



**PROVIDER REPORT
FOR**

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

July 09, 2024

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	6/5/2024 - 6/11/2024
Service Enhancement Meeting Date	6/25/2024
Survey Team	Chloe Browning 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	64/75 2 Year License 06/25/2024 - 06/25/2026		45 / 47 Certified 06/25/2024 - 06/25/2026
Placement Services	4 location(s) 4 audit (s)			Full Review	20 / 20
Individual Home Supports	1 location(s) 1 audit (s)			Full Review	21 / 21
Planning and Quality Management				Full Review	4 / 6

EXECUTIVE SUMMARY :

The Arc of Greater Haverhill-Newburyport, 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), Shared Living/Placement, and Individual Home Supports (IHS). In the past two years the agency has expanded once again to include DDS funded Family Supports. The agency now supports over 350 individuals with developmental disabilities and their families.

The scope of the survey conducted by the Office of Quality Enhancement (OQE) was a full licensing and certification review of the Residential and Individual Home Supports service group. There were four placement reviews and one Individual Home Supports review.

The survey identified several accomplishments on the part of the agency which resulted in positive outcomes for the individuals served. At an organizational level, the agency had an effective staff training system that ensured staff received all mandated trainings. The agency has been very successful in hiring and retaining staff that are a good match for individuals/families served. This was accomplished by using a variety of means including soliciting the individuals' input at the time of hire and evidenced by the overwhelming positive response from individuals /families with their satisfaction of services. Through record review, interview, and observation agency supporters were found to be well versed in the unique needs of those served, and respectful in their communication with and about individuals, including their right to privacy. Supporters were also found to be engaged in finding and offering opportunities for community inclusion and socialization. All sites were well maintained, equipment was in good repair, emergency back up plans were individualized, and an on-call system was in place to address any emergency needs.

There were a few areas identified as requiring further attention during the survey. On an organizational level, the agency needs to ensure that its systems for collecting internal data are comprehensive and that there is a mechanism in place to analyze data collected to identify patterns and trends. At a programmatic level, a strengthening of systems in the domain of health care will assist in ensuring directions for the use of health related supports and protections are in place, routine preventative screenings occur, and medication treatment plans contain the required components. In the domain of funds management, management plans require all the necessary components described in regulations as well as a system to track expenditures. Continued focus is required to ensure ISP assessments and support strategies are submitted within timelines.

Within the Residential and Individual Home Supports service group the Arc of Greater Haverhill and Newburyport received a rating of met in 84% of licensing indicators and all critical indicators were met. The agency will receive a Two Year License for Residential and Individual Home Supports. The agency is certified, receiving a rating of 96% of certifications met. Follow-up on all not met licensing indicators will be conducted by the DDS OQE within 60 days.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Residential and Individual Home Supports	57/67	10/67	
Placement Services Individual Home Supports			
Critical Indicators	8/8	0/8	
Total	64/75	11/75	85%
2 Year License			
# indicators for 60 Day Follow-up		11	

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 had not reviewed DPPC complaints and subsequent action plans. The Committee had one or more member(s) that did not meet the attendance requirement. The agency needs to ensure they have an effective Human Rights Committee in compliance with its by-laws and regulations.

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

Indicator #	Indicator	Area Needing Improvement
L35	Individuals receive routine preventive screenings.	Two of five individuals had not received the routine screenings in accordance with the DDS Adult Screen Recommendations. The agency needs to ensure recommendations outlined in the DDS Adult Screening checklist are brought to the attention of the Health Care Practitioner and individuals and guardians are supported to have the screening when in agreement with what is ordered by the practitioner.

