

# The State of Michigan

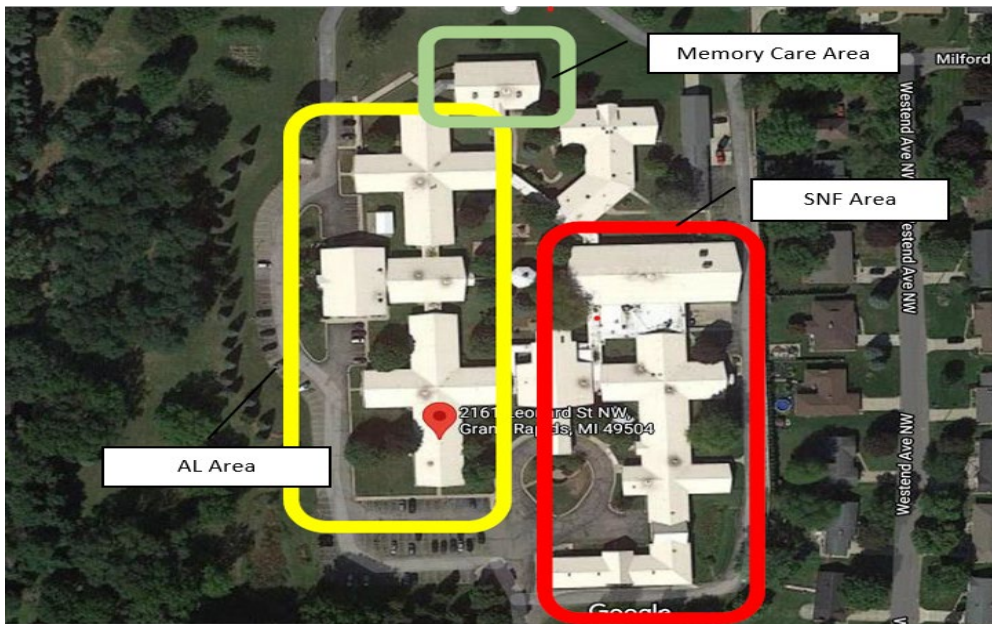
## High Scrutiny Evidence packet

<b>Provider's Name:</b> ST. Ann's Assisted Living	
<b>Location of the Setting:</b> Grand Rapids, Michigan	<b>Type of Setting:</b> Residential
<b>Waiver Services Being Provided at the setting:</b> Assisted Living	
<b>Heightened Scrutiny Prong</b>	
<input type="checkbox"/> Prong1: Setting is in a publicly or privately operated facility that provides inpatient institutional treatment <input checked="" type="checkbox"/> Prong2: Setting is in a building or on the same grounds of, or adjacent to, a public institution. <input type="checkbox"/> Prong3: setting has an effect of isolating individuals from the broader community	
<b>Recommendation</b>	
As required by 42 CFR 441.301 (c) (5), the State of Michigan submits this request for heightened scrutiny review for the setting identified above. The State has compiled evidence that the setting is integrated and supports full access of individuals to the greater community, is selected by the individual from among disability and non-disability-specific settings, ensures individual rights, and promotes individual initiative, autonomy, choice, and independence.	

## Section 1: Facility description

The St. Ann's campus includes St. Ann's Assisted Living and a skilled nursing facility. The assisted living and skilled nursing facility are separately licensed. The facility is split from the main entry, with one side of the building housing the assisted living and the other side of the building is the skilled nursing facility. The assisted living and nursing facility are separated by hallways with a keypad lock only accessible to staff, and each has its own barrier-free entrance/exit to outside. Staff will assist assisted living facility residents with accessing the skilled nursing facility if they wish to do so. The campus also has a hospice agency and a daycare for the employees of St. Ann's.

Residential units in the assisted living facility are private or semiprivate, consisting of a general living, bedroom space, and a separate bathroom within the unit. Larger units have small kitchenette areas within the space. The assisted living has a dedicated staff separate from the skilled nursing staff and its own common areas.



### Evidence:

- A2-HFA License (current)
- B3-Organizational Chart
- C2-SNF License (current)
- D1-Maps and pictures



A1-FACILITY



B3-Organizational



C2-SITE



D1\_maps and  
pictures.pdf

LICENSE-annotated, Chart 01.22.2021-ST LICENSE-SNF License

## **Section 2: Final Rule Compliance and Input from Individuals, Family Members, Guardians, and Staff**

This setting accepts people who are on Medicaid waiver as well as those not on Medicaid. All residents receiving Medicaid funded HCBS are provided the same opportunities to receive services and supports and participate in social and/or recreational activities in the same manner as individuals who are not receiving Medicaid funded HCBS.

This setting does not limit residency based on disability or diagnosis. Residents are admitted regardless of disability or diagnosis as long as the setting is able to meet their needs.

There are options to use providers, supports, and services at the setting, but participants are able to choose to use options outside the residence if they choose to do so. Individuals are able to update or change the services and supports they receive based on their preferences and needs, and they are able to refuse services if they choose. To the extent possible, facility staff assignments are made with consideration to resident preferences.

Residents at this setting have leases or residential agreements offering eviction protections and information on appealing evictions.

This setting does not restrict common areas. Common areas are not locked within the facility, and individuals have full access to all common areas. Access to the building and within the facility is barrier-free (wheelchair ramp) and accessible.

This setting provides all residents with their policies, which outline individual rights, protections, and expectations of services and supports in an understandable format.

Information about filing an anonymous complaint at this setting is in an understandable format and posted in an obvious location. Individuals are also provided with the information on how to discuss any concerns with staff if they choose to discuss concerns with staff.

This setting protects the privacy of individuals' health and personal information by keeping this information locked up. The staff does not discuss individual residents' issues in public spaces.

