



**PROVIDER REPORT
FOR**

**Riverside Community Care,
Inc.
270 Bridge Street, #301
Dedham, MA 02026**

August 28, 2023

Version

FINAL PROVIDER REPORT

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

SUMMARY OF OVERALL FINDINGS

Provider Riverside Community Care, Inc.

Review Dates 7/10/2023 - 7/14/2023

Service Enhancement Meeting Date 7/28/2023

Survey Team

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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	18 location (s) 16 audit (s)	Full Review	73/91 Defer Licensure		100 / 107 Certified
Residential Services	5 location(s) 5 audit (s)			Full Review	19 / 20
ABI-MFP Residential Services	3 location(s) 4 audit (s)			Full Review	18 / 20
Placement Services	4 location(s) 4 audit (s)			Full Review	20 / 20
ABI-MFP Placement Services	3 location(s) 0 audit (s)			Full Review	19 / 20
Individual Home Supports	3 location(s) 3 audit (s)			Full Review	19 / 21
Planning and Quality Management				Full Review	5 / 6

EXECUTIVE SUMMARY :

Riverside Community Care Inc. is a human services agency based in Dedham, Massachusetts; the agency provides a wide range of services including adult disabilities services, mental health counseling, homelessness, and services to children, youth, adults, and families across the Metro-Boston, Northeast and Southeast regions. Riverside operates 24/7 community support homes (including ABI-MFP 24/7), placement (including ABI-MFP placement), and Individual Home Supports (IHS) for adults diagnosed with Intellectual and Developmental Disabilities and Acquired Brain Injury (ABI-MFP).

For this 2023 Department of Developmental Services (DDS) survey, Riverside was eligible for a targeted review but elected instead to undergo a full licensing and certification review conducted by the DDS Metro Office of Quality Enhancement. The scope of the survey included a review of Riverside's organizational systems, and supports offered in its 24/7 Residential homes, 24/7 ABI-MFP homes, IHS, and DD/ID and ABI-MFP placement homes.

Survey results showed that organizationally, Riverside had policies and systems in place, including for the reporting of allegations of abuse and neglect. When complaints were filed, immediate action was taken to protect people and action plans developed in response to investigations were well implemented. As it relates to staff competency, the screening of potential employees occurred as required, and credentialed staff licenses were current.

Riverside had effective support mechanisms across all residential settings. In the area of safety, in 24/7 residential, IHS, and placement, homes that were visited were clean and in good repair. Environmental requirements such as effective fire detection systems (smoke and carbon monoxide detectors), and current inspections were in place. Emergency back-up plans to support individuals in an emergency were also in place, and individuals were supported to safely use small kitchen equipment and appliances in their homes. Regarding choice, individuals' rooms were decorated to reflect their personal interests and tastes.

In the area of healthcare, individuals were supported to attend annual physical and dental exams, and current DPH MAP registration and staff medication administration certificates were present where required. Emergency fact sheets were also present and mostly up to date. In the area of human rights, individuals were trained, and their guardians were informed relative to human rights and abuse and neglect reporting. Staff were observed to be respectful, and people were afforded privacy when taking care of personal needs and concerns. Staff also demonstrated through interviews and observation, a working knowledge of the needs of individuals they serve. Regarding funds management, where the agency had shared or delegated responsibilities for assisting individuals in managing their funds, systems were in place for the tracking of expenditures, and charges for care were calculated appropriately.

A review of certification indicators, across all settings, showed that individual's community activity preferences were known to staff. People were supported to utilize community resources including local restaurants, beauty salons, and barbershops, and Riverside staff promoted individuals' choice in the completion of household routines and chores. Within 24/7 residential supports, people were assisted to maintain connections with family and friends through weekend visits and video/ phone calls. In placement services, individuals were well matched with providers who encouraged their involvement in family and social activities, while promoting goal accomplishment. Regarding staff hiring and performance feedback, the agency showed evidence of efforts it made to solicit input from individuals regarding staff who support them.

The survey identified supports offered by Riverside that were effective in different domains; however, there were other key areas that would benefit from further attention from the agency. In the area of

human rights, Riverside's human rights committee did not meet the mandate for membership requirements as it was missing a medical representative member for the two-year period and also missing a legal representative/attorney for 50 percent of meetings held in the last year. Where restrictive practices exist, plans were missing some components including mitigation for others affected by the restrictive practices. Staff must be knowledgeable, and the Human Rights Committee must review and approve the practice. As it relates to grievance reporting, a complaint resolution process and log were absent at some ABI locations, and staff and individuals needed to be trained on the process. Regarding staff competency, Riverside had no identifiable system for tracking staff trainings to ensure that all DDS mandated trainings (including CPR/ First Aid) are completed.

In the area of healthcare, medical treatment protocols for significant medical conditions were not in place and/or were not being implemented as ordered. Recommended test and appointments ordered by physicians were not consistent scheduled and completed. Additionally, medication treatment plans did not contain required components, and/or were not submitted to the ISP team. Also, supports and health-related equipment outlines were either not in place for all equipment being used, or did not include required components. As it relates to behavior management, the agency needs to fully transition to positive behavior support plans (PBS). It must also ensure that PBS plans are trained to staff, reviewed/ approved by all relevant parties, and well implemented. In the area of the ISP, assessments were not developed and submitted within the required timelines, and individuals were not consistently supported to meet their goals. Additionally, fire drills were not completed as required in 24/7 residential services, and incidents were not submitted and finalized in HCSIS within the required timelines.

Regarding certification indicators, individuals were not adequately assessed, educated, and assisted to actualize intimacy and companionship. They were also not supported to be successful at maintaining social contact and personal relationships.

Based on the finding of this review, Riverside met 80% of licensing indicators in residential services, but did not meet the standard for one critical indicator. The agency is therefore in Deferred License status for the residential service grouping. The DDS Metro office of Quality Enhancement will conduct a follow-up review of licensing indicators that were not met within 60 days of the service enhancement meeting (SEM); if the agency meets the standard for the one critical indicator at follow-up, it will then earn a two-year license with a Mid-Cycle review for the residential service grouping.

The agency's residential service grouping is certified having met 93% of certification indicators.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	6/8	2/8	
Residential and Individual Home Supports	67/83	16/83	
Residential Services Individual Home Supports ABI-MFP Placement Services Placement Services ABI-MFP Residential Services			
Critical Indicators	7/8	1/8	
Total	73/91	18/91	80%
Defer Licensure			
# indicators for 60 Day Follow-up		18	

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 (HRC) was missing a medical representative member for the two-year period. The committee was also missing a legal representative/attorney for 50 percent of meetings held in the last year. Additionally, the agency held monthly meetings that were summarized in quarterly minutes which did not reflect the deliberations from each meeting. The agency needs to maintain separate minutes for each HRC meeting held.
L76	The agency has and utilizes a system to track required trainings.	Seven of twenty staff members reviewed at the organizational level had expired First Aid and CPR training certificates.

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

Indicator #	Indicator	Area Needing Improvement
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At five of fourteen locations, water temperature tested outside of the required range. The agency needs to ensure that water temperature is maintained between 110 and 120 degrees for faucets, and 110 and 112 for shower/tubs.

