



**PROVIDER REPORT
FOR
HOUSE OF POSSIBILITIES
350 WASHINGTON ST
North Easton, MA 02356**

October 27, 2025

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider HOUSE OF POSSIBILITIES

Review Dates 9/25/2025 - 10/1/2025

Service Enhancement Meeting Date 10/14/2025

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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	1 location(s) 2 audit (s)	Targeted Review	DDS 3/6 Provider 41 / 41 44 / 47 Defer Licensure		No Review Conducted
Respite Services	1 location(s) 2 audit (s)			No Review	No Review
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	3 location(s) 9 audit (s)	Targeted Review	DDS 10/14 Provider 48 / 48 58 / 62 2 Year License 10/14/2025-10/14/2027		DDS 0 / 1 Provider 20 / 20 20 / 21 Certified 10/14/2025 - 10/14/2027
Community Based Day Services	3 location(s) 9 audit (s)			DDS Targeted Review	14 / 15
Planning and Quality Management (For all service groupings)				DDS Targeted Review	6 / 6

EXECUTIVE SUMMARY :

House of Possibilities (HOPE) is a non-profit organization established in 2009, with its main campus located on the grounds of Stonehill College in North Easton, Massachusetts. In addition to its primary site, HOPE operates two other program locations in North Easton and one in downtown Boston, extending services across the Boston Metro, southeastern, and northeastern regions of Massachusetts. The agency provides Community-Based Day Services (CBDS) and weekday respite services through the Department of Developmental Services (DDS). Additional programs include social and recreational opportunities for adults and children, a respite program for children, and college navigation supports for individuals with intellectual disabilities.

Following the 2023 DDS Office of Quality Enhancement (OQE) review, HOPE was eligible to complete a self-assessment of licensing and certification indicators for its CBDS and Respite programs. The current OQE review focused on all critical licensing indicators, those previously rated as not met, and any new or revised indicators not reviewed in the prior cycle. This licensing and certification review encompassed both CBDS and Respite services. Final licensing and certification results were determined using combined scores from the agency's self-assessment and the OQE validation review, with DDS ratings prevailing where both assessed the same indicator.

This DDS OQE review found that HOPE demonstrated strong organizational systems contributing to positive outcomes in across programs. The agency's procedures for reviewing incidents and communication of concerns resulted in prompt identification and reporting of suspected abuse or neglect, and all instances reviewed were reported in accordance with DDS requirements.

In the agency's CBDS programs oversight procedures were in place ensuring implementation of critical safety and health measures, and human rights were protected. Regular emergency evacuation drills were conducted ensuring evacuation times at all three CBDS sites were within acceptable limits. The environmental review of CBDS confirmed that inspections for building equipment, including furnaces, hot water heaters, and fire alarm systems, were current, and any related maintenance issues had been addressed in a timely manner. Nursing oversight was in place for medication administration, and ongoing audits conducted by the agency supported consistent medication management practices. HOPE's training platform generated reminders for staff regarding upcoming MAP certification renewals, and all staff administering medications at CBDS during the review period held current MAP certificates. Medications were administered accurately, and staff were appropriately trained to support individuals on physician-ordered diets. Under the domain of Human Rights, the agency's procedures for obtaining consent for the release of media materials were exemplary. Consent forms met DDS standards, and the agency was proactive in ensuring informed consent was obtained for all individuals reviewed. For their three CBDS locations, the agency's systems and procedures supported positive outcomes for the individuals served.

While the review identified several areas of strength, it also highlighted areas requiring additional attention for improved organizational, CBDS and respite program outcomes. The agency's Human Rights Committee (HRC) would benefit from additional administrative support to ensure meetings occur with the required frequency and that all mandated members are in regular attendance. In their CBDS programs, greater attention is needed to ensure the timely submission of Individual Support Plan (ISP) assessments, support strategies, and incident reports to meet DDS deadlines. Within the respite services, health management protocols require greater oversight to ensure all components are consistently implemented as directed by treating physicians. For their respite program the agency will also need to ensure all required ancillary MAP trainings for the administration of specific medications are completed by MAP certified staff. Increased attention to these areas is needed to ensure improved quality of services in both CBDS and respite services.

