

## Arkansas HCBS Residential Site Review Survey Tool

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community-Based Settings (HCBS), including residential and non-residential settings, and to demonstrate compliance with the new Federal HCBS Setting Rules that went into effect March 17, 2014. These federal guidelines were developed to ensure that beneficiaries receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

The provider self-assessment was the first step in the process to measure HCBS residential and non-residential providers' current level of compliance with these HCBS Setting rules. Additional steps may include a beneficiary survey/interview, request for documentation, and on-site review.

Your setting has been selected for an on-site validation review based on a random sample of provider self-assessments received, or if you were a setting that did not complete and submit a provider self-assessment. This process will utilize the tool attached to verify the level of compliance with the CMS Regulatory Requirements. The format of the site review survey tool is consistent with the areas that were requested to be completed on the provider self-assessment. You may be asked to provide documentation that supports your level of compliance with these regulations as part of this on-site validation process. Additionally, there may be areas where beneficiary responses will be sampled in order to determine level of compliance with the HCBS settings requirements.

### **Instructions**

The site review survey tool contains a set of questions designed to measure this setting's level of compliance with federal HCBS guidelines.

**CMS Regulatory Requirements:**

- *The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)*
- *The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, ... 42 CFR 441.301(c)(4)(ii)/441.710(a)(1)(ii)/441.530(a)(1)(ii)*
- *The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/441.710(a)(1)(iii)/441.530(a)(1)(iii)*
- *The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/441.710(a)(1)(iv)/441.530(a)(1)(iv)*
- *The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)*

## Section A – Provider Information

Date:

On-site Reviewers:

Provider Agency Name:

Setting Name:

Setting Address:

Setting Administrator:

Setting Administrator email and phone number:

Setting Type (*Please mark one*)

- Assisted Living
- Provider Controlled Apartment
- Provider Controlled Group Home
- Staff Home

Current number of persons served, regardless of funding source \_\_\_\_\_

Current number of Medicaid beneficiaries served \_\_\_\_\_

Total Maximum census/capacity under this license \_\_\_\_\_

*(Circle all that apply)*

Medicaid Enrolled Provider of:      Living Choices (ALF)    ACS Waiver    Supported Living





| Validation Question                                   | Criteria Met             |                          | Information Sources<br>(select all that apply)  | Notes/Evidence of Compliance                                    | Notes/Evidence of Non-Compliance | Remediation Required?    |                          |
|---|--------------------------|--------------------------|---|---|----------------------------------|--------------------------|--------------------------|
|   | Yes                      | No                       |   |   |                                  | Yes                      | No                       |
| B3. Is the setting in a gated or secured “community”? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual</li> <li><input type="checkbox"/> Family/Advocate</li> <li><input type="checkbox"/> Staff</li> <li><input type="checkbox"/> Other</li> </ul> <input type="checkbox"/> Observation<br><input type="checkbox"/> Record/Document Review<br><input type="checkbox"/> Rights Modification<br><input type="checkbox"/> Other | (E.g. Facility is single family home located in a neighborhood) |                                  | <input type="checkbox"/> | <input type="checkbox"/> |

B3 Comments:

**42 CFR § 441.301 (c)(5)(v)**

Intent Statement: This question relates to the physical aspect of the setting being gated/secured with the intention of physically restricting people from coming and going from the setting.

Are members allowed to interact with the broader community outside of the gated community?

How does venue show characteristics of a HCBS setting?

Evidence would constitute answering such things as:

- What services are provided in this setting? Do these services have the effect of isolating the individuals?
- Does the setting authorize interventions/restrictions that are used in institutional settings (i.e., seclusion)?
- Is the setting such that multiple types of services and activities are on-site—(and beneficiary does not have the choice to leave the grounds) including housing, day services, medical, behavioral, therapeutic, social, recreational and religious activities.
- Does the setting potentially reduce the beneficiary’s access to the greater/broader community life? This may constitute “isolation”.