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

Indicator #	Indicator	Area Needing Improvement
L36	Recommended tests and appointments with specialists are made and kept.	Six of nineteen individuals were not supported to attend medical appointments recommended by a healthcare practitioner or have recommended tests conducted. The agency needs to ensure that staff support individuals to attend all recommended medical appointments and undergo all recommended medical tests.
☐ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	For four of thirteen individuals, medical treatment protocols were either not in place, or were not being implemented properly. The agency needs to ensure that medical treatment protocols are implemented as required.
L43	The health care record is maintained and updated as required.	For six of nineteen individuals, health care records were not current and accurate. The agency needs to ensure that health care records are maintained and updated as required.
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.	Three individuals who live at locations where restrictive practices were in place (and/or their guardians), were not formally informed of the restrictions. Furthermore, staff were not knowledgeable on how to mitigate the restrictions for those for whom the restriction was not intended. The agency needs to ensure that restrictive practices intended for one individual that affect all individuals served at a location are outlined and have provisions so as not to unduly restrict the rights of others.
L57	All behavior plans are in a written plan.	For one of three individuals, a positive behavior support plan was not being implemented as agreed. The agency needs to ensure that behavior support plans for individuals they support are implemented as agreed.
L60	Data are consistently maintained and used to determine the efficacy of behavioral interventions.	For two of three individuals, behavior plan data was not consistently collected. The agency needs to ensure that data is consistently maintained for help in determining the efficacy of behavioral interventions.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For two of six individuals, supports and health-related equipment outlines were either not in place for all equipment being used, or did not include required components. The agency needs to ensure that supports and health related support outlines are developed to contain all equipment being used by individuals and include all the required components.

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

Indicator #	Indicator	Area Needing Improvement
L63	Medication treatment plans are in written format with required components.	For five of twelve individuals, medication treatment plans did not include required components/current information. The agency needs to ensure that medication treatment plans when needed include all components and are current. Additionally, data must be collected and shared with prescribing physicians.
L78	Staff are trained to safely and consistently implement restrictive interventions.	At one of three locations, staff were not trained on a restrictive practice in place. The agency needs to ensure that staff are trained to safely and consistently implement restrictive interventions.
L85	The agency provides ongoing supervision, oversight and staff development.	At four of eighteen locations, supervision, oversight, and staff development was not occurring consistently. 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 five of fifteen individuals, required assessments for the ISP were not developed and 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 five of fifteen 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 five out of nineteen individuals, agreed upon ISP goals were not being implemented and documented. The agency needs to support individuals to work on their agreed upon ISP goals.
L89	The provider has a complaint and resolution process that is effectively implemented at the local level.	At two ABI-MFP locations, complaint and resolution process and log were not present. The agency needs to ensure that a complaint resolution process and log is in place at all ABI-MFP locations.
L91	Incidents are reported and reviewed as mandated by regulation.	At four of the seventeen locations, incidents were not reported and finalized in HCSIS within the required timelines. The agency needs to ensure that incidents are reported and finalized in HCSIS within the required timelines.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	5/6	1/6	
Residential and Individual Home Supports	95/101	6/101	
ABI-MFP Residential Services	18/20	2/20	
ABI-MFP Placement Services	19/20	1/20	
Individual Home Supports	19/21	2/21	
Residential Services	19/20	1/20	
Placement Services	20/20	0/20	
Total	100/107	7/107	93%
Certified			

Planning and Quality Management Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C3	The provider actively solicits and utilizes input from the individuals and families regarding satisfaction with services.	The agency did not show that it has a mechanism for collecting and using input from stakeholders regarding satisfaction with services. The agency needs to develop and use a mechanism for collecting input from stakeholders in effecting programmatic improvements.

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

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For one of three individuals, the agency did not assess their needs in the areas of intimacy and companionship; nor did it provide necessary education and support in these areas. The agency needs to assess individuals for their preferences and using a curriculum, provide training and support in this area.

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

Indicator #	Indicator	Area Needing Improvement
C9	Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	For two individuals, opportunities to develop or increase social contacts and personal relationships were not offered. The agency needs to develop and implement strategies for offering opportunities to individuals to develop personal relationships and social contacts.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For three of four individuals, the agency did not assess their needs in the areas of intimacy and companionship; nor did it provide education and support in these areas. The agency needs to assess individuals for their preferences and using a curriculum provide training and support in this area.

Individual Home Supports- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C9	Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	For one individual, opportunities to develop or increase social contacts and personal relationships were not offered. The agency needs to develop and implement strategies for offering opportunities to individuals to develop personal relationships and social contacts.
C11	Staff (Home Providers) support individuals to get together with families and friends.	One of three individuals was not supported to get together with families and friends. The agency needs to develop and implement strategies for offering opportunities for individuals to get together with families and friends.

Residential Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For two of five individuals, the agency did not assess their needs in the areas of intimacy and companionship; nor did it provide education and support in these areas. The agency needs to assess individuals for their preferences using a curriculum provide training and support in this area.

Survey Detail Report

Back-up documentation

Licensure Organizational:

Issues on Not Met Indicators

Indicator	Source	Issue
L48* The agency has an effective Human Rights Committee.	Document	The Human Rights Committee (HRC) was missing a medical representative member for the two-year period. The committee was also missing a legal representative/attorney for 50 percent of meetings held in the last year. Additionally, the agency held monthly meetings that were summarized in quarterly minutes which did not reflect the deliberations from each meeting. The agency needs to maintain separate minutes for each HRC meeting held.
	Staff	
L76* The agency has and utilizes a system to track required trainings.	Document	Seven of twenty staff members reviewed had expired First Aid and CPR training certificates.
	Staff	

*** Indicators subject to follow-up within 60 days**

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L1 Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	ABI-MFP Residential Services	61 Locust Street Unit 221 Medford MA 02155	DF	DF was not provided training on alleged abuse and neglect. An attempted training on 5/20/23 was unsuccessful.
L1 Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	ABI-MFP Residential Services	61 Locust Street Unit 221 Medford MA 02155	JR	JR was not trained on abuse/neglect reporting (DPPC).
L5 There is an approved safety plan in home and work locations.	Residential Services	23 REVERE RD Woburn MA 01801		The updated safety plan was not approved by a DDS Area Director or designee. The last approved plan was on 10/8/2020. This was corrected by the agency after it was identified by the surveyor.
R L6 All individuals are able to evacuate homes in 2.5 minutes with or without assistance and workplaces within a reasonable amount of time.	Residential Services	5 SUSAN TERRACE Woburn MA 01801		On 2/16/23, one individual at the location failed to evacuate within 2.5 minutes during an asleep drill. At the time of the survey an asleep drill had not repeated. (Corrected)
L7 Fire drills are conducted as required.	Residential Services	117 Osborne Path Newton MA 02459		The agency did not conduct asleep fire drills as required. 7/14/22 at 1PM AWAKE. 4/29/22 at 9pm- AWAKE- MSEC. 1/6/22 at 11am-AWAKE.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L8 Emergency fact sheets are current and accurate and available on site.	Residential Services	5 SUSAN TERRACE Woburn MA 01801	PO	PO's Emergency Fact Sheet was missing pertinent information including diagnosis of hypercholesteremia, Hep B carrier, mastectomy, and total hip arthroplasty.
L8 Emergency fact sheets are current and accurate and available on site.	ABI-MFP Residential Services	60 Hope Ave. Apt. 305 Waltham MA 02451	PD	PD's Emergency Fact Sheet did not list a Dysphagia diagnosis (pureed diet), need for crushed medication, or fluid restriction (hyponatremia).
R L11 All required annual inspections have been conducted.	ABI-MFP Residential Services	80 Hope Ave. #205 Waltham MA 02453		The fire extinguisher was not in the green zone and there was no evidence that it had been inspected. This was corrected as building maintenance was notified and it was replaced with a charged fire extinguisher.
R 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.	Residential Services	5 SUSAN TERRACE Woburn MA 01801		The smoke detector and carbon monoxide combo unit located in the basement utility room was not functioning. (Corrected)

