

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Provider: Northeast ARC

Provider Address: 1 Southside Road , Danvers

Name of Person Completing Form: Kathy Marques

Date(s) of Review: 04-FEB-25 to 05-FEB-25

Follow-up Scope and results :

Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports	2 Year License	3/3
Remote Supports and Monitoring Services	2 Year License	1/1

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Employment and Day Supports	2 Year License	2/2
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Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L43
Indicator	Health Care Record
Area Need Improvement	Four of nineteen health care records were not maintained in HCSIS as required. The agency needs to ensure that health care records are updated annually (in preparation for the ISP) and when significant changes occur throughout the year.
Process Utilized to correct and review indicator	<p>Northeast Arc's Director of Residential Health Services updated policy RO-14 Nursing Case Management to include: Health Care Records (HCR) will be updated annually, and as significant changes occur.</p> <p>Moving forward review of this policy will be required at the time of hire and annually as needed. Policy review occurred on 1/26/25</p> <p>The Quality Improvement department will be comparing hospitalizations with HCRs and the Director of Residential Health services will conduct on-going review of HCRs to ensure significant changes are documented as well.</p> <p>A HCSIS hospitalization report for the time period of 1/2/25-2/28/25 was used to conduct a comparison with HCRs to ensure documentation was completed.</p>
Status at follow-up	14 hospitalizations were reviewed and 100% were documented on HCRs.
Rating	Met

Indicator #	L89
Indicator	Complaint and resolution process

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Area Need Improvement	The complaint resolution policy used in the agency's ABI program did not include the required training. The agency needs to ensure that all staff, participants and guardians are aware of and have been trained on the complaint resolution policy and procedures.
Process Utilized to correct and review indicator	The agency ABI Complaint Resolution Policy was updated to include all aspects for the ABI-MFP Participant Handbook section C. All staff supporting individuals at the ABI waiver residence were formally trained on the policy 1/17/25. Review of this policy will be mandated at time of hire and on-going as needed. ABI-Complaint Resolution Policy was mailed to all guardians and family members during the last 2 weeks of January and individuals completed the training in December. The Residential Director has added the review of this policy into the annual Human Rights Training for all individuals. This training will occur at the time an individual moves into to the home and every June thereafter.
Status at follow-up	All individuals, staff and guardians/family members were trained on ABI-Complaint Resolution processes. No complaint was filed during the follow-up period.
Rating	Met

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Remote Supports and Monitoring Services Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L100 (05/22)
Indicator	RSMS Assessment
Area Need Improvement	For one individual, the AT assessment and Remote Support plan were not included in the ISP. The agency must ensure that AT assessments and Remote Support plans are completed and shared with DDS as part of the ISP.
Process Utilized to correct and review indicator	An ISP checklist was developed to ensure compliance with indicator. Missing AT assessment and RMS plan was submitted to DDS on 1/31/25.
Status at follow-up	There were no ISPs meeting in RSM services during the follow-up period.
Rating	Met

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Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L88
Indicator	Strategies implemented
Area Need Improvement	For ten of fifteen individuals, the agency could not demonstrate service and support strategies identified and agreed upon in the ISP were being implemented. The agency needs to ensure that services and support strategies for which the provider has designated responsibility are being implemented.
Process Utilized to correct and review indicator	New data documentation sheets were developed to ensure current support strategy goals are addressed. Directors or designees will review support strategies and data sheets at the onset of all ISPs. An ISP checklist is in place to ensure compliance with indicator. All data sheets were reviewed and updated to reflect current ISP goals/strategies.
Status at follow-up	There were 5 ISPs during the follow-up period and all data sheets reflect the goals identified on the support strategies.
Rating	Met

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Administrative Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L65
Indicator	Restraint report submit
Area Need Improvement	One of two restraint reports was not finalized in HCSIS within the required timeframe. The agency needs to ensure that restraint reports are finalized by the restraint manager within five days.
Process Utilized to correct and review indicator	All Residential and Community Employment supervisors and managers reviewed/signed off on the timeframes for HCSIS Restraint submission as outlined in DDS document: HCSIS Restraint Quick Guide on 1/23/25. The Residential Social Worker and Community Employment Division Directors have been identified as point staff for manager review. All managers will participate in an annual review of DDS HCSIS Restraint requirements ensure an understanding and responsibility related to time frame mandates.
Status at follow-up	There were no restraints reported during the follow-up period.
Rating	Met