



**PROVIDER REPORT
FOR**

**LifePath
101 Munson Street
Ste. 201 Greenfield, MA
01301**

August 30, 2023

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

| | |
|---|-----------------------|
| Provider | LifePath |
| Review Dates | 7/31/2023 - 8/4/2023 |
| Service Enhancement Meeting Date | 8/16/2023 |
| Survey Team | Susan Dudley-Oxx (TL) |
| 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) 3 audit (s) | Full Review | 66/70 2 Year License 08/16/2023 - 08/16/2025 | | 23 / 26 Certified 08/16/2023 - 08/16/2025 |
| Placement Services | 3 location(s) 3 audit (s) | | | Full Review | 19 / 20 |
| Planning and Quality Management | | | | Full Review | 4 / 6 |

EXECUTIVE SUMMARY :

LifePath is a large nonprofit organization, located in Greenfield, Massachusetts. The organization provides services in Franklin, Hampshire, Hampden, and northern Worcester County areas. The focus of the current survey is a full licensing and certification review of the agency's Department of Developmental Service placement services. This review centered on the audits of three individuals receiving placement service supports.

The scope of this survey was a full licensure and certification review. This review was a hybrid model of surveying, where most tasks were conducted in-person while some were conducted using remote technology. For this survey, interviews with key administrative and supervisory staff occurred virtually through Microsoft (MS) Teams. Observations, interviews with individuals and staff, review of environmental safety, and review of relevant documentation occurred on-site.

Findings from licensure review of the agency's placement services were positive across several domains. Standards were in place in areas related to personal and environmental safety, communication, and human rights. Safety plans were found in homes and fire drills conducted demonstrating individuals were able to evacuate within the required time limit. Home care providers demonstrated an understanding of individuals' communication styles as well as provided support when individuals needed help with mail or other written forms of communication. All three locations in the review had a swimming pool and the required standards were met as individuals were assessed, providers trained in water safety, and the pools were secure. For supports related to human rights, guardians and families were provided with information on human rights, and individuals received annual training in human rights as well as filing complaints and reporting allegations of abuse/neglect to the Disabled Persons Protection Commission (DPPC). In addition to annual trainings, individuals have access to human rights information in a binder maintained in the home.

Among other positive findings of the licensing review, it was found that the oversight of individuals' health care provided by LifePath nursing staff and case managers was effective. Individuals were supported to obtain regular physical and dental examinations, received prompt treatment for illnesses, maintained appointments with specialists, and received preventive healthcare screenings as needed. Individuals were supported to follow a healthy diet and were engaged in physical activity on a regular basis with walks in their neighborhood and access to their home's pool. Individual's health care records were up to date, and monthly reviews of individuals' medications ensured proper administration.

Positive results were also found in domains related to a competent workforce, ISP development and implementation, and assistive technology. Care providers were up to date in all mandatory trainings such as signs and symptom of illness, CPR, First Aid, incident reporting, positive behavioral support strategies as well as universal precautions and transmission prevention. All required ISP assessments and provider support strategies were submitted within the required timelines. Assessments related to individuals' assistive technology needs were completed and individuals were supported to secure and use devices as identified.

In areas subject to certification, results found that individuals were supported to develop and maintain personal relationships. Individuals identified involvement in special relationships and were supported to date and express their needs for intimacy. Individuals were found to have choice and control over daily activities and were making their own decisions regarding food choices, room décor and community involvement. Individuals were provided with opportunities to explore social and recreational interests with a variety of options offered such as fishing, attending fairs, music festivals and Red Sox games, and taking a cruise to Bermuda.

In addition to the positive findings noted above, survey results identified the following licensing areas that need to be addressed. The agency needs to ensure supports and health related devices are

authorized by a licensed medical professional and instructions for their use and maintenance are in place. Medication treatment plans need to include all the required components. In addition, all funds belonging to individuals that are controlled by the agency or care providers must be documented and tracked. Finally, incidents must be reported and finalized within the required timelines.

For certification indicators requiring additional attention, the agency needs to ensure homes have a similar appearance as other homes in the neighborhood. The agency needs to have a process in place to identify and address service improvement goals. Finally, the agency needs to develop a process for planning the future direction of service delivery and implement strategies, including measurable goals and benchmarks, to track its progress.

