



Minnesota Department of **Human Services**

HCBS Residential Care Provider Self-Assessment

Thank you for completing this provider self-assessment!

Instructions:

- 1) Complete and submit a separate assessment for each setting in which you provide Residential Care services.
- 2) Staff completing the assessment should have knowledge of the Residential Care services provided within the setting.
- 3) Submit all provider self-assessments electronically on or before May 15, 2015.
- 4) Additional instructions are available. We will update these instructions periodically to reflect questions and comments received.
- 5) A copy of the questions in this self-assessment are available at this link here or typing the following address into your web browser:
www.mn.gov/dhs/hcbs-transition
You may wish to review and/or print them prior to taking the assessment electronically.
- 6) Responses should be as accurate as possible. Immediate compliance with the new federal requirements is not required. The state will offer a transition period for providers who are not yet, but intend to, comply with the new requirements.
- 7) Address questions to the MHCP Provider Call Center at 651-431-2700 or 800-366-5411.

Purpose of Provider Self-Assessment

Centers for Medicare and Medicaid Services (CMS) issued a new rule governing home and community-based services (HCBS) waiver services effective March 17, 2014. The rule defines settings in which HCBS services may be delivered, settings that are not HCBS and settings that are presumed not to be HCBS. Minnesota submitted a transition plan to CMS indicating how it will come into compliance with the new rule.

The rule and the Minnesota transition plan require an assessment of all provider-owned and controlled settings to determine the level of compliance with the new requirements. CMS requires states to 1) follow-up with on-site monitoring and 2) assure on-going compliance. Completion of this provider self-assessment is the first step in the process.

The provider self-assessment is designed to:

- 1) Provide the state with information it will use to develop measurable criteria for settings where HCBS services are delivered.
- 2) Help providers understand changes they need to make to comply with the rule.
- 3) Identify sites that may not currently comply with the rules.
- 4) Identify settings that are presumed not to be HCBS for which additional work with CMS must be done.

Definitions (for purposes of this assessment):

Intermediate care facility for individuals with intellectual disabilities (ICF/IID): Federal term and means the same as intermediate care facilities for persons with development disabilities (ICFs/DD).

Person(s): Person receiving services.

Plan refers to plans developed by the lead agency certified assessor or case manager. Any modification of rule requirements must be supported by an assessed need and contain required documentation in the person-centered service plan developed by the county, tribe or health plan.

Modifications of rule requirements must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan developed by the lead agency case manager or certified assessor:

- (1) Identify a specific and individualized assessed need
- (2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
- (3) Document less intrusive methods of meeting the need that have been tried but did not work.
- (4) Include a clear description of the condition that is directly proportionate to the specific assessed need.
- (5) Include regular collection and review of data to measure the ongoing effectiveness of the modification.
- (6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
- (7) Include the informed consent of the individual.
- (8) Include an assurance that interventions and supports will cause no harm to the individual.

Provider Plan. Plan developed by the provider consistent with and required to implement the ISP, CSP, CSSP or other plan developed by a lead agency or to meet any other licensing requirements.

Navigation

A toolbar at the bottom of each page will help you as you complete the assessment.

1. Please disable any pop-up blockers when completing this assessment.
2. To move between pages, use the **BACK** and **NEXT** buttons at the bottom of each page. **DO NOT USE THE BACK BUTTON ON YOUR WEB BROWSER!**
3. To reset your responses on a current page, use the **RESET** button at the bottom of the page.
4. Use the **SAVE** button to return to the assessment on the same computer at a later time.
5. Use the **PRINT** button (found on the last page of the assessment) to print the completed responses for the assessment.
6. When you have completed the assessment, click the **SUBMIT** button at the bottom of the last page to return your completed responses to DHS.

Demographic information

Q1(a)

Provider information

Name of enrolled provider: Name of the Residential care provider enrolled with Minnesota Health Care Programs to provide Residential Care services.

Q1(b)

Provider NPI/UMPI: Ten (10) digit National Provider Identifier (NPI) or Unique Minnesota Provider Identifier (UMPI) number the provider used to enroll with Minnesota Health Care Programs to provide Residential Care services.

Q2(a)

Provider practice address.

Complete these items for the lodging establishment

Name of lodging establishment (if any)

Q2(b)

Street address of lodging establishment

Q2(c)

P.O. Box, if any (optional)

Q2(d)

City

Q2(e)

State

Q2(f)

ZIP Code

Q2(g)

Taxonomy code you have assigned to this specific to this location, if applicable.
(Does not apply to providers using an UMPI)

Q2(h)

Provider FEIN. This is the federal employer identification number for the enrolled provider.

