<u>Summary of Lakewood Landing Adult Residential CMS Home and Community Based Services</u> (HCBS) Settings Rule Site Visit

<u>January 10, 2023 visit by Kathryn Good, Program Administrator and Erica Reiner, Program Administrator.</u>

Lakewood Landing is a Specialized Care Facility that specializes in providing care to individuals with memory loss. The setting is a secure facility that is accessible and located in a residential area with access to provider owned or public transportation. The setting is attached to an assisted living and basic care facility. A google map, organization chart, Basic Care License, Medication error reporting and Elopement Risk Prevention/Missing Resident policy is included in the Evidence Package. Lakewood Landing's capacity is 17 with 17 residents presently and 3 on Medicaid.

Email was sent to Lakewood Landing 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 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.

The assessment tool was completed during onsite visit, 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.

January 10, 2023, 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. A phone 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.

HCBS Settings Requirements	Review of Facility
Facility is selected by the individual from among settings	The facility is open for tours prior to a decision to reside in
options including non-disability specific settings and an	the facility. There are other options for residential services
option for a private unit in a residential setting.	in the area to choose from.
	The facility is ADA accessible.
	A legally enforceable agreement following ND landlord
	tenant laws.
	Cameras in building, none utilized at this time, memory
	care does have one that is not used
	Supporting Documentation:

Lease Agreement Site Visit and Observation by state staff summary Survey with consumer and legal decision maker All consumers at the facility are currently retired. Provides opportunities to seek employment and work in Consumers can continue employment or volunteering competitive integrated settings, engage in community life, and control personal resources. based on their person-centered goals. The consumer, power of attorney, or family control finances, the consumer can keep money in their possession if they desire. Engaging in community life is addressed below. **Supporting Documentation:** Resident Handbook • Survey with consumer and legal decision maker Activity Calendars are posted to inform consumer and Is integrated in and supports access to the greater community family of activities within the facility. The family/natural supports are encouraged to take the consumer out into the broader community. This was noted at the site visit. A volunteer register of individuals who will assist with residents is included in the Evidence Package. Public Transportation is available. A Life History is filled out at Admission to determine the likes and dislikes of the consumer. Monthly Activity Participation logs and outing information are kept for residents and reviewed at quarterly care conferences to determine community integration needs and restrictions. 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. The code is posted. During the night, the front entrance to the facility is not staffed, but they may ring the front doorbell at any time, and staff will assist them.

The outside enclosed courtyard has walking paths and table and chairs, planters, and flower garden. 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.

Supporting Documentation:

- Resident Handbook
- Calendar of Events
- Life History Intake
- Person Centered Plan
- 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 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.

There is a kitchenette in the memory unit and, water and coffee that is available for consumers. The consumer also has access to a fridge, oven, or microwave in this area.

One entrée is served at mealtime, but alternate food is available upon request. There is food set out for the consumer to access during the day and night. If desired the consumer may have a fridge in their apartment unit.

No disposable plates and silverware. No protective coverings used. Consumers had choices of food.

The laundry room is available to residents who wish 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

The Medicaid consumers have private apartments with

freedom from coercion and restraint

lockable doors and a private bathroom.

Couples are not required to share an apartment.

You have the right to furnish and decorate your apartment as you wish at the resident's expense. Personal effects like pictures, mementos and furnishings that make your home unique are welcome. Furnishings or decorations must not interfere with the integrity or structure of the living unit.

All people receiving HCBS services have the right to privacy, including a lockable door. If staff have access to your apartment, they will knock on the door before entering. You have a right to lock your door and to have a key of your own. Management will notify you of any scheduled services (i.e. housekeeping) which require access to your apartment. However, there are times when management may have to enter your apartment without notice, such as safety or emergency concerns.

Resident handbook states Lakewood Landing has a cordless phone dedicated for resident use only so that residents can receive or make private phone calls. Staff can assist residents in making phone calls when they are requested, and families are encouraged to purchase long distance phone cares if they need to make long distance calls.

Mail is hand delivered to the resident.

Basic Cable TV is provided.

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

Families can view upcoming planned activities on our Facebook page.

The resident handbook reflects care and medications are given in private. The door to the medication and unit office will remain closed.

Observed the staff knocking on the door before entering the room.

You can request a copy of the facility's grievance process. The tenant or employee should direct his or her concern or problem to the Administrator or the Assistant

Administrator of the Department who will take responsibility for involving others who can help.
Alternatively, the affected individual can complete a complaint form. a. The Administrator or Assistant Administrator may be contacted in person, in writing, or by phone. They may be reached on location at 4401 21st St SE, Mandan, ND 58554. Phone (701) 751-6191. Fax (701) 751-6195.

Supporting Documentation:

- Resident Handbook
- Resident Complaint/Grievance policy is included in the Admission Packet.
- HIPAA Notice of Privacy Practices is included in the Admission Packet.
- Site Visit and Observation by state staff
- Staff Training Folder
- Survey with consumer and legal decision maker

Facilitates individual choice regarding services and supports and who provides them

The consumer has a choice in who cares for them.

The facility provides the consumer information regarding filing a grievance.

There are church services and fee for service salon, in the facility and a list of other churches and services are given to the consumer.

Consumer medical care is provided per own preference.

