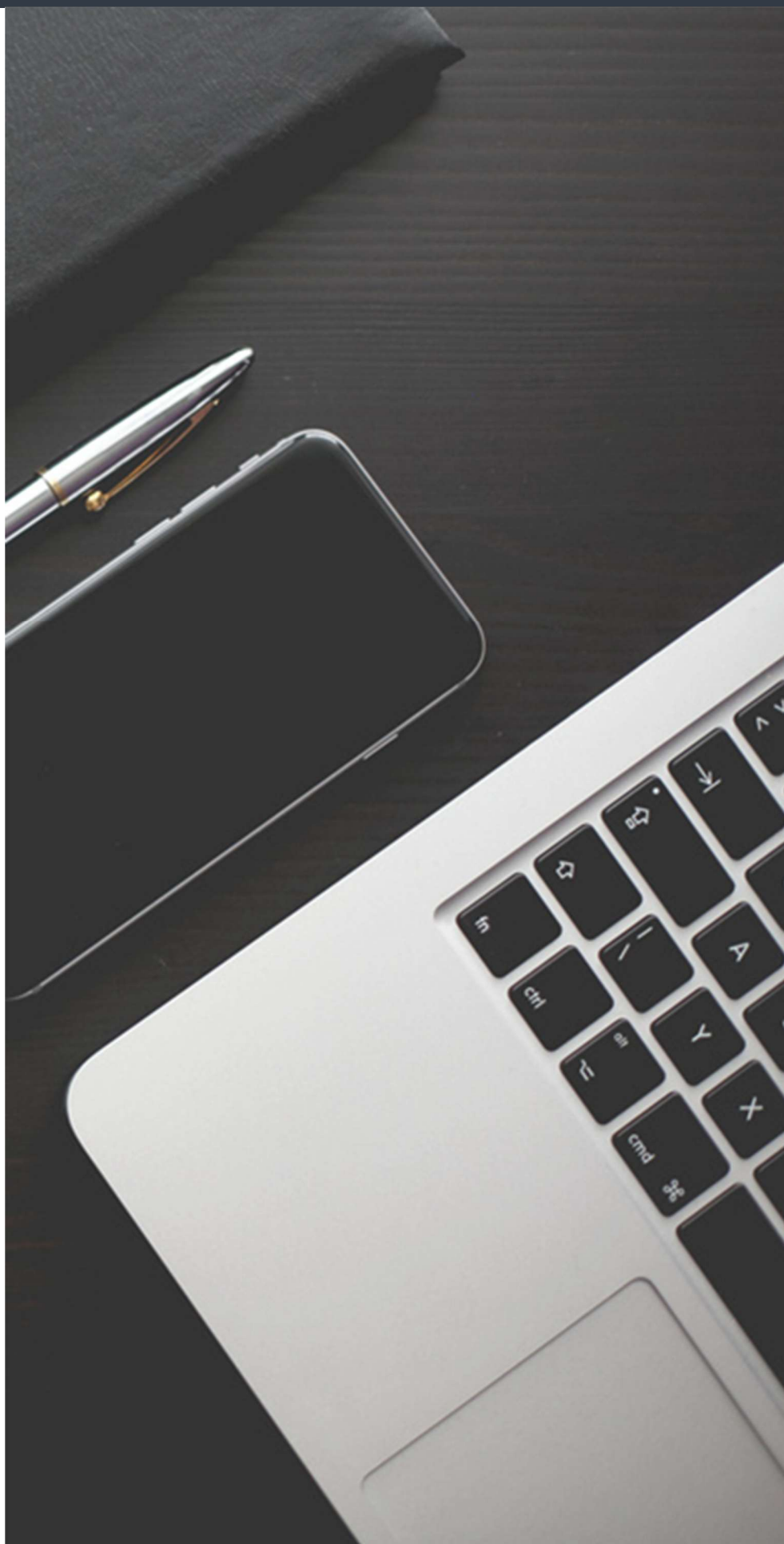
Inland Regional Center

Home and Community-Based Services Developmental Disabilities Waiver

Monitoring Review Report



Conducted by: Department of Developmental Services and Department of Health Care Services

Review Dates: October 6 - 24, 2025

DDS Department of Developmental Services

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SECTION I: REGIONAL CENTER SELF-ASSESSMENT

Inland Regional Center (IRC) responded to questions that align with the California Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities Waiver requirements. The regional center self-assessment addresses the California HCBS Waiver assurances criteria and is designed to provide information about the regional center's processes and practices.

