

Summary of Bismarck Maple View Adult Residential CMS Home and Community Based Services (HCBS) Settings Rule Site Visit

Friday March 15, 2019 by Nancy Nikolas Maier, Director of Aging Services, Shannon Strating, Program Administrator and Deb Vesey, BSN, RN, Program Administrator

Maple View Bismarck Senior Living is a licensed basic care facility that specializes in providing care to individuals with memory loss. The setting is a secure facility that is accessible and located in a residential area with access to provider owned or public transportation. A google map, Basic Care License, Medication error reporting and "Elopement Risk Prevention/Missing Resident" policy, and Resident Complaint/Grievance Resolution Policy is included in the Evidence Package. Maple View Bismarck received the updated guidelines for reporting critical incidents. Maple View Bismarck utilizes the Minot State University Medication Assistant Training Program.

Bismarck Maple View has 34 residents with full capacity at 36 residents. Presently to date there are 11 residents on Medicaid. Maple View has a signed lease agreement. "Lease payments may be changed from time to time by Landlord with appropriate notice to the Tenant. A written notice of change in lease payment will be provided to Tenant at least thirty (30) days prior to the end of the month."
(Included in Packet are the lease agreement).

April 12, 2018, a site visit was held with Bismarck Maple View to provide education regarding the Home and Community Based Services Settings requirements published in the Federal Register on January 16, 2014. An assessment tool was developed by the state that was based on the settings criteria and the exploratory questions provided by CMS. State staff utilized the CMS power point "Monitoring of Compliance with the Home and Community-Based Setting Requirements, ND Administrative Code Chapter 33-03-24.1 Basic Care Facilities, ND Century Code Chapter 50-10.2 Rights of Health Care Facility Residents, Adult Residential Care Policy 525-05-30-16, and Chapter 75-03-23 Provisions of Home and Community Based Services Under the Service Payments For Elderly and Disabled Program and the Medicaid Waiver For the Aged and Disabled Program as resources to provide education during the visit.

The assessment tool was completed, and the State then provided a written summary of suggestions and areas that needed change in order to come into compliance. The State provided further technical assistance upon request and the provider submitted an evidence package to the State to prove compliance with setting requirements.

March 15, 2019, the state made an onsite visit to tour the facility, review policies and procedures, observe client care, and staff interactions. Surveys were conducted by phone with the Medicaid consumer's legal decision maker to assess the consumers experience living in the setting. Survey questions focused on the quality of the individual's experiences, integration into the broader community, options for choice in where to live, ensuring the individuals rights of privacy, dignity, and respect, freedom from coercion and restraint, ensuring the individual has initiative, autonomy, and independence in making choices to include but not limited to activities, cares, and services along with who provides them.

Qualified Service Provider application renewal is due in July 31, 2020.

<p>HCBS Settings Requirements</p> <p><i>Facility is selected by the individual from among settings options including non-disability specific settings and an option for a private unit in a residential setting.</i></p>	<p>Review of Facility</p> <p>The facility is open for tours prior to a decision to reside in the facility. There are other options for residential services in the area to choose from.</p> <p>Of the 10 resident consumer’s legal decision makers interviewed, the consumer’s legal decision makers made the decision to move into the facility after touring the facility.</p> <p>The facility is ADA accessible.</p> <p>Maple View has a legally enforceable agreement following ND landlord tenant laws.</p> <p>There are security cameras as listed in the Resident Handbook under security, in the common areas of the building, courtyard and parking lot.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Lease Agreement • Bismarck Maple View Marketing Form • Bismarck Maple View has shared units and private units for the Medicaid consumers. • Site Visit and Observation by state staff summary • Survey with legal decision makers
<p>Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.</p>	<p>All consumers at Bismarck Maple View are currently retired. Consumers can continue employment or volunteering based on their person-centered goals.</p> <p>The consumer, power of attorney, or family control finances, the consumer can keep money in their possession if they desire.</p> <p>There is an option to open a resident account, but it is not required.</p> <p>Engaging in community life is addressed below.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Survey with legal decision makers

Is integrated in and supports access to the greater community

Activity Calendars are posted to inform consumer and family of activities within the facility.

The family/natural supports are encouraged to take the consumer out into the broader community. The facility will coordinate transportation if requested.

An escort is available along with transportation for medical appointments.

