

Asbury Court, 2021

PRONG 1

Site is attached to a sister Nursing Facility

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Heightened Scrutiny

SETTING INFORMATION

Setting Name: Asbury Court SLP

Address: 1750 S. Elmhurst Road
DesPlaines, IL 60018

HEIGHTENED SCRUTINY INFORMATION

Maximum Capacity of Facility: 179
Current Occupancy (10/11/16): 176
On Site Validation Tool
Proof of licensure by state agency
New Nursing Facility, which is attached and under construction, is not yet licensed

Description of the proximity to community settings used by individuals that do not receive Medicaid funded home and community-based services

Provider qualifications for staff

Documentation of procedures in place by the setting that support individuals access to activities in the greater community

Activity Calendars

Documentation that the individuals selected the setting from among setting options, including non-disability-specific settings

Description of the proximity to avenues of available public transportation or an explanation of how transportation is provided

Other relevant information

Photos of new Nursing Facility connected to Supportive Living Facility
Building Schematics

State of Illinois
Department of Healthcare and Family Services

**Supportive Living Program
Certification**

This certificate authorizes the following to deliver services under the Supportive Living Program, subject to the limitation set forth below as to the number of units and number of residents, and confirms that the facility named has complied with all rules and regulations necessary for certification. This certificate is valid only for the location set forth below.

Name Asbury Court North

Address 1750 Elmhurst Road

City/State/Zip Des Plaines, Illinois 60018

Number of Units 150 Maximum Number of Residents 179



Rod R. Blagojevich, Governor

Barry S. Maram, Director

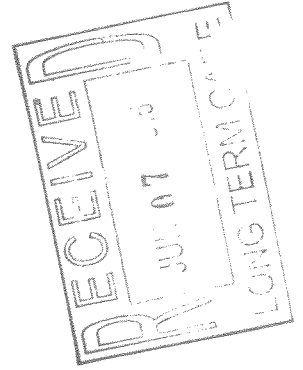
July 22, 2005
Effective Date

On-Site Assessment – Residential and Non-Residential HCBS Settings Validation Checklist

Provider Name:	Asbury Court
Name/Address of setting:	1750 S. Elmhurst Road Des Plaines, IL 60018
Contact at the setting:	
Visited With:	John Coglianese RN Executive Director
Surveyor Name:	John Coglianese RN Executive Director Elsie Periaswamy HFSN
Date Completed:	April 22, 2016

What type of facility license, certification/registration, etc. does the setting possess? (Mark the appropriate box)

Community Integrated Living Arrangement - License	<input checked="" type="checkbox"/>
Developmental Training - Certificate	
Department of Children and Family Services - License	
Long Term Care Facility	
Illinois Department of Public Health Certificate/License	
Adult Day Services – Certification by DoA	



Which of the following best describes the setting: (Mark the appropriate box)

	Child Group Home	Day Habilitation-Facility Based:	Residential Habilitation	Comprehensive Care in Res. Setting	Community Integrated Living Arrangement (CILA)	Adult Day Services	Site-Based Permanent Supported/Supportive Housing
		X					Supportive Living Facility (SLF)
							Supported Residential
							Community Living Facility
							Other (please specify):

	Yes	No	Plan	NA
Check Yes, No, NA or Addressed by Person Centered Plan (Plan)				
Public Comment Received?				
Does the setting provide both on-site and off-site services?		X		X
Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building located on the grounds of, or immediately adjacent to a public institution?	X			
Is the setting a farmstead, a gated community, or part of a multi-setting campus?	X			

Category 1

The setting/home is integrated in and supports full access 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 individuals not receiving Medicaid HCB services.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
1. Do individuals/family members receive information, which approximates their level of understanding, regarding services in the broader community and access options, such as public bus/taxi/van services and special transportation providers? <i>Blank</i>	X				
2. Does the setting utilize access to the community as part of its plan for services?	✓				
3. Do individuals have an opportunity to seek employment in competitive integrated settings?	✓				
4. RESIDENTIAL ONLY: Does the setting encourage visitors or other people from the community to visit? <i>Blank</i>	X				
5. RESIDENTIAL ONLY: Do the residents have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? If restrictions are placed on movement inside and outside the residence, have the restrictions been approved by the individual (or the legal authority acting on the individual's behalf) and the setting's care team and is it documented in the Individual Service Plan? <i>Blank</i>	X				

Category 2

The setting gives individuals the right to select from among various setting options, including non-disability specific settings.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
6. Are individuals and their families encouraged to participate in the care planning process?	✓				Encourage residents to attend care plan meetings during meet the administrator meeting monthly
7. Does the person centered plan identify various setting options provided to the participant?		X			Not a current requirement for SLP. This is included in the initial level of care determination completed by the CCU or DRS.
8. Does the person centered plan identify the individuals' choice to receive services at this setting?	X				
9. Does the person centered plan identify non-disability setting options?		X			Not a current requirement for SLP. This is included in the initial level of care determination completed by the CCU or DRS.
10. Does the person centered plan identify safety concerns that impact options or choice?				X	
11. NON-RESIDENTIAL ONLY: Does the individual have a choice regarding Day Setting options?				X	
12. RESIDENTIAL ONLY: Does the individual have a choice/option for a private unit?	X			X	

Category 3

The setting ensures individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
13. Does the setting have policies and procedures that address the individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint?	✓				Reviewed in orientation and meeting admin. meeting 6/24/24
14. Does the setting inform individuals of their rights to privacy, dignity, respect, and freedom from coercion and restraint?	✓				
15. Does the setting post individuals' rights in a visible location?	✓				Not a requirement for SLP.
16. Have the individuals been informed of their rights and have they received a written copy of their rights?	X				
17. Does the setting conduct communications about individuals' medical conditions, financial situations, and other personal information in a place where privacy/confidentiality is assured?	✓				
18. Does the setting ensure that individuals have privacy while using the bathroom unless the individual has a documented need for assistance?	✓				
19. If an individual needs assistance with personal care needs, are arrangements made for this to be done in private?	X				Blank
20. Does the setting offer a secure place to store individuals' personal belongings?	✓				Each individual's house lock box - in which they have key
21. Does the setting staff communicate with individuals based on needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, and residents' language)?	X				Blank
22. Are individuals allowed to dress or groom in a manner that is appropriate to the setting while honoring individual choice and lifestyle preferences?	X				Blank

23. Does the setting impose restrictions regarding access to the community in accordance to the individuals' assessed needs and level of supervision required while maintaining the highest level of independence?	Blank					X							
24. Does the setting utilize restraints only in accordance with the Mental Health Code?													Restraints are not allowed in SLP.
25. Does the setting use delayed egress devices or have secured perimeters only in accordance with individually approved plans of care?	Blank												

Category 4

The setting optimizes individual initiative, autonomy, and independence in making life choices, including daily activities, physical environment, and with whom to socially interact.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
26. Does the setting offer daily activities that are based on individuals' needs and preferences?	✓				
27. Can individuals choose with whom to interact?	X				
28. Can individuals choose which activities to participate in?	X				
29. RESIDENTIAL ONLY: Can individuals choose to dine alone or in a private area?	✓				
30. RESIDENTIAL ONLY: Can individuals participate in activities in the community alone?	✓				
31. NON-RESIDENTIAL ONLY: Does the setting allow individuals to have a meal/snack to meet their needs and preferences?				X	
32. NON-RESIDENTIAL ONLY: Does the setting provide individuals the option to choose both individual and group activities?				X	

Category 5

The setting facilitates individual choice regarding services and supports, and who provides them.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
33. Does the setting inform individuals/family members that they have a choice to modify their services?	✓				During admission and care plan.
34. Does the setting have policies that support individuals' choice of services that meet their needs and preferences?	✓				
35. Does the setting have a complaint/grievance policy?	✓				
36. Does the setting inform individuals how to file a complaint/grievance?	✓				At orientations at meet the admin.
37. Does the setting allow individuals to voice concerns or ask questions regarding the services received?	✓				
38. RESIDENTIAL ONLY: Can residents seek services from a service provider other than the one assigned to their particular case; such as a different therapist or social worker, to the extent that alternative staff are available?	✓				
39. NON-RESIDENTIAL ONLY: Does the setting have policies that support individuals' choice of services that meet their needs and preferences?				X	

Category 6

The setting is a physically accessible setting.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
40. Is there any public area within the setting that is not physically accessible to all individuals? If so, is there programming or staff available to provide necessary accommodations?		✓			
41. Can individuals access the settings amenities such as bathrooms and equipment as needed? If not, is there programming or staff available to provide necessary accommodations?	✓				
42. Does the setting ensure physical accessibility based on individual needs (e.g. grab bars, seats in the bathroom, ramps for wheelchairs and table/counter heights appropriate to the individual)?	✓				

Category 7 (RESIDENTIAL ONLY)

This setting provides for a legally enforceable agreement between the provider and the consumer that allows the consumer to own, rent, or occupy, the residence and provides protection against eviction.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
43. As applicable, do individuals have a lease, or for settings in which landlord-tenant laws do not apply, a written residency agreement?	✓				
44. Are individuals informed of their rights regarding housing and when they could be required to relocate? <i>Does resident contract include section regarding discharge</i>	✓				

Category 8 (RESIDENTIAL ONLY)

The setting provides for privacy in units including lockable doors, choice of roommates and freedom to furnish and decorate the sleeping or living unit within the lease or other agreement.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
45. Do individuals have a choice regarding roommates or private accommodations?	✓				
46. Is there a process for changing roommates or acquiring other accommodations if desired by the individual?	✓				
47. Can individuals choose their own bedroom furniture and accessories?	X				blank

Category 9 (RESIDENTIAL ONLY)

The setting provides for options for individuals to control their own schedules including access to food at any time.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
48. Do individuals have access to food as desired?	X				Blank
49. Do meal schedules allow for some flexibility in eating times?	✓				
50. Do individuals have the option of eating alone?	✓				

Category 10 (RESIDENTIAL ONLY)

The setting provides individuals the freedom to have visitors at any time.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
51. Are the times of visits restricted in any way?		✓			
52. Can visitors see individuals in the individuals' rooms or in common areas of the home?	✓				
53. Can visitors take the individuals outside the setting for activities, such as for a meal or shopping?	✓				
54. Can visitors take the individuals for a longer visit outside the home, such as for holidays or a weekend?	✓				

Assessment Completed

Date

04-22-2016

Facility/Site

Reviewed By

Kard Helton

Signature



Date

6/18/16

To: [REDACTED]
From: [REDACTED]
Date: 10/4/2016
Re: Requested documentation Heightened Security

Attached are the following;

- 1) Pictures with details of the entrances, signage and separateness.
- 2) Schematic drawing that identifies separateness.
- 3) Copies of Activity Calendars for past 3 months.

The following is a description of the proximity to community activities;

- 1) Shopping
 - a. Target 3.9 miles
 - b. Walmart 6.3 miles
 - c. Walgreens 2.0 miles
 - d. Kmart 4.1 miles
 - e. Dollar Tree 4.0 miles
- 2) Library
 - a. Des Plaines Library 4.2 miles
 - b. Mount Prospect Library 3.1 miles
 - c. Elk Grove Village Library 5.9 miles
- 3) Fine Arts
 - a. Fine Arts Building Chicago 21.1. miles
- 4) Senior Center
 - a. Senior Center 6.0 miles
- 5) Public Bus/Van/Taxi Service
 - a. Pace Bus stop .1 mile
 - b. Pace bus senior transport will pick up at the front door if arranged
 - c. Elk Grove Township Senior bus (prearranged and limited to area)
 - d. Alexian Hospital Senior Bus (for procedures at the hospital)
 - e. Asbury Court Bus (shopping and outings)
 - f. Community Cab (residents can notify reception and they call for cab)
 - g. 303 Cab (residents can notify reception and they call for cab)
- 6) Higher Education
 - a. Maine West High School 3.0 miles
 - b. Oakton Community College 7.5 miles
 - c. Harper College 11.1 miles
 - d. College of Dupage 19.2 miles
 - e. DeVry University 16.2 miles

Supportive Living Program

Staff Qualifications

The Department of Healthcare and Family Services conducted an on-site annual certification review at **Asbury Court** in **April 2016**. This review confirmed employment of adequate licensed nursing staff, certified nursing assistants and a licensed dietician, as required by the 89 IL Administrative Code, Subpart B, 146.235.

89 IL Adm Code, Subpart B, Section 146.235 Staffing

- c) The SLF shall have licensed and certified staff sufficient in number to meet the needs of the population being served.

- f) The SLF shall employ certified nursing assistants (CNAs) as follows:
 - 1) Qualifications:

Must be 18 years of age or older and have successfully completed no later than 120 days after employment a nursing assistant training course or a Department of Public Health approved equivalent training and competency evaluation.

- g) The SLF shall employ or contract with a dietitian.

- j) Nurses on staff, or subcontracted, shall be licensed by the State of Illinois and shall be responsible for nursing services set forth in Section 146.230.

DINING ROOM HOURS OF OPERATION

MONDAY THROUGH FRIDAY 8:00am - 10:30am
 SATURDAY 8:00am - 10:30am
 SUNDAY 8:00am - 10:30am
 (OPEN SEATING)

CALL FOR RESERVATIONS: 847-439-1324
 (ASSIGNED SEATING)

CALL FOR RESERVATIONS: 847-439-1324
 (OPEN SEATING)

Church Services at (Cofe)

Rose-Reverend's Worship
 Sunday's 10:15 am

The Healing Journey
 **Every 1st Saturday of the month
 1:30-3:00pm

Communion and Catholic Services
 Wednesday's 9:30am

Prayer Room - Lutheran Service 1x per month

In-House Health Services

Primary Physician: Dr. Fishman
 Primary Physician: Dr. Peplow
 Psychiatrist: Dr. Patricia Morgan
 Audiologist: Joseph
 Dentist: Dr. Blunhofe
 Optometrist: Dr. Ron Faly
 Cardiologist: Dr. Mullin

New Resident
 Coffee & Donuts
 October, 25th
 10:00am-CA

Beauty Salon Hours
 Wednesday, Thursday & Friday

Call **Mary Ann** at: (847)-228-6095
 Gift Certificates Available

Movie Theater Hours:
 Daily 9am-10pm

Monday 1:45-1:55 Talk
 Tuesday Night 7:45 - Musical Night
 Friday 9:30- History Video
 Saturday - Popcorn Days!


Country Store Hours

Monday 10-11am & 3:30-4:30pm
 Tuesday 10-11am & 3:30-4:30pm
 Wednesday 10-11am & 3:30-4:30pm
 Thursday 3:30-4:30pm
 Friday 10-11am & 3:30-4:30pm
 Saturday 10-11am & 3:30-4:30pm
 Sunday CLOSED

Asbury Court Exercise Club!

Monday - Advanced Exercise
 Tuesday - Regular Exercise
 Wednesday - Balance Exercise
 Thursday - Arthritis Exercise
 Friday - Weights Exercise
 Saturday - Low Level Exercise
 Sunday - Regular Exercise

Everyday at 11:00 - CA
 Thursdays 4:00pm



Celebrate Birthdays

[REDACTED BIRTHDAY LIST]

Celebrate October, 19th 3:00pm!

Celebrated this month:

Florie Fisher
 Sing-a-long
 Thursday Oct. 6th 10:30-CA

Amelia Connor
 Spooky Story Telling
 Monday October 10th 3:00-CA

Lary Leben Birthday Party
 Wednesday October 18th 3:00-OR

Halloween Party!
 Monday October 31st 2:30-CA
 Costume Contest/Games/Snacks

Cuttings this month:

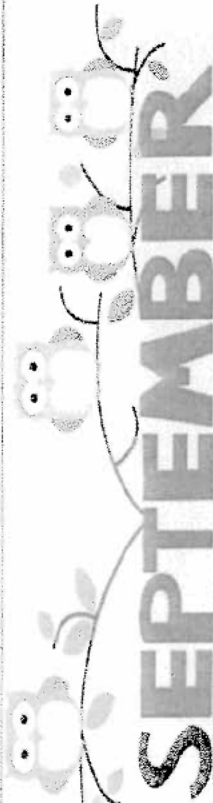
Brookbeck Zoo
 Tuesday, October 4th 9:30am

Michouds Lunch Trip
 Friday, October 14th 12:00pm

Deer Farms Pumpkin Fest \$5.00
 Monday, October 17th 9:30am

1750 S. Elmhurst Rd. Des Plaines, IL 60018
www.asburyretirement.com
 Phone 847-228-1500 Best Care 847-439-1324

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>10:15 Communion Service 11:00 Sun Rev. Edmund Oh 11:00 Eve side - CA 1:30 Chess-LIB 2:30 Whammo - CA 7:00 Sunday Night Movie - TH</p>	<p>9:00 Labor Day 9:00 Puzle Time - <i>Elvador Lounges</i> 11:00 Advanced Exercise - CA 1:45 Lady Day Trivia - CA 2:30 Gift Giveaway Bingo & Snacks - CA 7:00 Scribble Game - CA</p>	<p>9:30 Bunch Dice Game - CA 9:30 Lutheran Video Service - TH 11:00 Exercise - CA 1:30 Smoked Laura Murphy Visk - CA 2:30 Bingo - CA 4:00 Thank you cards for local first responders - CA 7:00 Musical Night - You'll never get Rich - TH</p>	<p>9:30 First Midwest Bank - LIB 9:30 Bunco - CA 9:30 Community Service - CH 10:00 Bible Study - Priv. Rm 11:00 Balance Exercise - CA 1:30 Sign Language Group - CA 2:30 Prize Bingo - CA 7:00 Roll the Dice & Win Bowling - CA</p>	<p>9:00 Shopping at Kinast - MR 10:30 Knitting Circle - CA 2:00 Book Reading - CA 4:00 Adult Exercise - CA 7:00 Bingo Night - CA 7:00 Bears vs. Browns - CATV</p>	<p>9:00 History Video - TH 9:30 Current Affairs - CA 11:00 Exercise - CA 12:00 Late Opera Tip - MR 2:30 Whammo - CA 7:00 Win Bowling & 8 Ball - CA</p>	<p>11:00 Exercise - CA 12:00 Sports TV - CATV 1:30 World Dance Performance - CA 2:30 Bingo - CA 3:45 Ozins w/ Zola - CA 7:15 Saturday Night Movie - TH</p>
<p>Grandparents Day 10:15 Younger Service 11:00 Sun Rev. Edmund Oh 12:00 Exercise - CA 1:30 Chess - LIB 2:00 Magic Show w/ Jan Austin - CA 4:00 Baptist Service - CH 7:00 Sunday Night Movie - TH</p>	<p>9:00 Puzle Time - <i>Elvador Lounges</i> 11:00 Advanced Exercise - CA 1:45 Let's Talk w/ Monika - TH 2:00 Afternoon Shopping - <i>Agile - MR</i> 2:30 Bingo - CA 5:00 MFC order in - \$5.00 - CA 8:00 Mountain Forest Bonnet - CA</p>	<p>9:45 Bunch Dice Game - CA 9:45 Lutheran Video Service - TH 11:00 Exercise - CA 1:30 Plant & Take - Outside Courtyard 2:30 Bingo - CA 7:00 Musical Night - Funzzy Golf - TH 7:05 Cubs Game & Snacks - CATV</p>	<p>9:30 First Midwest Bank - LIB 9:30 Bunco - CA 9:30 Community Service - CH 10:00 Bible Study - Priv. Rm 2:30 Prize Bingo - CA 7:00 Roll the Dice & Win Bowling - CA</p>	<p>9:00 Shopping at Dollar Tree - MR 10:30 Knitting Circle - CA 2:30 Win Bowling - CA 2:30 Meet the Administration - DR 3:30 David w/ DP Library - MR 4:00 Adult Exercise - CA 7:00 Bingo Night - CA</p>	<p>9:30 History Video - TH 11:00 Weights Exercise - CA 2:00 Puzle Time - <i>Elvador Lounges</i> 2:30 Whammo - CA 3:30 Jeopardy - CATV 7:00 Win Bowling & 8 Ball - CA</p>	<p>11:00 Exercise - CA 12:00 Sports TV - CATV 1:30 The Healing Journey - CH 2:30 Bingo - CA 3:45 Ozins w/ Zola - CA 7:15 Saturday Night Movie - TH</p>
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DINING ROOM HOURS OF OPERATION

MONDAY - FRIDAY 8:00am - 9:00am
 SATURDAY 8:00am - 9:00am
 SUNDAY 9:00am - 9:30am
 (OPEN SEATING)

MONDAY - FRIDAY 11:00am - 11:30am
 SATURDAY 11:00am - 11:30am
 SUNDAY 11:00am - 11:30am
 (ASSIGNED SEATING)

MONDAY - FRIDAY 11:30am - 12:00pm
 SATURDAY 11:30am - 12:00pm
 SUNDAY 11:30am - 12:00pm
 (OPEN SEATING)

Church Services at Asbury

Rain Reformational Worship
 Sunday's 10:15 am
 Led by Asbury's own Rev. Edmund Christian

The Healing Journey
 Every 3rd Saturday of the month
 1:30 - 3:00pm

Communion and Catholic Services
 Wednesday's 9:30am

Pastor Bunnans Lutheran Service 1x per month

In-House Health Services

Primary Physician: Dr. Fishman
 Primary Physician: Dr. Peplow
 Psychiatrist: Dr. Patricia Morgan
 Audiologist: Dr. Joseph
 Dentist: Dr. Blumofe
 Optometrist: Dr. Ron Fory
 Cardiologist: Dr. Mullin

New Resident
 Coffee & Donuts
 September, 27th
 10:00am-11:00am

Beauty Salon Hours

Wednesday, Thursday & Friday

Call Mary Ann at (847)-228-6035
 Gift Certificates Available

Movie Theater Hours:

Daily 9am-10pm

Monday 1:45, 4:15, 6:45
 Tuesday Night 7:15 Musical Night
 Friday 9:30 History Video
 Saturday Popcorn Days!

