



## **PROVIDER REPORT FOR**

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

**November 04, 2022**

**Version**

**Public Provider Report**

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

## **SUMMARY OF OVERALL FINDINGS**

<b>Provider</b>	Mentor ABI LLC, dba NeuroRestorative
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<b>Review Dates</b>	8/29/2022 - 9/2/2022
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<b>Service Enhancement Meeting Date</b>	9/20/2022
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<b>Survey Team</b>	Cheryl Hampton Lisa MacPhail Margareth Larrieux (TL)
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<b>Citizen Volunteers</b>	
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**Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	6 location(s) 6 audit (s)	Full Review	60/79 Defer Licensure		42 / 46 Certified
Residential Services	1 location(s) 1 audit (s)			Full Review	20 / 20
ABI-MFP Residential Services	5 location(s) 5 audit (s)			Full Review	16 / 20
Planning and Quality Management				Full Review	6 / 6

## **EXECUTIVE SUMMARY :**

Mentor ABI LLC, dba Neurorestorative is a multi-state agency that provides post-acute residential services to individuals with Brain Injury, Intellectual and Developmental Disabilities, Spinal Cord Injuries, other medically complex injuries, and Neurological challenges. The agency has been providing neurological rehabilitation and support services in Massachusetts since 1991. Neurorestorative provides services to individuals with acquired brain Injury (ABI) and intellectual disabilities in 24/7 group homes within Massachusetts.

For this 2022 survey, the Department of Developmental Services (DDS) Office of Quality Enhancement conducted a full licensing and certification review. The scope of this review covered supports offered organizationally, and in the agency's 24/7 residential and Acquired Brain Injury homes.

Organizationally, the agency had effective policies for reporting allegations of abuse and neglect and took immediate actions to protect the health and safety of the individuals when complaints were filed. Across all residential settings, incidents were reported as required. At the ABI homes, the agency had an effective complaint and resolution process and log in place, and individuals and staff were trained on the process.

The survey results revealed Neurorestorative efforts aimed at providing effective supports to all the people it supports. Environmentally, safety requirements such as working smoke and carbon monoxide detectors were found to be in place and functioning properly. Fire drills were conducted, and individuals were supported to evacuate within the 2.5 minutes. The homes that were visited were clean, in good repair and located in good neighborhoods. Within the homes, individuals' bedrooms were decorated to suit their preferences, and had lockable doors for privacy. In the area of healthcare, the agency supported individuals to attend annual physical and dental appointments; people were also supported to maintain healthy lifestyles by eating healthy meals and participating in physical activities. In the certification areas, the agency supported individuals to maintain connections with families and friends; individuals visited with families on the weekend and/or talked to family and friends via phone and video calls. Most individuals frequented local dining and shopping areas. The agency also took measures that promoted independence; at the one residence, an individual was working on spending time alone in the community, and he had progressed to having one hour of alone community time.

The survey revealed several licensure and certification areas that would benefit from further attention from the agency. In the area of human rights, the agency's human rights committee did not meet its mandate for requisite member attendance; additionally, individuals were not trained, and guardians were not provided information on how to report abuse and neglect. Staff training was another area of concern, staff did not receive all the DDS mandated trainings. In the area of supervision and staff development, inconsistencies were observed with how staff meetings and supervision occurred; this was further supported by the myriad of issues that were uncovered onsite.

Within the residences, in the area of healthcare, recommended follow up appointments were in some cases not made and kept. Medication administration was also not determinable as properly documented as the agency was using an electronic medication administration reporting system. Physician ordered treatment protocols was another area of concern, the reviewed protocols did not contain all required components. For people who use supports and health related equipment a device or plan was either missing, or all required components of a plan as well as staff training were absent. In the area of funds management, when the agency had shared or delegated money management responsibilities, expenditure was not consistently tracked. In the area of ISP and goal accomplishment, timely submission of assessments and provider supports strategies were not occurring; the agency also did not evidence effective implementation of ISP goals and progress reporting. The survey also revealed inconsistencies with how people were assessed for assistive

technology needs to help increase their independence; the agency also needs to assess people on their preferences for intimacy and companionship and provide the needed support in this area.

