

SETTING:

NON-RESIDENTIAL SITE VISIT REPORT

Name
Address

Date of Site Visit:

MSU-IHP Site Reviewer:

Survey Question Number	Survey Question Triggering HS Review	Site Visit Findings/Supporting Evidence
1.4	Is the setting located in the same building or on the same campus as an institutional treatment option? (1 = yes, 0 = No)	Description: Evidence: <ul style="list-style-type: none"> •
1.5	Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual? (1 = yes, 0 = No)	Description: Evidence: <ul style="list-style-type: none"> •
1.6_1	Do individuals receiving Medicaid funded HCBS participate in individual shopping? (1 = yes, 0 = No)	Description: Evidence: <ul style="list-style-type: none"> •
1.6_2	Do individuals receiving Medicaid funded HCBS participate in religious or spiritual services? (1 = yes, 0 = No)	Description: Evidence: <ul style="list-style-type: none"> •
1.6_3	Do individuals receiving Medicaid funded HCBS participate in Scheduled appointments (personal or medical) (1 = yes, 0 = No)	Description: Evidence: <ul style="list-style-type: none"> •
1.6_4	Do individuals receiving Medicaid funded HCBS participate in meals with friends or family? (1 = yes, 0 = No)	Description: Evidence: <ul style="list-style-type: none"> •
1.6_5	Do individuals receiving Medicaid funded HCBS participate in recreation activities? (1 = yes, 0 = No)	Description: Evidence: <ul style="list-style-type: none"> •
1.6_6	Do individuals receiving Medicaid funded HCBS participate in community events? (1 = yes, 0 = No)	Description: Evidence: <ul style="list-style-type: none"> •

SETTING:

Survey Question Number	Survey Question Triggering HS Review	Site Visit Findings/Supporting Evidence
1.6_7	Do individuals receiving Medicaid funded HCBS participate in volunteer community services? (1 = yes, 0 = No)	Description: Evidence: •
1.6_8	Do individuals receiving Medicaid funded HCBS participate in community employment? (1 = yes, 0 = No)	Description: Evidence:
1.6_9	Do individuals receiving Medicaid funded HCBS participate in school/education? (1 = yes, 0 = No)	Description: Evidence:
1.6_10	Do individuals receiving Medicaid funded HCBS participate in other activities? (1 = yes, 0 = No)	Description: Evidence: •
1.7	Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting? (1 = yes, 0 = No)	Description: Evidence: •
1.8	Does the setting prohibit individuals who are participating in the day program through a Medicaid program from participating in activities with other day program participants who are not receiving services through a Medicaid program? (1 = yes, 0 = No)	Description: Evidence: •
1.9	Is the setting located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration	Description: Evidence: •
1.10	Does the setting encourage visitors or other people from the greater community to be present, and is there evidence that visitors have been present at regular frequencies? (1 = yes, 0 = No)	Description: Evidence: •
1.11	Does the setting provide individuals with contact information, access to, and training on the use of public transportation, and are these public transportation schedules and telephone numbers available in a convenient location? (1 = yes, 0 = No)	Description: Evidence: •
1.12	If public transportation is limited, does the setting provide information about resources for the individual	Description:

SETTING:

Survey Question Number	Survey Question Triggering HS Review	Site Visit Findings/Supporting Evidence
	to access the broader community, including accessible transportation for individuals who use wheelchairs? (1 = yes, 0 = No)	Evidence: •
1.13	Does the setting assure that tasks and activities for individuals who receive Medicaid funded HCBS are comparable to tasks and activities for people of similar ages who do not receive Medicaid funded HCBS? (1 = yes, 0 = No)	Description: Evidence: •
1.14	Is the setting physically accessible including access to bathrooms and break rooms? (1 = yes, 0 = No)	Description: Evidence: •
1.15	Are appliances, equipment, and tables/desks and chairs at a convenient height and location? (1 = yes, 0 = No)	Description: Evidence: •
1.16	Does the setting have obstructions such as steps, lips in a doorway, narrow hallways, etc. that limit individual's mobility in the setting? (1 = yes, 0 = No)	Description: Evidence: •
1.17	If obstructions are present, are there environmental adaptations such as a stair lift or elevator to get around the obstructions? (1 = yes, 0 = No)	Description: Evidence:
1.18	Are the setting's policies explained to each participant in such a way that is understandable to the individual? (1 = yes, 0 = No)	Description: Evidence: •
1.19	Does the setting only provide services to individuals with a specific type of diagnosis/disability? (1 = yes, 0 = No)	Description: Evidence: •
1.20	Does the setting protect the privacy of an individual's health and personal information? (1 = yes, 0 = No)	Description: Evidence: •
1.21	If an individual needs assistance with personal care, does he or she have privacy when receiving this support? (1 = yes, 0 = No)	Description: Evidence: •

SETTING:

Survey Question Number	Survey Question Triggering HS Review	Site Visit Findings/Supporting Evidence
1.22	Does staff address individuals in the manner with which the individual would prefer to be addressed? (1 = yes, 0 = No)	Description: Evidence: •
1.23	Does staff discuss individual participant issues in public spaces? (1 = yes, 0 = No)	Description: Evidence:
1.24	Does the setting prohibit the use of physical restraints and/or restrictive intervention (unless documented and agreed upon in the person-centered plan? (1 = yes, 0 = No)	Description: Evidence: •
1.25	Does the setting offer a secure place (locker or lock box) for the individual to store personal belongings? (1 = yes, 0 = No)	Description: Evidence: •
1.26	Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting? (1 = yes, 0 = No)	Description: Evidence: •
1.27	Does the setting allow individuals to choose with whom they participate in social or recreational activities? (1 = yes, 0 = No)	Description: Evidence: •
1.28	Does the setting allow for individuals to have meals or snacks at the time and place of their choosing? (1 = yes, 0 = No)	Description: Evidence:
1.29	Does the setting post or provide information on individual rights? (1 = yes, 0 = No)	Description: Evidence: •
1.30	Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities, and desires? (1 = yes, 0 = No)	Description: Evidence: •
1.31	Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences? (1 = yes, 0 = No)	Description: Evidence: •

SETTING:

Survey Question Number	Survey Question Triggering HS Review	Site Visit Findings/Supporting Evidence
1.32	Does staff receive training and continuing education on individual rights and protections? (1 = yes, 0 = No)	Description: Evidence: •
1.33	Are provider policies outlining the individual's rights, protections, and expectations of services and supports provided to individuals in an understandable format? (1 = yes, 0 = No)	Description: Evidence: •
2.1	(To be answered by waiver entity) Did individuals have the opportunity to choose a non-residential setting from a variety of options? (1 = yes, 0 = No)	Description: Evidence: •
2.2	To be answered by waiver entity) Have individuals been provided with information on how to request a new setting? (1 = yes, 0 = No)	Description: Evidence: •
2.3	(To be answered by waiver entity) Do all individuals in the setting have a plan of care? (1 = yes, 0 = No)	Description: Evidence: •

REQUESTED DOCUMENTATION

- A. Copy of current licensure for this facility
- B. Documentation of board of directors/governance for this facility which shows activity separate from other facilities on the campus, e.g., most recent board meeting minutes or current board membership roster for this facility.
- C. Copy of current licensure for any adjoining or adjacent facility located on the same campus
- D. A campus map showing locations of all campus facilities and names of each.
- E. Job descriptions for all staff and administrative positions at this facility.
- F. Evidence of staff trainings held since April 1, 2018, for those currently employed by this facility that is specific to the non-residential, adult care population it serves. Evidence could include course or presentation outlines, records of attendance at the training, etc. Training topics could include, but are not limited to:
 - a. Person-centered care
 - b. Culturally competent care
 - c. Implementing/modifying a person-centered plan of care
 - d. How to appropriately impose and lift restrictions within the person-centered plan of care approach

SETTING:

- G. Current facility/staff policies, procedures or protocols related to:
 - a. Securing client valuables and belongings while in the facility.
 - b. What is meant by and how to deliver person-centered care
 - c. What is meant by and how to deliver culturally competent care
 - d. How to implement and modify a person-centered plan of care
 - e. How to appropriately impose and lift restrictions using a person-centered plan of care approach
- H. Notification of individual's rights

DOCUMENTATION REVIEW

1. Current licensure for this and adjoining or adjacent facilities.
2. Site/Facilities map.
3. Job descriptions for all assisted living personnel positions including:
 - a. Community manager
 - b. RN Charge Nurse
 - c. LPN Charge Nurse
 - d. Charge Nurse
 - e. Personal Services Assistant (Assisted Living)
 - f. AP/Payroll Coordinator / Receptionist
 - g. Business Office Manager
 - h. Manager of Food and Nutritional Services
 - i. Cook
 - j. Dietary Aid
 - k. Director of Maintenance
 - l. Director of Recreation Services
 - m. Recreation Services Assistant
 - n. Director of Social Services
4. Staff Education Calendar (Modules taken from Relias online training as well as in-person training) and required during new hire orientation and annually thereafter.
 - a. Abuse/Neglect/Exploitation
 - b. Abuse CMS "Hand in Hand"
 - c. Effective Communication CMS "Hand in Hand"
 - d. Behavioral management

SETTING:

- e. HIPAA
 - f. Accident Prevention and Safety
 - g. Dementia management
 - h. Stress management
 - i. Medication Management
 - j. Disaster Preparedness
 - k. Nutritional Needs of Guests
 - l. Choking and Abdominal Thrust
 - m. Safe Food Handling
 - n. Resident Rights and Facility Responsibilities and Rules
 - o. The Laurel Way / Customer Service
 - p. Elder Justice Act
 - q. Social Media
 - r. Patient Centered Care / Cultural Awareness
 - s. Activities of Daily Living
 - t. OSHA
 - u. Infection Control
 - v. Kitchen Sanitation
 - w. Compliance / Ethics
 - x. Pain Management
 - y. CPR / BLS
5. Policies and Procedures
- a. Cultural Assessment
 - b. Philosophy of Care
 - c. Guest Care
 - d. Guest Orientation to the Facility