Country Store Hours

Monday 10:00am-6:30am-6:30pm
 Tuesday 10:00am-6:30am-6:30pm
 Wednesday 10:00am-6:30am-6:30pm
 Thursday 9:30am-6:30pm
 Friday 10:00am-6:30am-6:30pm
 Saturday 10:00am-6:30am-6:30pm
 Sunday CLOSED

Asbury Court Exercise Club!

Monday - Advanced Exercise
 Tuesday - Regular Exercise
 Wednesday - Balance Exercise
 Thursday - Arthritis Exercise
 Friday - Weights Exercise
 Saturday - Low Level Exercise
 Sunday - Regular Exercise

Everyday at 11:00 - 12:00 - CA
 Thursdays 4:00pm

ASBURY COURT



Celebrate Fall's arrival!

World Dance Performance
 Saturday, September 3rd
 1:30-2:30-CA

Grandparents Day Magic Show
 Sunday, September 11th
 2:00- CA

September Birthday Bash
 With the Beautiful Blondes
 3:00-DR

September 21st - Fall

Lake Opaka
 Picnic, Kites, Walk and Socials
 Friday, September 2nd
 12:00-MR

Chicago Shedd Aquarium
 Wednesday, September 14th
 8:30 - MR

ABC Movie Theater
 Tuesday, September 27th
 Time TBA depending on show \$6.00



Celebrate September, 21st 3:00pm!

1750 S. Elmhurst Rd, Des Plaines, IL 60018
 www.asburyretirement.com
 Phone 847-228-1500 Best Care 847-439-1324

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>All Activities are subject to change. Please check the boards daily.</p> <p>All outings require you to sign up beforehand.</p> <p>Movie Theatre Hours 9:00am-10:00pm</p> <p>10:15 Worship Service With Rev. Edward Ch 11:00 Exercise - CA 1:30 Chess-LIB 2:30 Whammy - CA 7:00 Sunday Night Movie TH No Rabbi Today</p>	<p>9:00 Puzzle Time - Elevator Lounges 11:00 Advanced Exercise - CA 1:45 Let's Talk with Monica - TH 2:30 Bingo - CA 7:00 Scrabble Game - CA</p> <p>9:00 Puzzle Time - Elevator Lounges 11:00 Advanced Exercise - CA 1:30 Dignity Pre-Planning Booth - CA 1:45 Let's Talk w/ Monica - TH 2:00 Attention Shoppers, Target! 2:30 Bingo - CA 7:00 Scrabble Game - CA</p>	<p>9:30 Bingo Dice Game - CA 9:30 Lutheran Video Service - TH 11:00 Exercise - CA 1:30 Trivia TWOSday - CA 2:30 Bingo - CA 7:00 Musical Night - Viva Las Vegas 7:05 Cub's Game - CATV</p> <p>9:30 Bingo Dice Game - CA 9:30 Lutheran Video Service - TH 10:00 Exercises by Wesley - TBA 11:00 Exercise - CA 1:30 Trivia & Ice Cream Social - CA 2:30 Bingo - CA 7:00 Musical Night - Trivia Help 7:05 Sox Game - CATV</p>	<p>8:30 First Midwest Bank-LIB 9:30 Bingo - CA 9:30 Catholic Service - CH 10:00 Bible Study - Priv. Rm 11:00 Balance Exercise - CA 1:30 Sign Language Group - CA 2:30 Live Animal Show - CA 7:00 Roll The Dice & Win Bowling - CA</p> <p>8:30 First Midwest Bank-LIB 9:30 Bingo - CA 9:30 Catholic Service - CH 10:00 Bible Study - Priv. Rm 11:00 Balance Exercise - CA 1:30 Sign Language Group - CA 2:30 Live Animal Show - CA 7:00 Roll The Dice & Win Bowling - CA</p>	<p>10:30 Knitting Circle - CA 10:30 Sing-a-long with Flo - CA 2:30 Horse Riding - CA 4:00 Artistic Exercise w/ Randy - CA 7:00 Bingo Night w/ Randy - CA No Shopping Trip Today</p> <p>9:00 Shopping at Walmart - CA 9:30 Knitting Circle - CA 12:30 Win Bowling - CA 2:30 Horse Riding - CA 4:00 Artistic Exercise w/ Randy - CA 7:00 Bingo Night w/ Randy - CA</p>	<p>9:30 History Video - TH 9:30 Kings Corner Card Game - CA 10:00 Dirty Doze Presentation - CA 11:00 Rights Exercise - CA 2:00 Puzzle Time - Elevator Lounges 2:30 Whammy - CA 3:30 Jeopardy - CATV 7:00 Win Bowling & 8 Ball - CA</p> <p>9:30 History Video - TH 9:30 Kings Corner Card Game - CA 10:00 Dirty Doze Presentation - CA 11:00 Rights Exercise - CA 2:00 Puzzle Time - Elevator Lounges 2:30 Whammy - CA 3:30 Jeopardy - CATV 7:00 Win Bowling & 8 Ball - CA</p>	<p>9:30 Resident Trivia - CA 11:00 Exercise - CA 12:00 Sports TV - CATV 2:30 Family Bingo Day & Snacks 3:45 Bingo Card Game - CA 7:15 Saurday Night Showing Star Wars</p> <p>11:00 Exercise - CA 12:00 Sports TV - CATV 1:30 The Healing Journey - CH 2:30 Bingo - CA 3:45 Crafts w/ Zofia - CA 7:15 Saurday Night Showing King Kong</p>
<p>10:15 Worship Service With Rev. Edward Ch 11:00 Exercise - CA 1:30 Chess-LIB 2:30 Whammy - CA 4:00 Baptist Service - CH 7:00 Sunday Night Movie - TH No Rabbi Today</p>	<p>9:00 Puzzle Time - Elevator Lounges 11:00 Advanced Exercise - CA 1:45 Let's Talk w/ Monica - TH 2:30 Bingo - CA 5:00 Prizes Party - 55-60 7:00 Scrabble Game - CA No Bingo Today</p>	<p>9:30 Bingo Dice Game - CA 9:30 Lutheran Video Service - TH 10:00 Exercises by Wesley - TBA 11:00 Exercise - CA 1:30 Trivia TWOSday - CA 2:30 Bingo - CA 7:00 Musical Night - Galatry Jans 7:05 Cub's Game - CATV</p> <p>9:30 Bingo Dice Game - CA 9:30 Lutheran Video Service - TH 10:00 Exercises by Wesley - TBA 11:00 Exercise - CA 1:30 Trivia TWOSday - CA 2:30 Bingo - CA 7:00 Musical Night - Galatry Jans 7:05 Cub's Game - CATV</p>	<p>8:30 First Midwest Bank-LIB 9:30 Bingo - CA 9:30 Catholic Service - CH 10:00 Bible Study - Priv. Rm 11:00 Balance Exercise - CA 1:30 Sign Language Group - CA 2:30 Live Animal Show - CA 7:00 Roll The Dice & Win Bowling - CA</p> <p>8:30 First Midwest Bank-LIB 9:30 Bingo - CA 9:30 Catholic Service - CH 10:00 Bible Study - Priv. Rm 11:00 Balance Exercise - CA 1:30 Sign Language Group - CA 2:30 Live Animal Show - CA 7:00 Roll The Dice & Win Bowling - CA</p>	<p>9:00 Shopping at Dollar Tree 9:30 Knitting Circle - CA 12:30 Win Bowling - CA 2:30 Horse Riding - CA 3:30 David w/ DP Library - MR 4:00 Artistic Exercise w/ Randy - CA 7:00 Bingo Night w/ Randy - CA</p> <p>9:00 Shopping at Jewel's - MR 9:30 Knitting Circle - CA 12:30 Win Bowling - CA 2:30 Horse Riding - CA 4:00 Artistic Exercise w/ Randy - CA 7:00 Bingo Night w/ Randy - CA</p>	<p>9:30 History Video - TH 9:30 Current Affairs - CA 11:00 Weights Exercise - CA 2:00 Puzzle Time - Elevator Lounges 2:30 Whammy - CA 7:00 Win Bowling & 8 Ball - CA</p> <p>9:30 History Video - TH 9:30 Current Affairs - CA 11:00 Weights Exercise - CA 2:00 Puzzle Time - Elevator Lounges 2:30 Whammy - CA 7:00 Win Bowling & 8 Ball - CA</p>	<p>11:00 Exercise - CA 12:00 Sports TV - CATV 2:30 Family Bingo Day & Snacks 3:45 Bingo Card Game - CA 7:15 Saurday Night Showing Super Star</p>
<p>10:15 Worship Service With Rev. Edward Ch 11:00 Exercise - CA 1:30 Chess-LIB 2:30 Whammy - CA 4:00 Baptist Service - CH 7:00 Sunday Night Movie - TH No Rabbi Today</p>	<p>9:00 Puzzle Time - Elevator Lounges 11:00 Advanced Exercise - CA 1:45 Let's Talk w/ Monica - TH 2:30 Bingo - CA 5:00 Prizes Party - 55-60 7:00 Scrabble Game - CA No Bingo Today</p>	<p>9:30 Bingo Dice Game - CA 9:30 Lutheran Video Service - TH 10:00 Exercises by Wesley - TBA 11:00 Exercise - CA 1:30 Trivia TWOSday - CA 2:30 Bingo - CA 7:00 Musical Night - Galatry Jans 7:05 Cub's Game - CATV</p> <p>9:30 Bingo Dice Game - CA 9:30 Lutheran Video Service - TH 10:00 Exercises by Wesley - TBA 11:00 Exercise - CA 1:30 Trivia TWOSday - CA 2:30 Bingo - CA 7:00 Musical Night - Galatry Jans 7:05 Cub's Game - CATV</p>	<p>8:30 First Midwest Bank-LIB 9:30 Bingo - CA 9:30 Catholic Service - CH 10:00 Bible Study - Priv. Rm 11:00 Balance Exercise - CA 1:30 Sign Language Group - CA 2:30 Live Animal Show - CA 7:00 Roll The Dice & Win Bowling - CA</p> <p>8:30 First Midwest Bank-LIB 9:30 Bingo - CA 9:30 Catholic Service - CH 10:00 Bible Study - Priv. Rm 11:00 Balance Exercise - CA 1:30 Sign Language Group - CA 2:30 Live Animal Show - CA 7:00 Roll The Dice & Win Bowling - CA</p>	<p>9:00 Shopping at Dollar Tree 9:30 Knitting Circle - CA 12:30 Win Bowling - CA 2:30 Horse Riding - CA 3:30 David w/ DP Library - MR 4:00 Artistic Exercise w/ Randy - CA 7:00 Bingo Night w/ Randy - CA</p> <p>9:00 Shopping at Jewel's - MR 9:30 Knitting Circle - CA 12:30 Win Bowling - CA 2:30 Horse Riding - CA 4:00 Artistic Exercise w/ Randy - CA 7:00 Bingo Night w/ Randy - CA</p>	<p>9:30 History Video - TH 9:30 Current Affairs - CA 11:00 Weights Exercise - CA 2:00 Puzzle Time - Elevator Lounges 2:30 Whammy - CA 7:00 Win Bowling & 8 Ball - CA</p> <p>9:30 History Video - TH 9:30 Current Affairs - CA 11:00 Weights Exercise - CA 2:00 Puzzle Time - Elevator Lounges 2:30 Whammy - CA 7:00 Win Bowling & 8 Ball - CA</p>	<p>11:00 Exercise - CA 12:00 Sports TV - CATV 2:30 Family Bingo Day & Snacks 3:45 Bingo Card Game - CA 7:15 Saurday Night Showing Super Star</p>

AUGUST

DINING ROOM HOURS OF OPERATION

BRKFST PAST OPENHS & SOFAM
LPHS SERVING: 8-15
CLOSES: 9:00AM
(OPEN SEATING)

LOUNGE: 8:30-11:30
SECOND LUNCHEON: 12:45
(ASSIGNED SEATING)

BAR/GR: 5:00-9:00PM
SECOND DINNER: 6:00PM
CLOSES: 7:00PM
(OPEN SEATING)

Church Services at Asbury

Non-Denominational Worship
Sunday's 10:15 am
led by Asbury's own Rev. Edmond Christian

The Healing Journey
Every 3rd Saturday of the month
1:30-3:00pm

Communion And Catholic Services
Wednesday's 9:30am

Pastor Bauman-Lutheran Service 1x per-month

Sign Language Group!

Are you interested in learning how to sign?
Join us Wednesday's after lunch at 1:30pm to
learn a couple new signs each week in this
communal area!



New Resident
Coffee & Donuts
August, 23rd
10:00am-CA



Beauty Salon Hours

Wednesday, Thursday, & Friday

Call **Mary Ann** at 1(847)-228-6095
Gift Certificates Available



Movie Theater Hours:

Daily 9am-10pm

Monday 1:45- Let's Talk
Tuesday Night 7:15- Musical Night
Friday 9:30- History Video
Sunday - Popcorn Day!



Country Store Hours

Monday 10-11am & 3:30-4:30pm
Tuesday 10-11am & 3:30-4:30pm
Wednesday 10-11am & 3:30-4:30pm
Thursday 3:30-4:30pm
Friday 10-11am & 3:30-4:30pm
Saturday 10-11am & 3:30-4:30pm
Sunday CLOSED



Asbury Court Exercise Club!

Monday's - Advanced Exercise
Tuesday - Regular Exercise
Wednesday - Balance Exercise
Thursday - Arthritis Exercise
Friday - Weights Exercise
Saturday - Low Level Exercise
Sunday - Regular Exercise

Everyday at 11:00- CA
Thursdays 7:00pm



August Celebrations



Celebrate August, 17th 3:00pm!

Entertainment Events

Asbury Court Staff Olympics
Friday, August 8th
2:30- CA

Live Animal Show!
Wednesday, August 16th, CA
2:30- CA

August Bratwurst Party
Wednesday, August 17th
3:00- DR

At Show with Debra Love
Monday, August 20th
2:30- CA

Caring this month:

Jolly Belly Factory Tour
Tuesday, August 16th- 10:00am

Forever Yogurt Ice Cream Trip
Friday, August 19th- 2:30pm

Des Plaines Farmers Market
Friday, August 26th- 2:30pm

1750 S Elmhurst Rd, Des Plaines, IL 60018

www.asburyretirement.com

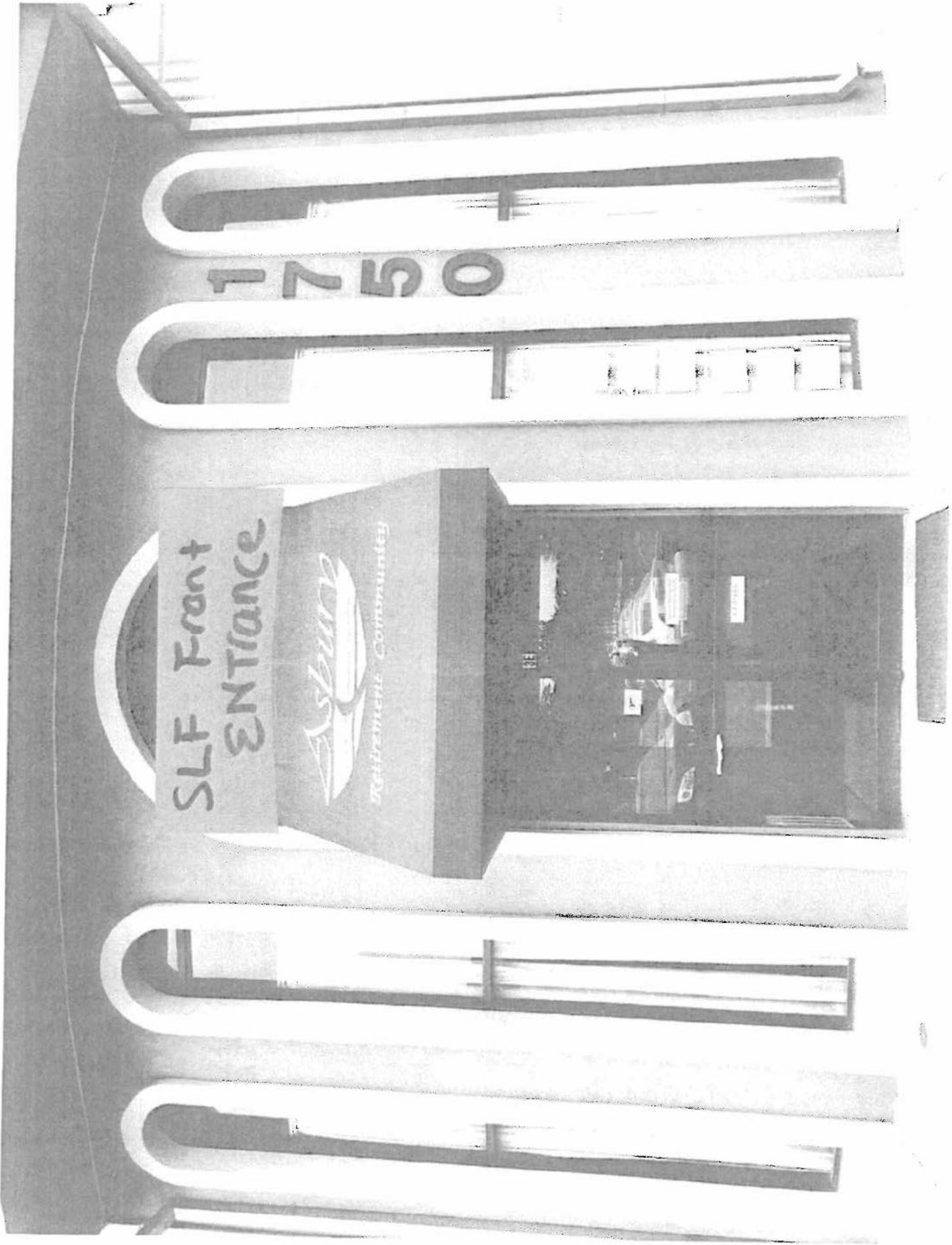
Phone 847-228-1500 Best Care 847-439-1324

Supportive Living Program

Participant Choice of Providers

The Department of Healthcare and Family Services verifies participant choice of providers from among setting options, including non-disability-specific settings, by verifying participants have a signed resident contract with the Supportive Living Provider (SLP) provider. One hundred percent (100%) of new waiver participants are reviewed during on-site annual certification reviews at each SLP provider to verify there is a signed contract. Additionally, in response to new requirements for person-centered planning, participant service plans will include documentation that the individual has chosen to receive services from the SLP provider, or that they would like to receive a referral for another setting/provider. This requirement will go into effect with the approval of the Supportive Living Program waiver renewal application. The Department of Healthcare and Family Services will monitor this requirement during on-site annual certification reviews.

