

### Asbury Gardens, 2021 PRONG 1

Attached to Sister Nursing Facility

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### **Heightened Scrutiny**

SETTING INFORMA	TION	
Setting Name:	Ashbury Gardens	SLP
Address:	210 Airport Road North Aurora, IL 60542	
HEIGHTENED SCRU	TINY INFORMATION	
• • •	(10/31/16): 167 y state agency ool	s used by individuals that do not receive Medicaid
Provider qualificatic	ons for staff	
Documentation of p greater community	procedures in place by the setti	ng that support individuals access to activities in the
Documentation that disability-specific se		etting from among setting options, including non-
Description of the p transportation is pro		e public transportation or an explanation of how
Other relevant infor	mation	

-Photographs -Schematic Plan

ois blic Aid	J Program on	ving to deliver services under the Supportive Living Program, ow as to the number of units and number of residents, and complied with all rules and regulations necessary for 1 only for the location set forth below.				Maximum Number of Residents 193			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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.	Asbury Gardens	210 Airport Road	North Aurora, Illinois 60542	150 Maximum	Rod R. Blaodievich, Governor	Barry S. Maram, Director	November 13, 2003 Effective Date
		This certificate authorizes the follow subject to the limitation set forth bel confirms that the facility named has certification. This certificate is valid	Name	Address	City/State/Zip	Number of Units	Rod B	. U Bar	

	Nursing Ho	mes in	Illinois
	DIDLE Kau	nei, oovernor	
Who Regulates			Index
Nursing Homes?			General
A Listing of Illinois Nursing Homes	Facility Information		Facility Information Ownership informati
How to Select a	ASBURY GARDENS NRSG &		Surveys
Nursing Home	212 AIRPORT ROAD NORTH AURORA IL 60542	REIAD	
Centers for Medicare and Medicaid Services	ADMINISTRATOR JOSEPH PARK TELEPHONE: 630-896-7778		Administration Staffing Admission Restrictio
Nursing Home	Licensee ID	:0051193	Admissions & Dischar
Compare Website	Facility ID	6016729	Licensed Beds / Beds in
A CONTRACTOR OF THE PARTY OF	Skilled beds	.75	
Quarterly Reports	Intermediate beds	:0	Residents
of Nursing Home	Icf-dd beds	0	Primary Diagnosis
Violation	Shelter Care beds	0	Age Gender & Level of Co
	Community Living beds	:0	Racial / Ethnic Grou
Ilinois Law on	Under 22 beds	0	Kaciary Euline Grou
Advance Directives	Medicare beds	:0	The second second second
	Medicare/Medicaid beds	.75	Patient Days
Nursing Homes	Medicaid beds	:0	Level of Care
with No	Fax	:630-896-6759	Payment Source
Certification	County	:Kane	Private Payment Rat
Deficiencies	Medicare Certification Number	:14-6170	
	Medicare Skilled Certification Number	2	
Nursing Home	Medicaid ICF/DD Certification Number	5	
Care Act	Medicaid DD Certification Number Medicaid Swing Bed Certification Number	2	
Illes to Health Course	weakan owing bed certilication Number		
llinois Health Care Vorker Registry			
Centers for			
Aedicare and			
Aedicaid Services			
lursing Home			
Quality Initiative			

3/4

Drouidar Name.	
	Jahren Radio A. F.
Name/Address of setting:	
Contact at the setting:	L'UNITOU Para Vorla Juera, I.L. 60542.
	Julia Lakomiak RN (SIEN.
Visited With:	T.I. I.I. Manager
Surveyor Name:	)) HAKOMIAK KN VOL MARAGE
	Flsie Periasulame HEN
Date Completed:	
	may 18,2016
nge of the other how we want the second s	

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

## What type of facility licence certification (maintenation

	ment of the original filterise, certification/registration, etc. does the setting possess? (Mark the appropriate how)	etting posse	ess? (Mark the appropriate hox)
-	Community Integrated Living Arrangement - License	Long Tern	V Long Term Care Facility
	Developmental Training - Certificate	Illinois De	Illinois Department of Public Health Certificate/License
	Department of Children and Family Services - License	Adult Day	Adult Day Services – Certification by DoA
Contraction of the		•	

