

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

Tuesday March 27, 2019 by Shannon Strating, HCBS Program Administrator and Deb Vesey, BSN, RN, Program Administrator

Maple View Grand Forks 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.

A google map, organization chart, Basic Care License, and Medication error reporting.

Maple View Grand Forks capacity is 36 residents with presently 31 residents and 12 on Medicaid.

May 8th, 2018, a phone conference was held with Maple View Grand Forks 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 27, 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 makers 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.</p> <p>The nine legal decision makers interviewed stated they toured the facility before moving in.</p> <p>The facility is ADA accessible.</p> <p>Maple View has a legally enforceable agreement following ND landlord tenant laws.</p> <p>Cameras are in the common areas of the facility.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Lease Agreement • Resident Handbook. • Maple View Marketing Folder • Maple View 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 Grand Forks Maple View are currently retired.</p> <p>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. A resident account can be set up.</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.
<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.</p> <p>The monthly activity schedule is available on the website. www.LifeAtMapleView.com</p> <p>The family/natural supports are encouraged to take the consumer out into the broader community. The facility will coordinate transportation if any resident would ask but no one presently has asked.</p> <p>Beauty/Barber Salon are available within the building and are on a fee for service basis. Residents may also use the salon of their choosing in the community.</p> <p>Church services are offered weekly within the facility.</p> <p>The consumer can access these services outside the facility</p>

	<p>if desired.</p> <p>Maple View provides transportation to medical appointments between the hours of 8 am and 3:30 pm Monday to Friday. Staff will accompany residents when family is not available. Public Transportation is available.</p> <p>A “Life Story” is filled out at Admission to determine the likes and dislikes of the consumer and to develop a one-page sheet to assist staff in the individualized care of the consumer.</p> <p>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.</p> <p>Everyone accesses the building and units the same way. A doorbell is at the facility entrance door and A code is posted to enter and exit the memory unit.</p> <p>During the night, the entrance to the facility is locked but anyone may ring the entrance doorbell at any time.</p> <p>The outside enclosed courtyard has walking paths and table and chairs. The courtyard is unlocked except it is locked in the winter and bad weather to ensure the safety of the consumer. One legal decision maker interviewed was not aware that you could go out in the courtyard as stated it was locked.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Calendar of Events • Life Story Form • Person Centered Plan of Care Worksheet • Survey 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 or fire. Of the nine legal decision makers interviewed, eight stated visitors were welcome at all hours and one stated no. Six stated you could stay overnight, two stated no, and one</p>

	<p>was not sure. All nine legal decision makers interviewed stated family and visitors were welcome.</p> <p>The ND Resident Rights Booklet and Maple View Resident Rights handout 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 resident handbook states food is available at any time during the hours of operation of kitchen staff and after hours a variety of snack/food is available. One entrée is served at mealtime, but alternate food is available upon request.</p> <p>If desired the consumer may have a fridge or microwave in their apartment unit. This is not listed in the handbook but 5 of the 9 legal decision makers stated the consumer has a fridge in their room.</p> <p>The industrial laundry is locked, and it was not noted in the handbook if the consumer could 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 legal decision makers
<p>Ensures an individual’s rights of privacy, respect, and freedom from coercion and restraint</p>	<p>All consumers have private units. The doors are lockable, and the bathroom has a lock.</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.</p> <p>Resident handbook states consumer can have a phone in their apartment or Maple View has a cordless phone available in the nurse’s office if a resident would prefer to take that phone to their room or other private area for privacy.</p> <p>Recommend business mail be re-directed to a responsible person. Mail is distributed to the resident. If a resident would like something mailed, they can give it to any staff member who will deliver it to the Outgoing Mailbox in the Resident Service Manager’s Office.</p>

	<p>Basic Cable TV hook up are in the rooms for a charge, but internet is provided at no charge. There are televisions with cable and phones in the common areas.</p> <p>Staff training includes Resident Rights and topics of dignity and respect.</p> <p>The Personal Care Services Policy states “Residents will be provided privacy for additional cares such as PT, OT, foot care, and/or medication administration if resident so chooses.</p> <p>Observed the staff knocking on the door before entering the room.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Maple View policies • Private rooms • Site Visit and Observation by state staff • Staff Training Folder • Survey 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. One of the legal decision makers stated they switched to this option.</p> <p>The facility provides the consumer information regarding filing a grievance. (Handbook)</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 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. Consumers can eat in a place of their choosing. The 12 facility care plans reviewed stated all 12 consumers prefer to eat in the dining room.</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 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. The Maple View care plans were provided at the site visit and includes Focus/Problem/Need, Goal, and Approach/Intervention.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • HCBS Person Centered Care Plan Review by State staff • Activity Record Review • Care Note review • Maple View Care Plan review • Life Story 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>At the site visit it was noted the Medicaid consumers were in a private unit. 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

