



**PROVIDER REPORT
FOR**

**ARCHWAY INC
77 Mulberry St
Leicester, MA 01524**

February 04, 2020

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	ARCHWAY INC
Review Dates	1/7/2020 - 1/10/2020
Service Enhancement Meeting Date	1/21/2020
Survey Team	Elsa Adorno (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	1 location(s) 3 audit (s)	Targeted Review	DDS 9/9 Provider 73 / 73 82 / 82 2 Year License 01/21/2020-01/21/2022		DDS 1 / 2 Provider 26 / 26 27 / 28 Certified 01/21/2020 - 01/21/2022
Residential Services	1 location(s) 3 audit (s)			DDS Targeted Review	21 / 22
Planning and Quality Management				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

Archway, Inc. is a small nonprofit organization founded in 1975 by a group of parents with children on the autism spectrum. Located in Leicester, Massachusetts, the agency specializes in providing services to individuals with intellectual disability and/or autism. Archway currently provides residential supports to 13 adults with developmental disabilities and ASD (Autism Spectrum Disorder).

The agency was eligible and received approval from the DDS Regional Office to conduct a self-assessment of its quality management processes for the current licensing and certification cycle. This occurred in conjunction with a targeted licensing review completed by the Office of Quality Enhancement (OQE). The targeted review focused on eight critical licensing indicators applied to residential supports, along with two certification indicators that were not met in the previous survey cycle as well as one new licensing indicator for incident reporting. The survey results reflected a combination of ratings from the self-assessment process conducted by Archway and the targeted review conducted by DDS, with rating from DDS prevailing where indicators were rated by both entities.

Findings of the targeted review verified that standards for licensing were maintained with regard to the indicators reviewed for residential services, along with the new licensing indicator for incident reporting. The review found that Archway's systems for oversight of medication administration, healthcare protocols and environmental safeguards were effective. All standards relating to these critical indicators were met. Findings from the targeted review of two previously unmet certification indicators showed that Archway had successfully supported individuals to personalize common areas of their home, while the physical setting of the home on the grounds of the agency's residential school did not reflect a typical residential setting.

As a result of the agency's self-assessment findings and the targeted review conducted by OQE, Archway Inc. will receive a Two-Year License for its Residential and Individual Home Supports, with a service group score of 100%. This service group is Certified with an overall score of 96%.

Archway presented the following self-assessment report, describing the organization's ongoing quality assurance systems and the agency's current evaluation of compliance with DDS licensing.

Description of Self Assessment Process:

In order to complete the self-assessment process, ARCHway chose to use the audit system, and reviewed each individual in our care to prepare for the review. Our team broke down into groups to review the individual records; homes; and our tracking systems as well as our overall organizational system to ensure that our services are meeting the DDS OQE requirements. Audits of the individual records were also run last year, in between surveys, using the licensing review materials from the last audit.

In the licensing area, out of a total of 88 indicators, there were 6 that were not rated; 82 met. In the certification areas, out of a total of 28 indicators, there were 0 that were not rated, and 27 were met in this review.

Oversight Systems

Tracking systems are in place for staff training records, staff supervision and feedback, ISP development and paperwork submission process and health care information updates. Under the direct guidance of our Program Director (PD), the RD reviews the task analysis data and meets weekly with identified staff to review key areas such as: community participation, maintenance, safety, health and fitness and, money management, Medication Administration (MAP), ISP goals, communication with families and day programs, and staff feedback, development and training. Should a pattern/trend be detected that may require change, it is brought to the attention of either the PD or the Executive Director (ED) who then guides the team through the process of implementing systemic solutions. Information is shared and processed with our supervisory and on-call teams whose solution oriented focus allows the agency to regularly improve and/or develop our systems. At the weekly staff meetings the team elicits direct feedback from staff as to how current systems are working and what further supports may be helpful. The RD works directly with our supervisors, maintenance personnel, on-call and direct care staff to ensure that any areas needing improvement are addressed in a prompt manner.

Confidential File Audits

Our staff files are reviewed annually to confirm that each staff person's file is current and up to date. ARCHway has multiple tracking systems to ensure that our employee files are kept current and that staff are evaluated annually. The tracking system for staff evaluations also ensures that supervisors receive reminders and updates as to which staff are coming due for evaluations on a quarterly basis. Upon completion of the evaluation, the tracking system is updated. Also included in the evaluation process is an individual feedback regarding the staff that is being evaluated. As part of the staff evaluation process the evaluating supervisor gets feedback from an individual(s) as to how the staff person supports them. This information is compiled and reflected back to the staff. We conducted a review of 20 staff files, inclusive of new hires, to confirm that our employee files were in accordance with our licensing requirements. The employee files met the licensing requirements. Overall the audits of the individual records and the staff files demonstrated that ARCHway is meeting the needs of the people that we support.

