

## Commonwealth of Virginia

### Heightened Scrutiny Evidence Package

As required by 42 CFR 441.301 (c) (5) the Commonwealth of Virginia submits the request for CMS heightened scrutiny review.

#### Setting Information

<b>Provider Name: Sola, Inc.</b>	<b>Setting Name: The York</b>
<b>Setting Address: 6139 Ark Road Gloucester, VA 23601</b>	<b>Type of Setting: Group Home</b>
<b>Number of people served at the setting: 8</b>	<b>Number of individuals reviewed: 2</b>

#### Waiver Service Information

Individuals in this setting use one of the three (3) DD Waivers available in Virginia.

Community Living (CL Waiver)

Family and Individual Supports Waiver (FIS)

Building Independence Waiver (BI)

#### Heightened Scrutiny Criteria Met

Prong 1: Setting is in a publicly or privately operated facility that provides inpatient institutional treatment.

Prong 2: Setting is in a building on the grounds of, or adjacent to, a public institution.

Prong 3: Setting has the effect of isolating individuals from the broader community.

#### Section One

##### Onsite Visit Observation and Assessment

Date(s) of onsite assessment and review: Virtual Interviews and tours were conducted on 9/23/2021. An official onsite review is forthcoming as the provider had active COVID-19 cases. Once the positive cases have resolved, an onsite validation visit will be conducted.

State Agencies that Conducted the Onsite Visit: Department of Medical Assistance Services (DMAS) and the Department of Behavioral Health and Developmental Services (DBHDS)

Number of State Agency Representatives who Completed Assessment: Five; 2 representatives from DMAS and 3 representatives from DBHDS

Description of Setting:

6139 Ark Road Gloucester, VA 23061 is located in a rural portion of Virginia. This setting is located on a large piece of property that contains three (3) homes that are separated by a large parking lot. Of the three homes on the property, two of the homes are group homes that are operated by SOLA, Inc. The last home is not currently utilized as a group home and is occupied by community members. The Joy is a physically accessible home for all of the individuals who receive services. The home has multiple bedrooms, a common living space, kitchen, laundry room, bathrooms (including a staff bathroom) and a medication room. The medication room was locked during the virtual tour of the setting.

While Ark Road is a rural area, it is a 15 minute drive from downtown Gloucester. This area has access to: The Home Depot, Wal-Mart, Starbucks, and Cook Out, Tractor Supply Company, Lowes, Urgent Care centers, local restaurants, banks and post offices.

This setting was brought to the state's attention due to a presumption of isolation as the setting is very close to the agency day support and the majority of all individuals do attend a day support operated by SOLA, Inc.



*Evidence included: interviews with staff and individuals, review of pictures, and a virtual tour completed on 9/23/2021.*

## Section Two

### Evidence of Community Access to the Same Degree as Someone Who Does Not Utilize HCBS Services

This group home is located in a rural area of Gloucester. Downtown Gloucester is a 15 min. drive away and provides access to the stores, restaurants, parks doctors etc. Individual interviews and quarterly reviews show visits with family, go to the doctor, and go to parks. Sola has vans and buses available for transportation and provides a list of public transport options. ISP outcomes for both individuals reviewed for this residential site did not have an outcome relating to community access or any information related to the supports needed to access the community. Daily notes did not have outings listed for residential, choices not often listed. Sola does have a special events and outings tracking log to keep track of outings. The form notes if individuals went out with residential, day support, or family/friends. The outing log and activity calendar showed that outings occur 1-2x a month. The log did have an outing listed once a week but most of these were postponed/cancelled. Examples of planned activities include zoo, Petco, shelter, beach, park, out to eat, movies, mall, shopping. While this is a good thing to plan-most of these outings did not happen, are postponed or not done by the residential sites. Increasing access to the community and determining places of personal interest of each individual in the home are remediation items for this provider.

*Evidence included: Pictures of setting, virtual tour completed 9/23/2021, review of person-centered reviews, review of Activity Calendar, daily progress notes.*

### Section Three

#### Evidence of Privacy, Autonomy and Independence

Individuals in the setting do have keys to their bedrooms and the entrance door. It was noted during the tour and during staff interviews that the majority of bedroom door keys are kept in the door-knob of the door. Individuals (and guardians) and staff have noted that the majority of folks in the setting do require physical support to utilize their keys. Individuals are able to visit with families and guardians in private in their bedrooms as desired. It was noted due to the high- medical needs of the individuals in this setting that most individuals receive support for all ADL tasks. As such, the staff close doors and honor dignity and privacy to the highest extent possible.

