



PROVIDER REPORT FOR

**Pathway to Possible, Inc.
1301 Centre Street
Newton Centre, MA 02459**

December 19, 2022

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	Pathway to Possible, Inc.
-----------------	---------------------------

Review Dates	11/7/2022 - 11/10/2022
---------------------	------------------------

Service Enhancement Meeting Date	11/28/2022
---	------------

Survey Team	Lisa MacPhail Mark Boghoian (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	2 location(s) 6 audit (s)	Full Review	63/77 Defer Licensure		22 / 26 Certified
Residential Services	2 location(s) 6 audit (s)			Full Review	16 / 20
Planning and Quality Management				No Review	6 / 6

EXECUTIVE SUMMARY :

Pathway to Possible formerly Newton Wellesley Weston Committee for Community Living, Inc. (NWW) is a human services organization located in Newton, MA. The agency was founded in 1972 by concerned parents and professionals to develop community based residential services for individuals with intellectual and developmental disabilities. The agency opened its first twenty-four hour staffed home in Newton MA in 1974; it currently provides residential supports to individuals in twenty-four-hour homes and individual home supports services (IHS).

For this 2022 Licensing and Certification Survey, the Department of Developmental Services (DDS) Metro Office of Quality Enhancement conducted a full licensing and certification review of the agency's residential services. For the review, two of the agency's twenty-four-hour residential homes were surveyed, with three audits conducted at each location.

Survey results showed Pathways to Possible's efforts at providing quality services to the people it supports. Organizationally, the agency responded to the Covid-19 pandemic by making adaptations to the way it provided services. It fostered increased communication between management, support staff, families, and individuals via the use of virtual technologies. The agency employed innovative family visitation strategies, such as the use of outdoor bubble tents to promote safe visitation. Since the previous survey, the agency identified and made various improvements to its twenty-four-hour programs. Among those were: the acquisition of vehicles with lower entry point seating that makes it easier for individuals to enter/exit. The agency also bought new furniture for its homes that are durable and made of fabric that are easy to maintain and keep clean, while remaining colorful and stylish. The agency also made improvements to the exterior of homes and provided one home with an accessible van.

The agency's process for data collection and review was effective; it collected data from HCSIS, monitored incidents, and ensured that when complaints or allegations of abuse were reported and investigated. It took measures to protect people and comply with DDS action plans. Pathway to Possible maintained a fully comprised Human Rights Committee that met quarterly to conduct its business. The agency also ensured that it screened new hires relative to meeting the requirements for specific job qualifications and ensured that staff requiring a license for positions remained credentialed.

A review of the agency's twenty-four-hour residential supports revealed several positive practices. Homes were found to be clean, up to date with required inspections, and had current and accurate DDS approved Emergency Evacuation Plans. Staff were trained in the agency's emergency on-call process in case of an emergency. The agency also maintained current assessments of individuals relative to their ability to evacuate in an emergency, and each person's ability to use various household appliances.

In the area of healthcare, the agency ensured that people's healthcare needs were attended to. Individuals had annual physical and dental exams and saw various specialists as recommended. When needed, follow-up appointments were scheduled, and individuals were supported to attend. A review of medication administration revealed that staff administered medications in accordance with MAP policies; when appropriate, individuals were assessed relative to their ability to self-medicate. Staff were trained in the principles of healthy eating and they encouraged and supported individuals to eat a healthy diet and to be physically active.

Relative to certification, Pathway to Possible supported individuals to access the community on a regular basis for the purpose of engaging in various activities of their choice, such as dining out; getting together with family and friends; and taking care of personal needs and shopping. Individuals were supported to make choices relative to pursuing their leisure time and dining schedules, and during interview individuals indicated a familiarity with people and pets in their neighborhood.