The responses indicated that the regional center has systems and procedures in place for implementing the State and HCBS Waiver laws and regulations addressed in the self-assessment criteria.

The full response to the self-assessment provided by IRC is available upon request.

SECTION II: REGIONAL CENTER RECORD REVIEW

For the review period of July 1, 2024, through June 30, 2025, a total of 94 records of individuals enrolled on the Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities Waiver and receiving services at Inland Regional Center (IRC), were reviewed for individual choice, HCBS settings requirements, notification of proposed action and fair hearing rights, level-of-care, individual program plans (IPP) and periodic reviews and reevaluations of services. Lastly, 10 additional supplemental records were reviewed for documentation that IRC determined the individual met the HCBS Waiver level-of-care requirements prior to receiving HCBS Waiver supports.

The 94 records reviewed were 98 percent in overall compliance for this review. Findings for 11 criteria are detailed below.

2.2.a Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form (DS 2200). *[42 C.F.R. § 441.302(d) (2025)]*

Findings

Eighty-one of the ninety-four (86 percent) sample records of individuals contained a signed and dated DS 2200 form. However, there were identified issues regarding the DS 2200 form for the following individuals:

1. Individual #1: The DS 2200 did not indicate the date of choice until October 16, 2025. Accordingly, no recommendation is required;

2. Individual #5: The DS 2200 was not signed until September 4, 2025. Accordingly, no recommendation is required;

3. Individual #31: The DS 2200 did not indicate a choice until October 9, 2025. Accordingly, no recommendation is required;

4. Individual #43: The DS 2200 was not completed until September 9, 2025. Accordingly, no recommendation is required;

5. Individual #47: The individual did not complete the DS 2200 until August 15, 2025. Accordingly, no recommendation is required;

6. Individual #49: The DS 2200 was not signed until September 2, 2025. Accordingly, no recommendation is required;

7. Individual #51: The DS 2200 was not signed until October 8, 2025. Accordingly, no recommendation is required;

8. Individual #55: The DS 2200 was not signed until August 20, 2025. Accordingly, no recommendation is required;

9. Individual #58: The DS 2200 was not signed until September 3, 2025. Accordingly, no recommendation is required;

10. Individual #61: The DS 2200 did not indicate the date of choice until October 10, 2025. Accordingly, no recommendation is required;

11. Individual #75: The DS 2200 was not signed until August 23, 2025. Accordingly, no recommendation is required;

12. Individual #78: The DS 2200 did not indicate choice until October 8, 2025. Accordingly, no recommendation is required; and,

13. Individual #79: The DS 2200 was not completed until October 7, 2025. Accordingly, no recommendation is required.

2.5.a The individual's assessed needs and any special health care conditions used to meet the level-of-care requirements for care provided in an ICF-DD, ICF-DDH, ICF/DD-N facility are documented on the DS 3770 and in the individual's Client Development Evaluation Report (CDER). *[42 C.F.R. § 441.302(c) (2025)], [Cal. Code. Regs tit. 22, § 51343(l) (2025)]*

Finding

Ninety-three of the ninety-four (99 percent) sample records of individuals had documented assessed needs that meet the level-of-care requirements. However, for individual #26 the CDER dated May 1, 2024, did not identify the DS 3770 assessed need of "disruptive behavior." A new CDER dated May 1, 2025, was completed to ensure that all assessed needs from the DS 3770 are consistent with the CDER. Accordingly, no recommendation is required.

2.5.b The individual's assessed needs used to meet the level-of-care requirements for care provided in intermediate care facilities that is documented in the Client Development Evaluation Report (CDER) and the DS 3770 are consistent with other information contained in the individual's records. *(HCBS Waiver Requirement)*

Findings

Ninety-two of the ninety-four (98 percent) sample records of individuals documented level-of-care assessed needs that were consistent with information in the record. However, the assessed needs listed on the DS 3770 were not consistent in the following records:

1. Individual #30: "personal care." A new DS 3770 was completed October 8, 2025, to be consistent with the record. Accordingly, no recommendation is required; and,

2. Individual #36: “personal care”. A new DS 3770 was completed on October 8, 2025, to be consistent with the record. Accordingly, no recommendation is required.