As a result of this review, LifePath will receive a Two-Year License for its Residential and Individual Home Supports service group with a service group score of 94% of licensure indicators met. In addition, this service group is certified with an overall score of 88% of certification indicators met. Follow-up will be conducted by LifePath and reported to OQE within 60 days on those licensing indicators that received a rating of not met.

LICENSURE FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|---|--------------|-----------------|------------|
| Organizational | 8/8 | 0/8 | |
| Residential and Individual Home Supports | 58/62 | 4/62 | |
| Placement Services | | | |
| Critical Indicators | 7/7 | 0/7 | |
| Total | 66/70 | 4/70 | 94% |
| 2 Year License | | | |
| # indicators for 60 Day Follow-up | | 4 | |

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

| Indicator # | Indicator | Area Needing Improvement |
|-------------|---|---|
| L61 | Supports and health related protections are included in ISP assessments and the continued need is outlined. | One individual in the review utilized health related supports. There was no authorization for these devices by a licensed medical professional outlining the rationale for their use. In addition, there was no information or plan documenting the proper use, need for safety checks, cleaning, or maintenance. The agency needs to ensure supports and health related equipment are authorized by a licensed medical professional and documentation on these supports needs to include instructions on use related to application, frequency and duration, safety checks, cleaning, and maintenance. |
| L63 | Medication treatment plans are in written format with required components. | The medication treatment plan developed for one individual to address the administration of behavior modifying medication did not include all required components. The plan did not include specific procedures to minimize risk and clearly defined or measurable criteria to prompt a discussion with the prescriber about adjustment or discontinuation of the medications. The agency needs to ensure that medication treatment plans include all the required components. |

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

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|--|---|
| L69 | Individual expenditures are documented and tracked. | For one individual who required funds management supports, findings indicated the home care provider was not tracking the individual's separate receipt of funds related to the spend down of savings to stay within Social Security limits. The agency needs to track the disposition of funds that it manages and controls on behalf of individuals. This includes spending money that is controlled by home care providers. Transaction logs and receipts must be maintained for this money. |
| L91 | Incidents are reported and reviewed as mandated by regulation. | For one individual an incident was not finalized within the required timeline. The agency needs to ensure incidents are reported and finalized within required timelines. |

CERTIFICATION FINDINGS

| | Met / Rated | Not Met / Rated | % Met |
|--|--------------------|------------------------|--------------|
| Certification - Planning and Quality Management | 4/6 | 2/6 | |
| Residential and Individual Home Supports | 19/20 | 1/20 | |
| Placement Services | 19/20 | 1/20 | |
| Total | 23/26 | 3/26 | 88% |
| Certified | | | |

Planning and Quality Management Areas Needing Improvement on Standards not met:

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|---|---|
| C5 | The provider has a process to measure progress towards achieving service improvement goals. | The agency had not developed a process to identify measurable service improvement goals. The agency needs to develop measurable goals for service improvement as well as establish benchmarks to monitor and measure service improvement. |
| C6 | The provider has mechanisms to plan for future directions in service delivery and implements strategies to actualize these plans. | The agency did not have a mechanism or strategic plan in place to address the future direction of its service delivery system related to DDS supports. The agency needs to have a mechanism in place to set long-range goals and plan for the future direction of its DDS supports. |

Placement Services- Areas Needing Improvement on Standards not met:

| Indicator # | Indicator | Area Needing Improvement |
|--------------------|--|---|
| C49 | The physical setting blends in with and is a natural part of the neighborhood and community. | At one location, the outside of the home was cluttered with items stacked in front of the garage, tires stored on the side of the home and the yard in need of lawn care. The home's appearance was not representative of homes in the surrounding neighborhood. The agency needs to ensure the appearance and settings of homes blend in with and are reflective of homes within the neighborhood and surrounding community. |