**Reviewers can validate by (1) Observing the setting, (2) Interviewing staff and beneficiaries, (3) Reviewing activity schedule/calendars/sign out sheets or (4) Reviewing resident agreements and handbooks for clarification regarding services provided and if there are restrictions on how the services are to be delivered.**



| Validation Question  | Criteria Met             |                          | Information Sources<br><i>(select all that apply)</i>   | Notes/Evidence of Compliance | Notes/Evidence of Non-Compliance | Remediation Required?    |                          |
|--|--------------------------|--------------------------|---|------------------------------|----------------------------------|--------------------------|--------------------------|
|  | Yes                      | No                       |   |                              |                                  | Yes                      | No                       |
| B5. Are beneficiaries at this setting required to receive medical, behavioral, or therapy services on-site?* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Interview (please specify)<br><input type="checkbox"/> Individual<br><input type="checkbox"/> Family/Advocate<br><input type="checkbox"/> Staff<br><input type="checkbox"/> Other<br><input type="checkbox"/> Observation<br><input type="checkbox"/> Record/Document Review<br><input type="checkbox"/> Rights Modification<br><input type="checkbox"/> Other |                              |                                  | <input type="checkbox"/> | <input type="checkbox"/> |

B5 Comments:

**42 CFR § 441.301 (c)(5)(v)**

Intent Statement: To determine if beneficiaries are required to see physicians, therapists, etc. who come to their home versus choosing to see a provider at their office in the community.

Evidence would constitute answering such things as:

- What services (behavioral, medical or therapy) are provided to the beneficiary in this setting?
- Who provides that service, an internal facility staff or an outside provider?
- Did the beneficiary have a choice of locations to receive these services?

**Reviewers can validate by (1) Reviewing the facility program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided, (2) Interviewing staff and beneficiaries or (3) Reviewing records to include individual person-centered service plans, health care plans, assessment data, resident agreements and resident handbooks.**

\*This does not include in-home nursing services provided by an RN or LPN or supportive living services.

### Section C – Community Integration

Response shaded  equals normative (compliance) response

| Validation Question   | Criteria Met             |                          | Information Sources<br><i>(select all that apply)</i>   | Notes/Evidence of Compliance | Notes/Evidence of Non-Compliance | Remediation Required?    |                          |
|---|--------------------------|--------------------------|---|------------------------------|----------------------------------|--------------------------|--------------------------|
|   | Yes                      | No                       |   |                              |                                  | Yes                      | No                       |
| C1. In addition to on-site activities, does the setting provide opportunities for beneficiaries to participate in community events, activities, and services?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Interview (please specify)<br><input type="checkbox"/> Individual<br><input type="checkbox"/> Family/Advocate<br><input type="checkbox"/> Staff<br><input type="checkbox"/> Other<br><input type="checkbox"/> Observation<br><input type="checkbox"/> Record/Document Review<br><input type="checkbox"/> Rights Modification<br><input type="checkbox"/> Other |                              |                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>C1 Comments:</p> <p><b>42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.301 (c)(4)(iv), 42 CFR § 441.530 (a)(1)(i), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.710 (a)(1)(iv), 42 CFR § 441.725 (a)(8)(b)(1)</b></p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Determine whether the beneficiary participates regularly in typical community life outside of the setting to the extent the beneficiary desires.</li> <li>● Are individuals restricted from participating in activities outside of the setting?</li> <li>● Does the beneficiary get to participate in the selection of the activities or events they participate in?</li> <li>● If the beneficiary would like to work is there activity that ensures this option is pursued? <i>This prompt is only applicable in work or day settings.</i></li> <li>● Do the beneficiaries have the opportunity to participate regularly in non-work activities in an integrated community setting for the time they desire?</li> <li>● Do the beneficiaries have the opportunity to have relationships with people outside of the setting?</li> <li>● Do the beneficiaries in the setting have to rely primarily on transportation provided by the setting, or are there other means of the beneficiary getting to and from outside activities?</li> </ul> <p><b>Reviewers can validate by (1) Observing the setting for posted information, (2) Reviewing the facility program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided (3) interviewing staff, beneficiaries and others or (4) Reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.</b></p> |                          |                          |   |                              |                                  |                          |                          |

