



State of California—Health and Human Services Agency
Department of Health Care Services



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

Home and Community-Based Services

SITE OVERVIEW

Heightened Scrutiny Identification Number	106
Provider Name	Crofton Manor Inn
Setting Name	Crofton Manor Inn
Setting Type	
Waiver(s) Served	
Setting Address	
Site Assessment Completion Date	10/10/2019
Heightened Scrutiny Summary Sheet Completion Date	6/13/2022
Expected Date of Compliance	11/1/2022

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
 - 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
 - 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 person-centered 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	

Remediation Strategy Approved? Yes No

Remediation Start Date: _____

Remediation End Date: _____



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? Yes No

Remediation Start Date: _____

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	
Summary of Remediation Strategy	

Remediation Strategy Approved? Yes No

Remediation Start Date: _____

Remediation End Date: _____



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

Summary of Evidence	Individuals have limited access to the community and the site has blanket restrictions in place. Specifically, individuals in _____ are not allowed to leave their unit or the setting with staff or family escort. There are several restrictions that are in place limiting the movement of some if not all of the individuals including gates in the back and side that are locked and topped with barbed wire and delayed egress exterior doors on the side and back of the setting. The provider stated that they follow doctor’s orders to determine if a 'patient' is able to leave unassisted. The provider added if the doctor’s orders state the individual requires assistance - they can go on center outings only. The assessor observed a locked memory care unit, where it seems most individuals are never able to leave without staff assistance. Activity calendars were observed to be non-individualized. Setting also has restrictions on visitors and does not allow overnight visitors unless someone is “dying.”
Summary of Remediation Strategy	Setting is installing keypad locks and all individuals will be given the keycode for the doors and the gate. The back gate is locked at night for security; however, individuals will have the keypad code. Individuals can move around the setting without staff assistance and can come and go as they desire. Any modifications to an individual’s right to leave the setting or move around will be based on an assessed need and documented in their ISP. Alarms on doors are only used for security and to notify staff when the door is open, but they are not used to track or restrict individuals’ freedoms/movement. The admission agreement has been updated to reflect this. Individuals who need assistance to access the community will be provided staff assistance as needed. Activity calendars are based on monthly resident council meetings and include activities based on individual preferences and interests. The visitor policy will be updated to allow for overnight guests. If an individual shares a room the roommate will be asked for their consent to have an overnight visitor. Other accommodations will be made if consent is not given. Modifications to rights will be reviewed no less than annually.

Remediation Strategy Approved? Yes No

Remediation Start Date: 06/08/2022



Remediation End Date: 11/01/2022



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? Yes No

Remediation Start Date: _____

Remediation End Date: _____