An on-site annual certification review was conducted at **Asbury Court** in **April 2016**. **Asbury Court** was found to be compliant with documentation of participant choice of provider.



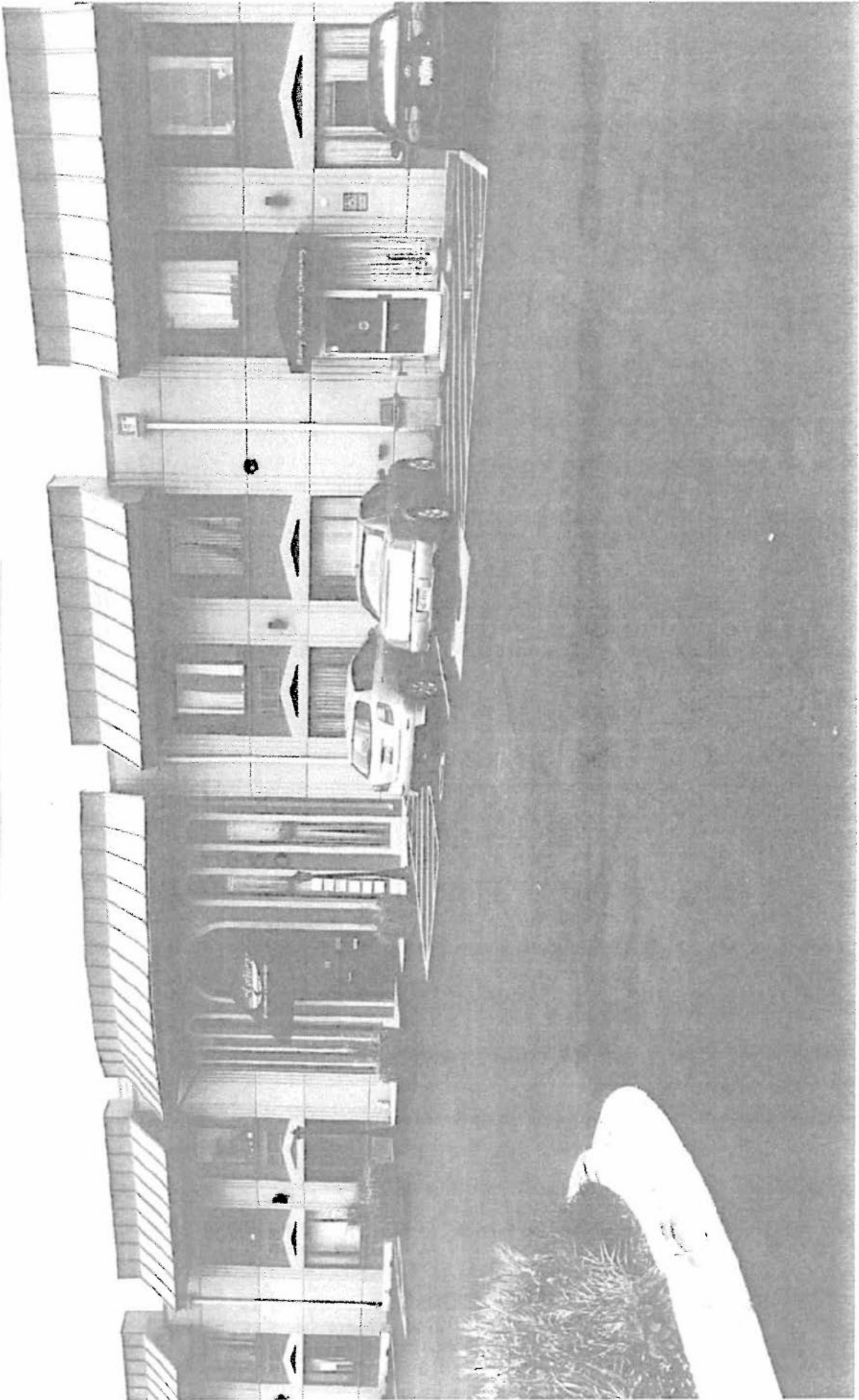
SLF Front
ENTRANCE

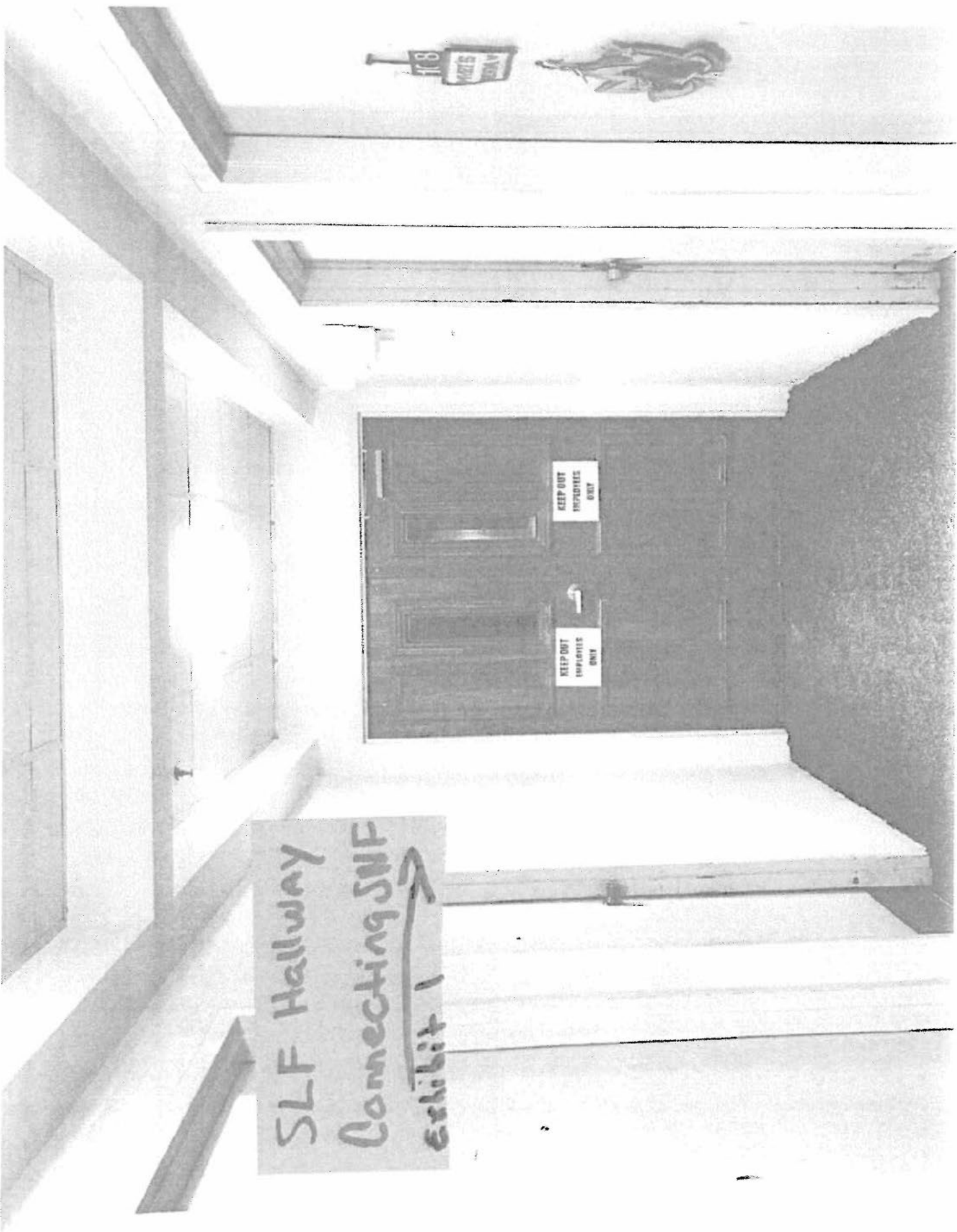


Retirement Community

1750

SLE Main
Entrance





SLF Hallway

Entrance

Into SNF

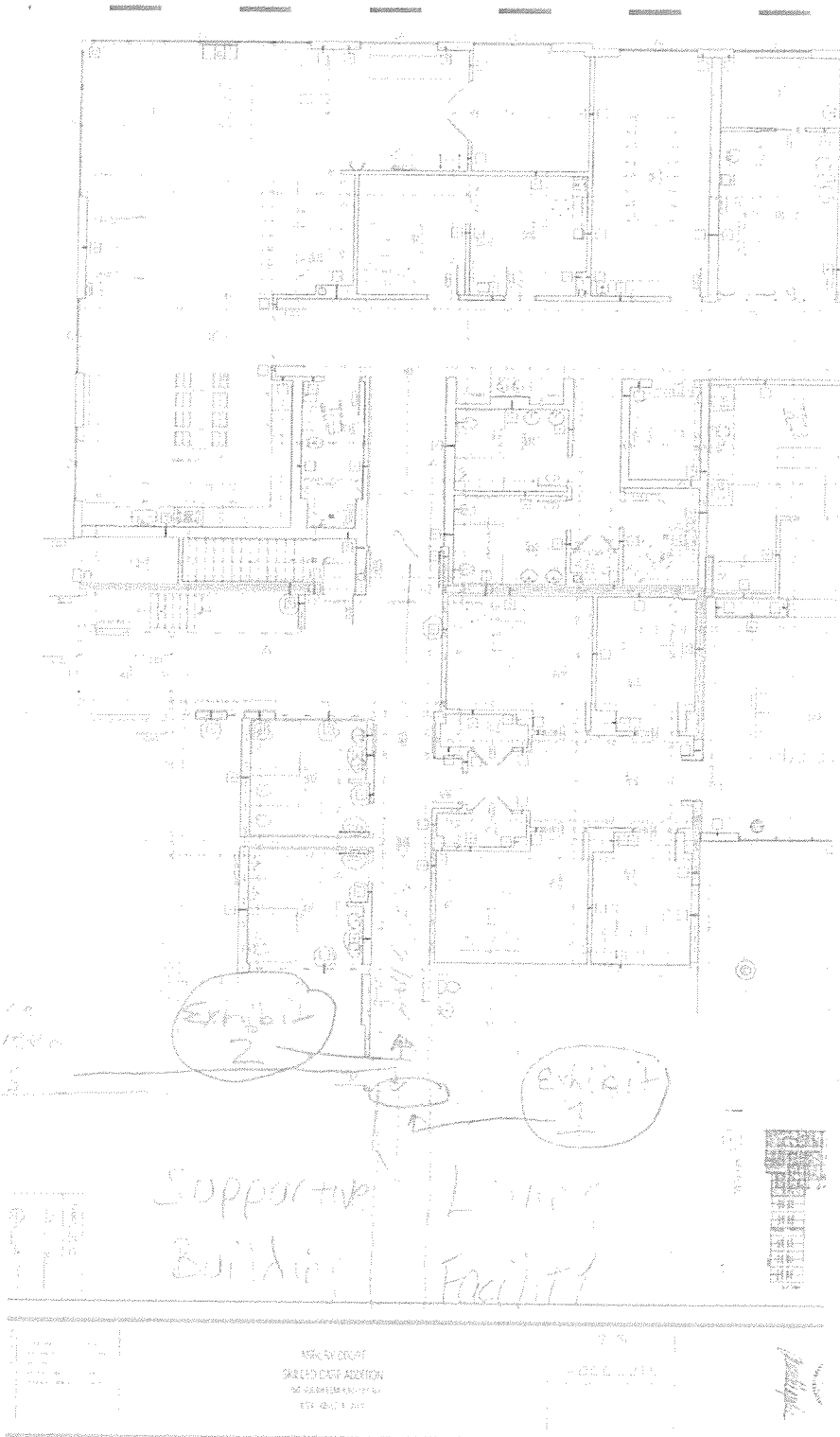
where hallways

connect Exhibit 2



SLF / SNF
✓ connect ↗





SNF

575

**ILLINOIS DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
BUREAU OF LONG TERM CARE
SUPPORTIVE LIVING PROGRAM CERTIFICATION/REVIEW TOOL**

Provider Asbury Court SLF ID # _____
 Address 1750 S. Elmhurst Road Freestanding () Rehab NF ()
 City DesPlaines, Illinois Zip Code 60018
 Phone # (847) 228-1500 Fax # (847) 228-1579

Occupancy Information

# of Single Occupancy Apts.	179	
# of Double Occupancy Apts.		
Total # of Apts.	179	
Maximum Potential Occupancy	179	

Is the private pay rate higher then the Medicaid rate? Yes () No ()

If yes, is SLP Medicaid occupancy at 25% or more, or is the SLP provider reserving at least 25% of its apartments for Medicaid? 146.215(d) Yes () No ()

Type of Certification Review (complete only one)	Entrance Date	Exit Date
Final		
Annual	03/18/2019	04/01/2019

REVIEW FINDINGS: YES () NO ()

Ombudsman was notified on 03/11/2019 about the date of the review.

Ombudsman participated in review: Yes () No ()

Provider Manager/Designee Signature/Date _____ Executive Director

Review Team's Signature/Date _____ HFSN

Regional Supervisor Signature/Date _____ RW PSA8N

Area Manager Signature/Date _____ SPSA 2/13/2020

Bureau Chief Signature/Date _____ UB 2/13/2020

**ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
BUREAU OF LONG TERM CARE
SUPPORTIVE LIVING PROGRAM CERTIFICATION/REVIEW TOOL**

1. Required Certifications/License

Does the SLP provider have documentation to verify compliance with the following during the past year?

Certification/License	Yes	No	N/A	Comment
Fire 146.210(a)(1)	<input checked="" type="checkbox"/>			
Local Health and Food Preparation 146.215(c)(5)	<input checked="" type="checkbox"/>			
Elevator (freestanding 2 or more levels = 1 for 75 or < apartments/2 for 76 or >apartments 146.210(a)(4)	<input checked="" type="checkbox"/>			
Other (list)				

General Policies 146.230 and 146.310

Yes No Comments

2. Is there a policy addressing resident rights? 146.215(c)(4)(H) [] []
3. Is there a policy(ies) that supports residents' choice of services that meet their needs and preferences?
NOTE: Examples include residents rights, involvement in assessment and service planning. [] []
4. Does the resident discharge policy include relocation assistance? 146.215(c)(4)(I) and 146.255(i) [] []
5. If the SLP provider manages residents' funds, is there a surety bond equal to or more than the amount of funds managed? 146.310(b)
NOTE: Mark N/A if SLP provider is not providing this service.
 NOT APPLICABLE [] [] []
6. If the SLP provider manages resident funds, are they kept in an account that is separate from SLP provider funds? **NOTE:** resident funds may ONLY be maintained in an account with other residents' funds. This applies to managed resident funds and direct-deposit of resident income. 146.310(a)(7) and 146.310(c)
NOTE: Mark N/A if SLP provider is not providing this service.
 NOT APPLICABLE [] [] []
7. Are any residents identified sex offenders?
If yes, complete page 96 for each resident. [] []

General Policies 146.230 and 146.310

Yes No Comments

Comments:

Community Setting Validation

Yes No Comments

1. Is the SLP building connected or adjacent to a nursing home, hospital, clinic, or other institution? OR part of a multi-setting campus? OR located on the grounds of, or immediately adjacent to a public institution?

[] []

If "Yes", check the following that apply:

SLP building has a separate entrance

SLP building has separate outdoor signage

SLP building has clearly defined physical separation, such as a wall, door or parking lot

SLP building has separate licensure

2. Does the SLP provider use delayed egress devices or have secured perimeters only in accordance with individually approved plans of care? 146.250(e)(9)

NOTE: Delayed egress is only allowed in approved dementia care settings. Notify central office immediately if delayed egress is used in a conventional SLP building.

[] []

Comments:

Double Occupancy

Yes No Comments

1. Does the building have apartments certified for double occupancy? If no, mark "N/A" and skip the rest of this section.

[] [] []

N/A, all apartments are single occupancy.

2. Do residents have a choice/option for a private apartment?

[] [] []

Double Occupancy

Yes No Comments

- | | | | |
|--|-----|-----|-----|
| 3. Do residents have a choice regarding roommates or a private apartment? NOTE: Current vacancies and affordability should not be taken into consideration. | [] | [] | [] |
| 4. Is there a process for changing roommates or acquiring other accommodations if desired by the resident? 146.250(e)(13) | [] | [] | [] |

Comments:

**ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
BUREAU OF LONG TERM CARE
GENERAL OBSERVATIONS OF THE SLP BUILDING**

Common Areas 146.210, 146.230 and 146.250	Yes	No	Comments
1. Are there at least two common areas for socialization? NOTE: Dining room can be one. 146.210(j)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are areas accessible for wheelchair use and furnished to meet residents' needs? 146.210(j)(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all common areas physically accessible to residents? 146.210(j)(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are residents observed in the common areas, both inside and outside of the building?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is each common area equipped with a working emergency call system? 146.230(m)(2) NOTE: ALL common area call buttons must be checked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Emergency call system provides direct notification to staff OR is manned by staff 24 hours/day for transmission to available staff for assistance? 146.230(m)(3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a handicapped accessible phone that allows residents to have private conversations? 146.210(l) NOTE: Does not have to be located in a common area, but must be made available to residents at their request.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there ice for resident use in at least one common area? 146.210(j)(4) NOTE: For SLP providers approved after 1/1/05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there accessible drinking water in at least one common area? 146.210(r)(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Individual locked mailboxes inside the building? 146.210(d)(4) or 146.210(e)(5) NOTE: For SLP providers approved after 1/1/05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there night lighting for corridors? 146.210(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is at least one Department complaint hotline poster displayed on each floor in an area that is accessible to all residents? 146.250(c) NOTE: Single story SLPs must display at least 2 posters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Observations

Common Areas 146.210, 146.230 and 146.250

13. Is at least one Long Term Care Ombudsman Program poster displayed on each floor in an area that is accessible to all residents? 146.250(d)

NOTE: Single story SLPs must display at least 2 posters

[] [] []

Comments:

Baths/Restrooms 146.210 and 146.230

Yes No Comments

1. Common Bath – If applicable, does the common bath have a toilet with grab bars sufficient to meet the needs of the residents, bathtub and roll-in shower which is wheelchair accessible, non-skid surface, transfer seat with grab bars, and lockable door, that is kept clean and orderly, and has a working emergency call system? 146.210(j)(5) and 146.230(m)(2)

NOTE: Common bathing rooms are optional in SLP buildings.

