



**PROVIDER REPORT
FOR**

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

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	LifePath
Review Dates	9/17/2025 - 9/23/2025
Service Enhancement Meeting Date	10/7/2025
Survey Team	Melanie McNamara (TL) Marisa Himes
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	5 location(s) 5 audit (s)	Full Review	49/59 Defer Licensure		39 / 40 Certified
Placement Services	3 location(s) 3 audit (s)			Full Review	20 / 20
Individual Home Supports	2 location(s) 2 audit (s)			Full Review	13 / 14
Planning and Quality Management				Full Review	6 / 6

EXECUTIVE SUMMARY :

LifePath is a non-profit organization located in Greenfield, Massachusetts. The organization provides services to individuals with intellectual and developmental disabilities in the Franklin, Hampshire, Hampden, and Northern Worcester Counties of MA. The agency operates a Residential Service Grouping, which includes placement services and individual home supports (IHS).

For the 2025 Department of Developmental Services survey, the scope included a full licensing and certification review of the agency's placement services and individual home supports, which is a new service for the agency. The survey was conducted through site visits that included observations, interviews with individuals and staff, review of environmental safety, and review of relevant documentation that occurred on-site.

The licensure review of Lifepath's individual home support and placement services identified positive outcomes across multiple domains. Organizationally, the agency demonstrated a competent workforce with trainings such as signs and symptoms of illness, incident reporting, positive behavioral support strategies, and universal precautions consistently completed and up to date for both care providers and individual home supports staff.

The review confirmed that safety standards were effectively implemented: Homes maintained DDS-approved safety plans, and all required inspections had occurred. Individuals had consistent access to communication methods, and interactions were respectful, private, and supportive of personal rights, including possessions, phone calls, and visitation.

Money management plans and expenditure tracking were in place. In addition, assessments and support for assistive technology were completed as required, and, where recommended, individuals were supported to obtain and use devices such as an electric gum toothbrush and water pick, and other adaptive tools. The home providers and support staff demonstrated strong implementation of support strategies that effectively assisted individuals in achieving their ISP goals such as increased community presence and alone time, maintaining healthy boundaries, and cooking.

In areas subject to certification, individuals were found to have been offered choice and control in their daily life activities, including in how their rooms were decorated, in food choices, and in recreational activities. Individuals were provided with opportunities to explore their social and recreational interests with a variety of options offered both at home and in the community. Individuals were supported to develop and maintain personal relationships and involvement in identified special relationships. Individuals also reported being supported to express their preferences and needs for intimacy and to go on dates, such as two people that were supported to be in ongoing relations, and one planning to be married.

In addition to the positive findings noted above, survey results identified the following licensing areas that need further attention from the agency to be compliant with standards. The agency must address the composition of its human rights committee and ensure that membership and attendance requirements are met. It must also ensure annual training is provided to individuals on their rights and abuse and neglect, ensure that families and guardians receive this information each year. In the area of healthcare, oversight systems must confirm that all individuals receive annual physical examinations within the required timeframe. From an environmental perspective, oversight must ensure that smoke and carbon monoxide detectors are installed and function as required, and that homes are consistently maintained in a clean, uncluttered, and hazard-free condition. Relative to financial management, for all individuals, it must ensure that charges for care are calculated correctly.

Regarding certification indicators requiring additional attention: the agency needs to ensure that individuals receiving individual home support are provided with opportunities for providing input at the

time of hire, and during the ongoing performance evaluation of the staff who support them.

As a result of the review, LifePath's Residential and Individual Home Support Service Grouping received an overall score of 83% of licensure indicators met. However, due to one critical indicator (L12) receiving a rating of Not Met, the service grouping's license will be Deferred, pending a follow-up review to be conducted by OQE within sixty days of the SEM on all not met licensing indicators. If at Follow-up the service grouping attains an 80% scoring threshold and meets all critical indicators, it will earn a Two-Year license with a Mid-Cycle review. This Residential and Individual Home Support Service Grouping is certified with an overall score of 98% of certification indicators met.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	4/5	1/5	
Residential and Individual Home Supports	45/54	9/54	
Placement Services Individual Home Supports			
Critical Indicators	5/6	1/6	
Total	49/59	10/59	83%
Defer Licensure			
# indicators for 60 Day Follow-up		10	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The Human Rights committee did not have the required membership as there was no one with clinical expertise and the required advocate members. In addition, the members with medical and legal expertise did not attend the required number of meetings. Lifepath needs to ensure that its HRC has the required membership and attendance.

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

Indicator #	Indicator	Area Needing Improvement
L1	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	Two of five individuals and their guardians in individual home supports were not provided with training/information on how to report alleged abuse/neglect. The agency needs to have a mechanism for ensuring that abuse/neglect training/information is provided to the individuals/guardians.
L8	Emergency fact sheets are current and accurate and available on site.	For three of five individuals, emergency fact sheets were not current and accurate. Lifepath needs to ensure that emergency fact sheets comply with the requirements in the DDS regulations and that all relevant information is included.

