



Frequently Asked Questions (FAQs) about Door Locks in Adult Long-Term Care Residential Settings

In 2014, the Centers for Medicare and Medicaid Services (CMS) released new federal requirements for home and community-based settings.

Under these new requirements that became effective March 17, 2014, the Wisconsin Department of Health Services (DHS) must ensure that residential providers meet the Home and Community-Based Services (HCBS) setting requirements. Therefore, the Department of Health Services, Division of Medicaid Services has been conducting reviews of Wisconsin's Medicaid-funded long-term care residential settings for mandatory compliance with this rule.

In the process of these reviews, DHS received numerous questions concerning the requirement for door locks. This FAQ provides guidance to residential providers concerning the requirement in accordance with 42 C.F.R., Part 441.

General Information: Door Locks

The federal requirement for door locks is intended to support a resident's personal privacy. While residents do have the right to choose not to lock their doors, the resident's choice does not remove the provider's responsibility to provide locks on living unit doors. It simply allows the resident to exercise his or her right to privacy and personal choice.

Staff in each residential setting should always knock and receive permission prior to entering a resident's living space. If not already in place, the setting should create a policy to ensure that staff always knock and receive permission prior to entering a resident's room or personal living space to respect residents' rights to privacy. At the time of an HCBS review, each setting should be prepared to provide a copy of its policy along with documentation of related staff training and to indicate how compliance with the rule is maintained.

Where are door locks required?

Depending on the setting, a resident's living unit may be his or her own apartment, studio, or bedroom. Door locks are required on all resident living unit doors.

What kinds of locks are acceptable?

Prior to selecting and installing locks, providers are strongly encouraged to give careful consideration to the resident population they serve in order to minimize excessive need to modify or change the locks to accommodate residents' assessed needs over time.

- Locks that disengage with the turn of the inside knob or lever are recommended.
- Locks should allow an individual to exit his or her living unit without delay.
- Deadbolts or key locks that can only be unlocked from inside the resident's living unit should **not** be used.

- Door handles should meet the physical needs of the residents of the setting. If a lever handle is required for residents with manual strength or dexterity limitations, the door handle must meet the resident's functional needs in addition to having a locking mechanism.

The following is a short descriptive list of acceptable locks:

- Keyed door knobs—turning knob from the inside disengages the latch
- Keyed door levers—pushing down on lever handle from the inside disengages the latch
- Dual chamber locks—locks with a separate keyhole on the lock that allows a different key to be used to override the lock/unlock function
- Card-based door entry system—can be disengaged with a computer
- Electronic door locks—can be disengaged with a computer

What kinds of keys are acceptable?

Keys to door locks may be traditional keys, or have coded or card entry mechanisms. The ability of residents and staff to use nontraditional keys during power outages must be addressed in each setting's emergency procedure plan.

Distribution and Use of Keys

Does a provider need to have written policy related to RESIDENT access to keys?

Yes. Each residential setting must have a policy in place concerning the distribution of keys to residents and staff and the use of keys by staff. The policy and process should be incorporated into the resident's key agreement to be signed at the time of a resident's admission. The policy must address the process by which the provider obtains the individually signed resident key agreement. The policy must also address how residents will receive keys upon admission to the setting, the guidelines for residents' use of keys while living in the setting, and the process for residents' return of keys upon discharge from the setting.

If a resident has been assessed as not having the physical or mental capacity to utilize a key/lock, this must be documented within the resident's individual service plan (ISP) and member-centered plan (MCP), as applicable, indicating that the resident living unit door lock needs to be disengaged for this individual.

Is it acceptable for a provider to just obtain a resident's legal representative's verbal or written consent for a resident not to have his or her own key?

No. With respect to a resident's personal choice and privacy, the resident must be involved, to the extent he or she is capable, in any decisions regarding his or her personal possession and use of a key. The conditions that would prevent a resident from having a key must be specific to the resident's assessed needs, and must be justified and documented in the resident's individual service plan (or AFH service plan) and member-centered plan, as applicable. The resident may choose to involve others, such as parents, a legal representative, or a significant other in the decision. If a resident does not have possession of the key, it does not negate the resident's right to lock his or her living unit when leaving the setting in order to safeguard belongings and ensure privacy.

Does a provider need to have a written policy related to STAFF access to keys?

Yes. Providers must have a policy in place that details which staff have access to resident or master keys. The policy should state that the setting's staff will only use a key to enter a resident's living area or private space under circumstances agreed upon with the resident/guardian. The policy must indicate who has access to keys and how the policy will be maintained.

In addition, each setting will have a policy in place to ensure that staff always knock and receive permission prior to entering a resident's room or personal living space to respect each resident's right to privacy. At the time of an HCBS review, each setting should be prepared to provide a copy of its policy along with documentation of related staff training and to indicate how compliance with this rule is maintained.

What about a setting that has multiple resident living units that will each have a unique key?