[] NOT APPLICABLE

[] [] []

2. Public Restrooms – Is there at least one public restroom that is handicapped accessible, clean, has soap, toilet tissue, waste receptacles, and non-reusable hand drying means and that has a working emergency call system? 146.210(k)(1-3) and 146.230(m)(2)

[] [] []

Comments:

Kitchen 146.210 and 146.230

Yes No Comments

1. Is food prepared daily onsite? 146.210(n)(2)

[] [] []

2. Is there storage space for both non-perishable and perishable foods? 146.210(n)(3)(A)

[] [] []

3. Do food preparation areas have cleanable surfaces? 146.210(n)(3)(B)

[] [] []

4. Is there capability for food distribution at the appropriate temperatures? 146.210(n)(3)(C)

[] [] []

5. Is kitchenware washing space available to meet food service needs? 146.210(n)(3)(D)

[] [] []

6. Are hand washing areas separate from food washing areas? 146.210(n)(3)(E)

[] [] []

General Observations

Meals/Dining 146.210 and 146.230

Yes No Comments

- | | | | | |
|----|---|---|-----|-----|
| 1. | Is the dining area handicapped accessible? 146.210(o)(1) | [<input checked="" type="checkbox"/>] | [] | [] |
| 2. | Does the SLP provider offer three meals or two meals plus a breakfast bar per day? 146.230(e)(1) | [<input checked="" type="checkbox"/>] | [] | [] |
| 3. | Do meal schedules allow for some flexibility in eating times?
NOTE: Examples include the ability to change seating times, and staggered arrival. 146.250(e)(10) | [<input checked="" type="checkbox"/>] | [] | [] |
| 4. | Are choices for therapeutic diets provided as needed?
146.230(e)(1)
NOTE: Mark N/A if no residents have MD ordered therapeutic diets. [<input checked="" type="checkbox"/>] NOT APPLICABLE | [] | [] | [] |
| 5. | Are beverages and snack foods available at no additional cost to the residents? 146.230(e)(2) | [<input checked="" type="checkbox"/>] | [] | [] |
| 6. | Are all residents offered the same menu except for therapeutic diets? 146.230(e)(3) | [<input checked="" type="checkbox"/>] | [] | [] |
| 7. | Are served menus kept on file for at least six months?
146.230(e)(4) | [<input checked="" type="checkbox"/>] | [] | [] |
| 8. | Are food purchase records kept on file for at least six months? 146.230(e)(6) | [<input checked="" type="checkbox"/>] | [] | [] |
| 9. | Are residents provided with menus, menus are not repeated in the same week, and residents have input into selection and preparation of food? 146.230(e)(9) | [<input checked="" type="checkbox"/>] | [] | [] |

Comments:

Laundry/Laundry Rooms 146.210 and 146.230

Yes No Comments

For resident use:

- | | | | | | |
|----|---|---|-----|---|---|
| 1. | Is at least one washer and dryer, separate from the general laundry room, and detergent and fabric softener provided for resident use at no cost?
146.210(p)(1)(A) | [<input checked="" type="checkbox"/>] | [] | [<input checked="" type="checkbox"/>] | Checked front desk
Fabric softener available |
| 2. | Does the resident laundry room have a sink for hand washing? 146.210(p)(1)(B) | [<input checked="" type="checkbox"/>] | [] | [] | |

General Observations

Water Services 146.210

Yes No Comments

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Does the SLP building have hot and cold running water with adequate water pressure? 146.210(r)(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the SLP provider have a policy in place for checking water temperatures and is the policy followed? 146.210(r)(5)(A-C) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: Hot water temperatures must be between 95-120 degrees in resident apartments and any other areas of the SLP building that are accessible to residents. Temperature checks must be completed at least monthly and include a random sample of resident apartments. The SLP provider shall document steps taken to correct temperatures not found to be within the required range. If no, explain in comments below.

Comments:

General Observations

Activities 146.230

Yes No Comments

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. Does the SLP provider offer residents the opportunity to participate in scheduled on-site and off-site activities at least two times per week? 146.230(i)(2)
NOTE: Please review a random 3 months of activity calendars since the last review. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the SLP provider offer residents health promotion and exercise programs at least three times per week? 146.230 (l)(2)
NOTE: Please review a random 3 months of activity calendars since the last review | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

General Observations

Activities 146.230

Yes No Comments

3. Does the SLP provider make available information about community resources and make community integration part of recreational, socialization and vocational activities? 146.230(i)(4)
NOTE: Review activity calendars, newsletters or other communication.

[] [] []

4. Does the SLP provider allow both on-site and off-site services? Are residents given the opportunity to interact with the larger community without SLP staff? 146.250(e)(10)
NOTE: Examples include physician appointments, activities and family visits not arranged by the SLP provider.

[] [] []

5. Does the SLP provider offer daily activities that are based on individuals' needs and preferences?
NOTE: Interview staff to learn how activities are identified and how residents are involved. Review applicable policies

[] [] []

Comments:

NEW ADMISSIONS

SLP New Resident Review (3 of 6) Resident Name: [REDACTED]
Resident Participation Requirements 146.215, 146.220, 146.240 Yes No N/A Comments

10. Resident contract signed by the SLP provider and resident or their designated representative? 146.240 (a)
NOTE: Date of signature does not apply to this question.
NOTE: If the signature is missing, answer the question "No" and remediate while on-site. [] [] []

11. Was the resident oriented to the emergency plans within ten days after admission? 146.295(e)
NOTE: Orientation includes assisting the resident in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative. [] [] []

NOTE: A Medicaid resident of a SLP cannot participate in another federal Home and Community Based Services Waiver program. 146.220(d)

Assessment/Service Plan/Quarterly Evaluation 146.245 Yes No N/A Comments

12. Comprehensive assessment:
 Completed by or co-signed by an RN?
 Signed/co-signed by RN within 7-14 days after admission? 146.245(c)
Date of comprehensive assessment: [REDACTED] [] [] [] []

13. Comprehensive assessment is thoroughly completed (no areas left blank)? 146.245(c) [] [] [] []

14. Comprehensive assessment is accurate? 146.245(c)
NOTE: Staff should compare the assessment with the ISP. If there is a conflict, review SLP provider documentation of services, interview staff and resident, etc. to determine if the assessment is correct. Changes in condition that are not significant and/or changes in residents' preferences do not require the assessment to be revised. In these instances, it is acceptable for the assessment not to match the ISP. [] [] [] []

15. Individual Support Plan (ISP) Development: 146.245 (d)
 Developed by or co-signed by an RN?
 Signed/co-signed by RN w/in 7 days of completing the comprehensive assessment?
Date: [REDACTED] [] [] [] []
NOTE: The timeliness of the assessment is not relevant for this question.

SLP New Resident Review (3 of 6) Resident Name: _____ **Resident Participation Requirements 146.215, 146.220,** _____ **es No N/A Comments**

10. Resident contract signed by the SLP provider and resident or their designated representative? 146.240 (a)
NOTE: Date of signature does not apply to this question.
NOTE: If the signature is missing, answer the question "No" and remediate while on-site.

11. Was the resident oriented to the emergency plans within ten days after admission? 146.295(e)
NOTE: Orientation includes assisting the resident in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative.

NOTE: A Medicaid resident of a SLP cannot participate in another federal Home and Community Based Services Waiver program. 146.220(d)

Assessment/Service Plan/Quarterly Evaluation 146.245 _____ **Yes No N/A Comments**

12. Comprehensive assessment:
 Completed by or co-signed by an RN?
 Signed/co-signed by RN within 7-14 days after admission?
146.245(c)
Date of comprehensive assessment: _____

13. Comprehensive assessment is thoroughly completed (no areas left blank)? 146.245(c).

14. Comprehensive assessment is accurate? 146.245(c)
NOTE: Staff should compare the assessment with the ISP. If there is a conflict, review SLP provider documentation of services, Interview staff and resident, etc. to determine if the assessment is correct. Changes in condition that are not significant and/or changes in residents' preferences do not require the assessment to be revised. In these instances, it is acceptable for the assessment not to match the ISP.

15. Individual Support Plan (ISP) Development: 146.245 (d)
 Developed by or co-signed by an RN?
 Signed/co-signed by RN w/in 7 days of completing the comprehensive assessment?
Date: _____
NOTE: The timeliness of the assessment is not relevant for this question.

SLP New Resident Review (3 of 6) Resident Name: .S Resident G
Resident Participation Requirements 146.215, 146.220, 146.240 Yes No N/A Comments

10. Resident contract signed by the SLP provider and resident or their designated representative? 146.240 (a)
NOTE: Date of signature does not apply to this question.
NOTE: If the signature is missing, answer the question "No" and remediate while on-site. [] []

11. Was the resident oriented to the emergency plans within ten days after admission? 146.295(e)
NOTE: Orientation includes assisting the resident in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative. [] []

NOTE: A Medicaid resident of a SLP cannot participate in another federal Home and Community Based Services Waiver program. 146.220(d)

Assessment/Service Plan/Quarterly Evaluation 146.245 Yes No N/A Comments

12. Comprehensive assessment:
 Completed by or co-signed by an RN?
 Signed/co-signed by RN within 7-14 days after admission?
 146.245(c)
 Date of comprehensive assessment: [REDACTED] [] [] []

13. Comprehensive assessment is thoroughly completed (no areas left blank)? 146.245(c) [] [] []

14. Comprehensive assessment is accurate? 146.245(c)
NOTE: Staff should compare the assessment with the ISP. If there is a conflict, review SLP provider documentation of services, Interview staff and resident, etc. to determine if the assessment is correct. Changes in condition that are not significant and/or changes in residents' preferences do not require the assessment to be revised. In these instances, it is acceptable for the assessment not to match the ISP. [] []

15. Individual Support Plan (ISP) Development: 146.245 (d)
 Developed by or co-signed by an RN?
 Signed/co-signed by RN w/in 7 days of completing the comprehensive assessment?
 Date: [REDACTED] [] [] []
NOTE: The timeliness of the assessment is not relevant for this question.

SLP New Resident Review (3 of 6) Resident Name: Resident F

Resident Participation Requirements 146.215, 146.220, 146.240 Yes No N/A Comments

10. Resident contract signed by the SLP provider and resident or their designated representative? 146.240 (a)
NOTE: Date of signature does not apply to this question.
NOTE: If the signature is missing, answer the question "No" and remediate while on-site. [] []

11. Was the resident oriented to the emergency plans within ten days after admission? 146.295(e)
NOTE: Orientation includes assisting the resident in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative. [] []

NOTE: A Medicaid resident of a SLP cannot participate in another federal Home and Community Based Services Waiver program. 146.220(d)

Assessment/Service Plan/Quarterly Evaluation 146.245 Yes No N/A Comments

12. Comprehensive assessment:
 Completed by or co-signed by an RN?
 Signed/co-signed by RN within 7-14 days after admission?
 146.245(c)
 Date of comprehensive assessment: [REDACTED] [] [] []

13. Comprehensive assessment is thoroughly completed (no areas left blank)? 146.245(c) [] [] []

14. Comprehensive assessment is accurate? 146.245(c)
NOTE: Staff should compare the assessment with the ISP. If there is a conflict, review SLP provider documentation of services, Interview staff and resident, etc. to determine if the assessment is correct. Changes in condition that are not significant and/or changes in residents' preferences do not require the assessment to be revised. In these instances, it is acceptable for the assessment not to match the ISP. [] [] []

15. Individual Support Plan (ISP) Development: 146.245 (d)
 Developed by or co-signed by an RN?
 Signed/co-signed by RN w/in 7 days of completing the comprehensive assessment?
 Date: [REDACTED] [] [] []
NOTE: The timeliness of the assessment is not relevant for this question.

RESIDENT REVIEWS

Assessment/Service Plan/Quarterly Evaluation 146.245 **Yes No N/A Comments**

5. ISP reviewed/signed by the resident or his/her designated representative and any others included by the resident? 146.245(d)
NOTE: If a signature is missing, answer the question "No" and remediate while on-site.
6. Did the resident initial the ISP to indicate he/she chose to receive services from the SLP provider?
7. If the resident did not choose to receive services from the SLP provider, did the resident initial that he/she received referral information?
8. Did the resident initial that he/she received a copy of the SLP's resident rights?
NOTE: If initials are missing, answer the question "No" and remediate while on-site.
9. Does the ISP include areas important to the resident, such such as goals, interests, preferences or choices? 146.245(d)
10. If applicable, does the ISP include coordination and inclusion of services being delivered to the resident by an outside entity? 146.245(d)
NOTE: This includes services provided by family.
11. Is the ISP individualized to the resident's preferences and assessed needs? 146.245(d)
NOTE: Compare with assessment, MD orders, nursing notes, etc. The assessment may differ from the ISP if there has not been a significant change in condition or if there has been a preference change by the resident since the assessment was completed. This is acceptable. p 31
12. Does the ISP identify safety concerns that impact the resident's options or choices? 146.245(d)
NOTE: Examples include a medication lock box or escorts during outings in the community due to cognition.
13. If the resident declined any services, are they noted on the ISP? 146.245(d)

Services 146.215 and 230

Yes No N/A Comments

21. If the resident speaks limited English, does the SLP provider ensure that the resident has meaningful and equal access to benefits and services? 146.215(n)

NOTE: If resident speaks English, mark "N/A"

NOTE: This includes bilingual staff, interpreters and alternative methods of communication such as Braille, large print and picture boards.

[] [] []

NOTE: Reviewer should attempt to observe service delivery wherever possible during the course of the review. Record any service observations in the comment section below.

Comments: P29 Q#11

3/18/19 PAI served [redacted] as an [redacted]

[redacted]

not addressed individually in ISP [redacted]

[redacted]

[redacted]

[redacted]

Reviewer Signature

[redacted] HFSN

Date of Review:

[redacted]

SLP Resident Review (8 of 10) Resident Name: [] Resident: E

Medication Management Services 146.230

6. Was/were a medication error resulting in hospitalization reported to the Department within 24 hours?

146.265(c)

NOTE: Mark N/A if no errors requiring hospitalization occurred. [] [] []

Comments:

[REDACTED] *AP IR*

APARTMENT OBSERVATIONS

Apartment Observations 146.210 and 230 **Yes No Comments**

- | | | | |
|---|-------------------------------------|-----|-----|
| 1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1) | <input checked="" type="checkbox"/> | [] | [] |
| 2. Entrance doors open onto a public corridor? 146.210(h)(3) | <input checked="" type="checkbox"/> | [] | [] |
| 3. Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2) | <input checked="" type="checkbox"/> | [] | [] |
| 4. All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A) | <input checked="" type="checkbox"/> | [] | [] |
| 5. Each apartment entrance door equipped with an "eye view"? 146.210(h)(4)
NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.
[] NOT APPLICABLE | <input checked="" type="checkbox"/> | [] | [] |
| 6. Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D) | <input checked="" type="checkbox"/> | [] | [] |
| 7. A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub and/or shower stall with grab bars sufficient to meet the needs of the resident, sink, hot and cold water? 146.210(f)(1) | <input checked="" type="checkbox"/> | [] | [] |

Apartment Observations 146.210 and 230 **Yes No Comments**

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| <p>8. A working emergency call device in each bathroom and each bedroom OR a portable emergency home response system is provided to residents in place of one located in the bedroom? 146.210(d)(3)(C) or 146.210(e)(4)(C) and 146.230(m)(1).
 NOTE: An emergency call device must ALWAYS be located in each bathroom.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>9. Wiring for private phone, cable TV, satellite, or master antenna with access to at least 10 channels? 146.210(d)(3)(F) or 146.210(e)(4)(F)</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>10. A sink, microwave or stove, and refrigerator with separate freezer? 146.210(d)(3)(G) or 146.210(e)(4)(G)</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>11. Closet for each resident of the apartment? 146.210(g)(1)
 NOTE: For SLPs with applications was approved after 1/1/05</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>12. Closet(s) with a door? 146.210(g)(2)</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>13. Double occupancy apartments have a door on each bedroom? 146.210(h)(5)
 NOTE: Applies to all SLP applications approved after 8/1/09.
 <input checked="" type="checkbox"/> NOT APPLICABLE</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>14. Each apartment has windows with transparent glass (except bathroom) that are large enough to permit viewing to the outside of the building and at least one window permits viewing from a seated position. 146.210(i)</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>15. Apartment in good maintenance and repair? 146.230(h)(1)</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>16. Apartment appears to be receiving regular housekeeping services? 146.230(g)(1)
 NOTE: Take into consideration individual preferences. Note if resident refuses housekeeping services.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>17. If applicable, are sharps placed in containers that are rigid and leak-resistant and disposed of properly? 146.210(s)(6)(A-C)
 NOTE: Mark N/A if resident does not require.
 <input checked="" type="checkbox"/> NOT APPLICABLE</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
BUREAU OF LONG TERM CARE
GUIDE FOR INDIVIDUAL RESIDENT INTERVIEW**

Resident Name: Resident E

NOTES FOR COMPLETION:

- If an answer is "N/A", there is no need to write a comment stating it is not applicable.
- If a resident has a negative response to a question, or raises a concern/problem, or the reviewer identifies an area of concern, this should be discussed with the SLP manager or designee. Document the communication and outcome in the comments section.
- If a resident has cognition problems and experiences difficulty completing the interview, complete as many questions as possible. Make a note in the comment section regarding the resident's cognitive status, including any relevant diagnoses included in the record and the scoring of the cognitive sections of the comprehensive assessment.
- Staff should make several attempts to try and interview residents who are unavailable due to illness, medical appointments, social activities, etc. **If an interview cannot be completed, make a note in the comment section, including dates and times attempts were made.** A minimum of two attempts should be made on separate days/times.
- If a resident refuses an interview, questions 20 and 21 must still be completed by staff based on observation of the resident.

<u>146.200, 210, 225, 230, 245, 250, and 260</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Comments</u>
1. Are maintenance problems in your apartment taken care of in a timely manner? 146.230(h)(1) and (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If requested, does staff provide laundry services to you at least weekly? 146.230(f)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If requested, does staff clean your room and change your bed linens at least weekly? 146.230(g)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are three meals/day and snacks available? 146.230(e)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can you have food in your apartment? 146.250(e)(18)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can you choose to dine alone or in a private area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If you require a special diet as ordered by your doctor, does staff provide you with choices at meal times and with snacks that allow you to be compliant with the diet? 146.230(e)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. If requested, will staff bring your meals to your apartment when you are ill? 146.230(e)(11)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Resident Review

Resident Name: Resident **E**

146.200, 210, 225, 230, 245, 250 and 260 cont'd **Yes No N/A Comments**

- | | |
|---|--|
| <p>9. If you are interested, does staff provide you access to indoor and outdoor activities which include community opportunities?
146.230(i)(1) – (4)
NOTE: Mark N/A if the resident is NOT interested.</p> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>10. If requested, does staff assist you with making appointments and/or arranging transportation? 146.230(j)(1) – (3)</p> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>11. If you require services related to your personal care, such as bathing, dressing, grooming or assistance using the bathroom, do you receive these services when you need them from staff? Are these services provided in private? 146.230(c) and 146.250(e)(5)</p> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>12. If requested, does staff assist you with your medication? 146.230(b) & (d)
NOTE: This includes ordering and set up. Make sure response matches RSP. Mark N/A if resident does not require medication assistance.</p> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>13. If you wish, are you able to change the services you receive? 146.250(e)</p> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>14. If you choose to be employed, does staff prevent you from seeking employment? 146.250(e)(10)
NOTE: Mark "N/A" if the resident does not wish to be employed.</p> | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| <p>15. Do you choose how to dress, with whom to interact, your activities and the furnishings in your apartment? 146.250(e)</p> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>16. If interested, can you use the common areas of the building, such as the dining room, activity room and resident laundry room?</p> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>17. If you choose, can you leave the building and participate in activities of your choosing without staff? Including overnight visits with family and friends?</p> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>18. Can you request certain staff provide you with services?
NOTE: If the answer is "No" and alternative staff is not available, please include a comment. Example, no male CNAs or only 1 CNA assigned to a floor.</p> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Individual Resident Review

Resident Name: Resident E

146.200, 210, 225, 230, 245, 250 and 260 cont'd **Yes No Comments**

19. Are your emergency calls answered promptly?
146.230(k)(1) & (m)

20. If you have a problem or concern with staff or services, do you know how to report it or with whom you should speak to address the issue? 146.260(a)

21. Do you feel safe in the SLP building?

22. Do you feel that your property is safe?

23. Are you allowed visitors at any time and are you allowed to see them in your apartment or common areas? 146.250(e)(12)

24. Is at least \$90.00 per month available to you? (Medicaid only) 146.225(c) and (d) *Q2 asked not enough for daily expenses.*
NOTE: Mark N/A for private pay residents.

25. Do you feel your rights are respected? 146.250
NOTE: If resident has a "no" response, obtain specific details/examples.

26. Do you feel your choices and preferences are respected? 146.200(b) 146.230(g)(2), 146.245(d)
NOTE: If resident has a "no" response, obtain specific details/examples.

27. Does staff respect your privacy and confidentiality as it relates to services, medical conditions and finances? 146.250(e)(5)

HFS Staff Observations:

NOTE: OBSERVATIONS MUST BE RECORDED FOR Q28 AND Q29 EVEN IF RESIDENT REFUSES THE INTERVIEW.

28. Is the resident free from restraints? 146.250(e)(9)
NOTE: If no, contact Regional Supervisor **immediately**.

29. Is the resident clean, well-groomed, free of odor and dressed appropriately for the season? 146.230(c)
NOTE: Take into consideration individual preferences. If "no" is marked and the resident is independent with some or all of their personal care, include a comment. If the resident receives personal care services from the SLP, but refuses them as documented in the record, include a comment.