Based on the finding of this review, Neurorestorative scored 76% for licensing indicators and did not meet two critical indicators. The agency is therefore in Deferred status for the residential services grouping and will not receive a license until it meets the critical indicators. The DDS office of Quality Enhancement will conduct a follow up of licensing indicators that were not met within 60 days of the SEM, and the agency will also undergo a mid-cycle review. The agency is certified for the residential service grouping having met 91% for certification indicators.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>6/8</b>	<b>2/8</b>	
<b>Residential and Individual Home Supports</b>	<b>54/71</b>	<b>17/71</b>	
Residential Services ABI-MFP Residential Services			
<b>Critical Indicators</b>	<b>6/8</b>	<b>2/8</b>	
<b>Total</b>	<b>60/79</b>	<b>19/79</b>	<b>76%</b>
<b>Defer Licensure</b>			
<b># indicators for 60 Day Follow-up</b>		<b>19</b>	

### **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 its mandate for requisite member attendance and involvement in deliberations. The agency needs to ensure that requisite members are consistent in meeting attendance and involvement in deliberations.
L76	The agency has and utilizes a system to track required trainings.	The agency did not demonstrate an efficient system for tracking staff trainings as nine of the twenty staff reviewed had not completed some DDS required trainings.

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

Indicator #	Indicator	Area Needing Improvement
L1	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	Two of the six individuals had not been trained and their guardians had not been provided with information on how to report alleged abuse or neglect. The agency needs to ensure that individuals receive annual training in abuse/neglect reporting using their unique communication methods; and guardians receive information on the procedures for reporting alleged abuse/neglect.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At two of the six locations, hot water temperature tested outside allowable limits. The agency needs to ensure that water temperatures are within acceptable limit.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L36	Recommended tests and appointments with specialists are made and kept.	For two of the six individuals follow up to medical appointments and recommendations had not occurred. The agency needs to ensure that medical follow up and recommended specialty referrals are made and appointments are kept.
℞ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For two of the six individuals, medical treatment protocols were either lacking parameters, or missing components and staff were not trained and knowledgeable. The agency needs to ensure that physician ordered medical treatment protocols when in place, are accurate and staff are trained on the protocols.
L43	The health care record is maintained and updated as required.	For two of six individuals, health care records were not updated and accurate. The agency needs to ensure that health care records are maintained and updated as required.
℞ L46	All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.	For three of six individuals, medication was not administered according to written order of a practitioner and/or could not be determined to be properly documented. The agency needs to ensure that all prescription medications are administered according to written order of a practitioner and are properly documented.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For three of six individuals, supports and health related equipment plans were either not in place for all equipment being used or did not include all required components. The agency needs to ensure that supports and health related plans contain all equipment being used by individuals, and all the required components.
L63	Medication treatment plans are in written format with required components.	For six individuals, medication treatment plans did not contain all the required components including data collection. The agency needs to ensure that medication treatment plan when needed are developed to contain all required components including data that is tracked and shared with prescribing physicians.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For two of the three individuals who receive support with managing their funds, money management plans either contained inaccurate information or were not agreed to by guardians. The agency needs to ensure that for all individuals for whom the agency has shared or delegated money management responsibilities, plans in place contains all components and are agreed to by guardians.
L69	Individual expenditures are documented and tracked.	For one of two individuals, funds were not being tracked in accordance with the agency's funds management policy. The agency needs to ensure that expenditures is in accordance with the agency's funds management policy.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L71	Individuals are notified of their appeal rights for their charges for care.	For six individuals, the appeal notice for charges for care did not include who and how to contact if they wanted to appeal the charges for care. The agency needs to ensure that individuals and guardian have been properly informed of their appeal rights for their charges for care.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For five individual's, staff were not trained on the correct utilization of the health related equipment that were being used. The agency needs to ensure that all staff are trained and able to demonstrate understanding of safe use of health related equipment per regulation.
L85	The agency provides ongoing supervision, oversight and staff development.	At all six locations, issued uncovered in different domains pointed to a lack of consistent oversight, supervision, and staff development. The agency needs to ensure that it provides consistent oversight, supervision, and staff development to ensure effective supports.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For four of five individuals, required assessments for the ISP were not submitted within the required timeframe. The agency needs to ensure that ISP assessments are developed and submitted to the DDS Area Office at least 15 days prior to scheduled ISP meeting.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For four of five individuals, support strategies for the ISP were not developed and submitted within the required timeframes. The agency needs to ensure that support strategies for the ISP are submitted to the DDS Area Office at least 15 days prior to scheduled ISP meetings.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For four out of six individuals, agreed upon ISP goals were not being implemented and documented. The agency needs to ensure that individuals are supported to work on their ISP goals as agreed upon in the ISP.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Three of the six individuals had not been assessed for the use of assistive technologies that would promote independence. The agency needs to ensure that individuals are assessed for assistive technology and /or modifications that would maximize independence.