Settings with multiple resident living units should consider having all living unit door locks keyed so that staff are allowed to use a master key. This ensures unique keys for each resident's living unit while also allowing staff to have access to all resident living units with one master key (per the individually signed key agreement with each resident).

What should a provider do when a resident cannot manage a key?

If a resident is prone to misplacing or losing the key, it does not negate the resident's right to lock his or her living unit when leaving the setting in order to safeguard belongings and ensure privacy. In consultation with the resident and his or her care management team, the setting can incorporate a procedure into the resident's ISP and MCP, as applicable, to hold the key in a *safe place* so that the resident can then use the key to enter his/her living unit upon return.

If roommates differ in their ability to manage a key, what should be done?

Each setting should develop a plan that accommodates the different abilities of residents. Suggestions include storing a key in a safe place for the resident who cannot manage a key or including a provision in the resident's key agreement for staff to unlock the door for the resident who cannot manage a key.

If a resident loses a key, can the resident be charged for a replacement key?

Yes. Each setting can have a policy in place to charge the resident for a replacement key.

Costs to the resident for key replacement should be reasonable (for example, actual cost of key copy or replacement, plus a small administrative fee). The cost must not be so prohibitive that a resident cannot afford to have a key. The process for, and cost of, replacing a key should be discussed, agreed to, and reflected in the resident's key agreement.

As a general rule, when a resident loses a key, replacement of an entire lock should not be necessary unless there is a clear risk that a resident's safety and privacy will otherwise be violated. This risk must be discussed with the resident. Any plans developed or actions taken must be documented in the resident's individual service plan (or AFH service plan) and member-centered plan.

*If a resident is prone to misplacing or losing the key, it does not negate the resident's right to have a key to lock his or her living unit when leaving the setting in order to safeguard belongings and ensure privacy. In consultation with the resident and his or her care management team, the setting may incorporate a procedure into the resident's individual service plan and member-centered plan, as applicable, to hold the key in a *safe place* for the resident to use to enter his or her living unit at any time.*

If a resident loses a key and the resident's room needs to be unlocked, can the resident be charged for locksmith services to unlock the resident's door?

No. Each setting's staff should have a duplicate key or a master key to be able to unlock the door without a locksmith.

Exception to the Rule

What should a provider do if it could be unsafe for a resident to lock his or her door?

Based on the HCBS settings rule, DHS has determined that providers must install locks for all resident doors. It is recognized, however, that the use of a door lock may not be safe for an individual resident due to his or her needs and/or functional abilities. If there are documented health and safety concerns, any exception to the HCBS settings rule, including circumstances that would prevent a resident from having a key, **must** be specific to the resident's assessed needs (not merely the resident's diagnosis) and **must** be justified and documented in the resident's ISP and MCP, as applicable. Documentation of any exception to the HCBS settings rule must be available for verification at the residential setting at any time.

What are the main points to know about an exception to the HCBS settings rule?

Any exception to the HCBS settings rule must be specific to the resident's assessed needs (not simply determined by the resident's diagnosis, functional abilities, or that the resident is a member of the provider's family) and must be documented in the resident's ISP and MCP, as applicable. Documentation of any exception to the HCBS settings rule must be available for verification at the residential setting at any time.

If the resident or guardian indicates that they don't want a lock, do I need to install one anyway?

Yes. All resident living unit doors must have locks installed and available for use. If the resident or guardian states they don't want a lock, a lock is still to be installed and available for use.

While residents do have the **right to choose not to lock their doors**, the resident's choice does not remove the provider's responsibility to provide locks on living unit doors. The only reason to deactivate a lock is if the use of the lock is determined to be unsafe as documented on a resident's assessment and ISP and MCP, as applicable.

Do locks need to be installed on all resident room doors or only those that are public pay?

Locks must be installed on the doors of all resident living units unless the setting is, and plans to permanently remain, an exclusive private pay setting. Providers are not allowed to treat public pay residents differently in any setting. In addition, a future resident in a room may be a public pay resident.

Remediation

What about waiver-funded providers who do not install locks on all living unit doors?

To reach compliance, all waiver-funded residential providers’ living unit doors must have locks. All residential providers must provide a remediation plan to correct any door lock deficiencies.

What is the remediation process for providers with more than one residential location?

For providers with more than one location, a corporate remediation plan to implement the door lock policy is acceptable. Once a remediation plan is implemented, evidence or documentation of compliance must be submitted to DHS.

What evidence does a provider need to submit to demonstrate that locks have been installed?

Photographic evidence of the installation of the locks is required. In multi-unit settings, a picture of one lock is sufficient. Providers should also submit a copy of their resident- and staff-specific policies regarding issuance of keys and use of locks. After all locks have been installed, each provider should submit a written statement (signed and dated) affirming that locks have been installed on all resident living unit doors (in all settings). This statement is to be included when a provider submits all other requested compliance attestation documentation.

For additional questions regarding the implementation of door locks or HCBS settings requirements, you may contact the HCBS settings rule staff at 1-877-498-9525, or send an email to dhshcbssettings@dhs.wisconsin.gov.