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

Indicator #	Indicator	Area Needing Improvement
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For two individuals there were no health-related supports and protection information in place for various health related supports. The agency needs to ensure all health related supports are described with specificity in the order authorizing their use, are in good repair and properly applied, are in accordance with principles of good body alignment, concern for circulation, and allowance for change of position; are in accordance with safety checks and opportunities for exercise as specified by the order, and with documentation as to the frequency and duration of use.
L63	Medication treatment plans are in written format with required components.	The medication treatment plans were not written with the required components. The agency needs to ensure medication treatment plans contain all the required components as detailed in the DDS Licensure and Certification Interpretations.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	All individuals reviewed did not have a funds management plan and/or accompanying training plan. The agency needs to ensure there is a funds management plan in place with all the required components as detailed in the DDS Licensure and Certification Interpretations as well as a teaching plan to increase skills and lessen dependence on staff support.
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.	For one individual a tracking system for expenditures was not in place and there was no evidence to determine expenditures had been made only for the purposes that directly benefit the individual. The agency needs to ensure expenditures are for the individual's benefit and any shared/joint expenses have been approved by the guardian or individual if presumed competent.
L69	Individual expenditures are documented and tracked.	For one individual expenditures were not documented and tracked. The agency needs to ensure all expenditures are documented and tracked. At a minimum the agency must retain any receipts for purchases over twenty-five dollars. Tracking of money also includes but is not limited to food stamps, pay checks, and gift cards.
L71	Individuals are notified of their appeal rights for their charges for care.	Two individuals had not been notified of their appeal rights for their charges for care. The agency needs to ensure individuals are notified of their appeal rights with an explanation of the appeal process and who to contact.
L84	Staff / care providers are trained in the correct utilization of health related protections per regulation.	For one individual there were no health-related supports and protections information and instruction in place detailing the correct utilization from which care providers could then be trained. The agency needs to ensure care providers are trained in the correct utilization of health-related protections per regulation.

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

Indicator #	Indicator	Area Needing Improvement
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For four of five individuals the ISP assessments had not been submitted within timelines. The agency needs to ensure required ISP assessments are completed in preparation for the ISP within the required timelines.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For two individuals support strategies had not been submitted within timelines. The agency needs to ensure support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP and within required timelines.

CERTIFICATION FINDINGS

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

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

Indicator #	Indicator	Area Needing Improvement
C1	The provider collects data regarding program quality including but not limited to incidents, investigations, restraints, and medication occurrences.	The agency does not currently collect data regarding program quality. The agency needs to ensure it is collecting data from a variety of sources including but not limited to incidents, investigations, restraints, and medication occurrences.
C2	The provider analyzes information gathered from all sources and identifies patterns and trends.	The agency does not currently collect data regarding program quality to then analyze. The agency needs to ensure when data is collected regarding program quality, that the data is then analyzed to identify patterns and trends.

MASTER SCORE SHEET LICENSURE

Organizational: ARC OF GR HAVERHILL-NEWBURYPORT,Inc

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	5/5	Met
L3	Immediate Action	4/4	Met
L4	Action taken	2/2	Met
L48	HRC	0/1	Not Met(0 %)
L74	Screen employees	3/3	Met
L75	Qualified staff	1/1	Met

