

Adult Residential Setting Summary Sheet

Heightened Scrutiny Identification Number	HS-003
Provider Name	Garden Square
Setting Name	Garden Square at Spring Creek
Setting Address	1000 E Stuart Street Fort Collins, CO 80525
Compliant as of Date	Expected to submit remaining evidence of compliance
	this summer, to be verified by 12/31/21.
Date of This Evaluation	April 16, 2021 for public comment; updated July 28,
Date of This Evaluation	2021 for CMS. Updates are in italicized green font.

Setting Type ☐ Transitional Living Program (TLP) facility under BI waiver ☐ Group Residential Services and Supports **Waivers Served** (GRSS) group home ☐ Individual Residential Services and Supports □ Community Mental Health Services (CMHS) (IRSS) host home for Persons with Major Mental Illnesses ☐ Individual Residential Services and Supports ⊠ Elderly, Blind and Disabled (EBD) (IRSS) other ☐ Persons with Brain Injury (BI) ☐ Supported Living Program (SLP) facility under ☐ Persons with Developmental Disabilities (DD) BI waiver Reason(s) for Heightened Scrutiny ☑ Located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment (such as a hospital, nursing facility, ICF/IID, or IMD); □ Located in a building on the grounds of, or adjacent to, a public institution; or ☐ Has the effect of isolating individuals receiving Medicaid home- and community-based services (HCBS) from the broader community of individuals not receiving Medicaid HCBS

Setting Description

This setting is an Alternative Care Facility (ACF) and currently serves both waiver participants and private pay residents, with a total capacity of 62. It is in the same building as a nursing facility, owned and operated by the same provider. The ACF does not share staff with the nursing facility and has a separate entrance.

Compliance Summary

Compliant?	Federal Requirement	Summary of Evidence of Compliance
□ Yes ⊠ Partial □ No	The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. <i>Id.</i> § 441.304(c)(4)(i).	Two site-visits were completed at this setting. At the first visit, community integration was outstanding, with both staff and residents reporting active community engagement and social activities. At the second site visit, community integration had waned, and was then further limited by the Covid-19 pandemic. The provider has submitted a detailed plan in which to restore full community access post-pandemic. This will be evaluated on a future revisit.
⊠ Yes □ Partial □ No	The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and for residential settings, resources available for room and board. Id. § 441.301(c)(4)(ii).	 In Colorado, case management agencies are responsible for working with the individual to ensure that the setting is selected by the individual from among setting options including non-disability-specific settings and, where residential supports will be provided, an option for a private unit in a residential setting; ensuring that setting options are identified and documented in the person-centered support plan and are based on the individual's needs, preferences, and for residential settings, resources available for room and board; and supplying the person-centered support plan to provider agencies for implementation. Provider agencies are responsible for implementing the person-centered support plan. They are also responsible for referring individuals to their case management agency if they want to request a different provider or setting. As part of the site-specific verification process, the state verified that providers complied with their responsibilities relating to informed choice. This process included verifying that settings did not have compliance issues such as telling individuals that they must receive services there, even if they would prefer something else.

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		The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting.	
⊠ Yes □ Partial □ No	The setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint. <i>Id.</i> § 441.301(c)(4)(iii).	All bedrooms are equipped with a lock and key, with both private and shared rooms available. There are no cameras present in the home. As of 2019, the setting added locks to the bathroom doors. The Resident Rights policy was updated, posted in the setting and given to all residents. The policy surrounding the use of restraints has been updated so that restraints will not be used.	
⊠ Yes □ Partial □ No	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. <i>Id.</i> § 441.301(c)(4)(iv)	Schedules are personalized to each resident to fit their needs. People are supported and encouraged to be independent, such as doing their own laundry and taking their own medications. People are encouraged to manage their own funds when possible. The provider updated their policy/procedure on Incident Reporting to indicate information will only be shared with family with the resident's consent.	
The setting facilitates individual choice regarding services and supports, and who provides then Id. § 441.301(c)(4)(v)		The site assessment determined that individuals are supported to make choices regarding services and who provides them.	
The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at minimum, the same responsibilities and protections from eviction that tenants have under the landlord-tenant law of the State, county, city or other designated entity. For settings where landlord-tenant laws do not apply, a lease, residency agreement, or other form of written agreement is in place for each HCBS participant providing protections that address eviction processes and appeals		The provider has submitted a compliant residential agreement.	