Although many positive outcomes were present, several areas would benefit from focused attention from the agency. For individual safety, elements of fire alarm/smoke detection systems must be maintained to function as designed. It also needs to ensure that water temperature is maintained to be within the established range. The agency had well developed behavior modifying medication treatment plans, however, data collection, which is an integral component of those plans was not occurring; these need to be presented for review by the prescribing practitioners to assess the efficacy of the medications. Similarly, data collection relative to the implementation of provider support strategies were also not present to determine individuals' progress towards accomplishing their ISP goals. The agency also needs to ensure that all ISP related assessments, provider support strategies and behavior modifying medication treatment plans are submitted into HCSIS, and/or to the DDS ISP teams within the established timeframes.

Relative to training, Pathway to Possible needs to ensure that it trains all direct support staff on DDS mandated topics such as, incident reporting and positive behavioral supports. When it serves as Representative Payee for individuals that have court appointed guardians, Pathway to Possible needs to request guardian consent for money management plans and inform guardians of charges for care calculations and the process to appeal those calculations.

Relating to certification, staff needs to support individuals to explore their personal interests. They also need to provide people with opportunities to increase their personal relationships and identify and pursue their needs for companionship and intimacy. Issues uncovered within the homes speak to the need for enhanced supervision and oversight in different domains.

Based on the findings of the survey, Pathway to Possible received an overall rating of 82% Met for licensing indicators in the residential service grouping. Due to one critical licensing indicator receiving a rating of Not Met, the agency will be in deferred licensure status. The agency will receive a 60-day follow-up review conducted by the DDS Office of Quality Enhancement within 60 days of the SEM meeting. If at follow-up the agency demonstrates the correction of the critical indicator, the agency will receive a Two-Year License with Mid-cycle Review for its Residential Supports Grouping. The agency is certified with 85% of certification indicators met for its Residential Supports Service Grouping.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/8	1/8	
Residential and Individual Home Supports	56/69	13/69	
Residential Services			
Critical Indicators	7/8	1/8	
Total	63/77	14/77	82%
Defer Licensure			
# indicators for 60 Day Follow-up		14	

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

Indicator #	Indicator	Area Needing Improvement
L76	The agency has and utilizes a system to track required trainings.	The agency had not trained all staff on two mandated topics. The agency needs to ensure that staff receive training on all DDS mandated topics.

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.	At one location, an element of the fire detection system was not functional. The agency needs to ensure that all essential elements of the fire detection system remain operational.
L14	Handrails, balusters, stairs, and stairways are in good repair.	At one location the stairway leading to the basement had a handrail that did not contain balusters and was not on an enclosed wall. The agency needs to ensure that all stairways contain railings and balusters as required.
L15	Hot water temperature tests between 110 and 120 degrees (as of 1/2014).	At one location the water temperatures measured above the established parameters. The agency needs to ensure that water temperatures measure within the required parameters.

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.	For two individuals, the agency did not have some of the required information to support the use of supports and health related equipment. The agency needs to ensure that all supports and health related equipment is supported by the required information.
L63	Medication treatment plans are in written format with required components.	Medication treatment plans for five individuals were missing some required information. The agency needs to ensure that that medication treatment plans contain all required components.
L64	Medication treatment plans are reviewed by the required groups.	For three of five individuals, medication treatment plans had not been submitted to the required groups for review. The agency needs to ensure that those plans are submitted to the ISP team for review.
L69	Individual expenditures are documented and tracked.	For two of five individuals with whom the agency had joint responsibility for funds management, funds were not managed in compliance with required standards. The agency needs to ensure that it manages peoples Representative Payee accounts in accordance with the limits established by the Social Security Administration.
L71	Individuals are notified of their appeal rights for their charges for care.	For two of six individuals for whom Pathway to Possible serves as Representative Payee, the individuals guardians were not informed of their ward's charges for care or their appeal rights relative to disputing the charges. The agency needs to ensure that all guardians are provided the opportunity to review charges for care calculations and that they are informed of their right to appeal those charges.
L85	The agency provides ongoing supervision, oversight and staff development.	At two of two locations, the agency did not provide effective supervision, oversight and staff development. The agency needs to ensure that it provides effective supervision, oversight and Staff development at all its sites.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For three of four individuals, ISP assessments were not submitted in HCSIS within the required timeframe. The agency needs to ensure that ISP assessments are submitted in HCSIS within the required timeframe.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For three of four individuals, provider support strategies were not submitted in HCSIS within the required timeframe. The agency needs to ensure that provider support strategies are submitted in HCSIS within the required timeframe.

