

EXAMPLE Provider Self-Assessment

SAMPLE RESPONSES

A variety of sample scenarios have been created in order to demonstrate different ways of responding to assessment questions.

Self-Assessment Questions	
1. How do you accommodate individuals who are employed, seeking employment, or volunteering?	<p><u>Sample Scenario #1:</u> I am a Certified Family Home (CFH) provider caring for one resident, my 85 year old mother who chooses not to work. Response: I understand that if I were to care for a resident that wanted to work, etc. that I would need to accommodate that resident's desire to do so. But currently I only have one resident and she chooses not to work. Evidence: See policy and procedures on this issue. This choice is also documented in the resident's file.</p> <p><u>Sample Scenario #2:</u> I am a Residential Assisted Living Facility (RALF) provider and several residents work or volunteer. Response: There are not restrictions placed on residents of this RALF in terms of employment or volunteering. Meal times are flexible to accommodate work schedules and residents can come and go as they please at any time. We have a computer center to facilitate seeking employment. Evidence: See policy and procedures, resident handbooks which note this information, as well as our in/out resident logs.</p> <p><u>Sample scenario #3:</u> I am a Developmental Disabilities Agency (DDA) provider and provide services for adults and children. Response: In order to accommodate the needs of our working adults, the DDA allows for flexible arrival and departure times/service times. In our DDA we serve children who are not old enough to work. If our agency does begin to provide services to individuals who can work/volunteer, a policy</p>

EXAMPLE Provider Self-Assessment

	<p>will be developed to ensure that scheduling for those individuals can be accommodated around the times and days that they work/volunteer.</p> <p>Evidence: See policy and procedures and information in enrollment packets provided at the time of enrollment.</p>
<p>2. How do you regularly provide opportunities (once per week or more) for individuals to leave the setting to participate in community activities for skill building or socialization?</p>	<p><u>Sample Scenario #1: Large RALF</u> Response: We have a part-time activities coordinator who is responsible for scheduling and organizing activities within and outside of the facility. He develops a monthly activities calendar that includes activities organized by the facility and activities that are happening in the community that residents can attend independently if they wish. Evidence: Activities coordinator job description, copy of monthly activities calendar.</p> <p><u>Sample Scenario #2: Adult Day Health Center (ADH)</u> Response: We plan one outing a month to a restaurant, one a month to a thrift store, and two a month are planned with participant input. Evidence: We have activity calendars to demonstrate this.</p> <p><u>Sample Scenario #3: I am a CFH caring for three residents in a rural area.</u> Response: Weekly trips to town are scheduled with individuals living in our home through our “campfire gatherings” on Sunday nights. Residents are encouraged to identify activities they would like to attend in town and we coordinate who is going where along with any support they might need. Barn dances, hayrides, quilting bees, canning co-ops, and other neighboring ranch activities are also shared with residents at the weekly gathering to offer more social time with friends. Evidence: Meeting conversations are documented and saved.</p>

EXAMPLE Provider Self-Assessment

<p>3. How do you support individuals in purchasing goods and services of their choosing with their own money during times in the community?</p>	<p><u>Sample Scenario #1:</u> I am a CFH with one resident who is a family member. Response: My resident has access to her personal money in accordance with her identified support needs. She is not prohibited from spending money on items or services of her choice. She is encouraged to keep track of her funds and account balances and conversations are routine for us when she is planning a purchase. Evidence: Accounting records are maintained which documents her personal monthly allowance and how it is spent. You may also ask her about her abilities to buy items of her choosing.</p> <p><u>Sample Scenario #2:</u> RALF Response: We do not have any influence over how residents use their own monies. Our admission agreement indicates that we do not hold their additional funds so we do not have control over those monies. We take residents to places that they can spend their own money if they would like to do so, such as the mall or Barnes and Noble. Evidence: Participant Interview; Residents can confirm that they are able to use their own monies to buy things, individual admission agreement, and policies and procedures.</p> <p><u>Sample Scenario #3:</u> ADH Response: We are happy to let people spend their own money on any outing into the community. We have no policies against this. You can ask residents. We do nothing to control a person’s personal money. Evidence: See policy and procedures, participant interview.</p>
<p>4. How do you inform individuals of their rights?</p>	<p><u>Sample Scenario #1:</u> CFH Response: Individual rights are posted in the kitchen near the dining table. We hold a weekly discussion on Wednesday nights and play a trivia-type quiz game called “Right – Not My Right” to help folks learn about their rights and how to use them. Weekly topics are documented. Evidence: Discussion calendar, observation and participant interviews.</p>