2.7.a The IPP is prepared jointly with the planning team and a list of agreed upon services is signed, prior to its implementation, by an authorized representative of the regional center and the individual or, where appropriate, their parents, legal guardian, conservator or the authorized representative. [*W.I.C. § 4646(d) (2023)]; [W.I.C. § 4646(i) (2023)]; [42 C.F.R. § 441.301(c)(1)(i) (2025)]; [42 C.F.R. § 441.301(c)(2)(ix) (2025)]*

Findings

Eighty-nine of the ninety-three (96 percent) sample records of individuals contained IPPs that were signed by IRC and the individuals or, where appropriate, their parents, legal guardian, conservator or the authorized representative. However, there were issues with the following IPPs as indicated below:

1. Individual #12: The IPP dated January 24, 2025, was not signed by the individual until October 16, 2025. Accordingly, no recommendation is required;

2. Individual #42: The IPP dated August 19, 2024, was not signed by the individual until May 5, 2025. Accordingly, no recommendation is required;

3. Individual #64: The IPP dated July 24, 2024, was not signed by the regional center until July 24, 2025. Accordingly, no recommendation is required; and,

4. Individual #93: The IPP dated December 9, 2024, was not signed by the planning team until August 29, 2025. Accordingly, no recommendation is required.

2.7.b IPP addenda are signed by an authorized representative of the regional center and the individual or, where appropriate, their parents, legal guardian, conservator or authorized representative. [*W.I.C. § 4646(g) (2023)]; [42 C.F.R. § 441.301(c)(2)(ix) (2025)]*

Finding

Twenty-nine of the thirty (97 percent) applicable sample records for individuals contained IPP addenda signed by IRC and the individual or, where appropriate their parents, legal guardian, or conservator. However, the addendum for individual #19 completed on February 21, 2025, was not signed by the individual served until August 27, 2025. Accordingly, no recommendation is required.

2.9.a The IPP addresses the assessed needs identified in the Client Development Evaluation Report. *[42 C.F.R. § 441.301(c)(2)(iii)(iv) (2025)]*

Findings

Ninety-two of the ninety-four (98 percent) sample records of individuals contained IPPs that addressed the individual's assessed needs. However, the following IPPs did not address the supports for assessed needs identified in the CDER:

1. Individual #29: The IPP dated March 1, 2025, does not address the assessed need "dressing". An addendum was completed October 16, 2025, adding "dressing" to the IPP. In addition, the IPP dated March 18, 2024, does not address the level of care assessed need "braces/splints/casts/orthopedic shoes". An addendum removing orthopedic shoes was completed on October 12, 2025. Accordingly, no recommendation is required; and,

2. Individual #60: The IPP dated June 5, 2025, does not address the assessed need "personal care". An addendum was completed October 10, 2025, adding "personal care". Accordingly, no recommendation is required.

2.9.b The IPP addresses the special health care requirements and safety risks. *[W.I.C. § 4646.5(a)(2) (2023)]; [42 C.F.R. § 441.301(c)(2)(vi) (2025)]*

Findings

Forty-one of the forty-three (95 percent) applicable sample IPPs for individuals addresses the individuals' special health care requirements and safety risks. However, IPPs for the following individuals do not address the special health care requirements and safety risks identified below:

1. Individual #21: "Head protective device". A CDER was completed October 14, 2025, removing "head protective device". Accordingly, no recommendation is required; and,

2. Individual #29: "Electric wheelchair" and "braces/splints/casts/orthopedic shoes". An addendum was completed October 16, 2025, addressing "electric wheelchair" and removing "braces/splints/casts/orthopedic shoes". Accordingly, no recommendation is required.

