

# **Residential Site Self-Assessment 2022**

# **Setting Information**

Setting Name:
Setting Address:
Setting Contact Person:
Setting Types  Assisted Living Facility (Residential) Adult Day Supports/Day Care (Non-Residential) Board Care Home (Residential) Children's Residential Services (IDD Residential) Professional Resource Family Care (Residential) Child Placing Agency/Foster Care (Residential) Day Supports (IDD Day Services Non-Residential and Non-Employment) Home Plus Facility (Residential) Group Employment (IDD Day Services Non-Residential) Group Home (IDD Residential 3-8 people) Independent Living (IDD Residential 1-2 people) Prevocational Services Center (IDD Day Services Non-Residential) Residential Healthcare Facility (Residential) Shared Living/Host Homes (IDD Residential 1 person) Supportive Employment (IDD Day Services Non-Residential) Other Residential Type Setting (Residential) Other Residential Congregate Type Setting (Residential)
Current number of persons-served at this setting (regardless of funding source):
Current number of persons-served at this setting receiving HCBS Medicaid funding:
Does this setting provide Residential services?
Does this setting provide Non-Residential services?
Does this setting provide Foster Care services?

## **Section C - Integrated Setting and Community Access**

- 1. Is this setting located in or attached to a building that also provides inpatient institutional treatment? Examples; a nursing home, specialized treatment facility, hospital, etc.
- 2. Is this setting located in a building on the grounds of, or immediately adjacent to a public institution? Examples of public institutions include: a nursing facility, an institution for mental diseases, an intermediate care facility for individuals with intellectual disabilities, a hospital or any other locations that have qualities of an institutional setting (42 CFR 441.301(c).5).
- 3. Is this setting in a gated or secured community?
- 4. Does your agency own or operate multiple settings located on the same street, block or grounds?
- 5. Are the persons-served at this setting exclusively people with disabilities?
- 6. Are persons-served at this setting required to receive medical, behavioral or therapy services onsite?

#### **Section D - Community Integration**

- 1. In addition to on-site activities, does this setting provide opportunities for persons- served to participate in community events, activities and services?
- 2. Does this setting share information with persons-served about community events and activities?
- 3. Can persons-served at this setting attend community activities and services. (Examples; shopping, religious services, scheduled appointments, lunch with family and friends) whenever they choose?
- 4. Are there restrictions at this setting around when persons-served can "come and go"?
- 5. Were the restrictions at this setting regarding when persons-served can "come and go" developed and agreed upon by persons-served?
- 6. Can persons-served have visitors of their choosing at any time?

# **Section E - Housing Protection and Due Process**

- 1. Does the Landlord-Tenant law apply at the setting for which you are filling out this assessment?
- 2. Is there a written agreement at this setting that offers responsibilities/protections from eviction for persons-served?

# **Section F - Residential**

- 1. Does this setting have entrance doors that can be locked by the person-served, with only appropriate staff having keys to the door?
- 2. Does this setting provide anyone (besides the persons-served and appropriate staff) with a key or a way to be "buzzed in" for entering the facility?
- 3. Can persons-served at this setting lock the bathroom door for privacy?
- 4. Do persons-served at this setting have the option of locking their bedroom door for privacy when they choose?
- 5. Do staff at this setting knock on the door or ring a doorbell for access to persons-served private room(s)?
- 6. Are the living spaces at this setting arranged in a way that ensures privacy during personal care?
- 7. Does the facility at this setting offer privacy to persons-served while using a telephone, the internet, or any other personal communication devices?
- 8. Does the facility at this setting have larger than double occupancy bedrooms?
- 9. Are persons-served at this setting given the option to choose their roommate when sharing a bedroom? (If you have single occupancy rooms ONLY, select "Yes").
- 10. Are bedroom decorations and furniture arranged at the discretion of the person-served at this setting?
- 11. Do persons-served at this setting set their own daily routines for things such as hygiene, care delivery, recreation and meals?
- 12. Do persons-served at this setting have full access to laundry facilities?
- 13. Can persons-served at this setting choose to do their own laundry?
- 14. Do persons-served at this setting have full access to the common area?
- 15. Do persons-served at this setting have full access to the dining area?
- 16. Do persons-served at this setting have full access to the microwave and refrigerator?

- 17. Do persons-served at this setting have full access to the kitchen?
- 18. Do persons-served at this setting have access to a separate meal prep area or options to cook if they desire (within the limitations of their service plan)?
- 19. Do persons-served at this setting have a choice of when and what to eat?
- 20. Do persons-served at this setting have a choice to eat alone or with others?

### **Section G - Rights**

- 1. Do you provide staff and volunteers at this setting with training and continuing education related to the rights of persons-served?
- 2. Do you provide persons-served at this setting with information about their rights?
- 3. Do you provide persons-served at this setting with a process to file a grievance if they believe their rights have been violated?

### **Section H - Accessible Environment**

- 1. Is the facility physically accessible to persons-served at this setting?
- 2. Does this setting offer accommodations (examples; grab bars, seats in the bathroom, ramps for wheelchairs, etc.) to persons-served who need supports to move around the site?
- 3. Does the setting have any barriers which limit access (e.g., Velcro strips, locked doors, locked cupboards, locked refrigerators, etc.)?