Health and Medical Supports

The agency ensures that people's medical needs are met through the use of a calendar system to keep track of appointments. Additionally as changes occur following appointments, the nurse completes an Individual Health Update form which is circulated to the appropriate personnel to ensure record update and any further follow-up or documentation is completed. Medication counts and review of med sheets, and doctor's orders are conducted weekly in each program by MAP trained staff to ensure that meds are available and that the nurse and/or pharmacy can be informed should supplies be running low. A MAP consultant reviews each site for compliance with MAP protocols and provides support to each of the homes.

Environmental Safety

The Safety Committee (comprised of managerial, maintenance and direct support staff) meets quarterly. All sites and vehicles are visually checked with concerns recorded and resolved. Some examples of regular checks include water temps, fire extinguishers, and sprinklers as well as reporting

anything that is damaged. The cleanliness of each site is assessed at the same time (food expiration dates, no lint/debris behind washers/dryers etc.).

Clinical Supports

ARCHway designs and consistently implements individualized behavioral treatment. Oversight is provided by the Program Director and ARCHway's Clinician, who both work in tandem with our consultant psychologist, our BCBA, a consultant BCBA, and our community psychiatrist to ensure quality care.

Each individual has a daily behavioral sheet where staff record data as designated in the treatment plan. Staff are trained to be clinical observers and to describe antecedent situations for challenging behavior so that functional behavioral assessment is an ongoing process. All Level 2 interventions are recorded in a more detailed format for those individuals with Level 2 plans. Senior staff review each behavior sheet at the end of all shifts and provides feedback or asks questions if the behavior sheet is lacking detail. The Program Director is also responsible for ensuring the timely recording of any emergency restraints into HCSIS.

Collected data is reviewed weekly, monthly or as necessary by the Program Director, aggregated on a monthly sheet and tracked on comprehensive Excel spreadsheets. All behavior treatment is reviewed and approved by our consultant psychologist/BCBA and ARCHway's Human Rights Committee. Additionally, Level 2 plans are approved by the DDS Peer Review Committee. Comparative progress is tracked monthly, annually and from year to year.

ARCHway staff are trained in each individual's specific plan or guidelines. Changes to plans are based on evidence from collected frequency data as well as staff observations and input. All staff are required to sign-off after they have reviewed the plan changes. Observation of inconsistent implementation is addressed immediately by supervisors and necessary coaching provided. In addition, feedback sheets have been developed so that direct observation of interventions, programs and staff interactional style can be provided by supervisors to ensure that all staff are providing the best quality support to individuals. A separate tracking system is in place to ensure that staff supervision and feedback is given at least monthly to track any additional support/ongoing concerns.

Human Rights

The agency's Human Rights Committee (HRC) meets at least quarterly, (typically September, November, January, March and May each year) and all behavior support plans and guidelines are reviewed both annually and when changes are implemented. The committee reviews restraint reports, investigations, and restrictive procedures as well as the behavior support plans at each meeting. Concerns of the HRC are communicated to the ED for follow up and feedback as necessary. The completed follow-up to any concerns or feedback expressed by the HRC is shared at the next meeting. Our Human Rights Coordinator also attend the HRC Networking Meetings when possible to keep informed of current trainings and best practices. ARCHway's human rights committee is comprised of an educated and dedicated group of people, many of whom have been involved with the people that we support in different ways for many years.

Staff Training

ARCHway uses an Excel training tracker system, and in conjunction with a training calendar, to ensure that staff are completing the required trainings on time. Trainings are provided at least monthly during our staff meetings, and set up as necessary for additional trainings such as First Aid/CPR etc. Staff have the opportunity to take the certification training at ARCHway and if they cannot attend those trainings due to a scheduling conflict, they also have the opportunity to take the training at another provider agency if necessary to meet their timeframes and maintain their certification. Staff receive regular notices, have direct conversations with supervisors, as well as, the admin training staff to ensure that they are attending training regularly. Staff who do not maintain their certifications are placed on a probationary status and have three months to attain recertification.