2.9.d The IPP reflects the services and supports that will assist the individual to achieve identified goals, and the providers of those services and supports. The vendor shall be responsible for establishing, maintaining, and modifying, as necessary, documentation regarding the manner in which it will assist each individual in achieving his/her IPP objective(s) for which the vendor is responsible. *[42 C.F.R. § 441.301(c)(2)(v) (2025)]; [Cal. Code. Regs tit 17, § 56720(a) (2023)]*

Findings

Forty-one of the forty-three (96 percent) applicable sample records of individuals contained IPPs that addressed the individuals' day program services. However, the IPPs for the following individuals do not address the services which the day program provider is responsible for implementing:

1. Individual #24: The IPP dated February 3, 2025, did not address the services for which the day program provider is responsible for implementing. An addendum was completed on October 10, 2025, addressing the day program services. Accordingly, no recommendation is required; and,

2. Individual #51: The IPP dated August 28, 2024, did not address the services in which the day program provider is responsible for implementing. An addendum was completed on October 14, 2025, addressing the day program services. Accordingly, no recommendation is required.

2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. *[W.I.C. § 4646.5(a)(5)(2023)]; [42 C.F.R. § 441.301(c)(2)(v)(2025)]*

Findings

Ninety-one of the ninety-four (97 percent) sample IPPs of individuals included a schedule of the type and amount of all services and supports purchased by the regional center. However, the following IPPs did not include IRC funded services as indicated below:

1. Individual #29: Adult Development Center and transportation services were not included for the months July 1, 2024, through February 28, 2025, in the IPP dated March 18, 2024. An IPP dated March 1, 2025, added the type and amount for Adult Development Center, and an addendum on October 16, 2025, added the type and amount for transportation. Accordingly, no recommendation is required;

2. Individual #69: Supported Living Services was not included for the months October 2024 through March 2025 in the IPP dated August 27, 2024. An addendum was completed on October 10, 2025, adding the type and amount for this service. Accordingly, no recommendation is required; and,

3. Individual #80: In-Home Respite Service Agency was not included for the months July 2024 through November 2024 in the IPP dated December 16, 2024, and the 2023 IPP was not provided. An addendum was completed on October 14, 2025, adding the type and amount for this service. Accordingly, no recommendation is required.

2.12.a Quarterly face-to-face meetings are completed with individuals living in community out-of-home settings, i.e., Service Level 2-7 community care facilities or family home agencies or

receiving supported living and independent living services. *[Cal. Code. Regs tit. 17, § 56047 (2023)]; [Cal. Code. Regs tit. 17, §56095 (2023)]; [Cal. Code. Regs tit. 17, § 58680 (2023)]; (Contract Requirement)*

Findings

Forty-seven of the fifty (94 percent) applicable sample records of individuals contained completed quarterly face-to-face meetings. However, the following records did not meet the requirement as indicated below:

1. The record for individual #74 contained documentation of three of the four required meetings that were consistent with the quarterly timeline; and,

2. The records for individuals #18 and #19 contained documentation of two for the four required meetings that were consistent with the quarterly timeline.

2.12.a Recommendation	Regional Center Plan/Response
IRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #18, #19, and #74.	Quarterly contact has been met for individuals #18, #19, and #74. Ongoing training is provided to ensure compliance with quarterly review requirements.

2.12.b Quarterly reports of progress are completed for individuals living in community out-of-home settings, i.e., Service Level 2-7 community care facilities or family home agencies or receiving supported living and independent living services. *[Cal. Code. Regs tit. 17, CCR, § 56047 (2023)]; [Cal. Code. Regs tit. 17, § 56095 (2023)]; [Cal. Code. Regs tit. 17, § 58680 (2023)]; (Contract Requirement)*

Findings

Forty-seven of the fifty (94 percent) applicable sample records of individuals contained quarterly reports of progress completed for individuals living in community out-of-home settings. However, the following records did not meet the requirement as indicated below:

1. The record for individual #74 contained documentation of three of the four required quarterly reports of progress that were consistent with the quarterly timeline; and,

2. The record for individuals #18 and #19 contained documentation of two of the four required quarterly reports of progress that were consistent with the quarterly timeline.

2.12.b Recommendation	Regional Center Plan/Response
IRC should ensure that future quarterly reports of progress are completed for individuals #18, #19, and #74.	Quarterly contact with reports of progress consistent with the quarterly timeline has been met for individuals #18, #19, and #74. Ongoing training is provided to ensure compliance with quarterly review requirements.

