

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

Tuesday March 26, 2019 by Shannon Strating, HCBS Program Administrator and Deb Vesey, BSN, RN, Program Administrator

Ecumen Evergreen of Fargo is a licensed Basic Care Facility including the Optional Service: Alzheimer's, Dementia, or Special Memory Care. The setting is a secure facility that is accessible and located in a residential area with access to provider owned or public transportation. The setting is in close proximity to two licensed basic care facilities.

A google map, organization chart, Basic Care License, Medication error reporting and "Memory Care Clients-Walkers and Elopement" is included in the Evidence Package.

Ecumen Evergreen of Fargo capacity is licensed for 18 residents with 15 apartments. There are 15 residents and 5 on Medicaid.

May 10, 2018, a phone conference was held with Ecumen Evergreen of Fargo 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 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 26, 2019, the state made an onsite visit to tour the facility, review policies and procedures, observe client care, and staff interactions. A 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 August 31, 2021. The updated Critical Incident reporting protocol was given to the facility.

<p>HCBS Settings Requirements</p>	<p>Review of Facility</p>
<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>Ecumen Evergreen of Fargo has a legally enforceable agreement following ND landlord tenant laws. All cottages are monitored by video surveillance for resident and staff security. Cameras are online in building common areas.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Lease Agreement • Fargo Ecumen Marketing packet • Admission Packet • Fargo Ecumen has private units for all consumers. Onsite Observation • Site Visit and Observation by state staff summary • Survey with consumers 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 Ecumen Evergreen of Fargo 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>Engaging in community life is addressed below.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Survey with consumers decision makers
<p>Is integrated in and supports access to the greater community</p>	<p>Activity Calendars are posted to inform consumers and family of activities within the facility.</p> <p>The consumer can utilize the internet or paper to determine activities outside of the facility. Major social events are published in a newsletter and are displayed in the cottage.</p> <p>Ecumen Evergreen of Fargo has a Facebook page to look at activities.</p>

Handbook states, "Residents are also welcomed and encouraged to go out of the facility. Consumers need to have an escort to go out of White Fir cottage such as family, friends or agency staff as indicated in their personal care plan. Residents are asked to check in and out at the book located by the front desk due to desire to assure census in case of evacuation, fire, etc.

There is a fee for service barber/beauty shop.

Churches services are offered and supported by volunteers. Consumers are welcome to attend services in the community.

Life Enrichment provides monthly transportation for group outings. "If residents have ideas of outings or places, they would like to go, they are to let the Life Enrichment Supervisor know".

Public Transportation is available.

Transportation to medical appointments outside of facility is resident's responsibility. The staff will assist in arranging the appointments.

A "Honor Portrait" is filled out at Admission to determine the likes and dislikes of the consumer. A New Resident information form is filled out with each new resident and has an area that asks "what activities do you enjoy? Please Include physical activities you enjoy alone or within a group setting."

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

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

Everyone accesses the building and units the same way. The facility entrance door to the memory care unit is locked and you can ring doorbell to enter. The entry code to enter is distributed to resident family upon admission. The code is also posted to exit the memory unit.

The outside enclosed courtyard has walking paths and table and chairs. The courtyard is locked for resident

	<p>safety and staff can unlock it anytime for residents to go outside. This ensures that staff are aware when a resident is outside.</p> <p>All of the legal decision makers were interviewed. All legal decision makers interviewed stated,</p> <ul style="list-style-type: none"> • The facility does not have rules that prevent the consumer from coming and going. • Participation with activities outside of the facility is mostly with family. • All consumers participate with activities inside of the facility per their desire. <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Calendar of Events • Honor Portrait • “Getting to know you” form • Person Centered Plan of Care • Survey with consumers legal decision makers • 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.</p> <p>The legal decision makers interviewed stated they knew you could stay overnight; one was not sure, and one said no, but all stated there was no visiting hours and visitors are encouraged.</p> <p>The ND Resident Rights Booklet 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 makers indicated some had knowledge of these rights and stated the schedule is flexible and the other legal decision makers were not sure.</p> <ul style="list-style-type: none"> • Two stated there was a schedule for bathing and waking. • One stated the consumer is waken for breakfast or would sleep all day. • One stated needs cue. <p>All the consumer’s legal decision makers stated food is available anytime. An alternate meal can be made. One</p>