		Site-Based Permanent Supported/Supportive Housing
Day Habilitation-Facility Based:	×	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		

	Yes	Ŷ	Plan	NA
Public Comment Received?	×			
Does the setting provide both on-site and off-site services?				k
		$\mathbf{X}$		bro
Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or				an and the second second second
in a building located on the grounds of, or immediately adjacent to a public institution? Connected fo Sister NF	$\times$			
Is the setting a farmstead, a gated community, or part of a multi-setting campus?	•	¥		A CONTRACTOR AND A CONT
	$\times$	\$	99.9999444499944499	
		Q		

### 1 Which of the following h

The sett. integrated s	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.	opportu Te comu	unities munity	to seek en	nployment and work in competitive me degree of access as individuals not
Check Yes,	Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes N	No P	Plan NA	Additional Comments
1. Do ir unde as pu	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?	$\mathbf{X}$			
2. Does	r service	$\times$			
3. Do ir setti	Do individuals have an opportunity to seek employment in competitive integrated settings?				
4. RESII comr	RESIDENTIAL ONLY: Does the setting encourage visitors or other people from the community to visit?	$\times$			
5. RESII outsi are p appro the s	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?	×			

Not a current requirement for SLP. This determination completed by the CCU or Not a current requirement for SLP. This is included in the initial level of care is included in the initial level of care **Additional Comments** The setting gives individuals the right to select from among various setting options, including non-disability specific settings. DRS. AN Plan ٩ × × Yes  $\sim$ Does the person centered plan identify the individuals' choice to receive services at this Black Category 2 Are individuals and their families encouraged to participate in the care planning Does the person centered plan identify various setting options provided to the Does the person centered plan identify non-disability setting options? Check Yes, No, NA or Addressed by Person Centered Plan (Plan) participant? process? setting? 6. 7. ś 6.

determination completed by the CCU or DRS. 2,0 55 En trivation × 10. Does the person centered plan identify safety concerns that impact options or choice? Bhank (11. NON-RESIDENTIAL ONLY: Does the individual have a choice regarding Day Setting RESIDENTIAL ONLY: Does the individual have a choice/option for a private unit? options? 12. |

Category 3					
The setting ensures individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint.	rom coe	rcion an	d restr	aint.	
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?	+				
14. Does the setting inform individuals of their rights to privacy, dignity, respect, and freedom from coercion and restraint?					
15. Does the setting post individuals' rights in a visible location?	$\frac{1}{x}$			Not a requirement for SLP.	SLP.
16. Have the individuals been informed of their rights and have they received a written copy of their rights?	$\downarrow$				
17. Does the setting conduct communications about individuals' medical conditions, financial situations, and other personal information in a place where privacy/confidentiality is assured?					
18. Does the setting ensure that individuals have privacy while using the bathroom unless the individual has a documented need for assistance?					
19. If an individual needs assistance with personal care needs, are arrangements made for this to be done in private?					
20. Does the setting offer a secure place to store individuals' personal belongings?					
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)?					
24. Are individuals allowed to dress or groom in a manner that is appropriate to the setting while honoring individual choice and lifestyle preferences?	$\sim$			in open a region many in the second secon	

individually approved plans of care? 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.	daily a	tivities	, physica	Kestraints are not allowed in SLP. C. NCSEC all Sec. i. C. ICSTUCIENTS	are not allowed in westor electron restraints and with whom to
Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan NA	A Additional Comments	mments
26. Does the setting offer daily activities that are based on individuals' needs and preferences?	>				
27. Can individuals choose with whom to interact?	$\langle \mathbf{F} \rangle$				
28. Can individuals choose which activities to participate in?					
29. RESIDENTIAL ONLY: Can individuals choose to dine alone or in a private area?	<>				
30. RESIDENTIAL ONLY: Can individuals participate in activities in the community alone?					
31. NON-RESIDENTIAL ONLY: Does the setting allow individuals to have a meal/snack to meet their needs and preferences?	<		×		
32. NON-RESIDENTIAL ONLY: Does the setting provide individuals the option to choose both individual and group activities?			×		

