



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	322
Provider Name	Twilight Haven
Setting Name	Twilight Haven
Setting Type	
Waiver(s) Served	
Setting Address	
Site Assessment Completion Date	09/20/2019
Heightened Scrutiny Summary Sheet Completion Date	5/26/2022
Expected Date of Compliance	6/30/2022

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 Based 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	<p>Twilight Haven is co-located with a SNF and has restrictions in place. Specifically, the doors are locked at night and the individuals cannot access the site without assistance from staff. Additional restrictions include: all visitors must sign in and out, all visitors are required to wear visitor badges, community resource information is provided but the conversation is not documented. Individuals are required to ask a caregiver for food from the kitchen as it is a commercial kitchen and off limits, overnight guests are generally prohibited.</p>
Summary of Remediation Strategy	<p>Twilight Haven submitted a plan to address the institutional practices. Twilight Haven will ensure individuals are informed about the setting and service options available to them in the community. Twilight Haven will document these options and conversations within the person-centered service plan.</p> <p>Twilight Haven offers individuals keys upon admission. Any restrictions or supports needed to have a key will be based on an assessed need that will be reviewed and documented in the person-centered plan.</p> <p>Twilight Haven states that individuals can have visitors as the desire, to include overnight guests. Guests are encouraged to sign in and out however this is not required. Although visitor badges may contribute to an institutional appearance or practice, it does not impact individual's' opportunities for interaction with and in the broader community.</p> <p>Twilight Haven states that individuals have access to food as they desire. Individuals have access to a community kitchenette in each of the buildings. Individuals can also have their own mini-refrigerators and microwaves in their bedrooms. Individuals can order food as they desire or request food from the kitchen to store in their rooms. Any restrictions or supports needed will be based on an assessed need that will be reviewed and documented in the person-centered plan.</p>



Remediation Strategy Approved? Yes No

Remediation Start Date: 5/25/2022

Remediation End Date: 06/30/22



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	
Summary of Remediation Strategy	

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

Summary of Evidence	
Summary of Remediation Strategy	

Remediation Strategy Approved? Yes No

Remediation Start Date: _____

Remediation End Date: _____