

December 3, 2019

Roseadele

The ND State Settings Review Committee met on November 25, 2019 and determined that Roseadele in Jamestown met all Settings Rule Compliance terms.

The Department will continue monitoring to ensure ongoing compliance.

Thank you for your cooperation and let us know if you have any questions.

I am attaching the Settings Summary which will be posted on the Department of Human Services website.

Sincerely,



Shirley Fender, RN
HCBS Program Administrator
701-328-4579

MEDICAL SERVICES

600 E Boulevard Ave Dept 325 | Bismarck ND 58505-0250

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

Monday March 25, 2019 by Shannon Strating, Program Administrator and Deb Vesey, BSN, RN, Program Administrator

Roseadele is a licensed basic care facility that specializes in providing care to individuals with memory loss who require protective oversight because of behavior, elopement, or wandering issues. The setting is a secure facility that is accessible and located in a residential area with access to provider owned or public transportation.

A "Renters Agreement", google map, Basic Care License, Medication error reporting and "Missing Resident Emergency Measures" policy is included in the Evidence Package.

Roseadele full capacity is 20 residents with 17 presently.

April 2, 2018, a phone conference was held with Roseadele 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 call.

The assessment tool was completed over the phone 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 25, 2019, the state made an onsite visit to tour the facility, review policies and procedures, observe client care, and staff interactions. State staff met with the consumer and conducted a care plan review. An in-person survey was conducted 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 renewal is due March 31, 2021. The updated Critical incident reporting protocol was given to the facility.

HCBS Settings Requirements	Review of Facility
<p>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.</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>The facility is ADA accessible.</p> <p>Roseadele has a legally enforceable agreement following ND landlord tenant laws.</p> <p>There are no camera's in the facility unless placed by the consumer, power of attorney or family.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Lease Agreement • Roseadele marketing pamphlet • Roseadele Potential Resident Questionnaire • Roseadele has private units for the Medicaid consumers. Onsite Observation • Site Visit and Observation by state staff summary • Survey with consumer and legal decision maker
<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 Roseadele are currently retired. Consumers can continue employment or volunteering based on their person-centered goals.</p> <p>If a resident of the facility wishes to volunteer or work, it will be arranged with the staff.</p> <p>The consumer, power of attorney, or family control finances. The consumer can keep money in their possession if they desire.</p> <p>Engaging in community life is addressed below.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Survey with consumer and legal decision maker
<p>Is integrated in and supports access to the greater community</p>	<p>Activity Calendars are posted to inform consumer and family of activities within the facility.</p> <p>A musician is brought to the facility weekly. The April calendar shows an opportunity to go to the circus.</p> <p>The family/natural supports are encouraged to take the consumer out into the broader community. This was noted at the site visit and surveys.</p>

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

Public Transportation is available.

An "Activity Evaluation" is filled out at Admission to determine the likes and dislikes of the consumer.

Monthly "Individual Resident Daily Activities" log and outing information are kept for residents and reviewed at quarterly care conferences to determine community integration needs and restrictions. An "Activity Assessment" is filled out quarterly.

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

Everyone accesses the building and units the same way. A code is posted at the facility entrance door and at the memory care unit allowing access to enter and leave.

During the night, the front entrance to the facility is not staffed, but may ring the front doorbell at any time.

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.

The majority of the legal decision makers were interviewed. All interviewed stated the facility does not have rules preventing the consumer from coming and going.

- The majority of the legal decision makers stated the consumer can go out for fun.
- All legal decision makers state the consumer is active inside the facility.