Autonomy and independence in this setting are closely linked to the medical needs of each person in the setting. Many of the individuals have specific schedules for repositioning, medical assessments, medications, and nursing care needs. Individuals can choose if they wish to attend day support or stay home. Individuals can make choices in food, activity in the home, clothing and other day to day choices within the setting. There are elements of independence that will require remediation including: locked areas of the home and a staff bathroom. This will require remediation from the provider.

*Evidence included: Pictures and tour of setting completed 9/23/2021. Interview with staff, person-centered reviews, individual support plans and daily progress notes. Interviews with individuals and staff.*

## Section Four

### Evidence of Choice and Freedom from Coercion and Restraint

The Virginia Informed Choice Form is completed at least annually with each individual by their assigned support coordinator/case manager. This form is kept on file stating the individual's choice to receive home and community based services and their choice of provider. Should an individual wish to change their services, the support coordinator/case manager would support the individual by looking at multiple other service choices and again completing the choice form (should another service or service provider be selected).

In addition to choice of services and providers, The York provides choice in: activities, clothing, food, individuals choose who they spend their days with while at home, and are able to select community activities.

*Evidence Included: Virginia Informed Choice Form, Person-Centered Plans, Provider's Home and Community Based Services Policy, Interviews with staff*

The provider utilizes a de-escalation training for all employees upon hire and annually thereafter. The program utilized is CPI. All staff reported that any kind of restraint is a violation of agency policy. When asked about the agency policy on coercion, staff were unable to provide any insight on how they avoid coercion or how to recognize signs that someone is being coerced. A re-training for all staff members will be required for this setting regarding coercion.

*Evidence included: Orientation checklist for staff, Provider's Home and Community Based Services Policy, interviews with staff.*

## Section Five

### Evidence of an Accessible Environment

The setting is accessible to all individuals in the program. The home is one story and has been designed to support people who have durable medical equipment including wheelchairs. The doorways and hallways are wide, there is an open concept for the living areas, and bathrooms have grab-bars and accessible showers.

*Evidence included: pictures and in-person tour completed on 9/23/2021*

## **Section Six**

### Evidence of Participation in the Person-Centered Planning Process.

Individuals reported participating in their person-centered planning meeting. This included deciding where to hold the meeting, who should attend the meeting, picking their outcomes and voicing any needs for changes. In the event that an individual does not use words to communicate, the staff reported that the House Manager will ask for input from staff who know them well prior to the meeting and ask for feedback from the staff once the plan is drafted. Direct Support Staff did not report attending the meeting.

*Evidence included: a review of the person-centered plan, interviews with staff and individuals, review of the provider's Home and Community Based Services Policy- Expectations for Person Centered Planning.*

## Section Seven (As applicable)

**Evidence of Provider-Owned Residential Protections** including: a lease agreement, access to food at any time, ability to have visitors at any time, a key to the dwelling, and the ability for the individual to decorate their bedroom.

Each individual does have a signed lease agreement; however, it does not contain all of the protections from eviction. This will require retaining as a remediation item. Individuals and staff were able to report that individuals can have visitors at any time. Individuals do have keys to their bedrooms; however, the front door entry is a code and not all individuals have the code. This is a remediation item for the provider. Individuals can decorate their bedroom and apartment to their liking. Several individuals reported getting new bedspreads and décor items as they request changes. Food was accessible in the kitchen and individuals reported having the opportunity to help cook meals on a regular basis. It was noted that the provider does have a standard form called Choice of Roommate form. The provider's policy says that based on availability when someone moves into the home they could be offered a single room or a shared room. Should a shared room be selected, both individuals must agree to that set-up and the form must be completed. The provider does have several "house rules" that are in direct conflict with HCBS including:

5. All meals are to be eaten in the designated areas. Food is not be stored, prepared or eaten in a bedroom.

6. Visitors are requested to call ahead to make sure that those whom they are coming to visit will be available during that time.