L76	Track trainings	11/11	Met
L83	HR training	11/11	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		1/1	4/4				5/5	Met
L5	Safety Plan	L		1/1	4/4				5/5	Met
℞ L6	Evacuation	L		1/1	4/4				5/5	Met
L8	Emergency Fact Sheets	I		1/1	4/4				5/5	Met
L9 (07/21)	Safe use of equipment	I		1/1					1/1	Met
℞ L11	Required inspections	L			4/4				4/4	Met
℞ L12	Smoke detectors	L			4/4				4/4	Met
℞ L13	Clean location	L			4/4				4/4	Met
L14	Site in good repair	L			4/4				4/4	Met
L15	Hot water	L			3/4				3/4	Met
L16	Accessibility	L		1/1	4/4				5/5	Met
L17	Egress at grade	L		1/1	2/2				3/3	Met
L18	Above grade egress	L			2/2				2/2	Met
L19	Bedroom location	L		1/1	2/2				3/3	Met
L20	Exit doors	L		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
L21	Safe electrical equipment	L			4/4				4/4	Met
L22	Well-maintained appliances	L			4/4				4/4	Met
L23	Egress door locks	L		1/1					1/1	Met
L24	Locked door access	L		1/1	3/3				4/4	Met
L26	Walkway safety	L			4/4				4/4	Met
L29	Rubbish/combustibles	L			4/4				4/4	Met
L30	Protective railings	L			3/3				3/3	Met
L31	Communication method	I		1/1	4/4				5/5	Met
L32	Verbal & written	I		1/1	4/4				5/5	Met
L33	Physical exam	I		1/1	4/4				5/5	Met
L34	Dental exam	I		1/1	3/3				4/4	Met
L35	Preventive screenings	I		0/1	3/4				3/5	Not Met (60.0 %)
L36	Recommended tests	I		1/1	3/4				4/5	Met (80.0 %)
L37	Prompt treatment	I		1/1	4/4				5/5	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
Ⓡ L38	Physician's orders	I		1/1	3/3				4/4	Met
L39	Dietary requirements	I		1/1	3/3				4/4	Met
L40	Nutritional food	L		1/1					1/1	Met
L41	Healthy diet	L		1/1	4/4				5/5	Met
L42	Physical activity	L		1/1	4/4				5/5	Met
L43	Health Care Record	I		1/1	4/4				5/5	Met
L45	Medication storage	L		1/1					1/1	Met
Ⓡ L46	Med. Administration	I			3/4				3/4	Met
L49	Informed of human rights	I		1/1	4/4				5/5	Met
L50 (07/21)	Respectful Comm.	I		1/1	4/4				5/5	Met
L51	Possessions	I		1/1	4/4				5/5	Met
L52	Phone calls	I		1/1	4/4				5/5	Met
L53	Visitation	I		1/1	4/4				5/5	Met
L54 (07/21)	Privacy	I		1/1	4/4				5/5	Met
L61	Health protection in ISP	I		0/1	1/2				1/3	Not Met (33.33 %)
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/Rat ed	Rating
L63	Med. treatme nt plan form	I		0/1	0/3				0/4	Not Met (0 %)
L64	Med. treatme nt plan rev.	I		1/1	2/3				3/4	Met
L67	Money mgmt. plan	I		0/1	0/2				0/3	Not Met (0 %)
L68	Funds expendi ture	I		1/1	1/2				2/3	Not Met (66.67 %)
L69	Expendi ture tracking	I		1/1	1/2				2/3	Not Met (66.67 %)
L70	Charges for care calc.	I			3/4				3/4	Met
L71	Charges for care appeal	I			2/4				2/4	Not Met (50.0 %)
L77	Unique needs training	I		1/1	4/4				5/5	Met
L80	Sympto ms of illness	L		1/1	4/4				5/5	Met
L81	Medical emerge ncy	L		1/1	4/4				5/5	Met
L82	Medicati on admin.	L		1/1					1/1	Met
L84	Health protect. Training	I			1/2				1/2	Not Met (50.0 %)
L85	Supervi sion	L		1/1	3/4				4/5	Met (80.0 %)
L86	Require d assess ments	I		0/1	1/4				1/5	Not Met (20.0 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L87	Support strategies	I		0/1	3/4				3/5	Not Met (60.0%)
L88	Strategies implemented	I		1/1	4/4				5/5	Met
L90	Personal space/bedroom privacy	I		1/1	4/4				5/5	Met
L91	Incident management	L		1/1	4/4				5/5	Met
L93 (05/22)	Emergency back-up plans	I		1/1	4/4				5/5	Met
L94 (05/22)	Assistive technology	I		1/1	4/4				5/5	Met
L96 (05/22)	Staff training in devices and applications	I			4/4				4/4	Met
L99 (05/22)	Medical monitoring devices	I			2/2				2/2	Met
#Std. Met/# 67 Indicator									57/67	
Total Score									64/75	
									85.33%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	0/1	Not Met (0 %)
C2	Data analysis	0/1	Not Met (0 %)
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	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	3/4	Met
C14	Choices in routines & schedules	4/4	Met
C15	Personalize living space	4/4	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	4/4	Met
C51	Ongoing satisfaction with services/ supports	4/4	Met
C52	Leisure activities and free-time choices /control	4/4	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C53	Food/ dining choices	4/4	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	1/1	Met
C8	Family/guardian communication	1/1	Met
C9	Personal relationships	1/1	Met
C10	Social skill development	1/1	Met
C11	Get together w/family & friends	1/1	Met
C12	Intimacy	1/1	Met
C13	Skills to maximize independence	1/1	Met
C14	Choices in routines & schedules	1/1	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	1/1	Met
C17	Community activities	1/1	Met
C18	Purchase personal belongings	1/1	Met
C19	Knowledgeable decisions	1/1	Met
C21	Coordinate outreach	1/1	Met
C46	Use of generic resources	1/1	Met
C47	Transportation to/ from community	1/1	Met
C48	Neighborhood connections	1/1	Met
C49	Physical setting is consistent	1/1	Met
C51	Ongoing satisfaction with services/ supports	1/1	Met
C52	Leisure activities and free-time choices /control	1/1	Met
C53	Food/ dining choices	1/1	Met