When addressing individuals, this setting addresses the individual in the manner they prefer.

This setting does not control residents' funds. Residents access and control their own funds.

Residents at this setting have a safe and locked space to store their belongings.

Provider staff receives training and continuing education on individual rights and protections.

If the participant has a shared room, the participant has a choice of roommate. Participants have the freedom to furnish or decorate their rooms.

Residents may do their own laundry, or staff will assist. The residents' laundry room is available 24/7; staff will provide full laundry service if requested.

This setting will provide assistance to residents who need help with dressing, showering, or other hygiene matters. Participants are able to wear whatever clothing they want and can get assistance with dressing. The setting does ensure privacy for the individual when providing assistance.

The setting must comply with all aspects of the CMS Final Rule. The person-centered service plan must be developed through an individualized planning process and is driven by the individual. Any modification to the rule must be done on a case-by-case basis and should never apply to all. Any modification must be documented in the person-centered service plan. The HCBS Final Rule states the modification should:

1. Identify a specific and individualized assessed need.
2. Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
3. Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
4. Include a clear description of the condition that is directly proportionate to the specific assessed need.
5. Include regular collection and review of data to measure the ongoing effectiveness of the modification.
6. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
7. Include the informed consent of the individual or guardian
8. Include an assurance that interventions and supports will cause no harm to the individual.

All modifications would need to be reviewed frequently and the service plan updated to ensure the participant still needs the modifications.

This setting does not prohibit individuals from coming and going from the setting. Residents and visitors may come and go 24/7. There are no formal visiting hours or schedules. Some exterior doors are locked at 7 pm, but one entrance is designated for after-hours access – a doorbell is available to ring for staff to allow entry. Residents and visitors must sign in and out at the front desk.

**Evidence:**

- G5-Philosophy of Care, G9-Policy Promoting/Maintaining Self Determination,
- H13-Resident handbook
- J1-Staff DCarey, J2 Staff KSager, J3 Staff DPrince interviews



Residents are free to move about the facility and facility grounds. Staff will accompany those that need assistance upon request. A combined patio, courtyard, and playground provide an outdoor space where residents enjoy patio seating and can view supervised children from the employee daycare facility using the playground equipment. There is an outside courtyard area bordered on all sides by the buildings. The doors to this area are kept unlocked.



Residents may move about the inside space of the facility without restriction except for non-public areas (commercial kitchen, commercial laundry, maintenance, and chemical closets). Access to the skilled nursing facility requires staff to unlock the door separating the skilled nursing facility and assisted living, but staff will assist any assisted living resident wanting to visit someone.

**Evidence:**

- D1-Maps and pictures
- G2 Care Plan Revisions Status Change, G5-Philosophy of Care, G6-Resident Rights, G9-Promoting/Maintaining Resident Self-Determination, G13-Promoting/Maintaining Resident Dignity
- H4-Level of Care Assessment, H13-Resident Handbook

- I1-Benie PR interview
- J1 Staff DCarey, J2 Staff KSager, J3 Staff DPrince, interviews

All bathrooms and restrooms have grab bars and any modifications needed. Fixtures are well spaced to accommodate those reliant on assistive mobility devices. Thresholds are level between rooms and at entrances and exits of the facility.

#### **Evidence:**

- D1-Maps and pictures
- G1-Accommodation of Needs Policy, G9-Promoting/Maintaining Resident Self-Determination, G13-Promoting/Maintaining Resident Dignity
- H4-Level of Care Assessment, H13-Resident Handbook
- J1-Staff DCarey, J2-Staff KSager, J3-Staff DPrince interviews



This setting does not have restrictions on food. The setting does have scheduled mealtimes, but participants do not have to eat during those times. Residents can choose what they eat, when, where, and with whom they eat. Selective meals are served at designated timeframes, and snacks are available 24/7. Residents may consume food in their private units or in the dining areas. Residents may furnish a refrigerator, microwave, and Keurig beverage makers (if the resident is not assessed as not cognitively impaired) for their unit to keep foods of their choice available at all times. The facility does not provide appliances but will assist with installation and make accessibility accommodations as needed.



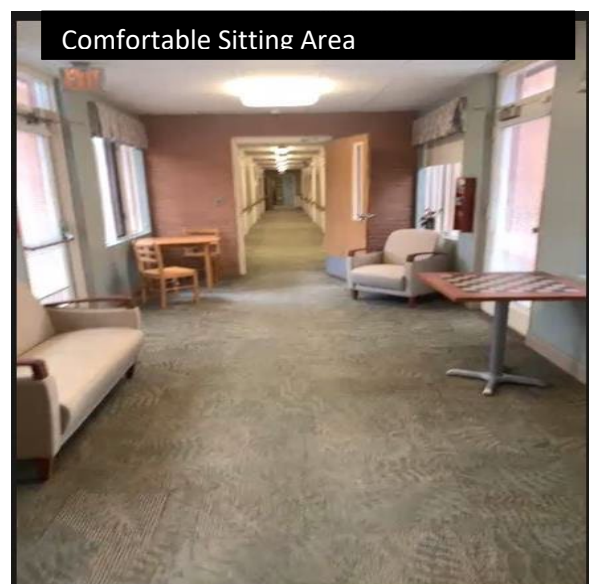
Dining areas are always accessible and have snacks and beverages available. Every evening, a snack cart visits the patient with sandwiches and other items from which to choose. Residents can have snacks at any time during the day, and staff will assist if needed. The setting also has a common kitchenette for those who do not have their own appliances and a fully functional kitchen for larger parties. All residents may choose to dine with their family and friends. The facility accommodates additional guests to dine for a nominal charge. A private dining area can be arranged for private dining and celebrations.