## **CERTIFICATION FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>6/6</b>	<b>0/6</b>	
<b>Residential and Individual Home Supports</b>	<b>36/40</b>	<b>4/40</b>	
ABI-MFP Residential Services	16/20	4/20	
Residential Services	20/20	0/20	
<b>Total</b>	<b>42/46</b>	<b>4/46</b>	<b>91%</b>
<b>Certified</b>			

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
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.	<p>Five individuals had not been provided opportunities to provide feedback at the time of hire of potential staff, and on an ongoing basis on the performance of staff that support them.</p> <p>The agency needs to develop a process for incorporating feedback from individuals at the time of hire and on an ongoing basis on the performance of staff that provide support to them.</p>
C9	Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	<p>For two of five individuals, opportunities to develop or increase social contacts and personal relationships had not been offered. The agency needs to develop and implement strategies to offer opportunities for individuals to develop personal relationships and social contacts.</p>
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	<p>For five individuals, the agency had not assessed their needs in the areas of intimacy and companionship and had also not provided necessary education and support in these areas. The agency needs to assess individuals for their preferences in the area of intimacy and companionship, and using a curriculum provide needed training and support in this area.</p>
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	<p>Two individuals were not supported to explore, discover, and connect with their interests for cultural, social, recreational and spiritual activities. The agency needs to ensure that individuals are supported to consistently explore, discover, and connect with their interests for cultural, social, recreational and spiritual activities.</p>

## MASTER SCORE SHEET LICENSURE

Organizational: Mentor ABI LLC, dba NeuroRestorative

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	6/6	Met
L3	Immediate Action	13/13	Met
L4	Action taken	13/13	Met
L48	HRC	0/1	Not Met(0 % )
L74	Screen employees	8/8	Met
L75	Qualified staff	3/3	Met
L76	Track trainings	11/20	Not Met(55.00 % )
L83	HR training	16/20	Met(80.0 % )

## 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				3/5		4/6	Not Met (66.67 %)
L5	Safety Plan	L	1/1				5/5		6/6	Met
R L6	Evacuation	L	1/1				5/5		6/6	Met
L7	Fire Drills	L	1/1				5/5		6/6	Met
L8	Emergency Fact Sheets	I	1/1				4/5		5/6	Met (83.33 %)
L9 (07/21)	Safe use of equipment	I	1/1				5/5		6/6	Met
R L11	Required inspections	L	0/1				5/5		5/6	Met (83.33 %)
R L12	Smoke detectors	L	1/1				5/5		6/6	Met
R L13	Clean location	L	1/1				5/5		6/6	Met
L14	Site in good repair	L	1/1				2/2		3/3	Met
L15	Hot water	L	0/1				4/5		4/6	Not Met (66.67 %)
L16	Accessibility	L	1/1				5/5		6/6	Met
L17	Egress at grade	L	1/1				4/4		5/5	Met
L18	Above grade egress	L	1/1				2/2		3/3	Met
L19	Bedroom location	L	1/1				5/5		6/6	Met

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L20	Exit doors	L	1/1				5/5		6/6	Met
L21	Safe electrica l equipm ent	L	1/1				5/5		6/6	Met
L22	Well- maintai ned applianc es	L	1/1				5/5		6/6	Met
L23	Egress door locks	L	1/1				4/5		5/6	Met (83.33 %)
L24	Locked door access	L	1/1				5/5		6/6	Met
L25	Danger ous substan ces	L	1/1				5/5		6/6	Met
L26	Walkwa y safety	L	1/1				5/5		6/6	Met
L28	Flamma bles	L	1/1				5/5		6/6	Met
L29	Rubbish /combu stibles	L	1/1				5/5		6/6	Met
L30	Protecti ve railings	L	1/1				4/4		5/5	Met
L31	Commu nication 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				4/4		5/5	Met
L34	Dental exam	I	1/1				5/5		6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L35	Preventive screenings	I	1/1				4/5		5/6	Met (83.33 %)
L36	Recommended tests	I	0/1				4/5		4/6	Not Met (66.67 %)
L37	Prompt treatment	I	1/1				5/5		6/6	Met
℞ L38	Physician's orders	I	1/1				3/5		4/6	Not Met (66.67 %)
L40	Nutritional food	L	0/1				5/5		5/6	Met (83.33 %)
L41	Healthy diet	L	1/1				5/5		6/6	Met
L42	Physical activity	L	1/1				5/5		6/6	Met
L43	Health Care Record	I	1/1				3/5		4/6	Not Met (66.67 %)
L44	MAP registration	L	1/1				5/5		6/6	Met
L45	Medication storage	L	1/1				5/5		6/6	Met
℞ L46	Med. Administration	I	1/1				2/5		3/6	Not Met (50.0 %)
L49	Informed of human rights	I	1/1				4/5		5/6	Met (83.33 %)
L50 (07/21)	Respectful Comm.	I	1/1				5/5		6/6	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

