



**PROVIDER REPORT  
FOR**

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

**January 17, 2025**

**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** 12/2/2024 - 12/6/2024

**Service Enhancement Meeting Date** 12/20/2024

**Survey Team** Lisa MacPhail  
Melanie Hutchison (TL)

**Citizen Volunteers**

**Survey scope and findings for Residential and Individual Home Supports**

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Residential and Individual Home Supports</b>	2 location(s) 6 audit (s)	Full Review	77/81 2 Year License 12/20/2024 - 12/20/2026		25 / 26 Certified 12/20/2024 - 12/20/2026
Residential Services	2 location(s) 6 audit (s)			Full Review	19 / 20
Planning and Quality Management				Full 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 and currently provides residential supports to individuals in twenty-four hour staffed homes and individual home supports (IHS).

The scope of this survey conducted by the Office of Quality Enhancement (OQE) was a full licensing and certification review of its twenty-four hour residential supports.

The agency demonstrated several organizational strengths. It maintained a reliable system for tracking required trainings ensuring that it had a competent workforce to support individuals. Sampled staff reviewed had been trained in all DDS mandated trainings, including human rights and mandated reporting. The agency ensured that allegations of abuse or neglect were reported as mandated, and immediate action was taken to protect the health and safety of individuals when potential abuse or neglect was reported. The agency implemented and monitored its strategic plan which emphasized increased service quality for individuals receiving residential supports and ongoing education, training, and support of its workforce.

Regarding licensure indicators, Pathway to Possible had well-developed oversight systems for ensuring environmental and personal safety. Locations visited were well maintained, clean and had current inspections. Each location had approved emergency evacuation safety plans, search plans, and plans to respond to medical emergencies. Residential staff were trained and knowledgeable about all emergency procedures.

The agency implemented effective methods of ensuring timely healthcare services and supports. Individuals' annual health and dental exams, preventative health screenings, and follow-up appointments were kept, and individuals' immediate health needs were addressed appropriately. The agency demonstrated that staff were trained and knowledgeable about individuals' healthcare protocols and specialty diets and ensured that they were implemented consistently and correctly.

Regarding certification indicators, Pathway to Possible supported individuals to stay connected with friends and family members through phone calls, visits, and community activities. Residential staff also provided regular opportunities for individuals to participate in preferred events and get to know people in their local community. The agency's relationship assessment supported individuals to express their wants for both current relationships and relationships desired in the future.

A few areas were identified for the agency to give future focus to further strengthen systems.

Organizationally, the agency's human rights committee should complete an annual review of its human rights training materials and processes as well as agency policies and procedures which may impact individuals' human rights.

Relative to licensure, when individuals are prescribed behavior modifying medication, the agency is encouraged to review medication treatment plans to verify they include all required components and ongoing data collection is consistent and in alignment with the plans.

Relative to certification, the agency is encouraged to develop mechanisms to ensure that all individuals are provided the opportunity to provide feedback on agency hires and ongoing performance evaluations for support staff.

As a result of this licensing and certification survey, the agency's Residential service group received an overall score of 95% of licensure indicators met. Pathway to Possible will receive a Two-Year License for Residential Services. This service group is Certified, with an overall score of 96% of certification indicators met. Pathway to Possible will complete follow-up on licensing indicators not met during the survey and will submit their results to OQE within 60 days following the Service Enhancement Meeting.



## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	7/8	1/8	
<b>Residential and Individual Home Supports</b>	70/73	3/73	
Residential Services			
<b>Critical Indicators</b>	8/8	0/8	
<b>Total</b>	77/81	4/81	95%
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		4	

### **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.	Meeting minutes did not reflect the review of two required areas on an annual basis: human rights training materials and processes and agency policies and procedures which may impact individuals' human rights. The agency must ensure that its human rights committee fulfils all regulatory duties.

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

Indicator #	Indicator	Area Needing Improvement
L63	Medication treatment plans are in written format with required components.	For three of five individuals with medication treatment plans, the plans developed did not include all required components. For two of five individuals, the data collected did not match the target behaviors identified in the plan. The agency must ensure that medication treatment plans are developed with all required components, including data on which treatment is evaluated and individualized clinical criteria to initiate a discussion with the prescriber about medication adjustments, and that data is collected on target behaviors identified in the medication treatment plans.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For three individuals, required assessments for the ISP were not prepared and submitted within the required timeframe. The agency needs to prepare and submit required assessments for the ISP at least 15 days before the ISP meeting.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
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 individuals, support strategies for the ISP were not prepared and submitted within the required timeframe. The agency needs to prepare and submit support strategies for the ISP at least 15 days before the ISP meeting.

## **CERTIFICATION FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>6/6</b>	<b>0/6</b>	
<b>Residential and Individual Home Supports</b>	<b>19/20</b>	<b>1/20</b>	
Residential Services	19/20	1/20	
<b>Total</b>	<b>25/26</b>	<b>1/26</b>	<b>96%</b>
<b>Certified</b>			

### **Planning and Quality Management Commendations on Standards Met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Commendations</b>
C4	The provider receives and utilizes input received from DDS and other stakeholders to inform service improvement efforts.	Pathway to Possible demonstrated that it incorporated feedback from multiple stakeholders, including the previous DDS licensing and certification survey conducted in 2022 to improve the quality of its organizational systems and the services provided to individuals. Pathway to Possible created a quarterly educational series to provide opportunities for the wider community to engage with the agency and its programming and created a communication channel for the community to provide ongoing feedback to the agency. Over the period reviewed, the agency evaluated internal data sources and feedback from external sources on a regular basis, using information gathered to inform service improvement efforts.

