

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**DDS FOLLOW-UP REPORT**

Provider	Mentor ABI LLC, dba NeuroRestorative	Provider Address	980 Washington St. , Dedham
Survey Team	Larrieux, Margareth;	Date(s) of Review	22-OCT-19 to 25-OCT-19

<b>Follow-up Scope and results :</b>						
Service Grouping	Licensure level and duration	# Critical Indicators std. met/ std. rated at follow-up	# Indicators std. met/ std. rated at follow-up	Sanction status prior to Follow-up	Combined Results post-Follow-up; for Deferred, License level	Sanction status post Follow-up
Residential and Individual Home Supports 5 Locations 13 Audits	Defer Licensure	1/1	3/5	<input type="checkbox"/> Eligible for new business (Two Year License) <input checked="" type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License with Mid-Cycle Review	<input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met) <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)

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**Summary of Ratings**

**Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L8
<b>Indicator</b>	Emergency Fact Sheets
<b>Area Need Improvement</b>	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.
<b>Status at follow-up</b>	For five individuals, Emergency Fact Sheets had all the required components; however, one was missing pertinent diagnosis. The agency needs to ensure that emergency fact sheets are developed to contain all the required information.
<b>#met /# rated at followup</b>	5/6
<b>Rating</b>	Met

<b>Indicator #</b>	L88
<b>Indicator</b>	Strategies implemented
<b>Area Need Improvement</b>	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.
<b>Status at follow-up</b>	For five of six individuals, ISP goals were not being fully implemented as described in the support strategies for individuals goals . The agency needs to ensure that support strategies for goals agreed upon by the individuals ISP teams are implemented consistently.
<b>#met /# rated at followup</b>	1/6
<b>Rating</b>	Not Met

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<b>Indicator #</b>	L91
<b>Indicator</b>	Incident management
<b>Area Need Improvement</b>	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.
<b>Status at follow-up</b>	At two of the five locations, incidents were not submitted within mandated timelines. The agency needs to ensure that incidents are reported and finalized according to timelines mandated by regulations.
<b>#met /# rated at followup</b>	3/5
<b>Rating</b>	Not Met

**Administrative Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L2
<b>Indicator</b>	Abuse/neglect reporting
<b>Area Need Improvement</b>	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.
<b>Status at follow-up</b>	Agency staff were oriented on their mandated reporting responsibilities for instances of abuse, neglect and mistreatment, and the agency had relevant policies and procedures in place. A sample review of incident reports did not yield any situations that met the DPPC reporting threshold.
<b>#met /# rated at followup</b>	3/3
<b>Rating</b>	Met

<b>Indicator #</b>	L48
<b>Indicator</b>	HRC

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<b>Area Need Improvement</b>	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.
<b>Status at follow-up</b>	The agency's Human Rights Committee met once in the past 60 days. The agency needs to continue to ensure that practices, policies and procedures that potentially impact the rights of individuals, including investigations, are reviewed by the human rights committee.
<b>#met /# rated at followup</b>	1/1
<b>Rating</b>	Met

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