SECTION III: COMMUNITY CARE FACILITY RECORD REVIEW

The monitoring team visited 22 community care facilities (CCF) and reviewed 22 individual records for individuals supported by Inland Regional Center (IRC) who are living in those facilities. The monitoring team reviewed the records to determine if the record addressed all the elements CCFs are required to maintain in their individual records. The monitoring team also reviewed that the CCFs prepared written reports of progress in relation to the services and supports identified in the individual program plan (IPP) for which the facility is responsible. The review criteria in this section are derived from Title 17, California Code of Regulations and Title 42, Code of Federal Regulations.

The 22 records reviewed were 92 percent in overall compliance for 16 criteria. Findings for two criteria are detailed below.

3.2.b In a provider-owned or controlled residential setting, 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 a 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 in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law. *[42, CFR, § 441.301(c)(4)(vi)(A) (2025)]*

Findings

None of the twenty-two (0 percent) sample records contained documentation of agreement for eviction procedures and appeals process. The records of the following individuals did not include documentation of the appeals and eviction process:

1. Individual #1 at CCF #6: Documentation of agreement for evictions and appeals processes was completed on December 8, 2025. Accordingly, no recommendation is required;

2. Individual #4 at CCF #8: Documentation of agreement for evictions and appeals processes was completed on December 13, 2025. Accordingly, no recommendation is required;

3. Individual #6 at CCF #5: Documentation of agreement for evictions and appeals processes was completed on December 15, 2025. Accordingly, no recommendation is required;

4. Individual #8 at CCF #19: Documentation of agreement for evictions and appeals processes was completed on December 9, 2025. Accordingly, no recommendation is required;

5. Individual #9 at CCF #2: Documentation of agreement for evictions and appeals processes was completed on December 12, 2025. Accordingly, no recommendation is required;

6. Individual #11 at CCF #18: Documentation of agreement for evictions and appeals processes was completed on December 8, 2025. Accordingly, no recommendation is required;

7. Individual #12 at CCF #16: Documentation of agreement for evictions and appeals processes was completed on December 10, 2025. Accordingly, no recommendation is required;

8. Individual #13 at CCF #17: Documentation of agreement for evictions and appeals processes was completed on December 15, 2025. Accordingly, no recommendation is required;

9. Individual #14 at CCF #4: Documentation of agreement for evictions and appeals processes was completed on December 11, 2025. Accordingly, no recommendation is required;

10. Individual #15 at CCF #3: Documentation of agreement for evictions and appeals processes was completed on December 15, 2025. Accordingly, no recommendation is required;

11. Individual #16 at CCF #15: Documentation of agreement for evictions and appeals processes was completed on December 10, 2025. Accordingly, no recommendation is required;

12. Individual #17 at CCF #13: Documentation of agreement for evictions and appeals processes was completed on December 8, 2025. Accordingly, no recommendation is required;

13. Individual #19 at CCF #11: Documentation of agreement for evictions and appeals processes was completed on December 12, 2025. Accordingly, no recommendation is required;

14. Individual #20 at CCF #12: Documentation of agreement for evictions and appeals processes was completed on December 15, 2025. Accordingly, no recommendation is required;

15. Individual #22 at CCF #1: Documentation of agreement for evictions and appeals processes was completed on December 12, 2025. Accordingly, no recommendation is required;

16. Individual #23 at CCF #21: Documentation of agreement for evictions and appeals processes was completed on October 10, 2025. Accordingly, no recommendation is required;

17. Individual #25 at CCF #20: Documentation of agreement for evictions and appeals processes was completed on December 8, 2025. Accordingly, no recommendation is required;

18. Individual #26 at CCF #10: Documentation of agreement for evictions and appeals processes was completed on December 15, 2025. Accordingly, no recommendation is required;

19. Individual #29 at CCF #7: Documentation of agreement for evictions and appeals processes was completed on December 11, 2025. Accordingly, no recommendation is required;

20. Individual #30 at CCF #14: Documentation of agreement for evictions and appeals processes was completed on December 15, 2025. Accordingly, no recommendation is required;

21. Individual #34 at CCF #22: Documentation of agreement for evictions and appeals processes was completed on December 9, 2025. Accordingly, no recommendation is required; and,

22. Individual #35 at CCF #9: Documentation of agreement for evictions and appeals processes was completed on December 9, 2025. Accordingly, no recommendation is required.