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
<p>Ⓡ L13 Location is clean and free of rodent and/or insect infestation.</p>	Residential Services	5 SUSAN TERRACE Woburn MA 01801		The home was insanitary. There was rodent droppings in a couple of areas of the basement. Additionally, there was a large wasp nest hanging from the gutter in the back of the home.
<p>L15* Hot water temperature tests between 110 and 120 degrees (as of 1/2014).</p>	Residential Services	15 PLEASANT ST Wakefield MA 01880		Hot water temperature at the kitchen sink tested at 127 degrees. The temperature at bathroom sink #3 was 133 degrees. The water temperature at this location was corrected by the agency on 7/11/2023.
<p>L15* Hot water temperature tests between 110 and 120 degrees (as of 1/2014).</p>	Residential Services	30 CEDAR ST, #1 Wakefield MA 01880		The water temperature at the kitchen sink was 128 degrees, at the bathroom sink it was 128 degrees, and in the tub/shower it was 114 degrees. (Corrected, 7/12/2023).
<p>L15* Hot water temperature tests between 110 and 120 degrees (as of 1/2014).</p>	Placement Services	15 ELLSWORTH AVE. Brockton MA 02301		The hot water temperature at the kitchen sink tested at 98.4 degrees Fahrenheit, 91.4 at the shower, and 98.4 at the bathroom sink. (corrected)

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L15* Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	ABI-MFP Residential Services	61 Locust Street Unit 221 Medford MA 02155		Hot water temperature at the Kitchen sink measured 127.9. The common area bathroom sink measured 129.9 and the shower 129.7. The master bathroom sink measured 129.6 and the shower 128.5. Building maintenance was called and adjusted the water temperatures at the visit. After adjustment the kitchen measured 111.2, the common area bathroom sink measured 112.5 and the shower 111.2. The master bedroom sink measured 112.5 and the shower was 112.5. (Corrected)
L15* Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	ABI-MFP Placement Services	172 Keswick Road Brockton MA 02301		Hot water temperature at the kitchen sink:116.3, shower/tub: 109.1, bathroom sink: 123.0. ACTION ISSUED/Corrected.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L20 Exit doors are easily operable by hand from inside without the use of keys.	Residential Services	30 CEDAR ST, #1 Wakefield MA 01880		There were keypad locks that required code entries to exit and enter the building' these locks cannot be opened by individuals without the code (operated by staff). There was a behavior plan in place for one individual (LP) that mentioned potential "unlocked door time", however, the doors were never unlocked as they are also in place for two additional individuals who live on the 2nd floor of this home. Staff could not follow the 'unlocked door time' portion of this plan.
L21 Electrical equipment is safely maintained.	Placement Services	15 ELLSWORTH AVE. Brockton MA 02301		The electrical panel was not labeled.
L22 All appliances and equipment are operational and properly maintained.	Residential Services	23 REVERE RD Woburn MA 01801		There were layers of dust on ceiling fan, a broken toilet paper, holder in one of the bathrooms and the heat baseboard in the same bathroom was dirty and rusted.
L26 Walkways, driveways and ramps are in good repair and kept clear in all seasons.	Residential Services	5 SUSAN TERRACE Woburn MA 01801		Empty five-gallon water bottles were being stored on the stairs of the back exit. The containers pose a hindrance for safe evacuation.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L26 Walkways, driveways and ramps are in good repair and kept clear in all seasons.	Residential Services	23 REVERE RD Woburn MA 01801		The driveway was not in good repair; the area around the drain had an uneven surface and broken cement. Additionally, the protective wall near the driveway had loose stones. Also, staff store empty five-gallon water bottles on the landing outside of the back door which limits accessibility.
L30 Every porch, balcony, deck or roof used as a porch or deck has a wall or protective railing in good repair.	Residential Services	5 SUSAN TERRACE Woburn MA 01801		The gutters at the back of the home and covered gazebo were broken in different locations and had weeds growing out of them.
L34 Individuals receive an annual dental exam.	Residential Services	5 SUSAN TERRACE Woburn MA 01801	PO	PO's last dental exam occurred on 11/24/21. There was no evidence that she was supported to see a dentist in 2022 or 2023.
L34 Individuals receive an annual dental exam.	ABI-MFP Placement Services	66 Leonard Street Dedham MA 02026	BR	BR was not supported to attend a dental appointment within the past 15 months as he needed clearance from his PCP due to ongoing cardiac issues. This clearance had not been obtained.
L35 Individuals receive routine preventive screenings.	Residential Services	5 SUSAN TERRACE Woburn MA 01801	PO	PO's doctor recommended a pap smear under anesthesia which she did not receive.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L35 Individuals receive routine preventive screenings.	ABI-MFP Residential Services	60 Hope Ave. Apt. 305 Waltham MA 02451	PD	PD is a 63-year-old male. He has not had a colonoscopy, nor has he been screened for prostate cancer. He also has not had a baseline audiology assessment.
L36* Recommended tests and appointments with specialists are made and kept.	Residential Services	15 PLEASANT ST Wakefield MA 01880	CD	<p>CD was seen by the dentist 4/21/2022 at which visit two fillings were completed with a notation from the dentist stating that CD needed to come back for two more fillings. These follow-up appointments were not completed as of the date of the survey.</p> <p>CD saw the optometrist on 11/23/2021. The health care encounter form indicated a follow-up visit should occur in one year but as of the time of the survey it had not occurred but is scheduled for 10/19/2023.</p>

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L36* Recommended tests and appointments with specialists are made and kept.	Residential Services	5 SUSAN TERRACE Woburn MA 01801	PO	PO was not supported to receive an eye exam and a hearing exam that are recommended per DDS guidelines for people her age. She also did not receive support to get a shingles vaccination, flu shot, or for labs to be complete for B12 levels, D3 levels, and Dilantin levels per her neurologist's request.
L36* Recommended tests and appointments with specialists are made and kept.	Residential Services	23 REVERE RD Woburn MA 01801	GL	GL was not supported to attend recommended appointments. The last mammogram was on 6/4/21 with a recommended 12-month follow-up. GL has a diagnosis of cataracts; last ophthalmology appointment was on 6/1/21 with a recommended 12-month follow-up. These follow-up appointments did not occur. Additionally, GL's physician and neurologist requested an A1C test which also did not occur.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L36* Recommended tests and appointments with specialists are made and kept.	Placement Services	10 Birch Drive Randolph MA 02368	SD	On 8/18/22, SD was seen by her podiatrist for fungus treatment and toenail care. She was supposed to return in three months. However, the agency did not support her to schedule and attend this follow-up appointment.
L36* Recommended tests and appointments with specialists are made and kept.	ABI-MFP Placement Services	66 Leonard Street Dedham MA 02026	BR	BR did not receive a Shingles vaccine as recommended by his doctor on 4/17/23. On 11/5/21 the podiatrist recommended that BR return in three months for a follow-up for diabetic foot care; he was not supported to return. On 8/20/21 there was a recommendation for BR to return in 8-10 weeks to see a sleep specialist for a follow-up however, this did not occur because a cardiologist visit was required before he returned.
L36* Recommended tests and appointments with specialists are made and kept.	ABI-MFP Placement Services	172 Keswick Road Brockton MA 02301	VF	The agency did not support VF to have recommended dental and podiatry appointments in 2022.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
<p>℞ L38*</p> <p>Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).</p>	ABI-MFP Residential Services	61 Locust Street Unit 221 Medford MA 02155	DF	Staff were originally trained on DF's seizure protocol on 12/8/22, however, the protocol was updated on 4/17/23 and no documented retraining for staff was present.
<p>℞ L38*</p> <p>Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).</p>	ABI-MFP Residential Services	60 Hope Ave. Apt. 305 Waltham MA 02451	PD	<p>PD had a dysphagia protocol (6/7/23) including instructions for pureed food texture which did not include instructions for medication administration, for example, how to administer medications which cannot be crushed, and how to administer a capsule which needed breaking apart and sprinkling onto pudding/ applesauce (Corrected 7/14/2023).</p> <p>PD had a protocol in place for fluid tracking in order to follow a doctor's prescription that he drink no more than 1000mls of liquids in 24 hour periods. The 6/7/23 protocol from which staff were trained mentioned 1500mls daily. This was clarified and updated (7/14/2023) but staff had been tracking the correct amount (1000mls)</p>

