



**PROVIDER REPORT
FOR**

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

July 15, 2026

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	ARC OF GR HAVERHILL-NEWBURYPORT,Inc
Review Dates	6/10/2026 - 6/15/2026
Service Enhancement Meeting Date	7/1/2026
Survey Team	Meagan Caccioppoli Makayla Gallant Raquel Rodriguez (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
Residential and Individual Home Supports	5 location(s) 5 audit (s)	Full Review	71/73 2 Year License 07/01/2026 - 07/01/2028		26 / 26 Certified 07/01/2026 - 07/01/2028
Placement Services	5 location(s) 5 audit (s)			Full Review	20 / 20
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

The Arc of Greater Haverhill-Newburyport (ARC GHN), established in 1962, began as a small group of concerned individuals and parents determined to improve services for their loved ones with developmental disabilities. Since then, the Arc has grown to provide a broad range of individualized services, including Adult Foster Care (AFC), Agency with Choice (AWC), Family Supports, Shared Living/Placement, and Individual Home Supports (IHS). The agency has supported over 1000 individuals and families in over 20 communities throughout the Merrimack Valley and Seacoast area.

The DDS Office of Quality Enhancement (OQE) conducted a full licensing and certification review of the ARC GHN Residential and Individual Home Supports Service Grouping, specifically Shared Living. All applicable licensing and certification indicators were reviewed by DDS/OQE as part of this survey.

Organizationally, the agency had effective systems to ensure employment candidates met the requirements of the positions into which they were hired; that active licenses/certifications were in place for all staff for whom a license/certification is required; and that all staff had received their mandatory trainings. The agency had a robust process to measure progress towards achieving quality improvement goals and a strategic plan to identify future goals and direction of the agency. The agency had a strong oversight system to ensure all incident reports and required ISP assessments and objectives were submitted within regulatory timelines.

Within the domain of Competent and Skilled Workforce, the agency ensured consistent oversight and support for Shared Living Providers through monthly documented supervisory visits, which included a review of training needs. As a result, home care providers demonstrated strong knowledge of the medical conditions and support needs of the individuals in their homes, an understanding of individuals ISP goals and objectives, and familiarity with financial management plans. Records reflected consistently accurate ledger entries and well-maintained oversight systems, supported by monthly internal audits. Each individual had a detailed funds management plan, including thoughtfully developed strategies to promote financial independence. Many plans were updated outside of the ISP cycle to include the new practice of utilizing Pex cards, an approach that balances increased autonomy with appropriate safeguards. In addition to scheduled visits, there was frequent and ongoing communication between providers and supervisors to address medical appointments, day-to-day updates, and emerging concerns. When individuals experienced changes in medication or medical status, support and training was provided as needed. These practices reflect a well-supported and knowledgeable provider network, contributing to safe, informed, and responsive care in Shared Living settings.

All staff/providers were noted to be engaging in respectful communication with a strong knowledge of individuals unique needs, desires for community involvement, and interest in companionship. Notably, one individual surveyed was away on vacation with his girlfriend while another commented on having regular dates with his significant other. All individuals had training in Human Rights/DPPC and were encouraged to be self-advocates with opportunities to attend a self-advocacy group and advocacy events.

Certification emerged as a strength for this agency as is reflected by the certification score. Across all surveys, individuals were supported to engage in meaningful home and community activities that spoke to their interests, culture, and spirituality. One individual was noted to be engaging in a variety of Italian cultural events, frequented the local Italian eatery, and the home care provided tailored meals to meet traditional foods he had when growing up. Individuals had choice and control in their daily household routines, leisure activities, and dining preferences. Furthermore, the agency had solicited feedback from all individuals on staff performance which had then been incorporated into ongoing staff supervision. All individuals reported great satisfaction with the services and supports provided by the agency and their shared living providers.

There were two areas identified as requiring further attention during the survey. On an organizational level, the agency needs to ensure the Human Rights Committee meets the membership requirements. At a programmatic level, further oversight will assist in ensuring medication treatment plans are reviewed at the time of the ISP.

Within the Residential and Individual Home Supports service group, The ARC GHN received a rating of Met in 97% of licensing indicators, including all critical indicators, and will be issued a Two-Year License; the agency will conduct follow up on all licensing indicators not met during the survey, and submit the results to OQE within 60 days of the SEM. The agency met 100% of certification indicators and is fully certified.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/9	1/9	
Residential and Individual Home Supports	63/64	1/64	
Placement Services			
Critical Indicators	7/7	0/7	
Total	71/73	2/73	97%
2 Year License			
# indicators for 60 Day Follow-up		2	

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 agency Human Rights Committee did not contain the required membership. The agency needs to ensure the Human Rights Committee obtains the required membership. Each human rights committee shall be composed of at least five members who have experience and knowledge relevant to duties of the committee. Membership must include the following: at least 3 individuals receiving supports, and/or parents/ guardians/ advocates. A physician or nurse. A psychologist or masters level practitioner with expertise in intellectual disability and developmental disabilities, mental illness, or applied behavioral analysis. An attorney, law student, or paralegal with relevant expertise.

Residential Commendations on Standards Met:

Indicator #	Indicator	Commendations
L35	Individuals receive routine preventive screenings.	The agency is commended for their efforts to ensure individuals received the preventative screenings as recommended by DDS. Recently, the agency had developed a system to better utilize the new DDS health screenings forms organized by age and sex. The form was first reviewed by agency staff and, when called for, specific screenings were noted as needed. Agency staff then created a new form, indicating only the needed screenings. The new form was reviewed with the Shared Living provider in advance of the appointment to ensure their understanding of the screenings to be requested and then reviewed again after the appointment to ensure the Doctor's input was followed through with. Surveyors were able to see how this process reduced confusion and helped ensure screenings occurred on a timely basis for a majority of the individuals surveyed.