The consumer can utilize the internet or newspaper to determine activities outside of the facility.

Public Transportation is available.

A "Resident Life Story -What Makes Me...Me" is filled out at Admission to determine the likes and dislikes of the consumer. There is a Care Plan Card (2-page sheet) to assist staff in the individualized care of the consumer.

Monthly Activity Participation logs and outing information are kept for residents and reviewed at quarterly care conferences to determine community integration needs and restrictions.

10 consumer's legal decision makers were interviewed, and 1 consumer's legal decision maker did not respond.

- It was noted the facility does not have rules that prevent the resident from coming and going as they choose.
- 5 consumers regularly go out of the facility with family.
- 2 legal decision makers stated the residents were anxious to go back "home".
- 3 legal decision makers were not sure of the activity participation inside or outside of the facility and were not actively involved with the consumer.

The person-centered plan of care is individualized for each consumer.

Everyone accesses the building and units the same way. The facility entrance door is unlocked during the day. During the night, the front entrance to the facility is not staffed, but anyone may ring the front door bell at any time. Sign in and out is requested but not mandatory. Everyone enters and leaves the facility the same way.

	<p>The outside enclosed courtyard has walking paths and table and chairs. The courtyard is unlocked but is locked in the winter and bad weather to ensure the safety of the consumer. The consumer can request access to the courtyard in the winter or bad weather, by asking staff who will ensure that the consumer is dressed properly.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Calendar of Events • Resident Life Story Form • Care Plan Card • Resident Activity Participation Log • Person Centered Plan of Care • Survey legal decision makers • Site Visit and Observation by state staff
<p>Optimizes individual initiative, autonomy, and independence in making life choices</p>	<p>The Admission Agreement states:</p> <ul style="list-style-type: none"> • The resident is free to decorate their room as they wish, if it complies with the safety rules of the community. • Refrigerators are allowed if the resident and /or responsible party can maintain them. • Maple View can make provisions for a resident account. <p>10 consumer’s legal decision makers were interviewed, and 1 consumer’s legal decision maker did not respond.</p> <ul style="list-style-type: none"> • Of the consumer’s legal decision makers surveyed, all stated residents could decorate as they please. • All consumer legal decision makers managed the finances. <p>Maple View Resident Rights states the resident has the right to choose who gives them care, to set their own personal schedules, to have overnight guests and visitors at any time, and to request another caregiver if they prefer.</p> <p>Maple View states they also give the North Dakota Residents Rights Booklet which states the residents have the right to how they are approached, choose all aspects of their care and right to determine schedule for waking, bathing, eating and activity participation.</p> <p>Most of the consumer’s legal decision makers were aware of these rights.</p>

10 consumer's legal decision makers were interviewed, and 1 legal decision maker did not respond.

- 3 of the consumer's legal decision makers were unsure or felt there was a schedule regarding bathing or when to get up or go to bed.
- 1 legal decision maker stated, they thought the consumer needed to be in their room at a certain time.
- 2 felt the consumer had care issues with the nurse and one consumer stated the staff can be rude.

The kitchen is a commercial kitchen and is locked when not staffed. There is a food cart left out at times when the kitchen is not staffed.

One entrée is served at meal time, but alternate food is available upon request.

If desired the consumer may have a fridge in their apartment unit. This indicated on the Admission Agreement that is signed by the consumer or legal decision maker. No one has a fridge currently.

One legal decision maker stated that there was no room for a fridge.

There is no assigned seating, no disposable plates and silverware. No protective coverings used.

The laundry is locked but the consumer can request to use the laundry room if they would choose to do their own laundry.

Supporting Documentation:

- Resident Handbook
- Site Visit and Observation by state staff
- Survey with legal decision makers

Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint

The Medicaid consumers have shared apartments with lockable doors and a lockable bathroom. A privacy screen is used for privacy when needed.

When interviewed regarding privacy in the sleeping area and lockable doors, the following was noted.

- "No because have to have shared room."
- 6 consumers have keys.
- 2 legal decision makers were unsure if the consumer had a key or locked the door.

All the legal decision makers felt the consumer was safe.

Couples are not required to share an apartment.

Admission Agreement states records are kept confidential.

Consumers can furnish and decorate their unit as desired. Observation reflected consumer's own personal tastes in decorating their private living quarters.

The Resident handbook states if a request is made to relocate to another room, the facility will work on making a change based on availability.