	<p>family member stated there was food on the counter for snacks. Four of the consumers have a fridge in their room and one stated had one but not now.</p> <p>The industrial kitchen is locked but the consumer can request food at any time.</p> <p>The industrial laundry is locked but the consumer can request assistance by staff if they would choose to do their own laundry.</p> <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>All consumers have private rooms and bathrooms. The doors are lockable.</p> <p>The legal decision makers interviewed the doors lock and a key is available if desired.</p> <p>One of the consumer’s utilizes the lock when desiring privacy.</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>Several areas were available to provide private visiting areas outside each pod.</p> <p>Resident handbook states consumer can have a phone in their apartment or Ecumen will provide a portable phone to allow opportunity for private phone calls.</p> <p>Resident mail is sorted and delivered each day.</p> <p>Cable TV is available in the consumer’s rooms at a charge. WI FI is available. Cable TV is available on all the common area TVs.</p> <p>Staff training includes Resident Rights and topics of dignity and respect, including that medications and treatments are given in private.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Your Medical Record Rights in ND • Ecumen ND Notice of Privacy Practices

	<ul style="list-style-type: none"> • Authorizations for Release of Information • Site Visit and Observation by state staff • Staff Training Folder • Survey with consumers 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. Consumer medical care is provided per own preference. There is an option to have medical care at the facility or go to appointments outside of the facility with family. This is documented in the facility care plan.</p> <p>The facility provides the consumer information regarding filing a grievance in the resident handbook. Most of the legal decision makers stated they knew how to file a grievance and the other stated they had not checked into how to file a grievance.</p> <p>There are church services available at the facility and fee for service barber/salon, but the residents are encouraged to attend these services in the community if they would like to do so.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Resident Rights Booklet • Site Visit and Observation by state employees • Staff Training Folder • Survey with consumers 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.</p> <p>Consumers can eat in a place of their choosing. Documentation in the facility care plan states one consumer prefers to eat in their room.</p> <p>Beauty/barber services are available in each cottage, and residents can also use a beautician/barber of their choice in the community.</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 consumers legal decision makers
<p>Person-centered service plan</p>	<p>HCBS has developed a care plan to include 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 and are reviewed at the quarterly meetings.</p> <p>The monthly participation calendars are reviewed to ensure community integration and activities.</p> <p>The Ecumen Evergreen of Fargo care plan provided at the site visit includes Problems/Needs, Expected Outcomes, and Services/Interventions.</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 • Ecumen Evergreen Care Plan review • HCBS Care Plan review

<p>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>	
<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"> • 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>All apartments are private studio apartments with a private bathroom. The doors have locks and the consumer can request a key.</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"> • Resident Handbook • Lease Agreement • Site Visit and Observation by state staff • Survey with consumer and legal decision maker
<p>The individual controls his/her own schedule including access to food at all times</p>	<p>Three meals and three snacks are served daily. There are always alternate meals available upon request. The Handbook states “if a resident doesn’t want to or isn’t able to eat at the scheduled time, they are able to eat at a time of their request.” Residents could eat in their apartment if they chose.</p> <p>Resident Handbook states the consumer can have a fridge in their room. This is evident by consumers having a fridge.</p> <p>“Arrangements can be made for private parties by reserving a space. Resident/Family/Friends may bring own food”.</p> <p>The legal decision makers interviewed stated that food is always available by request. One family member noted food setting out.</p> <p>The Resident Handbook states service can be changed as to date and time by contacting the nurse.</p> <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>The individual can have visitors at any time</p>	<p>Overnight quests are allowed and there are no designated visiting hours.</p> <p>All legal decision makers interviewed stated that visitors are always welcome. Most of the legal decision makers knew that overnight quests were welcome.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Survey with consumers legal decision makers
<p>The setting is physically accessible</p>	<p>The setting is in a residential area.</p> <p>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.

The state staff conducted phone interviews with all the legal decision makers/family member of the consumers in Ecumen Evergreen of Fargo.

All legal decision makers interviewed stated the family had a choice when making the decision to move the consumer to Ecumen Evergreen of Fargo.

All legal decision makers interviewed stated the facility has no rules that prevent the consumer from coming and going from the facility.

One legal decision maker stated the consumer does not go out due to progression of disease. The others stated will go out mostly with family. Family takes the consumers to medical appointments. All legal decision makers state, the consumer participates in activities inside the facility per the consumer's preference.

All legal decision maker state they are happy with the facility.

There is mixed knowledge of the right for the consumer to set the schedule according to consumer's like.

A family member states a consumer is being woke in the morning for breakfast. The facility care plan states the resident can sleep in late if preferred and breakfast will be served upon awaking. This is not listed as a restriction on the HCBS care plan. Less than 50 % felt there was no schedule for bathing. All felt that food was available any time.

100% of the legal decision makers felt there was a choice in who cared for you and there were no problems with staff. They felt the consumer was treated with dignity and respect.

Four legal decision makers knew how to file a grievance and one stated has not investigated how.

All legal decision makers felt there was privacy with two consumers having a key.

Four legal decision makers knew their case manager and participates in the care conference. One stated when asked if has to attend, was told they would call with the results.