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	comparable to those provided under the jurisdiction's landlord-tenant law. <i>Id.</i> § 441.301(c)(4)(vi)(A)		
⊠ Yes □ Partial □ No	Each individual has privacy in their sleeping or living unit: (1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. (2) Individuals sharing units have a choice of roommates in that setting. (3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. Id.§ 441.301(c)(4)(vi)(B)	The setting now allows choice of roommates and has a process in place to accommodate roommate disputes and requests for changes. All bedrooms have lockable doors. Individuals may decorate their rooms as they choose, and this is specified in the residential agreement.	
Individuals have the freedom and		Individuals have access to food at any time and are supported to control their schedules and activities.	
☐ Partial ☐ No ☐ Individuals are able to have visitors of their choosing at any time. Id. § 441.301(c)(4)(vi)(D)		The House Rules were revised to allow visitors at any time. Overnight guests are also now permitted.	
The setting is physically accessible to the individual. <i>Id.</i> § 441.301(c)(4)(vi)(E) □ Yes □ Partial □ No		At the last site visit, the home still had institutional physical characteristics and was not "home-like" in appearance. There was a prominent nursing station in the resident living room and significant living space was devoted to staff offices. The residents had very few places to sit outside of their bedrooms, with approximately 8 spaces for living room seating in a facility licensed for 62 residents. Since the site visit, the provider installed a resident kitchen and reports that resident seating options have improved. This will be evaluated on a future revisit.	
⊠ Yes □ Partial □ No	Any rights modifications are supported by a specific assessed need and justified in the personcentered service plan. The following	Staff have received training in person-centered principles. At this time, the provider does not report any rights modifications in place.	



the individual. Id. § 441.301(c)(4)(vi)(F)

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	criteria are documented in the	
	person-centered service plan:	
	(1) A specific and individualized	
	assessed need.	
	(2) The positive interventions and	
	supports used prior to any rights	
	modifications.	
	(3) The less intrusive methods of	
	meeting the need that were tried but	
	did not work.	
	(4) A clear description of the rights	
	modification that is directly	
	proportionate to the specific	
	assessed need.	
	(5) A plan for the regular collection	
	and review of data to measure the	
	ongoing effectiveness of the	
	modification.	
	(6) Established time limits for	
	periodic reviews to determine	
	whether the modification is still	
	necessary or can be terminated.	
	(7) The informed consent of the	
	individual.	
	(8) An assurance that interventions	
	and supports will cause no harm to	



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Summary of Findings From Desk Review and/or Site Visit(s)

State staff conducted a site visit in 2017. During the site visit, state staff observed the setting and its operations, spoke with provider staff, and spoke with individuals outside the presence of provider staff to learn about their lived experience at the setting. State staff also reviewed the provider's policies and procedures and other documents (listed below). State staff observed during the site visit and initial review of documents that the setting was enmeshed with its adjacent nursing home and had significant policy and practice changes to make to meet HCBS Settings Final Rule requirements. At the initial site visit, residents reported a high degree of community inclusion.

State staff completed a revisit in 2019, after discovering a new administrator was appointed. The previously observed community inclusion had waned, and state staff observed the setting was more institutional in appearance than at the previous visit. Employees and residents from the adjacent facility were observed "cutting through" the home as a shortcut. Staff were observed wearing scrubs as uniforms, and a significant portion of the home was used as employee offices. Minimal seating or living space was available to residents outside their bedrooms. State staff reviewed HCBS Settings Final Rule requirements and the remedial actions needed.

Some points were remedied in 2019. In January 2020, state staff completed an unannounced licensing survey and found the setting deficient in numerous related areas, including not upholding rights. Additional guidance was provided to the administrator. State staff will complete a final visit, to ensure full compliance.

The state reviewed the following materials submitted by the provider:

- Rights of Persons Handout
- Grievance/Complaint Policy
- Medication Policy
- Mistreatment Policy
- Physical Intervention Policy
- Incident Reporting Policy
- Money Management Policy
- Lease/Residency Agreement
- Admission/Discharge Policies
- House Rules Recent Month Calendar of Community Activities
- Roommate Agreement
- Proof Kitchen
- Activity calendar
- Separation of facilities
- Community integration in-service
- Person-centered care in-service
- Bathroom locks

If the provider updated any of these materials, the findings in this evaluation reflect the most recent version of each item.

Summary of individual interviews: Individuals interviewed in 2017 reported general satisfaction with their services. The chief complaint, at that time, was that shared bathrooms did not lock. This has since been remedied.

The Individual/Family/Advocate (IFA) Survey results were reviewed, and no comments were submitted for this setting.



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Additional Comments

The provider has made positive changes to separate itself from the adjacent nursing facility. The provider reports they eliminated staff uniforms (scrubs), no longer refer to residents as patients, and reports they have prohibited employees and residents of the nursing facility from walking through the home. However, at the last site visit, the setting no longer supported community inclusion to the same degree as persons not receiving HCBS, and the home still had numerous institutional physical features. For example, there was a prominent nursing station in the resident living room and significant living space was devoted to staff offices. The residents had very few places to sit outside of their bedrooms. Evidence the residents have sufficient common area seating has not yet been submitted. A plan to increase community integration was received. Final compliance verification will be completed on a future site visit.

No public comments were received regarding this setting.