

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Provider: ARC OF GR HAVERHILL-
NEWBURYPORT,Inc

Provider Address: 57 Wingate St #301 , Haverhill

Name of Person Grimaldy Rios
Completing Form:

Date(s) of Review: 12-JUL-22 to 01-JAN-01

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports		

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

Indicator #	L35
Indicator	Preventive screenings

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Issue Identified	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.
Actions Planned/Occurred	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.
Process Utilized to correct and review indicator	The agency has implemented a new tracking system for tracking preventative screenings based on the adult DDS screening recommendations.
Status at follow-up	The new tracking system has only recently been implemented so they are unable to measure effectiveness at this time. the agency has started to provide training in this updated procedure to its staff, and the agency reports feedback has been positive and generally, people feel this will be useful for ensuring individuals receive required screenings.
Rating	Met

Indicator #	L36
Indicator	Recommended tests
Issue Identified	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.

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Actions Planned/Occurred	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.
Process Utilized to correct and review indicator	The agency has implemented a new system for oversight of medical appointments and is reviewing and training support supervisors to use these new systems and assessments.
Status at follow-up	The new system includes a tracking form that tracks all medical appt that occurs, any follow-up items, steps, or appointments required, and a process for review to ensure completion.
Rating	Met

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

Indicator #	L94 (05/22)
Indicator	Assistive technology
Area Need Improvement	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.
Process Utilized to correct and review indicator	The agency has created and begun to implement a comprehensive assistive technology assessment.
Status at follow-up	Implementation of the new assessment is currently underway, the agency plans to identify and address any unmet needs that are determined through the assessment.
Rating	Met