Monthly Activity Participation Calendars and Care plans:

All the Monthly activity calendars for all consumers state each day there is one to one activity on day and pm shifts.

1. HCBS care plan states consumer wanders and tries to elope due to disease. Consumer is social and likes to teach. Activity calendars show family visits 5 to 8 times a month in the last 3 months. Facility documents that consumer refused to leave facility for monthly outings. Attends coffee about 50%- 75% of the time. Independently reads the newspaper almost daily. Active on one-one activity. Active in Bingo 1-4 times a month. Occasionally attends or participates in music, movies, games. Church is important but only attended twice in 3 months. Consumer has television in room.
2. Facility states the consumer wanders and was unable to find consumer's room. HCBS care plan states consumer wanders, the consumer is family orientated, a social person, loves animals and enjoys the patio in the summer. Care plan states family reports likes greenhouses, dairy queen, and the zoo. Facility activity calendar stated consumer refused the monthly outing outside of the facility in January and February. HCBS strength is that likes to go out with family periodically. Activity calendar shows that consumer is active the 10 am, 2:30 pm, 8 pm, RA led day shift activity, RA led pm day shift activity, wellness, and life skills daily for last 3 months. Spiritual wellness twice in three months. Honor Portrait stated that in the past consumer went to weekly church, rosary, and Bible

study. Different activities are attended each day. Active or present in 3 activities a day as sing along, arts, bingo, cards or music, library time, pet visit, games, or the programs. Consumer does not have television or phone in room but utilizes television in the community room.

3. HCBS care plan states consumer enjoys newspapers and reading, she goes on group outings when weather is nice and family visits weekly. Activity logs show the consumer is very active. Active in coffee hour 10 am, 2:30 pm and 8 pm, RA led activity in am and pm. Active daily in puzzles and games, independently reads the news and active daily in wellness. Family visits 8 to 14 times a month. Consumer refused the outside of the facility activities due to weather (movie) and not needing anything from shopping. Consumer has a television and phone in consumer's room.
4. HCBS care plan states consumer likes visit with families, enjoys activities, and can have a snack whenever she wants. Consumer needs reminders to attend meals. Activity calendar shows that consumer is active the 10 am, 2:30 pm, 8 pm, RA led day shift activity, RA led pm day shift activity, and wellness daily for last 3 months. Family visits 12-13 times a month. January and in March was active in games occasionally but in February was active in games almost daily. Activity calendar shows active or participates in three activities a month as sing along, bingo, or games. Facility documentation states the consumer refused the monthly out of the facility outing. Facility care plan states "if resident is sleeping please let her rest, if she is awake remind her about breakfast." Consumer enjoys drinking coffee, sleeping in, television, reading, bingo, puzzles, pet visits, church, out to eat, and family visits. Facility care plan states the consumer has a phone and television in the consumer's room.
5. HCBS care plan states consumer has strong religious beliefs, the family brings the consumer snacks, watches television, reads, and enjoys walking. Activity calendar shows that consumer is active the 10 am, 2:30 pm, 8 pm coffee hour, RA led day shift activity, RA led pm day shift activity, and wellness daily for last 3 months. The consumer independently read the current events/news. The consumer is active or participates three times a day in bingo, sing a long, cards, music, library, or games. Family visits about 2 to 4 times a month. Consumer was active in one outing with family in the last three months. Consumer refused the out of the facility outing with the facility van. The consumer has a fridge. The staff assist in making sure the fridge is plugged in as the consumer frequently unplugs. Consumer assists with her laundry. She like to use Tide Pods. Meals are delivered to consumers room as she desires to eat in her room. Consumer enjoys music, television, bingo, crocheting, walking, playing piano, organizing her belongings, and hugs. Consumer has television and phone in the room.

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.	The legal decision makers for the consumers stated that the care planning process is held at a convenient time and location and knows that the consumer and family can invite anyone they choose. Both legal decision makers knew the case manager and participated in the last care plan meeting.
Reflects cultural considerations/uses plain language	Care plans reflect cultural consideration and utilizes language that is clear.
Discusses individual preference for community integration within and outside the setting.	The Life Enrichment Supervisor will visit with resident after admission and ask about social and recreational interests. Honor Portrait is filled out and reviews life history, interests, and preferences. This is used in combination with the care plan to help provide meaningful activities for the consumer.
Includes strategies for solving disagreement	The HCBS 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 HCBS care plan indicates the type of services that are being provided are based on the consumers preference. Facility care plans state: <ul style="list-style-type: none"> • Facility phone available • Television in common area if no television in room • Food available 24/7 • Residents can sleep in late and eat when awake • Resident's can eat in their room • Skip meals and have alternate meals • Request different staff • Patio area open on request • Staff to encourage activities • Schedules can be changed
Provides method to request updates	Resident Handbook states "If resident and/or anyone involved would like an additional conference, contact the RN/Clinical Director or Housing Director."
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.
Identifies the individual's strengths, preferences, needs (clinical and support), and desired outcomes	HCBS 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	HCBS care planning includes risk mitigation.
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