3.2.b Recommendation	Regional Center Plan/Response
IRC should ensure that individual file records maintained by all CCFs contain documentation of agreement for eviction procedures and appeals process.	IRC has incorporated into the residency agreement forms a document which provides the protections that address eviction procedures and appeals process. This document requires review and agreement by IRC, residential provider, and consumer/authorized representative.

3.6. The facility prepares and maintains ongoing, written notes for individuals. *[Cal. Code. Regs tit. 17, § 56026(a) (2023)]*

Finding

Nineteen of the twenty (95 percent) applicable sample records of individuals served contained ongoing notes documenting community activities, overnight visits, illnesses, incidents, and medical appointments. However, the record for individual #14, at CCF #4 did not contain ongoing notes prior to October 2025 that address the above activities. CCF #4 began completing notes October 2025. Accordingly, no recommendation is required.

SECTION IV: DAY PROGRAM RECORD REVIEW

The monitoring team visited 11 day programs and reviewed 12 records for individuals supported by Inland Regional Center who are receiving services from those day programs. The monitoring team reviewed the records to ensure that the day program addressed the requirements to maintain records and prepare written reports of progress in relation to the services and supports identified in the individual program plan for which the day program is responsible. The review criteria in this section are derived from Title 17, California Code of Regulations and Title 42, Code of Federal Regulations.

The 12 records reviewed were 100 percent in overall compliance for 13 criteria.

SECTION V: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Seventy-one of the ninety-four individuals supported by Inland Regional Center, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities, or in independent living settings to verify that the individuals appeared to be supported and healthy and if applicable, the setting was compliant with the Home and Community-Based Services Settings Requirements. Interview questions focused on the individuals' satisfaction with their living situation, day program or work activities, health, choice, and regional center services.

Finding

Seventy of the seventy-one individuals and parents of minors interviewed indicated satisfaction with their living situation, day program, work activities, health, choice, and regional center services. The appearance for all of the individuals that were interviewed and observed reflected personal choice and individual style. However, the following individuals shared issues regarding the services they receive:

1. Individual #71 was dissatisfied with their service coordinator (SC) and regional center services.

Recommendation	Regional Center Plan/Response
IRC should follow-up with individual #71 regarding concerns with their service coordinator and regional center services.	Follow up contact was made with individual #71 and a new SC was assigned. Individual #71 reported receiving regional center services without issues. Follow-up and monitoring is provided by new SC to ensure the individual's needs continue to be met.

SECTION VI: REGIONAL CENTER STAFF INTERVIEWS

SECTION VI A: SERVICE COORDINATOR INTERVIEWS

The monitoring team interviewed 18 service coordinators (SC). The interviews determined that all of the SCs are knowledgeable about the desires, preferences, life circumstances and service needs of the individuals they support. The SCs had knowledge of the processes for individual program planning and periodic review as well as monitoring the health and safety of individuals and monitoring that the service providers who support them comply with Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities Waiver and Settings requirements.

SECTION VI B: CLINICAL SERVICES INTERVIEW

The monitoring team interviewed the program administrator to ensure that the regional center has practices in place to provide clinical support to individuals and service coordinators. The interview determined the regional center conducts routine monitoring of individuals with medical issues, monitoring of medications, monitoring of behavior plans, coordination of medical and mental health, improvements in access to preventive health care resources, and ensures that clinical services play a role in special incident reporting and the Risk Management Committee to address the ongoing health and safety of individuals who are on the HCBS 1915(c) Waiver.

SECTION VI C: QUALITY ASSURANCE INTERVIEW

The monitoring team interviewed the consumer program liaison specialist to ensure the regional center has practices in place to conduct Title 17 and HCBS Waiver and settings monitoring and quality assurance activities. The interview determined the regional center conducts routine Title 17 monitoring of community care facilities, including two unannounced visits, service provider training, corrective action plans as required and technical assistance is provided when needed. In addition, the regional center verifies provider qualifications, resource development activities, and quality assurance among programs and providers where there are no regulatory requirements to conduct monitoring. Quality assurance also participates in special incident reporting and the Risk Management Committee to address the ongoing quality assurance needs of individuals who are on the HCBS Waiver.