Several areas were available to provide private visiting areas.

Resident handbook states will provide a portable phone to allow opportunity for private phone calls. Staff available for assistance. Residents can receive incoming calls.

Mail is distributed to the resident.

Resident Handbook states telephone service and cable TV within the room is not provided but are available free of charge in the common areas of the building. There is Wi-Fi available.

Staff training includes Resident Rights and topics of dignity and respect.

Medications are given in private.

Training is provided to staff regarding knocking on the door before entering the room.

Supporting Documentation:

	<ul style="list-style-type: none"> • Resident Handbook • “Resident Complaint/Grievance” policy is included in the Admission Packet and procedure stated in Resident Handbook. • Resident Rights is included in the Admission Packet. • Site Visit and Observation by state staff • Staff Training Folder • Survey with consumer and legal decision makers
<p>Facilitates individual choice regarding services and supports and who provides them</p>	<p>The consumer has a choice in who cares for them.</p> <p>Resident Rights states has the right to choose the person providing cares. All legal decision makers indicated knowledge of this right.</p> <p>The facility provides the consumer information regarding filing a grievance. All legal decision makers indicated knowledge.</p> <p>There is a chapel and church services offered within facility and via electronic means. Fee for service for salon/barber can be arranged.</p> <p>Consumer medical care is provided per own preference. Option for PT given at facility.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Resident Rights Booklet • “Resident Complaint/Grievance” policy is included in the Admission Packet. • Site Visit and Observation by state employees • Staff Training Folder • Survey with consumer and legal representatives
<p>Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS</p>	<p>All consumers are treated the same. Consumers can eat in a place of their choosing.</p> <p>The consumer can access the broader community for services if desired.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Resident Rights Booklet

	<ul style="list-style-type: none"> • Site Visit and Observation by state staff • Survey with consumer and legal representative
Person-centered service plan	<p>Maple View’s care plan includes focus needs, problem needs, the consumers goals, and the approach or intervention. Maple View care plan includes health care needs, nutrition needs, privacy, and social needs reviewed.</p> <p>Community Integration and social supports are reviewed to determine options available for the client.</p> <p>Level of family support and involvement is reviewed.</p> <p>HCBS Care planning includes client’s goals, values, beliefs, and how the client would like to live are reviewed and goals established. Health care needs, nutrition needs, and mental health needs, employment, volunteering options, behavior, cognitive, and safety are reviewed at the quarterly meetings.</p> <p>The monthly participation logs are reviewed to ensure community integration and activities.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Person Centered Care Plan Review by State staff • Participation Log review • Care Note review • Maple View Care Plan review • HCBS Care Plan review

Additional Requirement for HCBS Residential Settings—Any modifications to these must be supported by a specific assessed need and justified in the person-centered service plan.	
The individual has a lease or other legally enforceable agreement providing similar protections	<p>The consumer or legal decision maker signs a lease agreement when the decision has been made to move into the facility. The lease follows ND landlord tenant laws.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Lease Agreement
The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or	<p>At the site visit it was observed there are 4 double units with an option of a privacy screen dividing the sleeping area to</p>

<p>decorate unit</p>	<p>maintain privacy. There are privacy curtains in place to be used as needed.</p> <p>The bedroom and bathroom are equipped with lockable doors with most of the Medicaid consumers having a key. The consumers had pictures on the wall and units were furnished according to the desire of the consumer or family.</p> <p>The consumer is encouraged to decorate their apartment to reflect personal taste, hobbies, and interest.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Lease Agreement • Site Visit and Observation by state staff • Pictures of rooms and privacy curtains • Survey with consumer and legal decision makers
<p>The individual controls his/her own schedule including access to food at all times</p>	<p>If a menu is not acceptable, a sandwich can be prepared. There are no assigned seats. Snacks are available throughout the day by asking. A food cart is kept out when the kitchen is closed.</p> <p>Only one legal decision maker interviewed was aware of a food cart.</p> <p>The Admission Agreement states:</p> <ul style="list-style-type: none"> • Refrigerators are allowed if the resident and/or responsible party is able to maintain them. • States snacks are available anytime. <p>The Resident Handbook states:</p> <ul style="list-style-type: none"> • Residents may choose their own times for rest, bedtime and wake time as well as personal care preferences. <p>Resident's Rights:</p> <ul style="list-style-type: none"> • The resident has the right to choose who gives them care, how they are approached, choose all aspects of their care and right to determine schedule for waking, bathing, eating and activity participation. <p>10 consumer's legal decision makers were interviewed, and 1 legal decision maker did not respond.</p> <p>When interviewed regarding were you asked what time you like to eat, can you choose when to eat, what happens when you miss a meal, or can you eat anytime.</p> <ul style="list-style-type: none"> • Most legal decision makers felt meals were scheduled.

