



**PROVIDER REPORT
FOR**

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

September 17, 2021

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	7/21/2021 - 7/27/2021
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Service Enhancement Meeting Date	8/10/2021
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Survey Team	Raquel Rodriguez (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) 5 audit (s)	Targeted Review	DDS 13/14 Provider 60 / 62 73 / 76 2 Year License 08/10/2021-08/10/2023		DDS 2 / 2 Provider 48 / 48 50 / 50 Certified 08/10/2021 - 08/10/2023
Residential Services	1 location(s) 3 audit (s)			DDS Targeted Review	22 / 22
Placement Services	2 location(s) 2 audit (s)			DDS Targeted Review	22 / 22
Planning and Quality Management				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

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

During the 2018 survey, L'Arche met over 90% of licensing indicators within their Residential and Placement programs and thus were eligible to complete a self-assessment during this licensing and certification review. As a result, the scope of the DDS licensing and certification review was limited to critical indicators, and indicators receiving a rating of not met during the 2018 survey. In addition, indicators that were newly revised were also reviewed by DDS. The ratings from this survey process are a combination of DDS and L'Arche application of licensing and certification standards; any instances where different rating decisions were reached resulted in the use of the DDS rating. The scope of the DDS targeted survey included review of one residential home and two placement homes.

On an organization level and within the homes, the agency demonstrated a commitment to human rights, both in meeting the standard for reporting to DPPC and in completing the action steps quickly and thoroughly. 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.

Several areas of strength were identified within the Residential and Placement homes. Individuals' homes were found to be well maintained, with all required inspections having occurred and all fire systems functioning. The agency successfully maintained individuals' physical health and safety by successfully evacuating individuals within the required timeframes and ensuring Covid protocols were established and followed.

One area not meeting DDS regulatory standards was identified during the survey; in both the Residential Services and Placement Supports, the agency would benefit from providing additional attention to the medication treatment plans to ensure they contain all the necessary components.

Within the Residential and Placement Services programs L'Arche received a rating of met in 96% of licensing indicators; all critical indicators were 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 all not met licensing indicators will be conducted by L'Arche within 60 days.

Below is a description of the self-assessment process completed by the provider.

Description of Self Assessment Process:

L'Arche Boston North, Inc (LBN) utilizes a variety of systems and strategies to ensure ongoing quality assurance of our residential homes and placement services. As a small provider, we pride ourselves on our intimate familiarity with each of our members and the fluidity of communication between all levels of the organization to ensure prompt responsiveness and attentive detail to all of our community needs. This year, we elected to perform a self-assessment of our licensure and certification to provide valuable insight into our auditing practices to inform enhancements to existing systems and practices to standardize and strengthen accountability and oversight across our community. For our first ever self-assessment process, we reviewed our existing audit tools and made necessary modifications to reflect a greater level of detail and specificity drawing directly from the licensure tool. In doing so, we reached out to another small provider agency that had recently completed their own self-assessment: The agency provided samples of their tools to help inform our review. As a result of our review into our auditing tools and systems, we have strengthened our existing tools and created several new quality control tools to be used in conjunction by House Managers and the Director of Residential Services during Monthly & Quarterly Audits (Monthly House Manager Audit Tool, Quarterly Residential and Audit Tools, and a new Placement Audit Tool).

Ongoing Systems

LBN utilizes a variety of tools and processes to capture core member (Individual) and family feedback in several areas including service and support satisfaction. Core members participate in the hiring of all new employees and provide crucial ongoing feedback on employee performance. 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. The Executive Director utilizes an accessible tool to capture feedback and satisfaction from the core members in a number of community indicators. LBN also has a Community Council that is comprised of members from all levels of the community, including a member from the Board of Directors and friends of the community. The council meets monthly and provides advice to the Executive Director on several matters that impact the community, including the strategic plan and L'Arche Mandate. Core members, families, assistants, board members and stakeholders gather annually to participate in a community-wide visioning session. The most recent visioning session was held in January of 2020 and identified three strategic objectives for the community. As a member of the greater L'Arche Federation, LBN has a 5-year mandate. The mandate is similar to a strategic plan and outlines a number of goals and priorities that are established by the community. Progress towards the mandate is evaluated annually via a community-wide survey. Ongoing accountability to the mandate is held by our L'Arche Federation representative.