Supporting Documentation:

- Resident Handbook
- Calendar of Events
- Activity Evaluation Form
- Activity Assessment
- Monthly Individual Resident Daily Activities Log
- Person Centered Plan of Care

	<ul style="list-style-type: none"> • Survey with consumers legal decision maker • Site Visit and Observation by state staff
<p>Optimizes individual initiative, autonomy, and independence in making life choices</p>	<p>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> <ul style="list-style-type: none"> • All legal decision makers stated there are not visiting hours. • Some of the legal decision makers were unsure if guests could stay overnight. <p>The Resident Handbook and ND Resident Rights handbook states 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. The interview with the consumer's legal decision makers indicated knowledge of these rights.</p> <ul style="list-style-type: none"> • One consumer chooses to sleep in the mornings. The care plan states to prepare her meal when gets up. <p>Resident Handbook states residents can ask for food anytime. One entrée is served at meal time, but alternate food is available upon request.</p> <ul style="list-style-type: none"> • This was observed by a consumer having a hamburger at 2 pm. • All the legal decision makers interviewed stated food is available anytime by asking. • Some of the legal decision makers stated they have food in their rooms. • The majority of the legal decision makers stated you can ask if miss a meal. • If desired the consumer may have a fridge in their room. • One legal decision maker stated the consumer has a fridge in the room. • Several consumers have food in their rooms. <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Site Visit and Observation by state staff • Survey with consumers legal decision makers
<p>Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint</p>	<p>The consumers have private rooms. The doors do have locks.</p>

	<p>Curtains were placed around the toilet and sink area to ensure privacy when needed. If the privacy curtain is not being used, then it is documented in the person-centered plan of care.</p> <p>Consumers can furnish and decorate their unit as desired. Observation reflected consumer's own personal tastes in decorating their private living quarters.</p> <p>There is an area on the end of the hall with books to provide private visiting areas.</p> <p>Resident handbook states consumer can have a phone or television in their room.</p> <p>The residents mail is received in main office and delivered to the resident unopened.</p> <p>Televisions and phones are at the expense of the consumer.</p> <p>*The common areas have cable television for the residents to use.</p> <p>*There is a cordless phone in common areas for the residents to use in private if they don't have one in their room.</p> <p>Staff training includes Resident Rights and topics of dignity and respect.</p> <p>The resident handbook reflects care and medications are given in private.</p> <p>Resident Rights training for staff knocking on the door before entering the room.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • "Resident Grievance" policy • Confidentiality Agreement • Site Visit and Observation by state staff • Staff Training Folder • Survey with consumers 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>The facility provides the consumer information regarding filing a grievance.</p> <p>There are weekly Church services.</p> <p>Consumer medical care is provided per own preference.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Resident Rights Booklet • "Resident Grievance" policy • Site Visit and Observation by state employees • Staff Training Folder • Survey with legal decision makers
<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.</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 • Site Visit and Observation by state staff • Survey with legal decision makers
<p>Person-centered service plan</p>	<p>Roseadele care plan includes problems, goals, and approaches.</p> <p>The HCBS care plan includes behaviors, restrictions, and methods that have been tried before. Clients goals, values, beliefs, and how the client would like to live are reviewed and goals established. Community Integration and social supports are reviewed to determine options available for the client. Level of family support and involvement is reviewed. Care planning includes 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 • Roseadele 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.	
<p>The individual has a lease or other legally enforceable agreement providing similar protections</p>	<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"> <input type="checkbox"/> Lease Agreement
<p>The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate unit</p>	<p>At the site visit it was observed the units are private. The doors have locks.</p> <p>Residents may decorate their rooms how they wish following the ND State Fire Code.</p> <p>The consumer had pictures on the wall and unit was furnished according to the desire of the consumer or family. 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"> <input type="checkbox"/> Resident Handbook <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Site Visit and Observation by state staff <input type="checkbox"/> Survey with consumer and legal decision maker
<p>The individual controls his/her own schedule including access to food at all times</p>	<p>If a menu is not acceptable, an alternative meal can be prepared.</p> <p>Snacks are available throughout the day upon asking.</p> <p>The Resident Handbook and Resident Rights states 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> <p>The interview with the consumer's legal decision maker indicated knowledge of these rights.</p> <p>At the site visit it was noted a consumer eating a hamburger at 2 pm.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Resident Handbook <input type="checkbox"/> Site Visit and Observation by state staff <input type="checkbox"/> Survey with consumer and legal decision makers

<p>The individual can have visitors at any time</p>	<p>Overnight guests allowed and there are no designated visiting hours.</p> <ul style="list-style-type: none"> • All legal decision makers interviewed indicated knowledge of the no visitors' hours. • Some legal decision makers were unaware that guests could stay overnight, and some said yes, they thought so. <p>Supporting Documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Resident Handbook <input type="checkbox"/> Survey with consumers legal decision makers
<p>The setting is physically accessible</p>	<p>The setting is in a residential area in North East Jamestown, adjacent to the public golf course.</p> <p>The setting is ADA accessible.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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.