6/4/18

SLP Resident Review (2 of 10) Resident Name: Resident D

Assessment/Service Plan/Quarterly Evaluation 146.245 Yes No N/A Comments

- | | | | | | |
|-----|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 5. | ISP reviewed/signed by the resident or his/her designated representative and any others included by the resident? 146.245(d)
NOTE: If a signature is missing, answer the question "No" and remediate while on-site. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Did the resident initial the ISP to indicate he/she chose to receive services from the SLP provider? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | If the resident did not choose to receive services from the SLP provider, did the resident initial that he/she received referral information? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | Did the resident initial that he/she received a copy of the SLP's resident rights?
NOTE: If initials are missing, answer the question "No" and remediate while on-site. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Does the ISP include areas important to the resident, such such as goals, interests, preferences or choices? 146.245(d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | If applicable, does the ISP include coordination and inclusion of services being delivered to the resident by an outside entity? 146.245(d)
NOTE: This includes services provided by family. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Is the ISP individualized to the resident's preferences and assessed needs? 146.245(d)
NOTE: Compare with assessment, MD orders, nursing notes, etc. The assessment may differ from the ISP if there has not been a significant change in condition or if there has been a preference change by the resident since the assessment was completed. This is acceptable. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. | Does the ISP identify safety concerns that impact the resident's options or choices? 146.245(d)
NOTE: Examples include a medication lock box or escorts during outings in the community due to cognition. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | If the resident declined any services, are they noted on the ISP? 146.245(d) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

SLP Resident Review (4 of 10) Resident Name: Resident D

Services 146.215 and 230

Yes No N/A Comments

21. If the resident speaks limited English, does the SLP provider ensure that the resident has meaningful and equal access to benefits and services? 146.215(n)

NOTE: If resident speaks English, mark "N/A"

NOTE: This includes bilingual staff, interpreters and alternative methods of communication such as Braille, large print and picture boards.

[] [] [] []

NOTE: Reviewer should attempt to observe service delivery wherever possible during the course of the review. Record any service observations in the comment section below.

P29 Q#11
Comments: *PAI* [redacted] *noted Res* [redacted]
for [redacted] *ISP* [redacted] *marked* [redacted]
Res [redacted] *per interview.*
[redacted] *not addressed*
individually per ISP.

Reviewer Signature: [redacted] *HBN*

Date of Review: [redacted]

Medication Management Services 146.230

6. Was/were a medication error resulting in hospitalization reported to the Department within 24 hours?

146.265(c)

NOTE: Mark N/A if no errors requiring hospitalization occurred.

Comments:

N/A

APARTMENT OBSERVATIONS

Apartment Observations 146.210 and 230

Yes No Comments

- | | | |
|---|--|--------------------------|
| 1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1) | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Entrance doors open onto a public corridor? 146.210(h)(3) | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2) | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| 4. All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A) | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Each apartment entrance door equipped with an "eye view"? 146.210(h)(4)
NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.
<input type="checkbox"/> NOT APPLICABLE | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D) | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| 7. A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub and/or shower stall with grab bars sufficient to meet the needs of the resident, sink, hot and cold water? 146.210(f)(1) | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |

Apartment Observations 146.210 and 230 **Yes No Comments**

- | | | |
|--|--|---------------------------------|
| <p>8. A working emergency call device in each bathroom and each bedroom OR a portable emergency home response system is provided to residents in place of one located in the bedroom? 146.210(d)(3)(C) or 146.210(e)(4)(C) and 146.230(m)(1).
NOTE: An emergency call device must ALWAYS be located in each bathroom.</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p><input type="checkbox"/></p> |
| <p>9. Wiring for private phone, cable TV, satellite, or master antenna with access to at least 10 channels? 146.210(d)(3)(F) or 146.210(e)(4)(F)</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p><input type="checkbox"/></p> |
| <p>10. A sink, microwave or stove, and refrigerator with separate freezer? 146.210(d)(3)(G) or 146.210(e)(4)(G)</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p><input type="checkbox"/></p> |
| <p>11. Closet for each resident of the apartment? 146.210(g)(1)
NOTE: For SLPs with applications was approved after 1/1/05</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p><input type="checkbox"/></p> |
| <p>12. Closet(s) with a door? 146.210(g)(2)</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p><input type="checkbox"/></p> |
| <p>13. Double occupancy apartments have a door on each bedroom? 146.210(h)(5)
NOTE: Applies to all SLP applications approved after 8/1/09.
<input checked="" type="checkbox"/> NOT APPLICABLE</p> | <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p><input type="checkbox"/></p> |
| <p>14. Each apartment has windows with transparent glass (except bathroom) that are large enough to permit viewing to the outside of the building and at least one window permits viewing from a seated position. 146.210(i)</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p><input type="checkbox"/></p> |
| <p>15. Apartment in good maintenance and repair? 146.230(h)(1)</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p><input type="checkbox"/></p> |
| <p>16. Apartment appears to be receiving regular housekeeping services? 146.230(g)(1)
NOTE: Take into consideration individual preferences. Note if resident refuses housekeeping services.</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p><input type="checkbox"/></p> |
| <p>17. If applicable, are sharps placed in containers that are rigid and leak-resistant and disposed of properly? 146.210(s)(6)(A-C)
NOTE: Mark N/A if resident does not require.
<input checked="" type="checkbox"/> NOT APPLICABLE</p> | <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p><input type="checkbox"/></p> |

**ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
BUREAU OF LONG TERM CARE
GUIDE FOR INDIVIDUAL RESIDENT INTERVIEW**

Resident Name: Resident D

NOTES FOR COMPLETION:

- If an answer is "N/A", there is no need to write a comment stating it is not applicable.
- If a resident has a negative response to a question, or raises a concern/problem, or the reviewer identifies an area of concern, this should be discussed with the SLP manager or designee. Document the communication and outcome in the comments section.
- If a resident has cognition problems and experiences difficulty completing the interview, complete as many questions as possible. Make a note in the comment section regarding the resident's cognitive status, including any relevant diagnoses included in the record and the scoring of the cognitive sections of the comprehensive assessment.
- Staff should make several attempts to try and interview residents who are unavailable due to illness, medical appointments, social activities, etc. **If an interview cannot be completed, make a note in the comment section, including dates and times attempts were made.** A minimum of two attempts should be made on separate days/times.
- If a resident refuses an interview, questions 20 and 21 must still be completed by staff based on observation of the resident.

<u>146.200, 210, 225, 230, 245, 250, and 260</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Comments</u>
1. Are maintenance problems in your apartment taken care of in a timely manner? 146.230(h)(1) and (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If requested, does staff provide laundry services to you at least weekly? 146.230(f)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If requested, does staff clean your room and change your bed linens at least weekly? 146.230(g)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are three meals/day and snacks available? 146.230(e)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can you have food in your apartment? 146.250(e)(18)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can you choose to dine alone or in a private area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If you require a special diet as ordered by your doctor, does staff provide you with choices at meal times and with snacks that allow you to be compliant with the diet? 146.230(e)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. If requested, will staff bring your meals to your apartment when you are ill? 146.230(e)(11)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Resident Review

Resident Name: Resident D

146.200, 210, 225, 230, 245, 250 and 260 cont'd **Yes No N/A Comments**

- | | |
|---|--|
| <p>9. If you are interested, does staff provide you access to indoor and outdoor activities which include community opportunities?
146.230(i)(1) – (4)
NOTE: Mark N/A if the resident is NOT interested.</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>10. If requested, does staff assist you with making appointments and/or arranging transportation? 146.230(j)(1) – (3)</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>11. If you require services related to your personal care, such as bathing, dressing, grooming or assistance using the bathroom, do you receive these services when you need them from staff? Are these services provided in private? 146.230(c) and 146.250(e)(5)</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>12. If requested, does staff assist you with your medication? 146.230(b) & (d)
NOTE: This includes ordering and set up. Make sure response matches RSP. Mark N/A if resident does not require medication assistance.</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>13. If you wish, are you able to change the services you receive?
146.250(e)</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>14. If you choose to be employed, does staff prevent you from seeking employment? 146.250(e)(10)
NOTE: Mark "N/A" if the resident does not wish to be employed.</p> | <p>[] [] <input checked="" type="checkbox"/> []</p> |
| <p>15. Do you choose how to dress, with whom to interact, your activities and the furnishings in your apartment? 146.250(e)</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>16. If interested, can you use the common areas of the building, such as the dining room, activity room and resident laundry room?</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>17. If you choose, can you leave the building and participate in activities of your choosing without staff? Including overnight visits with family and friends?</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>18. Can you request certain staff provide you with services?
NOTE: If the answer is "No" and alternative staff is not available, please include a comment. Example, no male CNAs or only 1 CNA assigned to a floor.</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |

Individual Resident Review

Resident Name: Resident-D _____

146.200, 210, 225, 230, 245, 250 and 260 cont'd **Yes No Comments**

- | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 19. Are your emergency calls answered promptly?
146.230(k)(1) & (m) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. If you have a problem or concern with staff or services, do you know how to report it or with whom you should speak to address the issue? 146.260(a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you feel safe in the SLP building? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you feel that your property is safe? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Are you allowed visitors at any time and are you allowed to see them in your apartment or common areas? 146.250(e)(12) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Is at least \$90.00 per month available to you? (Medicaid only) 146.225(c) and (d)
NOTE: Mark N/A for private pay residents. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Do you feel your rights are respected?
146.250
NOTE: If resident has a "no" response, obtain specific details/examples. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Do you feel your choices and preferences are respected?
146.200(b) 146.230(g)(2), 146.245(d)
NOTE: If resident has a "no" response, obtain specific details/examples. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Does staff respect your privacy and confidentiality as it relates to services, medical conditions and finances? 146.250(e)(5) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

HFS Staff Observations:

NOTE: OBSERVATIONS MUST BE RECORDED FOR Q28 AND Q29 EVEN IF RESIDENT REFUSES THE INTERVIEW.

- | | | | | |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 28. Is the resident free from restraints? 146.250(e)(9)
NOTE: If no, contact Regional Supervisor immediately . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Is the resident clean, well-groomed, free of odor and dressed appropriately for the season? 146.230(c)
NOTE: Take into consideration individual preferences. If "no" is marked and the resident is independent with some or all of their personal care, include a comment. If the resident receives personal care services from the SLP, but refuses them as documented in the record, include a comment. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6/4/18

Assessment/Service Plan/Quarterly Evaluation 146.245 **Yes No N/A Comments**

5. ISP reviewed/signed by the resident or his/her designated representative and any others included by the resident? 146.245(d)
NOTE: If a signature is missing, answer the question "No" and remediate while on-site.

6. Did the resident initial the ISP to indicate he/she chose to receive services from the SLP provider?

7. If the resident did not choose to receive services from the SLP provider, did the resident initial that he/she received referral information?

8. Did the resident initial that he/she received a copy of the SLP's resident rights?
NOTE: If initials are missing, answer the question "No" and remediate while on-site.

9. Does the ISP include areas important to the resident, such such as goals, interests, preferences or choices? 146.245(d)

10. If applicable, does the ISP include coordination and inclusion of services being delivered to the resident by an outside entity? 146.245(d)
NOTE: This includes services provided by family.

11. Is the ISP individualized to the resident's preferences and assessed needs? 146.245(d)
NOTE: Compare with assessment, MD orders, nursing notes, etc. The assessment may differ from the ISP if there has not been a significant change in condition or if there has been a preference change by the resident since the assessment was completed. This is acceptable. p 31

12. Does the ISP identify safety concerns that impact the resident's options or choices? 146.245(d)
NOTE: Examples include a medication lock box or escorts during outings in the community due to cognition.

13. If the resident declined any services, are they noted on the ISP? 146.245(d)

Services 146.215 and 230 Yes No N/A Comments

21. If the resident speaks limited English, does the SLP provider ensure that the resident has meaningful and equal access to benefits and services? 146.215(i)

NOTE: If resident speaks English, mark "N/A"

NOTE: This includes bilingual staff, interpreters and alternative methods of communication such as Braille, large print and picture boards.

[] [] [] [] []

NOTE: Reviewer should attempt to observe service delivery wherever possible during the course of the review. Record any service observations in the comment section below:

Comments: P 29 Q 4 II

#11 Received SLP provided vs [redacted] provided

① ISP [redacted] these areas [redacted] were not identified. Scored in the RAI [redacted]

(ISP noted steps to achieve [redacted] Vital signs record was incomplete. Stopped in [redacted] [redacted]

② Per [redacted]

[redacted] Resolved Print out provided for [redacted] by Son. OK

Date of Review: [redacted]

(Continued) There was no [redacted] taken prior to giving [redacted] which was provided to writer from [redacted] to current 2019 March.

[redacted] signed off as late entry [redacted] report done by Sue K. [redacted] meds signed out late [redacted] med error report done [redacted] by Sue K.

[redacted] had holes [redacted] signed off as late entry [redacted] for both dates [redacted]

There was no IR on [redacted] DON stated RN on duty those days no longer works for this SLP name Whicelle T. former DON [redacted]

[redacted]

Medication Management Services 146.230

6. Was/were a medication error resulting in hospitalization reported to the Department within 24 hours?

146.265(c)

NOTE: Mark N/A if no errors requiring hospitalization occurred. [] [] []

Comments:

*NARR [redacted] reviewed.
Had holes [redacted] - Later signed off [redacted]
[redacted] as late entry [redacted]
Med [redacted]*

IR on file per DON (RW). See p. 31 for info. SUEK ED notified. Team could E Power

APARTMENT OBSERVATIONS

Apartment Observations 146.210 and 230 Yes No Comments

- | | |
|---|---|
| 1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1) | <input checked="" type="checkbox"/> [] [] |
| 2. Entrance doors open onto a public corridor? 146.210(h)(3) | <input checked="" type="checkbox"/> [] [] |
| 3. Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2) | <input checked="" type="checkbox"/> [] [] |
| 4. All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A) | <input checked="" type="checkbox"/> [] [] |
| 5. Each apartment entrance door equipped with an "eye view"? 146.210(h)(4)
NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.
[] NOT APPLICABLE | <input checked="" type="checkbox"/> [] [] |
| 6. Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D) | <input checked="" type="checkbox"/> [] [] |
| 7. A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub and/or shower stall with grab bars sufficient to meet the needs of the resident, sink, hot and cold water? 146.210(f)(1) | <input checked="" type="checkbox"/> [] [] |

SLP Resident Review (9 of 10) Resident Name: Resident C
Apartment Observations 146.210 and 230

- | | |
|---|--|
| <p>8. A working emergency call device in each bathroom and each bedroom OR a portable emergency home response system is provided to residents in place of one located in the bedroom? 146.210(d)(3)(C) or 146.210(e)(4)(C) and 146.230(m)(1).
 NOTE: An emergency call device must ALWAYS be located in each bathroom.</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>9. Wiring for private phone, cable TV, satellite, or master antenna with access to at least 10 channels? 146.210(d)(3)(F) or 146.210(e)(4)(F)</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>10. A sink, microwave or stove, and refrigerator with separate freezer? 146.210(d)(3)(G) or 146.210(e)(4)(G)</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>11. Closet for each resident of the apartment? 146.210(g)(1)
 NOTE: For SLPs with applications was approved after 1/1/05</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>12. Closet(s) with a door? 146.210(g)(2)</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>13. Double occupancy apartments have a door on each bedroom? 146.210(h)(5)
 NOTE: Applies to all SLP applications approved after 8/1/09.
 <input checked="" type="checkbox"/> NOT APPLICABLE</p> | <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>14. Each apartment has windows with transparent glass (except bathroom) that are large enough to permit viewing to the outside of the building and at least one window permits viewing from a seated position. 146.210(i)</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>15. Apartment in good maintenance and repair? 146.230(h)(1)</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>16. Apartment appears to be receiving regular housekeeping services? 146.230(g)(1)
 NOTE: Take into consideration individual preferences. Note if resident refuses housekeeping services.</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>17. If applicable, are sharps placed in containers that are rigid and leak-resistant and disposed of properly? 146.210(s)(6)(A-C)

 NOTE: Mark N/A if resident does not require.
 <input checked="" type="checkbox"/> NOT APPLICABLE</p> | <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |

**ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
BUREAU OF LONG TERM CARE
GUIDE FOR INDIVIDUAL RESIDENT INTERVIEW**

Resident Name: [REDACTED] [REDACTED] Resident C

NOTES FOR C

- If an answer is "N/A", there is no need to write a comment stating it is not applicable.
- If a resident has a negative response to a question, or raises a concern/problem, or the reviewer identifies an area of concern, this should be discussed with the SLP manager or designee. Document the communication and outcome in the comments section.
- If a resident has cognition problems and experiences difficulty completing the interview, complete as many questions as possible. Make a note in the comment section regarding the resident's cognitive status, including any relevant diagnoses included in the record and the scoring of the cognitive sections of the comprehensive assessment.
- Staff should make several attempts to try and interview residents who are unavailable due to illness, medical appointments, social activities, etc. **If an interview cannot be completed, make a note in the comment section, including dates and times attempts were made.** A minimum of two attempts should be made on separate days/times.
- If a resident refuses an interview, questions 20 and 21 must still be completed by staff based on observation of the resident.

<u>146.200, 210, 225, 230, 245, 250, and 260</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Comments</u>
1. Are maintenance problems in your apartment taken care of in a timely manner? 146.230(h)(1) and (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If requested, does staff provide laundry services to you at least weekly? 146.230(f)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If requested, does staff clean your room and change your bed linens at least weekly? 146.230(g)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are three meals/day and snacks available? 146.230(e)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can you have food in your apartment? 146.250(e)(18)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can you choose to dine alone or in a private area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If you require a special diet as ordered by your doctor, does staff provide you with choices at meal times and with snacks that allow you to be compliant with the diet? 146.230(e)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. If requested, will staff bring your meals to your apartment when you are ill? 146.230(e)(11)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Resident Review

Resident Name: Resident C

146.200, 210, 225, 230, 245, 250 and 260 cont'd **Yes No N/A Comments**

9. If you are interested, does staff provide you access to indoor and outdoor activities which include community opportunities? 146.230(i)(1) – (4)
NOTE: Mark N/A if the resident is NOT interested.
10. If requested, does staff assist you with making appointments and/or arranging transportation? 146.230(j)(1) – (3)
11. If you require services related to your personal care, such as bathing, dressing, grooming or assistance using the bathroom, do you receive these services when you need them from staff? Are these services provided in private? 146.230(c) and 146.250(e)(5)
12. If requested, does staff assist you with your medication? 146.230(b) & (d)
NOTE: This includes ordering and set up. Make sure response matches RSP. Mark N/A if resident does not require medication assistance.
13. If you wish, are you able to change the services you receive? 146.250(e)
14. If you choose to be employed, does staff prevent you from seeking employment? 146.250(e)(10)
NOTE: Mark "N/A" if the resident does not wish to be employed.
15. Do you choose how to dress, with whom to interact, your activities and the furnishings in your apartment? 146.250(e)
16. If interested, can you use the common areas of the building, such as the dining room, activity room and resident laundry room?
17. If you choose, can you leave the building and participate in activities of your choosing without staff? Including overnight visits with family and friends?
18. Can you request certain staff provide you with services?
NOTE: If the answer is "No" and alternative staff is not available, please include a comment. Example, no male CNAs or only 1 CNA assigned to a floor.

Individual Resident Review

Resident Name: Resident C

146.200, 210, 225, 230, 245, 250 and 260 cont'd **Yes No Comments**

19. Are your emergency calls answered promptly?
146.230(k)(1) & (m) [] [] []

20. If you have a problem or concern with staff or services, do you know how to report it or with whom you should speak to address the issue? 146.260(a) [] []

21. Do you feel safe in the SLP building? [] []

22. Do you feel that your property is safe? [] []

23. Are you allowed visitors at any time and are you allowed to see them in your apartment or common areas? 146.250(e)(12) [] []

24. Is at least \$90.00 per month available to you? (Medicaid only) 146.225(c) and (d) [] [] [] *(if) started not enough for preferences*
NOTE: Mark N/A for private pay residents.