| Validation Question   | Criteria Met             |                          | Information Sources<br>(select all that apply)  | Notes/Evidence of Compliance | Notes/Evidence of Non-Compliance | Remediation Required?    |                          |
|---|--------------------------|--------------------------|---|------------------------------|----------------------------------|--------------------------|--------------------------|
|   | Yes                      | No                       |   |                              |                                  | Yes                      | No                       |
| C2. Does the setting share information with beneficiaries about community events and activities?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual</li> <li><input type="checkbox"/> Family/Advocate</li> <li><input type="checkbox"/> Staff</li> <li><input type="checkbox"/> Other</li> </ul> <input type="checkbox"/> Observation<br><input type="checkbox"/> Record/Document Review<br><input type="checkbox"/> Rights Modification<br><input type="checkbox"/> Other |                              |                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| C2 Comments:  |                          |                          |   |                              |                                  |                          |                          |
| <p><b>42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.530 (a)(1)(i), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.725 (a)(8)(b)(1)</b></p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Within the setting, is information posted that announces community events or activities outside of the setting? Are there flyers/calendars posted within the setting that announce community events? Are other materials available to individuals to promote activities outside of the setting—such as pamphlets, schedules of church services/community events?</li> <li>● Does the schedule of activities show events and activities that occur outside of the setting? Are there phone numbers or websites available so beneficiaries can find out more information if so desired?</li> <li>● Does staff talk with beneficiaries about events and activities that are occurring outside of the setting?</li> <li>● Do beneficiaries participate in the selection of the activities they are interested in outside of the setting?</li> <li>● Do the beneficiaries know how to make arrangements for attendance at these activities?</li> <li>● Are beneficiaries required to sign in/sign out for attendance to outings within the community?</li> </ul> <p><b>Reviewers can validate by (1) Observing the setting for posted information, (2) Interviewing staff, beneficiaries and others or (3) Reviewing records to include individual person-centered service plans, health care plans, assessment data, resident agreements and calendar of events/posted activity schedules.</b></p> |                          |                          |   |                              |                                  |                          |                          |

| Validation Question   | Criteria Met             |                          | Information Sources<br>(select all that apply)  | Notes/Evidence of Compliance | Notes/Evidence of Non-Compliance | Remediation Required?    |                          |
|---|--------------------------|--------------------------|---|------------------------------|----------------------------------|--------------------------|--------------------------|
|   | Yes                      | No                       |   |                              |                                  | Yes                      | No                       |
| C3. Can the beneficiary attend community activities and services when he/she chooses such as shopping, religious services, scheduled appointments, lunch with family and friends?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual</li> <li><input type="checkbox"/> Family/Advocate</li> <li><input type="checkbox"/> Staff</li> <li><input type="checkbox"/> Other</li> </ul> <input type="checkbox"/> Observation<br><input type="checkbox"/> Record/Document Review<br><input type="checkbox"/> Rights Modification<br><input type="checkbox"/> Other |                              |                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| C3 Comments:  |                          |                          |   |                              |                                  |                          |                          |
| <p><b>42 CFR § 441.301 (c)(4)(iv), 42 CFR § 441.710 (a)(1)(iv), 42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.530 (a)(1)(i), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.725 (a)(8)(b)(1)</b></p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Does the evaluator witness beneficiaries coming and going without restrictions?</li> <li>● Does staff talk with beneficiaries about events and activities that are occurring outside of the setting? Do they know who to ask about scheduling these activities?</li> <li>● Do beneficiaries have the opportunity to shop, attend religious services, schedule appointments, and have lunch with family and friends, in the community as the beneficiary chooses? Can the beneficiary participate in these activities at the time and in the manner they desire?</li> <li>● Do the beneficiaries in the setting have to rely primarily on transportation provided by the setting, or are there other means of the beneficiary getting to and getting back from outside activities?</li> <li>● Is public transportation available in the community?</li> <li>● If public transportation is available, are bus and other transportation schedules and telephone numbers posted in a convenient location?</li> <li>● Do beneficiaries talk about activities occurring outside of the setting? Do they know how to go about attending these activities?</li> </ul> <p><b>Reviewers can validate by (1) Observing the setting, (2) Reviewing the facility program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided (3) Interviewing staff, beneficiaries and others or (4) Reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.</b></p> |                          |                          |   |                              |                                  |                          |                          |