EXAMPLE Provider Self-Assessment

	<p><u>Sample Scenario #2: RALF</u> Response: Resident rights are included with the admission agreement that is signed when individuals move in. In addition, we have posters of resident rights in several of the common areas in the facility (reading room, activities room, and lobby). Evidence: A copy of the admission agreement. Observation - resident rights posters.</p> <p><u>Sample Scenario #3: ADH</u> Response: We have a poster on the bulletin board with their rights. They are also contained in our agreement papers signed by all individuals or their guardians. We train all our staff on personal rights. Evidence: One can observe the bulletin board that shows the rights. We have a training log on all staff and a copy of the agreement papers are contained within the individual client file.</p>
<p>5. What evidence do you have to support that you are trained on and complying with privacy/confidentiality policies and practices?</p>	<p><u>Sample Scenario #1: RALF</u> Response: We maintain logs for all employees who receive new employee confidentiality training and refresher training. Evidence: Our training logs.</p> <p><u>Sample Scenario #2: CFH</u> Response: We received training on privacy/confidentiality practices as a requirement to become licensed as a CFH. We keep all resident information in a private place and do not share private health information with unauthorized persons. Evidence: CFH certification; policies and procedures.</p> <p><u>Sample Scenario #3: ADH</u> Response: We have a training log on all staff and the curriculum that demonstrates the content of their training on privacy/confidentiality practices. Evidence: Training logs.</p>

EXAMPLE Provider Self-Assessment

	<p><u>Sample Scenario #4: DDA for both adults and children</u> Response: We have staff training documents, training logs, and ongoing yearly staff training on HIPAA and confidentiality. We have this information in our policies and procedures. Evidence: Training logs and policies and procedures.</p>
<p>6. How do you provide space and opportunity for individuals to have privacy?</p>	<p><u>Sample Scenario #1: ADH</u> Response: As you can see if you visit, there are several areas where residents can sit alone or even rest if they choose. Evidence: Observation.</p> <p><u>Sample Scenario #2: RALF</u> Response: All residents are free to come and go from their rooms if they wish to be alone. We have private changing rooms in the common areas of the facility for those individuals that need help with toileting throughout the day. We have seating available in the lobby and in the outdoor area if residents would like to have private conversations with visitors or other residents. We have a few private rooms available at our facility. Evidence: Policies and procedures for protecting resident privacy during care provision, observation of the facility layout.</p> <p><u>Sample Scenario #3: CFH with three residents</u> Response: The property is set in a nice valley with multiple outbuildings. Residents have access to all of the property and buildings with the exception of the machine shed. There is a parlor in the front of the house and gardens in the back of the building that provide unlimited opportunities for alone time as needed. Evidence: Observation.</p>

EXAMPLE Provider Self-Assessment

<p>7. How do you ensure that individuals are free from the use of unauthorized restraints (chemical, mechanical, or physical restraints or use of seclusion)?</p>	<p><u>Sample Scenario #1: RALF</u> Response: We have policies and procedures in place regarding the use of restraints. All employees receive new employee training and ongoing refresher training on use of restraints. We also have a process for documenting and reporting instances of restraints. Evidence: Policies and procedures, training logs, reporting processes.</p> <p><u>Sample Scenario #2: ADH</u> Response: Use of restraints is against our policies and procedures and staff are trained on our policies and procedures when they are hired. We have copies of our policies and procedures as well as our training logs. Evidence: Policies and procedures and training logs.</p> <p><u>Sample Scenario #3: DDA for adults only</u> Response: Restraints are not used in our facility. We have policies and procedures that our staff is trained on regarding this. A signed copy of the training is included in the employee personnel file. Evidence: Observation, training logs, and policies and procedures.</p>
<p>8. How do you ensure that individuals are free from coercion?</p>	<p><u>Sample Scenario #1: RALF</u> Response: We have policies and procedures in place regarding treatment of residents. All employees receive new employee training and ongoing refresher training on working with residents that includes appropriate non-coercive interaction styles. Evidence: Policies and procedures, training materials, and attendance logs.</p> <p><u>Sample Scenario #2: DDA for children only</u> Response: Use of coercion is against our policies and procedures. Staff is trained on these when they are hired. We have copies of our policies and procedures as well as our training logs and employee handbook which indicates that the staff do not coerce the individuals that they work with.</p>