				<p>January 2023 to present. Completed tracking sheets were available for the week of July 10th-14th, 2023 (Corrected 7/14/2023).</p> <p>Seizure protocol in place did not mention most recent seizure activity, a breakthrough seizure in April 2023 (Corrected 7/14/2023).</p>
<p>℞ L38*</p> <p>Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).</p>	<p>ABI-MFP Placement Services</p>	<p>66 Leonard Street Dedham MA 02026</p>	<p>BR</p>	<p>BR had a medication treatment plan from a doctor's order dated 4/17/23 stating, "If blood pressure is lower than 90/50 or higher than 180/100, call MD. If blood pressure is lower than 70/50 or higher than 200/120 call 911 for immediate assistance and hospital transport." BR's blood pressure was not tracked even though the instructions were listed on the doctor's order and transcribed in the medication administration record.</p>

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
<p>Ⓡ L38*</p> <p>Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).</p>	ABI-MFP Placement Services	172 Keswick Road Brockton MA 02301	VF	VF had a blood sugar variance protocol dated 2/4/21 and a seizure protocol dated 2/4/21. Neither protocol has been updated within the last year. Therefore, it was inevident whether staff were implementing a current doctor's recommendations for these protocols.
<p>L39</p> <p>Special dietary requirements are followed.</p>	Placement Services	15 ELLSWORTH AVE. Brockton MA 02301	MO	MO was not being supported to follow a doctor's recommendation of a low-fat diet. Staff seemed unaware of the recommendation during interviews.
<p>L43*</p> <p>The health care record is maintained and updated as required.</p>	Residential Services	5 SUSAN TERRACE Woburn MA 01801	PO	PO's health care record was missing diagnoses of hypercholesteremia and that she is a Heb B carrier.
<p>L43*</p> <p>The health care record is maintained and updated as required.</p>	Residential Services	23 REVERE RD Woburn MA 01801	GL	The health care record was missing diagnoses of environmental allergies and foot drop.
<p>L43*</p> <p>The health care record is maintained and updated as required.</p>	ABI-MFP Residential Services	60 Hope Ave. Apt. 305 Waltham MA 02451	PD	The health care record for PD was missing the diagnosis of hyponatremia.
<p>L43*</p> <p>The health care record is maintained and updated as required.</p>	ABI-MFP Residential Services	61 Locust Street Unit 221 Medford MA 02155	DE	DE Pfizer booster was not documented in his HCR and other immunizations were not documented in on the HCR.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L43* The health care record is maintained and updated as required.	ABI-MFP Residential Services	61 Locust Street Unit 221 Medford MA 02155	DF	DF moved into the home in December of 2022 and the agency did not have records or document of his Covid 19 vaccination status.
L43* The health care record is maintained and updated as required.	ABI-MFP Placement Services	116 Brook Street Methuen MA 01844	SN	The health care record did not contain information about SN's Covid-19 vaccine, booster injections, or any other vaccinations. It also did not include information about his dentist.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
<p>℞ L46</p> <p>All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.</p>	Placement Services	15 ELLSWORTH AVE. Brockton MA 02301	MO	<p>MO had a physician order for Gabitril 16mg every day at bedtime. The pharmacy label for the medication that was on hand showed 8mg at bedtime (4mg, two tablets at bedtime). As a result, 8mg at bedtime was being administered instead of 16mg. (Notice of Action Required issued). Additionally, the medication Minipress, which was last administered on 7/13/23, expired on 4/18/23. Regarding PRN medications: Robitussin was ordered by the physician but the agency only had Robitussin DM Maximum Strength Cough + Chest Congestion at hand. Additionally, Imodium expired on 5/22.</p>

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
<p>R L46</p> <p>All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.</p>	Placement Services	22 5th St. Norwood MA 02062	BW	<p>There were several discrepancies noted on the doctor's orders and medication charts for BM' s prn medications. These discrepancies included: PRO Air HFA container label says 2 puffs every four to six hours PRN, but the medication chart says 1 puff. Naproxen documented as 500mg BID and the bottle and three-way check all confirmed this, but the staff reported that it is a PRN and he has not been requesting to take it and has not been taking it. Robitussin is listed as 200mg tablet take 1 tab every six hours PRN and the doctor's order and the medication chart and EFS all say this, but the provider had on hand a bottle of Robitussin DM liquid. Acetaminophen is listed as 600mg every six hours PRN and the doctor's order and medication chart and EFS have this information, but the provider had on hand Tylenol extra strength 500mg tablets. (Action issued/corrected)</p>

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
<p>Ⓡ L46</p> <p>All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart.</p>	ABI-MFP Placement Services	172 Keswick Road Brockton MA 02301	VF	Issues were uncovered in VF's 2022 medication administration sheets: Feb 2022- no med sheet for Prozac from 1/25/22 to 2/1/22. Jardiance was increased to 20 mg on 2/1/22 but was still 10mg on March 2022 med sheets. The medication issues were corrected by the agency in June 2023.
<p>L49</p> <p>Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.</p>	ABI-MFP Residential Services	61 Locust Street Unit 221 Medford MA 02155	DF	DF was not provided training on human rights and how to file a grievance. An attempted training on 5/20/23 was unsuccessful.
<p>L50 (07/21)</p> <p>Written and oral communication with and about individuals is respectful.</p>	Residential Services	15 PLEASANT ST Wakefield MA 01880	BD	Information about BD's dining/caloric intake and logs was displayed on the wall in the home's common area. Corrected by the agency on 7/11/2023.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
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.	Residential Services	30 CEDAR ST, #1 Wakefield MA 01880	JF	This location has locks in place on all external doors which can only be opened via an electronic key pad. The locks are in place for one individual living on the first floor apartment and two individuals living on the second floor apartment. There was no mitigation plan in place. For example, if the person who the locks are intended for on the first floor no longer needs it, staff would not be able to remove it due to the individuals on the second floor still requiring the restriction.
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.	Residential Services	5 SUSAN TERRACE Woburn MA 01801	PO	A restrictive practice of locked sharps was in place at this location. PO and her guardian were not formally informed of the practice.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
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.	Residential Services	15 PLEASANT ST Wakefield MA 01880	WP	A door alarm was in place for another individual in the home. The letter provided to individuals and guardians regarding the door alarm did not include information about how to mitigate the restriction when the person for whom it is intended is not home; such as, turning the alarm off when the person is away for the weekend.
L57* All behavior plans are in a written plan.	Residential Services	5 SUSAN TERRACE Woburn MA 01801	PO	PO's Positive Behavior Support plan was not being implemented as agreed upon.
L60* Data are consistently maintained and used to determine the efficacy of behavioral interventions.	Residential Services	5 SUSAN TERRACE Woburn MA 01801	PO	Data was not consistently maintained for PO's Positive Behavior Support plan.
L60* Data are consistently maintained and used to determine the efficacy of behavioral interventions.	Residential Services	23 REVERE RD Woburn MA 01801	PW	Data was not consistently maintained to determine the efficacy of PW's Positive Behavior Support plan.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L61* Supports and health related protections are included in ISP assessments and the continued need is outlined.	Residential Services	117 Osborne Path Newton MA 02459	FK	FK has an order to use a hospital bed with side rails. However, the bed rails were not attached to the bed and found under her bed by the surveyor. FK did have a shower chair for safety while bathing, a 4-wheel Rollator for safety while ambulating, and hearing aids to assist with hearing properly which were all in use and supported appropriately.
L61* Supports and health related protections are included in ISP assessments and the continued need is outlined.	ABI-MFP Placement Services	116 Brook Street Methuen MA 01844	SN	SN utilizes a shower chair. The order states that, "the safety of all devices are checked on a daily basis. Shower chair is checked prior to use for safety." There was no mechanism in place for tracking if the shower chair was being checked for safety as ordered.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L63* Medication treatment plans are in written format with required components.	Residential Services	5 SUSAN TERRACE Woburn MA 01801	PO	PO has diagnoses of Obsessive-Compulsive Disorder, Anxiety and sleep disturbance. She is prescribed Inderal, Zoloft and Melatonin. Medication Treatment Plans were in place, but data which would be used to determine the efficacy of the prescribed medications was not being consistently maintained.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L63* Medication treatment plans are in written format with required components.	Residential Services	30 CEDAR ST, #1 Wakefield MA 01880	LP	There is a discrepancy between the current doctor's order for PK (dated 6/13/23) and the medication treatment plan for the Ativan this person is prescribed. The doctor's order lists Ativan 0.5mg one at bedtime for sleep aid: sleep data was not being tracked, nor were parameters for sleep/discontinuation included in the treatment plan. The Ativan was originally prescribed in 2019 for "anxiety, ruminative behaviors" which were occurring particularly at nighttime. PK is prescribed two anti-psychotic medications (Seroquel and Risperdal) and did not have a Rogers Monitor in place. (In process of being corrected: 7/13/23, has now been added to the DDS guardianship clinic scheduled for 8/7/23 to begin the Rogers Monitor process).