MASTER SCORE SHEET LICENSURE

Organizational: LifePath

| Indicator # | Indicator | Met/Rated | Rating(Met,Not Met,NotRated) |
|--------------------|-------------------------|------------------|-------------------------------------|
| PE L2 | Abuse/neglect reporting | 1/1 | Met |
| L3 | Immediate Action | 1/1 | Met |
| L4 | Action taken | 1/1 | Met |
| L48 | HRC | 1/1 | Met |
| L74 | Screen employees | 1/1 | Met |
| L75 | Qualified staff | 1/1 | Met |
| L76 | Track trainings | 4/4 | Met |
| L83 | HR training | 4/4 | 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 | | | 3/3 | | | | 3/3 | Met |
| L5 | Safety Plan | L | | | 3/3 | | | | 3/3 | Met |
| ℞ L6 | Evacuation | L | | | 3/3 | | | | 3/3 | Met |
| L8 | Emergency Fact Sheets | I | | | 3/3 | | | | 3/3 | Met |
| ℞ L11 | Required inspections | L | | | 3/3 | | | | 3/3 | Met |
| ℞ L12 | Smoke detectors | L | | | 3/3 | | | | 3/3 | Met |
| ℞ L13 | Clean location | L | | | 3/3 | | | | 3/3 | Met |
| L14 | Site in good repair | L | | | 3/3 | | | | 3/3 | Met |
| L15 | Hot water | L | | | 3/3 | | | | 3/3 | Met |
| L16 | Accessibility | L | | | 3/3 | | | | 3/3 | Met |
| L17 | Egress at grade | L | | | 3/3 | | | | 3/3 | Met |
| L18 | Above grade egress | L | | | 2/2 | | | | 2/2 | Met |
| L19 | Bedroom location | L | | | 3/3 | | | | 3/3 | Met |
| L21 | Safe electrical equipment | L | | | 3/3 | | | | 3/3 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|----------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|--------|
| L22 | Well-maintained appliances | L | | | 3/3 | | | | 3/3 | Met |
| L24 | Locked door access | L | | | 3/3 | | | | 3/3 | Met |
| L26 | Walkway safety | L | | | 3/3 | | | | 3/3 | Met |
| L27 | Pools, hot tubs, etc. | L | | | 3/3 | | | | 3/3 | Met |
| L29 | Rubbish/combustibles | L | | | 3/3 | | | | 3/3 | Met |
| L30 | Protective railings | L | | | 3/3 | | | | 3/3 | Met |
| L31 | Communication method | I | | | 3/3 | | | | 3/3 | Met |
| L32 | Verbal & written | I | | | 3/3 | | | | 3/3 | Met |
| L33 | Physical exam | I | | | 3/3 | | | | 3/3 | Met |
| L34 | Dental exam | I | | | 3/3 | | | | 3/3 | Met |
| L35 | Preventive screenings | I | | | 3/3 | | | | 3/3 | Met |
| L36 | Recommended tests | I | | | 3/3 | | | | 3/3 | Met |
| L37 | Prompt treatment | I | | | 3/3 | | | | 3/3 | Met |
| L38 | Physician's orders | 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 |
|-------------|--------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|------------------|
| L39 | Dietary requirements | I | | | 1/1 | | | | 1/1 | Met |
| L41 | Healthy diet | L | | | 3/3 | | | | 3/3 | Met |
| L42 | Physical activity | L | | | 3/3 | | | | 3/3 | Met |
| L43 | Health Care Record | I | | | 3/3 | | | | 3/3 | Met |
| L46 | Med. Administration | I | | | 3/3 | | | | 3/3 | Met |
| L47 | Self medication | I | | | 3/3 | | | | 3/3 | Met |
| L49 | Informed of human rights | I | | | 3/3 | | | | 3/3 | Met |
| L50 (07/21) | Respectful Comm. | I | | | 3/3 | | | | 3/3 | Met |
| L51 | Possessions | I | | | 3/3 | | | | 3/3 | Met |
| L52 | Phone calls | I | | | 3/3 | | | | 3/3 | Met |
| L53 | Visitation | I | | | 3/3 | | | | 3/3 | Met |
| L54 (07/21) | Privacy | I | | | 3/3 | | | | 3/3 | Met |
| L55 | Informed consent | I | | | 1/1 | | | | 1/1 | Met |
| L61 | Health protection in ISP | I | | | 0/1 | | | | 0/1 | Not Met (0 %) |
| L63 | Med. treatment plan form | I | | | 1/2 | | | | 1/2 | Not Met (50.0 %) |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------|--------------------------|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|-----------------|
| L64 | Med. treatment plan rev. | I | | | 2/2 | | | | 2/2 | Met |
| L67 | Money mgmt. plan | I | | | 2/2 | | | | 2/2 | Met |
| L68 | Funds expenditure | I | | | 2/2 | | | | 2/2 | Met |
| L69 | Expenditure tracking | I | | | 1/2 | | | | 1/2 | Not Met (50.0%) |
| L70 | Charges for care calc. | I | | | 3/3 | | | | 3/3 | Met |
| L71 | Charges for care appeal | I | | | 3/3 | | | | 3/3 | Met |
| L77 | Unique needs training | I | | | 3/3 | | | | 3/3 | Met |
| L80 | Symptoms of illness | L | | | 3/3 | | | | 3/3 | Met |
| L81 | Medical emergency | L | | | 3/3 | | | | 3/3 | Met |
| L84 | Health protect. Training | I | | | 1/1 | | | | 1/1 | Met |
| L85 | Supervision | L | | | 3/3 | | | | 3/3 | Met |
| L86 | Required assessments | I | | | 2/2 | | | | 2/2 | Met |
| L87 | Support strategies | I | | | 3/3 | | | | 3/3 | Met |
| L88 | Strategies implemented | I | | | 3/3 | | | | 3/3 | Met |