Overall, HOPE continues to demonstrate commitment to maintaining high-quality services that promote the health, safety, and personal growth of the individuals it supports. The findings from this review indicate that the agency has effective systems in place across key service domains and is responsive to DDS expectations for licensing and certification compliance. Based on the results of the review, HOPE earned a two-year license for its day services, with a combined licensing score of 94% and a

certification score of 95%. The agency will submit its own follow-up report of any unmet licensing indicators to DDS OQE within 60 days. The license for residential services is deferred pending a follow-up review within 60 days by DDS OQE.

The summary of the agency's process for self-assessment of both their day and residential services follows.

Description of Self Assessment Process:

The agency utilized a robust, multi-faceted strategy for this self-assessment, beginning with a full-scale audit of our internal tracking systems, a comprehensive review of all case member files, and an extensive review of HR files. This systematic approach, which included referencing the CBDS and Respite Worksheets along with the Licensing and Certification Applicability charts and tools, ensures that indicators are being met for individuals and the organization on an ongoing basis.

The process involves a multi-faceted approach, including direct "spot checks" of locations and a monthly Safety Checklist to ensure compliance with environmental safety standards, such as water temperature and fire drills. We also conducted interviews with a sample of staff to assess their training and understanding of agency protocols. Data for this review was gathered and analyzed using our internal tracking systems, including Relias and Salesforce. Furthermore, internal Google Forms were created to audit member files, Medication Administration Records (MARs), medication orders, and specialized protocols for completion.

The review also incorporates ongoing quality assurance mechanisms, such as monthly medication reviews by our LPNs and MAP Certified Case Managers, and the regular Combined Health and Safety & PBS Committee Meeting. This critical meeting, which started at the beginning of the fiscal year as a best practice, systematically reviews Incident Reports, client-specific safety, protocol compliance, and staff training gaps.

The formal self-assessment process was launched upon receiving the 45-day letter, engaging in weekly Survey Prep meetings with all Directors and Case Managers to work on audit files. The Sr. Director of Programming and Program Directors conducted the review, with metrics and updates discussed weekly at the larger Programming All Management Meeting and check-in meetings held with the executive team. The summary data was forwarded to the Chief Program Officer (CPO) for final assessment and completion of this form. This comprehensive, multi-layered approach ensures we have sufficient information to accurately rate each indicator, supporting our goal of continuous quality improvement.

For this self-assessment survey, a total of 15 member records were reviewed: 4 from our Respite Program and 11 from our CBDS Programs. The CBDS review included 2 records from our Boston location and 9 records from our Easton location.

The sites reviewed include the Boston CBDS Program at 75 Federal St (census: 46 members) and the Easton CBDS Program (combined census: 74 members). The Easton program is currently operating out of two temporary satellite locations--580 Washington St and 9 Belmont St in South Easton--to accommodate ongoing renovations and expansion at our original facility (350 Washington St). Our Overnight Adult Respite Program, which is based at the 350 Washington St site, is temporarily paused due to these facility renovations. We anticipate the Respite program will be fully operational and running again within the month.

The House of Possibilities (HOPE) and JVS Human Rights Committee (HRC) meeting minutes from December 2023, March 2024, June 2024, September 2024, February 2025, and August 2025 document the committee's work in reviewing and safeguarding the rights of individuals served. Discussions at each meeting generally follow a consistent agenda that includes: reviewing and accepting the minutes from the previous meeting; affirming the June 2023 Bylaws review; and updates on any Behavioral Plans, noting that all PBS plans were going well or were being reviewed.

The committee consistently confirms N/A for the Review of Restraints since we are a non-restraint facility and reports no new restrictions or notes only minor restrictions. A key function is the Review of Incident Reports, with monthly reports filed for both the Boston and Easton locations covering significant behavioral incidents, physical altercations, unexpected hospital visits, and suspected mistreatment. The HRC also discusses Training Reports, detailing ongoing Onboarding and MAP training, as well as specific staff development, such as the Relias annual curricula. Medication Plans (Under Title XIX) are monitored, typically reporting that one or two members with psychotropic medication plans are doing well with no changes. We recently had a member have their psychotropic medication plan removed because they were doing well. New Business often includes updates on new staff, new members, events, and agency policies.