9 9. se a de la tradición de la com

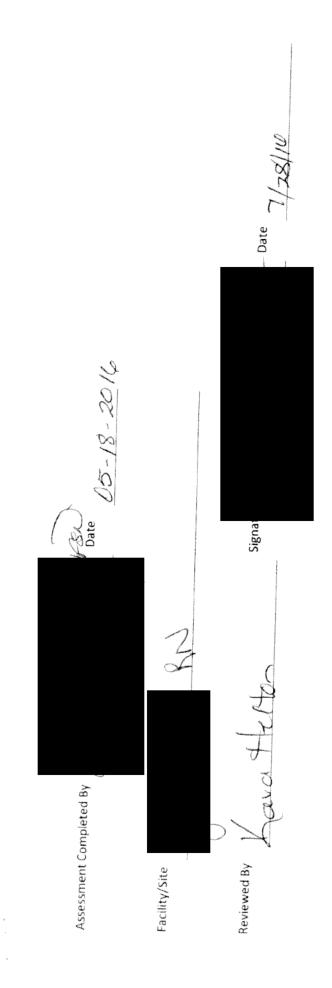
Yes No Plan NA Additional Comments	e a choice to modify their services? $\chi$	ervices that meet their needs and		ce?	ns regarding the services received? $\chi$	s from a service provider other than the one assigned pist or social worker, to the extent that alternative $\chi$	ort individuals' choice of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

Category 5

Category 6			norodania wydaniadau ddynyd effin y yna		A A BARNA MARKAN ANY MANA MANANA ANA AMIN'NA ANA AMIN'NA AMIN'NA AMIN'NA AMIN'NA AMIN'NA AMIN'NA AMIN'NA AMIN'
The setting is a physically accessible setting.					
Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	8	Plan	AN	Additional Comments
<ol> <li>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?</li> <li>41. Can individuals access the control of the con</li></ol>		X			
there programming or staff available to provide necessary accommodations?	$\left  \right\rangle$				Operation of the second se
42. Dues 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)?	×		<u> </u>		
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.	the co	nsume	r to ow	n, ren	t, or occupy, the
Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No I	Plan	NA /	Additional
43. As annin-the definition of the second seco				<u> </u>	Comments
which landlord-tenant laws do individuals have a lease, or for settings in which landlord-tenant laws do not apply, a written residency agreement?	$\rightarrow$				
44. Are individuals informed of their rights regarding housing and when they could be required to relocate?		-			
		-tolarion		-,	

The setting provides for privacy in units including lockable doors, choice of roommates and freedom to furnish and decorate the sleeping or fung unit within the lease or other agreement.  Check Yes, No, NA or Addressed by Person Centered Plan (Plan)  Check Yes, No, NA or Addressed by Person Centered Plan (Plan)  A. Commates or acquiring other accommodations?  A. Can individuals have a choice regarding roommates or acquiring other accommodations?  A. Can individuals have a choice regarding roommates or acquiring other accommodations?  A. Can individuals choose their own bedroom furniture and accessories?  B. A. Can individuals choose their own bedroom furniture and accessories?  A. Can individuals	Category 8 (RESIDENTIAL ONLY)					n marine de la marine a marine a marine a marine de la marin	ne men and a second second second second second second second
Vest     Vest     No     Plan     NA       accommodations?     X     X     No     Plan     NA       accommodations if desired by the     X     X     No     Plan     NA       accommodations if desired by the     X     X     No     Plan     NA       ssories?     Edack     X     No     Plan     NA       y 9 (RESIDENTIAL ONLY)     Yes     No     Plan     NA       x     Yes     No     Plan     NA	The setting provides for privacy in units including lockable doors, choice of roommates and freedom to furnis lease or other agreement.	and de	scora	e the si	eeping	or living unit wit	hin the
accommodations? accommodations if desired by the accommodations if desired by the Ssories? Blank X Plan NA C C C C	Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes		6		Additional	
accommodations if desired by the ssories? EAAK X Y 9 (RESIDENTIAL ONLY) to control their own schedules including access to food at any time.	45. Do individuals have a choice regarding roommates or private accommodations?				free the second s	Comments	anna marana an anna an an an an an an an an an a
ssories? <b>Y 9 (RESIDENTIAL ONLY)</b> to control their own schedules including access to food at any time. $B_{AD}K \times No$ Plan NA $\times \times No$ Plan NA $\times \times No$ Plan NA	46. Is there a process for changing roommates or acquiring other accommodations if desired by the individual?	X					an Anna Maria an Anna an Anna Anna Anna Anna Anna A
Y 9 (RESIDENTIAL ONLY)         to control their own schedules including access to food at any time.         Blank       Yes       No       Plan       NA         X       No       Plan       NA         X       X       No       Plan       NA		$\checkmark$					A DATA INTERNATION OF A DATA IN A DATA INA DATA
to control their own schedules including access to food at any time. $B_{(dr)} k \left  \begin{array}{c c} \mathbf{Ves} & \mathbf{No} & \mathbf{Plan} & \mathbf{NA} \\ \hline & & \\ &$		$\leq$					
Res No Plan X	The setting provides for options for individuals to control their own schedules including	access t	o foo	d at an)	í tíme.		
eating times?	Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes		Plan	NA	Additional	
eating times?	48. Do individuals have access to food as desired?					comments	no na serie de la companya de la comp
		$\times$		reverer in under per statisticity of course of			
50. Do individuals have the option of eating alone?		$\times$					
	50. Do individuals have the option of eating alone?	>	-				<ul> <li>V Transformed and the second se</li></ul>
		<			And by Constructions of the		