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

Indicator #	Indicator	Area Needing Improvement
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For six individuals, implementation of ISP goals that the provider had the responsibility of implementing was not occurring. The agency needs to ensure that provider support strategies relative to goal accomplishment are implemented, tracked and/or modified, when required.
L94 (05/22)	Individuals have assistive technology to maximize independence.	For two of six individuals, individuals use of assistive technology to promote independence was not supported. The agency needs to ensure that individuals are assessed for their use of assistive technology (both high and low technology) for the purpose of maximizing their independence.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Residential and Individual Home Supports	16/20	4/20	
Residential Services	16/20	4/20	
Total	22/26	4/26	85%
Certified			

Residential Services- 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.	The agency did not seek input from individuals relative to the performance of the staff that support them during the past evaluation period. The agency needs to ensure that individuals are given the opportunity to provide feedback relative to staff that support them at the time of hire and on an ongoing basis.
C9	Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	For three of six individuals, staff did not act as bridge builders and provide them with opportunities to develop or increase relationships and social contacts. The agency needs to ensure that staff act as bridge builders and provide people with opportunities to develop relationships and increase social contacts.
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	Six individuals were not supported to explore, define and express their need for intimacy and relationships; it was also learned that the agency did not utilize a curriculum to train staff to support individuals in this area. The agency needs to ensure that it trains staff to be able to support individuals to explore, define and express their need for companionship and intimacy.
C16	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	For three of six individuals, staff did not provide support to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities. The agency needs to ensure that staff support individuals to explore and engage with interests of their choice.

MASTER SCORE SHEET LICENSURE

Organizational: Pathway to Possible, Inc.