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L63* Medication treatment plans are in written format with required components.	Residential Services	23 REVERE RD Woburn MA 01801	GL	GL is diagnosed with Depressive Disorder, sleep disturbances and Mood Disorder. There was a Medication Treatment Plan for Zyprexa, Trazadone and Nortriptyline but data was not being consistently maintained to determine the efficacy of these medications.
L63* Medication treatment plans are in written format with required components.	ABI-MFP Residential Services	61 Locust Street Unit 221 Medford MA 02155	DF	DF is prescribed Melatonin for sleep, however, there was no component in the Medication Treatment Plan defining criteria relative to decreasing or eliminating the medication.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L63* Medication treatment plans are in written format with required components.	ABI-MFP Placement Services	66 Leonard Street Dedham MA 02026	BR	BR was prescribed Depakote, Seroquel and Prozac for mood stabilization, anxiety, and depression. There were no unique symptoms that the medications were identified to treat in BR's medication treatment plan. The plan stated, "BR entered shared living in 2019 and has not exhibited behaviors. His previous history from DDS did not include behaviors either." The medication treatment plan also stated that BR had not displayed any symptoms of anxiety or depression since entering shared living in 2019. There was no data tracking mechanism in use between 2019 and when the plan was developed on 3/6/23, therefore it was unclear how an absence of symptoms was determined.
L67 There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	ABI-MFP Residential Services	60 Hope Ave. Apt. 305 Waltham MA 02451	PD	PD has a Funds Management Plan dated 7/19/2023 which was signed by PD but not by the guardian.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L67 There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	ABI-MFP Placement Services	66 Leonard Street Dedham MA 02026	BR	BR had a funds management plan dated 3/6/23. The plan stated that "the provider assists him to spend his money on necessary and recreational purchases." The plan also stated that there was a daily financial log in the provider home along with receipts. This funds management plan was not accurate as BR was found to be capable of managing his money on his own and did not receive assistance from the provider. BR held his own cash and there were no financial logs or receipts that the provider was tracking.
L69 Individual expenditures are documented and tracked.	Residential Services	5 SUSAN TERRACE Woburn MA 01801	PO	Financial Transaction Records for PO's expenditures and receipts were not being maintained.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L78* Staff are trained to safely and consistently implement restrictive interventions.	Residential Services	30 CEDAR ST, #1 Wakefield MA 01880		There were keypad locks that required code entries to exit and enter the building' these locks cannot be opened by individuals without the code (operated by staff). There was a behavior plan in place for one individual (LP) that mentioned potential "unlocked door time", however, the doors were never unlocked as they are also in place for two additional individuals who live on the 2nd floor of this home. Staff could not follow the 'unlocked door time' portion of this plan.
L78* Staff are trained to safely and consistently implement restrictive interventions.	Residential Services	5 SUSAN TERRACE Woburn MA 01801		There was a restrictive practice of locked sharps in this home. It was not evident that staff training occurred for the practice.
L80 Support staff are trained to recognize signs and symptoms of illness.	Placement Services	10 Birch Drive Randolph MA 02368		Staff were not trained on signs and symptoms of illness (Observation Guidelines & Just Not Right). The last training was completed in December 2020.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L80 Support staff are trained to recognize signs and symptoms of illness.	ABI-MFP Placement Services	172 Keswick Road Brockton MA 02301		There was no evidence of staff training on the signs and symptoms of illness, including Just Not Right.
L84 Staff / care providers are trained in the correct utilization of health related protections per regulation.	Residential Services	117 Osborne Path Newton MA 02459	FK	Staff were trained on FK's Supportive and Protective devices on 5/1/23; however, they were not properly implementing the use of her bedrails.
L85* The agency provides ongoing supervision, oversight and staff development.	Residential Services	5 SUSAN TERRACE Woburn MA 01801		Monthly supervision and staff meetings were not occurring with any consistency, and this was evidenced by the many issues identified in the home.
L85* The agency provides ongoing supervision, oversight and staff development.	Residential Services	23 REVERE RD Woburn MA 01801		Monthly supervision was not occurring per agency policy.
L85* The agency provides ongoing supervision, oversight and staff development.	Placement Services	10 Birch Drive Randolph MA 02368		There was no evidence of ongoing oversight, staff supervision, and staff development prior to May 2023.
L85* The agency provides ongoing supervision, oversight and staff development.	ABI-MFP Residential Services	61 Locust Street Unit 221 Medford MA 02155		A review of staff meeting minutes revealed that although issues with the implementation and documentation of progress towards meeting people's ISP objectives were identified, this not addressed.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L86* Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Residential Services	5 SUSAN TERRACE Woburn MA 01801	PO	Required Assessments for PO's ISP were due on 06/22/2022 and were submitted on 10/25/2022.
L86* Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Residential Services	117 Osborne Path Newton MA 02459	FK	The required assessments were requested on 7/25/22, due on 9/7/22, and submitted on 9/21/22 for an ISP dated 9/22/22.
L86* Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Residential Services	23 REVERE RD Woburn MA 01801	GL	The required assessments for GL's ISP were due on 09/20/2022 and were submitted 10/04/2022.
L86* Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	Residential Services	15 PLEASANT ST Wakefield MA 01880	CD	ISP meeting was 8/31/2022. Required assessments were due on 8/16/2022 and submitted on 9/5/2022.
L86* Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	ABI-MFP Residential Services	60 Hope Ave. Apt. 305 Waltham MA 02451	PD	ISP assessments for 07/27/2022 ISP meeting were requested 6/17/22, due 07/12/22 and submitted 7/13/2022.
L87* Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Residential Services	5 SUSAN TERRACE Woburn MA 01801	PO	Support Strategies for PO's ISP were due 6/22/2022 and were submitted on 11/07/2022.
L87* Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Residential Services	23 REVERE RD Woburn MA 01801	GL	The Supports Strategies for GL's ISP were due on 09/20/2022 and were submitted on 10/04/2022.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L87* Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Residential Services	117 Osborne Path Newton MA 02459	FK	Support strategies were requested on 7/25/22, due on 9/7/22, and submitted on 9/21/22 for an ISP dated 9/22/22.
L87* Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	Residential Services	15 PLEASANT ST Wakefield MA 01880	CD	ISP meeting was 8/31/2022. Support strategies were due on 8/16/2022 and submitted on 8/24/2022.
L87* Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	ABI-MFP Residential Services	60 Hope Ave. Apt. 305 Waltham MA 02451	PD	ISP support strategy for 07/27/2022 ISP meeting were requested 6/17/22, due 07/12/22 and submitted 7/13/2022.
L88* Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Residential Services	5 SUSAN TERRACE Woburn MA 01801	PO	There was no evidence that PO was supported to work on her goal of: "Five times per week Sunday-Thursday PO will choose an appropriate outfit for the next morning 60% of the time with verbal prompts." Data was also not consistently maintained on the goal.
L88* Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Residential Services	23 REVERE RD Woburn MA 01801	GL	GL was not supported to work on and accomplish her ISP goal. Data was not being consistently maintained.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L88* Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Placement Services	66 Leonard Street Dedham MA 02026	DW	DW's goal is to attend his physical therapy sessions and complete recommended exercises on non-physical therapy days. DW was attending his physical therapy sessions, weighing himself weekly and documenting it on a tracking chart. Staff did not complete progress notes, nor did they support him to track and record his weight prior to May 2023.
L88* Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	ABI-MFP Residential Services	61 Locust Street Unit 221 Medford MA 02155	DE	A review of progress notes revealed that DE was not supported to accomplish his goal to "cook once per week 50% of the time". Staff often did not record participation in this activity, and sometimes indicated that work toward the goal was completed when in fact the meal that was prepared did not require cooking (ex. sandwich).