Upon completion of initial training, staff are then regularly coached by supervisors to gain the skills that our individuals require for success on an as needed basis on the ground and in regular supervision. At the end of six months staff receive a 6 month evaluation and if they are not progressing in gaining the

skills necessary for the position are either let go or placed on a probation extension to allow them an opportunity to meet the requirements of the position.

ISP Goal Development

ARCHway is timely with assessments, goals and support strategies. A tracking and calendar system is in place to ensure that the agency meets all timeframes for required paperwork. Once the objectives have been set there are a number of safeguards to ensure that the goals are addressed consistently, which is critical for progress for individuals with Autism Spectrum Disorder (ASD). Strategies utilize frequent practice trials, which helps to ensure that sufficient teaching occurs. Supervisors perform a daily task analysis check to make sure staff are addressing goals as scheduled, and feedback is delivered should staff be found to not be working on goals. Progress data collected on task analysis is analyzed monthly, above the standard of quarterly progress notes, which more rapidly catches a lack of practice or progress. Teaching procedures are modified if progress is not being made, and staff can receive coaching on their teaching approach if needed.

Financial Oversight

The RD provides close oversight to the individual's personal expenditures and ensure that funds are available. A home bank system provides security and ensures that all of the individuals have access to their money and with managing their personal funds. Based upon their individual abilities and strengths each person develops skills in money management. Assistance and training is provided from support staff to help individuals purchase items that they want and need and with saving receipts. The RD and the agency book keeper review the home banks monthly and monitor the receipts. The RD also oversees funds management assessments, financial plans, and ISP money management goals as part of the financial oversight.

Planning

Agency planning is one of the many focal points of the Executive Director (ED) in conjunction with ARCHway's Board of Directors. As part of overall planning, ARCHway follows a strategic plan. The strategic planning process at ARCHway involves parents, individuals, direct support staff, administrative staff, and the members of the board of directors in order to achieve a plan reflective of the current agency culture.

During September 2016-September 2017, the agency underwent the process of completing a new strategic plan. This involved an outside consultant facilitating a number of sessions designed to determine what the strengths of the agency are and develop a direction for the agency. This was completed over the course of two 3 hour sessions, both facilitated by an outside consultant. A draft was developed and the board spent an additional couple of months tweaking the details of the plan and adapting our mission statement. In May of 2017 the plan and final revision to the mission statement was approved.

The ARCHway Board of Directors reviews progress to the plan and the agency goals and achievements as part of their board meetings. As necessary, additional subcommittees meet to work together to ensure that progress is ongoing in between formal board meetings. The strategic plan is an ongoing work in progress. It's goals, progress and adaptations are reviewed and discussed as part of each board of directors meetings. These meetings take place September, November, January, March and May and as necessary.

Currently, the main focus in terms of long term planning for the adult programs, is to assist the adult individuals in moving into new group homes within the Worcester area. This endeavor is currently consuming a large amount of time and energy, as finding lots in the Worcester area large enough to fit a 3000 square foot home upon is difficult. ARCHway has submitted a large number of sites to EOHHS for approval in our attempts to find appropriate lots for the needs of the individuals and continues to do so as lots become available in the Worcester area.

Surveys and Data Collection

Annual satisfaction surveys are sent to all parents/guardians and feedback is shared with direct support staff all the way up to the Board of Directors. Individuals are also encouraged and assisted by their support staff to complete a satisfaction survey designed with pictures and words for those who need

additional support. Finally outside consultants, doctor's offices, DDS coordinators, day programs, and others who work closely with ARCHway, are also asked to complete a satisfaction survey. All information is gathered and shared with staff and used to assist in making continuous improvements to the services that we provide.

Individuals complete regular surveys and questionnaires that are adapted to their unique needs and abilities, and provide input into staff evaluation regarding what they would like to see happening in their home environment. Individuals also participate in the hiring process; meeting potential new staff and asking them questions, as part of the interview process. Visual supports are provided to assist individuals who are non-verbal.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Residential and Individual Home Supports	74/74	0/74	
Residential Services			
Critical Indicators	8/8	0/8	
Total	82/82	0/82	100%
2 Year License			
# indicators for 60 Day Follow-up		0	

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 0/0 Provider 6/6	6/6	0/6	
Residential and Individual Home Supports	DDS 1/2 Provider 20/20	21/22	1/22	
Residential Services	DDS 1/2 Provider 20/20	21/22	1/22	
Total		27/28	1/28	96%
Certified				

Residential Services- Areas Needing Improvement on Standards not met From DDS Review:

Indicator #	Indicator	Area Needing Improvement
C49	The physical setting blends in with and is a natural part of the neighborhood and community.	The home setting does not blend in with the residential neighborhood. In addition, the home has some features that distinguish it from typical residential homes. The agency needs to develop strategies that will enable the home to blend in with and be a natural part of the neighborhood.