EXAMPLE Provider Self-Assessment

	<p>Evidence: Training logs, policies and procedures, and employee handbook.</p> <p><u>Sample Scenario #3: CFH with two residents</u> Response: We encourage open communication about everything. We support numerous opportunities for everyone to have group discussions, one-on-one discussions, and written questions and answers to help keep up with any necessary problem solving. It is against our policy and procedures to use coercion in any way.</p> <p>Evidence: Activity calendar of discussions and opportunities.</p>
<p>9. How do you ensure individuals know how to file a complaint if they feel their rights have been violated?</p>	<p><u>Sample Scenario #1: RALF</u> Response: Information about how to file a complaint is included in the resident rights documents that residents receive upon move-in. In addition, we have a poster in several common areas of the facility that lists their options for filing a complaint – they may speak with the administrator, a staff person, or file a complaint anonymously.</p> <p>Evidence: Policies and procedures regarding handling of complaints, resident rights in admission agreement packet.</p> <p><u>Sample Scenario #2: ADH</u> Response: We keep information posted on the bulletin board on how to file a complaint. The information is also contained in the initial agreement packet all individuals or their guardians receive.</p> <p>Evidence: Observation of the bulletin board with complaint information posted. Copy of the agreement packet handed out.</p> <p><u>Sample Scenario #3: CFH with several residents</u> Response: The “right to file a complaint” and the appropriate contact information is posted with the rights document on the refrigerator.</p> <p>Evidence: Observation.</p>

EXAMPLE Provider Self-Assessment

	<p><u>Sample Scenario #4: CFH or RALF</u> Response: Some residents served here have the functional age of a child and/or are not able to clearly demonstrate that they understand their rights or complain about potential violation of their rights. Therefore, we ensure that the legal guardian understands and is aware of the resident’s rights and how to file a complaint on their behalf if necessary. Evidence: Signature of guardian on rights document, policies, and procedures.</p>
<p>10. How do you respect individuals’ dignity by offering activity options that are age appropriate (appropriate for the individual’s chronological age)?</p>	<p><u>Sample Scenario #1: RALF</u> Response: We provide leisure time activity options for the adults that we serve that include movies for all audiences, books at multiple reading levels (but in large print), art activities that adults might enjoy (like painting), and excursions to places for adults, such as shopping or the art museum. Evidence: Observation of activities calendar, observation of activity options (movie library, games collection, arts and crafts options), asking residents about their options.</p> <p><u>Sample Scenario #2: ADH</u> Response: Any activity you see here is an activity you would see in any equivalent gathering of people of the age range that we have. We may adapt some of those to better meet individual needs but you will never see anyone here playing with toys or coloring in a child’s coloring book. Our activity calendar is a good demonstration of this. Our policies and procedures outline the types of age-appropriate activities that adults in our center have the option to engage in. Evidence: Activity calendar, observation, and policies and procedures.</p> <p><u>Sample Scenario #3: DDA</u> Response: Our policies and procedures as well as staff training focus on activities that are age appropriate. We do offer participants’ choices of items that they can bring in or purchase. We encourage individuals to bring or purchase age appropriate* items. Evidence: Policies and procedures, interviews, and observation.</p>