*Evidence included: Provider house responsibility documents, Provider Home and Community Based Service Policy, signed lease agreements, Agreement to share a room, person-centered plans, individual and staff interviews, virtual tour of setting completed 9/23/2021.*



**Section Eight**

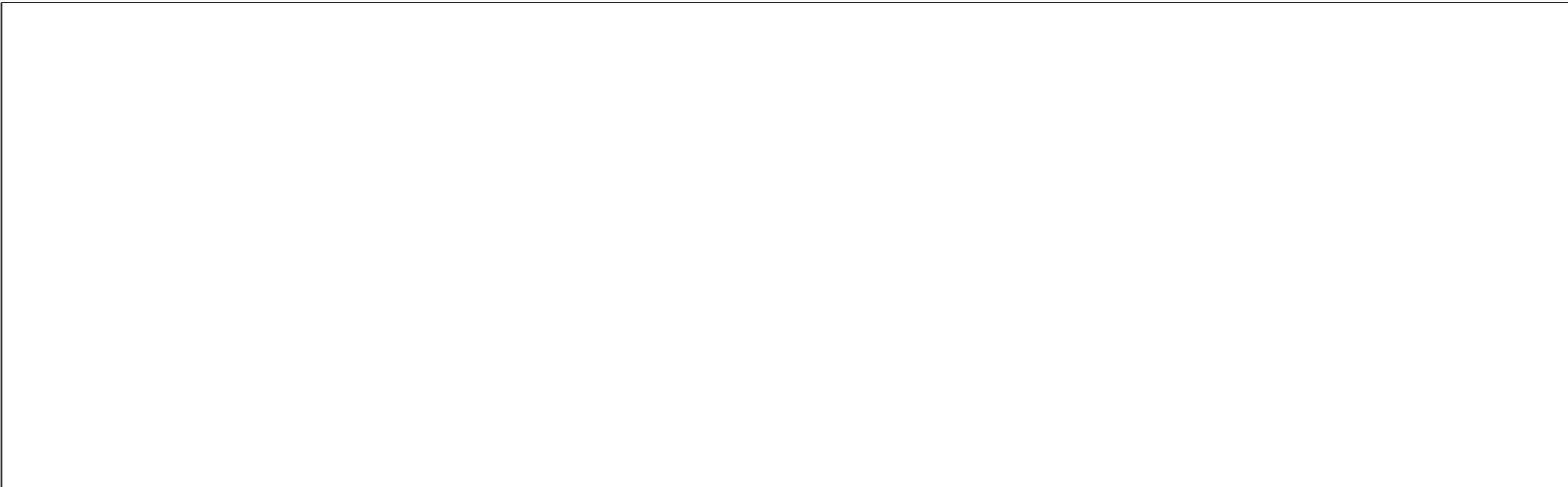
**Public Comment Review Period:**

Public Comments Summary

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**Section Nine**

Summary of State Response to Public Comments

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Attachment A:

## Summary of Review Protocol Utilized by Virginia

### Protocol Overview

The purpose of this protocol is to describe the processes, tools and timelines for the Commonwealth of Virginia Home and Community-Based Services (HCBS) Review Team to conduct a review of a statistically significant sample of the following home and community-based settings: Group Day Services, Supported Living, Sponsored Residential, Group Home and Group Supported Employment Services. The purpose of these reviews is to ensure the rights, dignity and autonomy of individuals enrolled in these programs are honored according to the HCBS Final Rule published in the Federal Register on January 16, 2014; effective March 17, 2014. The HCBS Final Rule establishes requirements for residential and nonresidential service settings in Medicaid waiver programs to ensure individuals receiving services through HCBS waiver programs have access to the benefits of community living and are able to receive services in the most integrated settings. This process is referred to as the provider on-site<sup>1</sup> settings review (OSR).