	<ul style="list-style-type: none"> • Site Visit and Observation by state staff • Survey with legal decision makers
The individual controls his/her own schedule including access to food at all times	<p>If a menu is not acceptable, an alternative can be prepared. There are no assigned seats. Snacks are available throughout the day.</p> <p>The Resident Handbook states the resident may choose their own times for rest, bedtime, and wake time as well as any personal care preferences.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Site Visit and Observation by state staff • Survey with legal decision makers
The individual can have visitors at any time	<p>Overnight guests are allowed and there are no designated visiting hours.</p> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Survey with legal decision makers
The setting is physically accessible	<p>The setting was in a residential area. 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 interviews with 9 of the consumers legal decision makers. Three legal decision makers were unable to be reached.

All 9 legal decision makers stated the family, or the consumer toured the facility before signing a lease.

All the legal decision makers stated the consumer can go outside for fun if someone takes them. Transportation is provided by the family except for one legal decision maker stated the facility takes the consumer to the medical appointment and the family meets at the appointment. One legal decision maker switched to medical care provide at the facility. 8 legal decision makers stated the consumer participates in activities and one state no. All 9 legal decision makers interviewed stated the facility does not have rules preventing participation in activities inside the facility or outside. One legal decision maker stated the consumer was bored with the activities provided. Another legal decision maker stated the courtyard is locked preventing access to the outside secured courtyard.

All the consumers have a Rep Payee with one legal decision maker stating the consumer likes to carry cash.

Eight legal decision makers stated the consumer is happy in the facility and one stated sometimes.

Eight legal decision makers stated the consumer can get up and go to bed when they desire, and one legal decision maker was not sure.

Five legal decision makers stated they thought bathing/showering was on a schedule, while the other four legal decision

makers stated there was no schedule.

All consumers get along with the staff with one legal decision maker not sure if you could choose who provides services for the consumer.

Five legal decision makers stated they knew how to file a grievance and that filing could be anonymously. Two stated they did not know how, one was not sure, and the other stated had received papers how but did not read.

All legal decision makers stated the consumer has privacy in the bedroom with one consumer having a key. All consumers could decorate the unit as desired. All legal decision makers stated the consumer felt safe.

Of the nine legal decision makers interviewed four were not sure what happened if you miss a meal. Seven stated food is available when you want, one legal decision maker thought food provided was on a schedule, and one was not sure if you could get food at any time. Five of the consumers had a fridge in their room.

All nine legal decision makers stated the facility encouraged visitors. Two legal decision makers did not think you could have overnight guests, one stated no overnight guests, and the other five legal decision makers stated yes you can have overnight guests. One legal decision maker interviewed thought you could not have visitors at any time, while the other 8 interviewed stated yes to having visitors at any time.

All nine interviewed stated every treat everyone with dignity and respect. All nine legal decision makers knew their case manager, and all attend the care plan meeting but two.

Activity calendars show activities are attended as desired with all consumers attending 1-1 visits with staff and coffee time. 50% of the consumers have family visits regularly and go on some outings. All the consumers attend other inside activities. No outside of the facility outings by the facility documented. One consumer does not go out with spouse as hard to return, one consumer doesn't go out as one time documented as agitated when out. No other documentation of other attempts.

All consumers prefer to eat in dining area per care plans.

Of the 12 consumers, care plan states 4 like closet unlocked and the other 8 have closet locked due to packing issues. This is documented per family request or need.

Monthly Activity Participation Calendars:

Calendars for each consumer are kept with the activities attended highlighted. If the consumer sleeps or is roaming that is written on the calendar.

One consumer participated in 18 out of 26 days out of the month with inside facility activities. HCBS care plan lists that the consumer prefers to be alone, refuses all activities but likes to watch TV. Outings are hard on this consumer due to mobility and being hard to get in and out of vehicles.

One consumer participated in 24 out of 26 days out of the month with inside facility activities. HCBS care plan lists that the consumer likes black coffee and observing activities. Attempted 1 outside activity, went to the lake with family and family states it did not go well, consumer was upset after the outing.