MASTER SCORE SHEET LICENSURE

Organizational: ARCHWAY INC

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	DDS	1/1	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	Provider	-	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						1/1	Met
L7	Fire Drills	L	Provider	-						-	Met
L8	Emergency Fact Sheets	I	Provider	-						-	Met
L9	Safe use of equipment	L	Provider	-						-	Met
L10	Reduce risk interventions	I	Provider	-						-	Met
Ⓡ L11	Required inspections	L	DDS	1/1						1/1	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
Ⓡ L12	Smoke detectors	L	DDS	1/1						1/1	Met
Ⓡ L13	Clean location	L	DDS	1/1						1/1	Met
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
L19	Bedroom location	L	Provider	-						-	Met
L20	Exit doors	L	Provider	-						-	Met
L21	Safe electrical equipment	L	Provider	-						-	Met
L22	Well-maintained appliances	L	Provider	-						-	Met
L23	Egress door locks	L	Provider	-						-	Met
L24	Locked door access	L	Provider	-						-	Met
L25	Dangerous substances	L	Provider	-						-	Met
L26	Walkway safety	L	Provider	-						-	Met
L28	Flammables	L	Provider	-						-	Met
L29	Rubbish/combustibles	L	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
L30	Protective railings	L	Provider	-						-	Met
L31	Communication method	I	Provider	-						-	Met
L32	Verbal & written	I	Provider	-						-	Met
L33	Physical exam	I	Provider	-						-	Met
L34	Dental exam	I	Provider	-						-	Met
L35	Preventive screenings	I	Provider	-						-	Met
L36	Recommended tests	I	Provider	-						-	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
L44	MAP registration	L	Provider	-						-	Met
L45	Medication storage	L	Provider	-						-	Met
Ⓡ L46	Med. Administration	I	DDS	3/3						3/3	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
L47	Self medication	I	Provider	-						-	Met
L49	Inform ed of human rights	I	Provider	-						-	Met
L50	Respect ful Comm.	L	Provider	-						-	Met
L51	Possess ions	I	Provider	-						-	Met
L52	Phone calls	I	Provider	-						-	Met
L53	Visitation	I	Provider	-						-	Met
L54	Privacy	L	Provider	-						-	Met
L56	Restricti ve practice s	I	Provider	-						-	Met
L57	Written behavio r plans	I	Provider	-						-	Met
L58	Behavio r plan compon ent	I	Provider	-						-	Met
L59	Behavio r plan review	I	Provider	-						-	Met
L60	Data mainten ance	I	Provider	-						-	Met
L61	Health protecti on in ISP	I	Provider	-						-	Met
L62	Health protecti on review	I	Provider	-						-	Met
L63	Med. treatme nt plan form	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
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
L78	Restrictive Int. Training	L	Provider	-						-	Met
L80	Symptoms of illness	L	Provider	-						-	Met
L81	Medical emergency	L	Provider	-						-	Met
L82	Medication admin.	L	DDS	1/1						1/1	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

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
L88	Strategies implemented	I	Provider	-						-	Met
L90	Personal space/bedroom privacy	I	Provider	-						-	Met
L91	Incident management	L	DDS	1/1						1/1	Met
#Std. Met/# 74 Indicator										74/74	
Total Score										82/82	
										100%	

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	-	Met
	C3	Service satisfaction	Provider	-	Met
	C4	Utilizes input from stakeholders	Provider	-	Met
	C5	Measure progress	Provider	-	Met
	C6	Future directions planning	Provider	-	Met

Residential 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
C12	Intimacy	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	DDS	1/1	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C20	Emergency back-up plans	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C48	Neighborhood connections	Provider	-	Met
C49	Physical setting is consistent	DDS	0/1	Not Met (0 %)
C51	Ongoing satisfaction with services/ supports	Provider	-	Met
C52	Leisure activities and free-time choices /control	Provider	-	Met
C53	Food/ dining choices	Provider	-	Met
C54	Assistive technology	Provider	-	Met