| Ind. # | Ind. | Loc. or Indiv. | Res. Sup. | Ind. Home Sup. | Place. | Resp. | ABI-MFP Res. Sup. | ABI-MFP Place. | Total Met/Rated | Rating |
|--------------------|--|----------------|-----------|----------------|--------|-------|-------------------|----------------|-----------------|------------------|
| L90 | Personal space/bedroom privacy | I | | | 3/3 | | | | 3/3 | Met |
| L91 | Incident management | L | | | 2/3 | | | | 2/3 | Not Met (66.67%) |
| L93 (05/22) | Emergency back-up plans | I | | | 3/3 | | | | 3/3 | Met |
| L94 (05/22) | Assistive technology | I | | | 3/3 | | | | 3/3 | Met |
| L96 (05/22) | Staff training in devices and applications | I | | | 3/3 | | | | 3/3 | Met |
| #Std. Met/# | | | | | | | | | 58/62 | |
| Indicator | | | | | | | | | | |
| Total Score | | | | | | | | | 66/70 | |
| | | | | | | | | | 94.29% | |

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 | 0/1 | Not Met (0 %) |
| C6 | Future directions planning | 0/1 | Not Met (0 %) |

Placement Services

| Indicator # | Indicator | Met/Rated | Rating |
|-------------|---|-----------|--------------------------|
| C7 | Feedback on staff / care provider performance | 3/3 | Met |
| C8 | Family/guardian communication | 3/3 | Met |
| C9 | Personal relationships | 3/3 | Met |
| C10 | Social skill development | 3/3 | Met |
| C11 | Get together w/family & friends | 3/3 | Met |
| C12 | Intimacy | 3/3 | Met |
| C13 | Skills to maximize independence | 3/3 | Met |
| C14 | Choices in routines & schedules | 3/3 | Met |
| C15 | Personalize living space | 3/3 | Met |
| C16 | Explore interests | 3/3 | Met |
| C17 | Community activities | 3/3 | Met |
| C18 | Purchase personal belongings | 3/3 | Met |
| C19 | Knowledgeable decisions | 3/3 | Met |
| C46 | Use of generic resources | 3/3 | Met |
| C47 | Transportation to/ from community | 3/3 | Met |
| C48 | Neighborhood connections | 3/3 | Met |
| C49 | Physical setting is consistent | 2/3 | Not Met (66.67 %) |
| C51 | Ongoing satisfaction with services/ supports | 3/3 | Met |
| C52 | Leisure activities and free-time choices /control | 3/3 | Met |
| C53 | Food/ dining choices | 3/3 | Met |