LBN has a dynamic and inclusive Human Rights Committee comprised of community professionals and LBN core members who provide critical advocacy and stewardship. The Human Rights Specialist for the Northeast Region has attended several Human Rights Committee Meetings.

Outside of the self-assessment process, LBN uses quality monitoring tools and systems on the organizational level and the program specific level. The Executive Leadership Team meets once a week to discuss a variety of topics that are relevant to ongoing quality monitoring. The Director of Residential Services (DRS) provides updates to the team on incident management as well as health and safety concerns. The Director of Community Life and Learning (DCLL) provides updates relevant to personnel management, including recruitment, onboarding, trainings and performance. LBN's community leadership team meets 1x a week to discuss updates in each home and to provide mutual support and accountability to one another as well as to review any updates in policies or procedures to be implemented throughout the organization. Furthermore, The DRS and the DCLL meet with each House Manager on a bi-weekly basis for a "fruitful triangle" supervision. This format allows for the sharing of important information

as well as accountability and oversight of quality assurance systems in each home. House Managers meet with assistants in their homes on a monthly basis for ongoing accompaniment and supervision. The House Managers are responsible for submitting monthly individual and site-based audit tools to the DRS for review and follow-up. The DRS performs an in-person quarterly audit of each home using the individual and residential site monitoring tools that review all applicable indicators. The DRS conducts monthly monitoring visits at each shared living home. LBN has two part-time RN's and a part-time Behavioral Clinician. The DRS meets with LBN's Behavioral Clinician and Registered Nurses each week. The LBN Nurses and Behavioral Clinician provide weekly support to the homes. Supports can include a review of medications, core member health care needs, reviewing updated HCP information, protocols or facilitating training. The LBN Behavioral Clinician and Nurses maintain emergency availability to attend to urgent matters that arise in each home. Health and medication related audits are completed monthly by the House Managers and checked by the DRS. The DRS performs a quarterly audit of medications with the House Manager and Nurse. The Behavioral Clinician is a member of the collaborative PBS Leadership Team between LBN and The Arc of Greater Haverhill-Newburyport. The Behavioral Clinician provides guidance on the implementation of universal supports within the organization.

House Managers perform a monthly audit of funds for core members with whom we support with any aspect of funds management or those whom we serve as Rep Payee for. All core member financial transaction records and receipts are submitted monthly to the Director of Finance (DOF) office for review and reconciliation. The DCLL manages all employee training records. Because LBN is a small agency, we utilize an internal tool for tracking all staff training. The tool is reviewed monthly by the DCLL to ensure ongoing compliance. The DRS ensures that all health and safety related trainings take place as indicated by DDS regulations and with the support of the agency nurse. LBN provides weekly formation for all assistants in the community. Formation includes trainings and continuing education on topics related to core member health, safety, and quality of life areas. In May of 2021, LBN began to transition documentation and tracking to THERAP. We are still in the process of transitioning all elements of data collection to the platform and hope to have it completed by January of 2022. The DRS and House Manager receives an alert if something captured in the documentation meets a certain threshold requiring more immediate review. The House Manager reviews THERAP weekly and the DRS reviews it on a quarterly basis.

Specific to the Self-Assessment:

LBN created additional audit tools to ensure all licensing and certification indicators were captured. The DRS created a comprehensive self-audit documentation tool that pulls directly from the OQE Provider Self-Assessment Report paired with the existing OQE licensure and certification tools. This functions as a landing hub for all demonstration documentation corresponding to Audit Indicators. For the Self-Assessment, we chose to utilize the Residential Survey Worksheet for all individuals assessed - additionally, tools specific to capturing core member, staff, and guardian interviews were created to complement data collected by the worksheet. Further, LBN chose to use the OQE Administrative Review Worksheet and Human Rights Committee rating grid to conduct the review of administrative and HRC indicators. The DRS and ED determined the sample size and selection. For the administrative review, the DRS used the criteria outlined in OQE Attachment A to request a staff list/roster and centralized training grid relative to all the qualifying indicators outlined in the document from the DCLL. The DRS surveyed a random 10% sample of all new and current employees as well as all licensed personnel. For the Residential Location Indicators, the DRS and ED completed an on-site assessment of 1 residential site location (25%). The location was selected as it was the location of the interim assessment conducted in December 2020. The home had not been selected for an environmental audit in many years and had recently experienced some changes.

