



**PROVIDER REPORT
FOR**

**L'Arche Boston North, Inc.
53 WINGATE ST
Haverhill, MA 01832**

November 25, 2025

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.

Review Dates 10/7/2025 - 10/10/2025

Service Enhancement Meeting Date 10/23/2025

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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	3 location(s) 7 audit (s)	Full Review	66/83 2 Year License 10/23/2025 - 10/23/2027		44 / 46 Certified 10/23/2025 - 10/23/2027
Residential Services	2 location(s) 6 audit (s)			Full Review	18 / 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.

The DDS Office of Quality Enhancement (OQE) conducted a full licensing and certification review of Larche's Residential and Individual Home Supports Service Group. The review included 24-Hour Residential Supports and 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 Human Rights Committee was fully constituted and met quarterly as required. The agency had a strong system in place to ensure staff, individuals, and guardians were informed of Human Rights and DPPC.

Within the agency's Residential Services, the survey identified several accomplishments that contributed to positive individual outcomes, particularly within most aspects of healthcare. Staff demonstrated strong adherence to medical protocols, supported by ongoing training and familiarity with each individual's specific needs. Medication administration was consistently aligned with physician's orders, and designated staff in placement settings were responsible for accompanying individuals to medical appointments, providing continuity of care and an added layer of support. The agency also showed a commitment to promoting healthy lifestyles and is commended for supporting individuals to follow a healthy diet. Likewise, the agency has demonstrated a strong commitment to engaging individuals in physical activity in a variety of settings. These practices reflect a thoughtful, person-centered approach to healthcare that emphasizes both healthy living and individual empowerment.

The agency staff provided meaningful support to help individuals build social skills and develop community connections aligned with their personal interests and goals. Notably, one individual surveyed had been supported to foster a friendship with a local hairstylist which has bloomed into a reciprocal deep and meaningful relationship. Two individuals surveyed had been supported to engage in the agency's community cafe where they increased their cooking skills, interacted with customers at the local farmer's market, and engaged with community members during the weekly community meal. All individuals had been supported to get involved with volunteer activities, attend community cultural events, and be active members of their neighborhoods.

Supervision was occurring regularly and there was frequent and ongoing communication between staff and supervisors to address medical appointments, day-to-day updates, and emerging concerns. When individuals experienced changes in medication or medical status, on-site nursing support and training were provided as needed. Staff were knowledgeable of individuals' goals and support needs. Support Strategies were being implemented and progress/obstacles detailed in the daily logs. All staff were noted to be engaging in respectful communication with a strong knowledge of individuals' unique needs. All individuals interviewed reported having privacy both in their homes and in their interactions with staff.

The survey identified several licensing areas requiring increased attention within the residential services grouping. In the domain of financial management the agency needs to ensure funds management, plans accurately describe the agency's role in the funds management process and

ensure expenditures are correctly tracked and are made only for purposes that directly benefit the individual. Further attention is required to ensure authorization and directions for the use of health-related supports and protections as well as medical monitoring devices are in place. The agency would benefit from utilizing the DDS health screening checklist to ensure individuals are supported to obtain routine preventative screenings. Additionally, timely submission of required assessments and support strategies for the ISP, along with prompt submission and review of incident reports in HCSIS, must be prioritized to meet DDS requirements. Lastly, the agency must ensure fire drills are conducted as required and Safety Plans are updated as changes in individuals' support needs occur. From a certification perspective, the agency should enhance its practices to assess individuals' needs for intimacy and companionship and provide related education and support in a manner tailored to each person's learning style.

Within the Residential and Individual Home Supports Service Group L'Arche Boston North received a rating of met in 80% of licensing indicators with all critical indicators rated met. As a result, the agency will receive a Two-Year License for its Residential and Individual Home Supports Service Group. The agency met 96% of certification indicators and is fully certified. OQE will conduct a follow-up review on all licensing indicators rated as Not Met within 60 days of the SEM.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Residential and Individual Home Supports	58/75	17/75	
Residential Services Placement Services			
Critical Indicators	8/8	0/8	
Total	66/83	17/83	80%
2 Year License			
# indicators for 60 Day Follow-up		17	

Residential Commendations on Standards Met:

Indicator #	Indicator	Commendations
L41	Individuals are supported to follow a healthy diet.	Staff across the service demonstrated a consistent and individualized approach to supporting healthy eating habits. Nutrition plans were developed based on dietary needs and personal preferences, with input from medical providers, dietitians, and direct support staff. Menus at each home were tailored to accommodate medical conditions such as diabetes, celiac, and food allergies, while also respecting cultural and individual food preferences. For example, in one residence, staff supported individuals with varying dietary needs by creating individualized meal prep guides and involving individuals in grocery shopping and cooking activities. In one home, an individual diagnosed as underweight was actively supported to improve her health by trying new recipes high in protein and engage in personalized strength training to build muscle. At the Shared Living location, another individual who is underweight had been supported to gain seven pounds in the past year with provider staff focused on healthy, high protein foods rather than high caloric junk foods and by encouraging the individual to have choice and control over when, where, and what she ate. There were multiple examples of staff's careful attention to adhering to Celiac and gluten sensitive diets when supporting individuals during community outings. Staff had even gone so far as providing a local hairstylist diabetic friendly snacks as an alternative to candy for an individual that frequents the establishment independently. The agency is commended for improving the health of individuals by supporting healthy eating while honoring the personal choices and preferences of the individuals served.

