



**PROVIDER REPORT  
FOR**

**ARC OF GR HAVERHILL-  
NEWBURYPORT, Inc  
57 Wingate St #301  
Haverhill, MA 01832**

**Version**

**Public Provider Report**

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

## **SUMMARY OF OVERALL FINDINGS**

**Provider** ARC OF GR HAVERHILL-  
MASSACHUSETTS

**Review Dates** 6/22/2022 - 6/28/2022

**Service Enhancement  
Meeting Date** 7/12/2022

**Survey Team** Anne Carey  
Cheryl Dolan (TL)

**Citizen Volunteers**

### Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
<b>Residential and Individual Home Supports</b>	6 location(s) 6 audit (s)	Targeted Review	DDS 14/15 Provider 60 / 62  74 / 77 2 Year License 07/12/2022-07/12/2024		DDS 0 / 0 Provider 45 / 47  45 / 47 Certified 07/12/2022 - 07/12/2024
Placement Services	5 location(s) 5 audit (s)			DDS Targeted Review	20 / 20
Individual Home Supports	1 location(s) 1 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management				DDS Targeted Review	4 / 6

## **EXECUTIVE SUMMARY :**

The Arc of Greater Haverhill-Newburyport recently celebrated its 60th anniversary as a provider of support to individuals with intellectual and developmental disabilities throughout the Merrimack Valley and Newburyport communities. The agency offers a broad range of individualized services, including Adult Foster Care (AFC), Agency with Choice (AWC), Shared Living/Placement, and Individual Home Supports (IHS).

As a result of the agency's 2019 survey, in which the agency met 98% of licensing indicators and 100% of certification indicators, the agency was eligible and elected to complete a self-assessment for the current licensing cycle. In conjunction with the self-assessment, DDS conducted a targeted survey, reviewing the eight critical licensing indicators, any licensing indicators rated as not met during the previous survey, and any new indicators developed since the 2019 survey. The overall ratings from this survey process are a combination of the agency's self-assessment and the DDS targeted review.

Several areas of strength were identified during this survey. In the domain of environmental safety, all site-based indicators were rated as met; sites were found to be clean and well maintained, all required inspections were completed, and all fire systems were functioning correctly. Additionally, fire drills are conducted as required. In placement services, the agency provides a high level of oversight in this area, with a site review conducted at each visit. Additionally, the agency has a robust emergency response plan, including 24hr emergency on-call and relocation plans.

Through record review and observation, the agency was found to be respectful in its communication. Placements were noted to be individualized, and consideration was given to the person's cultural preferences. The agency ensured that staff spoke the preferred language of the people they support, reinforcing the agency's commitment to respectful communication.

There were a few areas identified as requiring further attention during the survey. Technology and assistive devices can significantly benefit and increase independence for many people. The agency should assess people's needs and then explore if any technology or assistive devices are available that would lead to greater independence and autonomy.

An area identified by the agency as needing improvement was ensuring people received preventative screenings and tracking of follow-up appointments to ensure completion; the agency has identified a corrective plan to address the issues they identified. Similarly, 2 of the organizational areas the agency felt they could improve on had a plan on how to achieve this.

As a result of this survey, the Arc of Greater Haverhill-Newburyport received a rating of 96% in licensing indicators, with all critical indicators met. The agency is certified, receiving a rating of 96% of certifications met. As a result, the agency will receive a two-year license. Because the agency scored above 90%, it will conduct its own follow-up on the licensing indicators rated as not met within 60 days of the Service enhancement meeting and submit the findings to OQE.

Below is a description of the self-assessment process completed by the provider.

## **Description of Self Assessment Process:**

The Arc of GHN is committed to ensuring the services we provide to the people we support, and their families are provided at the highest level. To that end, we engage in multiple processes to ensure quality and to maintain the safety and wellbeing of the people in our programs.

Quality assurance beings with the Support Supervisors who work diligently to ensure the person served and their provider are well supported. They conduct monthly home visits during which they complete a checklist of items to review in the home, including environmental elements such as water temps, cleanliness, and smoke alarms, along with wellness issues such as community inclusion and medical appointments. These details are collected and documented using the monthly visit note. At these times, SL Home providers and/or field staff are also given the opportunity to report concerns, and the Support Supervisor also identifies opportunities for feedback. Monthly visits are reviewed during quarterly binder reviews by the Director of DDS Programs and/or the Program Assistant. If there are patterns or trends that require attention, these issues are addressed with the Support Supervisor and corrected. Issues related to immediate safety are also communicated to the Chief Program Officer.