A HCBS Review Team is established from the Department of Medical Assistance Services (DMAS) and the Department of Behavioral Health and Developmental Services (DBHDS). Each review team consists of 2-4 state staff and may include a combination of representatives from DMAS and DBHDS. In preparation for each OSR, the HCBS Review Team assimilates findings from all provider self-assessment information entered into Research Electronic Data Capture (REDCap). The interview questions, documentation review and visual observations are based on the evaluation of compliance in the following six categories:

- *Community integration and engagement*
- *Autonomy, choice and control*
- *Friends and visitors*
- *Physical environment (Location, signage, accessibility)*
- *Privacy and respect*
- *Policies, procedures and practices (promotion of rights and integration)*

### Settings Tours and Observations

#### Settings Tour

The HCBS Review Team conducts a walking tour of the physical environment to observe indicators of compliance/non-compliance. This includes but is not limited to the location, decoration, accessibility, signage and privacy. The settings tour occurs using the Provider Settings Review Tool

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<sup>1</sup> As of 6/1/2020, an alternative, hybrid approach was added to this protocol. All references to OSR mean any method of review, in-person or virtual.

which includes questions for determining if the setting is fully integrated into the community; is accessible, which includes no obstructions or blocked doorways; is decorated according to individual preferences; has locks on the inside of bathroom and bedroom doors to allow privacy; and has signage without terms stating that people with disabilities receive services there.

Additionally, the HCBS Review Team determines whether:

- The home is on or adjacent to an institutional setting (heightened scrutiny)
- The home is isolated from the community and does not have the effect of isolating people from the community
- The home is integrated in and supports access to the greater community
- The environment is physically accessible

The HCBS Review Team also may take indoor and outdoor photographs of the building, signage, access doors, etc., as evidence in the setting's OSR file and to submit to CMS for heightened scrutiny review. For confidentiality purposes, no photos are taken of people.

For OSRs with virtual elements, the HCBS Review Team tours the setting through virtual means with the provider using a tablet or cell phone to offer a live, visual (FaceTime or other visual application) opportunity to observe the setting. The HCBS Review Team may request the provider submit photos taken (both indoors and outdoors) during the virtual tour. The Commonwealth may submit these photos to CMS as evidence for settings subject to a heightened scrutiny review. Photos do not include images of people.

The state may decide to follow-up with an in-person visit if only one state reviewer can participate in the virtual tour or if deemed necessary as determined by what is observed.

### **Settings Observations**

The HCBS Review Team seeks to learn about the implementation of provider processes to assure community integration and engagement. The OSR involves discussion with staff, supervisors and leadership, and review of service documentation. Dependent upon the type of setting, the review may involve observation of active service delivery, such as day programs, residential supports or group supported employment. Where possible, the HCBS Review Team focuses discussions with those involved in the frontline application of the provider's service delivery processes. Observations and discussions with provider leadership, supervisors and managers occur in addition to rather than instead of discussions with direct line staff.

The HCBS Review Team makes observations and ask questions to determine:

- Individuals are provided choice, autonomy, and community engagement
- Individuals are provided choice regarding services and who provides them
- The individual has a lease or other legally enforceable agreement providing protections from eviction that tenants have under the landlord/tenant law of the state, county, city or other entity (for settings where landlord tenant laws do not apply, the state must ensure

that a lease, residency or other agreement provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law). The agreement must include at a minimum the agreement length, payment information, use and return of security deposits, maintenance expectations, notice before entry into a unit, and conditions that could initiate an eviction and the process to terminate an agreement, evict a tenant/resident and the process to appeal an eviction. Additional information regarding the Virginia Resident Landlord and Tenant Law Act can be found [here](#).

- The individual has privacy in his or her unit, including lockable doors, choice of roommates and freedom to furnish or decorate the unit
- The individual controls his or her own schedule, including access to food at any time
- The individual can have visitors at any time
- The home is selected by the individual from among setting options
- Policies, procedures and practices promote HCBS rights and integration
- Staff competencies, training, and interactions promote rights of privacy, and respect, as well as freedom from coercion and restraint

### **Interview with Direct Service Providers, Volunteer and Supervisor**

Interviews with staff and volunteers in the setting, including direct service providers and supervisors, are for the HCBS Review Team to learn about implemented practice and processes for assuring individual's experience with community integration, engagement, and autonomy. Additionally, the team asks questions relating to the physical aspects of the setting to determine how they assure the individual's understanding of their options to participate in general community activities with supports/services, including options for employment and where they live. Questions are to determine if individuals have privacy, understand their choice in roommates, and have the liberty to furnish and decorate the room/home in which they reside.