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)       Yes       No       Plan       NA       Additional         51. Are the times of visits restricted in any way?       X       X       Comments         52. Can visitors see individuals in the individuals' rooms or in common areas of the home?       X       X       X       X         53. Can visitors see individuals outside the setting for activities, such as for a meal or shopping?       X       X       X       X         53. Can visitors take the individuals for a longer visit outside the home, such as for a meal or shopping?       X       X       X       X         54. Can visitors take the individuals for a longer visit outside the home, such as for holidays or a weekend?       X       X       X       X	an (Plan) Yes No Plan NA	an (Plan) Yes No Plan NA or in common areas of the home? X X Plan NA In activities, such as for a meal or shopping? X de the home, such as for holidays or a weekend? X	an (Plan) Yes No Plan NA or in common areas of the home? X No Plan NA or in common areas of the home? X No Plan NA or in common areas of the home? X No Plan NA in activities, such as for a meal or shopping? X No Plan NA	an (Plan) or in common areas of the home? or in common areas of the home? A activities, such as for a meal or shopping? A dide the home, such as for holidays or a weekend? A dide the home, such as for holidays or a weekend? A dide the home is used to be home?	an (Plan) Ves No Plan NA or in common areas of the home? X X A A A A A A A A A A A A A A A A A	an (Plan) Ves No Plan NA or in common areas of the home? X Pan NA activities, such as for a meal or shopping? X Pan NA ide the home, such as for holidays or a weekend? X Pan NA	an (Plan) Ves No Plan MA or in common areas of the home? X X A activities, such as for a meal or shopping? X X A A A A A A A A A A A A A A A A A	an (Plan) Ves No Plan NA or in common areas of the home? X No Plan NA or activities, such as for a meal or shopping? X No Plan NA if activities, such as for a meal or shopping? X No Plan NA dide the home, such as for holidays or a weekend?	an (Plan) or in common areas of the home? or in common areas of the home? or activities, such as for a meal or shopping? or activities, such as for holidays or a weekend? (de the home, such as for holidays or a weekend?)	an (Plan) ar (Plan) or in common areas of the home? r activities, such as for a meal or shopping? r activities, such as for holidays or a weekend? x home, such as for holidays or a weekend? x home ide the home, such as for holidays or a weekend?	an (Plan) ar (Plan) ar activities, such as for a meal or shopping? r activities, such as for a meal or shopping? r activities, such as for a meal or shopping? r activities, such as for holidays or a weekend? x x x x x x x x x x x x x x x x x x x
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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. Waubansee 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.

	l uesday	Wednesday	Thursday	Friday	Saturday
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Asbury Gardens