For the Residential Individual Indicators, The DRS and ED assessed 5 individuals (30%) across 3 out of 4 residential settings. We selected three individuals at one site location, the same site selected for the environmental assessment due to the recent interim assessment and a recent change from IHS- ALTR

for one individual. We randomly selected an additional individual in our two homes that had not experienced a QE survey in over 5 years. For Placement Services, the DRS completed the Residential Survey Worksheet for all applicable placement location and individual indicators for 2 individuals. (100%)

COVID-19 Impact

The COVID-19 pandemic has impacted every dimension of our community. We experienced delays or interruptions in all areas of supports and service delivery that were not of urgent matter. Despite the challenges, we developed several strategies to maintain our existing systems and added additional safeguards and systems to respond to the threat of COVID-19. We implemented new health and safety features in each home specific to COVID-19. Each home has a comprehensive COVID-19 resource and trainings binder that features updated guidance and trainings on the following: LBN's official response plan (updated to reflect the most current guidance from EOHHS, DDS and CDC) cleaning and disinfecting, infection control, PPE, handwashing, community guidelines, visitation, and screening procedures. The pandemic put a temporary pause on the availability of in-person training opportunities. We were able to pivot to online training modules offered through community resources or through DDS to ensure compliance. The pandemic has brought to our awareness the benefits of the flexibility and efficiency of online training modules and we will look to invest in a platform that provides us this flexibility for training components where available.

During the pandemic we had our virtual interim licensing assessment that provided invaluable insight and feedback into several indicators that needed strengthening (funds management, fire drills, health related supports and mandated staff training) as a result of this experience we have implemented several modifications to strengthen our systems and procedures, resulting in all of those indicators meeting the criteria for a MET rating. We had a DPH Infection Control audit of one of our homes in January of 2021. The audit revealed a minimal amount of follow-up, with recommendations to revise our PPE policy and strengthen our screening procedures. We immediately revised our policy and procedures and sent them to the DPH nurse to review and verify before implementing in our homes.

Like all organizations, we had to expand communication across all mediums to ensure consistent communication with core members, assistants, families and within the leadership team. In addition to virtual trainings and meetings, we transitioned all our weekly community events and gatherings to a virtual platform. This allowed our homes to maintain connections with each other and with family and friends from all over the world.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Residential and Individual Home Supports	65/68	3/68	
Residential Services Placement Services			
Critical Indicators	8/8	0/8	
Total	73/76	3/76	96%
2 Year License			
# indicators for 60 Day Follow-up		3	

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

Indicator #	Indicator	Area Needing Improvement
L63	Medication treatment plans are in written format with required components.	The medication treatment plans did not contain information about side effects, procedures to minimize risks, and clinical indications for terminating the drug. Medication treatment plans must contain all the required components.

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

Indicator #	Indicator	Issue identified	Action planned to address
L43	The health care record is maintained and updated as required.	2/7 Individuals HCR's were missing necessary medical information. 1 record was missing two medical diagnoses for the individual. 1 was missing medication allergy for individual in placement services.	Updates made to individual quarterly audit tool to prompt review by both House Manager and Director of Residential Services.

**Residential Areas Needing Improvement on Standards not met/Follow-up to occur:
From Provider review:**

Indicator #	Indicator	Issue identified	Action planned to address
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	2/7 Individuals surveyed were missing consistent data tracking and correct adherence to the strategy that was identified in the ISP.	DRS to utilize ISP process tool with House Managers. ISP submission check-in's will occur as part of the bi-weekly supervision with DRS.