SECTION VII: VENDOR STAFF INTERVIEWS

SECTION VII A: SERVICE PROVIDER INTERVIEWS

The monitoring team interviewed service providers at 22 community care facilities (CCF) and 8 day programs. The interviews determined that all service providers assess the needs of the individual in their program, participate in the development of an individual program plan, foster independence and an environment where the individual is treated with dignity and respect, advocate for and oversee the training and implementation of policies and procedures that ensure the health, safety, and rights of the individual are being planned for and met in accordance with the Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities Waiver and Settings requirements.

Finding

1. CCF #10 for Individual #26: The service provider was not aware of any evacuation locations in the case of an emergency.

Recommendation	Regional Center Plan/Response
IRC should ensure that the service providers are aware of alternate evacuation locations in the case of an emergency.	IRC completed the facility QA Annual Audit on 1-8-2026. IRC provided technical assistance, reviewing the facility evacuation plan and discussing alternative evacuation locations. IRC will continue to ensure that service providers are aware of alternate evacuation locations in the case of an emergency.

SECTION VII B: DIRECT SUPPORT PROFESSIONALS INTERVIEWS

The monitoring team interviewed direct support professionals at 22 CCFs and 8 day programs. The interviews determined that all direct support professionals are familiar with and respect the individuals they are supporting, understand the individual's goals and objectives on their IPP, understand the service delivery and HCBS Waiver and settings requirements, are prepared to address safety issues, engage in emergency preparedness, and are knowledgeable about safeguarding medications.

SECTION VIII: VENDOR PROGRAM MONITORING REVIEW

The monitoring teams reviewed a total of 22 community care facilities (CCF) and 7 day programs to determine if the settings are Home and Community-Based Services (HCBS) Settings Requirement compliant, and are supporting individuals in a safe, healthy and positive environment where their privacy, rights and choices are respected, they have control of their personal resources and individual preferences and styles are reflected in CCFs where individuals live. All of the CCFs and the day programs were found to be in good condition with no immediate health and safety concerns.

8.1 Federal Requirement #1: Access to the Community/opportunities/personal resources

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

Finding

Twenty-eight of the twenty-nine (97 percent) applicable records had settings integrated in and supports full access of individuals in the greater community. However, Individual #2 at Day Program #5 did not have access to the community. Based on this information, a referral for follow-up was requested by the Department. The follow-up review was completed by IRC to address the individual's concern. Accordingly, no recommendation is required.

8.6 Federal Requirement #6: Residential Agreement

In a provider-owned or controlled residential setting, 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 a 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 in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law. *[42 C.F.R. § 441.301(c)(4)(vi)(A)]*

Finding

See finding and recommendation for the vendor's non-compliance detailed in community care facility record review, criterion 3.2.b.

8.7.a Federal Requirement #7: Privacy

Bedroom doors are lockable by the individual with only appropriate staff having keys to doors. *[42 C.F.R. § 441.301(c)(4)(vi)(B)(1) (2025)]*

Findings

Fifteen of the twenty-two (68 percent) community care facilities had locks on bedroom doors with a process in place for only appropriate staff to have access to keys. However, the following individuals did not have a lock on their bedroom door and no modification was documented in their current IPP:

1. Individual #4 at CCF #8;
2. Individual #9 at CCF #2;
3. Individual #12 at CCF #16;
4. Individual #14 at CCF #4;
5. Individual #22 at CCF #1;
6. Individual #25 at CCF #20; and,
7. Individual #29 at CCF #7.

