

**Harbor 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: July 7 – 18, 2025



TABLE OF CONTENTS

SECTION I: REGIONAL CENTER SELF-ASSESSMENT	3
SECTION II: REGIONAL CENTER RECORD REVIEW	4
SECTION III: COMMUNITY CARE FACILITY RECORD REVIEW.....	12
SECTION IV: DAY PROGRAM RECORD REVIEW	14
SECTION V: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS	15
SECTION VI: REGIONAL CENTER STAFF INTERVIEWS.....	16
SECTION VII: VENDOR STAFF INTERVIEWS.....	17
SECTION VIII: VENDOR PROGRAM MONITORING REVIEW.....	18
SECTION IX: SPECIAL INCIDENT REPORTING	20
SECTION X: SUPPLEMENTARY ISSUE	22

SECTION I: REGIONAL CENTER SELF-ASSESSMENT

Harbor Regional Center (HRC) responded to questions that align with the California Home and Community-Based (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 HRC is available upon request.

SECTION II: REGIONAL CENTER RECORD REVIEW

For the review period of April 1, 2024, through March 31, 2025, a total of 43 records of individuals enrolled on the Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities Waiver and receiving services at Harbor Regional Center (HRC), 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. In addition, seven supplemental records were reviewed for documentation of voluntary disenrollment or a notice of proposed action, if there was a loss of service. Lastly, ten additional supplemental records were reviewed for documentation that HRC determined the individual met the HCBS Waiver level-of-care requirements prior to receiving HCBS Waiver supports.

The 43 records reviewed were 95 percent in overall compliance for this review. Findings for 10 criteria are detailed below.

2.1.b The DS 3770 form summarizes the individual's assessed needs and/or any special health care conditions for meeting the Title 22 level-of-care requirements. *[Cal. Code. Regs tit. 22, § 51343(l)(5) (2025)]*

Findings

Forty of the forty-three (93 percent) sample records of individuals summarized the assessed needs and/or special health care conditions on the DS 3770 form. However, the DS 3770 form in the record for individual #15 listed only one assessed need and the DS 3770 form in the records for individuals #18 and #35 did not list any assessed needs or special health care conditions.

2.1.b Recommendation	Regional Center Plan/Response
HRC should ensure that the DS 3770 form for individuals #15, #18 and #35 list at least two assessed needs that meet the requirement for level of care.	The assessed needs for #35 have been updated to reflect the individual's continued eligibility. Individuals #15 and #18 were determined as no longer meeting the level-of-care requirements to remain on the waiver. They have been terminated.

2.4 The individual record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12-months. Reevaluations, at least annually, of each individual receiving home or community-based services to determine if the individual continues to need the level-of-care provided and would, but for the provision of Waiver services, otherwise be institutionalized. *[42 C.F.R. § 441.302(c)(2) (2025)]*

Findings

Thirty-nine of the forty-three (91 percent) sample records of individuals contained a CDER that had been reviewed annually. However, the records for individuals #15, #17, #21, and #40 did not contain documentation that the CDER had been reviewed annually.

2.4 Recommendation	Regional Center Plan/Response
HRC should ensure that the CDER for individuals #15, #17, #21, and #40 are reviewed annually.	All Harbor service coordinators (SC) involved with the four individual findings were retrained on CDER (emphasizing annual review) requirements on 11/18/2025. Harbor will continue to provide targeted training to staff to stress the requirement to update the CDER on an annual basis. Harbor management teams will provide ongoing oversight to ensure that staff are reviewing CDERs annually utilizing tracking tools.

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)]

Findings

Forty of the forty-three (93 percent) sample records of individuals had documented assessed needs that meet the level-of-care requirements. However, the record for individual #15 only listed one assessed need and the records for individuals #18 and #35 did not list any assessed needs.

2.5.a Recommendation	Regional Center Plan/Response
HRC should reevaluate the HCBS Waiver eligibility for individuals #15, #18 and #35 to ensure that the individuals meet the level-of-care requirements. If the individuals do not have at least two distinct assessed needs that meet the level-of-care requirements, the individuals' HCBS Waiver eligibility should be terminated.	The assessed needs for #35 have been updated to reflect the individual's continued eligibility. Individuals #15 and #18 were determined as no longer meeting the level-of-care requirements to remain on the waiver. They have been terminated.

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

Thirty-eight of the forty-one (93 percent) sample records of individuals documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, the assessed needs listed on the DS 3770 were not consistent in the following records:

1. Individual #12: "Safety Awareness." A new CDER was completed in July 2025 to reflect consistency with the record. Accordingly, no recommendation is required;
2. Individual #25: "Disruptive Social Behavior;" and,
3. Individual #36: "Safety Awareness." A new CDER was completed in July 2025 to reflect consistency with the record. Accordingly, no recommendation is required.