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

Indicator #	Indicator	Area Needing Improvement
L5	There is an approved safety plan in home and work locations.	At one location the safety plan did not accurately identify the level of support individuals required to evacuate safely. The agency must ensure safety plans are updated and approved to reflect current practices.
L7	Fire drills are conducted as required.	At one location, fire drills were not conducted on a quarterly basis. The agency must ensure fire drills are conducted at least quarterly, or at a higher frequency when identified in the Safety Plan.
L8	Emergency fact sheets are current and accurate and available on site.	For two individuals the emergency fact sheet did not contain all the necessary components, such as medical diagnoses and drug allergies. The agency needs to ensure emergency fact sheets are current and complete.

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 did not test within the acceptable range of 100-120 degrees. The agency must ensure water temperatures are within acceptable limits.
L22	All appliances and equipment are operational and properly maintained.	At one location, propane tanks were located within 10 feet of the home. The agency must ensure outdoor grills and accompanying tanks are located 10 feet away from the home.
L35	Individuals receive routine preventive screenings.	Two individuals had not been supported to obtain screenings and immunizations as recommended in the DDS Adult Screening Recommendations Checklist. The agency must ensure screenings and immunizations have occurred or staff can demonstrate that recommendations outlined in the DDS Adult Screening Recommendations Checklist were communicated to the physician.
L61	Supports and health related protections are included in ISP assessments and the continued need is outlined.	For two individuals a health-related support had not been authorized and did not contain one or more required components such as directions for use and instructions for care and cleaning. The agency must ensure health-related supports and protective equipment are authorized and contain all required components for use.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	For all individuals, money management plans did not contain significant practices utilized by the agency in the management of individuals' funds. Training plans did not contain teaching strategies to develop individuals' skills in the management of money. The agency needs to ensure money management plans are in place when the agency provides support in the use of individuals' funds, specify the agency's responsibilities in the management of funds, and have agreement from the individual/guardian. Training plans must contain teaching strategies to foster increased independence on the part of the individual.
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.	For four individuals, funds had been utilized to pay for items that did not directly benefit them, such as staff community activities and meals. The agency must ensure individuals' funds are used only to directly benefit the individual.
L69	Individual expenditures are documented and tracked.	For four individuals, expenditure documentation and tracking did not clearly identify how group purchases and mixed receipts were divided. Receipts over \$25 were not maintained and gift cards were not tracked. The agency must ensure funds are tracked and documented accurately and receipts are maintained.

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

Indicator #	Indicator	Area Needing Improvement
L70	Charges for care are calculated appropriately.	For four individuals the charges for care documented in the annual charges for care notice were not calculated correctly and identified an incorrect monthly amount due to the agency; in some cases, individuals were actually charged the correct amount. The agency must ensure the charges for care notice includes accurate amounts for entitlements, monthly charges, and are calculated correctly.
L80	Support staff are trained to recognize signs and symptoms of illness.	At two locations staff had not been fully trained to recognize signs and symptoms of illness. The agency must ensure staff are trained to recognize signs and symptoms of illness utilizing a curriculum with all components identified in the DDS curricula "Health Observation Guidelines" and "Just Not Right".
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For three individuals required ISP assessments had not been submitted within required timelines. The agency must ensure assessments are submitted at least 15 days in advance of the ISP meeting.
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, ISP support strategies had not been submitted within required timelines. The agency must ensure support strategies are submitted within 15 days of the ISP.
L91	Incidents are reported and reviewed as mandated by regulation.	At one location incident reports had not been submitted within required timelines. The agency must ensure incident reports are submitted and finalized within time frames as mandated by regulations.
L94 (05/22)	Individuals have assistive technology to maximize independence.	Five individuals had not been assessed for or supported to obtain assistive technology to promote independence. The agency needs to ensure individuals have been assessed to identify any assistive technology that may be of benefit and provide support to obtain/utilize assistive technology and modifications to maximize independence.
L99 (05/22)	Medical monitoring devices needed for health and safety are authorized, agreed to, used and data collected appropriately. (eg seizure watches; fall sensors).	For two individuals the medical monitoring devices in use had not been reviewed by the Human Rights Committee and one device did not have authorization from a medical provider. The agency needs to ensure all medical monitoring devices are authorized and receive Human Right Committee review when they impact privacy.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	38/40	2/40	
Placement Services	20/20	0/20	
Residential Services	18/20	2/20	
Total	44/46	2/46	96%
Certified			

Residential Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For five individuals the agency had either not fully assessed their needs and desires in the area of intimacy and companionship or was not providing support once the individuals' needs became known. The agency needs to ensure that it assesses each individual to determine their interests, goals, and support needs, and that support is provided relative to these needs.
C49	The physical setting blends in with and is a natural part of the neighborhood and community.	One home had an appearance not consistent with typical residential homes in the neighborhood. The agency needs to ensure that homes blend in with the neighborhood and larger community.