In addition to meeting visitors privately in their units, there are several well-appointed seating areas and small conference-style rooms which residents may utilize for this purpose. Comfortable seating areas throughout the facility are spacious, with furnishings selected and arranged to accommodate mobility assistance devices easily. Seating areas are open 24/7 for resident and visitor use.

#### Evidence:

- D1 - Maps and pictures
- G1-Accommodation of Needs polic, G6-Resident Rights, G9-Policy Promoting/Maintaining Self Determination, G10-Policy Non-Discrimination, G13-Promoting/Maintaining Resident Dignity
- H4-Level of Care Assessment, H12-Admission Agreement, H13, Resident handbook
- I1-Benie PR interview
- J1-Staff DCarey, J2 Staff KSager, J3 Staff DPrince interviews, J4 Staff SPontremoli interviews



D1\_maps and pictures.pdf



G-1 POLICY- Accommodation of I



G-2 POLICY - Care Plan Revisions Upor



G-5 PHILOSOPHY OF CARE-ENVIRONMEN



G-6 RESIDENT RIGHTS Exhibit E-an



G-9 - POLICY - PROMOTING MAINT



G-10 POLICY-NON DISCRIMINATION -



G13-POLICY-Promot ing Maintaining Res



H4-Level of Care Assessment-ST ANN:



H12-Admission Agreement\_Contract



H13-Resident Handbook-ST ANNS



I1-Benie PR.pdf

The setting does not try to limit activities the individuals participate in, such as shopping, religious or spiritual services, scheduling appointments, participating in meals with friends and family, participating in any activities, participating in in community events, participating in school or volunteer activities, engaging in legal activity

(voting, drinking, gambling, etc.) or any other activity the participant chooses to participate in. All residents may choose to participate in scheduled personal or medical appointments onsite or in the broader community. A facility-provided nurse practitioner and physician services are available by appointment and without restriction to residents. Additional appointment-based services include dental, podiatry, optometry, audiology, physical and occupational therapy, and hairstylist. The activity calendars are posted in common areas as well as delivered to the residents each month. Group activities have included fall color tours, shopping trips, restaurant meals, and excursions to ball games and casinos. Onsite activities include board games, bingo, chair exercises, and music and movement offerings.

Activity Calendar					
January 2021					
MARY'S HAVEN					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>7:30 Rosary (EWTN)</p> <p>8 A.M. &amp; 12 Noon Mass (EWTN)</p> <p>10:00 Live Mass from St. Andrew's Cathedral (ch. 17)</p> <p>1:30 Rosary from Lourdes (EWTN)</p>	<p>9:30 Walking Club w/ Taran</p> <p>10:30 House Calls</p> <p>1:30 January Planning (HFC) Room</p> <p>2:30 Halfway Bingo</p>	<p>9:30 Exercise w/ Len (HFC)</p> <p>11:00 Reading</p> <p>1:30 Name that Tune (Dining Room)</p> <p>2:30 Halfway Bingo</p> <p>3:00 Exercise (ch. 7)</p>	<p>9:30 Manicures</p> <p>10:30 Room Vitals</p> <p>1:30 Retro Doodads Hanger Craft (HFC)</p> <p>2:30 Halfway Bingo</p> <p>3:00 Exercise (ch. 7)</p>	<p>9:30 Exercise w/ Len (HFC)</p> <p>11:00 Reading</p> <p>1:30 Halfway Keyboard Turns</p> <p>2:30 Halfway Bingo</p> <p>3:00 Exercise (ch. 7)</p>	<p>7:30 Rosary (EWTN)</p> <p>8:00 Mass (EWTN)</p> <p>9:30 Rosary (EWTN)</p> <p>10:30 Mass (EWTN)</p> <p>1:30 Mass (EWTN)</p> <p>Happy New Year!</p>
<p>7:30 Rosary (EWTN)</p> <p>8 A.M. &amp; 12 Noon Mass (EWTN)</p> <p>10:00 Live Mass from St. Andrew's Cathedral (ch. 17)</p> <p>1:30 Rosary from Lourdes (EWTN)</p>	<p>9:30 Walking Club w/ Taran</p> <p>10:30 Baking</p> <p>1:30 Piano Sing A Long (Dining Room)</p> <p>2:30 Halfway Bingo</p>	<p>9:30 Exercise w/ Len (HFC)</p> <p>11:00 Reading</p> <p>1:30 Faces &amp; Places (Dining Room)</p> <p>2:30 Halfway Bingo</p> <p>3:00 Exercise (ch. 7)</p>	<p>9:30 Manicures</p> <p>10:30 Room Vitals</p> <p>1:30 Fresh Lanes (HFC)</p> <p>2:30 Halfway Bingo</p> <p>3:00 Exercise (ch. 7)</p>	<p>9:30 Exercise w/ Len (HFC)</p> <p>11:00 Reading</p> <p>1:30 Show Times &amp; Pop Standards (Dining Room)</p> <p>2:30 Halfway Bingo</p> <p>3:00 Exercise (ch. 7)</p>	<p>7:30 Rosary (EWTN)</p> <p>8 A.M. &amp; 12 Noon Mass (EWTN)</p> <p>10:00 Live Mass from St. Andrew's Cathedral (ch. 17)</p> <p>1:30 Rosary from Lourdes (EWTN)</p>
<p>7:30 Rosary (EWTN)</p> <p>8 A.M. &amp; 12 Noon Mass (EWTN)</p> <p>10:00 Live Mass from St. Andrew's Cathedral (ch. 17)</p> <p>1:30 Rosary from Lourdes (EWTN)</p>	<p>9:30 Walking Club w/ Taran</p> <p>10:30 House Calls</p> <p>1:30 Movies &amp; Memories (Dining Room)</p> <p>2:30 Halfway Bingo</p>	<p>9:30 Exercise w/ Len (HFC)</p> <p>11:00 Reading</p> <p>1:30 You Take A View (HFC)</p> <p>2:30 Halfway Bingo</p> <p>3:00 Exercise (ch. 7)</p>	<p>9:30 Manicures</p> <p>10:30 Room Vitals</p> <p>1:30 The Pathways 40's (HFC)</p> <p>2:30 Halfway Bingo</p> <p>3:00 Exercise (ch. 7)</p>	<p>9:30 Exercise w/ Len (HFC)</p> <p>11:00 Reading</p> <p>1:30 Piano Favorites (Dining Room)</p> <p>2:30 Halfway Bingo</p> <p>3:00 Exercise (ch. 7)</p>	<p>7:30 Rosary (EWTN)</p> <p>8 A.M. &amp; 12 Noon Mass (EWTN)</p> <p>10:00 Live Mass from St. Andrew's Cathedral (ch. 17)</p> <p>1:30 Rosary from Lourdes (EWTN)</p>
<p>7:30 Rosary (EWTN)</p> <p>8 A.M. &amp; 12 Noon Mass (EWTN)</p> <p>10:00 Live Mass from St. Andrew's Cathedral (ch. 17)</p> <p>1:30 Rosary from Lourdes (EWTN)</p>	<p>9:30 Walking Club w/ Taran</p> <p>10:30 Baking</p> <p>1:30 Halfway Keyboard Turns</p> <p>2:30 Halfway Bingo</p>	<p>9:30 Exercise w/ Len (HFC)</p> <p>11:00 Reading</p> <p>1:30 Winter Craft (HFC)</p> <p>2:30 Halfway Bingo</p> <p>3:00 Exercise (ch. 7)</p>	<p>9:30 Manicures</p> <p>10:30 Room Vitals</p> <p>1:30 Frosty Fun: Inside The Major Penitents (HFC)</p> <p>2:30 Halfway Bingo</p> <p>3:00 Exercise (ch. 7)</p>	<p>9:30 Exercise w/ Len (HFC)</p> <p>11:00 Reading</p> <p>1:30 Movie/Plans Out w/ Book &amp; Len (Dining Room)</p> <p>2:30 Halfway Bingo</p> <p>3:00 Exercise (ch. 7)</p>	<p>7:30 Rosary (EWTN)</p> <p>8 A.M. &amp; 12 Noon Mass (EWTN)</p> <p>10:00 Live Mass from St. Andrew's Cathedral (ch. 17)</p> <p>1:30 Rosary from Lourdes (EWTN)</p>
<p>7:30 Rosary (EWTN)</p> <p>8 A.M. &amp; 12 Noon Mass (EWTN)</p> <p>10:00 Live Mass from St. Andrew's Cathedral (ch. 17)</p> <p>1:30 Rosary from Lourdes (EWTN)</p>					