The HCBS Review Team focuses the interviews with staff who are directly involved in the frontline application of the provider's direct service delivery processes, including group home managers, DSPs, sponsored residential providers, day program managers and employment site managers and/or job coaches. Interviews with provider executive leadership and administrative staff occur separately, in addition to rather than instead of conversations with direct line staff. Interviews occur with individual staff and/or in groups to glean as much information from as many people as possible during the OSR. For settings with five or fewer staff, the HCBS Review Team asks all staff to participate in interviews. The HCBS Review Team interviews a 10% sample when the setting has six or more staff.

All staff interviews, regardless of role within the setting, include the following common elements to initiate the discussion:

- Introductions of the HCBS Review Team
- Introductions by the staff, including a short overview of their role with the setting
- An overview of the project and the purpose of the OSRs and the importance of the staff person's participation in the interview
- An overview of the interview process to include:

- An explanation that the interview is intended to be a fact gathering exercise and that notes are taken to inform the OSR to support the provider's goal of organizational compliance with the HCBS Final Rule
- A note that any references to HCBS individuals include the Authorized Representative/Guardian, as appropriate
- A request that the staff person provide candid responses to the questions to seek improvement with the provider's goal for organizational compliance with the HCBS Final Rule
- An opportunity for the provider or staff to ask questions about the process

The HCBS Review Team then uses the state-developed interview questions to facilitate the conversation and record responses. At the conclusion of the interview, the HCBS Review Team provides contact information for the Regional DMAS staff if the person wants to share additional information after the OSR. The HCBS Review Team concludes with an expression of thanks to the person for sharing valuable information and insights.

When conducting a 100% In-Person OSR, the HCBS Review Team selects staff who are present during the OSR for interviews. Otherwise, a selection of staff that regularly work in the setting receive a remote interview session. Virtual interviews occur by telephone, or teleconference, preferably using a webcam for visual participation (with applications such as FaceTime or Zoom Meetings). It is important to convey to the provider these interviews are private so that no other staff or supervisors are present in the room during the interview.

### **Interviews with Individuals Who Receive HCBS**

The HCBS Review Team interviews individuals during the OSR to learn about their experience in the setting and what they understand about their options for services and supports outside the setting. A minimum of 25% of individuals receiving services in a setting are interviewed and no less than 2 individuals for smaller settings of 2-10 persons receiving services. The HCBS Review Team randomly selects individuals for interviews and provides a list of those individuals in the Provider Packet. Individuals receive information about the visit prior to the OSR via the Individual and Family Letter and Individual Interview Fact Sheet. Individual interviews occur outside of the presence of staff. The HCBS Review Team assures individuals that their responses are not shared with staff. Individual participation in an interview is optional. If an individual does not want to participate, the HCBS Review Team works with the provider to identify a replacement, if possible. The HCBS Review Team documents the number of individuals in each setting that refuses an interview.

The HCBS Review Team then uses the interview questions to facilitate the conversation and record responses. At the conclusion of an in-person interview, the HCBS Review Team provides contact information of Regional DMAS staff if the individual wants to share additional information after the OSR.

At the conclusion of a virtual interview, the interviewer verbally or visually (using a paper sign) provides contact information of Regional DMAS staff if the individual wants to share additional information after the interview. If able, the individual can write down the contact information. Other options for sharing this contact information include:

- Inviting the support person back into the room to assist
- Sending the contact information via email
- Sending the contact information via text message
- Mailing a postcard to the individual
- Adding the contact information to the Individual/Family letter prior to sending the provider packet

Regardless of OSR approach, individuals, or family/guardian, may choose to participate in the interview remotely. The HCBS Review Team collaborates with the provider to determine if individuals in the sample have the ability to consent to participation in a private, remote interview. The expectation is the individual can participate independently without assistance from staff other than to set up and start the phone/video call. At the start of a remote video interview, the interviewer will ask the individual if anyone has joined them in the room. If the response is affirmative, the interviewer will ask the individual to introduce their guest. At this time, the interviewer will determine if the guest will be participating in the interview; if yes, they will be asked to move into the video frame and in view.

