



**PROVIDER REPORT
FOR**

**L'Arche Boston North, Inc.
PO Box 1177
Haverhill, MA 01831**

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	L'Arche Boston North, Inc.
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Review Dates	8/21/2023 - 8/25/2023
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Service Enhancement Meeting Date	9/8/2023
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Survey Team	Meagan Caccioppoli John Downing (TL)
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Citizen Volunteers	
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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	3 location(s) 7 audit (s)	Full Review	79/81 2 Year License 09/08/2023 - 09/08/2025		46 / 46 Certified 09/08/2023 - 09/08/2025
Residential Services	2 location(s) 6 audit (s)			Full Review	20 / 20
Placement Services	1 location(s) 1 audit (s)			Full Review	20 / 20
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

L'Arche Boston North Inc. (LBN) is a non-profit human service agency that provides 24 hour residential and placement services to adults with developmental and intellectual disabilities. The agency is a member of the greater L'Arche Federation. LBN currently serves individuals in the Essex county areas of Haverhill, Bradford and Merrimac.

As an organization, the agency has successfully solicited and utilized input from the individuals, families, and other stakeholders regarding satisfaction with services and formulated the agency's mandate, the equivalent of a long term strategic plan with objectives to increase program/service quality and core member satisfaction.

The agency's commitment to human rights and dignity was an overall strength. The agency has an active and effective Human Rights Committee (HRC). HRC meeting minutes demonstrated LBN's committee was fully constituted with all required members and full attendance, by-laws, and quorum requirements were in place. Individuals received annual human rights trainings, and guardians had been notified of Human Rights, and of the Human Rights Officers and to whom they should contact regarding complaints or grievances. The agency had an effective staff training system that ensured that its staff received all mandated trainings.

The management of individual's funds, including funds management plans, charges for care calculations, tracking expenditures and collection of receipts was a notable strength. For example, for one individual, the monthly monitoring identified at least two instances where the individual's banking institution charged a monthly fee which was disputed and reconciled.

The agency had an effective maintenance system to ensure required inspections were completed and unexpected issues received a prompt response and repair. Essential fire safety equipment such as smoke detectors and carbon monoxide detectors were present and operational. Homes were found to be accessible, clean, safe, and met the needs of the core members supported.

Within the domain of personal safety, assessments for the safe use of equipment and appliances were completed, Individuals received annual training on the Disabled Persons Protection Commission (DPPC), and Emergency Fact Sheets (EFS) contained current and accurate information in every required component. The agency's EFS also contained relevant information about the individual above and beyond the required components.

Within the health care domain, all individuals received their annual physical and dental appointments. Physician orders and medical protocols were in place and staff were knowledgeable of them. Medications were administered as prescribed, and all MAP requirements were being followed. Additionally, individuals were supported to participate in physical activity, eat well-balanced meals and maintain healthy lifestyles. For one individual, whose declining health and recent hospitalizations resulted in developing a fear of doctors, the agency advocated and obtained in-home medical services when possible and had developed a strategy to her assist her when medical supports outside the home were needed.

The agency's ability to submit required ISP documentation within the required timelines was notable.

Licensing areas requiring the agency's focus included maintaining hot water temperatures within regulatory range, and medication treatment plans to ensure they contain all the necessary components.

Within the certification domain of Choice and Control, individuals' bedrooms and homes were decorated to their tastes and interests. Individuals were observed to have choices in such things as their personal and household schedules, as well as what and where and with whom they would like to

eat. Individuals had access to the community and were supported to connect with family, friends and neighbors and had opportunities to provide feedback on their satisfaction with services and staff who support them. Core members also participated in the hiring of all new employees. LBN has a Council of Sages that meets monthly. Each home elects a core member to serve as the Sage and representative of the home in a meeting with the Executive Director. These meetings provide an avenue for two-way communication between the core members and agency leadership, promoting advocacy and ensuring issues of importance involving the home(s) are communicated with regularity.

The agency consistently prioritized the desires, needs, and wishes of individuals, demonstrating an unwavering commitment to offering support with the highest regard for respect and dignity. For example, communication to and about the individuals was respectful as evidenced by observation and reviewing notes; furthermore, all individuals interviewed reported having privacy both in their homes and in their interactions with staff. Thoughtful planning for the future needs of individuals extended beyond their immediate requirements, considering the well-being of their friends and family members. This approach guaranteed an inclusive environment that welcomed friends and family without hindrance.