Supporting Documentation:

- Resident Handbook (Includes list of services outside of facility)
- Resident Rights Booklet
- Resident Complaint/Grievance policy is included in the Admission Packet.
- Site Visit and Observation by state employees
- Staff Training Folder
- Survey with consumer and legal representative

Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS

All consumers are treated the same. Consumers can eat in place of their choosing.

The consumer can access the broader community for

services if desired.
 Supporting Documentation: Resident Handbook Resident Rights Booklet Site Visit and Observation by state staff Survey with consumer and legal representative
Lakewood Landing 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 are reviewed at the quarterly meetings. The monthly participation logs are reviewed to ensure community integration and activities. Supporting Documentation: Person Centered Care Plan Review by State staff Care Note review Lakewood Landing Care Plan review HCBS Care Plan review

Additional Requirement for HCBS Residential Settings—Any modifications to these must be supported by a specific assessed need and justified in the person-centered service plan.	
The individual has a lease or other legally enforceable agreement providing similar protections	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. Supporting Documentation: Lease Agreement
The individual has privacy in their unit including lockable doors, choice or roommates and freedom to furnish or decorate unit	At the site visit it was observed the units are private with lockable doors. The Medicaid consumer had 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.
	Supporting Documentation: Resident Handbook Lease Agreement

	 Site Visit and Observation by state staff
	 Survey with consumer and legal decision maker
The individual controls his/her own schedule including	If a menu is not acceptable, another option will be prepared.
access to food at all times	There are no assigned seats.
	Snacks are available throughout the day. Residents may
	have snacks in their rooms. Resident's may have fridge or
	microwaves in their room.
	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 son / legal decision
	maker indicated knowledge of these rights.
	Supporting Documentation:
	Resident Handbook
	 Site Visit and Observation by state staff
	Survey with consumer and legal decision maker
The individual can have visitors at any time	Overnight guests allowed and there are no designated
	visiting hours.
	Supporting Documentation:
	Resident Handbook
	 Survey with consumer and legal decision maker
The setting is physically accessible	The setting is in a residential area of Mandan within walking
	distance to other businesses.
	The setting is ADA accessible.
	Supporting Documentation:
	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.

HCBS Settings requirement: The <u>Person-Centered Service Plan</u> 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	Power of Attorney for consumer stated that the care planning process
convenient to all involved.	is held at a convenient time and location, or by phone.
	The POA knows that the consumer and family can invite anyone they
	choose

Reflects cultural considerations/uses plain	Yes
language	
Discusses individual preference for community	Life History Form:
integration within and outside the setting.	Indicates previous careers and memberships. The Life History Form
	indicates the activities the consumer enjoys as painting, puzzles,
	crafts, reading, card making, music, parties, and Bingo. The consumer
	dislikes loud noises and large crowds. Going for a drive is calming.
	The care plan lists preferences in activities and a participation log is
	utilized to indicate participation in activities.
Includes strategies for solving disagreement	The care plan discusses strategies to assist the consumer in
	addressing any disagreements by implementing activities that the
	consumer enjoys. The facility has set a goal to encourage the
	consumer to participate in activities.
Offers choices to the individual regarding	The care plan indicates the type of services that are being provided
services and supports the individual receives	are based on the consumers preference.
and from whom	
Provides method to request updates	Consumer or legal decision maker may request care plan update at
Reflects what is important to the individual to	anytime. Goals are determined by the consumer and/or legal decision maker
ensure delivery of services in a manner	during the Person-Centered care plan meeting with the HCBS Case
reflecting personal preferences and ensuring	Manager and setting staff.
health and welfare	Wallager and Setting Staff.
Identifies the individual's strengths,	Care planning includes Strengths, needs, goals and task.
preferences, needs (clinical and support), and	
desired outcomes	
May include whether and what services are self-	Care planning includes risks.
directed and includes risks and plan to minimize	
them	
Includes individually identified goals and	Facility and the HCBS Care planning includes Identified goals and
preferences related to relationships, community	preferences related to values, Community Integration and Social
participation, employment, income and savings,	Support, Family, Decision Making, Financial, Education, Employment,
healthcare and wellness, education, and others	Healthcare, Medications, Nutrition, Mental Health, Cognitive,
Claused has all to divide all and associated	Behavior, and Safety
Signed by all individuals and providers	HCBS care plan is signed by the HCBS Case Manager and the family
responsible for implementation and a copy	who is the POA.
provided to all chosen by the beneficiary	

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

January 10, 2023

Reviewed by the following Committee members:

Nancy Nikolas Maier, Director of Aging Services Karla Backman, State Long Term Care Ombudsman Administrator Karla Kalanek, Developmental Disabilities Program Administrator Katherine Barchenger, State Autism Coordinator Kathryn Good, HCBS Program Administrator Erica Reiner, HCBS Program Administrator

Recommendations to Meet Compliance:

Remove locks from common area/kitchen fridges. Ensure all schedules with private information are not visible to the public.

Date of Compliance with above Recommendations:

January 10, 2023

Committee Decision:

<u>X</u>	Setting Fully Complies
	Setting with additional changes will fully comply
	Setting issued temporary compliance with need to submit a Corrective Action Plan to include the intent to become compliant with the community integration regulations of the HCBS Settings Final Rule Medicaid Waiver 1915(c) Adult Residential Care Services.
	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.