EXAMPLE Provider Self-Assessment

<p>11. How do you provide individuals with choices about how to spend their time while in this setting?</p>	<p><u>Sample Scenario #1: RALF</u> Response: Residents can choose to participate in the planned activities here at the facility or to engage in individual activities if they would like. Evidence: Activities calendar that shows the hosted activity options (arts and crafts, cooking class, game night), observation of the facility (we have a number of spaces where an individual can engage in other activities, such as grabbing a book from the library room, or getting a deck of cards to play a game with the other residents).</p> <p><u>Sample Scenario #2: DDA</u> Response: Each participant has goals that they would like to work on, as agreed upon in the person-centered planning meeting. Participants in our program can choose how to work on their goals while in our settings. Evidence: Information about participants’ rights is listed in our rights documentation and kept in the participant files, as well as on the bulletin board at the center. Policies and procedures outline that participants have the choice on how they choose to work on individual goals.</p> <p><u>Sample Scenario #3: CFH</u> Response: At our home there are always individuals coming and going. We offer several opportunities to tell those that live here about upcoming events and also encourage each participant to make their own choices about what they want to do each day. Participants are assisted in making their own calendar or planner as they see fit. Evidence: Schedules and planners, participant interviews and observation.</p>
<p>12. Are you flexible with such things as schedules, routines, arrival times, meal/snack times,</p>	<p><u>Sample Scenario #1: CFH with three residents</u> Response: The CFH is a busy place with individuals trying to keep their own schedules so it works best for our home to offer meals over a span of time, rather one set time. Depending on who wants to go where and when, we do our best to get everyone to the right place. They can also choose to do nothing and enjoy just being at home.</p>

EXAMPLE Provider Self-Assessment

<p>etc? Please describe.</p>	<p>Evidence: Schedules and activities calendars.</p> <p><u>Sample Scenario #2: RALF</u> Response: We offer a two-hour window for meals to accommodate people’s schedules and make sure that there are a variety of activity options available at different times of the day. We accommodate residents’ preferred wake and sleep times by scheduling staff rotations accordingly for bathing/grooming for those residents that need assistance with those tasks. Evidence: Activities calendar, dining room hours (posted), resident intake interview form (reflects preferences for wake/sleep times).</p> <p><u>Sample Scenario #3: ADH</u> Response: People can come and go as they please during our workday. If they want to arrive late, leave early, or meet a friend for lunch outside our center, that is fine. There are no policies or procedures to interfere with this freedom. Evidence: Participant interview, policies and procedures.</p>
<p>13. How do you support individuals in choosing who they engage in activities with?</p>	<p><u>Sample Scenario #1: RALF</u> Response: We offer a variety of spaces where residents can interact with others at their discretion and encourage residents to participate in any and all facility-hosted activities that they choose. Evidence: Observation of facility space, residents can also confirm they can choose who they interact with.</p> <p><u>Sample Scenario #2: DDA</u> Response: We offer several different groups that people can engage in. Our participant rights document outlines what rights participants have in choosing who they would like to engage with while at the DDA. Our policies and procedures outline our conflict resolution strategies in times where there is conflict between participants. Evidence: Policies and procedures, participant interviews, and observation.</p>

EXAMPLE Provider Self-Assessment

	<p><u>Sample Scenario #3: CFH</u> Response: Our home is fortunate to be able to provide private rooms for each of our participants. Although we do hold group gatherings, no participant is ever forced to join in or partner up with another participant if they don't want to. You are welcome to chat with the participants to confirm. Evidence: Participant interviews and observation</p>
<p>14. What is your process to ensure that individuals can express their choices and preferences regarding <u>how</u> your services are provided?</p>	<p><u>Sample Scenario #1: DDA</u> Response: Our participant rights document provides each participant or their legal guardian with information about their rights regarding the services that we offer. Our staff training and Policies and procedures address participant choice in their preferences regarding the services that a participant chooses. Our policies and procedures outline how we will contact the plan developer if the participant wants to make changes in the type of services that they would like to receive. Evidence: Policies and procedures, participant rights document, and staff training documents.</p> <p><u>Sample Scenario #2: CFH</u> Response: As previously mentioned, we offer and encourage many different outlets for conversation. What I haven't mentioned is that as a method to ensure we are following our policies and procedures, we have private chats with participants at least weekly or more if they request it. This is how our home makes sure that we are offering the things that the participant wants and needs. If they are unhappy with something or think they are ready to try something new, we work through the details with them to ensure those things happen. Evidence: Policies and procedures documents and participant interviews.</p> <p><u>Sample Scenario #3: RALF</u> Response: We conduct an interview with new residents to get their preferences about the services they receive. We also give new residents a brochure that describes what to do if they aren't happy with some aspect of their services here. Evidence: Intake interview form and resident's rights brochure.</p>