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	6/6	Met
L4	Action taken	3/3	Met
L48	HRC	1/1	Met
L74	Screen employees	4/4	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	5/6	Met(83.33 %)
L83	HR training	6/6	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	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	1/2		1/1				2/3	Not Met (66.67%)
℞ L6	Evacuation	L	2/2		1/1				3/3	Met
L7	Fire Drills	L	1/2						1/2	Not Met (50.0%)
L8	Emergency Fact Sheets	I	5/6		0/1				5/7	Not Met (71.43%)
L9 (07/21)	Safe use of equipment	I	6/6						6/6	Met
L10	Reduce risk interventions	I	1/1						1/1	Met
℞ L11	Required inspections	L	2/2		1/1				3/3	Met
℞ L12	Smoke detectors	L	2/2		1/1				3/3	Met
℞ 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	2/2		0/1				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

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L18	Above grade egress	L	1/1						1/1	Met
L19	Bedroom location	L	2/2						2/2	Met
L20	Exit doors	L	2/2						2/2	Met
L21	Safe electrical equipment	L	2/2		1/1				3/3	Met
L22	Well-maintained appliances	L	2/2		0/1				2/3	Not Met (66.67%)
L23	Egress door locks	L	2/2						2/2	Met
L24	Locked door access	L	2/2		1/1				3/3	Met
L25	Dangerous substances	L	2/2						2/2	Met
L26	Walkway safety	L	2/2		1/1				3/3	Met
L28	Flammables	L	2/2						2/2	Met
L29	Rubbish/combustibles	L	2/2		1/1				3/3	Met
L30	Protective railings	L			1/1				1/1	Met
L31	Communication method	I	6/6		1/1				7/7	Met
L32	Verbal & written	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
L33	Physical exam	I	6/6		1/1				7/7	Met
L34	Dental exam	I	5/6		1/1				6/7	Met (85.71%)
L35	Preventive screenings	I	4/6		1/1				5/7	Not Met (71.43%)
L36	Recommended tests	I	6/6		0/1				6/7	Met (85.71%)
L37	Prompt treatment	I	6/6		1/1				7/7	Met
℞ L38	Physician's orders	I	5/5						5/5	Met
L39	Dietary requirements	I	4/5						4/5	Met (80.0%)
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	6/6						6/6	Met
L47	Self medication	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
L49	Informed of human rights	1	6/6		1/1				7/7	Met
L50 (07/21)	Respectful Comm.	1	6/6		1/1				7/7	Met
L51	Possessions	1	6/6		1/1				7/7	Met
L52	Phone calls	1	6/6		1/1				7/7	Met
L53	Visitation	1	6/6		1/1				7/7	Met
L54 (07/21)	Privacy	1	6/6		1/1				7/7	Met
L55	Informed consent	1	3/3						3/3	Met
L56	Restrictive practices	1	1/1						1/1	Met
L61	Health protection in ISP	1	3/5						3/5	Not Met (60.0%)
L63	Med. treatment plan form	1	5/6						5/6	Met (83.33%)
L64	Med. treatment plan rev.	1	5/6						5/6	Met (83.33%)
L67	Money mgmt. plan	1	0/6		0/1				0/7	Not Met (0%)
L68	Funds expenditure	1	2/6		1/1				3/7	Not Met (42.86%)
L69	Expenditure tracking	1	2/6		1/1				3/7	Not Met (42.86%)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L70	Charges for care calc.	I	2/6		1/1				3/7	Not Met (42.86 %)
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
L78	Restrictive Int. Training	L	1/1						1/1	Met
L80	Symptoms of illness	L	0/2		1/1				1/3	Not Met (33.33 %)
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	5/5						5/5	Met
L85	Supervision	L	2/2		1/1				3/3	Met
L86	Required assessments	I	2/4		0/1				2/5	Not Met (40.0 %)
L87	Support strategies	I	2/4		1/1				3/5	Not Met (60.0 %)
L88	Strategies implemented	I	5/6		1/1				6/7	Met (85.71 %)
L90	Personal space/bedroom privacy	I	6/6		1/1				7/7	Met
L91	Incident management	L	1/2		1/1				2/3	Not Met (66.67 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L93 (05/22)	Emergency back-up plans	1	6/6		1/1				7/7	Met
L94 (05/22)	Assistive technology	1	1/6		1/1				2/7	Not Met (28.57%)
L96 (05/22)	Staff training in devices and applications	1	2/2		1/1				3/3	Met
L99 (05/22)	Medical monitoring devices	1	1/3						1/3	Not Met (33.33%)
#Std. Met/# 75 Indicator									58/75	
Total Score									66/83	
									79.52%	

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	5/6	Met (83.33 %)
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	6/6	Met
C10	Social skill development	6/6	Met
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	1/6	Not Met (16.67 %)
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	1/2	Not Met (50.0 %)
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

Placement Services

Indicator #	Indicator	Met/Rated	Rating
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
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