8.7.a Recommendations	Regional Center Plan/Response
RC should ensure that CCFs for Individual #4 at CCF #8, Individual #9 at CCF #2, Individual #12 at CCF #16, Individual #14 at CCF #4, Individual #22 at CCF #1, Individual #25 at CCF #20, and Individual #29 at CCF #7 have locks on bedroom doors with a process in place for only appropriate staff to have access to keys. If there is no lock on an individual's bedroom door, there is a modification documented in their current IPP.	**Individual #4** at CCF#8 moved to a new placement on 10/15/2025. At this new residence bedroom has a lock and has had a lock from the date of move-in. **Individual #9** at CCF #2 there is no lock on bedroom door of individual #9 there is Documented modification is on file and in IPP. **Individual #12** at CCF #16 A lock has been installed and there is a process in place for only appropriate staff to have access to keys. **Individual #14** at CCF #4 Consumer choice to not have lock on bedroom door. Door can be closed to ensure the individuals' privacy. Documented modification is on file and in IPP. **Individual #22** at CCF #1 A lock has been installed and there is a process in place for only appropriate staff to have access to keys. **Individual #25** at CCF #20 there is no lock on bedroom door. Documented modification is on file and in IPP. **Individual #29** at CCF #7 A lock has been installed there is a process in place for only appropriate staff to have access to keys.
In addition, IRC should evaluate what is necessary to ensure individuals have locks on their bedroom doors or a modification is documented in the IPP.	The placement process has been updated to incorporate HCBS Final Rule modifications. This includes instructions to support consistent annual review and completion requirements. Training is being developed for service coordinators to address the systemic changes as well as the HCBS Final Rule modifications.

SECTION IX: SPECIAL INCIDENT REPORTING

The records of the 94 individuals supported by Inland Regional Center (IRC) and selected for the Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities (DD) Waiver sample were reviewed to verify that special incidents have been reported. A supplemental sample of 10 records of individuals receiving services were also reviewed to verify that special incident reports (SIR) have been reported within the required timeframes, that documentation meets the requirements of Title 17, California Code of Regulations, and that the follow-up was appropriate and complete. In addition, the monitoring team verified that an incident report was completed for all individuals on the HCBS Waiver supported by IRC who passed away during the review period.

Summary of Findings

IRC reported all special incidents in the sample of 94 records selected for the HCBS 1915(c) DD Waiver review to the Department. IRC's vendors reported 9 of the 10 (90 percent) incidents in the supplemental sample to the regional center within the required timeframes. IRC reported all (100 percent) incidents in the supplemental sample to the Department within the required timeframe. IRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all 10 (100 percent) incidents. In addition, IRC reported all deaths of individuals on the HCBS Waiver during the review period.

Finding

1. SIR #7: The incident occurred on August 14, 2024. However, the vendor did not submit a written report to IRC until September 4, 2024.

Recommendation	Regional Center Plan/Response
IRC should ensure that the vendor for SIR #7 reports special incidents within the required timeframes.	IRC provided technical assistance, SIR trainings are routine trainings that IRC provides to vendors.

SECTION X: SUPPLEMENTARY ISSUE

This section contains any supplementary issues identified by the monitoring team during the review that are not specifically addressed by the standard review protocol criteria or directly related to the individuals selected for the review but should be reviewed and addressed by the regional center.

Comments

Regional centers shall implement the standardized individual program plan template and procedures no later than January 1, 2025. *[W.I.C. § 4435.1(d)]*

Finding

The standardized Individual Program Plan (IPP) signature page was not utilized by Inland Regional Center beginning January 1, 2025, as required.

Recommendation	Regional Center Plan/Response
IRC should ensure all newly developed IPPs are completed using the IPP and include all of the components of the IPP.	An all-staff mandatory training has been completed for case management. Service Coordinators are utilizing the IPP Signature Page. IRC ensures accuracy and timely completion to ensure we remain in compliance with this requirement.

Comments

Referrals for follow-up were completed for the two individuals discussed below.

1. Individual #26: Individual shared that the licensee at the CCF does not purchase enough food. Based on this interview, a referral for follow-up was requested by the Department. The follow-up review was completed by IRC to address the individual's concern. Accordingly, no recommendation is required; and,

2. Individual #48: The conservator shared concerns about the individual not leaving their room, and therefore not accessing the community or receiving medical care. Additionally, the conservator has requested to be provided services, including additional living options that meet the individual's needs. The follow-up review was completed by IRC to address the conservator's concern. Accordingly, no recommendation is required.