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 2/2 Provider 42/42	44/44	0/44	
Placement Services	DDS 1/1 Provider 21/21	22/22	0/22	
Residential Services	DDS 1/1 Provider 21/21	22/22	0/22	
Total		50/50	0/50	100%
Certified				

MASTER SCORE SHEET LICENSURE

Organizational: L'Arche Boston North, 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 Individ.	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		2/2				3/3	Met
L7	Fire Drills	L	Provider	-	-	-		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider	-	-	-		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	DDS	3/3						3/3	Met
Ⓡ L11	Required inspections	L	DDS	1/1		2/2				3/3	Met
Ⓡ L12	Smoke detectors	L	DDS	1/1		2/2				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/Rat ed	Rating
Ⓡ L13	Clean location	L	DDS	1/1		2/2				3/3	Met
L14	Site in good repair	L	Provider	-	-	-		-	-	-	Met
L15	Hot water	L	Provider	-	-	-		-	-	-	Met
L16	Accessi bility	L	Provider	-	-	-		-	-	-	Met
L17	Egress at grade	L	Provider	-	-	-		-	-	-	Met
L18	Above grade egress	L	Provider	-	-	-		-	-	-	Met
L19	Bedroo m location	L	Provider	-	-	-		-	-	-	Met
L20	Exit doors	L	Provider	-	-	-		-	-	-	Met
L21	Safe electrica l equipm ent	L	Provider	-	-	-		-	-	-	Met
L22	Well- maintain ed applianc es	L	Provider	-	-	-		-	-	-	Met
L23	Egress door locks	L	Provider	-	-	-		-	-	-	Met
L24	Locked door access	L	Provider	-	-	-		-	-	-	Met
L25	Danger ous substan ces	L	Provider	-	-	-		-	-	-	Met
L26	Walkwa y safety	L	Provider	-	-	-		-	-	-	Met
L28	Flamma bles	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
L29	Rubbish /combustibles	L	Provider	-	-	-		-	-	-	Met
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	2/2		1/1				3/3	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	-	-	-		-	-	-	Not Met
L44	MAP registration	L	Provider	-	-	-		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L45	Medication storage	L	Provider	-	-	-		-	-	-	Met
L46	Med. Administration	I	DDS	1/1		1/1				2/2	Met
L47	Self medication	I	Provider	-	-	-		-	-	-	Met
L49	Informed of human rights	I	Provider	-	-	-		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	DDS	3/3		2/2				5/5	Met
L51	Possessions	I	Provider	-	-	-		-	-	-	Met
L52	Phone calls	I	Provider	-	-	-		-	-	-	Met
L53	Visitation	I	Provider	-	-	-		-	-	-	Met
L54 (07/21)	Privacy	I	DDS	3/3		2/2				5/5	Met
L55	Informed consent	I	Provider	-	-	-		-	-	-	Met
L61	Health protection in ISP	I	Provider	-	-	-		-	-	-	Met
L62	Health protection review	I	Provider	-	-	-		-	-	-	Met
L63	Med. treatment plan form	I	DDS	0/2		0/1				0/3	Not Met (0 %)
L64	Med. treatment plan rev.	I	Provider	-	-	-		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
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
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	DDS	2/3		2/2				4/5	Met (80.0 %)
L87	Support strategies	I	DDS	2/3		2/2				4/5	Met (80.0 %)
L88	Strategies implemented	I	Provider	-	-	-		-	-	-	Not 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
L90	Personal space/ bedroom privacy	I	Provider	-	-	-		-	-	-	Met
#Std. Met/# 68 Indicator										65/68	
Total Score										73/76	
										96.05%	

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

Placement 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

Placement Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C12	Intimacy	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C20 (07/21)	Emergency back-up plans	DDS	2/2	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	Provider	-	Met
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

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

Residential Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C14	Choices in routines & schedules	Provider	-	Met
C15	Personalize living space	Provider	-	Met
C16	Explore interests	Provider	-	Met
C17	Community activities	Provider	-	Met
C18	Purchase personal belongings	Provider	-	Met
C19	Knowledgeable decisions	Provider	-	Met
C20 (07/21)	Emergency back-up plans	DDS	3/3	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	Provider	-	Met
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