Residents are free to choose their activities and manage their appointment schedules, including when they dine, dress, and bathe. Staff encourages residents to join in activities for social interaction, but residents make participation decisions. Staff will assist with making appointments and appointment reminders upon request or as needed.

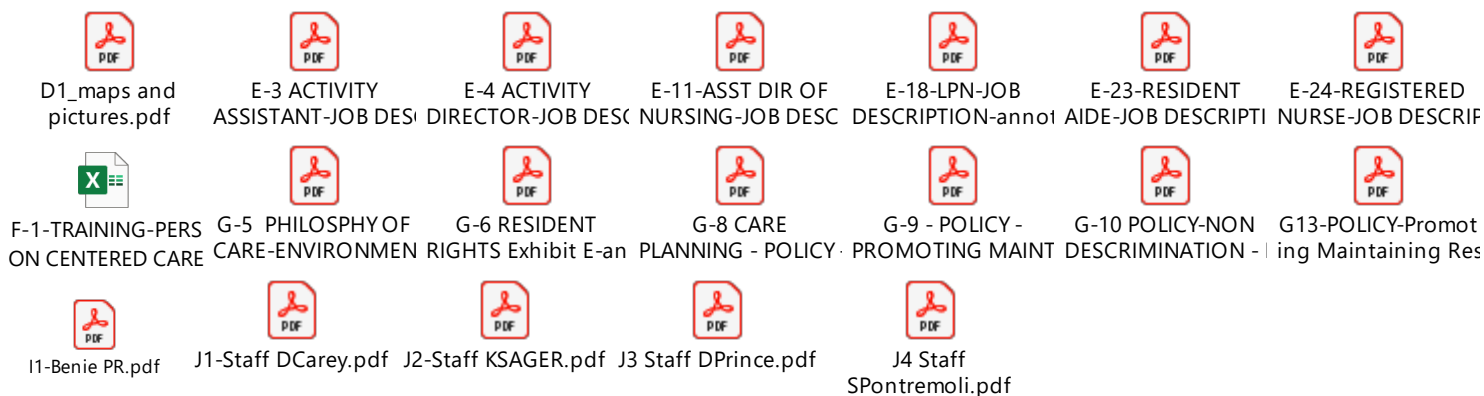
#### Evidence:

- D1-Maps and pictures
- E3-Activity Assistant, E4-Activity Director position descriptions, E11-Asst Director of Nursing, E18-LPN, E23 Resident Aide position descriptions
- F1-Training Log, Person Centered Care
- G5-Philosophy of Care, G6-Resident Rights, G8-Care Planning Policy, G9-Policy Promoting/Maintaining Self Determination, G10-Policy Non-Discrimination, G13-Promoting/Maintaining Resident Dignity
- H2, H8, H9, H10, H11-Activity Calendars, H13-Resident handbook, H14-Newsletter
- I1-Benie PR interview (mentions group activity participation)
- J1-Staff DCarey, J2 Staff KSager, J3 Staff DPrince interviews

Transportation is available for the individual to make trips within the community. The public bus line maintains a routine stop at this facility several times during the day, and larger group outings are scheduled using public buses. Additionally, the facility-owned van is available for scheduled errands. Residents may also have their personal vehicles at the facility or arrange rides with family members or friends. Staff will help residents with transportation arrangements. Staff will assist residents with information about routes and schedules and arrange taxi service if preferred.

