



Department of Public Health and Human Services

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Steve Bullock, Governor

Sheila Hogan, Director

FACILITY DESCRIPTION: HS-3: An assisted living facility located in one of Montana's smaller cities with a population of approximately 6,000. Two major Montana cities are within a 2-hour driving distance of the facility.

DATE: August 16, 2019

Reasons for heightened scrutiny:

- The setting is located in or attached to a building that is also a nursing home/facility or hospital.

DPHHS's Quality Assurance staff on-site evaluation site no requirements for remediation to meet the Settings Rule.

The Assisted Living Facility (ALF) is directly attached to a Skilled Nursing Facility (SNF). An onsite visit by Montana's Quality Assurance staff confirm the two entities are observed to be distinctly separate including, but not limited to, separate entrances, separate staff, dining area and activities. Montana's Quality Assurance on-site evaluation report confirms the setting is not isolating nor institutional in nature.

The ALF resides near residential areas. The general public can walk and bike on the roads surrounding the setting.

Interviews with medical providers, staff and residents confirm residents at this setting are not required to receive medical, behavioral or therapy services on-site.

In addition to onsite activities, this setting provides opportunities for residents to participate in community events, activities and services. This is confirmed through activity calendars and interviews with staff and residents. Residents can attend community activities and services when he/she chooses such as shopping, religious services, scheduled appointments, lunch with family and friends as confirmed through interviews with staff and residents. Residents are free to come and go from the facility at any time; the entrance is staffed 24/7. Interviews with staff and residents confirm access to the facility during business hours and staffed 24/7 to allow entry to setting outside of business hours.

The setting offers privacy to residents while using telephone, internet or other personal communication devices. The setting has both single and double occupancy bedrooms available. When sharing a bedroom, residents have the ability to choose their roommate. Bedroom decorations and furniture are arranged at the discretion of the resident. Residents have the freedom to set their own daily routines for things such as hygiene, care delivery, recreation and meals. Residents have full access to the home, including the kitchen, dining area, laundry and common area. Residents can choose to do their own laundry in this setting. Residents have full access to the snack area, including microwave and refrigerator and have choice of when and what to eat. Residents have a choice to eat alone or with others. The state attests residents have access to food at any time, as per 42 CFR

441.301(c)(4)(vi)(C)], as supported through the provider self-assessment, the on-site evaluation report conducted by DPHHS' Quality Assurance Division, staff interviews and resident interviews.

Providers are required to comply with Montana's waiver regulations, and specifically provider requirements with the regulations. The setting is physically accessible to residents and the general public. For those residents needing support to move about this setting, there are accommodations such as grab bars, seats in the bathroom and ramps for wheel chairs. This setting does not include any barriers which limit access such as Velcro strips, locked doors or locked cupboards or refrigerators. Residents are able to enter and leave the facility at their convenience. Residents have full access to the home, including the kitchen, dining area, snack area and common areas.

Residents can lock their room as well as lock their bathroom door for privacy. Staff knock on the door and/or ring a doorbell for access to the resident's private room. The setting is arranged to ensure privacy during personal care. Provider attests the ALF staff exchange the set of keys at each shift change. Only ALF staff have access to the keys to the apartments. The ALF employees are personal care attendant, medication aide, cooks, housekeeping, maintenance and Executive Director. There are no other staff members who have keys to the units. Maintenance and the Executive Director have a key at all times. The other staff check out keys during their shifts.

Staff and volunteers receive training and continuing education related to resident's rights. Residents are provided information about his/her rights in plain language. Members are provided with a process to file a grievance if they believe their rights have been violated. The provider attests the facility has orientation and annual training plans for staff members which includes: Bloodborne Pathogens, Effective Communications, Fire Safety: the Basics, Workplace Emergencies and Natural Disasters: An overview, Preventing Slips, Trips and Falls, Infection Control, Abuse & Neglect, Wandering and Elopement Essentials, The Elder Justice Act, Providing High Quality Dementia Care-An Overview, Protecting Resident Rights in Assisted Living Facilities, Recognizing and Preventing Workplace Violence, Understanding Falls, Hazardous Chemicals: SDS, Food Safety Fundamentals, Back Injury Prevention, Preventing Slips, Trips, and Falls Essentials, Safe Transfers, Alzheimer's Disease and Related Disorders: An overview, Workplace Harassment, Corporate Compliance and Ethics.

The provider attests to the administrative separateness of the two entities. The provider states The ALF is not administratively connected to the SNF. The ALF has its own Executive Director who is responsible for the day to day operations, including all resident care issues and administrative functions, such as staffing, facility maintenance & cleanliness, billing, collections, payroll, processing invoices, etc. The Executive Director is Supervised by the Regional Vice President of Assisted Living. Staff at the SNF are not involved in either a supervisory or any other capacity at ALF. The ALF does not have any shared staff with SNF.

The CMS requirement for the state to confirm that the setting is selected by the individual from among a variety of setting options including non-disability specific settings [42 CFR 441.301(c)(4)(ii)]. This is not applicable to the HS-3 facility. The facility has no current HCBS Medicaid members residing at the facility.

The CMS requirement to provide confirmation through a review of person-centered service plans and/or interviews with the individuals that the individuals had a choice in selecting their nonresidential service providers [42 CFR 441.301(c)(4)(v)]and that the setting provides information and referrals to individuals who are interested in opportunities to seek employment and work in competitive integrated settings [42 CFR 441.301(c)(4)(i)]; This is not applicable to the HS-3 facility. The facility has no current HCBS Medicaid members residing at the facility.

With respect to accessing the broader community, verification that individuals have control over their own schedule, and that the variation and frequency of engagement in community activities of individuals' choosing (including group and individual outing options in the broader community) are consistent with the preferences and desires outlined in each individual's person-centered plan, as identified through a review of the person-centered service plan, setting activity records/notes and/or direct on-site observation including participant interviews [42 CFR 441.301(c)(4)(i) & 42 CFR 441.301(c)(4)(vi)(C)]. This is not applicable to the HS-3 facility. The facility has no current HCBS Medicaid members residing at the facility.

The state verifies that the community transportation facilitates access to the greater community (42 CFR 441.301(c)(4)(i)). The general public can walk and bike on the roads surrounding the setting. The facility offers transportation to all Assisted Living residents. The community offers the Council on Aging bus that the residents utilize for a small fee covered by the Assisted Living.

The state assures the specific unit/dwelling is owned, rented, or occupied under legally enforceable agreement that includes the same or comparable protections to those provided under the jurisdiction's landlord tenant law [42 CFR 441.301(c)(vi)(A)].

The State attests the interview information submitted with the Heightened Scrutiny evidence packet assures two resident and two staff interviews is sufficient for the state to make an informed determination; the state attests the residents were interviewed outside of the presence of staff with a clear understanding that staff would not be informed of the specific information the individual shared. HS-3 facility has (provider information needed) residents; an in-person interview was completed with two residents and two staff.

ADDITIONAL FORMS AVAILABLE ON REQUEST

FORM F	Provider Self-Assessment
FORM G	On-Site Validation Tool
FORM H	On-Site Evaluation – Recommendation Report
FORM I	Building Plans