



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	<b>137</b>
Provider Name	<b>Four Seasons</b>
Setting Name	<b>Four Seasons</b>
Setting Type	
Waiver(s) Served	
Setting Address	
Site Assessment Completion Date	<b>7/25/2019</b>
Heightened Scrutiny Summary Sheet Completion Date	<b>6/8/2022</b>
Expected Date of Compliance	<b>6/30/2022</b>

**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  
REMEDATION STRATEGY**

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

<b>Summary of Evidence</b>	Four Seasons Assisted Living is located in a building with a SNF and shares all operations with the SNF. Four Seasons Assisted Living has institutional practices that include care plans are not highly individualized, service options not documented, information regarding community-based services are not shared with individuals, video surveillance was used without needed documentation, little to no documentation on activity preferences in individuals files, individuals un able to dine alone and, Individuals have limited access to food and must adhere to specific mealtimes. Additional institutional practices include individuals are expected to follow curfews, individuals do not have keys to the exterior doors, and visitors can only be present on site at specific hours.
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<p><b>Summary of Remediation Strategy</b></p>	<p>Four Seasons Assisted Living has submitted a plan to address the institutional practices. Four Seasons Assisted Living will ensure that all individuals living in the setting will be assessed individually. All modifications/restrictions will be based on an individual assessed need, documented in the person-centered plan. Any restrictions will be reviewed at least annually or as needed. Four Seasons Assisted Living will ensure the person-centered plan will document the setting and service options available. Four Seasons Assisted Living plans activities inside and outside of the facility along with group and individual planned activities based on the individuals' preferences, likes and desires. Four Seasons Assisted Living use and activity board to display to the individuals and is updated monthly, however, reviewed weekly with individuals. Individuals' preferences, likes and desires will be documented in the person-centered plan and reviewed at least annually with the individual.</p> <p>Video cameras, without audio, are used in common areas for safety and accountability and is viewable from the medication room by staff. The footage is not recorded or kept. Four Seasons Assisted Living will inform individuals, responsible parties, and staff of this before 6/30/2022 and then upon admission, at least annually and as needed.</p> <p>Although stated in the initial review individuals do not have curfews and any suggestions of a return time is not mandatory. Individuals are offered keys when leaving the setting, so they are not reliant of staff for reentry. Any restrictions or support needed to maintain keys is based on an assessed need that is reviewed by the person-centered team and documented in the person-centered plan.</p> <p>Four Seasons Assisted Living states that individuals can have visitors at any time, including overnight. Four Seasons Assisted Living requests that prior notice for overnight guests is suggested but not required. Visiting hours are only a suggestion.</p>
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**Remediation Strategy Approved?**     Yes     No

**Remediation Start Date:**    03/12/2022

**Remediation End Date:**    06/30/2022

**Setting is in a building located on the grounds of, or immediately adjacent to, a public institution**



<b>Summary of Evidence</b>	
<b>Summary of Remediation Strategy</b>	

**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**



<b>Summary of Evidence</b>	
<b>Summary of Remediation Strategy</b>	

**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**



<b>Summary of Evidence</b>	
<b>Summary of Remediation Strategy</b>	

**Remediation Strategy Approved?**     Yes     No

**Remediation Start Date:** \_\_\_\_\_

**Remediation End Date:** \_\_\_\_\_



**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**

<b>Summary of Evidence</b>	
<b>Summary of Remediation Strategy</b>	

**Remediation Strategy Approved?**     Yes     No

**Remediation Start Date:** \_\_\_\_\_

**Remediation End Date:** \_\_\_\_\_