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Thursday	· · · · ·	- Jeweiry Class 0a - Shopping at valmart 30a - Painting w/John 0 - Lunch 0 - Lunch 0 - Sit & Stretch - Cooking Club - Volunteer Meeting - Volunteer Meeting - Volunteer Meeting - JCB	00a – Shopping at 13 Jewel :30a – Painting w/John p – Lunch 00p – Sit & Stretch – HOME Baseball Game – Vatking Club – Vatking Club – Dinner – LCR	20 uncheon	Shopping at 27 Valmart Painting WJohn nch nch king Club king Club king Club king Club king Club	
Wedrusday	OBER 2016 Ortive Living	Ba - Mass - Cancelled     9a - Jeweiry Class       9a - Mass - Cancelled     9a - Jeweiry Class       9a - Mass - Cancelled     9a - Jeweiry Class       9a - Mass - Cancelled     9a - Jeweiry Class       10a - Phase 10     Walmart       12p - Lunch     10:30a - Painting wi       130p - Sil & Stretch     12p - Lunch       130p - Sil & Stretch     12p - Lunch       2p - Base 10     1:30p - Sil & Stretch       2p - Tacos in a Bag     2p - Cooking Club       3p - Volunter     4p - Walking Club       4p - Walking Club     7p - Loner	pport G12	9a - Mass 9:30a - Hyper, Support Grou <b>f</b> 10a - Phase 1:30p - Sti & Stretch 1:30p - Sti & Stretch 3p - Bunco 4p - Watking Club 4:30p - Trivia 4:30p - Trivia 7p - Dinner 7p - Dinner	9a – Mass 93 – Mass 10a – Hyper, Support Group 10a – Phase 10 1:30p – Sui & Stretch 1:30p – Sui & Stretch 32 – Birthdey Bash 45 – Waiking Club 4:30p – Thivia 72 – 8.26 Cent Bingo	
Tuesday	OCTOB	Bai - Massages       Bai - Massages       Basebati World Series 9:30an - Markovic       4 m at Prisco       4 m at Prisco       10:30a - Ukut       10:30a - Ukut       10:30a - Bible Study       10:30a - Bible Study       11:30p - Sit & Stricth       2p - Jeopardy Game       3p - Wrogan       4p - Widting Club       5p - Uning	9:30a - Breakfast Outling 1 To Mother's Pancakes 10:30a - Bible Study 12p - Lunch 1:30p - Sit & Stretch 1:30p - Sit & Stretch 2p - Poker Game 2p - Poker Game 7p - Whammo	1:30a - Koffee Klutch 10:30a - UNO 10:30a - Bhla Study 10:20a - Bhla Study 11:20 - Lunch 1:20 - Stit & Stretch 2: - Glee Club 3: - Tea Party 4: - Whatmoo 7: - Whatmoo	Ba – Masseges         25           B3:30 – UNO         10:303 – UNO           10:303 – UNO         10:303 – UNO           10:304 – UNO         10:304 – UNO           11:304 – Lunch Outing to         East China Inn           11:304 – Lunch Outing to         1:304 – Sit & Sitech           12 – Lunch Outing to         East China Inn           12 – Lunch Outing to         1:304 – Sit & Sitech           29 – Sit & Sitech         29 – Sit & Sitech           29 – Walking Club         29 – Walking Club           29 – Walking Club         29 – Wathing Club	
Monday	Ų.	8a - Natl Sation 9a - Mars - Cancelled 10:30a - Wharmon 12p - Lunch 1:30p - Sit & Stretch 2p - Glee Club 3p - Table Games 3p - Dinner 7p - Lons Club Bingo	8a - Nail Saton 9a - Mass - Cancelled 10.30a - Wharmon 12p - Lunch 1:30p - Sit & Stretch 2p - Gies Club 3p - Fluffernutter Day 49 - Waking Club 49 - Waking Club 59 - Dinner 79 - Bing 79 - Bing 70 - Bing 70 - Stretch 70 - Stret	a varian saton 9a - Communion Service 10:30a - Whemmo 10:30a - Whemmo 130p - Sita Stretch 2p - Entertairment 2p - Entertairment 3p - Table Games 4p - Waking Club 4:30p - Trivia 5p - Lions Club Bingo 7p - Lions Club Bingo	Ba – Nail Salon Ba – Masi Salon 10:30a – Whammo 12p – Lunch 1:30p – Sit & Stretch 1:30p – Sit & Stretch 1:30p – Sit & Stretch 3p – Whoga 3p – Whoga 4p – Walking Club 4p – Walking Club 7p – Bingo	8a - Nail Saton 9a - Communion Service 10:30a - Whammo 12p - Lunch 1:30p - Sit & Stretch 1:30p - Sit & Stretch 4p - Walking Club 4;30p - Trivia 5p - Dinner 7p - Bingo
Sundy		oloring ion Service 1y tretch as Movite	9 olocing ion Service retch is Movie Movie	oloring ny tretch ss Movie	8:45a - Church 9:30a - Adutt Coloring 9:30a - Adutt Coloring 10a - Mass 102 - Mass 12p - Lunch 1:30p - Sti & Stretch 2p - Snake Eyes 3p - Yahtzee 3p - Vahtzee 5p - Dinner 7p - Late Night Movie	8:45a - Church 9:30a - Adult Coloring 10a - Mass 10:30a - Rummy 12p - Lunch 1p - Open House Trick-or- 1p - Open House Trick-or- 1p - Watking Cluth 5p - Dinner 7p - Late Night Movie