EXAMPLE Provider Self-Assessment

<p>15. What is your process to facilitate individual choice of services by directing individuals to their person-centered planning team to adjust their service plan when needed?</p>	<p><u>Sample Scenario #1: RALF</u> Response: Each resident file includes the name and contact information for their service plan developer. In the event that someone needs to adjust their services, the supervisory RN contacts the plan developer or helps the participant get in touch with that person. Evidence: Policies and procedures regarding resident service changes/adjustment.</p> <p><u>Sample Scenario #2: CFH</u> Response: Generally, participants come tell us about something they are struggling with or something they would like to change. Then we help the participant gather up their person-centered planning team to have some conversation about making adjustments to their plan. Evidence: Participant interviews.</p> <p><u>Sample Scenario #3:DDA</u> Response: Our participant rights document describes the participant’s right to make changes to the service plan. Our policies and procedures describe how we contact the plan developer if the participant wants to make any changes to the type of services that they receive. We request to be invited to the planning meeting to have input into the most effective service delivery options. Evidence: Policies and procedures and participant rights document.</p>
<p>16. What is your process to ensure individuals have the opportunity to express their choices and preferences regarding <u>who</u></p>	<p><u>Sample Scenario #1: DDA</u> Response: Our participant rights document includes information about participants’ choices regarding who provides their services. We offer choice and opportunity for participants to work with the staff that they want to. We make all attempts to accommodate participants’ choices as we are able to, and we have a grievance policy for participants to use as they choose. Evidence: Participant rights, policies and procedures.</p> <p><u>Sample Scenario #2: CFH</u> Response: If a resident is unhappy with who is providing them with services we encourage them to</p>

EXAMPLE Provider Self-Assessment

<p>provides your services?</p>	<p>identify what the concerns are and how they might be rectified. Sometimes it is a simple change that can resolve the issues. Other times we document a plan of action and then review that over time. If the issue is not resolved we assist the individual by contacting the care plan manager and arranging for a planning team meeting.</p> <p>Evidence: Observation and participant interviews.</p> <p><u>Sample Scenario #3: RALF</u></p> <p>Response: During the new resident move-in process, people are automatically assigned to a particular staff person or rotation. However, residents can always ask to work with another staff person. When they move in, each individual receives a Resident Rights brochure that encourages them to let the administrator or oversight nurse know if they want to work with a different staff person or if they have feedback about the individuals that work with them.</p> <p>Evidence: Resident Rights brochure.</p>
--------------------------------	--



If you are a developmental disabilities agency or adult day health center, **STOP. Do not** complete questions 17 through 27.

If you are a residential assisted living facility (RALF) or certified family home (CFH), **YOU MUST ALSO** complete questions 17 through 27.

RALFs and Certified Family Homes (Residential Providers Only)

<p>17. If you offer services such as medical care, dental care, hair</p>	<p><u>Sample Scenario #1: RALF</u></p> <p>Response: Yes. We have a hair stylist on site and a mobile dentist unit that visits twice a month. However, residents are not required to use these services. Their Welcome Packet indicates that these services are available, but they aren't required to use them.</p>
--	--