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L54 (07/21)	Privacy	I	1/1				5/5		6/6	Met
L55	Informed consent	I					1/1		1/1	Met
L61	Health protection in ISP	I	0/1				3/5		3/6	Not Met (50.0 %)
L62	Health protection review	I					1/1		1/1	Met
L63	Med. treatment plan form	I	0/1				0/5		0/6	Not Met (0 %)
L64	Med. treatment plan rev.	I					3/3		3/3	Met
L67	Money mgmt. plan	I	1/1				0/2		1/3	Not Met (33.33 %)
L68	Funds expenditure	I					2/2		2/2	Met
L69	Expenditure tracking	I					1/2		1/2	Not Met (50.0 %)
L70	Charges for care calc.	I	1/1				4/5		5/6	Met (83.33 %)
L71	Charges for care appeal	I	0/1				0/5		0/6	Not Met (0 %)
L77	Unique needs training	I	1/1				5/5		6/6	Met
L80	Symptoms of illness	L	1/1				5/5		6/6	Met
L81	Medical emergency	L	1/1				4/5		5/6	Met (83.33 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L82	Medication admin.	L	1/1				5/5		6/6	Met
L84	Health protect. Training	I	0/1				0/4		0/5	Not Met (0 %)
L85	Supervision	L	0/1				0/5		0/6	Not Met (0 %)
L86	Required assessments	I					1/5		1/5	Not Met (20.0 %)
L87	Support strategies	I					1/5		1/5	Not Met (20.0 %)
L88	Strategies implemented	I	0/1				2/5		2/6	Not Met (33.33 %)
L89	Complaint and resolution process	L					4/4		4/4	Met
L90	Personal space/bedroom privacy	I	1/1				5/5		6/6	Met
L91	Incident management	L	1/1				5/5		6/6	Met
L93 (05/22)	Emergency back-up plans	I	1/1				5/5		6/6	Met
L94 (05/22)	Assistive technology	I	1/1				2/5		3/6	Not Met (50.0 %)



Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L96 (05/22)	Staff training in devices and applications	I					2/2		2/2	Met
#Std. Met/# 71 Indicator									54/71	
Total Score									60/79	
									75.95%	

## 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	1/1	Met
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

## Residential Services

Indicator #	Indicator	Met/Rated	Rating
C12	Intimacy	1/1	Met
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	0/5	Not Met (0 %)
C8	Family/guardian communication	5/5	Met
C9	Personal relationships	3/5	Not Met (60.0 %)
C10	Social skill development	5/5	Met
C11	Get together w/family & friends	5/5	Met
C12	Intimacy	0/5	Not Met (0 %)
C13	Skills to maximize independence	5/5	Met
C14	Choices in routines & schedules	5/5	Met
C15	Personalize living space	5/5	Met
C16	Explore interests	2/4	Not Met (50.0 %)
C17	Community activities	3/4	Met
C18	Purchase personal belongings	5/5	Met

**ABI-MFP Residential Services**

<b>Indicator #</b>	<b>Indicator</b>	<b>Met/Rated</b>	<b>Rating</b>
C19	Knowledgeable decisions	5/5	<b>Met</b>
C46	Use of generic resources	5/5	<b>Met</b>
C47	Transportation to/ from community	5/5	<b>Met</b>
C48	Neighborhood connections	5/5	<b>Met</b>
C49	Physical setting is consistent	5/5	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	4/5	<b>Met (80.0 %)</b>
C52	Leisure activities and free-time choices /control	5/5	<b>Met</b>
C53	Food/ dining choices	5/5	<b>Met</b>