#### Evidence:

- H12-Admission Agreement, H13-Resident Handbook
- I1-Benie PR interview
- J1 Staff DCarey, J2-Staff KSager interviews
- Direct observation of public bus stop at the sidewalk flanking the facility driveway



Residents have keys to their personal units. Necessary facility staff has keys to access private units in the event of an emergency. Staff members are respectful of entering participants' private rooms. They do not enter without permission of the participant or notifying them if they need to enter. There is a protocol in place for staff to knock, call the resident's name, identify themselves, state their reason for the visit and wait for the resident to open the door or give staff permission to enter the room. If no response is given after two attempts, staff may enter using their key to do a safety check.

#### Evidence:

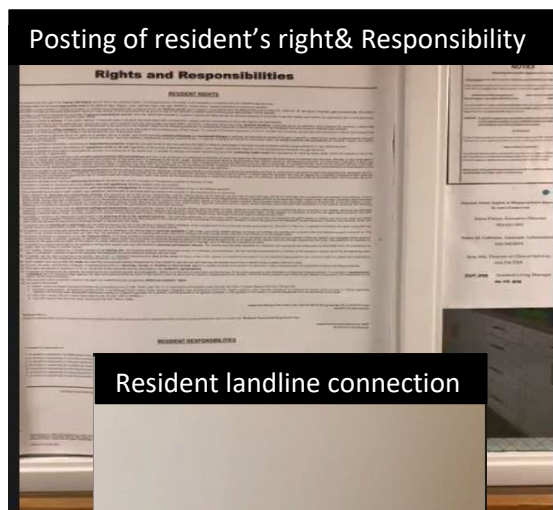
- D1-Maps and pictures
- H13-Resident Handbook
- J1-Staff DCarey, J2 Staff KSager, J3 Staff DPrince interviews

This setting does not limit communication devices. Individuals can have and use landlines, cell phones, personal computers, and TV's 24/7 without restriction. Residents are free to use their personal or facility-provided communication devices such as telephones, computers, or tablets whenever and wherever they choose and may do so in private. Free Wi-Fi is available in the setting, and all rooms are wired for landline phones. Phones and tablets are available at the nurse's stations for those who do not have their own devices.

#### Evidence:

- D1-Maps and pictures
- G5-Philosophy of Care Policy, G6-Resident Rights, G9-Promoting/Maintaining Resident Self-Determination Policy, G13-Promoting/Maintaining Resident Dignity
- H13 Resident Handbook
- J1-Staff DCarey, J2 Staff KSager interviews

This setting, as well as the MI Choice waiver program, prohibits the use of physical restraints and/or restrictive interventions. Staff complete RELIAS training modules on rights and protections upon hire and annually after that.



## Evidence:

- F1-Sample Training Log Person-Centered Care, F2-Copy of Training Competency Checklist
- G6-Resident Rights, G8-Care Planning Policy, G9-Promoting/Maintaining Resident Self-Determination Policy, G11-Abuse, Neglect and Exploitation Policy, G12-HIPAA Policy, G13-Promoting/Maintaining Resident Dignity Policy
- H13 Resident Handbook
- J1-Staff DCarey, J2 Staff KSager, J3 Staff DPrince interviews, J4 Staff SPontremoli interviews