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓡ L2	Abuse/neglect reporting	2/2	Met
L3	Immediate Action	4/4	Met
L4	Action taken	7/7	Met
L48	HRC	1/1	Met
L74	Screen employees	2/2	Met
L75	Qualified staff	2/2	Met
L76	Track trainings	0/5	Not Met(0 %)
L83	HR training	5/5	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	6/6						6/6	Met
L5	Safety Plan	L	2/2						2/2	Met
R L6	Evacuation	L	2/2						2/2	Met
L7	Fire Drills	L	2/2						2/2	Met
L8	Emergency Fact Sheets	I	6/6						6/6	Met
L9 (07/21)	Safe use of equipment	I	6/6						6/6	Met
R L11	Required inspections	L	2/2						2/2	Met
R L12	Smoke detectors	L	1/2						1/2	Not Met (50.0 %)
R L13	Clean location	L	2/2						2/2	Met
L14	Site in good repair	L	1/2						1/2	Not Met (50.0 %)
L15	Hot water	L	1/2						1/2	Not Met (50.0 %)
L16	Accessibility	L	2/2						2/2	Met
L17	Egress at grade	L	2/2						2/2	Met
L18	Above grade egress	L	2/2						2/2	Met
L19	Bedroom location	L	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/Rat ed	Rating
L20	Exit doors	L	2/2						2/2	Met
L21	Safe electrica l equipm ent	L	2/2						2/2	Met
L22	Well- maintai ned applianc es	L	2/2						2/2	Met
L24	Locked door access	L	2/2						2/2	Met
L25	Danger ous substan ces	L	2/2						2/2	Met
L26	Walkwa y safety	L	2/2						2/2	Met
L28	Flamma bles	L	2/2						2/2	Met
L29	Rubbish /combu stibles	L	2/2						2/2	Met
L30	Protecti ve railings	L	2/2						2/2	Met
L31	Commu nication method	I	6/6						6/6	Met
L32	Verbal & written	I	6/6						6/6	Met
L33	Physical exam	I	6/6						6/6	Met
L34	Dental exam	I	6/6						6/6	Met
L35	Preventi ve screenin gs	I	6/6						6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L36	Recommended tests	I	6/6						6/6	Met
L37	Prompt treatment	I	6/6						6/6	Met
R L38	Physician's orders	I	3/3						3/3	Met
L40	Nutritional food	L	2/2						2/2	Met
L41	Healthy diet	L	2/2						2/2	Met
L42	Physical activity	L	2/2						2/2	Met
L43	Health Care Record	I	6/6						6/6	Met
L44	MAP registration	L	2/2						2/2	Met
L45	Medication storage	L	2/2						2/2	Met
R L46	Med. Administration	I	4/4						4/4	Met
L47	Self medication	I	2/2						2/2	Met
L49	Informed of human rights	I	6/6						6/6	Met
L50 (07/21)	Respectful Comm.	I	6/6						6/6	Met
L51	Possessions	I	6/6						6/6	Met
L52	Phone calls	I	6/6						6/6	Met
L53	Visitation	I	6/6						6/6	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L54 (07/21)	Privacy	I	6/6						6/6	Met
L55	Informed consent	I	4/4						4/4	Met
L61	Health protection in ISP	I	0/2						0/2	Not Met (0 %)
L63	Med. treatment plan form	I	0/5						0/5	Not Met (0 %)
L64	Med. treatment plan rev.	I	2/5						2/5	Not Met (40.0 %)
L67	Money mgmt. plan	I	5/5						5/5	Met
L68	Funds expenditure	I	5/5						5/5	Met
L69	Expenditure tracking	I	3/5						3/5	Not Met (60.0 %)
L70	Charges for care calc.	I	6/6						6/6	Met
L71	Charges for care appeal	I	4/6						4/6	Not Met (66.67 %)
L77	Unique needs training	I	6/6						6/6	Met
L80	Symptoms of illness	L	2/2						2/2	Met
L81	Medical emergency	L	2/2						2/2	Met
L82	Medication admin.	L	2/2						2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L84	Health protect. Training	I	2/2						2/2	Met
L85	Supervision	L	0/2						0/2	Not Met (0 %)
L86	Required assessments	I	1/3						1/3	Not Met (33.33 %)
L87	Support strategies	I	1/3						1/3	Not Met (33.33 %)
L88	Strategies implemented	I	0/6						0/6	Not Met (0 %)
L90	Personal space/ bedroom privacy	I	6/6						6/6	Met
L91	Incident management	L	2/2						2/2	Met
L93 (05/22)	Emergency back-up plans	I	6/6						6/6	Met
L94 (05/22)	Assistive technology	I	4/6						4/6	Not Met (66.67 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L96 (05/22)	Staff training in devices and applications	I	6/6						6/6	Met
#Std. Met/# 69 Indicator									56/69	
Total Score									63/77	
									81.82%	

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

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/6	Not Met (0 %)
C8	Family/guardian communication	6/6	Met
C9	Personal relationships	3/6	Not Met (50.0 %)
C10	Social skill development	6/6	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C11	Get together w/family & friends	6/6	Met
C12	Intimacy	0/6	Not Met (0 %)
C13	Skills to maximize independence	6/6	Met
C14	Choices in routines & schedules	6/6	Met
C15	Personalize living space	2/2	Met
C16	Explore interests	3/6	Not Met (50.0 %)
C17	Community activities	6/6	Met
C18	Purchase personal belongings	6/6	Met
C19	Knowledgeable decisions	6/6	Met
C46	Use of generic resources	6/6	Met
C47	Transportation to/ from community	6/6	Met
C48	Neighborhood connections	6/6	Met
C49	Physical setting is consistent	2/2	Met
C51	Ongoing satisfaction with services/ supports	6/6	Met
C52	Leisure activities and free-time choices /control	6/6	Met
C53	Food/ dining choices	6/6	Met