	<ul style="list-style-type: none"> • One stated the consumer takes food to their room. • It was felt you could ask for food anytime, but only one legal decision maker saw the food cart out. • One legal decision maker felt the consumer would be afraid to ask. • Most felt accommodations would be made if a meal was missed and one legal decision maker was unsure. • Two legal decision makers were unsure if you could eat in the consumers room. • It was felt there was no private area for a family party. <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Site Visit and Observation by state staff • Survey with consumer and legal decision makers
<p>The individual can have visitors at any time</p>	<p>Resident Handbook states there are no visiting hours and guests can stay overnight. There is a voluntary check in and out process to ensure safety and accountability in an emergency or fire.</p> <p>10 consumer’s legal decision makers were interviewed, and 1 consumer’s legal decision maker did not respond.</p> <ul style="list-style-type: none"> • Of the consumer’s legal decision makers surveyed, 2 stated they could not stay overnight, 4 were unaware they could, and the other 4 stated they felt they could. • All stated they could visit at any time. • All stated that family is encouraged to visit.
<p>The setting is physically accessible</p>	<p>The setting is in a residential area in Bismarck. The setting is ADA accessible.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Site Visit and Observation by state employees

HCBS Setting Requirements establish an outcome-oriented definition that focuses on the nature and quality of individuals experiences. The requirements maximize opportunities for individuals to have access to the benefits of community living and to receive services in the most integrated setting.

Monthly Activity Participation logs:
Monthly Resident Activity Attendance is filled out by the facility to indicate activities attended, attended/sleeping, Ill, out of facility, participated, declined, sleeping, or unavailable. Activity logs were reviewed for the 11 consumers.
Consumers:

1. Consumer declines most activities, participating in church worship 3-4 times a month and entertainment 2-3. In February attended movie night/crafts. Legal decision maker is aware needs encouragement, stating a loner. Occasionally goes outside the facility. Gets confused when going out.

2. Guardianship states physical capabilities prevents the consumer from activities. Consumer declines most activities. In January was out of facility twice and participated in entertainment twice. In February out of facility once and participated in activities 4 times. The guardianship does not indicate any knowledge of activities.
3. Legal Representative stated they do not take the consumer out. In January participated in the facility 3 times. In February participated 5 times for entertainment and social time. The legal representative is not involved or knows about the activities in the facility.
4. Consumer declines most activities. In January was active one day and occasional inside activities the rest of the month. Enjoys Bingo. Went out for a drive, pie and coffee. In February played Bingo 10 times and other activities inside the facility 5 times. Family takes out for outings. Family indicates no restrictions.
5. Legal Representative states they take consumer out weekly. Activity log indicates this. In January participated in entertainment twice and Bingo 7 times. In February participated in Bingo 10 times and other activities 6 times. Legal representative feels that consumer is able to attend activities as desired.
6. Legal Representative states they take out for outings outside the facility twice a week and the consumer participate in everything. The activity log shows this to be true.
7. Legal Representative states they go out of facility every Wednesday for Bingo (Date night). At times when taken out of the facility for family functions, the consumer requests to go back home. The consumer participated or attended activities inside the facility 15 times. Likes Bingo, church services, and entertainment. The legal representative feels the consumer is given options for participation.
8. Consumer attended entertainment twice in January and activities inside the facility 4 times in February. HCBS care plan states family and staff take consumer outside, but activity log states declined. Consumer attended or participated in 2 activities in January and 4 in February. The interview with a family member, indicated the facility did not have rules preventing the consumer from coming and going and felt there was "lots going on in the facility according to the calendar". Legal representative stated consumer can go out in garden and has lots of room to walk. Life history shows consumer likes to garden.
9. Consumer attended activities outside of the facility 3 times in January and none in February. Activity log shows that consumer either attended activities each day or slept through the activities in January. Attended church services 5 times and entertainment 2 times. In February the consumer was out of the facility once and either attended activities or slept through activities each day with only 3 days that activities were completely declined.
10. The legal representative states that consumer is visited daily. January log shows the consumer was taken out of the facility 11 times in January and 8 times in February. Inside the facility, the consumer attended or participated in 6 activities in January and 7 in February. Although the care plan states consumer loves music, only attended twice in two months. Family is actively involved.
11. Consumer was out of facility for an outing twice in January and none in February. In January, the consumer attended or participated most activities for 8 days. In February, the consumer only attended entertainment, crafts/movie party 4 times, church service 2 times and attended 2 days activities all day. The legal representative indicates on rules that prevent participation.

