



Department of Public Health and Human Services

Senior & Long Term Care *121 Financial Drive Suite B *Kalispell, MT 59901 *Phone: 406-755-5420 *Fax: 406-755-6492

Steve Bullock, Governor

Sheila Hogan, Director

FACILITY DESCRIPTION: HS-2: An urban-situated assisted living facility located in one of Montana’s larger cities.

DATE: 08/16/2019

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 identifies one remediation concern:

- The facility is attached to a building that is also a nursing home.

Recommendation: the facility will address this through the remediation process. This could include, but is not limited to, providing evidence of adding signage that creates a “meaningful distinction between the two types of settings.”

Remediation Completed: Signage on the main door to ALF has been installed.

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 separated by double-door entry. Each entity has its own separate entrance. In addition, the ALF is located in a separate wing of the building, with a separate dining area, separate activity area and is staffed by non-SNF personnel. 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. There are two city parks within easy walking distance of the ALF.

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. The facility shares information with residents about community events and activities. 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.

There are two local community centers; one is open Monday through Friday from 9:00 am to 5:00 pm. Both centers’ mission is to “to serve senior adults with social, recreational, and wellness programs, to promote independent and healthy lifestyles. Also, to serve our community with quality and affordable evening classes, health and enrichment opportunities, as well as accessible community rental facilities. One center provides the following services, “Slice of Life Exercise Program; Seated Exercise; Balance Training; Foot Care Clinic; Hearing and Vision Test; Flu Shots & Pneumonia Vaccination Clinics;

Blood Pressure & Blood Oxygen Screening; Blood Glucose Level Screening; Senior Lunch Program; Arts & Crafts; Oil Painting; Watercolor Painting; Book Club; Fly Fishing; Ceramics; Investment Club; Line Dancing; China Painting; Seniors Trips & Tours; Pinochle; Bunco; Farkle; Bridge Practice; Bridge Tournaments; Cribbage; Rummikub; Shanghai Rummy; Cash Bingo; Nickel & Dime Poker; Hand and Foot; Dances; Craft Classes”. The second center provides “congregate meals, blood pressure screening, podiatry/foot care, cards, arts and crafts and Bingo”.

The setting offers privacy to residents while using telephone, internet or other personal communication devices. Only single occupancy bedrooms are available. 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 laundry. 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. 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 that only appropriate staff have keys to individuals’ units as required under have keys to individuals' units [42 CFR 441.301(c)(4)(vi)(B)(1)-(3)]; HS-2 Staff exchange the set of keys at each shift change. Only HS-2 staff have access to the keys to the apartments. HS-2 employees are personal care attendant, medication aide, maintenance and Executive Director. There are no other staff members who have keys to the units

Provider attests staff and volunteers receive training and continuing education related to resident’s rights; provider has ore orientation and annual training plans for staff members. Here is a list of the education topics: 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 state confirms there is minimal or no interconnectedness in administration and financial operation for the ALF setting the SNF setting. Provider attests HS-2 is not administratively connected to the SNF. HS-2 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. The ALF is financially separate from the SNF; financials are recorded separately. Staff at the SNF are not involved in either a supervisory or any other capacity at HS-2. The ALF does not share nursing staff with the SNF. The ALF does share a

maintenance support with the SNF. Maintenance staff are educated on the differences of Assisted Living and Skilled Nursing Facility. Maintenance staff approach the Assisted Living as apartment living. They set up times for repair in rooms to respect all privacy and accommodations to the residents. Maintenance is used as needed.

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-2 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-2 facility. The facility has no current HCBS Medicaid members residing at the facility.

With respect to accessing the broader community, the state verifies 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 as confirmed through the provider self-assessment, on-site evaluation, resident interviews and staff interviews. The facility has no current HCBS Medicaid members residing at the facility, so there are no person-centered plans to review. [42 CFR 441.301(c)(4)(i) & 42 CFR 441.301(c)(4)(vi)(C)].

The website for the local bus service states:

- ... service is provided from 5:50 a.m. to 6:50 p.m. weekdays and from about 8:10 a.m. to about 5:45 p.m. on Saturdays, EXCEPT for a one hour lunch period on Saturdays. No bus service is provided on Sundays or the following six holidays: New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day and Christmas Day.
- ... the local bus service offers a paratransit program for citizens who are not able to use the 'local bus service' due to a disability. Specially equipped vehicles provide curb-to-curb service for persons certified as eligible.

In addition to the many bus routes available throughout the city, the routes include popular destinations such as: medical providers, Walmart, hospitals and community recreational activities.

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. 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 |