**Residential Services- Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
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.	Two individuals did not have the opportunity to provide input on the hiring or ongoing performance evaluation of the staff who support them. The agency needs to develop mechanisms for incorporating individuals' input into the process of hiring and evaluating the staff who support them.

## 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	3/3	Met
L48	HRC	0/1	Not Met(0 % )
L74	Screen employees	4/4	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	5/5	Met
L83	HR training	5/5	Met

**Residential and Individual Home Supports:**

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Indiv.</b>	<b>Res. Sup.</b>	<b>Ind. Home Sup.</b>	<b>Place.</b>	<b>Resp.</b>	<b>ABI-MFP Res. Sup.</b>	<b>ABI-MFP Place.</b>	<b>Total Met/Rated</b>	<b>Rating</b>
L1	Abuse/neglect training	I	6/6						6/6	Met
L5	Safety Plan	L	2/2						2/2	Met
℞ 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
℞ L11	Required inspections	L	2/2						2/2	Met
℞ L12	Smoke detectors	L	2/2						2/2	Met
℞ L13	Clean location	L	2/2						2/2	Met
L14	Site in good repair	L	2/2						2/2	Met
L15	Hot water	L	2/2						2/2	Met
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	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
L20	Exit doors	L	2/2						2/2	Met
L21	Safe electrical equipment	L	2/2						2/2	Met
L22	Well-maintained appliances	L	2/2						2/2	Met
L23	Egress door locks	L	1/1						1/1	Met
L24	Locked door access	L	2/2						2/2	Met
L25	Dangerous substances	L	2/2						2/2	Met
L26	Walkway safety	L	2/2						2/2	Met
L28	Flammables	L	2/2						2/2	Met
L29	Rubbish/combustibles	L	2/2						2/2	Met
L30	Protective railings	L	2/2						2/2	Met
L31	Communication 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

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L35	Preventive screenings	I	6/6						6/6	Met
L36	Recommended tests	I	6/6						6/6	Met
L37	Prompt treatment	I	6/6						6/6	Met
℞ L38	Physician's orders	I	5/5						5/5	Met
L39	Dietary requirements	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	5/6						5/6	Met (83.33%)
L44	MAP registration	L	2/2						2/2	Met
L45	Medication storage	L	2/2						2/2	Met
℞ L46	Med. Administration	I	6/6						6/6	Met
L47	Self medication	I	1/1						1/1	Met
L49	Informed of human rights	I	6/6						6/6	Met
L50 (07/21)	Respectful Comm.	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
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
L54 (07/21)	Privacy	I	6/6						6/6	Met
L55	Informed consent	I	3/3						3/3	Met
L61	Health protection in ISP	I	6/6						6/6	Met
L62	Health protection review	I	1/1						1/1	Met
L63	Med. treatment plan form	I	0/5						0/5	Not Met (0 %)
L64	Med. treatment plan rev.	I	5/5						5/5	Met
L67	Money mgmt. plan	I	6/6						6/6	Met
L68	Funds expenditure	I	6/6						6/6	Met
L69	Expenditure tracking	I	6/6						6/6	Met
L70	Charges for care calc.	I	6/6						6/6	Met
L71	Charges for care appeal	I	6/6						6/6	Met
L77	Unique needs training	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
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
L84	Health protect. Training	I	6/6						6/6	Met
L85	Supervision	L	2/2						2/2	Met
L86	Required assessments	I	3/6						3/6	Not Met (50.0%)
L87	Support strategies	I	3/6						3/6	Not Met (50.0%)
L88	Strategies implemented	I	5/6						5/6	Met (83.33%)
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	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
L96 (05/22)	Staff training in devices and applications	1	6/6						6/6	Met
L99 (05/22)	Medical monitoring devices	1	3/3						3/3	Met
<b>#Std. Met/#</b>									<b>70/73</b>	
<b>Indicator</b>										
<b>Total Score</b>									<b>77/81</b>	
									<b>95.06%</b>	

## 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	4/6	Not Met (66.67 %)

**Residential Services**

<b>Indicator #</b>	<b>Indicator</b>	<b>Met/Rated</b>	<b>Rating</b>
C8	Family/guardian communication	6/6	<b>Met</b>
C9	Personal relationships	6/6	<b>Met</b>
C10	Social skill development	6/6	<b>Met</b>
C11	Get together w/family & friends	6/6	<b>Met</b>
C12	Intimacy	6/6	<b>Met</b>
C13	Skills to maximize independence	6/6	<b>Met</b>
C14	Choices in routines & schedules	6/6	<b>Met</b>
C15	Personalize living space	2/2	<b>Met</b>
C16	Explore interests	6/6	<b>Met</b>
C17	Community activities	6/6	<b>Met</b>
C18	Purchase personal belongings	6/6	<b>Met</b>
C19	Knowledgeable decisions	6/6	<b>Met</b>
C46	Use of generic resources	6/6	<b>Met</b>
C47	Transportation to/ from community	6/6	<b>Met</b>
C48	Neighborhood connections	6/6	<b>Met</b>
C49	Physical setting is consistent	2/2	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	6/6	<b>Met</b>
C52	Leisure activities and free-time choices /control	6/6	<b>Met</b>
C53	Food/ dining choices	6/6	<b>Met</b>