In addition, all binders contain an annual checklist of necessary documentation and critical health and safety. Support Supervisors are accountable for ensuring documentation is present and complete.

During quarterly spot binder reviews, the Director addresses any gaps in documentation and staff are expected to correct them in a timely manner. Sample binder reviews occur quarterly to ensure they are accurate and up-to-date. The Program Director also reviews that ISP's have been completed in a timely manner and that incidents have been reported appropriately. This includes reviewing documentation prior to quarterly human rights committee meetings and accessing HCISIS.

Further, the Program Director works with staff members from the Operations Department to conduct an annual site visit using a 31-point Home Inspection Form. This facilitates objectivity because the Operations staff is not embedded within the program. Sites are reviewed for issues related to safety, hygiene, and human rights. Specific items include door locks, egresses, water temps, healthy food, and smoke alarms etc. Any identified issues are required to be remedied immediately.

In addition, administrative reviews occur at the organization level, and including 6-month reviews of training requirements and gaps, staff feedback, incident reporting, and mandated abuse reporting.

Further, we solicit feedback about our services through the use of surveys and communication directly with the people we support, their families and the local DDS Area Office. This information is shared with the Chief Program Officer and Chief Executive Officer so that service improvements can be made.

In preparation of external surveys, the program staff conduct site visits and binder reviews of all members of the program within in the three months prior to the start of the survey. This ensures that all issues previously identified have been remedied and that outstanding gaps in documentation or concerns regarding quality of life are addressed.

2022 Self-Assessment - In addition to the measures mentioned above, an internal survey was conducted with a 20% sample of people served. In addition, a 20% sample of staff were reviewed for training compliance and employment screening. These self-reviews were conducted during the survey dates provided by DDS. During this process, all licensing and certification indicators were reviewed by the Chief Program Officer and the Director of DDS Programs using the DDS tool and rated as 'met' or 'not met'. Review of both binders and site visit data occurred, and the scores were reviewed with the CEO and provided to DDS prior to the end of their targeted survey. For the sake of consistency, a score of 80% was required for all indicators.

## **LICENSURE FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Organizational</b>	<b>8/8</b>	<b>0/8</b>	
<b>Residential and Individual Home Supports</b>	<b>66/69</b>	<b>3/69</b>	
Placement Services Individual Home Supports			
<b>Critical Indicators</b>	<b>7/7</b>	<b>0/7</b>	
<b>Total</b>	<b>74/77</b>	<b>3/77</b>	<b>96%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>3</b>	

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L94 (05/22)	Individuals have assistive technology to maximize independence.	For six of six individuals surveyed, there had been no assessment completed to identify any assistive devices or technology that may increase independence. The agency needs to ensure that all individuals are assessed to determine if any assistive devices or technology could be used to maximize independence and that individuals are supported to use any devices identified.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Issue identified</b>	<b>Action planned to address</b>
L35	Individuals receive routine preventive screenings.	There was no consistent evidence across the sample that preventative screenings were being monitored or occurring. In some cases this was due to non-compliance from the person receiving supports. However, in these instances communication around this was not clear, not were there mechanisms in place to ensure that assessments of screening needs was occurring.	The Program Director will work closely with the agency's Nurse Manager to create an internal visual tool that can be used to determine when preventative screening is indicated. Staff will also be trained on how to utilize the tool. This will be remedied within the next 60 days.

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

Indicator #	Indicator	Issue identified	Action planned to address
L36	Recommended tests and appointments with specialists are made and kept.	While there was adequate evidence of doctors' appointments and accompanying paperwork, there was inconsistency about whether recommended tests were followed up or that results were being reviewed.	In some instances, lab paperwork was able to be retrieved from the physician's office during the survey. However, to enhance this service area, the team will modify the existing medical appointment log to include a new column that captures follow up actions and the dates of completion. This will be completed within the next 60 days.