2.5.b Recommendation	Regional Center Plan/Response
HRC should determine if the item listed above for individual #25 is appropriately identified as an assessed need. The individual's CDER and DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the individuals' ability to perform activities of daily living and/or participate in community activities are no longer identified as assessed needs. If HRC determines that the issues are correctly identified as assessed needs, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.	The IPP has been updated to correctly support the identified assessed needs in the CDER and DS 3770. The IPP will be submitted with this report.

2.6.a The IPP is reviewed (at least annually) by the planning team and modified, as necessary, in response to the individual's changing needs, wants or health status. [42 C.F.R. § 441.301 (C)(3) (2025)]; [W.I.C. § 4646.5(b) (2023)]

Findings

Thirty-eight of the forty-three (88 percent) sample records of individuals contained documentation that the individual's IPP had been reviewed annually by the planning

team. However, there was no documentation that the IPPs for the following individuals were reviewed annually as indicated below:

1. Individual #15: The IPP was dated September 12, 2023. There was no documentation that the IPP was reviewed annually. A new IPP was completed on November 4, 2024;
2. Individual #17: The IPP was dated April 10, 2023. There was no documentation that the IPP was reviewed annually. A new IPP was completed on July 22, 2024;
3. Individual #21: The IPP was dated August 24, 2023. There was no documentation that the IPP was reviewed annually. A new IPP was completed on October 31, 2024;
4. Individual #26: The IPP was dated May 30, 2023. There was no documentation that the IPP was reviewed annually. A new IPP was completed on August 5, 2024; and,
5. Individual #40: The IPP was dated July 7, 2023. There was no documentation that the IPP was reviewed annually. A new IPP was completed on October 10, 2024.

2.6.a Recommendation	Regional Center Plan/Response
HRC should ensure that the IPPs for individuals #15, #17, #21, #26, and #40 are reviewed at least annually by the planning team.	All Harbor SCs involved in the five individual cases will receive specialized IPP training (emphasizing annual review) on 12/10/25. Harbor will ensure that IPPs are reviewed annually by the case management teams. Targeted training will be provided to remind staff of the requirements. Harbor management teams will provide ongoing oversight to ensure that staff are reviewing IPPs annually utilizing tracking tools.

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)]

Finding

Forty-two of the forty-three (98 percent) sample records of individuals contained IPPs that were signed by HRC and the individuals or, where appropriate, their parents, legal guardian, conservator or the authorized representative. However, the IPP for individual #39, dated August 26, 2024, was not signed by the parent and regional center representative until May 14, 2025. 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

Thirty-five of the forty-three (81 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 HRC funded services as indicated below:

1. Individual #14: Community Integration Training Program was not included in the IPP dated June 25, 2024. An addendum was completed on July 9, 2025, addressing the purchased service. Accordingly, no recommendation is required;
2. Individual #17: Transportation was not included for the month of June 2024 and Housing Access was not included for the month of September 2024 in the IPPs dated April 10, 2023, and July 22, 2024;
3. Individual #18: Supported Living Services was not included for the months of September 2024 through March 2025, and Housing Access was not included for the months of July 2024 through January 2025 in the IPPs dated June 1, 2023, and June 11, 2024;
4. Individual #25: Transportation was not included for the month of February 2025 in the IPP dated September 13, 2024;
5. Individual #29: Homemaker Service was not included for the months of April 2024 through September 2024 in the IPPs dated September 28, 2023, and September 27, 2024. An addendum was completed July 10, 2025, addressing the purchased services. Accordingly, no recommendation is required;
6. Individual #33: In-Home Respite was not included for the months of January 2025 through February 2025, and Financial Management Service was not included for the months of July 2024 through November 2024 in the IPPs dated December 4, 2023, and January 23, 2025. An addendum was completed on July 14, 2025, addressing the purchased services. Accordingly, no recommendation is required;
7. Individual #35: Financial Management Service was not included for the months of June 2024 through August 2024 in the IPPs dated August 15, 2023, and August 19, 2024. An addendum was completed on July 10, 2025, addressing the purchased service. Accordingly, no recommendation is required; and,
8. Individual #36: Financial Management Service was not included for the months of July 2024 through February 2025 in the IPP dated June 28, 2024. An addendum was completed on May 15, 2025, addressing the purchased service. Accordingly, no recommendation is required.

