

## SPW Provider Assessment Part Four

### INSTRUCTIONS

For each location/site that provides STAR+PLUS waiver adult foster care or assisted living facility services, please complete parts one through four of the HCBS provider assessment. This is part four.

Throughout the assessment, please respond only about the experiences of STAR+PLUS waiver recipients at this site (not residents who may live there due to benefits from other programs).

Participation in the assessment is required and is NOT anonymous. If you have questions about the assessment, please contact [MCD\\_managed\\_care\\_quality@hhsc.state.tx.us](mailto:MCD_managed_care_quality@hhsc.state.tx.us) with subject line "SPW provider."

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### IDENTIFYING YOUR RESPONSES

- \* 1. What is the name of your organization? For the purposes of this survey, an "organization" might own or manage multiple sites (physical locations). This should match what you entered in part one of the assessment.

- \* 2. Please enter the complete physical address of this location/site. This should match what you entered in part one of the assessment.

Street address

City/town in Texas

Zipcode

- \* 3. What is the phone number for this site? Please use the format XXX-XXX-XXXX. This should match what you entered in part one of the assessment.

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### PART 10: DIGNITY AND RESPECT

\* 4. Is information about making complaints posted in the home in an understandable and accessible form?

Yes

No

\* 5. Does staff ever use a language or communication method not understood by an individual in their presence?

Yes

No

\* 6. Is help with personal care, such as bathing, toileting, or grooming, provided in private?

Always

Sometimes

Never

7. If you chose "sometimes" or "never," please state whether reasons are always provided in the individual service plan.

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\* 8. When individuals are assisted with grooming, are their preferences (hairstyle, clothing, etc.) taken into account?

- Always
- Sometimes
- Never
- Not applicable--individuals are not assisted with grooming.

9. If you chose "sometimes" or "never," please state whether reasons are always provided in the individual service plan.

\* 10. Are individuals able to choose their own clothing each day?

- Always
- Sometimes
- Never

11. If you chose "sometimes" or "never," please state whether exceptions are always noted in the individual service plan.

\* 12. During the day, are individuals dressed in clean clothes that appropriate for the weather and their scheduled activities?

- Usually or always
- Sometimes
- Usually not

\* 13. Is staff expected to use adult-language in speaking to individuals, rather than addressing them with child-like terms such as "mijo," "my kids," etc.?

Always

Sometimes

Never

14. If you chose "sometimes" or "never," please state whether reasons are always provided in the individual service plan.

\* 15. Is information like an individual's therapy schedules, medications used, or restricted diets posted in a shared area of the home?

Yes

No

\* 16. How often do staff members discuss residents' health issues and services when people other than the individual's family members, guardian, or legally authorized representative are present?

Frequently

Sometimes

Not frequently

Never

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### PART 11: PRIVACY IN THE HOME

\* 17. Do some individuals in the home have private bedrooms (without a roommate)?

Yes

No

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\* 18  individuals with private bedrooms allowed to close their bedroom doors?

- Always
- Sometimes
- Never

19. If you chose "sometimes" or "never," please state whether reasons are always noted in the individual service plan.

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\* 20.  Individuals with private bedrooms allowed to lock their bedroom doors?

- Always
- Sometimes
- Never

21. If you chose "sometimes" or "never," please state whether reasons are always noted in the individual service plan.

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\* 22. Does staff knock and receive permission prior to entering a bedroom?

- Always
- Sometimes
- Never

23. If you chose "sometimes" or "never," please state whether reasons are always provided in the individual service plan.

\* 24. Can staff use a key to enter an individual's bedroom?

- Yes, under any circumstances
- Yes, but only with permission of the individual or under certain defined circumstances, such as cleaning, safety, laundry, etc.
- Yes, but only with the permission of the individual
- No

\* 25. Does staff knock and receive permission prior to entering a bathroom with an individual inside?

- Always
- Sometimes
- Never

26. If you chose "sometimes" or "never," please state whether reasons are always provided in the individual service plan.

\* 27. Are individuals allowed to lock the bathroom door?

- Always
- Sometimes
- Never

28. If you chose "sometimes" or "never," please state whether reasons are always provided in the individual service plan.

\* 29. Are surveillance cameras used in the home? Check all that apply.

- Yes, in common areas
- Yes, in one or some clients' bedrooms
- Yes, in all clients' bedrooms
- Yes, in bathrooms
- No, nowhere in home

\* 30. Is the phone in a place where individuals can usually have privacy from staff and other residents while using it?

- Yes, they usually have privacy
- No, they do not usually have privacy
- Not applicable--There is no phone available to residents.

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These are all the questions we have for part four. Thank you for completing the assessment for this location/site!!

Please see instructions on the website about sending supporting documentation to HHSC.