EXAMPLE Provider Self-Assessment

<p>styling services, physical therapy, etc. on site, are individuals free to access those same services in the community?</p>	<p>Evidence: Welcome Packet and the Admission Agreement (it contains no provisions requiring residents to use on-site services).</p> <p><u>Sample Scenario #2: CFH</u> Response: This CFH doesn't offer any ancillary services; individuals are welcome to get their personal need services from other community providers. We help with transportation as needed. Evidence: Participant interview and transportation logs.</p>
<p>18. Do all individuals have signed Admission Agreements that describe discharge/eviction criteria and timeframes that are in accordance with HCBS requirements?</p>	<p><u>Sample Scenario #1: RALF</u> Response: Yes. The Admission Agreement that all new residents sign states that residents can be discharged with 30-day notice unless it is an emergency, such as health crisis, that requires that the individual be placed in a higher level of care. Evidence: Copy of the Admission Agreement.</p> <p><u>Sample Scenario #2: CFH</u> Response: Yes. Each resident has a signed agreement that lists services, household requirements (policies), and cancellation or move out details. We use the template CFH admission agreement supplied by Licensing and Certification. Evidence: Copy of the agreement.</p>
<p>19. How do you provide individuals the opportunity to choose their roommate?</p>	<p><u>Sample Scenario #1: RALF</u> Response: If it is necessary for a resident to share a room, I discuss this with him or her and also talk about what they would like or not like in a roommate. We identify what is important to that resident. Then when a potential roommate is being considered the current resident is given time to spend with the candidate. At that time I make sure to discuss the issues the current resident identified as important to them, for example: I like lights out by 10pm and I don't like loud music</p>

EXAMPLE Provider Self-Assessment

	<p>in my room, etc. This is covered in my Policy and Procedures. Evidence: Policy and Procedures</p> <p><u>Sample Scenario #2: CFH</u> Response: It is not needed here, everyone has their own room. Evidence: Observation.</p>
<p>20. How do you provide individuals the option to have a lock on their doors and to use their lock when they choose?</p>	<p><u>Sample Scenario #1: RALF</u> Response: All rooms in the facility are equipped with locks. There are no restrictions around residents using their locks. Evidence: Observation that all doors have locks; residents can confirm they are not limited in using those locks.</p> <p><u>Sample Scenario #2: CFH</u> Response: All bedroom doors and adjoining bathrooms have lockable door knobs that participants can use if they want. Each bedroom door has a hang tag that participants can use to request quiet time. Evidence: Observation and participant interview.</p> <p><u>Sample Scenario #3: CFH</u> Response: One resident who has chosen not to have a lock (or is non-verbal and unable to choose to have a lock). Response: We currently only serve one individual and she has chosen not have a lock at this time. We do not impose any limitations or restrictions to having a lock unless there is a health or safety risk. Evidence: Participant interview, observation, policies and procedures.</p>

EXAMPLE Provider Self-Assessment

<p>21. How do you ensure that only appropriate people have a key to individuals' bedrooms?</p>	<p><u>Sample Scenario #1: RALF</u> Response: Keys to resident rooms are kept in a locked cabinet in the RN supervisor's office. It is accessed by the supervisory RN or the facility administrator in the event of an emergency. A log is kept of incidents when staff must enter a resident's room due to an emergency. Housekeeping staff has one set of resident keys used for routine cleaning/maintenance of the resident rooms for those residents that need assistance. The set is returned to the facilities supervisor after the daily round is complete. Evidence: Policies and procedures regarding emergency room access, and policies and procedures for housekeeping, emergency incident log.</p> <p><u>Sample Scenario #2: CFH</u> Response: Our home is quite an old log structure and the hardware on the doors was made by a blacksmith. There are two keys that were handmade that open any lock on the place. One is kept by me and the other one is in a designated place that only those who work here know about. Evidence: Observation, employee interview.</p>
<p>22. Do you allow individuals to furnish and decorate their living or sleeping units as they choose within the Admission Agreement provisions?</p>	<p><u>Sample Scenario #1: RALF</u> Response: Yes, residents can bring in their own decorations and furnishings if they wish. They are not permitted to paint the room walls or apply wallpaper, or otherwise decorate the room in such a way that the room or furniture would be damaged. The admission agreement includes these provisions. Evidence: Copy of the admission agreement and residents can confirm that they can decorate/furnish their living space.</p> <p><u>Sample Scenario #2: CFH</u> Response: Yes. Residents are allowed to decorate their rooms to their choosing, including having posters or photographs on the walls, plants, and personal items to decorate their space. Evidence: Copy of the agreement, observation.</p>

