

## State of California—Health and Human Services Agency

## Department of Health Care Services



JINLUTUK

# CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES HEIGHTENED SCRUTINY EVALUATION SETTING SUMMARY SHEET

## **Home and Community-Based Services**

#### SITE OVERVIEW

Heightened Scrutiny Identification Number	025
Provider Name	Agape Cottage IV now Rav
	Premera Care LLC
Setting Name	Agape Cottage IV now Rav Premera Care LLC
Setting Type	
Waiver(s) Served	
Setting Address	
Site Assessment Completion Date	07/17/2019
Heightened Scrutiny Summary Sheet Completion	06/12/2022
Date	
Expected Date of Compliance	12/10/2022

## **REASON(S) FOR HEIGHTENED SCRUTINY (HS)**

Setting is located in a building that is also a publicly or privately-operated facility that provides inpatient institutional treatment
Setting is in a building located on the grounds of, or immediately adjacent to, a public institution

Setting has the effect of isolating individuals receiving Medicaid Home and Community Base Services (HCBS) from the broader community of individuals not receiving Medicaid HCBS					
⊠ Du	ue to the design or model of service provision in the setting, individuals have limited, if any, opportunities for interaction in and with the broader community, including individuals not receiving Medicaid-funded HCBS				
	Setting restricts individual choice to receive services or to engage in activities outside of the setting				
	Setting is located separate and apart from the broader community without facilitating individual opportunity to access the broader community and participate in community services, consistent with an individual's personcentered plan				



#### SETTING SUMMARY: COMPLIANCE OVERVIEW AND REMEDIATION STRATEGY

Setting is located in a building that is also a publicly or privately-operated facility that provides inpatient institutional treatment

Summary of						
Evidence						
Summary of						
Remediation						
Strategy						
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Remediation Sti	rategy Approved?	⊔ Yes I	⊔ No			
Pomodiation St	art Date:					
Remediation 36	ait Date					
Remediation En	d Date:					
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## Setting is in a building located on the grounds of, or immediately adjacent to, a public institution

Summary of Evidence			
Summary of Remediation Strategy			
Remediation Strategy Approved?  Remediation Start Date:	☐ Yes	□ No	
Remediation End Date:			



Due to the design or model of service provision in the setting, individuals have limited, if any, opportunities for interaction in and with the broader community, including individuals not receiving Medicaid-funded HCBS

#### **Summary of Evidence**

Individuals living at Agape Cottage IV now Rav Premera Care LLC had limited opportunities for interaction in and with the broader community. Ray Premera Care did not plan community activities as part of its plan for service. Individuals did not have access to transportation for non-medical activities in the community. Individuals did not participate in community activities with and without their housemates/roommates.

Rav Premera Care employed practices that interfered with individuals' community access. Rav Premera Care did not allow individuals to participate in the broader community without a family or friends. Individuals were required to sign out when leaving their home and sign back in whey they returned to their home. Individuals did not have keys to the locked front door. There were chimes on external doors and windows.

#### **Summary of** Remediation Strategy

Ray Premera Care will ensure individuals have opportunities for community engagement. All individuals will be supported to access their community using the van or with friends and family members The administrator will meet with individuals regularly to discuss individual and group activities. Based on the input received in the meeting, the administrator will schedule activities based on individual interests and preferences. The administrator will support individuals to schedule outings without their housemates/roommates. The administrator will record activities on the calendar. The staff will assist individuals with transportation for community activities. Staff can provide transportation using the van owned by Rav Premera Care or assist individuals in arranging transportation with their friends or family members. All individuals will have the option to join or decline the activities.

Ray Premera Care intends to support individuals to access the community as they want. Individuals will be told at admission and at least annually that they can come and go as they want. The doors open from the inside; the front door is locked from the outside. Individuals have keys to the front door and can independently enter their home unless there is an assessed need for a restriction documented in the person-centered plan and reviewed at least annually. The chimes/alarms will be discontinued by 12/10/2022. If the person-centered team identifies a health and safety risk, there will be individualized interventions. Any restrictions will be based on an individually assessed need, documented in the person centered plan, and reviewed at least annually. Rav Permera Care staff, for safety, will encourage individuals to tell them when they are leaving their home and when they plan to return. Signing in and out will no longer be required. Staff will tell individuals it is their choice to let them know when they are leaving and planning to return.



**Remediation Strategy Approved?** ⊠ Yes □ No **Remediation Start Date:** 06/12/2022 Remediation End Date: 12/10/2022

## Setting restricts individual choice to receive services or to engage in activities outside of the setting

Summary of Evidence	Rav Premera Care employed practices that interfered with individuals' community access. Rav Premera Care did not allow individuals to participate in the broader community without a family or friends. Individuals were required to sign out when leaving their home and sign back in whey they returned to their home. Individuals did not have keys to the locked front door. There were chimes on external doors and windows.
Summary of Remediation Strategy	Rav Premera Care intends to support individuals to access the community as they want. Individuals will be told at admission and at least annually that they can come and go as they want. The doors open from the inside; the front door is locked from the outside. Individuals have keys to the front door and can independently enter their home unless there is an assessed need for a restriction documented in the person-centered plan and reviewed at least annually. The chimes/alarms will be discontinued by 12/10/2022. If the person-centered team identifies a health and safety risk, there will be individualized interventions. Any restrictions will be based on an individually assessed need, documented in the person-centered plan, and reviewed at least annually. Rav Permera Care staff, for safety, will encourage individuals to tell them when they are leaving their home and when they plan to return. Signing in and out will no longer be required.  Staff will tell individuals it is their choice to let them know when they are leaving and planning to return.

Remediation Strategy A <sub>l</sub>	⊠ Yes	□ No	
Remediation Start Date:	06/12/2022		
Remediation End Date:	12/10/2022		



Setting is located separate and apart from the broader community without facilitating individual opportunity to access the broader community and participate in community services, consistent with an individual's person-centered plan

Summary of Evidence					
Summary of Remediation					
Strategy					
Remediation Strategy Approved?	□ Ves	□ No			
	□ 162				
Remediation Start Date:					
Remediation End Date:					