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L88* Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	ABI-MFP Placement Services	66 Leonard Street Dedham MA 02026	BR	The goal stated, "By March 2023, BR will learn to exercise greater financial responsibility." The objective was, "At monthly home visits BR will provide his shared living coordinator with a copy of his most recent personal account statement. He will discuss goals and check in with the coordinator on what goals he specifically chooses." Notes on the goal noted if BR showed his bank statement to staff, and whether the balance had been overdrawn or not but did not mention BR discussing any specific goals as stated in the provider support strategies.
L89* The provider has a complaint and resolution process that is effectively implemented at the local level.	ABI-MFP Placement Services	66 Leonard Street Dedham MA 02026		A complaint resolution process and logs were not present on site. (Corrected)
L89* The provider has a complaint and resolution process that is effectively implemented at the local level.	ABI-MFP Placement Services	116 Brook Street Methuen MA 01844		There were no complaint resolution process and log present at the site. (Corrected)

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L91* Incidents are reported and reviewed as mandated by regulation.	Residential Services	117 Osborne Path Newton MA 02459		Incident # 5/22/23-FK and 1557318 were submitted 5 days late, and incident #MM-1558545 was submitted 1 day late in HCSIS.
L91* Incidents are reported and reviewed as mandated by regulation.	Residential Services	23 REVERE RD Woburn MA 01801		Incident numbers 1564440 and 1556938 were not submitted in line with mandated timelines. Incident 1564440 occurred on 6/28/2023 but was not created until 07/03/2023. Incident 1556938 occurred on 5/18/20, was submitted on 07/03/2023, and then finalized on 07/05/2023.
L91* Incidents are reported and reviewed as mandated by regulation.	Residential Services	15 PLEASANT ST Wakefield MA 01880		Incident #1533817 was not finalized within HCSIS from an ER visit during which individual was admitted to hospital but has since been discharged.
L91* Incidents are reported and reviewed as mandated by regulation.	ABI-MFP Residential Services	60 Hope Ave. Apt. 305 Waltham MA 02451		Incident reports #1507697 and 1565421 were submitted/finalized outside of required time frames.

Licensure Residential and Individual Home Supports

Issues on Not Met Indicators

Indicator	Service Type	Location	Individual	Issue
L94 (05/22) Individuals have assistive technology to maximize independence.	Residential Services	30 CEDAR ST, #1 Wakefield MA 01880	LP	An assistive Technology Assessment was completed for LP on 5/8/2023. The assessment identified a goal for LP to "be able to send text messages/video calls". LP was not supported to obtain the necessary equipment or participate in activities.
L94 (05/22) Individuals have assistive technology to maximize independence.	Residential Services	23 REVERE RD Woburn MA 01801	GL	The assistive Technology assessment completed for GL was not individualized. The assessment contained pre-populated information that did not pertain to GL.
L94 (05/22) Individuals have assistive technology to maximize independence.	ABI-MFP Residential Services	61 Locust Street Unit 221 Medford MA 02155	DE	DE was assessed on 1/20/23 and it was determined that although he was independent in many areas, he needed some support to increase his ability to plan his day and know his community/landmarks. DE was not supported by staff to gain greater understanding in these areas.

* Indicators subject to follow-up within 60 days

Planning and Quality Management

Issues on Not Met Indicators

Indicator	Source	Issue
C3 The provider actively solicits and utilizes input from the individuals and families regarding satisfaction with services.	Document	There was no evidence of the agencies system for collecting and using input from stakeholders, guardians, and individuals to plan for programmatic improvements.
	Staff	

Certification Residential Services**Issues on Not Met Indicators**

Indicator	Location	Individual	Issue
C12 Individuals are supported to explore, define, and express their need for intimacy and companionship.	23 REVERE RD Woburn MA 01801	GL	GL was not assessed for her interest in the areas of intimacy and companionship, and no education or support had been provided in these areas.
C12 Individuals are supported to explore, define, and express their need for intimacy and companionship.	5 SUSAN TERRACE Woburn MA 01801	PO	PO was not assessed, and there was no training and support in the areas of intimacy and companionship.

Certification ABI-MFP Residential Services**Issues on Not Met Indicators**

Indicator	Location	Individual	Issue
C9 Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	61 Locust Street Unit 221 Medford MA 02155	DF	It was inevident that staff were acting as bridge builders, providing DF opportunities to develop personal relationships. He moved into the home in December 2022.
C9 Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	61 Locust Street Unit 221 Medford MA 02155	DE	Interviews conducted revealed that staff had not acted as bridge builders for the purpose of supporting DE to increase his social contacts beyond those he has with his family, housemates and staff.

Certification ABI-MFP Residential Services

Issues on Not Met Indicators

Indicator	Location	Individual	Issue
C12 Individuals are supported to explore, define, and express their need for intimacy and companionship.	60 Hope Ave. Apt. 305 Waltham MA 02451	PD	An assessment of PD's interests for intimacy and companionship was attempted on 6/7/23 but PD was reportedly not interested so it was not completed. A referral packet in PD's confidential file showed that prior to his ABI placement his relationship preferences and history were known.
C12 Individuals are supported to explore, define, and express their need for intimacy and companionship.	61 Locust Street Unit 221 Medford MA 02155	DF	A sexuality assessment was attempted but reportedly refused by DF. Staff could also not communicate ways in which they supported DF to explore companionship opportunities.
C12 Individuals are supported to explore, define, and express their need for intimacy and companionship.	61 Locust Street Unit 221 Medford MA 02155	DE	An assessment was conducted on 10/21/22, however, no preferences were identified for DE in the area of intimacy and companionship/ Additionally, no support was evident in this area.
C16 Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	61 Locust Street Unit 221 Medford MA 02155	DF	It was inevident that DF was supported to explore, discover and connect with interests for cultural, social, recreational, and spiritual activities. The agency needs to develop strategies to support DF to explore and connect with his interests.
C17 Community activities are based on the individual's preferences and interests.	61 Locust Street Unit 221 Medford MA 02155	DF	It could not be determined whether community interests were based on DF's interests.

Certification ABI-MFP Placement Services

Issues on Not Met Indicators

Indicator	Location	Individual	Issue
C12 Individuals are supported to explore, define, and express their need for intimacy and companionship.	172 Keswick Road Brockton MA 02301	VF	The agency did not conduct a sexuality assessment for VF who has four kids from previous relationships. It was unclear what his current preferences are and there was no support evident in this area.

Certification Individual Home Supports

Issues on Not Met Indicators

Indicator	Location	Individual	Issue
C9 Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	131 PIERCE ST APT 201 MALDEN MA 02148	MW	MW is retired and continuously rejects staff suggestions to attend adult day options/day program or other community based senior center services offered. However, staff have not supported her to re-connect with a friend she used to visit (when her sister was living) who now lives a non-Riverside group home.
C11 Staff (Home Providers) support individuals to get together with families and friends.	700 EAST ST, APT. F WALPOLE MA 02081	AC	AC was not being supported by staff to visit with her friend/fiancée who currently lives in a nursing home.