Q2(i)

Provider phone number (phone number associated with this NPI or UMPI with Provider Enrollment)

Q2(j)

Telephone number for the enrolled provider's representative at this lodging establishment

Q3(a)

The following person provided information for this assessment. This individual has personal knowledge of the Residential Care services provided in this setting due to on-going contact.

Name

Q3(b)

Title

Q4

How frequently is this person on site? Click the response that best reflects how often this person is at this site on average.

| |
|------------------|
| --Click Here-- ▼ |
| Daily |
| Weekly |
| Monthly |
| Quarterly |
| Annually |

Q5(a)

DHS should contact the following person with any follow up questions:

Name (if different from above) (Optional field)

Q5(b)

Title (if different from above) (Optional field)

Q5(c)

Telephone Number (required)

Q5(d)

Email address. (required) Please double-check for accuracy

Providers are invited to specify whom in their organization they wish DHS to contact with any follow up questions. This often varies within different provider organizations. If the name and title are left blank, DHS will contact the person listed in Q3 & 4 using the telephone and/or email provided in Q5.

Lodging Establishment

Q6(a)

Please answer each question about this lodging establishment:

Is this residential care provided in a building that also provides licensed services as a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities (ICF/IID) or institution for mental diseases (IMD)? If hospital, nursing facility (home), ICF/IID or IMD services are provided in the same building, you must check "Yes."

Yes

No

Q6(b)

Is this residential care service provided in a building, on the grounds of or immediately adjacent to a publicly owned and operated hospital, nursing facility, ICF/IID or IMD? For a facility to be "publicly owned and operated" *it must be* owned by a (federal, state, county, city or other) public entity *and* operated by a (federal, state, county, city or other) public entity. This means that the service license holder is a public entity.

Q7(a)

Please answer each question about your licensed lodging establishment:

The following questions are about how the housing (not services provided within the housing) are/were funded. The term "disability" applies to any person or group of people covered by the Americans with Disabilities Act or any other federal or state definition of disability.

Does funding for this **housing** limit it to people with disabilities?

Yes

No

Do not know

- Q7(b) Does funding for this **housing** require that 80% of residents be seniors be at least 55 years of age or older?
- Q7(c) Does funding for this **housing** require that 80% of residents be either seniors at least 55 years of age or older or people with disabilities?
- Q7(d) Are there other residences within a 3 block radius of this lodging establishment?

Q8(a) **Please indicate the capacity of this lodging establishment by answering the questions below.** We are looking for an unduplicated count intended to provide information on the overall housing capacity of the lodging establishment. Please do not count any bedroom more than once. Also, please enter an exact number rather than a range.

Please do not count any bedroom more than once. For purposes of this question, an apartment includes, at minimum, a self-contained unit that includes a sleeping, living, dining and cooking area and a bathroom.

- | | | |
|-------|---|----------------------|
| | Number of apartments with <i>two or more</i> bedrooms | <input type="text"/> |
| Q8(b) | Number of apartments with <i>one</i> bedroom | <input type="text"/> |
| Q8(c) | Number of studio or efficiency apartments | <input type="text"/> |
| Q8(d) | Number of private bedrooms | <input type="text"/> |
| Q8(e) | Number of shared bedrooms | <input type="text"/> |

Q9

Do you provide Medicaid State Plan or Extended Personal Care Assistance (PCA) for people not on a HCBS waiver within this lodging establishment?

This question only refers to people receiving personal care assistance as a service through Medicaid State Plan or as an extended HCBS waiver service. This does *not* include

- People to whom you provide personal care assistance as part of their Residential Care service.
- People whose care is not paid for through Medicaid.

Yes

No

Q10

How many people do you provide Medicaid State Plan or Extended Personal Care Assistance (PCA) for people not on a HCBS waiver within this licensed lodging establishment?

Note: The following questions are about **RESIDENTIAL CARE SERVICES** that are paid for by the Elderly, Community Alternatives for Disabled Individuals or Brain Injury Waivers and comparable services provided to other people regardless of payor unless specifically asking for numbers of people on HCBS waivers.

Many Residential Care providers offer more than one service delivery model within a setting under one enrollment with DHS. As responses to questions in this assessment will often vary depending on the service delivery model, respond separately for each service delivery model within your building, even if they are all enrolled as one Residential Care provider.

Service delivery model: Residential Care and residential care providers may have different service packages within a single setting. The following are indicators that there may be different service delivery models within a single establishment:

- Provider responses vary by program
- Established private pay rates are different
- Different licensure, registration, certification or designations apply.
- Serves different populations
- Different policies and procedures
- Different staffing patterns, job descriptions

Note: Providers often refer to service delivery models as *service packages*.