Within the Residential and Placement Services L'Arche Boston North received a rating of met in 98% of licensing indicators with all critical indicators rated met. The agency also received a rating of met in 100% of certification indicators reviewed. As a result, the agency will receive a Two-Year License for Residential and Placement Services. Follow-up on the not met licensing indicators will be conducted by LBN within 60 days of the Service Enhancement Meeting.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Residential and Individual Home Supports	71/73	2/73	
Residential Services Placement Services			
Critical Indicators	8/8	0/8	
Total	79/81	2/81	98%
2 Year License			
# indicators for 60 Day Follow-up		2	

Residential Commendations on Standards Met:

Indicator #	Indicator	Commendations
L8	Emergency fact sheets are current and accurate and available on site.	The agency is commended for its practice of providing current and accurate information during emergency situations. In addition to the components required by the DDS, L'Arche Boston North (LBN) Emergency Fact Sheets for each core member contained additional information such as their code status, fall risk, diet, and any needed ambulation aids. In addition, there was an additional page describing the individual to an unfamiliar responder or medical person, such as hospital staff. This page outlined their guardianship status, any behavioral concerns, coping mechanisms, and more. The emergency fact sheet form designed and used by the agency allows persons suddenly charged with providing aid, care or treatment to a core member to have a better understanding of the person. The agency's Emergency Fact Sheet is a particularly informative tool when LBN staff are separated or prevented from being with the individual.

Residential Commendations on Standards Met:

Indicator #	Indicator	Commendations
L16	The location is adapted and accessible to the needs of the individuals.	The agency is commended for its commitment and practices to ensuring locations are adapted and accessible to the needs of core members. The agency recognized the changing needs of several core members and recently purchased a single family dwelling. The home was beautifully remodeled with specific needs in mind. Four core members have transitioned into their fully accessible home. At another location where accessibility for the core members was not an issue, the ability for them to entertain guests with accessibility needs was identified as an environmental barrier. The agency eliminated the barrier by installing a ramped egress which enhanced not only access to the home, but also the core members' ability to maintain and nurture their relationship needs with family and friends.

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

Indicator #	Indicator	Area Needing Improvement
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At one location, the hot water temperatures exceeded regulatory limits of 110 and 120 degrees F. The agency needs to ensure hot water temperatures are maintained in this range at all times.
L63	Medication treatment plans are in written format with required components.	For three core members, their medication treatment plans did not contain all required components such as baseline and/or historical data, and a clinical course of treatment identifying when the medication should be reviewed for a decrease or discontinuance. The agency needs to ensure medication treatment plans are in written format with all required components completed.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	40/40	0/40	
Placement Services	20/20	0/20	
Residential Services	20/20	0/20	
Total	46/46	0/46	100%
Certified			