HCBS Settings requirement: The Person-Centered Service Plan must be developed through an individualized planning process. It must be driven by the individual. Should include people chosen by the beneficiary and/or beneficiary's representative, which may include a variety of individuals that play a specific role in the beneficiary's life. Must be able to direct the process to the maximum extent possible.

Must be timely and occur at times/locations convenient to all involved.	Power of Attorney's for the consumer are aware that the care plan meetings can be scheduled at convenient times. The POA knows that the consumer and family can invite anyone they choose. Two POAs lives out of town and attends by phone.
Reflects cultural considerations/uses plain	Yes

language	
Discusses individual preference for community integration within and outside the setting.	Resident Life Story and Care Plan Card: Indicates previous careers and memberships. The Life story Form indicates the activities the consumer enjoys, religious and spirituality preferences, education and work history, military history, music/entertainment interests, recreational activities/hobbies, travel, pets/animals, favorite foods, holidays/seasons, and current information. The care plan lists preferences in activities and a participation log is utilized to indicate participation in activities.
Includes strategies for solving disagreement	The care plan discusses strategies to assist the consumer in addressing any disagreements by implementing activities that the consumer enjoys.
Offers choices to the individual regarding services and supports the individual receives and from whom	The care plan indicates the type of services that are being provided are based on the consumers preference.
Provides method to request updates	Resident Handbook states "A resident or responsible party may request a Care Plan meeting at any time."
Reflects what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare	Goal are determined by the consumer and/or legal decision maker during the Person-Centered care plan meeting with the HCBS Case Manager and setting staff.
Identifies the individual's strengths, preferences, needs (clinical and support), and desired outcomes	Care planning includes Strengths, needs, goals and task.
May include whether and what services are self-directed and includes risks and plan to minimize them	Care planning includes risks.
Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others	HCBS Care planning includes Identified goals and preferences related to values "What is important to client", Community Integration and Social Support, Family, Decision Making, Financial, Education, Employment, Healthcare, Medications, Nutrition, Mental Health, Cognitive, Behavior, and Safety. Facility Care planning includes identified focus/problem/need, goals, and approach/Intervention. Includes medical, self-preservation, and activities/community integration.
Signed by all individuals and providers responsible for implementation and a copy provided to all chosen by the beneficiary	HCBS care plan is signed by the HCBS Case Manager and the family who is the POA.

Date of Review of Evidence Package by the HCBS Settings Committee:

Date: April 5, 2019

Reviewed by the following Committee members:

Nancy Nikolas Maier, Director of Aging Services

Karla Kalanek, Developmental Disabilities Program Administrator

Heidi Zander, Developmental Disabilities Program Administrator
Karla Backman, State Long Term Care Ombudsman Administrator
Katherine Barchenger, State Autism Coordinator
Deb Vesey, HCBS Program Administrator
Russ Korzeniewski, Risk Management Program Administrator

Requirements to Meet Compliance:

1. The committee determined after discussions with the Department's Legal Advisory unit that privacy screens do not ensure that the consumers in shared rooms are awarded the privacy when needed or requested as the right to privacy is not readily available if desired. The right to privacy is required in the HCBS settings rule. It was determined that a curtain would be a better option as it could be used when privacy was needed or desired by a consumer or visitor and pulled back when not in use.

In addition, family and legal decision makers (includes guardians) do not have the right to waive a consumers right to privacy. The following century code references were used to draw that conclusion.

N.D. C.C. § 30.1-28-04 (regarding guardianship of an incapacitated person) notes that "the order appointing a guardian confers upon the guardian only those powers and duties specified in the order."

N.D. C.C § 50.10.2-02 (1)(i) The right to have privacy in treatment and in caring for personal needs, to use personal belongs, to have security in storing and using personal possessions.....