2.10.a Recommendations	Regional Center Plan/Response
HRC should ensure that the IPPs for individuals #17, #18 and #25 include a schedule of the type and amount of all services and supports purchased by HRC.	Case management teams have amended the IPPs mentioned to ensure that they include the type and amount of all services purchased by Harbor.
In addition, HRC should evaluate what actions may be necessary to ensure that IPPs include a schedule of the type and amount of services and supports purchased by HRC.	Harbor will provide ongoing targeted training to case management staff to ensure that the schedule of the type and amount of services and supports purchased are properly documented in the IPP.

2.11 The IPP identifies the provider or providers of service responsible for implementing services and/or support, including, but not limited to, vendors, contracted providers, generic service agencies, and natural supports. [WIC § 4646.5(a)(5)], [Title 42, CFR, § 441.301(c)(2)(v)]

Findings

Forty-one of the forty-three (95 percent) sample records of individuals contained IPPs that identified the provider or providers responsible for implementing services. However, two IPPs did not indicate the provider for the HRC-funded services indicated below:

1. Individual #14: Community Integration Training Program was not included in the IPP dated June 25, 2024. An addendum was completed on July 9, 2025, addressing the provider implementing the above service. Accordingly, no recommendation is required; and,
2. Individual #42: Translator was not included in the IPP dated August 12, 2024.

2.11 Recommendation	Regional Center Plan/Response
HRC should ensure the IPP for individual #42 identifies the provider for the service listed above.	The IPP listed has been updated to reflect the service provider for the translation service listed in the report.

2.12.a Quarterly face-to-face meetings 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, § 56047 (2023)]; [Cal. Code. Regs tit. 17, § 56095 (2023)]; [Cal. Code. Regs tit. 17, § 58680 (2023)]; (Contract Requirement)

Findings

Nineteen of the twenty-six (73 percent) applicable sample records of individuals contained quarterly face-to-face meetings completed and documented. However, the following records did not meet the requirement as indicated below:

1. The records for individuals #4, #7, #11, #14, #21, and #25 contained documentation of three of the four required meetings that were consistent with the quarterly timeline; and,
2. The record for individual #17 contained documentation of two of the four required meetings that were consistent with the quarterly timeline.

2.12.a Recommendations	Regional Center Plan/Response
HRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #4, #7, #11, #14, #17, #21, and #25.	Harbor will ensure that all future face-to-face meetings are being held and documented in Virtual Chart (VC). Additionally, Harbor will ensure that all efforts to schedule the meetings are properly documented. Staff will continue to use VC as a tracking tool for upcoming meetings.
In addition, HRC should evaluate what actions may be necessary to ensure that quarterly face-to-face meetings are completed and documented for all applicable individuals.	Harbor will provide ongoing targeted training to case management staff to ensure that face-to-face quarterly meetings are being held for all applicable individuals. Harbor management teams will be providing ongoing oversight through the utilization of tracking tools.

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

Nineteen of the twenty-six (73 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 records for individuals #4, #7, #11, #14, #21, and #25 contained documentation of three of the four required quarterly reports of progress that were consistent with the quarterly timeline; and,
2. The record for individual #17 contained documentation of two of the four required quarterly reports of progress that were consistent with the quarterly timeline.

2.12.b Recommendations	Regional Center Plan/Response
HRC should ensure that future quarterly reports of progress are completed for	Harbor will ensure that all future quarterly reports are completed and filed accordingly. Staff will continue to use VC as a tracking

<p>individuals #4, #7, #11, #14, #17, #21, and #25.</p>	<p>tool for documenting the completion of reports.</p>
<p>In addition, HRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.</p>	<p>Harbor will provide ongoing targeted training to case management staff to ensure that face-to-face quarterly meetings are being held for all applicable individuals. Harbor management teams will be providing ongoing oversight through the utilization of tracking tools.</p>

SECTION III: COMMUNITY CARE FACILITY RECORD REVIEW

The monitoring team visited six community care facilities (CCF) and reviewed six individual records for individuals supported by Harbor Regional Center (HRC) 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 six records reviewed were 94 percent in overall compliance for 17 criteria. Findings for one criterion is 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

One of the six (17 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 #1;
2. Individual #6 at CCF #2;
3. Individual #8 at CCF #3;
4. Individual #11 at CCF #5; and,
5. Individual #13 at CCF #6.