Despite the committee's comprehensive review activities, the agency noted that the HRC indicator (L48) is Not Met. While the By-Laws require the committee to meet at least quarterly, the planned meetings for December 2024 and June 2025 were cancelled due to a lack of quorum. To address this gap, the next meeting is scheduled for October 17th, 2025. The agency provides DDS clients with Human Rights Training, which includes an introduction to human rights concerns and the grievance procedure in the presentation, with follow-up verbal information, and is prepared to provide this information in writing if preferred.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	6/7	1/7	
Residential and Individual Home Supports	38/40	2/40	
Respite Services			
Critical Indicators	3/5	2/5	
Total	44/47	3/47	94%
Defer Licensure			
# indicators for 60 Day Follow-up		3	

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Employment and Day Supports	51/54	3/54	
Community Based Day Services			
Critical Indicators	8/8	0/8	
Total	58/62	4/62	94%
2 Year License			
# indicators for 60 Day Follow-up		4	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The agency's Human Rights Committee (HRC) failed to hold meetings with the required frequency and two members have not attended for the past year and a half. The agency needs to ensure the HRC is meeting at least quarterly, and that members are active and represented in the committee .

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

Indicator #	Indicator	Area Needing Improvement
Ⓜ L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	The agency did not ensure that medical protocols were consistently implemented and followed as ordered by the healthcare provider. An instance was identified where a health protocol was not implemented as required by the provider's order. The agency must ensure that all physician orders and medical protocols are implemented as written and carried out as directed.
Ⓜ L82	Medications are administered by licensed professional staff or by MAP certified staff (or by PCAs) for individuals unable to administer their own medications.	The agency did not ensure that MAP-certified staff had received required training for specialized medications and treatments administered under MAP. Instances were identified where route-specific training and Individual-Specific Training had not been completed as required. The agency needs to ensure that ancillary trainings for MAP are conducted as required including individualized blood glucometer training and nasal route training.

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

Indicator #	Indicator	Area Needing Improvement
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For four individuals, required assessments were not submitted at least 15 days prior to the ISP. The agency must ensure timely submission of all assessments.
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 of six individuals, support strategies were not submitted 15 days prior to their ISP meetings. The agency needs to ensure timely submission of all support strategies.
L91	Incidents are reported and reviewed as mandated by regulation.	For two of three locations, incidents were not submitted or finalized within the required timelines. The agency needs to ensure the timely submission and finalization of all incidents.

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	0/0	0/0	
Respite Services		0/0	0/0	
Total		6/6	0/6	100%
No Review Conducted				

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	DDS 0/0 Provider 6/6	6/6	0/6	
Employment and Day Supports	DDS 0/1 Provider 14/14	14/15	1/15	
Community Based Day Services	DDS 0/1 Provider 14/14	14/15	1/15	
Total		20/21	1/21	95%
Certified				

Community Based Day Services- Areas Needing Improvement on Standards not met From DDS Review:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	For nine individuals, there was no documented feedback gathered reflecting individuals' opinions regarding their current staff's performance or for evaluating potential staff. The agency needs to ensure that individuals feedback is documented regarding potential and current staff working with them.

