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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	<b>127</b>
Provider Name	<b>Evergreen Chateau/ Paradise in the Valley</b>
Setting Name	<b>Evergreen Chateau/ Paradise in the Valley</b>
Setting Type	
Waiver(s) Served	
Setting Address	
Site Assessment Completion Date	<b>09/25/2019</b>
Heightened Scrutiny Summary Sheet Completion Date	<b>06/17/2022</b>
Expected Date of Compliance	<b>12/10/2022</b>

**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*

<b>Summary of Evidence</b>	
<b>Summary of Remediation Strategy</b>	

**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***

<b>Summary of Evidence</b>	
<b>Summary of Remediation Strategy</b>	

**Remediation Strategy Approved?**    ☐ Yes    ☐ No

**Remediation Start Date:** \_\_\_\_\_

**Remediation End Date:** \_\_\_\_\_



***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***

<b>Summary of Evidence</b>	<p>Evergreen Chateau/ Paradise in the Valley has systemic barriers that impede community access. Doors and gates are locked. Exterior doors have [REDACTED] delayed egress. Doors are alarmed. There is video monitoring inside and outside.</p> <p>Individuals living at Evergreen Chateau/Paradise in the Valley have limited opportunities for interaction in and with the broader community. Evergreen Chateau/Paradise in the Valley does not plan community activities as part of its plan of service. Individuals do not have the opportunity to participate in community activities with their housemates/roommates. Individuals do not have transportation for community activities.</p>
<b>Summary of Remediation Strategy</b>	<p>Evergreen Chateau/Paradise in the Valley intends to ensure that all individuals have access to the community unless there is an assessed need documented in the Individual Service Plan (ISP). Their system ensures that any restriction is based on an assessed need, documented in the ISP, and reviewed at least annually. An assessment is completed at admission, annually, and if there is a change in status. The person-centered team makes determinations about supports and restrictions based on the outcome of that assessment. All individuals are supported to come and go from their home and around their home as they choose. Individuals will be given the key and/or keycode to upon admission unless there is an individualized assessed need documented in their ISP. Individuals who do not have an assessed need documented in their ISPs will not experience alarms or delayed egress and will be supported to come and go as they choose. The alarms on exterior doors have been removed. Wander guards will be used only as determined by individualized assessments and as documented in the ISP. All restrictions will be reviewed no less than annually. The administrator will create a video monitoring and disclosure policy to include the placement of cameras, access to recordings, storage of recordings, and disposal of recordings. The policy will be reviewed with individuals at admission and annually after that.</p>



	<p>The Activity Director intends to collaborate with individuals to plan community activities. Individuals will be supported to participate in community activities with their housemates or roommates, unless otherwise indicated in the ISP based on their assessed needs. Staff will be available to help with planning, arranging transportation, and during community activities. Individuals can use public transportation or ride share in addition to having family support for transportation. Evergreen Chateau/Paradise in the Valley intends to support individuals to have opportunities for interaction in and with the broader community.</p>
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**Remediation Strategy Approved?**    ☒ Yes    ☐ No

**Remediation Start Date:** 06/10/2022

**Remediation End Date:** 12/10/2022



***Setting restricts individual choice to receive services or to engage in activities outside of the setting***

<b>Summary of Evidence</b>	Evergreen Chateau/ Paradise in the Valley has systemic barriers that impede community access. Doors and gates are locked. Exterior doors have 15-second delayed egress. Doors are alarmed. There is video monitoring inside and outside
<b>Summary of Remediation Strategy</b>	Evergreen Chateau/Paradise in the Valley intends to ensure that all individuals have access to the community unless there is an assessed need documented in the Individual Service Plan (ISP). Their system ensures that any restriction is based on an assessed need, documented in the ISP, and reviewed at least annually. An assessment is completed at admission, annually, and if there is a change in status. The person-centered team makes determinations about supports and restrictions based on the outcome of that assessment. All individuals are supported to come and go from their home and around their home as they choose. Individuals will be given the key and/or keycode to upon admission unless there is an individualized assessed need documented in their ISP. Individuals who do not have an assessed need documented in their ISPs will not experience alarms or delayed egress and will be supported to come and go as they choose. The alarms on exterior doors have been removed. Wander guards will be used only as determined by individualized assessments and as documented in the ISP. All restrictions will be reviewed no less than annually. The administrator will create a video monitoring and disclosure policy to include the placement of cameras, access to recordings, storage of recordings, and disposal of recordings. The policy will be reviewed with individuals at admission and annually after that.

**Remediation Strategy Approved?**    ☒ Yes    ☐ No

**Remediation Start Date:** 06/10/2022

**Remediation End Date:** 12/10/2022



***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***

<b>Summary of Evidence</b>	
<b>Summary of Remediation Strategy</b>	

**Remediation Strategy Approved?**    ☐ Yes    ☐ No

**Remediation Start Date:** \_\_\_\_\_

**Remediation End Date:** \_\_\_\_\_