D1\_maps and pictures.pdf



F-1-TRAINING-PERS



F-2-TRAINING-COMPETENCY CHECKLIST



G-5 PHILOSOPHY OF CARE-ENVIRONMENTAL RIGHTS



G-6 RESIDENT



G-8 CARE



G-9 - POLICY - PLANNING - POLICY - PROMOTING MAINT



G11-Abuse-Neglect policy-ST ANNS HOME



G12-POLICY-HIPAA Security Measures



G13-POLICY-Promoting Maintaining Res



H13-Resident Handbook-ST ANNS



J1-Staff DCarey.pdf



J2-Staff KSAGER.pdf



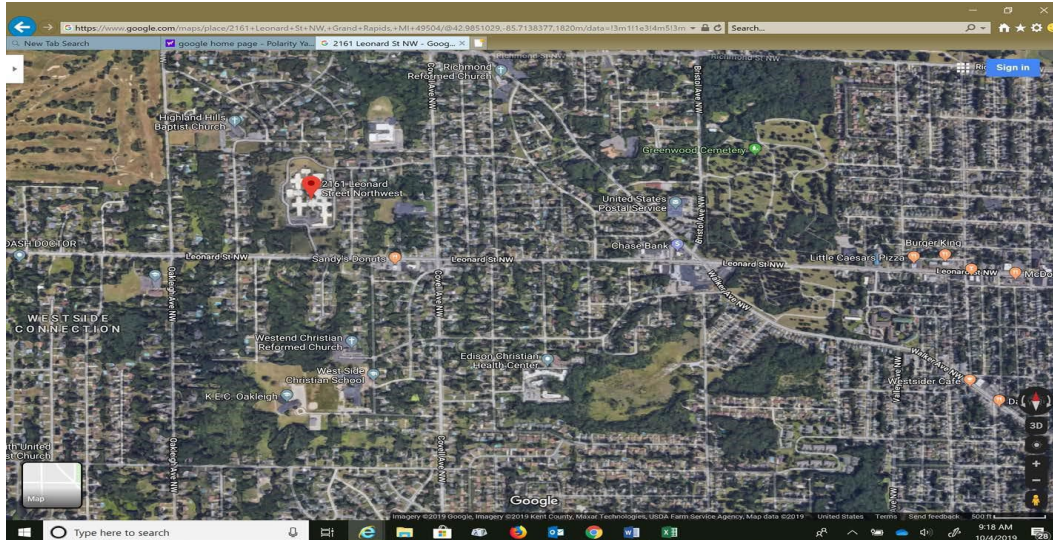
J3 Staff DPrince.pdf



J4 Staff SPontremoli.pdf

## Section 3: Additional Evidence

**GOOGLE MAPS** aerial view of St. Ann's Home for the Aged in relationship to private residential and business areas. RESIDENTIAL SITE: St. Ann's Home for the Aged, 2161 Leonard Street NW, Grand Rapids, MI 49504



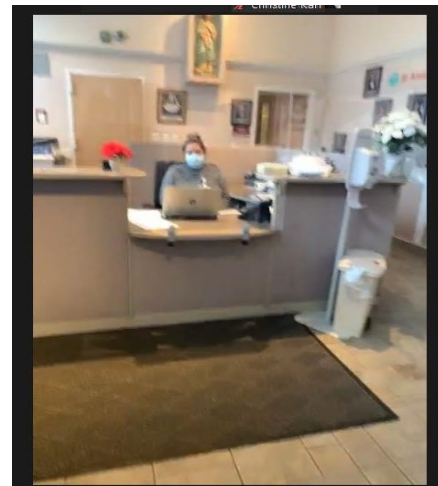
Courtyard within building structure

### Vestibule siting



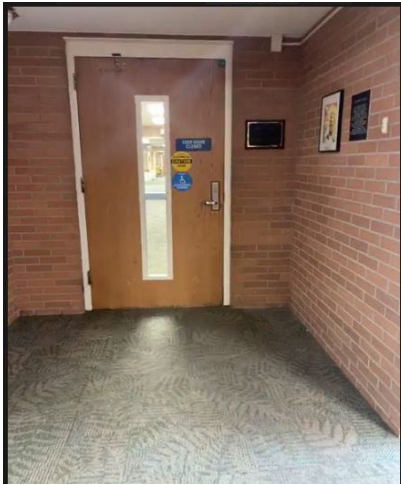
Doorway to SNF, not locked

### Accessible hallway



## The chapel

Reception area



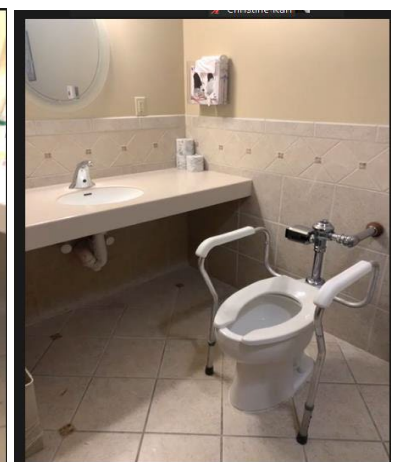
The library



Accessible conference room



Spa room area



Door to spa area locks: smaller rooms don't have showers so they can use this space, staff can open so residents not able to walk in inadvertently while in use



Comfortable seating area



Resident Accessible Pantry



Accessible door to the pantry

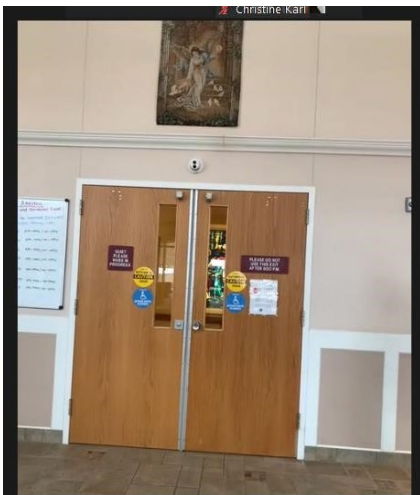


Common seating (currently converted for resident covid testing):

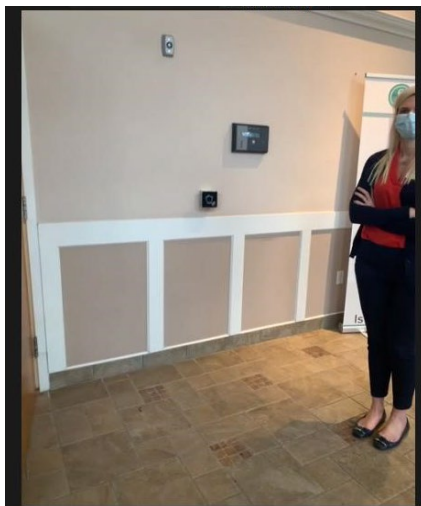




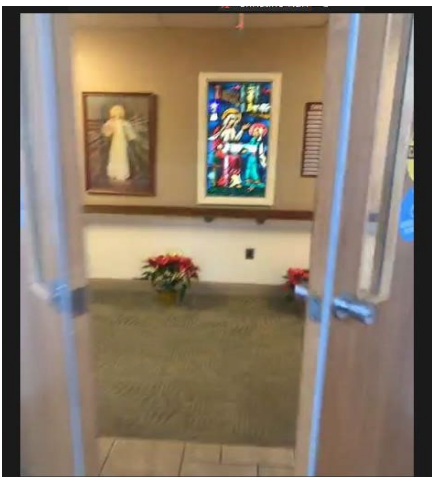
The camera on the front door



Entrance to building areas



Assisted living to 1 side – SNF to the other in the hallway



Visitor apt for overnight stays:



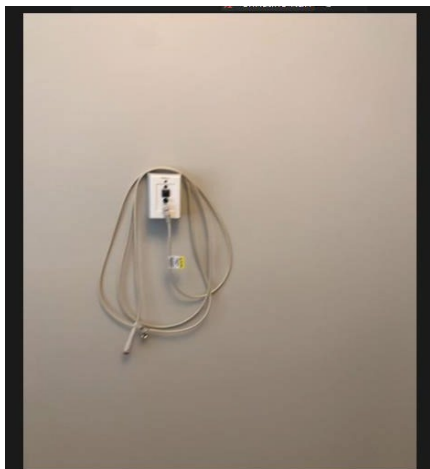


Exterior handicapped button access for the door from courtyard

Barrier-free courtyard entrance



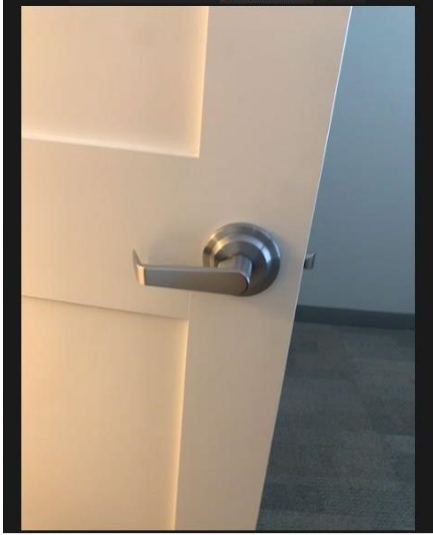
Resident pull cord



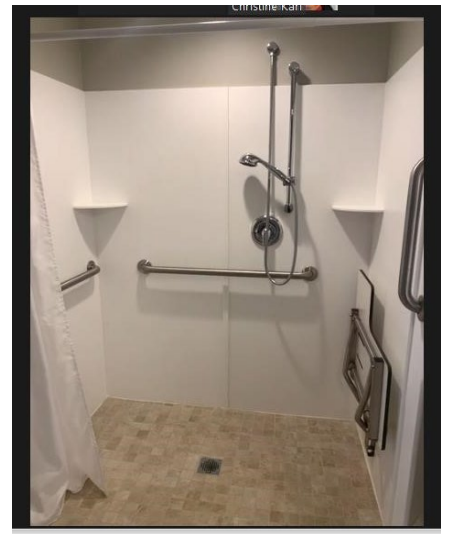
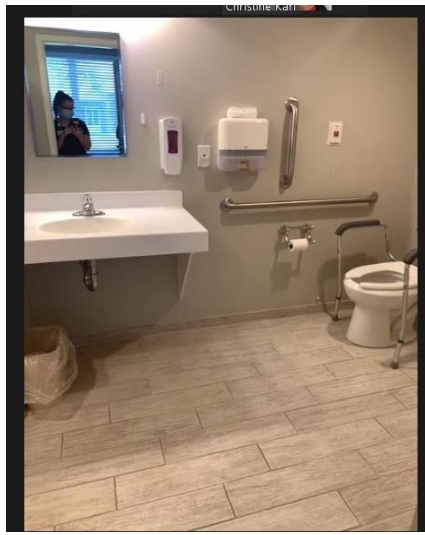
Resident bathroom door – no lock

Resident bathroom

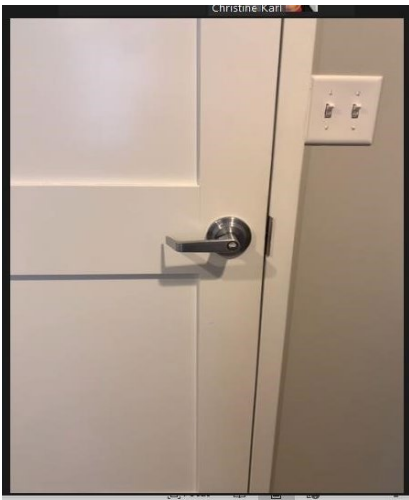
Resident shower



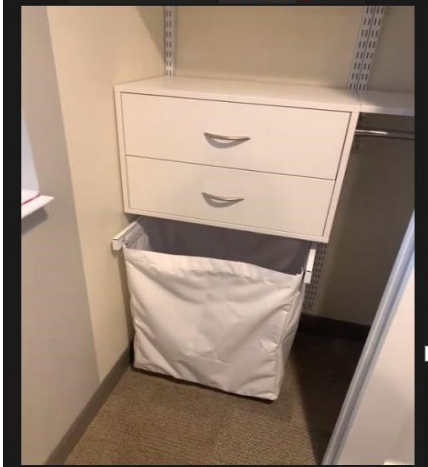
Resident room door to hallway: is lockable



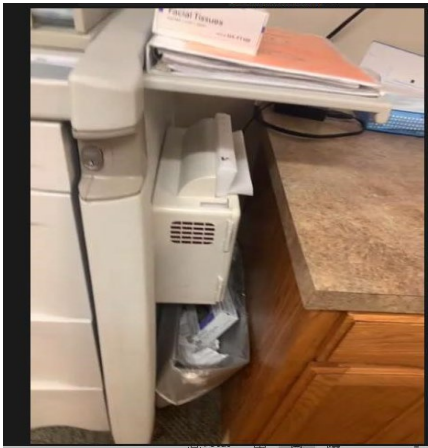
Resident suite: can be decorated any way they want, can bring in own furniture