MASTER SCORE SHEET LICENSURE

Organizational: HOUSE OF POSSIBILITIES

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	DDS	4/4	Met
L3	Immediate Action	Provider	-	Met
L48	HRC	DDS	0/1	Not Met(0 %)
L74	Screen employees	Provider	-	Met
L75	Qualified staff	Provider	-	Met
L76	Track trainings	Provider	-	Met
L83	HR training	Provider	-	Met
L92 (07/21)	Licensed Sub-locations (e/d).	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
L3	Immediate Action	L	Provider				-			-	Met
L5	Safety Plan	L	Provider				-			-	Met
Ⓡ L6	Evacuation	L	DDS				1/1			1/1	Met
L8	Emergency Fact Sheets	I	Provider				-			-	Met
L9 (07/21)	Safe use of equipment	I	Provider				-			-	Met
Ⓡ L11	Required inspections	L	Provider				-			-	Met
Ⓡ L12	Smoke detectors	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
☒ L13	Clean location	L	Provider				-			-	Met
L14	Site in good repair	L	Provider				-			-	Met
L15	Hot water	L	Provider				-			-	Met
L16	Accessibility	L	Provider				-			-	Met
L31	Communication method	I	Provider				-			-	Met
L32	Verbal & written	I	Provider				-			-	Met
L37	Prompt treatment	I	Provider				-			-	Met
☒ L38	Physician's orders	I	DDS				1/2			1/2	Not Met (50.0%)
L39	Dietary requirements	I	Provider				-			-	Met
L40	Nutritional food	L	Provider				-			-	Met
L41	Healthy diet	L	Provider				-			-	Met
L44	MAP registration	L	Provider				-			-	Met
L45	Medication storage	L	Provider				-			-	Met
☒ L46	Med. Administration	I	DDS				2/2			2/2	Met
L49	Informed of human rights	I	Provider				-			-	Met
L50 (07/21)	Respectful Comm.	I	Provider				-			-	Met
L51	Possessions	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
L52	Phone calls	I	Provider				-			-	Met
L53	Visitation	I	Provider				-			-	Met
L54 (07/21)	Privacy	I	Provider				-			-	Met
L61	Health protection in ISP	I	Provider				-			-	Met
L62	Health protection review	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				0/1			0/1	Not Met (0 %)
L84	Health protect. Training	I	Provider				-			-	Met
L85	Supervision	L	Provider				-			-	Met
L91	Incident management	L	Provider				-			-	Met
L93 (05/22)	Emergency back-up plans	I	Provider				-			-	Met
L94 (05/22)	Assistive technology	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
L99 (05/22)	Medical monitoring devices	I	Provider				-			-	Met
#Std. Met/# 40 Indicator										38/40	
Total Score										44/47	
										93.62%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	Provider		-	-	-	Met
L5	Safety Plan	L	Provider		-	-	-	Met
Ⓜ L6	Evacuation	L	DDS			3/3	3/3	Met
L7	Fire Drills	L	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	Provider		-	-	-	Met
Ⓜ L11	Required inspections	L	DDS			3/3	3/3	Met
Ⓜ L12	Smoke detectors	L	DDS			3/3	3/3	Met
Ⓜ L13	Clean location	L	DDS			3/3	3/3	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

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L18	Above grade egress	L	Provider		-	-	-	Met
L20	Exit doors	L	Provider		-	-	-	Met
L21	Safe electrical equipment	L	Provider		-	-	-	Met
L22	Well-maintained appliances	L	Provider		-	-	-	Met
L25	Dangerous substances	L	Provider		-	-	-	Met
L26	Walkway safety	L	Provider		-	-	-	Met
L28	Flammables	L	Provider		-	-	-	Met
L29	Rubbish/com bustibles	L	Provider		-	-	-	Met
L30	Protective railings	L	Provider		-	-	-	Met
L31	Communication method	I	Provider		-	-	-	Met
L32	Verbal & written	I	Provider		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS			7/7	7/7	Met
L39	Dietary requirements	I	DDS			3/3	3/3	Met
L44	MAP registration	L	Provider		-	-	-	Met
L45	Medication storage	L	Provider		-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS			3/3	3/3	Met
L49	Informed of human rights	I	Provider		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider		-	-	-	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met
L54 (07/21)	Privacy	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L55	Informed consent	I	DDS			9/9	9/9	Met
L57	Written behavior plans	I	Provider		-	-	-	Met
L61	Health protection in ISP	I	Provider		-	-	-	Met
L63	Med. treatment plan form	I	Provider		-	-	-	Met
L64	Med. treatment plan rev.	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			0/4	0/4	Not Met (0 %)
L87	Support strategies	I	DDS			3/5	3/5	Not Met (60.0 %)
L88	Strategies implemented	I	Provider		-	-	-	Met
L91	Incident management	L	DDS			1/3	1/3	Not Met (33.33 %)
L93 (05/22)	Emergency back-up plans	I	Provider		-	-	-	Met
L94 (05/22)	Assistive technology	I	Provider		-	-	-	Met
L96 (05/22)	Staff training in devices and applications	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L99 (05/22)	Medical monitoring devices	I	Provider		-	-	-	Met
#Std. Met/# 54 Indicator							51/54	
Total Score							58/62	
							93.55%	

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

Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	DDS	0/9	Not Met (0 %)
C8	Family/guardian communication	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C38 (07/21)	Habilitative & behavioral goals	Provider	-	Met
C39 (07/21)	Support needs for employment	Provider	-	Met
C40	Community involvement interest	Provider	-	Met
C41	Activities participation	Provider	-	Met

Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C42	Connection to others	Provider	-	Met
C43	Maintain & enhance relationship	Provider	-	Met
C44	Job exploration	Provider	-	Met
C45	Revisit decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met