Q11

Do you provide more than one service delivery model of residential care within this licensed lodging

establishment? This question only applies to this assessment. It does not pertain to your licensure, registration or enrollment as a Minnesota Health Care Provider. It is designed to allow providers to offer different responses to questions when different service delivery models are used.

- Yes
- No

Q12(a) **Please list the name of each service delivery model.** If there is no formal name, please name each program for purposes of completing this assessment.

You may list up to six different service delivery models within each setting where you are willing to serve people on CADI, BI or EW HCBS waivers.

| | | |
|--------|-----------------------------------|----------------------|
| Q12(b) | Name of Service Delivery Model #1 | <input type="text"/> |
| Q12(c) | Name of Service Delivery Model #2 | <input type="text"/> |
| Q12(d) | Name of Service Delivery Model #3 | <input type="text"/> |
| Q12(e) | Name of Service Delivery Model #4 | <input type="text"/> |
| Q12(f) | Name of Service Delivery Model #5 | <input type="text"/> |
| | Name of Service Delivery Model #6 | <input type="text"/> |

You will answer the remaining questions for each of the service delivery models that you listed. If you only have one service delivery model for the setting, you will answer them only once. A "___" indicates the name of the service delivery model.

For this version, we will not repeat the survey for each service model, rather we will list the questions that appear on each survey exactly once.

Residential Care Questionnaire

Q13 **How many total people do you serve in this board and lodge with special services (regardless of funding source)?**

Q14 How many people are receiving residential care at this licensed lodging establishment through EW, CADI or BI?

Q15 All Residential Care providers have a board and lodge license. Please check all additional licenses, registration or designation, if any, which apply to this residential care program:
 (Please check all that apply)

- Board (food) license
- Board (food) and lodging license
- Lodging (hotel/motel) license
- Foster Care license
- Class B or Basic home care license
- Comprehensive, Class A or Class F home care license
- Board and lodge with special services registration
- Assisted living (designation on lodging registration)
- Special care unit - Alzheimer's or related condition (designation on lodging registration)
- Mental health certification [applies only to licensed 245D community residential support (CRS) and licensed adult foster homes]

Q16(a) Provide an unduplicated count of all people served in this residential care program for this question. Please estimate the % of people currently served based on their primary disability or condition:

The intent of this question is to understand the populations you serve in this residential care program regardless of payor.

| | | Do not currently serve this population | Less than 25% of those served | Between 25% & 75% of those served | Greater than 75% of those served |
|--------|----------------------------|--|----------------------------------|---|--|
| | Brain injuries | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q16(b) | Chemical health conditions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q16(c) | Chronic health conditions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | | | | | |
|--------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Q16(d) | Dementias or memory losses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q16(e) | Developmental disabilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q16(f) | HIV/AIDS | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q16(g) | Mental illnesses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q16(h) | Physical disabilities (including but not limited to mobility challenges) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q16(i) | Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q16(j) | <i>(please specify below)</i> | | | | |

Q17(a) **The following questions are designed to help the state understand your service design(s). Your responses are not a reflection of your licensure or a guarantee/assurance that this level of service is provided.**

Does this residential care program provide:

- | | Yes | No |
|--|-----------------------|-----------------------|
| 24 hour staff supervision to assure the health and safety of people with dementia, memory loss or other cognitive-related disability? | <input type="radio"/> | <input type="radio"/> |
| Q17(b) 24 hour staff support to meet unscheduled care needs such as toileting and transferring of people? | <input type="radio"/> | <input type="radio"/> |
| Q17(c) 24 hour staff oversight to meet other health needs of people? | <input type="radio"/> | <input type="radio"/> |
| Q17(d) A secure area with delayed egress of people (door requiring key pad code or other mechanisms designed to prevent or delay elopement)? | <input type="radio"/> | <input type="radio"/> |

- | | | | |
|--------|---|-----------------------|-----------------------|
| Q18(a) | Please answer the following questions for this residential care program: | Yes | No |
| | Is this residential care program in a distinct area or physically separated from other program/areas of the licensed lodging establishment? | <input type="radio"/> | <input type="radio"/> |
| Q18(b) | Do people in this residential care program live and receive services in the same areas as those who do not receive services through Medicaid? This includes dining, living, laundry, and location of bedroom/ apartment) at a minimum (e.g. people are not segregated/separated by payment source in terms of where they live and receive services) | <input type="radio"/> | <input type="radio"/> |