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

Indicator #	Indicator	Area Needing Improvement
L64	Medication treatment plans are reviewed by the required groups.	For one individual, the medication treatment plan had not been uploaded to the ISP. The agency needs to ensure medication treatment plans are included with the ISP review.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	20/20	0/20	
Placement Services	20/20	0/20	
Total	26/26	0/26	100%
Certified			

MASTER SCORE SHEET LICENSURE

Organizational: ARC OF GR HAVERHILL-NEWBURYPORT,Inc

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
R L2	Abuse/neglect reporting	1/1	Met
L3	Immediate Action	1/1	Met
L4	Action taken	1/1	Met
L48	HRC	0/1	Not Met(0 %)
L66	HRC restraint review	2/2	Met
L74	Screen employees	1/1	Met
L75	Qualified staff	3/4	Met(75.00 %)
L76	Track trainings	8/8	Met
L83	HR training	8/8	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/Rated	Rating
L1	Abuse/neglect training	I			5/5				5/5	Met
L5	Safety Plan	L			4/5				4/5	Met (80.0 %)
℞ L6	Evacuation	L			5/5				5/5	Met
L8	Emergency Fact Sheets	I			4/5				4/5	Met (80.0 %)
L10	Reduce risk interventions	I			1/1				1/1	Met
℞ L11	Required inspections	L			5/5				5/5	Met
℞ L12	Smoke detectors	L			5/5				5/5	Met
℞ L13	Clean location	L			5/5				5/5	Met
L14	Site in good repair	L			5/5				5/5	Met
L15	Hot water	L			4/5				4/5	Met (80.0 %)
L16	Accessibility	L			5/5				5/5	Met
L17	Egress at grade	L			5/5				5/5	Met
L18	Above grade egress	L			2/2				2/2	Met
L19	Bedroom location	L			2/2				2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L21	Safe electrical equipment	L			5/5				5/5	Met
L22	Well-maintained appliances	L			5/5				5/5	Met
L24	Locked door access	L			5/5				5/5	Met
L26	Walkway safety	L			5/5				5/5	Met
L29	Rubbish/combustibles	L			5/5				5/5	Met
L30	Protective railings	L			5/5				5/5	Met
L31	Communication method	I			5/5				5/5	Met
L32	Verbal & written	I			5/5				5/5	Met
L33	Physical exam	I			5/5				5/5	Met
L34	Dental exam	I			5/5				5/5	Met
L35	Preventive screenings	I			4/5				4/5	Met (80.0 %)
L36	Recommended tests	I			4/5				4/5	Met (80.0 %)
L37	Prompt treatment	I			5/5				5/5	Met
L38	Physician's orders	I			1/1				1/1	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L39	Dietary requirements	I			3/4				3/4	Met
L41	Healthy diet	L			5/5				5/5	Met
L42	Physical activity	L			5/5				5/5	Met
L43	Health Care Record	I			5/5				5/5	Met
L46	Med. Administration	I			5/5				5/5	Met
L47	Self medication	I			1/1				1/1	Met
L49	Informed of human rights	I			5/5				5/5	Met
L50 (07/21)	Respectful Comm.	I			5/5				5/5	Met
L51	Possessions	I			5/5				5/5	Met
L52	Phone calls	I			5/5				5/5	Met
L53	Visitation	I			5/5				5/5	Met
L54 (07/21)	Privacy	I			5/5				5/5	Met
L55	Informed consent	I			4/4				4/4	Met
L61	Health protection in ISP	I			2/2				2/2	Met
L62	Health protection review	I			1/1				1/1	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L63	Med. treatment plan form	I			2/2				2/2	Met
L64	Med. treatment plan rev.	I			1/2				1/2	Not Met (50.0 %)
L67	Money mgmt. plan	I			3/3				3/3	Met
L68	Funds expenditure	I			2/2				2/2	Met
L69	Expenditure tracking	I			3/3				3/3	Met
L70	Charges for care calc.	I			4/5				4/5	Met (80.0 %)
L71	Charges for care appeal	I			5/5				5/5	Met
L77	Unique needs training	I			5/5				5/5	Met
L80	Symptoms of illness	L			5/5				5/5	Met
L81	Medical emergency	L			5/5				5/5	Met
L84	Health protect. Training	I			2/2				2/2	Met
L85	Supervision	L			5/5				5/5	Met
L86	Required assessments	I			4/5				4/5	Met (80.0 %)
L87	Support strategies	I			4/5				4/5	Met (80.0 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L88	Strategies implemented	I			5/5				5/5	Met
L90	Personal space/bedroom privacy	I			5/5				5/5	Met
L91	Incident management	L			5/5				5/5	Met
L93 (05/22)	Emergency back-up plans	I			5/5				5/5	Met
L94 (05/22)	Assistive technology	I			5/5				5/5	Met
L96 (05/22)	Staff training in devices and applications	I			5/5				5/5	Met
L99 (05/22)	Medical monitoring devices	I			1/1				1/1	Met
#Std. Met/# 64 Indicator									63/64	
Total Score									71/73	
									97.26%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	1/1	Met
C2	Data analysis	1/1	Met
C3	Service satisfaction	1/1	Met
C4	Utilizes input from stakeholders	1/1	Met
C5	Measure progress	1/1	Met
C6	Future directions planning	1/1	Met

Placement 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	4/5	Met (80.0 %)
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	4/4	Met
C18	Purchase personal belongings	4/5	Met (80.0 %)
C19	Knowledgeable decisions	5/5	Met
C46	Use of generic resources	4/4	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
C52	Leisure activities and free-time choices /control	5/5	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C53	Food/ dining choices	5/5	Met