| Validation Question  | Criteria Met             |                          | Information Sources<br>(select all that apply)  | Notes/Evidence of Compliance | Notes/Evidence of Non-Compliance | Remediation Required?    |                          |
|--|--------------------------|--------------------------|---|------------------------------|----------------------------------|--------------------------|--------------------------|
|  | Yes                      | No                       |   |                              |                                  | Yes                      | No                       |
| C4b. If yes, were the restrictions developed with and agreed upon by beneficiaries?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual</li> <li><input type="checkbox"/> Family/Advocate</li> <li><input type="checkbox"/> Staff</li> <li><input type="checkbox"/> Other</li> </ul> <input type="checkbox"/> Observation<br><input type="checkbox"/> Record/Document Review<br><input type="checkbox"/> Rights Modification<br><input type="checkbox"/> Other |                              |                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>C4b Comments:</p> <p><b>42 CFR § 441.301 (c)(4)(vi)(C), 42 CFR § 441.301 (c)(4)(vi)(D), 42 CFR § 441.530 (a)(1)(vi)(C), 42 CFR § 441.710 (a)(1)(vi)(C), 42 CFR § 441.710 (a)(1)(vi)(F), 42 CFR § 441.725 (a)</b></p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Does the setting have a council/group or other such body that includes beneficiaries living in the setting? Does this group make decisions/recommendations for the entire residence?</li> <li>● Does the facility have policies and procedures on how beneficiaries participate in such decisions?</li> <li>● Does the admission agreement or other similar document provide direction for how the beneficiary can participate in such decisions?</li> <li>● What is the process for determining the restriction on visiting hours/when beneficiaries can come and go? Do beneficiaries engage in the process?</li> </ul> <p><b>Reviewers can validate by (1) Reviewing the facility program handbook/manual/document (for specific policies and procedures) which describes the involvement of beneficiaries in the decision making process, (2) Interviewing staff, beneficiaries, family members/friends and others , (3) Reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements, or (4) Reviewing staff logs and any documents with respect to a resident council or other similar decision making body within the setting.</b></p> |                          |                          |   |                              |                                  |                          |                          |

## Section D – Housing Protection and Due Process

Response shaded  equals normative (compliance) response

| Validation Question  | Criteria Met                           |                                       | Information Sources<br><i>(select all that apply)</i>   | Notes/Evidence of Compliance | Notes/Evidence of Non-Compliance | Remediation Required?                  |                                       |
|--|--|---------------------------------------|---|------------------------------|----------------------------------|--|---------------------------------------|
| D1a. Is the setting covered by a landlord tenant law or do beneficiaries have a lease?<br><br><u>If yes, skip to QE1.</u>  | <b>Yes</b><br><input type="checkbox"/> | <b>No</b><br><input type="checkbox"/> | <input type="checkbox"/> Interview (please specify)<br><input type="checkbox"/> Individual<br><input type="checkbox"/> Family/Advocate<br><input type="checkbox"/> Staff<br><input type="checkbox"/> Other<br><input type="checkbox"/> Observation<br><input type="checkbox"/> Record/Document Review<br><input type="checkbox"/> Rights Modification<br><input type="checkbox"/> Other |                              |                                  | <b>Yes</b><br><input type="checkbox"/> | <b>No</b><br><input type="checkbox"/> |
| D1a Comments:<br><br><br><br><br><br><br><br><br><br><p style="margin-left: 20px;"><b>42 CFR § 441.301 (c)(4)(vi)(A), 42 CFR § 441.530 (a)(1)(vi)(A), 42 CFR § 441.710 (a)(1)(vi)(A)</b></p> <p style="margin-left: 20px;">Intent Statement: This question is to determine if the beneficiary has a lease.</p> <p style="margin-left: 20px;"><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Is there a legally enforceable agreement for the unit or dwelling where the beneficiary resides?</li> <li>● Does the beneficiary have a lease or, a written residency agreement?</li> <li>● Do the beneficiaries know his/her rights regarding housing and when he/she could be required to relocate?</li> <li>● Are beneficiaries protected from eviction and afforded appeal rights in the same manner as others who may not be receiving HCBS?</li> <li>● If required to relocate does the beneficiary know the process and who will assist them in the relocation process?</li> </ul> <p style="margin-left: 20px;"><b>Reviewers can validate by (1) Reviewing the program handbook/manual/document (for specific policies and procedures) which describes the applicable tenant law, agreement, provision, (2) Interviewing staff, beneficiaries, or family members to assess their understanding of the housing arrangement and the rights contained within the written residency agreement or (3) Reviewing records to include specific resident agreements.</b></p> |  |                                       |   |                              |                                  |  |                                       |