## **CERTIFICATION FINDINGS**

	<b>Reviewed By</b>	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>DDS 0/0 Provider 4/6</b>	<b>4/6</b>	<b>2/6</b>	
<b>Residential and Individual Home Supports</b>	<b>DDS 0/0 Provider 41/41</b>	<b>41/41</b>	<b>0/41</b>	
Individual Home Supports	DDS 0/0 Provider 21/21	21/21	0/21	
Placement Services	DDS 0/0 Provider 20/20	20/20	0/20	
<b>Total</b>		<b>45/47</b>	<b>2/47</b>	<b>96%</b>
<b>Certified</b>				

### **Planning and Quality Management Areas Needing Improvement on Standards not met From Provider review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Issue identified</b>	<b>Action planned to address</b>
C2	The provider analyzes information gathered from all sources and identifies patterns and trends.	While there are data tracking systems and a there is a Performance Management policy in place at the agency, due to COVID-19 the annual performance report, which typically includes a robust data analysis and narrative was not completed	The CPO will work with the Program Director to collate data from various sources into the annual report within the next 60 days.
C5	The provider has a process to measure progress towards achieving service improvement goals.	program metrics were not captured in the annual Program Performance plan/report/.	The CPO will work with the Program Director to collate data from various sources into the annual report within the next 60 days.



## MASTER SCORE SHEET LICENSURE

Organizational: ARC OF GR HAVERHILL-NEWBURYPORT,Inc

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

### Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	Provider		-	-		-	-	-	Met
L5	Safety Plan	L	Provider		-	-		-	-	-	Met
Ⓡ L6	Evacuation	L	DDS		1/1	5/5				6/6	Met
L8	Emergency Fact Sheets	I	Provider		-	-		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS		1/1					1/1	Met
Ⓡ L11	Required inspections	L	DDS			5/5				5/5	Met
Ⓡ L12	Smoke detectors	L	DDS			5/5				5/5	Met
Ⓡ L13	Clean location	L	DDS			5/5				5/5	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L14	Site in good repair	L	Provider		-	-		-	-	-	Met
L15	Hot water	L	Provider		-	-		-	-	-	Met
L16	Accessibility	L	Provider		-	-		-	-	-	Met
L17	Egress at grade	L	Provider		-	-		-	-	-	Met
L18	Above grade egress	L	Provider		-	-		-	-	-	Met
L19	Bedroom location	L	DDS			3/3				3/3	Met
L20	Exit doors	L	Provider		-	-		-	-	-	Met
L21	Safe electrical equipment	L	Provider		-	-		-	-	-	Met
L22	Well-maintained appliances	L	Provider		-	-		-	-	-	Met
L24	Locked door access	L	DDS			5/5				5/5	Met
L25	Dangerous substances	L	Provider		-	-		-	-	-	Met
L26	Walkway safety	L	Provider		-	-		-	-	-	Met
L28	Flammables	L	Provider		-	-		-	-	-	Met
L29	Rubbish/combustibles	L	Provider		-	-		-	-	-	Met
L30	Protective railings	L	Provider		-	-		-	-	-	Met
L31	Communication method	I	Provider		-	-		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L32	Verbal & written	I	Provider		-	-		-	-	-	Met
L33	Physical exam	I	Provider		-	-		-	-	-	Met
L34	Dental exam	I	Provider		-	-		-	-	-	Met
L35	Preventive screenings	I	Provider		-	-		-	-	-	Not Met
L36	Recommended tests	I	Provider		-	-		-	-	-	Not Met
L37	Prompt treatment	I	Provider		-	-		-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS		1/1					1/1	Met
L39	Dietary requirements	I	Provider		-	-		-	-	-	Met
L40	Nutritional food	L	Provider		-	-		-	-	-	Met
L41	Healthy diet	L	Provider		-	-		-	-	-	Met
L42	Physical activity	L	Provider		-	-		-	-	-	Met
L43	Health Care Record	I	Provider		-	-		-	-	-	Met
L45	Medication storage	L	Provider		-	-		-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS			4/5				4/5	Met (80.0 %)
L47	Self medication	I	Provider		-	-		-	-	-	Met
L49	Informed of human rights	I	Provider		-	-		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS		1/1	5/5				6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L51	Possessions	I	Provider		-	-		-	-	-	Met
L52	Phone calls	I	Provider		-	-		-	-	-	Met
L53	Visitation	I	Provider		-	-		-	-	-	Met
L54 (07/21)	Privacy	I	DDS		1/1	5/5				6/6	Met
L55	Informed consent	I	Provider		-	-		-	-	-	Met
L61	Health protection in ISP	I	Provider		-	-		-	-	-	Met
L62	Health protection review	I	Provider		-	-		-	-	-	Met
L63	Med. treatment plan form	I	Provider		-	-		-	-	-	Met
L64	Med. treatment plan rev.	I	Provider		-	-		-	-	-	Met
L67	Money mgmt. plan	I	Provider		-	-		-	-	-	Met
L68	Funds expenditure	I	Provider		-	-		-	-	-	Met
L69	Expenditure tracking	I	Provider		-	-		-	-	-	Met
L70	Charges for care calc.	I	Provider		-	-		-	-	-	Met
L71	Charges for care appeal	I	Provider		-	-		-	-	-	Met
L77	Unique needs training	I	Provider		-	-		-	-	-	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L78	Restrictive Int. Training	L	Provider		-	-		-	-	-	Met
L79	Restraint training	L	Provider		-	-		-	-	-	Met
L80	Symptoms of illness	L	Provider		-	-		-	-	-	Met
L81	Medical emergency	L	Provider		-	-		-	-	-	Met
L84	Health protect. Training	I	Provider		-	-		-	-	-	Met
L85	Supervision	L	Provider		-	-		-	-	-	Met
L86	Required assessments	I	Provider		-	-		-	-	-	Met
L87	Support strategies	I	Provider		-	-		-	-	-	Met
L88	Strategies implemented	I	Provider		-	-		-	-	-	Met
L90	Personal space/bedroom privacy	I	Provider		-	-		-	-	-	Met
L91	Incident management	L	Provider		-	-		-	-	-	Met
L93 (05/22)	Emergency back-up plans	I	DDS		1/1	5/5				6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L94 (05/22)	Assistive technology	I	DDS		0/1	0/5				0/6	Not Met (0 %)
#Std. Met/# 69 Indicator										66/69	
Total Score										74/77	
										96.10%	