25. Do you feel your rights are respected? 146.250 **NOTE:** If resident has a "no" response, obtain specific details/examples. [] []

26. Do you feel your choices and preferences are respected? 146.200(b) 146.230(g)(2), 146.245(d) **NOTE:** If resident has a "no" response, obtain specific details/examples. [] []

27. Does staff respect your privacy and confidentiality as it relates to services, medical conditions and finances? 146.250(e)(5) [] [] []

HFS Staff Observations:

NOTE: OBSERVATIONS MUST BE RECORDED FOR Q28 AND Q29 EVEN IF RESIDENT REFUSES THE INTERVIEW.

28. Is the resident free from restraints? 146.250(e)(9) **NOTE:** If no, contact Regional Supervisor **immediately.** [] []

29. Is the resident clean, well-groomed, free of odor and dressed appropriately for the season? 146.230(c) **NOTE:** Take into consideration individual preferences. If "no" is marked and the resident is independent with some or all of their personal care, include a comment. If the resident receives personal care services from the SLP, but refuses them as documented in the record, include a comment. [] []

Assessment/Service Plan/Quarterly Evaluation 146.245 **Yes No N/A Comments**

5. ISP reviewed/signed by the resident or his/her designated representative and any others included by the resident? 146.245(d)
NOTE: If a signature is missing, answer the question "No" and remediate while on-site.

6. Did the resident initial the ISP to indicate he/she chose to receive services from the SLP provider?

7. If the resident did not choose to receive services from the SLP provider, did the resident initial that he/she received referral information?

8. Did the resident initial that he/she received a copy of the SLP's resident rights?
NOTE: If initials are missing, answer the question "No" and remediate while on-site.

9. Does the ISP include areas important to the resident, such as goals, interests, preferences or choices? 146.245(d)

10. If applicable, does the ISP include coordination and inclusion of services being delivered to the resident by an outside entity? 146.245(d)
NOTE: This includes services provided by family.

11. Is the ISP individualized to the resident's preferences and assessed needs? 146.245(d)
NOTE: Compare with assessment, MD orders, nursing notes, etc. The assessment may differ from the ISP if there has not been a significant change in condition or if there has been a preference change by the resident since the assessment was completed. This is acceptable. p. 31

12. Does the ISP identify safety concerns that impact the resident's options or choices? 146.245(d)
NOTE: Examples include a medication lock box or escorts during outings in the community due to cognition.

13. If the resident declined any services, are they noted on the ISP? 146.245(d)

SLP Resident Review (4 of 10) Resident Name: Resident B

Services 146.215 and 230 **Yes No N/A Comments**

21. If the resident speaks limited English, does the SLP provider ensure that the resident has meaningful and equal access to benefits and services? 146.215(n)

NOTE: If resident speaks English, mark "N/A"

[] [] []

NOTE: This includes bilingual staff, interpreters and alternative methods of communication such as Braille, large print and picture boards.

NOTE: Reviewer should attempt to observe service delivery wherever possible during the course of the review. Record any service observations in the comment section below.

Comments: ^{P29} Q# 11 PM [redacted] noted
PLS

Reviewer Signature: 1452

Date of Review: [redacted]

SLP Resident Review (8 of 10) Resident Name: Resident B

Medication Management Services 146.230

6. Was/were a medication error resulting in hospitalization reported to the Department within 24 hours?

146.265(c)

NOTE: Mark N/A if no errors requiring hospitalization occurred. [] [] []

Comments:

N/A

APARTMENT OBSERVATIONS

Apartment Observations 146.210 and 230 **Yes No Comments**

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Entrance doors open onto a public corridor? 146.210(h)(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Each apartment entrance door equipped with an "eye view"? 146.210(h)(4)
NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.
[] NOT APPLICABLE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub and/or shower stall with grab bars sufficient to meet the needs of the resident, sink, hot and cold water? 146.210(f)(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SLP Resident Review (9 of 10) Resident Name: Resident B

Apartment Observations 146.210 and 230

Yes No Comments

- | | |
|--|--|
| <p>8. A working emergency call device in each bathroom and each bedroom OR a portable emergency home response system is provided to residents in place of one located in the bedroom? 146.210(d)(3)(C) or 146.210(e)(4)(C) and 146.230(m)(1).
NOTE: An emergency call device must ALWAYS be located in each bathroom.</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>9. Wiring for private phone, cable TV, satellite, or master antenna with access to at least 10 channels? 146.210(d)(3)(F) or 146.210(e)(4)(F)</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>10. A sink, microwave or stove, and refrigerator with separate freezer? 146.210(d)(3)(G) or 146.210(e)(4)(G)</p> | <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>11. Closet for each resident of the apartment? 146.210(g)(1)
NOTE: For SLPs with applications was approved after 1/1/05</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>12. Closet(s) with a door? 146.210(g)(2)</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>13. Double occupancy apartments have a door on each bedroom? 146.210(h)(5)
NOTE: Applies to all SLP applications approved after 8/1/09.
<input checked="" type="checkbox"/> NOT APPLICABLE</p> | <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>14. Each apartment has windows with transparent glass (except bathroom) that are large enough to permit viewing to the outside of the building and at least one window permits viewing from a seated position. 146.210(i)</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>15. Apartment in good maintenance and repair? 146.230(h)(1)</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>16. Apartment appears to be receiving regular housekeeping services? 146.230(g)(1)
NOTE: Take into consideration individual preferences. Note if resident refuses housekeeping services.</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>17. If applicable, are sharps placed in containers that are rigid and leak-resistant and disposed of properly? 146.210(s)(6)(A-C)

NOTE: Mark N/A if resident does not require.
<input checked="" type="checkbox"/> NOT APPLICABLE</p> | <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |

**ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
BUREAU OF LONG TERM CARE
GUIDE FOR INDIVIDUAL RESIDENT INTERVIEW**

Resident Name: Resident B

NOTES FOR COMPLETION:

- If an answer is "N/A", there is no need to write a comment stating it is not applicable.
- If a resident has a negative response to a question, or raises a concern/problem, or the reviewer identifies an area of concern, this should be discussed with the SLP manager or designee. Document the communication and outcome in the comments section.
- If a resident has cognition problems and experiences difficulty completing the interview, complete as many questions as possible. Make a note in the comment section regarding the resident's cognitive status, including any relevant diagnoses included in the record and the scoring of the cognitive sections of the comprehensive assessment.
- Staff should make several attempts to try and interview residents who are unavailable due to illness, medical appointments, social activities, etc. **If an interview cannot be completed, make a note in the comment section, including dates and times attempts were made.** A minimum of two attempts should be made on separate days/times.
- If a resident refuses an interview, questions 20 and 21 must still be completed by staff based on observation of the resident.

<u>146.200, 210, 225, 230, 245, 250, and 260</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Comments</u>
1. Are maintenance problems in your apartment taken care of in a timely manner? 146.230(h)(1) and (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If requested, does staff provide laundry services to you at least weekly? 146.230(f)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If requested, does staff clean your room and change your bed linens at least weekly? 146.230(g)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are three meals/day and snacks available? 146.230(e)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can you have food in your apartment? 146.250(e)(18)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can you choose to dine alone or in a private area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If you require a special diet as ordered by your doctor, does staff provide you with choices at meal times and with snacks that allow you to be compliant with the diet? 146.230(e)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. If requested, will staff bring your meals to your apartment when you are ill? 146.230(e)(11)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Resident Review

Resident Name: Resident B

146.200, 210, 225, 230, 245, 250 and 260 cont'd **Yes No N/A Comments**

9. If you are interested, does staff provide you access to indoor and outdoor activities which include community opportunities? 146.230(i)(1) – (4)
NOTE: Mark N/A if the resident is NOT interested.
10. If requested, does staff assist you with making appointments and/or arranging transportation? 146.230(j)(1) – (3)
11. If you require services related to your personal care, such as bathing, dressing, grooming or assistance using the bathroom, do you receive these services when you need them from staff? Are these services provided in private? 146.230(c) and 146.250(e)(5)
12. If requested, does staff assist you with your medication? 146.230(b) & (d)
NOTE: This includes ordering and set up. Make sure response matches RSP. Mark N/A if resident does not require medication assistance.
13. If you wish, are you able to change the services you receive? 146.250(e)
14. If you choose to be employed, does staff prevent you from seeking employment? 146.250(e)(10)
NOTE: Mark "N/A" if the resident does not wish to be employed.
15. Do you choose how to dress, with whom to interact, your activities and the furnishings in your apartment? 146.250(e)
16. If interested, can you use the common areas of the building, such as the dining room, activity room and resident laundry room?
17. If you choose, can you leave the building and participate in activities of your choosing without staff? Including overnight visits with family and friends?
18. Can you request certain staff provide you with services?
NOTE: If the answer is "No" and alternative staff is not available, please include a comment. Example, no male CNAs or only 1 CNA assigned to a floor.

Individual Resident Review

Resident Name: Resident B

146.200, 210, 225, 230, 245, 250 and 260 cont'd	Yes	No	Comments
19. Are your emergency calls answered promptly? 146.230(k)(1) & (m)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. If you have a problem or concern with staff or services, do you know how to report it or with whom you should speak to address the issue? 146.260(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you feel safe in the SLP building?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you feel that your property is safe?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Are you allowed visitors at any time and are you allowed to see them in your apartment or common areas? 146.250(e)(12)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is at least \$90.00 per month available to you? (Medicaid only) 146.225(c) and (d) NOTE: Mark N/A for private pay residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you feel your rights are respected? 146.250 NOTE: If resident has a "no" response, obtain specific details/examples.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you feel your choices and preferences are respected? 146.200(b) 146.230(g)(2), 146.245(d) NOTE: If resident has a "no" response, obtain specific details/examples.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Does staff respect your privacy and confidentiality as it relates to services, medical conditions and finances? 146.250(e)(5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HFS Staff Observations:

NOTE: OBSERVATIONS MUST BE RECORDED FOR Q28 AND Q29 EVEN IF RESIDENT REFUSES THE INTERVIEW.

28. Is the resident free from restraints? 146.250(e)(9) NOTE: If no, contact Regional Supervisor immediately.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Is the resident clean, well-groomed, free of odor and dressed appropriately for the season? 146.230(c) NOTE: Take into consideration individual preferences. If "no" is marked and the resident is independent with some or all of their personal care, include a comment. If the resident receives personal care services from the SLP, but refuses them as documented in the record, include a comment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SLP Resident Review (2 of 10) Resident Name: Resident A

Assessment/Service Plan/Quarterly Evaluation 146.245 Yes No N/A Comments

5. ISP reviewed/signed by the resident or his/her designated representative and any others included by the resident? 146.245(d)
NOTE: If a signature is missing, answer the question "No" and remediate while on-site. [] [] []
6. Did the resident initial the ISP to indicate he/she chose to receive services from the SLP provider? [] [] []
7. If the resident did not choose to receive services from the SLP provider, did the resident initial that he/she received referral information? [] [] []
8. Did the resident initial that he/she received a copy of the SLP's resident rights?
NOTE: If initials are missing, answer the question "No" and remediate while on-site. [] [] []
9. Does the ISP include areas important to the resident, such as goals, interests, preferences or choices? 146.245(d) [] [] []
10. If applicable, does the ISP include coordination and inclusion of services being delivered to the resident by an outside entity? 146.245(d)
NOTE: This includes services provided by family [] [] []
11. Is the ISP individualized to the resident's preferences and assessed needs? 146.245(d)
NOTE: Compare with assessment, MD orders, nursing notes, etc. The assessment may differ from the ISP if there has not been a significant change in condition or if there has been a preference change by the resident since the assessment was completed. This is acceptable. [] []
12. Does the ISP identify safety concerns that impact the resident's options or choices? 146.245(d)
NOTE: Examples include a medication lock box or escorts during outings in the community due to cognition. [] [] []
13. If the resident declined any services, are they noted on the ISP? 146.245(d) [] [] []

SLP Resident Review (4 of 10) Resident Name: [REDACTED] Resident A

Services 146.215 and 230 Yes No N/A Comments

21. If the resident speaks limited English, does the SLP provider ensure that the resident has meaningful and equal access to benefits and services? 146.215(n)

NOTE: If resident speaks English, mark "N/A"

NOTE: This includes bilingual staff, interpreters and alternative methods of communication such as Braille, large print and picture boards.

[] [] [X] []

NOTE: Reviewer should attempt to observe service delivery wherever possible during the course of the review. Record any service observations in the comment section below.

Comments: #11 RAI [REDACTED] 3, [REDACTED] is 2; these are not addressed in service plan.

Res is seen by [REDACTED] is not addressed in service plan. Visit dates [REDACTED]

Reviewer Signature: [REDACTED] HFW

Date of Review: [REDACTED]

SLP Resident Review (8 of 10) Resident Name: ResidentA

Medication Management Services 146.230

6. Was/were a medication error resulting in hospitalization reported to the Department within 24 hours?

146.265(c)

NOTE: Mark N/A if no errors requiring hospitalization occurred. [] [] []

Comments:

APARTMENT OBSERVATIONS

Apartment Observations 146.210 and 230

Yes No Comments

- | | |
|---|---|
| 1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1) | <input checked="" type="checkbox"/> [] [] |
| 2. Entrance doors open onto a public corridor? 146.210(h)(3) | <input checked="" type="checkbox"/> [] [] |
| 3. Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2) | <input checked="" type="checkbox"/> [] [] |
| 4. All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A) | <input checked="" type="checkbox"/> [] [] |
| 5. Each apartment entrance door equipped with an "eye view"? 146.210(h)(4)
NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.
[] NOT APPLICABLE | <input checked="" type="checkbox"/> [] [] |
| 6. Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D) | <input checked="" type="checkbox"/> [] [] |
| 7. A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub and/or shower stall with grab bars sufficient to meet the needs of the resident, sink, hot and cold water? 146.210(f)(1) | <input checked="" type="checkbox"/> [] [] |

SLP Resident Review (9 of 10) Resident Name: Resident A
Apartment Observations 146.210 and 230 Yes No Comments

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 8. A working emergency call device in each bathroom and each bedroom OR a portable emergency home response system is provided to residents in place of one located in the bedroom? 146.210(d)(3)(C) or 146.210(e)(4)(C) and 146.230(m)(1).
NOTE: An emergency call device must ALWAYS be located in each bathroom. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Wiring for private phone, cable TV, satellite, or master antenna with access to at least 10 channels? 146.210(d)(3)(F) or 146.210(e)(4)(F) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. A sink, microwave or stove, and refrigerator with separate freezer? 146.210(d)(3)(G) or 146.210(e)(4)(G) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Closet for each resident of the apartment? 146.210(g)(1)
NOTE: For SLPs with applications was approved after 1/1/05 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Closet(s) with a door? 146.210(g)(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Double occupancy apartments have a door on each bedroom? 146.210(h)(5)
NOTE: Applies to all SLP applications approved after 8/1/09.
<input checked="" type="checkbox"/> NOT APPLICABLE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Each apartment has windows with transparent glass (except bathroom) that are large enough to permit viewing to the outside of the building and at least one window permits viewing from a seated position. 146.210(i) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Apartment in good maintenance and repair? 146.230(h)(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Apartment appears to be receiving regular housekeeping services? 146.230(g)(1)
NOTE: Take into consideration individual preferences. Note if resident refuses housekeeping services. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. If applicable, are sharps placed in containers that are rigid and leak-resistant and disposed of properly? 146.210(s)(6)(A-C)

NOTE: Mark N/A if resident does not require.
<input checked="" type="checkbox"/> NOT APPLICABLE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
BUREAU OF LONG TERM CARE
GUIDE FOR INDIVIDUAL RESIDENT INTERVIEW**

Resident Name: Resident A

NOTES FOR COMPLETION:

- If an answer is "N/A", there is no need to write a comment stating it is not applicable.
- If a resident has a negative response to a question, or raises a concern/problem, or the reviewer identifies an area of concern, this should be discussed with the SLP manager or designee. Document the communication and outcome in the comments section.
- If a resident has cognition problems and experiences difficulty completing the interview, complete as many questions as possible. Make a note in the comment section regarding the resident's cognitive status, including any relevant diagnoses included in the record and the scoring of the cognitive sections of the comprehensive assessment.
- Staff should make several attempts to try and interview residents who are unavailable due to illness, medical appointments, social activities, etc. **If an interview cannot be completed, make a note in the comment section, including dates and times attempts were made.** A minimum of two attempts should be made on separate days/times.
- If a resident refuses an interview, questions 20 and 21 must still be completed by staff based on observation of the resident.

<u>146.200, 210, 225, 230, 245, 250, and 260</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Comments</u>
1. Are maintenance problems in your apartment taken care of in a timely manner? 146.230(h)(1) and (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If requested, does staff provide laundry services to you at least weekly? 146.230(f)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If requested, does staff clean your room and change your bed linens at least weekly? 146.230(g)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are three meals/day and snacks available? 146.230(e)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can you have food in your apartment? 146.250(e)(18)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can you choose to dine alone or in a private area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If you require a special diet as ordered by your doctor, does staff provide you with choices at meal times and with snacks that allow you to be compliant with the diet? 146.230(e)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. If requested, will staff bring your meals to your apartment when you are ill? 146.230(e)(11)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Resident Review

Resident Name: Resident A

146.200, 210, 225, 230, 245, 250 and 260 cont'd **Yes No N/A Comments**

- | | |
|---|--|
| <p>9. If you are interested, does staff provide you access to indoor and outdoor activities which include community opportunities?
146.230(i)(1) – (4)
NOTE: Mark N/A if the resident is NOT interested.</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>10. If requested, does staff assist you with making appointments and/or arranging transportation? 146.230(j)(1) – (3)</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>11. If you require services related to your personal care, such as bathing, dressing, grooming or assistance using the bathroom, do you receive these services when you need them from staff? Are these services provided in private? 146.230(c) and 146.250(e)(5)</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>12. If requested, does staff assist you with your medication? 146.230(b) & (d)
NOTE: This includes ordering and set up. Make sure response matches RSP. Mark N/A if resident does not require medication assistance.</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>13. If you wish, are you able to change the services you receive? 146.250(e)</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>14. If you choose to be employed, does staff prevent you from seeking employment? 146.250(e)(10)
NOTE: Mark “N/A” if the resident does not wish to be employed.</p> | <p>[] [] <input checked="" type="checkbox"/> []</p> |
| <p>15. Do you choose how to dress, with whom to interact, your activities and the furnishings in your apartment? 146.250(e)</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>16. If interested, can you use the common areas of the building, such as the dining room, activity room and resident laundry room?</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>17. If you choose, can you leave the building and participate in activities of your choosing without staff? Including overnight visits with family and friends?</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>18. Can you request certain staff provide you with services?
NOTE: If the answer is “No” and alternative staff is not available, please include a comment. Example, no male CNAs or only 1 CNA assigned to a floor.</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |

Individual Resident Review

Resident Name: Resident A

146.200, 210, 225, 230, 245, 250 and 260 cont'd	Yes	No	Comments
19. Are your emergency calls answered promptly? 146.230(k)(1) & (m)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. If you have a problem or concern with staff or services, do you know how to report it or with whom you should speak to address the issue? 146.260(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you feel safe in the SLP building?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you feel that your property is safe?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Are you allowed visitors at any time and are you allowed to see them in your apartment or common areas? 146.250(e)(12)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is at least \$90.00 per month available to you? (Medicaid only) 146.225(c) and (d) NOTE: Mark N/A for private pay residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you feel your rights are respected? 146.250 NOTE: If resident has a "no" response, obtain specific details/examples.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you feel your choices and preferences are respected? 146.200(b) 146.230(g)(2), 146.245(d) NOTE: If resident has a "no" response, obtain specific details/examples.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Does staff respect your privacy and confidentiality as it relates to services, medical conditions and finances? 146.250(e)(5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HFS Staff Observations:

NOTE: OBSERVATIONS MUST BE RECORDED FOR Q28 AND Q29 EVEN IF RESIDENT REFUSES THE INTERVIEW.

28. Is the resident free from restraints? 146.250(e)(9) NOTE: If no, contact Regional Supervisor immediately .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Is the resident clean, well-groomed, free of odor and dressed appropriately for the season? 146.230(c) NOTE: Take into consideration individual preferences. If "no" is marked and the resident is independent with some or all of their personal care, include a comment. If the resident receives personal care services from the SLP, but refuses them as documented in the record, include a comment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FINDINGS OF NON-COMPLIANCE ISSUED

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUPPORTIVE LIVING PROGRAM

RESPONSE TO ON-SITE REVIEW FINDINGS Page 1 of 2

SLP NAME: Asbury Court SLP

CHECK ONE:

() INTERIM CERTIFICATION REVIEW FINDINGS: YES NO

ENTRANCE DATE: _____

EXIT DATE: _____

() FINAL CERTIFICATION REVIEW FINDINGS: YES NO

ENTRANCE DATE: _____

EXIT DATE: _____

(x) ANNUAL CERTIFICATION REVIEW FINDINGS: YES NO

ENTRANCE DATE: 03/18/19

EXIT DATE: 11/15/19

() CHANGE OF OWNERSHIP REVIEW FINDINGS: YES NO

ENTRANCE DATE: _____

EXIT DATE: _____

() GENERAL FINDINGS (Use for findings noted during informal visits to SLP)

Findings should be written under this section for non-compliance of rules that impact the health and safety of residents and/or staff.

BEGIN DATE: _____

EXIT DATE: _____

() COMPLAINT REVIEW

DATE OF COMPLAINT: _____

REFERRAL DATE: _____ REVIEW FINDINGS: YES NO

BEGIN DATE: _____

END DATE: _____

(X) FIRST FOLLOW-UP REVIEW () SECOND FOLLOW-UP REVIEW

(1st) BEGIN DATE: 12/19/2019 END DATE: 0/14/2020

FINDINGS CORRECTED: YES NO

(2nd) BEGIN DATE: _____ END DATE: _____

FINDINGS CORRECTED: YES NO

For non-compliance found during an interim review or interim/final completed simultaneously-

The Response to On-Site Review Findings form must be provided to the SLP provider within ten working days after the conclusion of the on-site review. The SLP provider must complete and return the Response to On-site Review Findings form to the BLTC regional supervisor within 14 calendar days from the date it was received from the review team. The SLP provider's response must include dates of correction for each finding.

For non-compliance involving immediate jeopardy-

The Response to On-Site Review Findings form must be provided to the SLP provider within five working days after the conclusion of the on-site review. The SLP provider should complete and return the form to the BLTC regional supervisor within five calendar days from the date it was received from the review team. The SLP provider has ten working days from the date it was received from the review team to correct the non-compliance. No extension of the ten-day period will be granted. BLTC staff must conduct a follow-up review within ten working days after the conclusion of the ten-day immediate jeopardy correction period. If the follow-up continues to show immediate jeopardy, the regional supervisor should notify the area manager and BLTC central office. BLTC central office will take action to suspend or terminate provider agreement.

For non-compliance involving non-immediate jeopardy-

The Response to On-Site Review Findings form must be provided to the SLP provider within ten working days after the conclusion of the on-site review. The SLP provider should complete and return the form to the BLTC regional supervisor within 14 calendar days from the date it was received from the review team. Initially, no correction date is to be later than 30 days from the date that the findings were presented to the SLP unless there is justification documented by the SLP provider. Within those 30 days, the SLP provider is responsible for notifying the regional supervisor the status of the corrections or that the corrections have been completed. The regional supervisor or designated staff will make a follow-up visit to the SLP provider within 10 working days of the notification or take other appropriate steps to determine if all corrective action has been taken. If the first 30-day follow-up review continues to show non-compliance, the SLP provider is granted a second 30-day period to correct the non-compliance issues. If the second follow-up continues to show non-compliance, the regional supervisor should notify the area manager and BLTC central office. BLTC central office will take action to apply one or more of the sanctions allowed depending on the severity of the non-compliance.

[Redacted Signature] _____
Signature of SLP Provider Representative

1/14/2020
Date

[Redacted Signature] HFSN
Signature of Bureau of Long Term Care HFSN

01/14/2020
Date

[Redacted Signature] PN PSAFN
Signature of Bureau of Long Term Care Regional Supervisor

2/5/2020
Date

[Redacted Signature] SP5A
Signature of Bureau of Long Term Care Area Manager

2/13/2020
Date

RESPONSE TO ON-SITE REVIEW FINDINGS Page 2 of 2

For non-compliance found during an interim review or interim/final completed simultaneously-

The Response to On-Site Review Findings form must be provided to the SLP provider within ten working days after the conclusion of the on-site review. The SLP provider must complete and return the Response to On-site Review Findings form to the BLTC regional supervisor within 14 calendar days from the date it was received from the review team. The SLP provider's response must include dates of correction for each finding.

For non-compliance involving immediate jeopardy-

The Response to On-Site Review Findings form must be provided to the SLP provider within five working days after the conclusion of the on-site review. The SLP provider should complete and return the form to the BLTC regional supervisor within five calendar days from the date it was received from the review team. The SLP provider has ten working days from the date it was received from the review team to correct the non-compliance. No extension of the ten-day period will be granted. BLTC staff must conduct a follow-up review within ten working days after the conclusion of the ten-day immediate jeopardy correction period. If the follow-up continues to show immediate jeopardy, the regional supervisor should notify the area manager and BLTC central office. BLTC central office will take action to suspend or terminate provider agreement.

For non-compliance involving non-immediate jeopardy-

The Response to On-Site Review Findings form must be provided to the SLP provider within ten working days after the conclusion of the on-site review. The SLP provider should complete and return the form to the BLTC regional supervisor within 14 calendar days from the date it was received from the review team. Initially, no correction date is to be later than 30 days from the date that the findings were presented to the SLP unless there is justification documented by the SLP provider. Within those 30 days, the SLP provider is responsible for notifying the regional supervisor the status of the corrections or that the corrections have been completed. The regional supervisor or designated staff will make a follow-up visit to the SLP provider within 10 working days of the notification or take other appropriate steps to determine if all corrective action has been taken. If the first 30-day follow-up review continues to show non-compliance, the SLP provider is granted a second 30-day period to correct the non-compliance issues. If the second follow-up continues to show non-compliance, the regional supervisor should notify the area manager and BLTC central office. BLTC central office will take action to apply one or more of the sanctions allowed depending on the severity of the non-compliance.

[Redacted Signature]
Signature of SLP Provider Representative

11-15-19
Date

[Redacted Signature] HFSN
Signature of Bureau of Long Term Care HFSN

11-15-2019
Date

[Redacted Signature] PSAN
Signature of Bureau of Long Term Care Regional Supervisor

2/5/2020
Date

[Redacted Signature] SPJA
Signature of Bureau of Long Term Care Area Manager

2/13/2020
Date

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RESPONSE TO ON-SITE REVIEW FINDINGS

PROVIDER NAME: Asbury Court SLP
 First Follow-up () Second Follow-up ()

REFERRAL DATE: 11-15-2019

Note: Due to privacy concerns, resident and employee names cannot be used in the Complain/Finding Description or in the SLP provider response. Use a resident and/or employee identifier key (R-1, R-2, etc. for residents and E-1, E-2, etc. for employees). Submit the corresponding identifier key with this form.

<p align="center">COMPLAIN/FINDING DESCRIPTION <small>(Must include rule cite)</small></p>	<p align="center">SLP RESPONSE</p>	<p align="center">CORRECTION DATE</p>
<p>Section 146.245 Assessment and Service Plan and Quarterly Evaluation d) Service Plan: Within seven days after completion of the RAI, a written service plan shall be developed by, or co-signed by, a registered nurse, with input from the resident and his or her designated representative. This includes coordination and inclusion of services being delivered to a resident by an outside entity. The service plan shall include a description of expected outcomes, approaches, frequency and duration of services provided and whether the services will be provided by licensed or unlicensed staff. The service plan must be individualized to address the health and behavior needs of each resident. The service plan shall document any services recommended by the SLF that are refused by the resident. The service plan shall be reviewed and updated in conjunction with the quarterly evaluation or as dictated by changes in resident needs or preferences.</p>		

Signature of SLP Provider Representative _____

Date _____

RESPONSE TO ON-SITE REVIEW FINDINGS

PROVIDER NAME: Asbury Court SLP REFERRAL DATE: 11-15-2019
 First Follow-up () Second Follow-up ()

Note: Due to privacy concerns, resident and employee names cannot be used in the Complaint/Finding Description or in the SLP provider response. Use a resident and/or employee identifier key (R-1, R-2, etc. for residents and E-1, E-2, etc. for employees). Submit the corresponding identifier key with this form.

COMPLAINT/FINDING DESCRIPTION (Must include rule cite)	SLP RESPONSE	CORRECTION DATE
<p>Section 146.245 Assessment and Service Plan and Quarterly Evaluation d) Service Plan: (Continued):</p> <p>R1's ISP not individualized. R1's [redacted] Resident Assessment Instrument (RAI) documents R1 uses a [redacted] individual Service Plan (ISP) dated [redacted] indicates R1 [redacted] Per R1's interview, R1 uses a [redacted] not addressed on [redacted] ISP for R1.</p> <p>R2's ISP not individualized. R2's RAI dated [redacted] scores [redacted] as "2" (done with help). [redacted] as "3" (done by others), [redacted] as "2" (done with help); ISP dated [redacted] does not address [redacted]</p> <p>R3's ISP not individualized. R3's RAI dated [redacted] scores [redacted] as "2" (done with help), [redacted] as "3" (done by others), [redacted] as "2" (done with help); ISP dated [redacted] does not address [redacted]</p>		

Signature of SLP Provider Representative _____

Date _____

RESPONSE TO ON-SITE REVIEW FINDINGS

PROVIDER NAME: Asbury Court SLP

First Follow-up () Second Follow-up () REFERRAL DATE: 11-15-2019

Note: Due to privacy concerns, resident and employee names cannot be used in the Complaint/Finding Description or in the SLP provider response. Use a resident and/or employee identifier key (R-1, R-2, etc. for residents and E-1, E-2, etc. for employees). Submit the corresponding identifier key with this form.

COMPLAINT/FINDING DESCRIPTION (Must include rule cite)	SLP RESPONSE	CORRECTION DATE
<p>Section 146.245 Assessment and Service Plan and Quarterly Evaluation d) Service Plan: (Continued):</p> <p>R4's ISP not individualized. R4's RAI dated [redacted] scores [redacted] as "1" (supervision) as needed, [redacted] as "3" (done by others), [redacted] does not address [redacted] dated [redacted]. Per RAI, R4 uses a [redacted] [redacted] is not addressed on [redacted] ISP. Per R4's interview, R4 has [redacted]</p> <p>R5's ISP not individualized. R5's RAI dated [redacted] scores [redacted] as "2" (done with help), [redacted] as "2" (done with help), ISP dated [redacted] does not address [redacted] for and [redacted] R5 uses a [redacted] [redacted] as not addressed on R4's ISP.</p>		

Signature of SLP Provider Representative _____

Date _____

RESPONSE TO ON-SITE REVIEW FINDINGS

PROVIDER NAME: Asbury Court SLP REFERRAL DATE: 11-15-2019
 First Follow-up () Second Follow-up ()

Note: Due to privacy concerns, resident and employee names cannot be used in the Complaint/Finding Description or in the SLP provider response. Use a resident and/or employee identifier key (R-1, R-2, etc. for residents and E-1, E-2, etc. for employees). Submit the corresponding identifier key with this form.

COMPLAINT/FINDING DESCRIPTION (Must include rule cite)	SLP RESPONSE	CORRECTION DATE
<p>Section 146.245 Assessment and Service Plan and Quarterly Evaluation d) Service Plan: (Continued):</p> <p>R6's ISP not individualized. R6's RAI dated [redacted] scores [redacted] as "2" (done with help), [redacted] as "3" (done by others), ISP dated [redacted] does not address [redacted] and [redacted]</p> <p>R7's ISP not individualized. R7's RAI dated [redacted] scores [redacted] as "2" (done with help); ISP dated [redacted] does not address [redacted]</p> <p>R8's ISP not individualized. R8's RAI dated [redacted] scores [redacted] as "1" (done with supervision), [redacted] as "3" (done by others), ISP dated [redacted] does not address [redacted]</p>		

Signature of SLP Provider Representative _____

Date _____

RESPONSE TO ON-SITE REVIEW FINDINGS

PROVIDER NAME: Asbury Court SLP REFERRAL DATE: 11-15-2019
 First Follow-up () Second Follow-up ()

Note: Due to privacy concerns, resident and employee names cannot be used in the Complaint/Finding Description or in the SLP provider response. Use a resident and/or employee identifier key (R-1, R-2, etc. for residents and E-1, E-2, etc. for employees). Submit the corresponding identifier key with this form.

COMPLAINT/FINDING DESCRIPTION (Must include rule cite)	SLP RESPONSE	CORRECTION DATE
<p>Section 146.245 Assessment and Service Plan and Quarterly Evaluation d) Service Plan: (Continued): R9's ISP not individualized. R9's RAI dated [redacted] scores as "2" (done with help), [redacted] as "3" (done by others); ISP dated [redacted] does not address [redacted] and [redacted] R9 was being seen by [redacted] on [redacted] and other months in [redacted] these visits are not addressed on the [redacted] ISP.</p>		
<p>R10's ISP not individualized. R10's RAI dated [redacted] scores as [redacted]; [redacted] risk not addressed on [redacted] ISP.</p>		
<p>R11's ISP not individualized. R11's RAI dated [redacted] scores as "2" (done with help), [redacted] as "3" (done by others) and [redacted] as "2" (done with help); ISP dated [redacted] does not address [redacted] E4 states R11 need help with [redacted]</p>		

Signature of SLP Provider Representative _____

Date _____

RESPONSE TO ON-SITE REVIEW FINDINGS

PAGE 17 OF 28

PROVIDER NAME: Asbury Court SLP REFERRAL DATE: 11-15-2019
 First Follow-up () Second Follow-up ()

Note: Due to privacy concerns, resident and employee names cannot be used in the Complaint/Finding Description or in the SLP provider response. Use a resident and/or employee identifier key (R-1, R-2, etc. for residents and E-1, E-2, etc. for employees). Submit the corresponding identifier key with this form.

COMPLAINT/FINDING DESCRIPTION (Must include rule cite)	SLP RESPONSE	CORRECTION DATE
<p>Section 146.245 Assessment and Service Plan and Quarterly Evaluation d) Service Plan: (Continued):</p> <p>R12's ISP not individualized. R12's RAI dated [redacted] indicates R12 uses [redacted] risk not addressed on [redacted] ISP.</p> <p>R13's ISP not individualized. R13's RAI dated [redacted] scores [redacted] as "3" (done by others) and [redacted] as "3" (done by others); ISP dated [redacted] does not address [redacted]</p> <p>R14's ISP not individualized. R14's RAI dated [redacted] scores [redacted] as "2" (done with help), [redacted] as "3" (done by others); ISP dated [redacted] does not address [redacted] and [redacted]</p>		

Signature of SLP Provider Representative _____ Date _____

RESPONSE TO ON-SITE REVIEW FINDINGS

PROVIDER NAME: Asbury Court SLP
 First Follow-up () Second Follow-up ()

REFERRAL DATE: 11-15-2019

Note: Due to privacy concerns, resident and employee names cannot be used in the Complaint/Finding Description or in the SLP provider response. Use a resident and/or employee identifier key (R-1, R-2, etc. for residents and E-1, E-2, etc. for employees). Submit the corresponding identifier key with this form.

COMPLAINT/FINDING DESCRIPTION (Must include rule cite)	SLP RESPONSE	CORRECTION DATE
<p>Section 146.245 Assessment and Service Plan and Quarterly Evaluation d) Service Plan: (Continued):</p> <p>R15's ISP not individualized. R15 had a [redacted] on [redacted] per nurses notes. ISP of [redacted] was not updated to include [redacted]</p> <p>R16's ISP not individualized. R16's RAI dated [redacted] scores as "2" (done with help), [redacted] ISP dated [redacted] does not address [redacted] and use of [redacted] for [redacted]</p> <p>R17's ISP not individualized. R17's RAI dated [redacted] scores as "2" (done with help), [redacted] as "3" (done by others); ISP dated [redacted] does not address [redacted]</p>		

Signature of SLP Provider Representative _____

Date _____

RESPONSE TO ON-SITE REVIEW FINDINGS

PROVIDER NAME: Asbury Court SLP

First Follow-up () Second Follow-up ()

REFERRAL DATE: 11-15-2019

Note: Due to privacy concerns, resident and employee names cannot be used in the Complaint/Finding Description or in the SLP provider response. Use a resident and/or employee identifier key (R-1, R-2, etc. for residents and E-1, E-2, etc. for employees). Submit the corresponding identifier key with this form.

COMPLAINT/FINDING DESCRIPTION (Must include rule cite)	SLP RESPONSE	CORRECTION DATE
<p>Section 146.245 Assessment and Service Plan and Quarterly Evaluation d) Service Plan: (Continued): R18's ISP not individualized. R18's RAI dated [redacted] scores [redacted] as "3" (done by others), [redacted] as "3" (done by others), [redacted] as "3" (done by others), [redacted] as "2" (done with help); ISP dated [redacted] does not address [redacted] needs for R18.</p> <p>R19's ISP not individualized. R19 [redacted] on [redacted] and [redacted] RAI dated [redacted] and [redacted] documents [redacted]; ISP dated [redacted] does not address [redacted] and [redacted].</p> <p>R20's ISP not individualized. R20's RAI dated [redacted] scores [redacted] as "2" (limited assistance), [redacted] as "2" (done with help), [redacted] as "3" (done by others); ISP dated [redacted] does not address [redacted] and [redacted] R20's quarterlies dated [redacted] and [redacted] documents R20's [redacted]; ISP does not address [redacted].</p>		

Signature of SLP Provider Representative _____

Date _____

RESPONSE TO ON-SITE REVIEW FINDINGS

PROVIDER NAME: Asbury Court SLP REFERRAL DATE: 11-15-2019
 First Follow-up () Second Follow-up ()

Note: Due to privacy concerns, resident and employee names cannot be used in the Complaint/Finding Description or in the SLP provider response. Use a resident and/or employee identifier key (R-1, R-2, etc. for residents and E-1, E-2, etc. for employees). Submit the corresponding identifier key with this form.

COMPLAINT/FINDING DESCRIPTION (Must include rule cite)	SLP RESPONSE	CORRECTION DATE
<p>Section 146.245 Assessment and Service Plan and Quarterly Evaluation d) Service Plan: (Continued):</p> <p>R21's ISP not individualized. R21's RAI dated [redacted] scores as "1" (done with supervision), [redacted] as "3" (done by others); ISP dated [redacted] does not address [redacted]</p> <p>R22's ISP not individualized. R22's RAI dated [redacted] scores as "3" (done by others); ISP dated [redacted] does not address [redacted] R22 had [redacted] on [redacted] [redacted] is not addressed on the [redacted] ISP.</p> <p>R23's ISP not individualized. R23's RAI dated [redacted] scores as "1" (done with supervision), [redacted] as "3" (done by others); ISP dated [redacted] does not address [redacted]</p>		

Signature of SLP Provider Representative _____ Date _____

RESPONSE TO ON-SITE REVIEW FINDINGS

PROVIDER NAME: Asbury Court SLP REFERRAL DATE: 11-15-2019
 First Follow-up () Second Follow-up ()

Note: Due to privacy concerns, resident and employee names cannot be used in the Complaint/Finding Description or in the SLP provider response. Use a resident and/or employee identifier key (R-1, R-2, etc. for residents and E-1, E-2, etc. for employees). Submit the corresponding identifier key with this form.