N.D.C.C § 30.1-28-12 (5) When exercising the authority granted by the court, the guardian shall safeguard the civil rights and personal autonomy of the ward to the fullest extent possible by:

- a. Meeting with the ward following the hearing, unless the ward is represented by an attorney, and explaining to the fullest extent possible the contents of the court's order and the extent of the guardian's authority;
- b. Involving the ward as fully as is practicable in making decisions with respect to the ward's living arrangements, health care, and other aspects of the ward's care; and
- c. Ensuring the ward's maximum personal freedom by using the least restrictive forms of intervention and only as necessary for the safety of the ward or others.

Please install privacy curtains and reeducate consumers and families as two of the consumer's legal representatives stated they were not aware that a privacy screen was an option.

Privacy curtains were installed in the shared rooms and photos of the curtains were submitted to Depart of Human Services. Privacy curtains approved by this committee.

2. Resident Handbook under "Room Furnishings", states Residents may furnish and/or decorate their room to their preference if they comply with safety rules and regulations of the community. Please state what these safety rules and regulations are and resubmit the Resident Handbook to the state program administrator. This would be the Fire Codes for Life Safety. Submitted.
3. Based on the results of the consumer survey many of the families or legal decisions makers did not understand the rights afforded to the consumer by the HCBS Setting rule. Please conduct additional education with consumers and or their legal decision makers.

At the next quarterly care plan meetings, the HCBS case manager will ask the resident and legal representative the following:

- Have you been asked if you can have a fridge in your room?
- Can you have food when you want and eat in your room if you want?
- Do you have to eat at a set time or schedule?
- Can you stay overnight if you desire?
- Do you feel that your family member is provided with all the activities that they desire?
- Can you set your own schedule?

In three months, the Program Administrator will assess the knowledge and education of the legal representatives and consumers before final compliance is determined. **Of the 9 residents, 6 legal representatives responded that they were informed of the following:**

- They can have a fridge in their room if desired.
- They can eat when they want and, in their room, if they desire.
- They are notified when meals are being served in the dining room but can eat when they want.
- They can have guests stay overnight if desired.
- They are provided with a variety of activities, but with Covid-19 that has changed a bit.
- They can set their own schedules but are reminded by staff at different times as far as using the restroom, showering etc.

Two legal representatives did not respond, and one legal representative refused to participate.

Other Suggestions:

1. Include in care plans the date of behaviors or restrictions. Include the methods that have been tried. An example is one care plan states that the consumer needs activities to stimulate the mind. The goal is to encourage to partake in productive activities daily. The care plan does not state what the outcome of this approach was. Another states the consumer has anxiety as worries according to the family. The goal was to promote activities as bus rides, outings, and small jobs. There is no indication of what was tried and if it worked. Another example, a year ago there was frustration with roommate, intervention given, but no follow up written if this is still an issue a year later. **The documentation continues to be worked on.**
2. To assure consumer and legal decision maker understands the goals and restrictions, the HCBS care plans are signed by all who attended. Although this is not a requirement of the facility it is offered as a suggestion. **This was being done until Covid-19 and the care plan meetings are being held virtually. Verbal consent by attendees is noted.**
3. A Legal decision maker stated they would like the staff to tell the consumer what they are eating when placing the plate of food.
4. Care plan review does not indicate dates when changes were done. Care plan states can have choice if wants locked closets but does not indicate if the consumer choose to have a

locked closet. Care plan does indicate if the consumer wanted a privacy screen.

5. Recommend at quarterly reviews listing why a consumer may have denied all activities and what is being done to assist with reaching goals to improve participation in activities that the consumer enjoys. **The documentation continues to be worked on.**

Date of Compliance with above Requirements:

December 16, 2020

Committee Decision:

X Setting Fully Complies

- Setting with additional changes will fully comply after facility has made the changes and reeducated the consumer and legal decision makers. Changes will be reviewed by the committee.**
- Does not/cannot meet HCB Settings Requirements**
- Evidence package must be submitted to CMS for heightened scrutiny because the facility is presumed to have institutional qualities based on one or more of the following:**
 - Setting is in a publicly or privately-operated facility that provides inpatient institutional treatment;**
 - Setting is in a building on the grounds of, or adjacent to, a public institution;**
 - Setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.**