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

Indicator #	Indicator	Area Needing Improvement
L12	Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.	One of three shared living location did not have carbon monoxide detectors on every level of the home. The agency needs to ensure that homes have all essential elements of the fire/smoke detection system located where required and are fully operational.
L29	No rubbish or other combustibles are accumulated within the location including near heating equipment and exits.	At one of three homes, the basement had multiple piles of trash/debris spread throughout, and it lacked ventilation resulting in excess moisture/dampness. These conditions created an unsanitary environment that increases the likelihood of rodent or insect infestation and did not meet the expectation that the home be maintained in a clean, environmentally safe condition. The agency must ensure that all areas of the homes including basements are clean and litter-free.
L30	Every porch, balcony, deck or roof used as a porch or deck has a wall or protective railing in good repair.	One of three homes that was visited during the survey had overgrown grass and shrubbery making the walkways inaccessible. The agency needs to ensure that all locations are in good repair.
L33	Individuals receive an annual physical exam.	One of two individuals did not receive their annual physical exams within the required fifteen months. Lifepath needs to ensure that annual physical exams are completed within fifteen months as required.
L43	The health care record is maintained and updated as required.	Information was not up to date on the health care records for all three individuals. The agency needs to ensure that all medical appointments and other required components of the health care record are added to the record within 30 days of the occurrence and annually at the time of the ISP.
L49	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	Two of five individuals and their guardians in individual home supports did not receive training/information regarding human rights and how to file a grievance. The agency needs to have a mechanism for ensuring that this information is provided to the individuals/guardians.
L70	Charges for care are calculated appropriately.	Charges for care for two of three individuals were not calculated correctly. The agency needs to ensure that all charges for care are calculated correctly for all individuals.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	33/34	1/34	
Individual Home Supports	13/14	1/14	
Placement Services	20/20	0/20	
Total	39/40	1/40	98%
Certified			

Individual Home Supports- Areas Needing Improvement on Standards not met:

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.	There was no mechanism within individual home supports for offering opportunities for individuals to provide feedback on the performance of the staff that support them. The agency needs to ensure that individuals are provided with opportunities to offer feedback both at the time of hire and on staff performance evaluations.

MASTER SCORE SHEET LICENSURE

Organizational: LifePath

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	5/5	Met
L48	HRC	0/1	Not Met(0 %)
L75	Qualified staff	2/2	Met
L76	Track trainings	4/4	Met
L83	HR training	4/4	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		0/2	3/3				3/5	Not Met (60.0%)
L5	Safety Plan	L			3/3				3/3	Met
℞ L6	Evacuation	L			3/3				3/3	Met
L8	Emergency Fact Sheets	I		0/2	2/3				2/5	Not Met (40.0%)
L9 (07/21)	Safe use of equipment	I		2/2					2/2	Met
℞ L11	Required inspections	L			3/3				3/3	Met
℞ L12	Smoke detectors	L			2/3				2/3	Not Met (66.67%)
℞ 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
L19	Bedroom location	L			2/2				2/2	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
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			2/3				2/3	Not Met (66.67%)
L30	Protective railings	L			2/3				2/3	Not Met (66.67%)
L31	Communication method	I		2/2	3/3				5/5	Met
L32	Verbal & written	I		2/2	3/3				5/5	Met
L33	Physical exam	I			1/2				1/2	Not Met (50.0%)
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
L41	Healthy diet	L		2/2	3/3				5/5	Met
L42	Physical activity	L		2/2	3/3				5/5	Met
L43	Health Care Record	I			0/3				0/3	Not Met (0%)

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L46	Med. Administration	I			3/3				3/3	Met
L47	Self medication	I			1/1				1/1	Met
L49	Informed of human rights	I		0/2	3/3				3/5	Not Met (60.0%)
L50 (07/21)	Respectful Comm.	I		2/2	3/3				5/5	Met
L51	Possessions	I		2/2	3/3				5/5	Met
L52	Phone calls	I		2/2	3/3				5/5	Met
L53	Visitation	I			3/3				3/3	Met
L54 (07/21)	Privacy	I		2/2	3/3				5/5	Met
L67	Money mgmt. plan	I			3/3				3/3	Met
L68	Funds expenditure	I			2/2				2/2	Met
L69	Expenditure tracking	I			2/2				2/2	Met
L70	Charges for care calc.	I			1/3				1/3	Not Met (33.33%)
L71	Charges for care appeal	I			3/3				3/3	Met
L77	Unique needs training	I		1/2	3/3				4/5	Met (80.0%)
L80	Symptoms of illness	L		2/2	3/3				5/5	Met
L81	Medical emergency	L		2/2	3/3				5/5	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L85	Supervision	L		2/2	3/3				5/5	Met
L86	Required assessments	I		1/1	2/3				3/4	Met
L87	Support strategies	I		1/1	2/3				3/4	Met
L88	Strategies implemented	I		2/2	3/3				5/5	Met
L90	Personal space/bedroom privacy	I		2/2	3/3				5/5	Met
L91	Incident management	L		1/2	3/3				4/5	Met (80.0%)
L93 (05/22)	Emergency back-up plans	I		2/2	3/3				5/5	Met
L94 (05/22)	Assistive technology	I		2/2	3/3				5/5	Met
L96 (05/22)	Staff training in devices and applications	I			3/3				3/3	Met
#Std. Met/# 54 Indicator									45/54	
Total Score									49/59	
									83.05%	

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

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	3/3	Met
C51	Ongoing satisfaction with services/ supports	3/3	Met

Placement Services

Indicator #	Indicator	Met/Rated	Rating
C52	Leisure activities and free-time choices /control	3/3	Met
C53	Food/ dining choices	3/3	Met

Individual Home Supports

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/2	Not Met (0 %)
C8	Family/guardian communication	2/2	Met
C9	Personal relationships	2/2	Met
C10	Social skill development	2/2	Met
C13	Skills to maximize independence	2/2	Met
C14	Choices in routines & schedules	1/1	Met
C16	Explore interests	2/2	Met
C17	Community activities	2/2	Met
C19	Knowledgeable decisions	2/2	Met
C46	Use of generic resources	2/2	Met
C47	Transportation to/ from community	2/2	Met
C48	Neighborhood connections	2/2	Met
C51	Ongoing satisfaction with services/ supports	2/2	Met
C53	Food/ dining choices	2/2	Met