Attachment B:

## Full Evidence List

REDCap Provider Self-Assessment  
Mission Statement  
HCBS Policy, Community Participation Policy, Provider policies in REDCap  
DSP Job Description  
HCBS staff training records  
Lease agreements signed by individuals  
HCBS rights disclosure form signed by individuals  
Person Centered Individual Support Plans  
ISP part V for all individuals reviewed  
Person Centered Quarterly Reviews for all individuals reviewed  
House Activity Calendar  
Individual Schedules  
House Rules Document  
Pictures of location  
Google Maps  
Daily and Monthly Notes for the period of 1/1/2020-1/31/2020  
Logs/Data sheets for 1/1/2020-1/31/2020  
Interviews with individuals and staff completed on 9/23/2021.

Attachment C:

## Summary of Audit Findings

<b>HCBS Standard</b>	<b>Rating</b>
1. Integrated Setting supports access to the Community.	Not Complaint
2. Individual Choice of Setting.	Partially Compliant
3. Individual Rights	Partially Compliant
4. Autonomy	Partially Compliant
5. Choice	Partially Compliant

Attachment D:

### Provider Remediation Plan

Remediation Item	Completion Time Frame	Strategies to Address Remediation Item	Resources Needed to Complete	Notes
<p>Lease agreement does not go over eviction rights. The program rules do go over Eviction-better for this to be in the lease agreement.</p>	<p>31October2021</p>	<p>The lease agreement will be updated to include eviction portions of tenant rights. Virginia Statement of Tenant rights and responsibilities will be included in all intakes and annual packets.</p>	<p>Copy of tenant rights (complete)</p>	
<p>Homes do have an institutional feel similar to a nursing home-goal is for homes to look as much like a home you or I would live in as possible. Examples of institutional feel: Dorm style beds, wall postings for staff, clinical decorations, Staff bathrooms.</p>	<p>31October2021 (postings) 30Novemembr2021 (beds) 31October 2021 (bathrooms)</p>	<p>Postings in homes will be placed in a less conspicuous place when possible. Licensing CAP can limit some items from being placed behind a door or in a binder. All other staff postings will be stored in a binder and place in a cabinet. Bed styles will be reviewed for medical necessity. Clients not needing a medical bed will be supported in finding a replacement bed of their choice. Staff will facilitate clients in the complete plan to pick and receive their new furniture. ½ bathrooms will be properly labeled and referred to as guest bathrooms. If residents prefer their medications be stored in their rooms, management will obtain a bedside order for change. The “medication</p>		

Remediation Item	Completion Time Frame	Strategies to Address Remediation Item	Resources Needed to Complete	Notes
		room” will no longer be locked and be labeled office. Residents will have full access to the office.		
Program Rules and House rules have statements that don’t align with HCBS.	31 October2021	Program and house rules will be standardized and given a revision date to ensure only revised copy is used for future annual packets and new intake packets. Sola will revise the Program and house rules and ensure they meet the HCBS guidelines. Before being implemented program rules will be sent to DBHDS representatives to ensure they meet standards.	DBHDS representative to review program rules and house rules	
Some staff interviews stated the residential homes did not always have a van/bus during the day due to transportation being used by Day Support.	31 October2021	An in-service will be held on 19 October 2021. All staff will be briefed on Sola Inc. vehicles and the availability. Sola Inc has a bus for each location and two mini vans that are accessible by Sola Drivers for access to the community. Day support uses two busses and a minivan and a third bus is located at each location		<i>Some staff have been highlighted by insurance company as not allowed to drive.</i>
Staff have confusion between HCBS and HR. Recommend staff retraining on HCBS.	19October2021	An in-service will be conducted on 19 October 2021. Staff will retrain on HCBS rights and the difference between HCBS and HR. Every in-service management will select a minimum on one right to discuss thereafter.		

