



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	084
Provider Name	Centinela
Setting Name	Centinela
Setting Type	
Waiver(s) Served	
Setting Address	
Site Assessment Completion Date	09/30/2019
Heightened Scrutiny Summary Sheet Completion Date	05/02/2022
Expected Date of Compliance	04/15/2022

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 Base 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	
Summary of Remediation Strategy	

Remediation Strategy Approved? Yes No

Remediation Start Date: _____

Remediation End Date: _____



Setting is in a building located on the grounds of, or immediately adjacent to, a public institution

Summary of Evidence	<p>Centinela The programs share administrative and caregiving staff. Centinela</p> <p style="text-align: center;">The gate on the fence surrounding the property was locked, there was video monitoring, and staff wore scrubs.</p>
Summary of Remediation Strategy	<p>Centinela submitted a response to address the locked gate and other restrictions that limited individuals' access to their community. Other restrictions included alarms on doors at night and locked doors to which individuals did not have keys. Individuals have keys for the locked gates and doors and the code to disarm the alarms. If an individual had an assessed need that resulted in the person-centered team limiting the individual's having a key or the code, they would follow their process and ensure that it written in the individual's person-centered plan.</p> <p>Centinela ceased using video monitoring in January 2021.</p> <p>Although staff wearing scrubs contributes the institutional appearance, it does not appear to impact community integration.</p>

Remediation Strategy Approved? Yes No

Remediation Start Date: 03/11/2022

Remediation End Date: 04/01/2022



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: _____