| Validation Question  | Criteria Met             |                          | Information Sources<br>(select all that apply)  | Notes/Evidence of Compliance | Notes/Evidence of Non-Compliance | Remediation Required?    |                          |
|--|--------------------------|--------------------------|---|------------------------------|----------------------------------|--------------------------|--------------------------|
|  | Yes                      | No                       |   |                              |                                  | Yes                      | No                       |
| D1b. If there is no lease in the setting, is there a written agreement that offers protections from eviction for beneficiaries?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual</li> <li><input type="checkbox"/> Family/Advocate</li> <li><input type="checkbox"/> Staff</li> <li><input type="checkbox"/> Other</li> </ul> <input type="checkbox"/> Observation<br><input type="checkbox"/> Record/Document Review<br><input type="checkbox"/> Rights Modification<br><input type="checkbox"/> Other |                              |                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>D1b Comments:</p> <p><b>42 CFR § 441.301 (c)(4)(vi)(A), 42 CFR § 441.530 (a)(1)(vi)(A), 42 CFR § 441.710 (a)(1)(vi)(A)</b></p> <p>Intent Statement: This question is to determine if there is not a lease, that the beneficiary has a written agreement that offers the same protection as a lease.</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Do beneficiaries have a written residency agreement?</li> <li>● Does that document contain protections from eviction and afforded appeal rights?</li> <li>● Is there evidence that the beneficiary or his/her legal representative was advised of this information and understood it accordingly?</li> <li>● Do the beneficiaries know his/her rights regarding housing and when he/she could be required to relocate?</li> <li>● If required to relocate does the beneficiary know the process and who will assist them in the relocation process?</li> </ul> <p><b>Reviewers can validate by (1) Reviewing the program handbook/manual/document (for specific policies and procedures) which describes the applicable tenant law, residency agreement, provision, (2) Interviewing staff, beneficiaries, family members to assess their understanding of the housing arrangement and the rights contained within the written residency agreement or (3) Reviewing records to include specific resident agreements, whether those agreements were signed by the beneficiary or their official representative.</b></p> |                          |                          |   |                              |                                  |                          |                          |



| Validation Question   | Criteria Met             |                          | Information Sources<br>(select all that apply)  | Notes/Evidence of Compliance | Notes/Evidence of Non-Compliance | Remediation Required?    |                          |
|---|--------------------------|--------------------------|---|------------------------------|----------------------------------|--------------------------|--------------------------|
|   | Yes                      | No                       |   |                              |                                  | Yes                      | No                       |
| E2. May the beneficiary lock the bathroom door for privacy?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual</li> <li><input type="checkbox"/> Family/Advocate</li> <li><input type="checkbox"/> Staff</li> <li><input type="checkbox"/> Other</li> </ul> <input type="checkbox"/> Observation<br><input type="checkbox"/> Record/Document Review<br><input type="checkbox"/> Rights Modification<br><input type="checkbox"/> Other |                              |                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| E2 Comments:  |                          |                          |   |                              |                                  |                          |                          |
| <p><b>42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.530 (a)(1)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)</b></p> <p>Intent Statement: Is there a physically usable lock on the bathroom door?</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Is there a lock on the bathroom door? Is the lock functioning?</li> <li>● If there is no door or lock what is the mechanism to ensure beneficiary privacy when using the bathroom?</li> <li>● Do beneficiaries know that they can lock the door? How are they informed of this?</li> <li>● What would happen if the door locked and the beneficiary could not open from the inside? Is there a mechanism for opening from the outside?</li> </ul> <p><b>Reviewers can validate by (1) Observing the setting, (2) Reviewing the program handbook/manual/document (for specific policies and procedures) which describes privacy rights, (3) Interviewing staff, beneficiaries, family members to assess their understanding of the beneficiary privacy rights or (4) Reviewing records to include specific person-centered agreements, and whether those agreements address the beneficiary’s abilities or restrictions.</b></p> |                          |                          |   |                              |                                  |                          |                          |