Remediation Item	Completion Time Frame	Strategies to Address Remediation Item	Resources Needed to Complete	Notes
Daily notes and interviews did us non-person centered language at times (ex. refused vs declined, toileted vs use the bathroom). Individual choices were not always clearly documented.	30November2021 – Continue to reenforce documentation requirements	11 October 2021 staff were given a class on how to document choice and the Joy. 19 October 2021 all other staff will be given a class on the same to reenforce the standard. DSP's will be trained to focus more on choice and move away from medical style writing and frequency.	Virtual training aid or class that can be given to staff every six months	<i>Would love to have a training slide show that can be given to new staff and old staff to reenforce the standard.</i>
HCBS is a cultural change for the state of Virginia. It's about moving to a person centered and community based model of care. One of the challenges for sites which provide nursing level of care is moving away from a medical model or nursing home model for service delivery. Daily notes done every 2 hrs. to correspond with bed checks /monitoring of individuals.	28February2022	ISP's will be reviewed to identify residents who don't need to be checked on every two hours and staff will be instructed to only conduct checks as appropriate.		
Residential staff do not seem to take individuals on outings. Day Support staff appear to facilitate the bulk of all outings.	Current to 28 February 2022	Visual aids have been created such as binders with pictures of local restaurants, businesses, and activities to assist staff with communicating to residents who need have a communication barrier. These binders and even calendars will be uploaded to the share drive. Residential staff will begin utilizing these communication aids ASAP to better access the community. Proof of this will be shown by uploading		

Remediation Item	Completion Time Frame	Strategies to Address Remediation Item	Resources Needed to Complete	Notes
		the progress notes and logs monthly.		
Activity calendars state Residential name plus day support-seems to be a combined calendar.	31October2021	A binder was created for each home containing a calendar for each client and a master for the staff to track events. This binder will be updated monthly with events each resident wishes to participate in. A current events calendar was created showing all the local events that residents can participate in. Staff will communicate with resident or guardian monthly to schedule outings. Proof of adherence will be uploaded to the share drive monthly once completed.		
ISP part V should go over the supports an individual needs to access the community. Many residential ISP had no outcomes related to community integration; this information was not located in ISP part V for residential.	28February 2022	A review off all ISP will be conducted, identifying the lack of outcomes for a client to access the community. Revision of the part the ISP will be initiated, and all completed by 28 February 2022 Stephanie and Robyn will attend the Virtual Person-centered thinking training in November 2021 to refresh on the ISP process focusing on individualizing ISP plans		
Individuals receive bed checks every 1-2hrs overnight and at least hourly during the day. Ensure frequency of bed checks is individualized and done	31October2021	A review of all ISP will be conducted to identify the need for bed checks and possibly not needing bed checks. Staff for each home will be		<i>One of our licensing caps after an incident was to perform bed checks on</i>

Remediation Item	Completion Time Frame	Strategies to Address Remediation Item	Resources Needed to Complete	Notes
the least amount needed to meet individual need.		briefed on who needs the bed checks and who doesn't.		<i>all individuals living in the home.</i>
Individuals do not have the front door code. Have keys but not taught how to use the keys.	31October2021	Residents will be notified of the code and any changes to all entry/exit doors individually. Guardians and family members will be briefed on the door codes and any changes made to lock. For the residents with the ability to manipulate a lock, ISP will be revised to incorporate the new skill builder of using a lock. Residents/ guardians who choose not to know the code will be required to sign a document stating so. For health and safety reason of not possessing an entry key, we will ensure its annotated in part v.		
Individuals do not have full control over their spending money. Staff keep money in an envelope instead of it being given to the person to keep in their own wallet. Some staff will provide hand over hand assistance to pay at cash register for an item, other staff pay on behalf of individual. Residential staff stated they did not take individuals shopping, this is done by day support.	30November 2021	Management will store all bank cards at home for easier access. Cards will be stored in a binder and locked up in a drawer. The keys for the binder will be in possession of the staff member responsible for the med cart keys. This will always ensure positive control of the keys in the home. We will add an audit process to our policy to ensure management is inspecting card binder for fraudulent activity. Petty cash will be available for residents in		

Remediation Item	Completion Time Frame	Strategies to Address Remediation Item	Resources Needed to Complete	Notes
		<p>binder as well. Some residents currently have control of their money, and some request the money be secured in the office. Pictures of the process will be uploaded into share drive once completed.</p>		
<p>Showers are scheduled-individuals have shower days and some individuals shower as early as 3pm.</p>	<p>30November2021</p>	<p>Shower schedule is not meant to dictate when a shower is performed. These “schedules” will not longer be posted. Staff will continue to ask residents when they are ready to be assisted in with showering in any capacity. Shower will continue to be provided when needed according to events through out the day.</p>		