Six consumers participated in 25 out of 26 days of the month with inside facility activities. One consumer does go out with daughter for drives, one with son for lunch, one goes out with brother or daughter for the weekend. One consumer does go out with daughter every weekend to attend choir music.

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. All nine legal decision makers knew the case manager and seven participated in the last care plan meeting.
Reflects cultural considerations/uses plain	The person-centered service plan reflects cultural considerations and

language	utilizes methods to ensure understanding of the plan.
Discusses individual preference for community integration within and outside the setting.	Life Story Form: Indicates previous careers and memberships. The Life History Form indicates the activities the consumer enjoys as watch TV, current events, gardening, walking, singing, socials, reading and visiting. The care plan lists preferences in activities and a participation calendar 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 responsible party of consumer and county will be invited.
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	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 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 30, 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. Missing Elopement Policy, please send. Has been submitted. SFRN
2. If you have a separate compliant/grievance policy other than what was in the handbook, send. It is in the Resident's Rights that is given to family. SFRN
3. Page 5 of Handbook add that the consumer can access salon outside of community if desired. It now states: Residents may also use the salon of their choosing in the community. These arrangements may be made by their responsible party. SFRN
4. The handbook talks about phones available but does not state if cordless and can be taken to a private area. Add to the handbook. Now states: There is a cordless phone available in the nurses' office if a resident would prefer to take that phone to their room or other private area for privacy. SFRN
5. Page 8 of the Handbook add to the Postal Services, how the consumer can mail out cards or letters. Now states: If a resident would like something mailed, they can give it to any staff member who will deliver it to the Outgoing Mailbox in the Resident Service Manager's office. SFRN
6. Page 8 of the Handbook add that there is a cordless phone to allow phone calls in private or how do you make sure that the consumer is able to have a call in private if they do not have a phone. It now states: There is a cordless phone available in the nurses' office if a resident would prefer to take that phone to their room or other private area. SFRN
7. Page 9 of the Handbook under Room furnishing, clarify what safety rules and regulations of the community are needed when decorating room. It now states: Residents may furnish and/or decorate their room to their preference as long as they comply with safety rules and regulations of the community (E.g. No trip hazards, extension cords or other fire hazards determined by Life Safety Code, NFPA 101:2012 edition).
8. Page 10 of the Handbook regarding courtyard remove "when accompanied with staff, family or responsible party". Why is the courtyard always locked? If only locked in winter state due to weather and safety. It now states: the courtyard door is locked year-round due to the various safety needs of our residents but is always accessible using a code. This code is posted by the door and can be used to access the courtyard and to get back into the building. SFRN
9. Page 11 of the Handbook change the language to be less restrictive. Could say Encourage to sign in/out sheet. On page 12 now and it states: We encourage the use of the sign out sheet so that our staff can better track who has left the facility. SFRN
10. Page 11 of the handbook, reword to appear less restrictive regarding overnight guests, overnight are welcome anytime but if special accommodations are needed contact the facility director. On page 12 now: Residents may have overnight guests. If special accommodations are needed, please speak with the Facility Director. SFRN
11. Phone numbers for Ombudsman, Aging services, and ND senior line are incorrect. Corrected and are on page 13. SFRN
12. As the legal decision makers were not aware of all the rights of the consumer, reeducation of the consumers is required. Then at the next quarterly care plan meetings, the HCBS case manager will ask the resident and legal representative the following:
 - 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 have an alternate meal. (an example is at the site visit, it was noted that a consumer was very unhappy with her meal, but no effort was made to give an alternate choice)
 - 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?
- There are 11 Medicaid clients living in Maple View. The legal decision makers were contacted concerning these rights and the results were: 2 refused. 2 were not sure about the rights of bedtime or bath times, but did know about the food and eating schedules, alternative meals, overnight guests, and activities. 4 knew of all the above rights and I left messages with 4 others with no return phone calls. SFRN

Suggestions:

1. Life Stories are not completely filled out.

Sent updated handbook. Program Administrator will review the changes made in handbook and other requirements as listed. Done SFRN

Date of Compliance with above Requirements:

09/02/2020

Committee Decision:

X Setting Fully Complies

Setting with additional changes will fully comply after facility has submitted the requirements to an updated handbook and reeducated the consumer and family. The Program Administrator will review the findings of the Case Managers in 3 months.

- 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.