3.2.b Recommendations	Regional Center Plan/Response
<p>HRC should ensure that individual file records maintained by CCF #1 for individual #1, CCF #2 for individual #6, CCF #3 for individual #8, CCF #5 for individual #11 and CCF #6 for individual #13 contain documentation of agreement for eviction procedures and appeals process.</p>	<p>Harbor's Quality Assurance (QA) team will work with all individuals and service providers and ensure that eviction procedures and appeals process is reviewed with each individual and kept in each of the individuals files by 12/01/25. Harbor will ensure that all admission agreements include the process for eviction and the process for appeals moving forward.</p>
<p>In addition, HRC should ensure that individual file records maintained by all CCFs contain documentation of agreement for eviction procedures and appeals process.</p>	<p>Harbor is working with the Southern CA regional centers on a standardized Admission Agreement to include all HCBS requirements including the eviction process and appeals process. Once approved by the Executive Directors, it will be implemented across all CCFs to ensure all admission agreements are updated.</p>

SECTION IV: DAY PROGRAM RECORD REVIEW

The monitoring team visited five day programs and reviewed seven records for individuals supported by Harbor Regional Center (HRC) 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 (IPP) 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 seven records reviewed were 99 percent in overall compliance for 13 criteria. A finding for one criterion is detailed below.

4.2 The day program has a copy of the individual's current IPP. *[Cal. Code. Regs tit. 17, § 56730)(c)(1)(F)]*

Finding

Six of the seven (86 percent) sample records of individuals contained a copy of the individual's current IPP. However, the record for individual #14 at DP #3 did not contain a copy of the current IPP.

4.2 Recommendation	Regional Center Plan/Response
HRC should ensure that the record for individual #14 at DP #3 contain a current copy of the individual's IPP.	Harbor provided the current IPP to the day program. Harbor will ensure that the day program receives an updated IPP on at least an annual basis.

SECTION V: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Twenty-five of the forty-three individuals supported by Harbor 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.

All of the 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.

SECTION VI: REGIONAL CENTER STAFF INTERVIEWS

SECTION VI A: SERVICE COORDINATOR INTERVIEWS

The monitoring team interviewed nine 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 Director of Intake and Clinical Services 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 Provider Relations 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 six community care facilities (CCF). The interviews determined that all service providers assess the needs of the individuals in their program, participate in the development of the individual program plans (IPP), foster independence and provide 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 individuals are being planned for and met in accordance with the Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities Waiver and Settings requirements.

SECTION VII B: DIRECT SUPPORT PROFESSIONALS INTERVIEWS

The monitoring team interviewed direct support professionals at six CCFs. 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 six community care facilities (CCF) 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 were found to be in good condition with no immediate health and safety concerns.

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)]

Findings

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)]

Finding

Five of the six (83 percent) community care facilities had locks on bedroom doors with a process in place for only appropriate staff to have access to keys. However, individual #1, at CCF #1, did not have a lock on their bedroom door and no modification was documented in their current IPP. HRC submitted a new IPP dated May 8, 2025, which addresses the modification for Federal Settings Requirement #7. Accordingly, no recommendation is required.

8.7.a Recommendation	Regional Center Plan/Response
<p>HRC should ensure that CCFs 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.</p>	<p>Harbor will ensure that staff are properly trained on documenting the process for evaluating the safety of a lock on the bedroom of each individual. Harbor will ensure that all IPPs and individual service plans (ISPs) document the process in place for only appropriate staff to have access to keys, if applicable.</p>

SECTION IX: SPECIAL INCIDENT REPORTING

The records of the 43 individuals supported by Harbor Regional Center (HRC) 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 HRC who passed away during the review period.

Summary of Findings

HRC reported all special incidents in the sample of 43 records selected for the HCBS 1915(c) DD Waiver review to the Department. HRC's vendors reported 7 of the 10 (70 percent) incidents in the supplemental sample to the regional center within the required timeframes. HRC reported all (100 percent) incidents in the supplemental sample to the Department within the required timeframe. HRC'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, HRC reported all deaths of individuals on the HCBS Waiver during the review period.

Findings

SIR #5: The incident occurred on November 15, 2024. However, the vendor did not submit a written report to HRC until January 13, 2025.

SIR #7: The incident occurred on October 21, 2024. However, the vendor did not submit a written report to HRC until October 25, 2024.

SIR #8: The incident occurred on May 4, 2024. However, the vendor did not submit a written report to HRC until September 10, 2024.

Recommendations	Regional Center Plan/Response
HRC should ensure that the vendors for SIR #5, #7, and #8 reports special incidents within the required timeframes.	Harbor QA staff will provide SIR training to all three vendors on 12/09/25 with special emphasis on timely reporting requirements. Harbor will continue to follow up with services providers if they do not submit SIRs on time.
In addition, HRC should ensure that their vendors submit written SIRs in accordance with the required timelines.	Harbor will continue to train service providers on SIR regulations two times per year. For individual service providers that do not adhere to regulations regarding

	timelines, Harbor will assess the need for a corrective action plan.
--	--

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

None