Residential Care Questionnaire

- Q19 **Does each person in this residential care program have a private apartment, a self-contained unit that includes a sleeping, living, dining and cooking area, and a bathroom?**
- If yes, you will answer questions 20-26. If "no," you will answer questions 27-35. The assessment will automatically advance you to the correct questions based on your response.
- Yes
 No
- Q20 **Does each person have a lock on and key (or fob) to their apartment with only appropriate staff having keys unless specified in their plan?**
- Yes
 No

Q21 **Does each person have a key (or fob) to get into the outside door of their apartment building unless specified in their plan?**

Yes

No

Q22 **Does each person have access to a washer and dryer available within the building?**

Yes

No

Q23 **Are there any structural or environmental barriers that prevent or limit people from leaving at any time unless included in their plan (e.g. locks requiring entry code, doors that people are unable to open without human assistance)?**

Yes

No

Q24(a) **Does each person in this residential care establishment have access to and unrestricted use of each of the following unless specified in their plan? Please indicate:**

Area is Physically Accessible **Policy supports unrestricted use**

All common areas of this residential care establishment

Q24(b) All common areas of the licensed lodging establishment?

Q24(c) All common outdoor areas including decks or porches

Q25 **Does each person have private phone service available to them (if they pay for it)?**

Yes

No

- Q26 **Are each person's medications stored in their apartment using minimally restrictive a safeguards such as a locked medication administration device unless specified in their plan?**
- Yes
 No
- Q27 **Does each person in this residential care program have a private bedroom?**
- If "no" you will answer Q202. If "yes," the assessment will skip to Q203.
- Yes
 No
- Q28 **Does this residential care program have policies supporting choice of roommates and document roommate preferences in the person's provider plan?**
- Yes
 No
- Q29 **Does each person have a lock on their bedroom door and a key (or fob) to open it with only appropriate staff having keys unless specified in their plan?**
- Yes
 No
- Q30 **Does each person have a key (or fob) to open the outside door of their apartment building unless specified in their plan?**
- Yes
 No

Q31 Does each person have access to a telephone in a private area?

- Yes
- No

Q32 Do all bathrooms shared by more than one person have a lock unless specified in the person's plan?

- Yes
- No

Q33 Does each person have a place to secure their personal property with only appropriate staff or others having access?

- Yes
- No

Q34 Are each person's medications stored in their private bedroom or living area using minimally restrictive safeguards such as a locked medication administration device unless specified in their plan?

- Yes
- No

Q34(a) Does each person in this residential care program have access to and unrestricted use of each of the following unless specified in their plan?

Please indicate on the grid if the *feature exists*; is *physically accessible*; and if the policy supports unrestricted use by checking the appropriate boxes:

| | Feature Exists | Physically Accessible | Policy supports unrestricted use |
|--|--------------------------|------------------------------|---|
| Refrigerator with freezer for private food storage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q34(b) Cupboard for private food storage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|--------|---|--------------------------|--------------------------|--------------------------|
| Q34(c) | Cooking appliance, e.g. stove or microwave oven | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q34(d) | Dining area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q34(e) | Living area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q34(f) | Laundry area with washer and dryer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q34(g) | All other common areas of this residential care program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q34(h) | All common areas of the lodging establishment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q34(i) | All common outdoor areas including decks or porches | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Residential Care Questionnaire

Residential care has many component services. Each person's plan is based on individual needs and preferences.

Q35(a) **Does this residential care program make the following component services available (if included in the person's plan):**

Answer this question for people funded by HCBS waivers only. Answer the following based on the service being available and provided by the residential care provider. "Support" and "assistance" means that residential care staff support is available and provided as needed by the person when included in their plan for these activities. "Group transportation and "individual transportation" mean that residential care staff provide the transportation.

| | | Yes | No |
|--------|--|-----------------------|-----------------------|
| | Individual transportation | <input type="radio"/> | <input type="radio"/> |
| Q35(b) | Group transportation | <input type="radio"/> | <input type="radio"/> |
| Q35(c) | Assistance in arranging transportation | <input type="radio"/> | <input type="radio"/> |

- | | | | |
|--------|--|-----------------------|-----------------------|
| Q35(d) | Individual support while in the broader community | <input type="radio"/> | <input type="radio"/> |
| Q35(e) | Group support while in the broader community | <input type="radio"/> | <input type="radio"/> |
| Q35(f) | Individual support within other areas of the lodging establishment | <input type="radio"/> | <input type="radio"/> |
| Q35(g) | Group support within other areas of the lodging establishment | <input type="radio"/> | <input type="radio"/> |
| Q35(h) | Assistance with grocery shopping | <input type="radio"/> | <input type="radio"/> |
| Q35(i) | Individual assistance with food preparation | <input type="radio"/> | <input type="radio"/> |

Residential Care Questionnaire

The following address person-centered choices required in the federal rules

Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person’s plan.