MASTER SCORE SHEET LICENSURE

Organizational: Riverside Community Care, Inc.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	18/18	Met
L3	Immediate Action	14/15	Met(93.33 %)
L4	Action taken	15/15	Met
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	5/5	Met
L75	Qualified staff	5/5	Met

L76	Track trainings	13/20	Not Met(65.00 %)
L83	HR training	20/20	Met

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/R ated	Rating
L1	Abuse/neglect training	I	5/5	3/3	4/4		2/4	3/3	17/19	Met (89.47 %)
L5	Safety Plan	L	4/5	3/3	3/3		3/3	3/3	16/17	Met (94.12 %)
℞ L6	Evacuation	L	4/5	2/2	3/3		3/3	3/3	15/16	Met (93.75 %)
L7	Fire Drills	L	4/5				3/3		7/8	Met (87.50 %)
L8	Emergency Fact Sheets	I	4/5	3/3	4/4		3/4	3/3	17/19	Met (89.47 %)
L9 (07/21)	Safe use of equipment	I	5/5	3/3			4/4		12/12	Met
L10	Reduce risk interventions	I	2/2				1/1		3/3	Met
℞ L11	Required inspections	L	5/5		3/3		2/3	3/3	13/14	Met (92.86 %)
℞ L12	Smoke detectors	L	4/5		3/3		3/3	3/3	13/14	Met (92.86 %)
℞ L13	Clean location	L	4/5		3/3		3/3	3/3	13/14	Met (92.86 %)
L14	Site in good repair	L	5/5		3/3		3/3	3/3	14/14	Met
L15	Hot water	L	3/5		2/3		2/3	2/3	9/14	Not Met (64.29 %)
L16	Accessibility	L	5/5		3/3		3/3	3/3	14/14	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/R ated	Rating
L17	Egress at grade	L	5/5		3/3		3/3	3/3	14/14	Met
L18	Above grade egress	L	4/4		2/2		3/3	3/3	12/12	Met
L19	Bedroom location	L	4/4		1/1		3/3		8/8	Met
L20	Exit doors	L	4/5				3/3		7/8	Met (87.50 %)
L21	Safe electrical equipment	L	5/5		2/3		3/3	3/3	13/14	Met (92.86 %)
L22	Well-maintained appliances	L	4/5		3/3		3/3	3/3	13/14	Met (92.86 %)
L23	Egress door locks	L	2/2						2/2	Met
L24	Locked door access	L	4/4		2/2		3/3		9/9	Met
L25	Dangerous substances	L	5/5				3/3		8/8	Met
L26	Walkway safety	L	3/5		3/3		3/3	3/3	12/14	Met (85.71 %)
L27	Pools, hot tubs, etc.	L	1/1		1/1				2/2	Met
L28	Flammables	L	5/5				3/3		8/8	Met
L29	Rubbish/combustibles	L	5/5		3/3		3/3	3/3	14/14	Met
L30	Protective railings	L	4/5	1/1	3/3		3/3	3/3	14/15	Met (93.33 %)
L31	Communication method	I	5/5	3/3	4/4		4/4	3/3	19/19	Met
L32	Verbal & written	I	5/5	3/3	4/4		4/4	3/3	19/19	Met
L33	Physical exam	I	5/5	3/3	4/4		3/3	3/3	18/18	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/R ated	Rating
L34	Dental exam	I	4/5	3/3	4/4		2/2	2/3	15/17	Met (88.24 %)
L35	Preventive screenings	I	4/5	3/3	4/4		3/4	3/3	17/19	Met (89.47 %)
L36	Recommended tests	I	2/5	3/3	3/4		4/4	1/3	13/19	Not Met (68.42 %)
L37	Prompt treatment	I	5/5	3/3	4/4		4/4	3/3	19/19	Met
Ⓡ L38	Physician's orders	I	4/4		2/2		2/4	1/3	9/13	Not Met (69.23 %)
L39	Dietary requirements	I	4/4		0/1		2/2	1/1	7/8	Met (87.50 %)
L40	Nutritional food	L	5/5	1/1			3/3		9/9	Met
L41	Healthy diet	L	5/5	3/3	3/3		3/3	3/3	17/17	Met
L42	Physical activity	L	5/5	3/3	3/3		3/3	3/3	17/17	Met
L43	Health Care Record	I	3/5	3/3	4/4		1/4	2/3	13/19	Not Met (68.42 %)
L44	MAP registration	L	5/5				3/3		8/8	Met
L45	Medication storage	L	5/5				3/3		8/8	Met
Ⓡ L46	Med. Administration	I	5/5		2/4		4/4	2/3	13/16	Met (81.25 %)
L47	Self medication	I		2/2					2/2	Met
L49	Informed of human rights	I	5/5	2/2	4/4		3/4	3/3	17/18	Met (94.44 %)
L50 (07/21)	Respectful Comm.	I	4/5	3/3	4/4		4/4	3/3	18/19	Met (94.74 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/R ated	Rating
L51	Possessions	I	5/5	3/3	4/4		4/4	3/3	19/19	Met
L52	Phone calls	I	5/5	3/3	4/4		4/4	3/3	19/19	Met
L53	Visitation	I	5/5	3/3	4/4		4/4	3/3	19/19	Met
L54 (07/21)	Privacy	I	5/5	3/3	4/4		4/4	3/3	19/19	Met
L55	Informed consent	I	2/2						2/2	Met
L56	Restrictive practices	I	0/3						0/3	Not Met (0 %)
L57	Written behavior plans	I	2/3						2/3	Not Met (66.67 %)
L58	Behavior plan component	I	1/1						1/1	Met
L59	Behavior plan review	I	1/1						1/1	Met
L60	Data maintenance	I	1/3						1/3	Not Met (33.33 %)
L61	Health protection in ISP	I	0/1		1/1		2/2	1/2	4/6	Not Met (66.67 %)
L62	Health protection review	I					1/1		1/1	Met
L63	Med. treatment plan form	I	2/5		2/2		1/2	2/3	7/12	Not Met (58.33 %)
L64	Med. treatment plan rev.	I	5/5		2/2		2/2	3/3	12/12	Met
L67	Money mgmt. plan	I	5/5	1/1	3/3		0/1	2/3	11/13	Met (84.62 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/R ated	Rating
L68	Funds expenditur e	I	5/5	1/1	3/3		2/2	2/2	13/13	Met
L69	Expenditur e tracking	I	4/5	1/1	3/3		2/2	2/2	12/13	Met (92.31 %)
L70	Charges for care calc.	I	5/5		4/4		4/4	3/3	16/16	Met
L71	Charges for care appeal	I	5/5		4/4		4/4	3/3	16/16	Met
L77	Unique needs training	I	5/5	3/3	4/4		4/4	3/3	19/19	Met
L78	Restrictive Int. Training	L	1/3						1/3	Not Met (33.33 %)
L79	Restraint training	L	1/1						1/1	Met
L80	Symptoms of illness	L	5/5	3/3	3/4		3/3	2/3	16/18	Met (88.89 %)
L81	Medical emergency	L	5/5	3/3	4/4		3/3	3/3	18/18	Met
L82	Medication admin.	L	5/5				3/3		8/8	Met
L84	Health protect. Training	I	0/1				2/2	1/1	3/4	Met
L85	Supervisi on	L	3/5	3/3	3/4		2/3	3/3	14/18	Not Met (77.78 %)
L86	Required assessmen ts	I	1/5	3/3	4/4		1/2	1/1	10/15	Not Met (66.67 %)
L87	Support strategies	I	1/5	3/3	4/4		1/2	1/1	10/15	Not Met (66.67 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/R ated	Rating
L88	Strategies implement ed	I	3/5	3/3	3/4		3/4	2/3	14/19	Not Met (73.68 %)
L89	Complaint and resolution process	L					3/3	1/3	4/6	Not Met (66.67 %)
L90	Personal space/ bedroom privacy	I	5/5	2/2	4/4		4/4	3/3	18/18	Met
L91	Incident manageme nt	L	2/5	3/3	3/3		2/3	3/3	13/17	Not Met (76.47 %)
L93 (05/22)	Emergency back-up plans	I	5/5	3/3	4/4		4/4	3/3	19/19	Met
L94 (05/22)	Assistive technology	I	3/5	3/3	4/4		3/4	3/3	16/19	Met (84.21 %)
L96 (05/22)	Staff training in devices and applicatio ns	I	2/2	3/3	4/4		4/4	1/1	14/14	Met
L99 (05/22)	Medical monitoring devices	I	2/2						2/2	Met
#Std. Met/# 83 Indicator									67/83	
Total Score									73/91	
									80.22 %	

