

## **Summary of Fargo Edgewood 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**

Fargo Edgewood 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 attached to independent living apartments and an assisted living facility.

A google map, organization chart, Basic Care License, Medication error reporting and "Elopement Risk Evaluation" is included in the Evidence Package.

Fargo Edgewood capacity is 23 residents and 2 on Medicaid.

February 23, 2018, a phone conference was held with Fargo Edgewood 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 June 30, 2021. The updated Critical Incident reporting protocol was given to the facility.

<b>HCBS Settings Requirements</b>	<b>Review of Facility</b>
<p><b>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.</b></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>Edgewood 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><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Lease Agreement</li> <li>• Fargo Edgewood Marketing Folder (Green Folder)</li> <li>• Fargo Edgewood has shared units for the Medicaid consumers. Onsite Observation</li> <li>• Site Visit and Observation by state staff summary</li> <li>• Survey with consumers legal decision makers</li> </ul>
<p><b>Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.</b></p>	<p>All consumers at Fargo Edgewood 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, although the legal decision maker can set up an account and all services within Fargo Edgewood can be charged and billed on a monthly basis.</p> <p>Engaging in community life is addressed below.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• Survey with consumer and legal decision maker</li> </ul>
<p><b>Is integrated in and supports access to the greater community</b></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 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>There is an option to join the chapel committee or ambassador committee.</p> <p>Public Transportation is available.</p>

A "Life History Form" 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.

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. 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 entrances to the facility are locked and not staffed but anyone may ring one of the entrance doorbells at any time.

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. In the winter, the courtyard may not be shoveled.

The two legal decision makers interviewed stated, the facility does not have rules that prevent the consumer from coming and going.

- One legal decision maker states consumer can go to fun places outside of facility when supervised by staff.
- One legal decision maker stated consumer has not participated outside the facility as only lived there since January.
- Both legal decision maker states the consumer participates in activities inside the facility. This is evident by looking at the monthly calendars.

**Supporting Documentation:**

- Resident Handbook
- Calendar of Events
- Life History Form
- Person Centered Plan of Care Worksheet
- Survey with consumer and legal decision maker
- Site Visit and Observation by state staff

**Optimizes individual initiative, autonomy, and independence in making life choices**

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.

The two legal decision makers interviewed stated they knew you could stay overnight. One stated they did not know you could stay in the consumers room.

The ND Resident Rights Booklet and the Resident Handbook under 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.

The interview with the consumer's legal decision maker indicated knowledge of these rights.

One legal decision maker requests the facility wake the consumer in the morning.

The industrial kitchen where food is prepared for the entire facility is locked and open only during mealtimes. There is a kitchenette in the memory unit and state staff observed a fruit bowl on the counter, water, and coffee that is available for consumers. The consumer also has access to a fridge, oven, or microwave in this area.

State staff noted the fridge was unlocked and a variety of single served items were available.

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

If desired the consumer may have a fridge or microwave in their apartment unit. The consumers do not have either in their room.

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

**Supporting Documentation:**

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

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

The Medicaid consumers have shared apartment with one consumer in a separate room within the apartment to sleep. Observed a wardrobe dividing the sleeping area for the other consumer.

The doors are lockable, and the shared bathroom has a lock.

Couples are not required to share the same apartment.

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 living in a companion apartment and there is a conflict, the facility will work on making a change based on availability.

Several areas were available to provide private visiting areas. Consumers can also access the areas outside the memory unit when having visitors.

Resident handbook states consumer can have a phone in their apartment or Edgewood will provide a portable phone to allow opportunity for private phone calls.

Recommend business mail be re-directed to a responsible person. Mail is distributed to the resident.

Basic Cable TV and internet are provided at no charge. Staff training includes Resident Rights and topics of dignity and respect.

The resident handbook reflects care and medications are given in private. The door to the medication office will remain closed and the medication MAR will be kept in a locked area when medication administration is finished. Observed the staff knocking on the door before entering the room.

**Supporting Documentation:**

- Resident Handbook
- "Resident Complaint/Grievance" policy
- HIPAA Notice of Privacy Practices
- Pictures of Sleeping area and room
- Site Visit and Observation by state staff
- Staff Training Folder
- Survey with consumer and legal decision maker