Requirements from the committee to meet compliance:

1. Regarding the lease agreement on page 7 under Complaint Procedure, the number to call for the ombudsman is 1-855-462-5465 Option 3. Please change and resubmit the lease to the Program Administrator. These have been changed and the Handbook was resubmitted. SFRN
2. Handbook page 4 states resident may only choose to move once during residency. There does not appear to be a valid reason for this restriction. Now states: After admission, resident may choose to move to another apartment they prefer. SFRN
3. Handbook page 10 states kitchens doors open during day. Locked at night? Recommend add industrial kitchen if this is the reason. There is no access to a microwave but may have microwave in rooms or need to request use of microwave in industrial kitchen? It now states: It is requested due to safety and hygiene that if a resident need something from the kitchens, they let staff know. On page 11 it states that if a resident chooses to have a different snack and/or would like a snack at a different time, they can always ask staff at any time as there are always snacks available. SFRN
4. Handbook page 10. Please change the verbiage regarding locked patio. Why locked? Due to weather in the winter? Why is it not open for access in the summer? It now states: All cottages have patios near the front entry. White Fir Cottage also has an enclosed patio where residents can enjoy without supervision. The door to this patio remains locked for resident safety, and staff can unlock it anytime for residents to go outside. This ensures that staff are aware when a resident is outside. SFRN
5. Handbook page 11 under dining service: It is not clear that food is available anytime by asking. Is there food out on the counter for snacks? It sounds like if the resident does not want the morning, afternoon, and evening snack they can have at a different time but still only the 3 snacks. It now states: Three nutritional meals and three snacks are served daily in the dining room. There are always alternate meals available upon request. If resident doesn't want to or isn't able to eat at the scheduled time, they are able to eat at a time of their request. If resident chooses to have a different snack and/or would like a snack at a different time, they can always ask staff at any time as there are always snacks available. SFRN
6. Handbook page 12 recommend adding that medications are given in private. It now states: All services, cares and medications are done in private. SFRN
7. Handbook page 12 regarding care plans. Per Basic Care licensing rules, basic care resident's care plans are required quarterly. Please change in your handbook.
Administrative Code Chapter 33-03-24.1-12 (3)(4)
(3) A care plan, based on the assessment and input from the resident or person with legal status to act on behalf of the resident, must be developed within twenty-one days of the admission date and consistently implemented in response to individual resident needs and strengths.
(4) The care plan must be updated as needed, but no less that quarterly.
It now states: A nursing assessment is done quarterly. The care plan is also updated at this time if necessary. In White Fir Cottage, if on Medicaid, we complete care conferences quarterly, aligning with the nursing assessments. Residents, family if they choose, and

- representatives from Evergreens of Fargo are present, along with the Case Manager. SFRN
8. Handbook page 15 recommend changing or omitting the following verbiage as it sounds restrictive. "Please advise our staff if plans change and will be gone longer than expected or originally planned." It now states: Please advise our staff if plans change and will be gone longer than expected or originally planned so we know for their services and medication administration. SFRN
 9. Handbook page 17 change the word living room to common area as it sounds like the cable is available in the resident's living area. "Cable Television is available on all the living room televisions." It now states: Cable television is available on all the common area televisions. SFRN

Other Suggestions:

1. Include the past hobbies on the "Honor Portrait" to assist in determining meaningful activities for the resident. FYI: One of the family members interviewed stated the resident could not see but reading the newspaper was checked daily for the last three months. Per email from Nicole Pesta, Housing Director on 11/19/2019 it states: On page 6 of the Honor portrait, it has a section on each to mark past interest. She also does a New Resident information form with each new resident. This has a section that says "What activities do you enjoy? Please include physical activities you enjoy doing alone or within a group setting." This is on page 6 of the New Resident packet.
2. Please send the 2019 Basic Care License. Submitted. SFRN
3. One of the family members stated, does not attend the care plans but asked if needed to and was told the facility would call. Please note that all Medicaid consumers should have a representative present in person or by phone during care conference if the consumer is not their own legal decision maker. All the legal decision makers surveyed either attended the care conferences or attended a phone care conference. SFRN

Date of Compliance with above Requirements:

09/02/2020

Committee Decision:

- Setting Fully Complies**
- Setting with additional changes will fully comply after updated changes are made in the handbook and lease.**
- 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.**