MASTER SCORE SHEET LICENSURE

Organizational: L'Arche Boston North, Inc.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
℞ L2	Abuse/neglect reporting	3/3	Met
L3	Immediate Action	1/1	Met
L4	Action taken	1/1	Met
L48	HRC	1/1	Met
L74	Screen employees	4/4	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	7/7	Met
L83	HR training	7/7	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	6/6		1/1				7/7	Met
L5	Safety Plan	L	2/2		1/1				3/3	Met
R L6	Evacuation	L	2/2		1/1				3/3	Met
L7	Fire Drills	L	2/2						2/2	Met
L8	Emergency Fact Sheets	I	6/6		1/1				7/7	Met
L9 (07/21)	Safe use of equipment	I	6/6						6/6	Met
R L11	Required inspections	L	2/2		1/1				3/3	Met
R L12	Smoke detectors	L	2/2		1/1				3/3	Met
R L13	Clean location	L	2/2		1/1				3/3	Met
L14	Site in good repair	L	2/2		1/1				3/3	Met
L15	Hot water	L	1/2		1/1				2/3	Not Met (66.67 %)
L16	Accessibility	L	2/2		1/1				3/3	Met
L17	Egress at grade	L	2/2		1/1				3/3	Met
L18	Above grade egress	L	2/2						2/2	Met
L19	Bedroom location	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/Rat ed	Rating
L20	Exit doors	L	2/2						2/2	Met
L21	Safe electrica l equipm ent	L	2/2		1/1				3/3	Met
L22	Well- maintai ned applianc es	L	2/2		1/1				3/3	Met
L23	Egress door locks	L	2/2						2/2	Met
L24	Locked door access	L	2/2		1/1				3/3	Met
L25	Danger ous substan ces	L	2/2						2/2	Met
L26	Walkwa y safety	L	2/2		1/1				3/3	Met
L28	Flamma bles	L	1/1						1/1	Met
L29	Rubbish /combu stibles	L	2/2		1/1				3/3	Met
L30	Protecti ve railings	L	2/2		1/1				3/3	Met
L31	Commu nication method	I	6/6		1/1				7/7	Met
L32	Verbal & written	I	6/6		1/1				7/7	Met
L33	Physical exam	I	6/6		1/1				7/7	Met
L34	Dental exam	I	6/6		1/1				7/7	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L35	Preventive screenings	I	6/6		1/1				7/7	Met
L36	Recommended tests	I	6/6		1/1				7/7	Met
L37	Prompt treatment	I	6/6		1/1				7/7	Met
℞ L38	Physician's orders	I	4/4						4/4	Met
L39	Dietary requirements	I	3/3						3/3	Met
L40	Nutritional food	L	2/2						2/2	Met
L41	Healthy diet	L	2/2		1/1				3/3	Met
L42	Physical activity	L	2/2		1/1				3/3	Met
L43	Health Care Record	I	6/6		1/1				7/7	Met
L44	MAP registration	L	2/2						2/2	Met
L45	Medication storage	L	2/2						2/2	Met
℞ L46	Med. Administration	I	5/5						5/5	Met
L47	Self medication	I	2/2		1/1				3/3	Met
L49	Informed of human rights	I	6/6		1/1				7/7	Met
L50 (07/21)	Respectful Comm.	I	6/6		1/1				7/7	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L51	Possessions	I	6/6		1/1				7/7	Met
L52	Phone calls	I	6/6		1/1				7/7	Met
L53	Visitation	I	6/6		1/1				7/7	Met
L54 (07/21)	Privacy	I	6/6		1/1				7/7	Met
L55	Informed consent	I	1/1						1/1	Met
L61	Health protection in ISP	I	3/3						3/3	Met
L62	Health protection review	I	2/2						2/2	Met
L63	Med. treatment plan form	I	0/3						0/3	Not Met (0 %)
L64	Med. treatment plan rev.	I	3/3						3/3	Met
L67	Money mgmt. plan	I	6/6		1/1				7/7	Met
L68	Funds expenditure	I	6/6		1/1				7/7	Met
L69	Expenditure tracking	I	6/6		1/1				7/7	Met
L70	Charges for care calc.	I	6/6		1/1				7/7	Met
L71	Charges for care appeal	I	6/6		1/1				7/7	Met
L77	Unique needs training	I	6/6		1/1				7/7	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L80	Symptoms of illness	L	2/2		1/1				3/3	Met
L81	Medical emergency	L	2/2		1/1				3/3	Met
L82	Medication admin.	L	2/2						2/2	Met
L84	Health protect. Training	I	2/2						2/2	Met
L85	Supervision	L	2/2		1/1				3/3	Met
L86	Required assessments	I	5/5		0/1				5/6	Met (83.33 %)
L87	Support strategies	I	5/5		0/1				5/6	Met (83.33 %)
L88	Strategies implemented	I	6/6		1/1				7/7	Met
L90	Personal space/ bedroom privacy	I	6/6		1/1				7/7	Met
L91	Incident management	L	2/2		1/1				3/3	Met
L93 (05/22)	Emergency back-up plans	I	6/6		1/1				7/7	Met
L94 (05/22)	Assistive technology	I	5/6		1/1				6/7	Met (85.71 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L96 (05/22)	Staff training in devices and applications	I	1/1						1/1	Met
L99 (05/22)	Medical monitoring devices	I	4/4						4/4	Met
#Std. Met/# 73 Indicator									71/73	
Total Score									79/81	
									97.53%	

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

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	6/6	Met
C8	Family/guardian communication	6/6	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C9	Personal relationships	6/6	Met
C10	Social skill development	6/6	Met
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	6/6	Met
C13	Skills to maximize independence	6/6	Met
C14	Choices in routines & schedules	6/6	Met
C15	Personalize living space	2/2	Met
C16	Explore interests	6/6	Met
C17	Community activities	6/6	Met
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met
C46	Use of generic resources	6/6	Met
C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	6/6	Met
C49	Physical setting is consistent	2/2	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met
C52	Leisure activities and free-time choices /control	6/6	Met
C53	Food/ dining choices	6/6	Met

Placement Services

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

Placement Services

Indicator #	Indicator	Met/Rated	Rating
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
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