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	0/1	Not Met (0 %)
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	5/5	Met
C8	Family/guardian communication	5/5	Met
C9	Personal relationships	5/5	Met
C10	Social skill development	5/5	Met
C11	Get together w/family & friends	5/5	Met
C12	Intimacy	3/5	Not Met (60.0 %)
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	5/5	Met
C17	Community activities	5/5	Met
C18	Purchase personal belongings	5/5	Met
C19	Knowledgeable decisions	5/5	Met
C46	Use of generic resources	5/5	Met
C47	Transportation to/ from community	5/5	Met
C48	Neighborhood connections	5/5	Met
C49	Physical setting is consistent	5/5	Met
C51	Ongoing satisfaction with services/ supports	5/5	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C52	Leisure activities and free-time choices /control	5/5	Met
C53	Food/ dining choices	5/5	Met

ABI-MFP Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	4/4	Met
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	2/4	Not Met (50.0 %)
C10	Social skill development	4/4	Met
C11	Get together w/family & friends	4/4	Met
C12	Intimacy	1/4	Not Met (25.00 %)
C13	Skills to maximize independence	4/4	Met
C14	Choices in routines & schedules	4/4	Met
C15	Personalize living space	3/3	Met
C16	Explore interests	3/4	Met
C17	Community activities	3/4	Met
C18	Purchase personal belongings	4/4	Met
C19	Knowledgeable decisions	4/4	Met
C46	Use of generic resources	4/4	Met
C47	Transportation to/ from community	4/4	Met
C48	Neighborhood connections	4/4	Met
C49	Physical setting is consistent	3/3	Met
C51	Ongoing satisfaction with services/ supports	4/4	Met
C52	Leisure activities and free-time choices /control	4/4	Met
C53	Food/ dining choices	4/4	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	4/4	Met
C8	Family/guardian communication	4/4	Met
C9	Personal relationships	4/4	Met
C10	Social skill development	4/4	Met
C11	Get together w/family & friends	4/4	Met
C12	Intimacy	4/4	Met
C13	Skills to maximize independence	4/4	Met
C14	Choices in routines & schedules	4/4	Met
C15	Personalize living space	3/3	Met
C16	Explore interests	4/4	Met
C17	Community activities	4/4	Met
C18	Purchase personal belongings	4/4	Met
C19	Knowledgeable decisions	4/4	Met
C46	Use of generic resources	4/4	Met
C47	Transportation to/ from community	4/4	Met
C48	Neighborhood connections	4/4	Met
C49	Physical setting is consistent	3/3	Met
C51	Ongoing satisfaction with services/ supports	4/4	Met
C52	Leisure activities and free-time choices /control	4/4	Met
C53	Food/ dining choices	4/4	Met

ABI-MFP Placement Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/3	Met
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	3/3	Met
C10	Social skill development	3/3	Met

ABI-MFP Placement Services

Indicator #	Indicator	Met/Rated	Rating
C11	Get together w/family & friends	3/3	Met
C12	Intimacy	2/3	Not Met (66.67 %)
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	3/3	Met
C16	Explore interests	3/3	Met
C17	Community activities	3/3	Met
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	3/3	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	3/3	Met
C49	Physical setting is consistent	3/3	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	3/3	Met
C53	Food/ dining choices	3/3	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/3	Met
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	2/3	Not Met (66.67 %)
C10	Social skill development	3/3	Met
C11	Get together w/family & friends	2/3	Not Met (66.67 %)
C12	Intimacy	3/3	Met
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C15	Personalize living space	1/1	Met
C16	Explore interests	3/3	Met
C17	Community activities	3/3	Met
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	3/3	Met
C21	Coordinate outreach	3/3	Met
C46	Use of generic resources	3/3	Met
C47	Transportation to/ from community	3/3	Met
C48	Neighborhood connections	3/3	Met
C49	Physical setting is consistent	2/2	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met
C52	Leisure activities and free-time choices /control	3/3	Met
C53	Food/ dining choices	3/3	Met

ADDENDUM OF ISSUES BEYOND THE PROVIDER'S CONTROL:

Licensure:

<u>Residential and Individual Home Supports</u>				
Indicator	Service Type	Location	Individual	Issue
L33 Individuals receive an annual physical exam.	ABI-MFP Residential Services	60 Hope Ave. Apt. 305 Waltham MA 02451	PD	PD's Annual Physical Examination occurred on 11/29/2021 with instruction to follow-up in five months. The appointment was scheduled for 10/11/2022. PD was hospitalized during this time, so it was rescheduled for 4/6/2023; again, PD was hospitalized during this time. It is rescheduled for 8/8/2023 and PD is also on a wait list for any cancellations so he can be seen sooner.
L34 Individuals receive an annual dental exam.		61 Locust Street Unit 221 Medford MA 02155	DF	DF reportedly had a dental exam that his mother scheduled and attended with him; however, the agency was not provided paperwork from the visit.

L34 Individuals receive an annual dental exam.	ABI-MFP Residential Services	60 Hope Ave. Apt. 305 Waltham MA 02451	PD	PD's annual dental visit occurred on 3/29/2022 with recommendations to follow-up in three months. An appointment was scheduled for October 2022, however, PD was hospitalized at that time. The next dental appointment is scheduled for August 2023.
L86 Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	ABI-MFP Placement Services	116 Brook Street Methuen MA 01844	SN	The required assessments for SN's ISP were due on 1/2/23, requested on 1/18/23 and submitted on 4/15 and 4/17/23.
	ABI-MFP Residential Services	61 Locust Street Unit 221 Medford MA 02155	DF	Required assessments for DF's ISP were requested on 1/26/23 and were due on 2/22/23. They were submitted on 3/9/23 for an ISP on 3/9/23. The agency was not provided 30 days notification to submit the assessments.
	ABI-MFP Placement Services	172 Keswick Road Brockton MA 02301	VF	Required assessments for the ISP were requested on 5/31/23, due on 6/7/23 and submitted on 6/29/23. The agency did not get the required 30-day notice for submission of the assessments.

L86 Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	ABI-MFP Residential Services	80 Hope Ave. #205 Waltham MA 02453	JK	Required assessments for JK's ISP were requested on 12/12/22, were due on 12/29/22, and were submitted on 01/10/23. The agency was not given 30 days to submit the assessments.
L87 Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.		61 Locust Street Unit 221 Medford MA 02155	DF	The support strategies for DF's ISP were requested on 1/26/23 and were due on 2/22/23. They were submitted on 3/1/23 for an ISP on 3/9/23. The agency was not provided 30 days notification to submit the support strategies.
	ABI-MFP Placement Services	116 Brook Street Methuen MA 01844	SN	The Support Strategies for SN's ISP were due on 1/2/23, requested on 1/18/23, and submitted on 4/27/23.
	ABI-MFP Residential Services	80 Hope Ave. #205 Waltham MA 02453	JK	Support strategies for JK's ISP were requested on 12/12/22, were due on 12/29/22, and were submitted on 01/10/23. The agency was not given 30 days to submit the support strategies.

L87 Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	ABI-MFP Placement Services	172 Keswick Road Brockton MA 02301	VF	Support strategies for the ISP were requested on 5/31/23, due on 6/7/23 and submitted on 6/29/23. The agency did not get the required 30-day notice for submission of the assessments.

Certification:

N/A

GUARDIAN/FAMILY MEMBER/CITIZEN FEEDBACK ADDENDUM: