



## **Asbury Gardens, 2021**

### **PRONG 1**

*Attached to Sister Nursing  
Facility*

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# Heightened Scrutiny

## SETTING INFORMATION

Setting Name: Ashbury Gardens SLP

Address: 210 Airport Road  
North Aurora, IL 60542

## HEIGHTENED SCRUTINY INFORMATION

Maximum Capacity of the Facility: 193  
Current Occupancy (10/31/16): 167  
Proof of licensure by state agency  
On Site Validation Tool  
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

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

- Photographs
- Schematic Plan

State of Illinois  
Department of Public Aid

**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 Gardens

Address 210 Airport Road

City/State/Zip North Aurora, Illinois 60542

Number of Units 150

Maximum Number of Residents 193

Rod R. Blagievich, Governor

Barry S. Maram, Director

November 13, 2003

Effective Date





- Who Regulates Nursing Homes?
- A Listing of Illinois Nursing Homes
- How to Select a Nursing Home
- Centers for Medicare and Medicaid Services Nursing Home Compare Website
- Quarterly Reports of Nursing Home Violation
- Illinois Law on Advance Directives
- Nursing Homes with No Certification Deficiencies
- Nursing Home Care Act
- Illinois Health Care Worker Registry
- Centers for Medicare and Medicaid Services Nursing Home Quality Initiative

### Facility Information

#### ASBURY GARDENS NRSG & REHAB

212 AIRPORT ROAD  
NORTH AURORA IL 60542

ADMINISTRATOR: JOSEPH PARK  
TELEPHONE: 630-896-7778

Licensee ID	:0051193
Facility ID	:6016729
Skilled beds	:75
Intermediate beds	:0
Icf-dd beds	:0
Shelter Care beds	:0
Community Living beds	:0
Under 22 beds	:0
Medicare beds	:0
Medicare/Medicaid beds	:75
Medicaid beds	:0
Fax	:630-896-6759
County	:Kane
Medicare Certification Number	:14-6170
Medicare Skilled Certification Number	:
Medicaid ICF/DD Certification Number	:
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

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3/4

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

Provider Name:	Asbury Garden SLF
Name/Address of setting:	210 Airport Road North Aurora, IL 60542
Contact at the setting:	Julia Lakomiak RN (SLF Manager)
Visited With:	Julia Lakomiak RN (SLF Manager)
Surveyor Name:	Elsie Periasamy HFSN
Date Completed:	May 18, 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"/>	Long Term Care Facility
Developmental Training - Certificate	<input type="checkbox"/>	Illinois Department of Public Health Certificate/License
Department of Children and Family Services - License	<input type="checkbox"/>	Adult Day Services – Certification by DoA

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

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

**Check Yes, No, NA or Addressed by Person Centered Plan (Plan)**

	Yes	No	Plan	NA
Public Comment Received?	X			
Does the setting provide both on-site and off-site services?		X		X Error
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? <i>Connected to sister NF.</i>	X			
Is the setting a farmstead, a gated community, or part of a multi-setting campus?	X	X NA Error		

## 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?	X				
3. Do individuals have an opportunity to seek employment in competitive integrated settings?	X				
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?	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?	X				
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			Blank 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	Blank Private opts are available.

### 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?	X				
14. Does the setting inform individuals of their rights to privacy, dignity, respect, and freedom from coercion and restraint?	X				
15. Does the setting post individuals' rights in a visible location?	X				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?	X				
18. Does the setting ensure that individuals have privacy while using the bathroom unless the individual has a documented need for assistance?	X				
19. If an individual needs assistance with personal care needs, are arrangements made for this to be done in private?	X				
20. Does the setting offer a secure place to store individuals' personal belongings?	X				
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				
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				



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		X	# Error
24. Does the setting utilize restraints only in accordance with the Mental Health Code?					Restraints are not allowed in SLP. $\phi$ restraints observed in restraints
25. Does the setting use delayed egress devices or have secured perimeters only in accordance with individually approved plans of care?	Blank	X		X	

#### 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?	X				
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?	X				
30. RESIDENTIAL ONLY: Can individuals participate in activities in the community alone?	X		X		
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?	X				
34. Does the setting have policies that support individuals' choice of services that meet their needs and preferences?	X				
35. Does the setting have a complaint/grievance policy?	X				
36. Does the setting inform individuals how to file a complaint/grievance?	X				
37. Does the setting allow individuals to voice concerns or ask questions regarding the services received?	X				
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?	X				
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?		X			
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?	X				
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)?	X				

### 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?	X				
44. Are individuals informed of their rights regarding housing and when they could be required to relocate?	X				

**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?	X				
46. Is there a process for changing roommates or acquiring other accommodations if desired by the individual?	X				
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?					
49. Do meal schedules allow for some flexibility in eating times?	X				Blank
50. Do individuals have the option of eating alone?	X				

**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?		X			
52. Can visitors see individuals in the individuals' rooms or in common areas of the home?	X				
53. Can visitors take the individuals outside the setting for activities, such as for a meal or shopping?	X				
54. Can visitors take the individuals for a longer visit outside the home, such as for holidays or a weekend?	X				



Assessment Completed By

[Redacted]

*[Signature]*  
Date

05-18-2016

Facility/Site

[Redacted]

*RN*

Reviewed By

*Kara Helton*

Signature

[Redacted]

Date

7/28/10

**To:** Karen Helton  
**From:** Joe Park [REDACTED]  
**Date:** 10/14/16  
**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 the 3 different disciplines for the past three months
4. Policy and Procedures

**The following is a description of the proximity to the community activities:**

1. **Shopping**
  - a. Walmart – 3.5 miles
  - b. Jewel – 4.7 miles
  - c. Dollar Tree – 2.4 miles
  - d. Aldi – 2.0 Miles
2. **Library;** Messenger Library – 0.8 miles
3. **Senior Center;** Prisco Senior Center – 2.1 miles
4. **Bus/Taxi/Van Service**
  - a. Kane County Dial-A-Ride; Residents call ahead of time and bus will transport them to destination for a nominal fee
  - b. Pace Bus Stop – 0.1 miles
  - c. Ridge Ambulance Transport; staff arranges resident transfers from doctor appointments and/or hospitals to our facility
  - d. Spare Wheels Transportation; staff arranges transportation to and from shopping and restaurant outings
5. **Higher Education**
  - a. Aurora University – 4.6 miles
  - b. Waubensee Community College – 3.1 miles


## Supportive Living Program

### Staff Qualifications

The Department of Healthcare and Family Services conducted an on-site annual certification review at **Asbury Gardens** in **May 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.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>8:45a - Church 9:30a - Adult Coloring 10a - Mass 10:30a - Runny 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Snake Eyes 3p - Yatzee 4p - Walking Club 5p - Dinner 7p - Late Night Movie</p> <p>7</p>	<p>8a - Nail Salon 9:30a - Craft 10:30a - Whammo 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Glee Club 3p - Garden Club 4p - Walking Club 5p - Dinner 7p - Bingo</p> <p>8</p>	<p>8a - Massages 9:30a - Adult Coloring 10:30a - UNO 10:30a - Bible Study 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Happy Hour 3p - Volunteer Meeting 4p - Walking Club 5p - Dinner 7p - Whammo</p> <p>9:30a - Breakfast Outing to Nikarray's</p> <p>10:30a - Bible Study 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Garden Club 3p - Walking Club 4:30p - Trivia 5p - Dinner 7p - bingo</p> <p>8</p>	<p>9a - Mass 10a - Phase 10 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Baseball Practice 3p - Bunco 4p - Walking Club 5p - Dinner 7p - \$25 Cent Bingo</p> <p>10</p>	<p>9:30a - Shopping at Walmart 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Cooking Club 3p - 7-11 Game 4p - Walking Club 5p - Dinner 7p - LCR</p> <p>11</p>	<p>9a - Walker Wash 10a - Dominoes 11a - Hangman 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Ice Cream Social 3p - Bingo 4p - Walking Club 5p - Dinner 7p - Late Night Movie</p> <p>12</p>	<p>9:30a - Intro to Games Phase 10 10:30a - Whammo 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Big Screen Movie 'Radio' 3p - LCR 4p - Walking Club 5p - Dinner 7p - Bingo</p> <p>13</p>
<p>8:45a - Church 9:30a - Adult Coloring 10a - Mass 10:30a - Runny 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Snake Eyes 3p - Yatzee 4p - Walking Club 5p - Dinner 7p - Late Night Movie</p> <p>14</p>	<p>8a - Nail Salon 9:30a - Craft 10:30a - Whammo 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Entertainment 3p - Garden Club 4p - Walking Club 5p - Dinner 7p - Bingo</p> <p>15</p>	<p>9:30a - Coffee Klutz 10:30a - UNO 10:30a - Bible Study 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Poker Game 4p - Walking Club 5p - Dinner 7p - Whammo</p> <p>9:30a - Ask the Admin</p> <p>10:30a - Sit &amp; Stretch 12p - Baseball Practice 3p - Bunco 4p - Walking Club 5p - Dinner 7p - Bingo</p> <p>16</p>	<p>9a - Mass 10a - Phase 10 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Baseball Practice 3p - Watermelon Day 4p - Walking Club 5p - Dinner 7p - Bingo</p> <p>17</p>	<p>9:30a - Shopping at Dollar Tree 12p - Lunch 1:30p - New Resident Lunch 1:30p - Sit &amp; Stretch 2p - Cooking Club 3p - 7-11 Game 4p - Walking Club 5p - Dinner 7p - LCR</p> <p>18</p>	<p>10a - Dominoes 11a - Hangman 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Harbor Light Orange Hoops 3p - Short Stories 4p - Walking Club 5p - Dinner 7p - Men's Pinochle 7p - Late Night Movie</p> <p>19</p>	<p>9:30a - Intro to Games Snake Eyes 10:30a - Whammo 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Big Screen Movie 'Night at the Museum' 3p - LCR 4p - Walking Club 5p - Dinner 7p - Bingo</p> <p>20</p>
<p>8:45a - Church 9:30a - Adult Coloring 10a - Mass 10:30a - Runny 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Snake Eyes 3p - Yatzee 4p - Walking Club 5p - Dinner 7p - Late Night Movie</p> <p>21</p>	<p>8a - Nail Salon 9:30a - Craft 10:30a - Whammo 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Glee Club 3p - Tea Party / Gardens 4p - Walking Club 5p - Dinner 7p - Bingo</p> <p>22</p>	<p>9:30a - Adult Coloring 10:30a - Baseball Game HOME Against Senior Svc 10:30a - Bible Study 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Movie Theater Outing to see Florence Foster Jenkins 4p - Walking Club 5p - Dinner 7p - Whammo</p> <p>23</p>	<p>9a - Mass 10a - Phase 10 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Baseball Practice 3p - Bunco 4p - Walking Club 5p - Dinner 7p - Bingo</p> <p>24</p>	<p>9:30a - Shopping at Walmart 12p - Lunch 1:30p - Jewelry Class 2p - Cooking Club 3p - Jeopardy Game 4p - Walking Club 5p - Dinner 7p - LCR</p> <p>25</p>	<p>9a - Walker Wash 10a - Dominoes 11a - Hangman 12p - Lunch 1:30p - Volunteer Lunch 1:30p - Sit &amp; Stretch 2p - Hawaiian Luau 4p - Walking Club 5p - Dinner 7p - Late Night Movie</p> <p>26</p>	<p>9:30a - Intro to Games Bunco 10:30a - Whammo 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Big Screen Movie 'Sister Act' 3p - LCR 4p - Walking Club 5p - Dinner 7p - Bingo</p> <p>27</p>
<p>8:45a - Church 9:30a - Adult Coloring 10a - Mass 10:30a - Runny 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Snake Eyes 3p - Yatzee 4p - Walking Club 5p - Dinner 7p - Late Night Movie</p> <p>28</p>	<p>8a - Nail Salon 9a - Mass 9:30a - Craft 10:30a - Whammo 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Garden Club 3p - Yatzee 4p - Walking Club 5p - Dinner 7p - Bingo</p> <p>29</p>	<p>8a - Massages 9:30a - Adult Coloring 10:30a - UNO 10:30a - Bible Study 11:30a - Lunch Outing to Creeker Barrel 12p - Lunch 1:30p - Sit &amp; Stretch 3p - Backyard Bash 5p - Table Games 5p - Walking Club 7p - Whammo</p> <p>30</p>	<p>9a - Mass 10a - Phase 10 12p - Lunch 1:30p - Sit &amp; Stretch 2p - Baseball Practice 3p - Bunco 4p - Walking Club 5p - Dinner 7p - \$25 Cent Bingo</p> <p>31</p>	<div style="text-align: center;">  <p><b>AUGUST 2016</b> Supportive Living</p> </div>		

# SEPTEMBER 2016

## Supportive Living

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>8:45a - Church</p> <p>9:30a - Adult Coloring</p> <p>10a - Mass</p> <p>10:30a - Rummy</p> <p>12p - Lunch</p> <p>1:30p - Sit &amp; Stretch</p> <p>2p - Snake Eyes</p> <p>3p - Yahtzee</p> <p>4p - Walking Club</p> <p>5p - Dinner</p> <p>7p - Late Night Movie</p>	<p>8a - Nail Salon</p> <p>9a - Mass (TBD)</p> <p>9:30a - Craft</p> <p>10:30a - Whammo</p> <p>12p - Lunch</p> <p>1:30p - Sit &amp; Stretch</p> <p>2p - Glee Club</p> <p>3p - Garden Club</p> <p>4p - Walking Club</p> <p>4:30p - Trivia</p> <p>5p - Dinner</p> <p>7p - Bingo</p>	<p>8a - Massages</p> <p>9:30a - Adult Coloring</p> <p>10:30a - UNO</p> <p>12p - Lunch</p> <p>1:30p - Bible Study</p> <p>2p - Sit &amp; Stretch</p> <p>3p - Grow-A-Pet Day</p> <p>4p - Table Games</p> <p>4:30p - Walking Club</p> <p>5p - Dinner</p> <p>7p - Whammo</p>	<p>9a - Mass</p> <p>9a - Senior Academy</p> <p>10a - Phase 10</p> <p>12p - Lunch</p> <p>1:30p - Sit &amp; Stretch</p> <p>2p - Baseball Practice</p> <p>3p - Bunco</p> <p>4p - Walking Club</p> <p>4:30p - Trivia</p> <p>5p - Dinner</p> <p>7p - \$25 Cent Bingo</p>	<p>9:30a - Shopping at Walmart</p> <p>10:30a - Painting w/John</p> <p>12p - Lunch</p> <p>1:30p - Sit &amp; Stretch</p> <p>2p - Cooking Club</p> <p>3p - 7-11 Game</p> <p>4p - Walking Club</p> <p>5p - Dinner</p> <p>7p - LCR</p>	<p>10a - Dominoes</p> <p>11a - Hangman</p> <p>1:30p - Lunch</p> <p>2p - Bingo</p> <p>3p - Glee Club</p> <p>4p - Walking Club</p> <p>5p - Dinner</p> <p>6:30p - Men's Pinochle</p> <p>7p - Late Night Movie</p>	<p>9:30a - Intro to Games 3</p> <p>UNO</p> <p>10:30a - Whammo</p> <p>12p - Lunch</p> <p>1:30p - Sit &amp; Stretch</p> <p>2p - Big Screen Movie "Hook"</p> <p>4p - Walking Club</p> <p>5p - Dinner</p> <p>7p - Bingo</p>
<p>8:45a - Church</p> <p>9:30a - Adult Coloring</p> <p>10a - Mass</p> <p>10:30a - Rummy</p> <p>12p - Lunch</p> <p>1:30p - Sit &amp; Stretch</p> <p>2p - Snake Eyes</p> <p>3p - Yahtzee</p> <p>4p - Walking Club</p> <p>5p - Dinner</p> <p>7p - Late Night Movie</p>	<p>8a - Nail Salon</p> <p>9a - Mass</p> <p>9:30a - Craft</p> <p>10:30a - Whammo</p> <p>12p - Lunch</p> <p>1:30p - Sit &amp; Stretch</p> <p>2p - Arnold Palmer Day</p> <p>3p - Garden Club</p> <p>4p - Walking Club</p> <p>4:30p - Trivia</p> <p>5p - Dinner</p> <p>7p - Bingo</p>	<p>9:30a - Breakfast Outing To McDonald's</p> <p>10:30a - Bible Study</p> <p>12p - Lunch</p> <p>1:30p - Sit &amp; Stretch</p> <p>2p - Whoga</p> <p>3p - Volunteer Meeting</p> <p>4p - Walking Club</p> <p>5p - Dinner</p> <p>7p - Whammo</p>	<p>9a - Mass</p> <p>10a - Phase 10</p> <p>12p - Lunch</p> <p>1:30p - Culver's Bingo Trip</p> <p>2p - Baseball Practice</p> <p>3p - Piano with Becky</p> <p>4p - Walking Club</p> <p>4:30p - Trivia</p> <p>5p - Dinner</p> <p>7p - Bingo</p>	<p>9:30a - Shopping at Jewel</p> <p>10:30a - Painting w/John</p> <p>12p - Lunch</p> <p>1:30p - Sit &amp; Stretch</p> <p>2p - Cooking Club</p> <p>3p - 7-11 Game</p> <p>4p - Walking Club</p> <p>5p - Dinner</p> <p>5:30p - Bonfire</p> <p>7p - LCR</p>	<p>10a - Dominoes</p> <p>11a - Hangman</p> <p>12p - Lunch</p> <p>1:30p - Sit &amp; Stretch</p> <p>2p - Bingo</p> <p>3p - Happy Hour</p> <p>4p - Walking Club</p> <p>4:30p - Trivia</p> <p>5p - Dinner</p> <p>6:30p - Men's Pinochle</p> <p>7p - Late Night Movie</p>	<p>9:30a - Intro to Games 4</p> <p>LCR</p> <p>10:30a - Whammo</p> <p>12p - Lunch</p> <p>1:30p - Sit &amp; Stretch</p> <p>2p - Big Screen Movie "Little Miss Sunshine"</p> <p>4p - Walking Club</p> <p>5p - Dinner</p> <p>7p - Bingo</p>
<p>8:45a - Church</p> <p>9:30a - Adult Coloring</p> <p>10a - Mass</p> <p>10:30a - Rummy</p> <p>12p - Lunch</p> <p>1:30p - Sit &amp; Stretch</p> <p>2p - Snake Eyes</p> <p>3p - Yahtzee</p> <p>4p - Walking Club</p> <p>5p - Dinner</p> <p>7p - Late Night Movie</p>	<p>8a - Nail Salon</p> <p>9a - Mass</p> <p>9:30a - Craft</p> <p>10:30a - Whammo</p> <p>12p - Lunch</p> <p>1:30p - Sit &amp; Stretch</p> <p>2p - Entertainment</p> <p>3p - Garden Club</p> <p>4p - Walking Club</p> <p>4:30p - Trivia</p> <p>5p - Dinner</p> <p>7p - Lions Club Bingo</p>	<p>9:30a - Koffee Klutch</p> <p>10:30a - UNO</p> <p>12p - Lunch</p> <p>1:30p - Bible Study</p> <p>2p - Sit &amp; Stretch</p> <p>3p - Glee Club</p> <p>4p - Tea Party</p> <p>4:30p - Walking Club</p> <p>5p - Dinner</p> <p>7p - Whammo</p>	<p>9a - Mass</p> <p>10a - Phase 10</p> <p>12p - Lunch</p> <p>1:30p - Ask the Admin</p> <p>2p - Baseball Practice</p> <p>3p - Bunco</p> <p>4p - Walking Club</p> <p>4:30p - Trivia</p> <p>5p - Dinner</p> <p>7p - Bingo</p>	<p>9a - Jewelry Class</p> <p>9:30a - Shopping at Aldi</p> <p>12p - Lunch</p> <p>1:30p - Painting w/John</p> <p>2p - HOME Baseball Game</p> <p>3p - Jeopardy Game</p> <p>4p - Walking Club</p> <p>5p - Dinner</p> <p>7p - LCR</p>	<p>10a - Dominoes</p> <p>11a - Hangman</p> <p>12p - Lunch</p> <p>1:30p - New Resident Lunch</p> <p>2p - Whoga</p> <p>3p - UNO</p> <p>4p - Walking Club</p> <p>4:30p - Trivia</p> <p>5p - Dinner</p> <p>6:30p - Men's Pinochle</p> <p>7p - Late Night Movie</p>	<p>9:30a - Intro to Games 4</p> <p>Phase 10</p> <p>10:30a - Whammo</p> <p>12p - Lunch</p> <p>1:30p - Sit &amp; Stretch</p> <p>2p - Big Screen Movie "The Jackie Robinson Story"</p> <p>4p - Walking Club</p> <p>5p - Dinner</p> <p>7p - Bingo</p>
<p>8:45a - Church</p> <p>9:30a - Adult Coloring</p> <p>10a - Mass</p> <p>10:30a - Rummy</p> <p>12p - Lunch</p> <p>1:30p - Sit &amp; Stretch</p> <p>2p - Snake Eyes</p> <p>3p - Yahtzee</p> <p>4p - Walking Club</p> <p>5p - Dinner</p> <p>7p - Late Night Movie</p>	<p>8a - Nail Salon</p> <p>9a - Mass</p> <p>9:30a - Craft</p> <p>10:30a - Whammo</p> <p>12p - Lunch</p> <p>1:30p - Sit &amp; Stretch</p> <p>2p - HOME Baseball Game</p> <p>3p - Garden Club</p> <p>4p - Walking Club</p> <p>4:30p - Trivia</p> <p>5p - Dinner</p> <p>7p - Bingo</p>	<p>8a - Massages</p> <p>9:30a - Adult Coloring</p> <p>10:30a - HOME Baseball Game</p> <p>12p - Lunch</p> <p>1:30p - Bible Study</p> <p>2p - Sit &amp; Stretch</p> <p>3p - Sit &amp; Stretch</p> <p>4p - Glee Club</p> <p>5p - 7-11 Game</p> <p>6p - Walking Club</p> <p>7p - Dinner</p> <p>Whammo</p>	<p>9a - Mass</p> <p>10a - Phase 10</p> <p>12p - Lunch</p> <p>1:30p - Lunch Outing to Pizzeria's</p> <p>2p - Special Oswego Senior Center Bingo</p> <p>3p - Bunco</p> <p>4p - Walking Club</p> <p>4:30p - Trivia</p> <p>5p - Dinner</p> <p>7p - \$25 Cent Bingo</p>	<p>9:30a - Shopping at Walmart</p> <p>10:30a - Painting w/John</p> <p>12p - Lunch</p> <p>1:30p - Sit &amp; Stretch</p> <p>2p - Cooking Club</p> <p>3p - Birthday Bash</p> <p>4p - Walking Club</p> <p>5p - Dinner</p> <p>7p - LCR</p>	<p>10a - Dominoes</p> <p>11a - Hangman</p> <p>12p - Lunch</p> <p>1:30p - Volunteer Lunch</p> <p>2p - Bingo</p> <p>3p - Poker Game</p> <p>4p - Walking Club</p> <p>4:30p - Trivia</p> <p>5p - Dinner</p> <p>6:30p - Men's Pinochle</p> <p>7p - Late Night Movie</p>	<p>9:30a - Intro to Games 3</p> <p>UNO</p> <p>10:30a - Whammo</p> <p>12p - Lunch</p> <p>1:30p - Sit &amp; Stretch</p> <p>2p - Big Screen Movie "Hook"</p> <p>4p - Walking Club</p> <p>5p - Dinner</p> <p>7p - Bingo</p>



Asbury Gardens

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

# OCTOBER 2016 Supportive Living

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Day
<b>2</b> 8:45a - Church 9:30a - Adult Coloring 10a - Communion Service 10:30a - Rummy 12p - Lunch 1:30p - Sit & Stretch 2p - Snake Eyes 3p - Yahtzee 4p - Walking Club 5p - Dinner 7p - Late Night Movie	<b>3</b> 8a - Nail Salon 9a - Mass - Cancelled 10:30a - Whammo 12p - Lunch 1:30p - Sit & Stretch 2p - Glee Club 3p - Table Games 4p - Walking Club 4:30p - Trivia 5p - Dinner 7p - Lions Club Bingo Refreshments	<b>4</b> 8a - Massages 9:30a - Adult Coloring 10:30a - UNO 12p - Lunch 1:30p - Bible Study 2p - Jeopardy Game 3p - Whogo 4p - Walking Club 5p - Dinner 7p - Whammo	<b>5</b> 9a - Mass - Cancelled 9:30a - Hyper Support Group 10a - Phase 10 12p - Lunch 1:30p - Sit & Stretch 2p - Baseball Practice 3p - Facos in a Bag 4p - Walking Club 4:30p - Trivia 5p - Dinner 7p - \$25 Cent Bingo	<b>6</b> 9a - Jewelry Class 9:30a - Shopping at Walmart 10:30a - Painting w/John 12p - Lunch 1:30p - Sit & Stretch 2p - Craff Corner 3p - Volunteer Meeting 4p - Walking Club 5p - Dinner 7p - LCR	<b>7</b> 10a - Dominoes 11a - Hangman 12p - Lunch 1:30p - Sit & Stretch 2p - Prisco Bingo 3p - Craff Corner 4p - Walking Club 4:30p - Trivia 5p - Dinner 6p - Intro to Pinochle 6:30p - Men's Pinochle 7p - Late Night Movie	<b>8</b> 9:30a - Learn to Play Whammo 10:30a - Whammo 12p - Lunch 1:30p - Sit & Stretch 2p - Big Screen Movie "Funny Farm" 4p - Walking Club 5p - Dinner 7p - Bingo	1
<b>9</b> 8:45a - Church 9:30a - Adult Coloring 10a - Communion Service 10:30a - Rummy 12p - Lunch 1:30p - Sit & Stretch 2p - Snake Eyes 3p - Yahtzee 4p - Walking Club 5p - Dinner 7p - Late Night Movie	<b>10</b> 8a - Nail Salon 9a - Mass - Cancelled 10:30a - Whammo 12p - Lunch 1:30p - Sit & Stretch 2p - Glee Club 3p - Fluffernutter Day 4p - Walking Club 4:30p - Trivia 5p - Dinner 7p - Bingo Columbus Day (US) Thanksgiving Day (Canada)	<b>11</b> 8:45a - Church 9:30a - Adult Coloring 10a - Communion Service 10:30a - Rummy 12p - Lunch 1:30p - Sit & Stretch 2p - Snake Eyes 3p - Yahtzee 4p - Walking Club 5p - Dinner 7p - Late Night Movie	<b>12</b> 9a - Communion Service 9:30a - Hyperdimension Support Group 10a - Phase 10 12p - Lunch 1p - Culver's Bingo Trip 2p - Baseball Practice 3p - Piano with Becky 4p - Walking Club 4:30p - Trivia 5p - Dinner 7p - Bingo Yom Kippur	<b>13</b> 9:30a - Shopping at Jewel 10:30a - Painting w/John 12p - Lunch 1:30p - Sit & Stretch 2p - HOME Baseball Game 3:30p - 7-11 Game 4p - Walking Club 5p - Dinner 7p - LCR	<b>14</b> 10a - Dominoes 11a - Hangman 12p - Lunch 1:30p - Sit & Stretch 2p - I Love Lucy Day 3p - Craff Corner 4p - Walking Club 4:30p - Trivia 5p - Dinner 6p - Intro to Pinochle 6:30p - Men's Pinochle 7p - Late Night Movie	<b>15</b> 9:30a - Learn to Play Snake Eyes 10:30a - Whammo 12p - Lunch 1:30p - Sit & Stretch 2p - Big Screen Movie "Meet the Parents" 4p - Walking Club 5p - Dinner 7p - Bingo	14
<b>16</b> 8:45a - Church 9:30a - Adult Coloring 10a - Mass 10:30a - Rummy 12p - Lunch 1:30p - Sit & Stretch 2p - Snake Eyes 3p - Yahtzee 4p - Walking Club 5p - Dinner 7p - Late Night Movie	<b>17</b> 8a - Nail Salon 9a - Communion Service 10:30a - Whammo 12p - Lunch 1:30p - Sit & Stretch 2p - Entertainment 3p - Table Games 4p - Walking Club 4:30p - Trivia 5p - Dinner 7p - Lions Club Bingo Sukkot	<b>18</b> 9:30a - Koffee Klutch 10:30a - UNO 10:30a - Bible Study 12p - Lunch 1:30p - Ask the Admin 2p - Glee Club 3p - Tea Party 4p - Walking Club 5p - Dinner 7p - Whammo	<b>19</b> 9a - Mass 9:30a - Hyper Support Group 10a - Phase 10 12p - Lunch 1:30p - Sit & Stretch 2p - Baseball Practice 3p - Bunco 4p - Walking Club 4:30p - Trivia 5p - Dinner 7p - Bingo	<b>20</b> 9a - Jewelry Class 9:30a - Shopping at Dollar Tree 10:30a - Painting w/John 12p - Lunch 12p - New Resident Luncheon 1:30p - Sit & Stretch 2p - Cooking Club 3p - Jeopardy Game 4p - Walking Club 5p - Dinner 7p - LCR	<b>21</b> 10a - Dominoes 11a - Hangman 12p - Lunch 12p - Oktoberfest Festivities 4p - Walking Club 4:30p - Trivia 5p - Dinner 6p - Intro to Pinochle 6:30p - Men's Pinochle 7p - Late Night Movie	<b>22</b> 9:30a - Learn to Play Rummy 10:30a - Whammo 12p - Lunch 1:30p - Sit & Stretch 2p - Big Screen Movie "Parental Guidance" 4p - Walking Club 5p - Dinner 7p - Bingo	22
<b>23</b> 8:45a - Church 9:30a - Adult Coloring 10a - Mass 10:30a - Rummy 12p - Lunch 1:30p - Sit & Stretch 2p - Snake Eyes 3p - Yahtzee 4p - Walking Club 5p - Dinner 7p - Late Night Movie	<b>24</b> 8a - Nail Salon 9a - Mass - Cancelled 10:30a - Whammo 12p - Lunch 1:30p - Sit & Stretch 2p - Glee Club 3p - Whoga 4p - Walking Club 4:30p - Trivia 5p - Dinner 7p - Bingo	<b>25</b> 8a - Massages 9:30a - Adult Coloring 10:30a - UNO 10:30a - Bible Study 11:30p - Lunch Outing to East China Inn 12p - Lunch 1:30p - Sit & Stretch 2p - Pumpkin Painting 3p - Table Games 4p - Walking Club 5p - Dinner 7p - Whammo	<b>26</b> 9a - Mass 9:30a - Hyper Support Group 10a - Phase 10 12p - Lunch 1:30p - Sit & Stretch 2p - Baseball Practice 3p - Birthday Bash 4p - Walking Club 4:30p - Trivia 5p - Dinner 7p - \$25 Cent Bingo	<b>27</b> 9:30a - Shopping at Walmart 10:30a - Painting w/John 12p - Lunch 1:30p - Sit & Stretch 2p - Cooking Club 3p - Pretzel Day 3:30p - 7-11 Game 4p - Walking Club 5p - Dinner 7p - LCR	<b>28</b> 10a - Dominoes 11a - Hangman 12p - Lunch 12p - Volunteer Luncheon 1:30p - Sit & Stretch 2p - Craff Corner 3p - Happy Hour 4p - Walking Club 4:30p - Trivia 5p - Dinner 5:30p - TV Dog Visits 6p - Intro to Pinochle 6:30p - Men's Pinochle 7p - Late Night Movie	<b>29</b> 9:30a - Learn to Play Yahtzee 10:30a - Whammo 12p - Lunch 1:30p - Sit & Stretch 2p - Big Screen Movie "17 Again" 4p - Walking Club 5p - Dinner 7p - Bingo	29
<b>30</b> 8:45a - Church 9:30a - Adult Coloring 10a - Mass 10:30a - Rummy 12p - Lunch 1:30p - Sit & Stretch 2p - Snake Eyes 3p - Yahtzee 4p - Walking Club 5p - Dinner 7p - Late Night Movie	<b>31</b> 8a - Nail Salon 9a - Communion Service 10:30a - Whammo 12p - Lunch 1:30p - Sit & Stretch 2p - HOME Baseball Game 4p - Walking Club 4:30p - Trivia 5p - Dinner 7p - Bingo Halloween						30

# Asbury Gardens

## DINING ROOM HOURS OF OPERATION

### SLF

Breakfast 8am – 10am

Lunch 12pm

Dinner 5pm

### SNF

Breakfast 7:30am

Lunch 12pm

Dinner 5:30pm

### MCU

Breakfast 8am – 9am

Lunch 12pm

Dinner 5pm

## SPIRITUAL SERVICES

### Non-Denominational Services

Sunday 8:45am in SLF

Friday 10am in MCU

Friday 10:30am in SNF

### Catholic Services (SLF Chapel)

Sunday 10am

Monday & Wednesday 9am

### Baptist Services

Sunday 2:30pm in MCU

## COUNTRY STORE HOURS

**Sunday** – Closed

### Monday/Tuesday/Thursday & Friday

9:30am – 10:30am; 1pm – 2pm;

4:00pm – 5:00pm and 6:00pm – 7:00pm

### Wednesday

10:00am – 11:00am; 1:00pm – 2:00pm

and

6:00pm – 7:00pm

### Saturday

9:00am – 12:00pm and 1:00pm – 2:00pm

## **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.

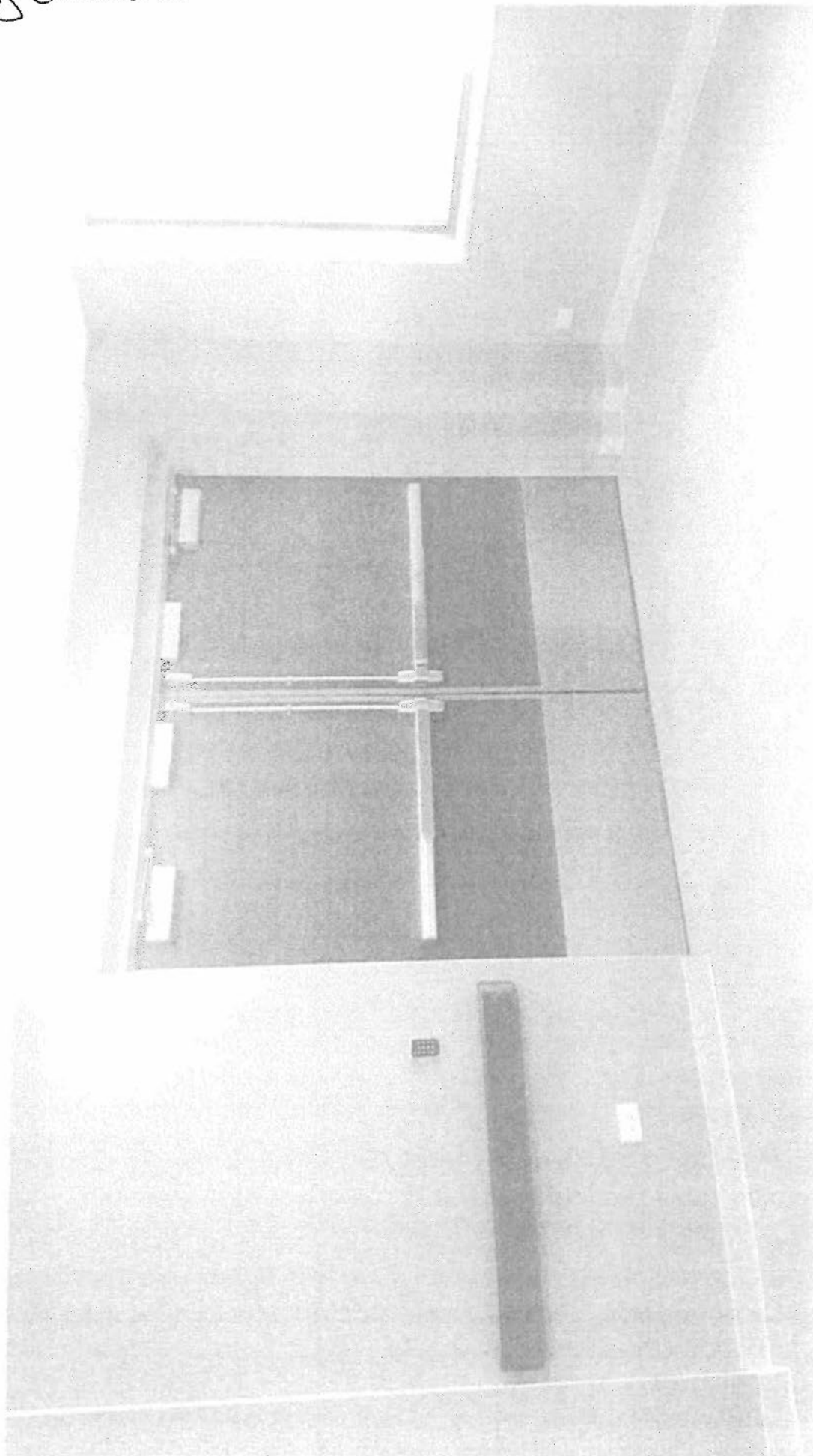
An on-site annual certification review was conducted at **Asbury Gardens** in **May 2016**. **Asbury Gardens** was found to be compliant with documentation of participant choice of provider.

# Asbury Gardens

Outdoor Entrance  
VSLF to MEU Entrance



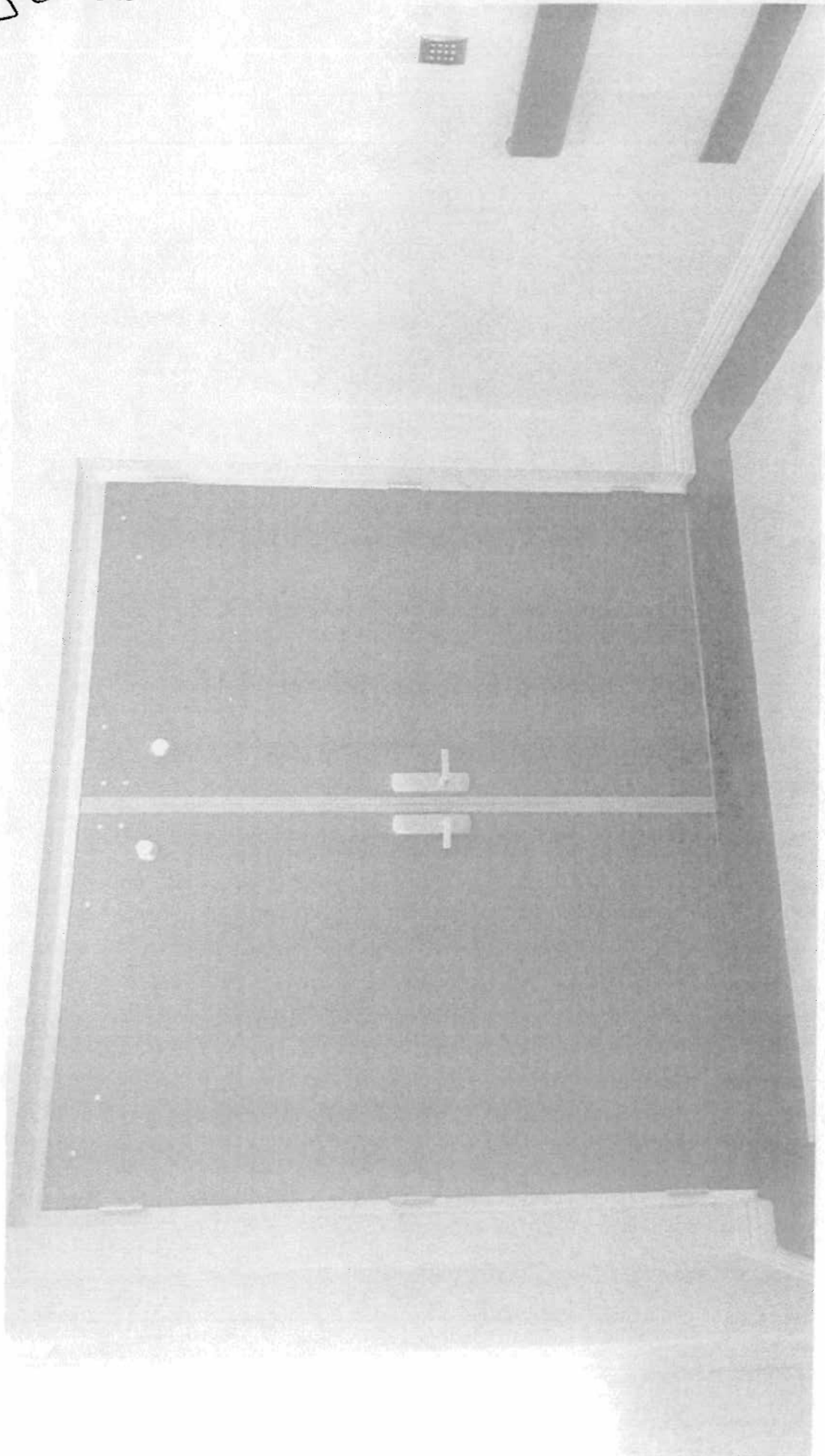
Ashbury Gardens



SLF to SNF Entrance

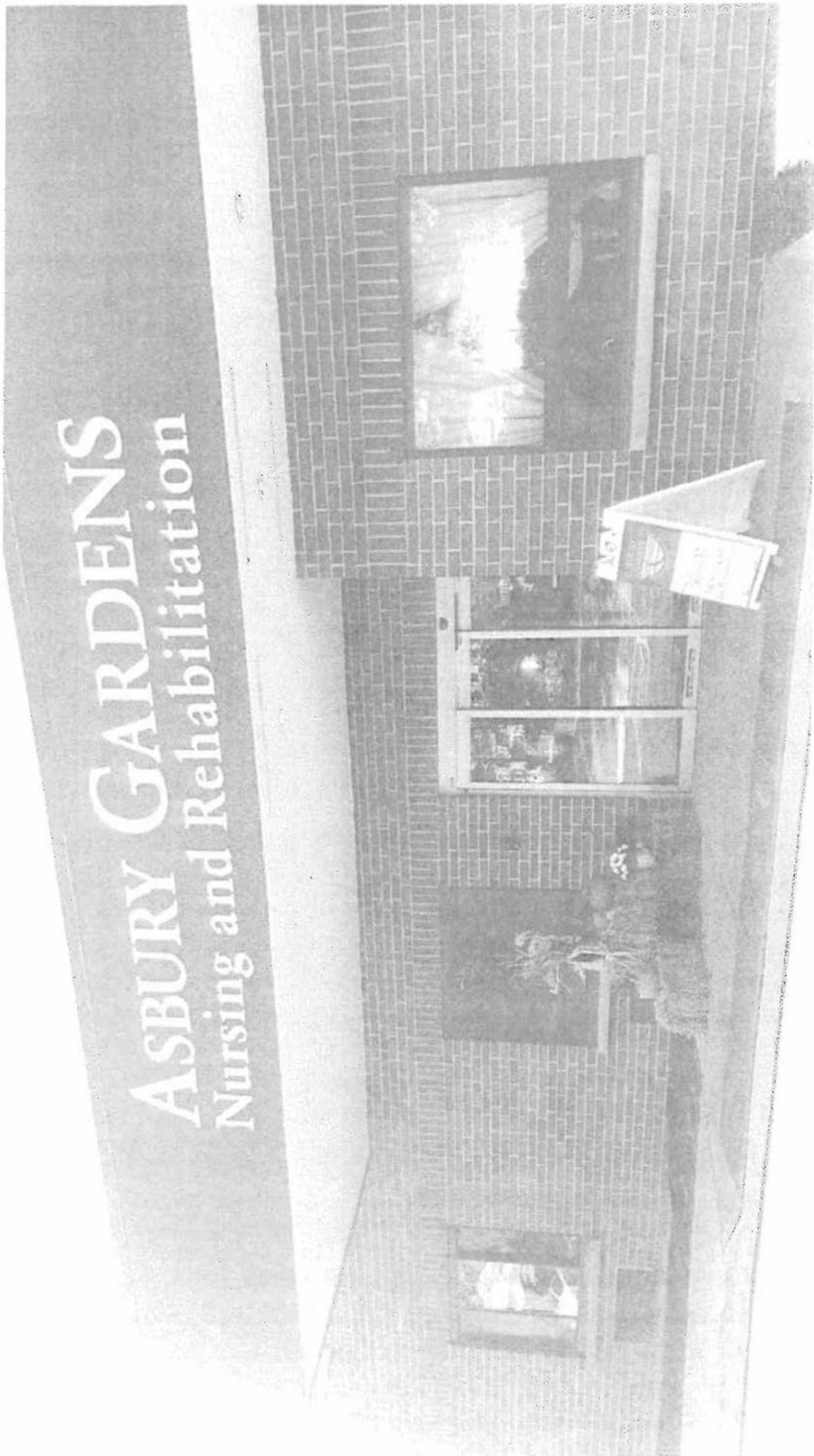


Asbury Gardens



SNF to SLF Entrance

**ASBURY GARDENS**  
Nursing and Rehabilitation



SNF Outdoor Entrance



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

Provider \_\_\_\_\_ ID # 2  
 Address 210 Airport Rd.  
 City North Aurora Freestanding ( ) Rehab NF (X)  
 Phone # 630-896-7778 Zip Code 60542  
 Fax # 630-896-6759

**Occupancy Information**

# of Single Occupancy Apts.	<u>150</u>
# of Double Occupancy Apts.	<u>—</u>
Total # of Apts.	<u>150</u>
Maximum Potential Occupancy	<u>193</u>

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

Type of Certification Review (complete only one)	Entrance Date	Exit Date
Final		
Annual	<u>05-06-2019</u>	<u>12/4/19</u>

REVIEW FINDINGS: YES ( ) NO ( )

Ombudsman was notified on 04-29-19 about the date of the review.

Ombudsman participated in review: Yes ( ) No (X)

Provider Manager/Designee Signature/Date \_\_\_\_\_ 5/15/19

\_\_\_\_\_  
 \_\_\_\_\_

Regional Supervisor Signature/Date \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_ Signature/Date \_\_\_\_\_

**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)	X			
Local Health and Food Preparation 146.215(c)(5)	X			
Elevator (freestanding 2 or more levels = 1 for 75 or < apartments/2 for 76 or >apartments 146.210(a)(4)	X			
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.

*error met*  
 [ ] [ ] [ ]

N/A, all apartments are single occupancy.

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

*error met*  
 [ ] [ ] [ ]

**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:** No double apt.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

<u>Common Areas 146.210, 146.230 and 146.250</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
1. Are there at least two common areas for socialization? <b>NOTE:</b> 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) <b>NOTE:</b> 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) <b>NOTE:</b> 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) <b>NOTE:</b> 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) <b>NOTE:</b> 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) <b>NOTE:</b> 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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Does the SLP provider offer three meals or two meals plus a breakfast bar per day? 146.230(e)(l)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Do meal schedules allow for some flexibility in eating times?<br><b>NOTE:</b> Examples include the ability to change seating times, and staggered arrival. 146.250(e)(10) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Are choices for therapeutic diets provided as needed?<br>146.230(e)(1)<br><b>NOTE:</b> Mark N/A if no residents have MD ordered therapeutic diets. [ ] NOT APPLICABLE     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Are beverages and snack foods available at no additional cost to the residents? 146.230(e)(2)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Are all residents offered the same menu except for therapeutic diets? 146.230(e)(3)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Are served menus kept on file for at least six months?<br>146.230(e)(4)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Are food purchase records kept on file for at least six months? 146.230(e)(6)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Comments:**

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**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?<br>146.210(p)(1)(A) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Does the resident laundry room have a sink for hand washing? 146.210(p)(1)(B)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/> [ ] [ ] [ ] |
| 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"/> [ ] [ ] [ ] |

**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:**

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*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)<br>NOTE: Please review a random 3 months of activity calendars since the last review. | <input checked="" type="checkbox"/> [ ] [ ] [ ] |
| 2. Does the SLP provider offer residents health promotion and exercise programs at least three times per week? 146.230 (l)(2)<br>NOTE: Please review a random 3 months of activity calendars since the last review                                    | <input checked="" 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:**

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## **NEW ADMISSIONS**



Resident J

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.

[X] [ ] [ ]

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.

[X] [ ] [ ]

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]

[X] [ ] [ ] [ ]

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

[X] [ ] [ ] [ ]

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.

[X] [ ] [ ] [ ]

15. Individual's Support Plan (ISP) Development: 146.245 (d)

Developed by or co-signed by an RN?

Signed/co-signed [REDACTED] days of completing the comprehensive assessment

Date: [REDACTED]

NOTE: The time of the assessment is not relevant for this question.

[X] [ ] [ ] [ ]

**SLP New Resident Review (3 of 6) Resident Name: Resident I**  
**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 [REDACTED] days of completing [REDACTED] comprehensive [REDACTED]  
**NOTE:** The timeliness of the assessment is not relevant for this question.  [ ] [ ] [ ]



SLP New Resident Review (3 of 6) Resident Name: Resident H  
Resident Participation Requirements 146.215, 146.220, 146.240 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: [REDACTED] ss of the assessment is not relevant for this question.  [ ] [ ] [ ]

Resident G

SLP New Resident Review (3 of 6) Resident Name: [REDACTED]

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

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 title 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: [REDACTED] of the assessment is not relevant for this question.

## **RESIDENT REVIEWS**

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

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. 3

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 R#11

RAI

Answered

not in ISP

Reviewer Signature:

**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"/>



Resident Name: \_\_\_\_\_ Resident E \_\_\_\_\_

*Individual Resident Review*

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.  [ ] [ ] [ ] [ ]

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:

*SLP had no med errors in this survey period per DON*

**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)<br>NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.<br><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"/> |



• SLP Resident Review (9 of 10) Resident Name: *Resident E*

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). <b>NOTE:</b> 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) <b>NOTE:</b> 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) <b>NOTE:</b> 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) <b>NOTE:</b> 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) <b>NOTE:</b> Mark N/A if resident does not require. <input checked="" type="checkbox"/> NOT APPLICABLE	<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)  
**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.  [ ] [ ] [ ] [ ]

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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.       [ ] [ ] [ ]
- 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)       [ ] [ ] [ ]

Resident D

SLP Resident Review (4 of 10) Resident Name: \_\_\_\_\_

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: #11 [redacted] ; not addressed in I-SP.

Remediated [redacted] ; answer remains rec.

Reviewer Signature: \_\_\_\_\_

Date of Review: [redacted]



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

**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)<br>NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.<br>[ ] 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 D  
**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).<br>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)<br>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)<br>NOTE: Applies to all SLP applications approved after 8/1/09.<br><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)<br>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)<br><br>NOTE: Mark N/A if resident does not require.<br><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 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.

<b>146.200, 210, 225, 230, 245, 250, and 260</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
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

<u>146.200, 210, 225, 230, 245, 250 and 260 cont'd</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Comments</u>
9. If you are interested, does staff provide you access to indoor and outdoor activities which include community opportunities? 146.230(i)(1) – (4) <b>NOTE:</b> Mark N/A if the resident is NOT interested.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If requested, does staff assist you with making appointments and/or arranging transportation? 146.230(j)(1) – (3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. If requested, does staff assist you with your medication? 146.230(b) & (d) <b>NOTE:</b> This includes ordering and set up. Make sure response matches RSP. Mark N/A if resident does not require medication assistance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If you wish, are you able to change the services you receive? 146.250(e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. If you choose to be employed, does staff prevent you from seeking employment? 146.250(e)(10) <b>NOTE:</b> Mark "N/A" if the resident does not wish to be employed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Do you choose how to dress, with whom to interact, your activities and the furnishings in your apartment? 146.250(e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. If interested, can you use the common areas of the building, such as the dining room, activity room and resident laundry room?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Can you request certain staff provide you with services? <b>NOTE:</b> 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



*Individual Resident Review*

Resident Name: Resident De [unclear]

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)  
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 C

<u>Assessment/Service Plan/Quarterly Evaluation 146.245</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Comments</u>
5. ISP reviewed/signed by the resident or his/her designated representative and any others included by the resident? 146.245(d) <b>NOTE:</b> 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? <b>NOTE:</b> 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 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) <b>NOTE:</b> This includes services provided by family.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Is the ISP individualized to the resident's preferences and assessed needs? 146.245(d) <b>NOTE:</b> 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 checked="" 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) <b>NOTE:</b> Examples include a medication lock box or escorts during outings in the community due to cognition.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 C

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:

# 14. [REDACTED] - [REDACTED]  
Resident returned from [REDACTED] less than  
[REDACTED] days.

#11. RAI scored [REDACTED] for [REDACTED] but  
not addressed in [REDACTED] remedial [REDACTED]

Reviewer Signature: [REDACTED]

Date of Review: [REDACTED]

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

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"/> | <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)<br>NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.<br>[ ] 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 C**  
**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).<br/> <b>NOTE:</b> 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)<br/> <b>NOTE:</b> 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)<br/> <b>NOTE:</b> Applies to all SLP applications approved after 8/1/09.<br/> <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)<br/> <b>NOTE:</b> 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)<br/><br/> <b>NOTE:</b> Mark N/A if resident does not require.<br/> <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 C** \_\_\_\_\_

**NOTES FOR COMPLET**

- 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 conf'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

<b>146.200, 210, 225, 230, 245, 250 and 260 cont'd</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
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 <b>immediately</b> .	<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"/>

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

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)<br><b>NOTE:</b> If a signature is missing, answer the question "No" and remediate while on-site.  | [X] | [ ] | [ ] | [ ] |
| 6.  | Did the resident initial the ISP to indicate he/she chose to receive services from the SLP provider?   | [X] | [ ] | [ ] | [ ] |
| 7.  | If the resident did not choose to receive services from the SLP provider, did the resident initial that he/she received referral information?  | [ ] | [ ] | [X] | [ ] |
| 8.  | Did the resident initial that he/she received a copy of the SLP's resident rights?<br><b>NOTE:</b> If initials are missing, answer the question "No" and remediate while on-site.  | [X] | [ ] | [ ] | [ ] |
| 9.  | Does the ISP include areas important to the resident, such as goals, interests, preferences or choices? 146.245(d)   | [X] | [ ] | [ ] | [ ] |
| 10. | If applicable, does the ISP include coordination and inclusion of services being delivered to the resident by an outside entity? 146.245(d)<br><b>NOTE:</b> This includes services provided by family.   | [X] | [ ] | [ ] | [ ] |
| 11. | Is the ISP individualized to the resident's preferences and assessed needs? 146.245(d)<br><b>NOTE:</b> 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. | [X] | [ ] | [ ] | [ ] |
| 12. | Does the ISP identify safety concerns that impact the resident's options or choices? 146.245(d)<br><b>NOTE:</b> Examples include a medication lock box or escorts during outings in the community due to cognition.  | [X] | [ ] | [ ] | [ ] |
| 13. | If the resident declined any services, are they noted on the ISP? 146.245(d)   | [ ] | [ ] | [X] | [ ] |

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:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APARTMENT OBSERVATIONS**

**Apartment Observations 146.210**

**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)<br>NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.<br>[ ] 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 B 7  
**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).<br/> <b>NOTE:</b> 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)<br/> <b>NOTE:</b> 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)<br/> <b>NOTE:</b> Applies to all SLP applications approved after 8/1/09.<br/> <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)<br/> <b>NOTE:</b> 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)<br/><br/> <b>NOTE:</b> Mark N/A if resident does not require.<br/> <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 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 B

Resident Name: \_\_\_\_\_

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"/>

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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 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: 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.

[ ] [ ] [  ] [ ]

**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 scored for [REDACTED] but not addressed in ISIP. Remediated during the survey.

Reviewer Signature: Resident A

Date of Review: 5/6



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

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 **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)<br>NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.<br>[ ] 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"/> | [ ] | [ ] |

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.  [ ] [ ]
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)  [ ] [ ]
10. A sink, microwave or stove, and refrigerator with separate freezer? 146.210(d)(3)(G) or 146.210(e)(4)(G)  [ ] [ ]
11. Closet for each resident of the apartment? 146.210(g)(1)  
NOTE: For SLPs with applications was approved after 1/1/05  [ ] [ ]
12. Closet(s) with a door? 146.210(g)(2)  [ ] [ ]
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.  
 NOT APPLICABLE [ ] [ ] [ ]
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)  [ ] [ ]
15. Apartment in good maintenance and repair? 146.230(h)(1)  [ ] [ ]
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.  [ ] [ ]
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.  
 NOT APPLICABLE [ ] [ ] [ ]



**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 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 A  
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. [ ] [ ] [ ]  [ ]

146.200, 210, 225, 230, 245, 250 and 260 cont'

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) [✓] [ ] [ ] [ ]  
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

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## **FINDINGS OF NON-COMPLIANCE ISSUED**



**ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
SUPPORTIVE LIVING PROGRAM**

**RESPONSE TO ON-SITE REVIEW FINDINGS Page 1 of 6**

SLP NAME: Asbury Garden

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: 5-6-19 EXIT DATE: 5-15-19

( ) 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: \_\_\_\_\_

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

(1<sup>st</sup>) BEGIN DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

FINDINGS CORRECTED: YES  NO

(2<sup>nd</sup>) BEGIN DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

FINDINGS CORRECTED: YES  NO

**RESPONSE TO ON-SITE REVIEW FINDINGS Page 2 of 6**

**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.

	12/4/19
	Date
Signature of Bureau of Long Term Care HFSN	12/4/19
	Date
Signature of Bureau of Long Term Care Regional Supervisor	5/19/2021
	Date
Signature of Bureau of Long Term Care Area Manager	5/19/2021
	Date

# Asbury Gardens AR Follow-up Review 1/14/20

**Section 146.245 (d):** The service plan must be individualized for the Resident's needs.

R2, R3, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17 and R18 had RAI score above 0 for [REDACTED]. [REDACTED] was not addressed in their ISP's.

**POC Steps Taken:** [REDACTED] will be addressed in all ISP's moving forward. The Executive Director or Designee will randomly audit ISP's to ensure shopping been addressed in ISP's

[REDACTED]

HFSN reviewed R2, R6, R7, R8, R9, R10, R11, R12, R14, R15, R16 and R18's ISP's for [REDACTED]. ISP updated and addressed [REDACTED].

NO ISP's completed during the review period of 01/03 to 01/14/2020.

**Section 146.295 (k):** A written evaluation of each drill shall be submitted to SLF manager and the Quality Assurance committee and shall be maintained for one year from the date of drill.

SLF staff in charge of fire and severe whether evaluations did not provide written evaluations to QA committee or SLF Manager 2019-2019.

**POC Steps Taken:** Each fire and severe weather drill will be reviewed at the Quarterly QA with the SLF manager and the written evaluation will be included in the QA notes. The executive Director or Designee will randomly audit the QA notes to ensure written evaluations have been completed.

HFSN reviewed the QA notes from [REDACTED] and found the [REDACTED] fire drill evaluation included in it as POC steps taken. [REDACTED] fire drill included an evaluation.

No drills were conducted during the review period of 01/03/20 to 01/14/20



RESPONSE TO ON-SITE REVIEW FINDINGS

PROVIDER NAME: Asbury Garden

REFERRAL DATE: 5-6-19

First Follow-up (X)      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><u>146.245(a)</u> The service plan must be individualized to address the health and behavior needs of each 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> <p>ISP is not individualized for the residents' assessed needs.</p> <p>R2, R3, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18 residents had RAI coded above [REDACTED]. [REDACTED] was not addressed in their ISPs.</p>		

Signature of SLP Provider Representative

*[Handwritten Signature]*

Date [REDACTED]