EXAMPLE Provider Self-Assessment

<p>23. How do you support individuals' choices of community activities or services that are based on their preferences and interests?</p>	<p><u>Sample Scenario #1: RALF</u> Response: We have an activities coordinator that will assist residents in scheduling transportation to community activities. We also have a bulletin board where the coordinator posts upcoming activities in the area, such as the Western Idaho State Fair, events at the local library, etc. Evidence: Community event bulletin board, residents can confirm that we facilitate their access to transportation.</p> <p><u>Sample Scenario #2: CFH with three residents</u> Response: This home is a functioning ranch which provides a variety of activities for residents to take part in both in the house and outside. Social activities and community events are announced at the dining table every evening with written information posted near the residents' rights information. We offer several opportunities to tell individuals about upcoming events and also encourage each participant to make their own choices about what they want to do each day. Participants are assisted in making their own calendar or planner as they see fit. Evidence: Participant interviews, schedules/planners can be made available for viewing.</p> <p><u>Sample Scenario #3: CFH with one resident</u> Response: This CFH only has one resident that is non-verbal and isn't able to articulate her preferences. We try to introduce her to new activities in the community from time to time and glean from her body language and other non-verbal cues whether they are activities that she enjoys or might not enjoy. Evidence: Observation, policies and procedures.</p>
<p>24. How do you provide access to</p>	<p><u>Sample Scenario #1: RALF</u> Response: The kitchen is closed between meal times, but we keep a "snack bar" with granola bars,</p>

EXAMPLE Provider Self-Assessment

<p>food at any time individuals choose?</p>	<p>fresh fruit, beverages, and other food items for residents to help themselves in between meals. Evidence: Observation of the snack bar, residents can confirm that they can access food any time. <u>Sample Scenario #3: CFH for three residents</u> Response: Each resident has their own cupboard in the kitchen with their name on it to keep any food items they want for snacks. Additionally, the cook keeps snack items out for individuals to grab as they wish as well as a special left-overs section in the fridge that they are welcome to partake of. Evidence: Observation.</p>
<p>25. How do you ensure individuals may have visitors of their choosing at any time?</p>	<p><u>Sample Scenario #1: RALF</u> Response: The Admission Agreement describes resident rights and responsibilities regarding visitors, including that they may have visitors at any time but visitors may not be disruptive to other residents. We locked the main entrance after 8PM, but visitors may ring the doorbell to gain entrance to the facility. We ask that visitors sign in if it is after hours. Evidence: Admission Agreement, visitor log.</p> <p><u>Sample Scenario #2: CFH</u> Response: Our home is never “closed”. We ask residents to introduce any visitors to the staff on duty and document the visit in our “Friends” log. Residents are encouraged to plan for visitors ahead of time if possible but this is not required. Evidence: Visitors log.</p>
<p>26. How do you ensure the individual units/rooms meet each individual’s accessibility</p>	<p><u>Sample Scenario #1: RALF</u> Response: The new resident intake interview includes a review of the residents’ accessibility needs. We have four units that are wheelchair-accessible and will install grab bars or move furniture around as needed to ensure resident safety. Evidence: Intake Interview Form, observation that facility has ADA-compliant rooms, residents can also confirm that accessibility needs are accommodated.</p>

EXAMPLE Provider Self-Assessment

<p>needs?</p>	<p><u>Sample Scenario #2: CFH</u> Response: Part of the discussion that occurs when a participant wants to move in is a tour of our home and grounds. Any accessibility needs are addressed at that time to make sure we can meet their needs. Evidence: Observation and participant interviews.</p>
<p>27. How do you ensure that common areas in the home/setting are physically accessible to individuals?</p>	<p><u>Sample Scenario #1: RALF</u> Response: All common areas are on the ground floor of the facility, and all hallways and doorways are wheelchair-accessible. All of the furniture in the activities room and the lounge are spaced out enough for residents to navigate the entire space and fully participate in the activities and services at the facility. Evidence: Observation of the facility and common areas.</p> <p><u>Sample Scenario #2:</u> CFH with one resident Response: This home is a sprawling ranch-style home with a wraparound porch and front parlor. The main living room area with an open space and rooms are on the ground level. There are no access issues for the residents I currently have. Should that change of course we would make the needed changes. My home has to meet accessibility standards in order to maintain my CFH certification. Evidence: Observation, CFH certification.</p>

* Age appropriate is defined here to mean “the same as for peers not currently receiving HCBS who are the same chronological age.”