Policies should explicitly address each area to assure consumer choice.

- Q36(a) Check “currently implemented” if written policies, documentation of staff training and performance evaluation systems are currently in place, Check “Will be implemented by Jan. 1, 2017” if you intend for this residential care site to be in compliance by that date, Check “Do not know” if you are unsure as to whether this residential care site can or will be in compliance by Jan. 1, 2017. Answer this question based on all people served within this residential care site regardless of payment source.

| | Currently implemented | Will be implemented by January 1, 2017 | Do not know |
|--|----------------------------------|---|-----------------------|
| Each person is free to come and go from residential care program | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | | | | |
|--------|--|-----------------------|-----------------------|-----------------------|
| Q36(b) | Each person is free to leave the lodging establishment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q36(c) | Each person is free to move in and around the community | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q36(d) | Each person can close and lock their bedroom door or private living unit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q36(e) | Each person may have any visitor of their choice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q36(f) | Each person may have visitors at any time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Note: these questions relate to the person having freedom of movement within the lodging establishment as well as the community. They do not refer to a person having the freedom to move to another place of residence.

Residential Care Questionnaire

Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person’s plan.

Policies *do not need to explicitly address each area*, but must assure they support consumer choice to the extent that their personal resources allow unless specifically stated in their plan. extent that their personal resources allow.

Check “currently implemented” if written policies, documentation of staff training and performance evaluation systems are currently in place, Check “Will be implemented by Jan. 1, 2017 if you intend for this residential care site to be in compliance by that date, Check “Do not know” if you are unsure as to whether this residential care site can or will be in compliance by Jan. 1, 2017. Answer these questions for all people served in this residential care site regardless of payment source.

| Q37(a) | Each person's choice of: | Currently implemented | Will be implemented by January 1, 2017 | Do not know |
|--------|--|------------------------------|---|-----------------------|
| | Hair style and color | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q37(b) | Where, when and who provides their hair care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q37(c) | What personal clothing and accessories they wear on a daily basis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q37(d) | Where and when to shop for their own personal clothing and accessories | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q37(e) | Possessions and personal furnishings within their apartment or bedroom | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q37(f) | Décor in their apartment or bedroom | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q37(g) | Where they eat (e.g. in the dining room or living room) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q37(h) | With whom they eat (or to eat alone) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q37(i) | What they want to eat within options available | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q37(j) | When they eat within the range of options available in their plan | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q37(k) | When they go to bed and get up | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q37(l) | When and how they bathe | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q37(m) | Social activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q37(n) | Community activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Residential Care Questionnaire

The following are related to personal privacy, security and respect.

Please indicate if written policies, and documented staff training and performance evaluation systems are or will be in place that cover the following unless specified in a person's plan.

Policies **should explicitly address** each area to assure consumer choice.

- Q38(a) Check "currently implemented" if written policies, documentation of staff training and performance evaluation systems are currently in place, Check "Will be implemented by Jan. 1, 2017" if you intend for this residential care site to be in compliance by that date, Check "Do not know" if you are unsure as to whether this residential care site can or will be in compliance by Jan. 1, 2017. Answer these questions for all people served in this residential care site regardless of payment source.

These privacy questions related to the availability of information within this residential care site as well as interpersonal/staff sharing of information.

| | Currently implemented | Will be implemented by January 1, 2017 | Do not know |
|---|-----------------------|--|-----------------------|
| Q38(a) Appointment schedules, medications lists and all other personal information is private. This means the information is not visible to other residents or visitors in shared living or public areas. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q38(b) All incidents of lost or stolen property are documented and investigated | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q38(c) Each person receives help with toileting and personal care in private | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Q38(d) The type, amount and process for staff sharing of information assures the privacy and respect of each person | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q38(e)

Staff treat each person with respect in interpersonal communications, e.g. people addressed by their proper or preferred name or by "you" (the appropriate second person pronoun and Staff always talk with, rather than about people when they are present



Residential Care Questionnaire

Consumer satisfaction

Q39

Do you have way to get feedback on overall satisfaction at least annually and maintain the documentation?

Yes

No

Q40

Do you have a way to document and address concerns or dissatisfaction people report formally or share informally with any of your staff?

Yes

No

Final steps to complete the self-assessment

Click the **PRINT** button to print your responses before you submit your assessment. You are unable to print your responses after you submit them.

Click the **SUBMIT** button to submit your assessment.

Thank you for your participation in this assessment.