Each room gets its own lockbox, and resident gets own key: (lockbox not showing here because an empty room, but it is something similar to what you see in hotels)



Med cart – lockable



Central office – med records kept locked

Doorway to central office lockable



Fridge, sink, ice machine

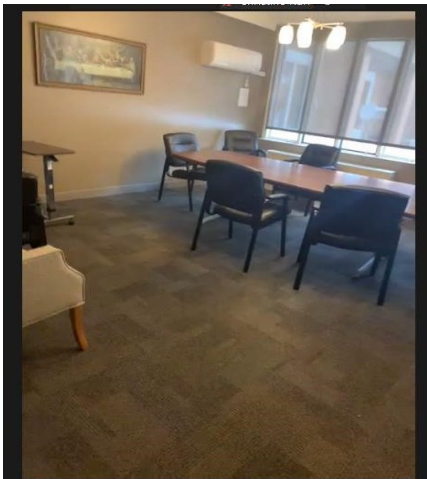
Doorway to access pantry area



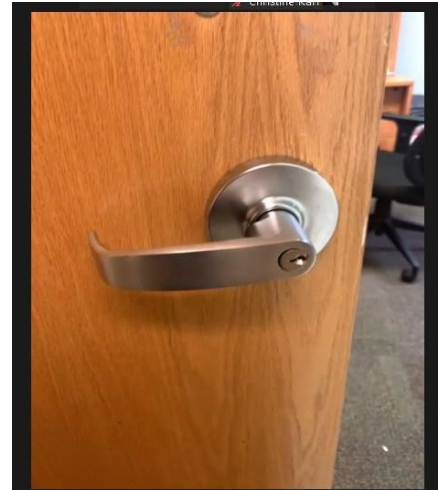
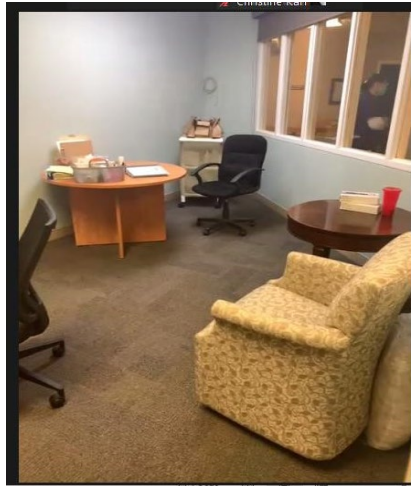
Small conference area – residents can reserve



Private nurse's station Nurse's area locks



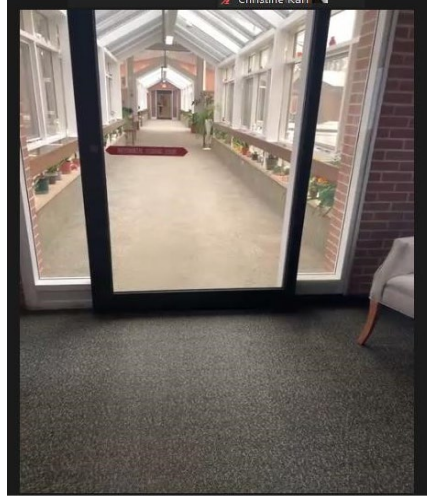
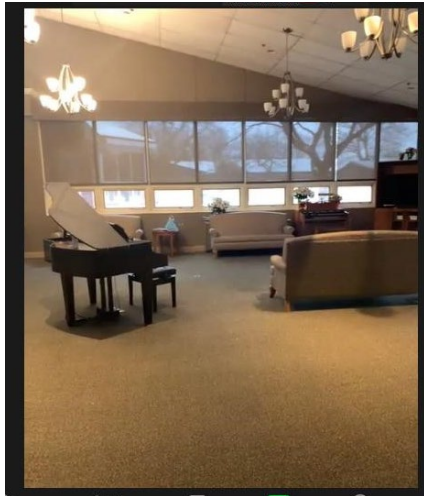
Linen room not accessible to residents



Seating area off dining room

Breezeway off dining room – access to courtyard

Entrance to courtyard from the breezeway

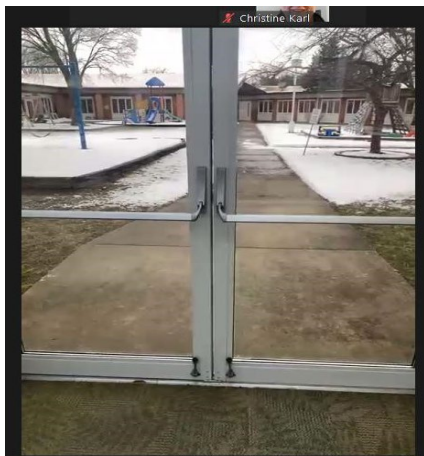


Public posting in dining area

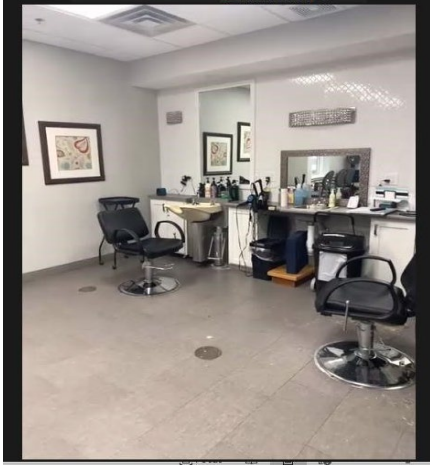
Menu



Another courtyard area/daycare



## Salon onsite



Family center: for events, parties

Can subdivide space



Full kitchen available to resident use



Resident laundry area

Door to laundry area: kept unlocked 24/7



#### **Section 4: Public Comment**