COMPLAINT/FINDING DESCRIPTION (Must include rule cite)	SLP RESPONSE	CORRECTION DATE
<p>Section 146.245 Assessment and Service Plan and Quarterly Evaluation d) Service Plan: (Continued):</p>		
<p>R24's ISP not individualized. R24's RAI dated [redacted] scores as "2" (done with help), [redacted] as "2" (done with help); ISP dated [redacted] does not address [redacted] and [redacted]</p>		
<p>R25's ISP not individualized. R25's RAI dated [redacted] scores as "2" (done with help), [redacted] as "2" (done with help); ISP dated [redacted] does not address [redacted]</p>		
<p>R26's ISP not individualized. R26's RAI dated [redacted] scores as "2" (done with help); ISP dated [redacted] does not address [redacted]</p>		
<p>R28's ISP not individualized. R28's RAI dated [redacted] scores as "1" (done with supervision); ISP dated [redacted] does not address [redacted]</p>		

Signature of SLP Provider Representative _____ Date _____

RESPONSE TO ON-SITE REVIEW FINDINGS

PROVIDER NAME: Asbury Court SLP REFERRAL DATE: 11-15-2019
 First Follow-up () Second Follow-up ()

Note: Due to privacy concerns, resident and employee names cannot be used in the Complaint/Finding Description or in the SLP provider response. Use a resident and/or employee identifier key (R-1, R-2, etc. for residents and E-1, E-2, etc. for employees). Submit the corresponding identifier key with this form.

COMPLAINT/FINDING DESCRIPTION (Must include rule cite)	SLP RESPONSE	CORRECTION DATE
<p>Section 146.245 Assessment and Service Plan and Quarterly Evaluation d) Service Plan: (Continued):</p> <p>R29's ISP not individualized. R29's RAI dated [redacted] scores [redacted] R29's [redacted] ISP does not address [redacted]</p> <p>R30's ISP not individualized. R30's RAI dated [redacted] scores [redacted] Yes, and [redacted] as "2" (done with help); ISP dated [redacted] does not address [redacted]</p> <p>R31's ISP not individualized. R31's RAI dated [redacted] scores [redacted] as "2" (done with help); ISP dated [redacted] does not address [redacted]</p>		

Signature of SLP Provider Representative _____ Date _____

RESPONSE TO ON-SITE REVIEW FINDINGS

PROVIDER NAME: Asbury Court SLP REFERRAL DATE: 11-15-2019
 First Follow-up () Second Follow-up ()

Note: Due to privacy concerns, resident and employee names cannot be used in the Complaint/Finding Description or in the SLP provider response. Use a resident and/or employee identifier key (R-1, R-2, etc. for residents and E-1, E-2, etc. for employees). Submit the corresponding identifier key with this form.

COMPLAINT/FINDING DESCRIPTION (Must include rule cite)	SLP RESPONSE	CORRECTION DATE
<p>Section 146.245 Assessment and Service Plan and Quarterly Evaluation d) Service Plan: (Continued):</p> <p>R32's ISP not individualized. R32's [redacted] notes indicate R32 had [redacted] are provided by [redacted] E4 states R32 [redacted] after receiving [redacted] R32's [redacted] ISP was not individualized. it does not address R32's [redacted]</p> <p>R33's ISP not individualized. R33's RAI dated [redacted] scores [redacted] "2" (done with help), [redacted] as "3" (done by others); ISP dated 0 [redacted] lines not address [redacted] and [redacted] E4 states R33's [redacted] helps with [redacted]</p>		

Signature of SLP Provider Representative _____

Date _____

RESPONSE TO ON-SITE REVIEW FINDINGS

PROVIDER NAME: Asbury Court SLP

REFERRAL DATE: 11-15-2019

First Follow-up () Second Follow-up ()

Note: Due to privacy concerns, resident and employee names cannot be used in the Complaint/Finding Description or in the SLP provider response. Use a resident and/or employee identifier key (R-1, R-2, etc. for residents and E-1, E-2, etc. for employees). Submit the corresponding identifier key with this form.

COMPLAINT/FINDING DESCRIPTION (Must include rule cite)	SLP RESPONSE	CORRECTION DATE
<p>Section 146.245 Assessment and Service Plan and Quarterly Evaluation d) Service Plan: (Continued):</p> <p>R34's ISP not individualized. R34's RAI dated [redacted] scores as "2" (done with help); ISP dated [redacted] does not address [redacted] R34 states, [redacted] helps with [redacted]. The [redacted] RAI scores [redacted] for [redacted] [redacted] is not addressed on the [redacted] ISP.</p> <p>R35's ISP not individualized. R35's RAI dated [redacted] scores as "2" (done with help); [redacted] as "3" (done by others); ISP dated [redacted] does not address [redacted] and [redacted] RAI scores [redacted] and per record review noted [redacted] and [redacted] not addressed on the [redacted] ISP.</p> <p>R36's ISP not individualized. R36 [redacted] in [redacted] ISP dated [redacted] does not address [redacted] R36 had an order for [redacted] ISP document R36 is using [redacted]</p>		

Signature of SLP Provider Representative _____

Date _____

PROVIDER NAME: Asbury Court SLP REFERRAL DATE: 11-15-2019
 First Follow-up () Second Follow-up ()

Note: Due to privacy concerns, resident and employee names cannot be used in the Complaint/Finding Description or in the SLP provider response. Use a resident and/or employee identifier key (R-1, R-2, etc. for residents and E-1, E-2, etc. for employees). Submit the corresponding identifier key with this form.

COMPLAINT/FINDING DESCRIPTION (Must include rule cite)	SLP RESPONSE	CORRECTION DATE
<p>Section 146.245 Assessment and Service Plan and Quarterly Evaluation d) Service Plan: (Continued):</p> <p>ISP not signed by R36; R36's ISP dated [redacted] did not have R36's signature.</p> <p>R37's ISP not individualized. R37's RAI dated [redacted] scores [redacted] was marked [redacted] and [redacted] R37 also had a [redacted] ISP dated [redacted] does not address [redacted]</p> <p>R39's ISP not individualized. R39's RAI dated [redacted] scores [redacted] as "3" (done by others), ISP dated [redacted] does not address [redacted]. The [redacted] RAI also scores [redacted] and [redacted] the ISP does not address R39's [redacted]</p>		

Signature of SLP Provider Representative _____ Date _____

RESPONSE TO ON-SITE REVIEW FINDINGS

PROVIDER NAME: Asbury Court SLP REFERRAL DATE: 11-15-2019

First Follow-up () Second Follow-up ()

Note: Due to privacy concerns, resident and employee names cannot be used in the Complaint/Finding Description or in the SLP provider response. Use a resident and/or employee identifier key (R-1, R-2, etc. for residents and E-1, E-2, etc. for employees). Submit the corresponding identifier key with this form.

COMPLAINT/FINDING DESCRIPTION (Must include rule cite)	SLP RESPONSE	CORRECTION DATE
<p>Section 146.245 Assessment and Service Plan and Quarterly Evaluation d) Service Plan: (Continued):</p> <p>R40's ISP was not individualized. R40's RAI dated [redacted] scores [redacted] as "2" (done with help), ISP dated [redacted] does not address [redacted] or [redacted]. The [redacted] RAI scores [redacted] as [redacted] and [redacted] supplies was scored "2" (resident receives assistance with [redacted] but R40's ISP does not address R40's [redacted] and [redacted]).</p>		

Signature of SLP Provider Representative _____

Date _____

E4 audited all resident RAI's/ISP's for accurate completion on [REDACTED] E4 also audited RAI's/ISP's for resident with annuals or updates on [REDACTED]

R42, R43, R44, R45 are new admits to the facility. RAI were reviewed:

R42 admitted to the facility on [REDACTED]. RAI assessment completed on [REDACTED] RAI completed thoroughly and accurately.

R43 admitted to the facility on [REDACTED] RAI assessment completed on [REDACTED] RAI completed thoroughly and accurately.

R44 admitted to the facility on [REDACTED]. RAI assessment not completed yet. Initial assessment completed within 24 hours and initial service plan established.



Section 146.245 Assessment and Service Plan and Quarterly Evaluation

d) Service Plan: Within seven days after completion of the RAI, a written service plan shall be developed by, or co-signed by, a registered nurse, with input from the resident and his or her designated representative. This includes coordination and inclusion of services being delivered to a resident by an outside entity. The service plan shall include a description of expected outcomes, approaches, frequency and duration of services provided and whether the services will be provided by licensed or unlicensed staff. The service plan must be individualized to address the health and behavior needs of each resident. The service plan shall document any services recommended by the SLF that are refused by the resident. The service plan shall be reviewed and updated in conjunction with the quarterly evaluation or as dictated by changes in resident needs or preferences.

R1's ISP not individualized. R1's [REDACTED] Resident Assessment Instrument (RAI) documents R1 uses a [REDACTED] Individual Service Plan (ISP) dated [REDACTED] indicates R1 uses a [REDACTED]. Per R1's interview, R1 uses [REDACTED] not addressed on [REDACTED] ISP for R1.

R2's ISP not individualized. R2's RAI dated [REDACTED] scores [REDACTED] as "2" (done with help), [REDACTED] as "3" (done by others), [REDACTED] as "2" (done with help); ISP dated [REDACTED] does not address [REDACTED]

R3's ISP not individualized. R3's RAI dated [REDACTED] scores [REDACTED] as "2" (done with help), [REDACTED] as "3" (done by others), [REDACTED] as "2" (done with help); ISP dated [REDACTED] does not address [REDACTED]

R4's ISP not individualized. R4's RAI dated [REDACTED] scores [REDACTED] as "1" (supervision) as needed, [REDACTED] as "3" (done by others), [REDACTED] as "3" (done by others), ISP dated [REDACTED] does not address [REDACTED] Per RAI, R4 uses [REDACTED] [REDACTED] is not addressed on [REDACTED] ISP. Per R4's interview, R4 has [REDACTED] with [REDACTED]

R5's ISP not individualized. R5's RAI dated [REDACTED] scores [REDACTED] as "2" (done with help), F3c. [REDACTED] as "2" (done with help), ISP dated [REDACTED] does not address [REDACTED]

R5 uses [REDACTED] was not addressed on R4's [REDACTED] ISP.

R6's ISP not individualized. R6's RAI dated [REDACTED] scores [REDACTED] as "2" (done with help), [REDACTED] as "3" (done by others), ISP dated [REDACTED] does not address [REDACTED]

R7's ISP not individualized. R7's RAI dated [REDACTED] scores [REDACTED] as "2" (done with help); ISP dated [REDACTED] does not address [REDACTED]

R8's ISP not individualized. R8's RAI dated [REDACTED] scores [REDACTED] as "1" (done with supervision), [REDACTED] as "3" (done by others), ISP dated [REDACTED] does not address [REDACTED]

R9's ISP not individualized. R9's RAI dated [REDACTED] scores [REDACTED] as "2" (done with help), [REDACTED] as "3" (done by others); ISP dated [REDACTED] does not address [REDACTED]

R9 was being seen by [REDACTED] for [REDACTED] on [REDACTED] and other months in [REDACTED] these [REDACTED] are not addressed on the [REDACTED] ISP.

R10's ISP not individualized. R10's RAI dated [REDACTED] scores [REDACTED] not addressed on [REDACTED] ISP.

R11's ISP not individualized. R11's RAI dated [REDACTED] scores [REDACTED] as "2" (done with help), [REDACTED] as "3" (done by others) and [REDACTED] as "2" (done with help); ISP dated [REDACTED] does not address [REDACTED] E4 states R11 need help with [REDACTED]

R12's ISP not individualized. R12's RAI dated [REDACTED] indicates R12 uses [REDACTED] not addressed on [REDACTED] ISP.

R13's ISP not individualized. R13's RAI dated [REDACTED] scores [REDACTED] as "3" (done by others) and [REDACTED] as "3" (done by others); ISP dated [REDACTED] does not address [REDACTED]

R14's ISP not individualized. R14's RAI dated [REDACTED] scores [REDACTED] as "2" (done with help), [REDACTED] as "3" (done by others); ISP dated [REDACTED] does not address [REDACTED]

R15's ISP not individualized. R15 had [REDACTED] nurses notes. ISP of [REDACTED] was not updated to include [REDACTED]

R16's ISP not individualized. R16's RAI dated [REDACTED] scores [REDACTED] as "2" (done with help), [REDACTED]; ISP dated [REDACTED] does not address [REDACTED] and use of [REDACTED]

R17's ISP not individualized. R17's RAI dated [REDACTED] scores [REDACTED] "2" (done with help), F3c. [REDACTED] (done by others); ISP dated [REDACTED] does not address [REDACTED]

R18's ISP not individualized. R18's RAI dated [REDACTED] scores [REDACTED] as "3" (done by others) [REDACTED] as "3" (done by others), [REDACTED] as "3" (done by

others) [redacted] "2" (done with help); ISP dated [redacted] does not address [redacted] needs for R18.

R19's ISP not individualized. R19 [redacted] and [redacted]. RAI dated [redacted] documents [redacted] "a" [redacted] and [redacted] ISP dated [redacted] does not address [redacted]

R20's ISP not individualized. R20's RAI dated [redacted] scores [redacted] as "2" (limited assistance), [redacted] as "2" (done with help), [redacted] as "3" (done by others); ISP dated [redacted] does not address [redacted] R20's quarterlies dated [redacted] and [redacted] documents R20's [redacted]; ISP does not address [redacted]

R21's ISP not individualized. R21's RAI dated [redacted] scores [redacted] as "1" (done with supervision), [redacted] "3" (done by others); ISP dated [redacted] does not address [redacted]

R22's ISP not individualized. R22's RAI dated [redacted] scores [redacted] as "3" (done by others); ISP dated [redacted] does not address [redacted]. R22 had [redacted] on [redacted]; [redacted] is not addressed on the [redacted] ISP.

R23's ISP not individualized. R23's RAI dated [redacted] scores [redacted] as "1" (done with supervision), [redacted] as "3" (done by others); ISP dated [redacted] does not address [redacted]

R24's ISP not individualized. R24's RAI dated [redacted] scores [redacted] "2" (done with help) [redacted] (done with help); ISP dated [redacted] does not address [redacted]

R25's ISP not individualized. R25's RAI dated [redacted] scores [redacted] as "2" (done with help), [redacted] (done with help); ISP dated [redacted] does not address [redacted]

R26's ISP not individualized. R26's RAI dated [redacted] scores [redacted] (done with help); ISP dated [redacted] does not address [redacted]

R28's ISP not individualized. R28's RAI dated [redacted] scores [redacted] (done with supervision); ISP dated [redacted] does not address [redacted]

R29's ISP not individualized. R29's RAI dated [redacted] score [redacted] R29's [redacted] ISP does not address [redacted]

R30's ISP not individualized. R30's RAI dated [redacted] scores [redacted] marked 1. Yes, and [redacted] (done with help); ISP dated [redacted] does not address [redacted]

R31's ISP not individualized. R31's RAI dated [redacted] scores [redacted] (done with help); ISP dated [redacted] does not address [redacted]

R32's ISP not individualized. R32's [redacted] notes indicate [redacted] [redacted] are provided by [redacted] E4 states R32 [redacted] receiving meds from [redacted] R32's [redacted] ISP was not individualized,

it does not address R32's [REDACTED]

R33's ISP not individualized. R33's RAI dated [REDACTED] scores [REDACTED] [REDACTED] as "3" (done by others); ISP dated [REDACTED] does not address [REDACTED] E4 states R33's [REDACTED] helps with [REDACTED]

R34's ISP not individualized. R34's RAI dated [REDACTED] scores [REDACTED]); ISP dated [REDACTED] does not address [REDACTED] R34 states, [REDACTED] helps with [REDACTED] The [REDACTED] RAI scores [REDACTED] for [REDACTED] [REDACTED] is not addressed on the [REDACTED] ISP.

R35's ISP not individualized. R35's RAI dated [REDACTED] scores [REDACTED] [REDACTED], ISP dated [REDACTED] does not address [REDACTED] The [REDACTED] RAI scores [REDACTED] and per record review noted [REDACTED] [REDACTED] not addressed on the [REDACTED] ISP.

R36's ISP not individualized. R36's [REDACTED]; ISP dated [REDACTED] does not address [REDACTED] R36 had an order for [REDACTED] ISP document R36 is [REDACTED] ISP not signed by R36; R36's ISP dated [REDACTED] did not have R36's signature.

R37's ISP not individualized. R37's RAI dated [REDACTED] scores [REDACTED] and [REDACTED], R37 also had [REDACTED] ISP dated [REDACTED] does not address [REDACTED]

R39's ISP not individualized. R39's RAI dated [REDACTED] scores [REDACTED] [REDACTED], ISP dated [REDACTED] does not address [REDACTED] The [REDACTED] RAI also scores [REDACTED]; the [REDACTED] ISP does not address R39's [REDACTED]

R40's ISP was not individualized. R40's RAI dated [REDACTED] scores [REDACTED] and [REDACTED] as [REDACTED], ISP dated [REDACTED] does not address [REDACTED] The [REDACTED] RAI scores [REDACTED] and [REDACTED] was scored [REDACTED] but R40's [REDACTED] ISP does not address R40's [REDACTED]

Facility's Plan of Correction:

All identified resident charts will be audited by DON/SLP Manager. All RAI will be reviewed for accurate completion and ISP updated to reflect individualized services and needs. Licensed nurses will be educated on required notification process as well as documentation of notification.

Licensed nurse and DON will be educated regarding accurate completion of the RAI. They will also be educated on required ISP documentation and updates. Licensed nurses will be educated on required notification process as well as documentation of notification.

DON/SLP Manager will audit all resident RAI's/ISP's for accurate completion prior to placing on charts for 3 months. DON will do random weekly audits to ensure required notification and documentation of change in condition is completed timely for 1 month.

Follow-up Review:

R1's ISP dated [redacted] addresses [redacted]
R2's ISP dated [redacted] addresses [redacted]
R3's ISP dated [redacted] addresses [redacted]
R4's ISP dated [redacted] addresses [redacted] R4's RAI dated [redacted] coded
F1Ad [redacted] so it's not addressed on R4's [redacted] ISP>
R5's ISP dated [redacted] addresses [redacted]

[redacted]

R7's ISP dated [redacted] addresses [redacted]
R8's [redacted] addresses [redacted]
R9's ISP dated [redacted] corrected and [redacted] are addressed. Currently, R9 is not receiving [redacted]
R10's RAI dated [redacted] addressed [redacted]
R11's ISP dated [redacted] address [redacted]
R12's RAI dated [redacted] indicates R12 uses [redacted], but R12 does not have [redacted]

[redacted]

[redacted]

R14's [redacted] addresses [redacted]
R15's ISP of [redacted] was updated to include [redacted]
R16's ISP dated [redacted] addresses [redacted] and [redacted]
R17's ISP dated [redacted] addresses [redacted]
R18's ISP dated [redacted] does addresses [redacted]
R19's ISP dated [redacted] updated on [redacted] to address [redacted]

[redacted]

[redacted]

R22's ISP dated [redacted] addresses [redacted]

R23's ISP dated [redacted] addresses [redacted]

R24's ISP dated [redacted] addresses [redacted]

R25's ISP dated [redacted] addresses [redacted]

R26's ISP dated [redacted] addresses [redacted]

R28's ISP dated [redacted] addresses [redacted]

R30's ISP dated [redacted] addresses [redacted]

R31's ISP dated [redacted] addresses [redacted]

R32 [redacted]

R33's ISP dated [redacted] [redacted]

R34's ISP dated [redacted] addresses R34's [redacted]

R35's ISP dated [redacted] addresses [redacted]

R36's ISP dated [redacted] addresses [redacted]

R36's ISP dated [redacted] was signed by R36 on [redacted] remediated during survey. R36's current ISP dated [redacted] is signed.

R37's ISP dated [redacted] addresses [redacted]

R39 was [redacted] [redacted]

R40's ISP dated [redacted] addresses [redacted] and [redacted]

Licensed nurses were educated regarding individualization of ISP based on resident RAI on [redacted]

E4 audited all resident RAI's/ISP's for accurate completion on [redacted] E4 also audited RAI's/ISP's for resident with annuals or updates on [redacted] and [redacted]

R42, R43, R44 are new admits to the facility. RAI/ISP's were reviewed:

R42's RAI dated [redacted] was completed accurately and R42's needs are addressed on ISP dated [redacted]

R43's RAI dated [redacted] was completed accurately and R43's needs are addressed on ISP dated [redacted]

R44 admitted to the facility on [redacted]. RAI assessment not completed yet. Initial assessment completed within 24 hours and initial service plan established.