In March 2019, state staff conducted phone interviews with the consumers legal decision make/ Power of Attorney.

The interview revealed the family had a choice when making the decision to move the consumer to Jamestown Roseadele.

The family helps to meet the consumers community integration needs. They accompany the consumer on weekly lunch outings, takes drives and help their family member get to medical appointments. The consumer participates in activities inside the facility as chosen by the consumer. The family member interviewed stated the facility does not prevent the consumer from coming and going. The facility takes consumers out in the community upon request.

The consumer's legal representative manages the consumers finances. The legal representative and other family members are happy with the facility as the consumer is getting good care, like the smaller facility, the family can visit when they want, and the consumer is engaged in activities.

The interviewed legal decision makers state the consumer can get up when desired and eats breakfast when they want. The facility makes food on demand and food is available at any time.

The legal decision makers stated that the consumer does not have to adhere to a set schedule of waking, eating, bathing etc. and that these activities are completed based on the consumers preference. This was noted by a consumer who sleeps in and the staff prepare an alternate hot meal.

The apartment can be decorated as desired. The bedroom door does have locks. The consumer has a choice to have a television or a phone by paying for the service.

All legal decision makers and family interviewed feel this is a safe plan. The consumers get along with the staff. The staff interacts in a dignified manner. The family member interviewed indicates knowledge of how to submit a grievance and that this can be done anonymously. The legal decision makers interviewed knew who the case manager is and participates in care planning.

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.

<p>Must be timely and occur at times/locations convenient to all involved.</p>	<p>Power of Attorney for consumer stated that the care planning process is held at a convenient time and location.</p> <p>The POA knows that the consumer and family can invite anyone they choose.</p>
<p>Reflects cultural considerations/uses plain language</p>	<p>Yes</p>
<p>Discusses individual preference for community integration within and outside the setting.</p>	<p>Activity Evaluation Form: Indicates previous careers and memberships. The form indicates the activities the consumer enjoys as painting, puzzles, crafts, reading, card making, music, parties, and Bingo. The care plan lists preferences in activities and a participation log is utilized to indicate participation in activities.</p>
<p>Includes strategies for solving disagreement</p>	<p>The care plan discusses strategies to assist the consumer in addressing any disagreements by implementing activities that the consumer enjoys. The facility has set a goal to encourage the consumer to participate in activities.</p>
<p>Offers choices to the individual regarding services and supports the individual receives and from whom</p>	<p>The care plan indicates the type of services that are being provided are based on the consumers preference.</p>
<p>Provides method to request updates</p>	<p>Resident Handbook states that they have quarterly care conferences on all their residents. Families are encouraged to attend and give input. The care plans are reviewed at a minimum every quarter but can be adjusted as needed.</p>
<p>Reflects what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare</p>	<p>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.</p>
<p>Identifies the individual's strengths,</p>	<p>HCBS Care planning includes Strengths, needs, goals and task.</p>

preferences, needs (clinical and support), and desired outcomes	
May include whether and what services are self-directed and includes risks and plan to minimize them	HCBS 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
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:

April 22, 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
 Katherine Barchenger, State Autism Coordinator
 Deb Vesey, HCBS Program Administrator
 Russ Korzeniewski, Risk Management Program Administrator

Date of Compliance with above Recommendations:

November 25, 2019

Committee Decision:

X Setting Fully Complies

Setting with additional changes will fully comply (Committee will meet to review updated Handbook and changes once submitted by the facility.)

- 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:
 - o 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.**