<p><b>Facilitates individual choice regarding services and supports and who provides them</b></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 through caring edge or go to appointments outside of the facility with family.</p> <p>The facility provides the consumer information regarding filing a grievance.</p> <p>There is a chapel and fee for service salon, coffee shop, library, and fitness center in the facility and a list of other churches and services are given to the consumer.</p> <p>A resource guide “For Elders and their Families in Cass and Clay Counties” is available for the consumer and family.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• Resident Rights Booklet</li> <li>• “Resident Complaint/Grievance” policy</li> <li>• Resource Guide for the Elderly</li> <li>• Site Visit and Observation by state employees</li> <li>• Staff Training Folder</li> <li>• Survey with consumer and legal representative</li> </ul>
<p><b>Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS</b></p>	<p>All consumers are treated the same. Consumers can eat in a place of their choosing. One memory care resident eats in the room frequently.</p> <p>The consumer can access the broader community for services if desired.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• Resident Rights Booklet</li> <li>• Site Visit and Observation by state staff</li> <li>• Survey with consumer and legal representative</li> </ul>
<p><b>Person-centered service plan</b></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 Fargo Edgewood care plan provided at the site visit does not state goals or restrictions. It does include behaviors, nutrition, ADLs, physical assessment, orientation, memory, mood, and life enrichment.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Person Centered Care Plan Review by State staff</li> <li>• Participation Log review</li> <li>• Care Note review</li> <li>• Edgewood Care Plan review</li> <li>• HCBS Care Plan review</li> </ul>
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**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><b>The individual has a lease or other legally enforceable agreement providing similar protections</b></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><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Lease Agreement</li> </ul>
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<p><b>The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate unit</b></p>	<p>At the site visit it was noted the Medicaid consumers were in a shared unit with privacy in the sleeping area. Noted by an extra room in the unit and a separation wardrobe. 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><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• Lease Agreement</li> <li>• Site Visit and Observation by state staff</li> <li>• Survey with consumer and legal decision maker</li> </ul>
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<p><b>The individual controls his/her own schedule including access to food at all times</b></p>	<p>If a menu is not acceptable, a sandwich can be prepared. There are no assigned seats. Residents were observed to eat in any area of their choosing. Snacks are available throughout the day. The state staff noted the fridge not locked and food available on the counter. The Resident Handbook under 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><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• Site Visit and Observation by state staff</li> <li>• Survey with consumer and legal decision maker</li> </ul>
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<p><b>The individual can have visitors at any time</b></p>	<p>Overnight guests are allowed and there are no designated visiting hours.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Resident Handbook</li> <li>• Survey with consumer and legal decision maker</li> </ul>
<p><b>The setting is physically accessible</b></p>	<p>The setting was in a residential area.</p> <p>The setting is ADA accessible.</p> <p><b>Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>• Site Visit and Observation by state employees</li> </ul>

<p><b>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.</b></p>	
<p>The state staff conducted phone interviews with the two legal decision makers/family member of the consumers in Fargo Edgewood.</p> <p>Both legal decision makers stated the family had a choice when making the decision to move the consumer to Fargo Edgewood.</p> <p>The families stated there was no rules that prevent the consumer from coming and going from the facility.</p> <p>There is no documentation to show any outside activity. One legal decision maker stated the consumer can go to outside activity if supervised by staff. Family takes the consumers to medical appointments. Both legal decision makers state, the consumer participates in activities inside the facility. This noted by the high lighted activities on the calendars submitted. The consumers finances are managed by a rep payee.</p> <p>Both legal decision maker states they are happy with the facility. One legal decision maker stated the consumer is more active and gained weight. One legal decision maker stated the care is good.</p> <p>Both legal decision makers state the consumer can choice their schedule. One family member has requested a consumer who is a night owl to wake in the morning. HCBS care plan states to reside in a facility that is structured to keep anxiety down and staff to be there when client’s nights and days get mixed up. There is no documentation in HCBS or Facility care plan to indicate why the resident should be woke in the morning.</p> <p>Both legal decision makers state the consumer gets along with staff. Both state the consumer has a roommate and likes living with the roommate. One legal decision maker did not know who to talk to if there was a roommate conflict. Both legal decision maker knew how to file a grievance.</p> <p>Both legal decision makers state they requested the consumers to not have keys to lock the doors. This was not noted in the HCBS care plans or the Facility care plans. One consumer had been noted to lock herself in the bathroom.</p> <p>Both legal decision makers state they feel the consumer is safe, the staff interact with dignity and respect, and has privacy in the bedroom. The legal decision makers stated food is provided when the consumer requests, they can choice when to eat, and an alternative meal is available. They feel they can stay overnight and visit at any time.</p>	
<p><b>Monthly Activity Participation Calendars:</b></p>	
<p>Calendars for each consumer are kept with the activities attended highlighted. If the consumer sleeps or is roaming this is written on the calendars. There are no logs for activities outside of the facility currently.</p> <ul style="list-style-type: none"> <li>• One consumer participated in activities 18-20 days out of the month with inside facility activities. Edgewood care plan provided at the site visit was an admission care plan and did not include community integration. HCBS care plan lists the likes of the consumers and goals to participate in activities. Facility care plan states consumer likes to read and likes cards. There is no goal listed to achieve this.</li> <li>• One consumer participated in activities 22-26 days out of the month with inside facility activities. Edgewood care plan states participate some of the time, prefers own room, and likes to attend church. Outings outside of the facility was not checked.</li> </ul>	

