider	-						-	Met
L44	MAP registration	L	Provider	-						-	Met
L45	Medication storage	L	Provider	-						-	Met
Ⓜ L46	Med. Administration	I	DDS	1/1				6/6		7/7	Met
L47	Self medication	I	Provider	-						-	Met

L49	Informed of human rights	I	Provider	-						-	Met
L50	Respectful Comm.	L	Provider	-						-	Met
L51	Possessions	I	Provider	-						-	Met
L52	Phone calls	I	Provider	-						-	Met
L53	Visitation	I	Provider	-						-	Met
L54	Privacy	L	Provider	-						-	Met
L56	Restrictive practices	I	Provider	-						-	Met
L57	Written behavior plans	I	Provider	-						-	Met
L58	Behavior plan component	I	Provider	-						-	Met
L59	Behavior plan review	I	Provider	-						-	Met
L60	Data maintenance	I	Provider	-						-	Met
L61	Health protection in ISP	I	Provider	-						-	Met
L62	Health protection review	I	Provider	-						-	Met
L63	Med. treatment plan form	I	Provider	-						-	Met
L64	Med. treatment plan rev.	I	Provider	-						-	Met
L67	Money mgmt. plan	I	DDS	1/1				6/6		7/7	Met
L68	Funds expenditure	I	Provider	-						-	Met
L69	Expenditure tracking	I	Provider	-						-	Met
L70	Charges for care calc.	I	Provider	-						-	Met
L71	Charges for care appeal	I	Provider	-						-	Met
L77	Unique needs training	I	Provider	-						-	Met
L78	Restrictive Int. Training	L	Provider	-						-	Met
L80	Symptoms of illness	L	Provider	-						-	Met
L81	Medical emergency	L	Provider	-						-	Met
Ⓟ L82	Medication admin.	L	DDS	1/1				4/4		5/5	Met
L84	Health protect. Training	I	Provider	-						-	Met
L85	Supervision	L	Provider	-						-	Met
L86	Required assessments	I	Provider	-						-	Met

L87	Support strategies	I	Provider	-						-	Met
L88	Strategies implemented	I	DDS	1/1				4/6		5/7	Not Met (71.43 %)
L89	Complaint and resolution process	L	DDS					4/4		4/4	Met
L90	Personal space/ bedroom privacy	I	Provider	-						-	Met
L91	Incident management	L	DDS	0/1				3/4		3/5	Not Met (60.0 %)
#Std. Met/# 76 Indicator										73/76	
Total Score										79/84	
										94.05%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

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

ABI-MFP Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	DDS	0/6	Not Met (0 %)
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	DDS	5/6	Met (83.33 %)

C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met
C12	Intimacy	DDS	1/6	Not Met (16.67 %)
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	DDS	6/6	Met
C17	Community activities	DDS	6/6	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C20	Emergency back-up plans	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	DDS	1/6	Not Met (16.67 %)
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met
C54	Assistive technology	DDS	6/6	Met

Residential Services

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

C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	DDS	1/1	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C20	Emergency back-up plans	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	DDS	1/1	Met
C49	Physical setting is consistent	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met
C54	Assistive technology	DDS	0/1	Not Met (0 %)