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

	Indicator #	Indicator	Reviewed By	Met/Rated	Rating
	C1	Provider data collection	Provider	-	Met
	C2	Data analysis	Provider	-	Not Met (0 %)
	C3	Service satisfaction	Provider	-	Met
	C4	Utilizes input from stakeholders	Provider	-	Met
	C5	Measure progress	Provider	-	Not Met (0 %)
	C6	Future directions planning	Provider	-	Met

### Placement Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C9	Personal relationships	Provider	-	Met
C10	Social skill development	Provider	-	Met
C11	Get together w/family & friends	Provider	-	Met

## Placement Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C12	Intimacy	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	Provider	-	<b>Met</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Met</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>

## Individual Home Supports

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C9	Personal relationships	Provider	-	<b>Met</b>
C10	Social skill development	Provider	-	<b>Met</b>
C11	Get together w/family & friends	Provider	-	<b>Met</b>
C12	Intimacy	Provider	-	<b>Met</b>
C13	Skills to maximize independence	Provider	-	<b>Met</b>
C14	Choices in routines & schedules	Provider	-	<b>Met</b>
C15	Personalize living space	Provider	-	<b>Met</b>
C16	Explore interests	Provider	-	<b>Met</b>
C17	Community activities	Provider	-	<b>Met</b>

**Individual Home Supports**

<b>Indicator #</b>	<b>Indicator</b>	<b>Reviewed By</b>	<b>Met/Rated</b>	<b>Rating</b>
C18	Purchase personal belongings	Provider	-	<b>Met</b>
C19	Knowledgeable decisions	Provider	-	<b>Met</b>
C21	Coordinate outreach	Provider	-	<b>Met</b>
C46	Use of generic resources	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C48	Neighborhood connections	Provider	-	<b>Met</b>
C49	Physical setting is consistent	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>
C52	Leisure activities and free-time choices /control	Provider	-	<b>Met</b>
C53	Food/ dining choices	Provider	-	<b>Met</b>