<p><b>HCBS Settings requirement: The <i>Person-Centered Service Plan</i> 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.</b></p>	
<p><b>Must be timely and occur at times/locations convenient to all involved.</b></p>	<p>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.</p>
<p><b>Reflects cultural considerations/uses plain language</b></p>	<p>The person-centered service plan reflects cultural considerations and utilizes methods to ensure understanding of the plan.</p>
<p><b>Discusses individual preference for community integration within and outside the setting.</b></p>	<p><b>Life History Form:</b> Indicates previous careers and memberships. The Life History Form indicates the activities the consumer enjoys as playing card, 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.</p>
<p><b>Includes strategies for solving disagreement</b></p>	<p>The care plan discusses strategies to assist the consumer in addressing any disagreements by implementing activities that the consumer enjoys.</p>
<p><b>Offers choices to the individual regarding services and supports the individual receives and from whom</b></p>	<p>The care plan indicates the type of services that are being provided are based on the consumers preference.</p>
<p><b>Provides method to request updates</b></p>	<p>Resident Handbook states "A resident or responsible party may request a Care Plan meeting at any time."</p>
<p><b>Reflects what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare</b></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.</p>
<p><b>Identifies the individual's strengths, preferences, needs (clinical and support), and desired outcomes</b></p>	<p>Care planning includes Strengths, needs, goals and task.</p>
<p><b>May include whether and what services are self-directed and includes risks and plan to minimize them</b></p>	<p>Care planning includes risk mitigation.</p>
<p><b>Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others</b></p>	<p>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</p>
<p><b>Signed by all individuals and providers responsible for implementation and a copy provided to all chosen by the beneficiary</b></p>	<p>HCBS care plan is signed by the HCBS Case Manager and the family who is the POA.</p>

**Date of Review of Evidence Package by the HCBS Settings Committee:  
April 15, 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. **Recommendation:** Care plans should include activities inside the facility and outside activities attended and if the consumer declined. See the Life Enrichment charting samples submitted. Fargo Edgewood went to new electronic health records and it contains what the activity is, large or small group, whether the individual declined or participated and any notes for that activity. SFRN
2. **Privacy in sleeping:**  
The committee recommends moving the wardrobe in the shared room to the opposite side to ensure the same privacy rights for both residents. Per Karla Benson, Assistant Executive Director, they did not move the wardrobes in the shared rooms but did hang curtains and pictures were submitted which are in the file Privacy and Rights. SFRN
3. **Page 3 of your handbook under Resident's Rights needs to be changed.** Assisted Living is licensed by the ND Department of Human Services and Basic Care is licensed by the ND Department of Health. Now on page 5 of the Handbook. It states Edgewood Fargo is licensed as a Basic Care community by the North Dakota Department of Health. Edgewood Fargo recognized and supports the resident's rights documents developed by the Aging Services Division of the North Dakota Department of Human Services. SFRN
4. **Page 8 of your handbook under Dining Room and Meals.** It is not clear that meals can be eaten at times other than the posted mealtimes. It is clear an alternative option can be prepared but not clear that an alternative option is available other times than posted mealtimes. You state "residents are able to attend meals at their leisure" could add if a hot meal is desired the time are as stated for your mealtimes. Now on page 16 of Glenn's Place, it states that residents can attend meals at their leisure. If a menu option is not acceptable to the resident, a sandwich can be prepared upon request. Snacks are available throughout the day. SFRN
5. **Page 11 of your handbook under Guest rooms:** Need to remove the restriction "The only exception would be in a companion room." Can add need the consent of the roommate. On page 8 of Glenn's Place, it states now: Guests, with the consent of the resident, can also stay in their apartment. The only exception would be in a companion suite – you would need the consent of the roommate. SFRN
6. **Page 13 of your handbook under Mail:** This is considered a restriction by holding mail. An option is to state, "We recommend that residents in Glenn's Place have mail re-directed to the address of the POA. We will distribute any cards, letters, or newspapers we receive for the resident. You will also put in your care plan if the resident gets anxious or agitated when receiving mail and the modification option of holding mail. On page 9 now of Glenn's Place it states: We recommend that residents who live in Glenn's Place have mail redirected to the address of the POA. We will distribute any cards, letters, or newspapers we receive to the resident. SFRN
7. **Page 16 of your handbook under Security:** Rewording would make it less restrictive sounding.



- **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.**