| Validation Question   | Criteria Met             |                          | Information Sources<br>(select all that apply)  | Notes/Evidence of Compliance | Notes/Evidence of Non-Compliance | Remediation Required?    |                          |
|---|--------------------------|--------------------------|---|------------------------------|----------------------------------|--------------------------|--------------------------|
|   | Yes                      | No                       |   |                              |                                  | Yes                      | No                       |
| E3. Does the beneficiary have the option of locking his/her bedroom door for privacy when they choose?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual</li> <li><input type="checkbox"/> Family/Advocate</li> <li><input type="checkbox"/> Staff</li> <li><input type="checkbox"/> Other</li> </ul> <input type="checkbox"/> Observation<br><input type="checkbox"/> Record/Document Review<br><input type="checkbox"/> Rights Modification<br><input type="checkbox"/> Other |                              |                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>E3 Comments:</p> <p><b>42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.530 (a)(1)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)</b></p> <p>Intent Statement: The intent of this question is to determine if there is physically a usable lock on the beneficiary's bedroom door.</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>● Can the beneficiary rooms be locked? Is the lock functioning? How does one unlock them?</li> <li>● Who is allowed to lock them? Staff or beneficiary? Or both?</li> <li>● What is the locking mechanism? Are beneficiaries free to come and go from their rooms as they choose?</li> <li>● If in a shared living arrangement do both beneficiaries have access to a key or the ability to lock bedroom when they choose?</li> </ul> <p><b>Reviewers can validate by (1) Reviewing the program handbook/manual/document (for specific policies and procedures) which describes privacy rights, (2) Interviewing staff, beneficiaries, family members to assess their understanding of the resident privacy rights or (3) Reviewing records to include specific person-centered agreements, and whether those agreements address the beneficiary's abilities or restrictions.</b></p> |                          |                          |   |                              |                                  |                          |                          |





| Validation Question  | Criteria Met             |                          | Information Sources<br>(select all that apply)  | Notes/Evidence of Compliance | Notes/Evidence of Non-Compliance | Remediation Required?    |                          |
|--|--------------------------|--------------------------|---|------------------------------|----------------------------------|--------------------------|--------------------------|
|  | Yes                      | No                       |   |                              |                                  | Yes                      | No                       |
| E6. Does the setting offer privacy to beneficiaries while using telephone, internet or other personal communication devices?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Interview (please specify)<br><input type="checkbox"/> Individual<br><input type="checkbox"/> Family/Advocate<br><input type="checkbox"/> Staff<br><input type="checkbox"/> Other<br><input type="checkbox"/> Observation<br><input type="checkbox"/> Record/Document Review<br><input type="checkbox"/> Rights Modification<br><input type="checkbox"/> Other |                              |                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>E6 Comments:</p> <p><b>42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)</b></p> <p>Intent Statement: Do beneficiaries have the ability to communicate privately with others?</p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>• Do beneficiaries have the option of bringing phones, computers or other personal communication devices into their personal rooms to use at their own discretion?</li> <li>• If beneficiary does not have their own phone, internet, or their own personal communication devices where can these devices be accessed for beneficiary use? Are they easily accessible to the beneficiary?</li> <li>• What privacy practices or arrangements are in place so that beneficiaries have privacy while using these devices?</li> <li>• Does the facility have a policy in place that discusses the use and privacy considerations of these devices located in a space other than the beneficiary's room/apt/residence? How is this communicated to beneficiaries and their families?</li> <li>• If adaptive equipment is necessary, do beneficiaries have as much privacy as possible?</li> </ul> <p><b>Reviewers can validate by (1) Reviewing the program handbook/manual/document (for specific policies and procedures) which describes privacy rights, (2) Interviewing staff, beneficiaries, family members to assess their understanding of the resident privacy rights or (3) Reviewing records to include specific person-centered agreements, and whether those agreements address the beneficiary's abilities or restrictions.</b></p> |                          |                          |   |                              |                                  |                          |                          |



















| Validation Question  | Criteria Met                           |                                       | Information Sources<br><i>(select all that apply)</i>   | Notes/Evidence of Compliance | Notes/Evidence of Non-Compliance | Remediation Required?                  |                                       |
|--|--|---------------------------------------|---|------------------------------|----------------------------------|--|---------------------------------------|
| E15. Do beneficiaries have full access to the setting, including the laundry?  | <b>Yes</b><br><input type="checkbox"/> | <b>No</b><br><input type="checkbox"/> |   |                              |                                  |  |                                       |
| Can beneficiaries choose to do their own laundry in this setting?  | <b>Yes</b><br><input type="checkbox"/> | <b>No</b><br><input type="checkbox"/> | <input type="checkbox"/> Interview (please specify)<br><input type="checkbox"/> Individual<br><input type="checkbox"/> Family/Advocate<br><input type="checkbox"/> Staff<br><input type="checkbox"/> Other<br><input type="checkbox"/> Observation<br><input type="checkbox"/> Record/Document Review<br><input type="checkbox"/> Rights Modification<br><input type="checkbox"/> Other |                              |                                  | <b>Yes</b><br><input type="checkbox"/> | <b>No</b><br><input type="checkbox"/> |
| <p>E15 Comments:</p> <p><b>42 CFR § 441.301 (c)(4)(vi)(E), 42 CFR § 441.530 (a)(1)(vi)(E), 42 CFR § 441.710 (a)(1)(vi)(E)</b></p> <p><u>Evidence would constitute answering such things as:</u></p> <ul style="list-style-type: none"> <li>Does the admission agreement address a beneficiary’s right to access the laundry area?</li> </ul> <p><b>Reviewers can validate by (1) Observing the environment, (2) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries, (3) Interviewing staff, beneficiaries, family members and others or (4) Reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements to determine if there are restrictions to any of the above.</b></p> |  |                                       |   |                              |                                  |  |                                       |











| Validation Question   | Criteria Met             |                          | Information Sources<br>(select all that apply)  | Notes/Evidence of Compliance | Notes/Evidence of Non-Compliance | Remediation Required?    |                          |
|---|--------------------------|--------------------------|---|------------------------------|----------------------------------|--------------------------|--------------------------|
|   | Yes                      | No                       |   |                              |                                  | Yes                      | No                       |
| F2. Do you provide beneficiaries with information about his/her rights in plain language? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual</li> <li><input type="checkbox"/> Family/Advocate</li> <li><input type="checkbox"/> Staff</li> <li><input type="checkbox"/> Other</li> </ul> <input type="checkbox"/> Observation<br><input type="checkbox"/> Record/Document Review<br><input type="checkbox"/> Rights Modification<br><input type="checkbox"/> Other |                              |                                  | <input type="checkbox"/> | <input type="checkbox"/> |

F2 Comments:

Evidence would constitute answering such things as:

- How are beneficiary rights communicated to the individual, the individual's family or guardian?
- What other methods are used, to assist individuals who cannot utilize the written word, such as verbal/interpreter?
- Are these rights contained in an admission document of some sort? Does the beneficiary or the beneficiary's representative have to sign that they have received this information and understand it?
- Is information written in such a way that the language is understandable? Or is it written very technically and difficult to understand?
- Are house rules or beneficiary rights posted in a place that can be easily seen and read by beneficiaries, visitors and others who enter the setting?
- Is the contact information for the state ombudsman or licensure staff posted/visible for beneficiaries to see? Is the contact information included in the admission documents?

**Reviewers can validate by (1) Observing the environment for posted information, (2) Reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries or (3) Interviewing staff, beneficiaries, family members and others to determine whether they know of, and understand the beneficiary rights.**









**END OF RESIDENTIAL SITE ASSESSMENT TOOL**