Asbury Gardens

### DINING ROOM HOURS OF OPERATION

### <u>SLF</u>

Breakfast 8am – 10am Lunch 12pm Dinner 5pm

### <u>SNF</u>

Breakfast 7:30am Lunch 12pm Dinner 5:30pm

### <u>MCU</u>

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

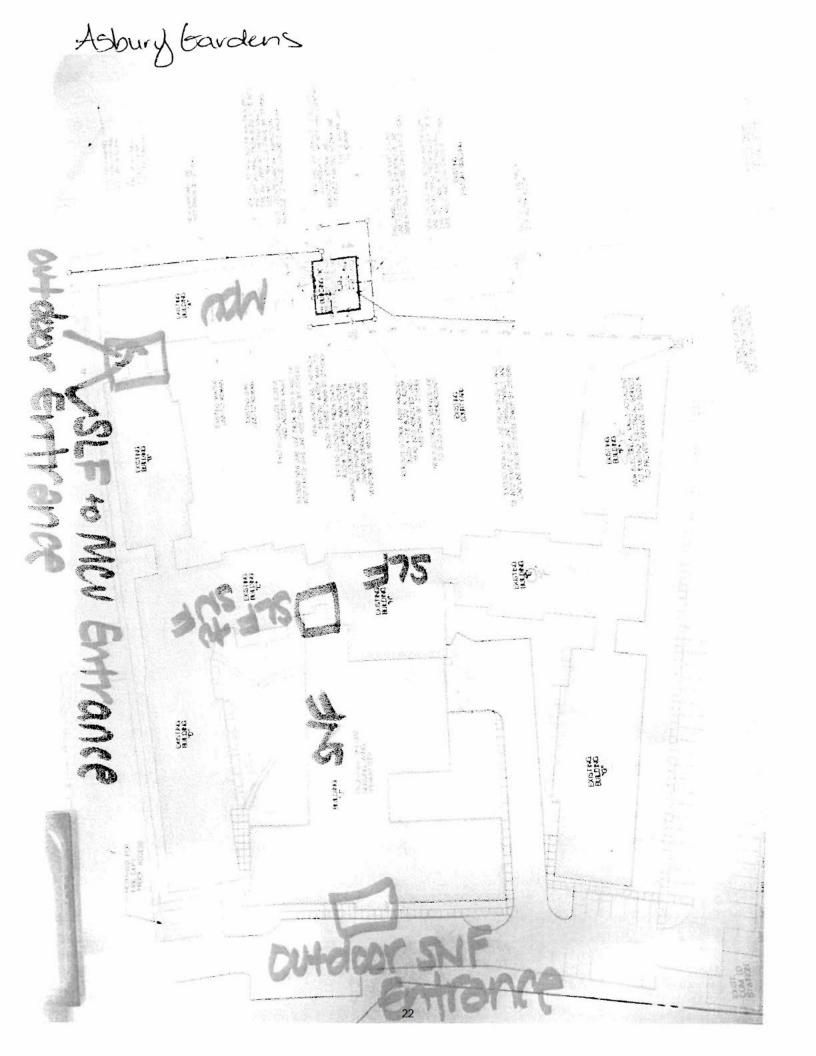
9:00am - 12:00pm and 1:00pm - 2:00pm

### **Supportive Living Program**

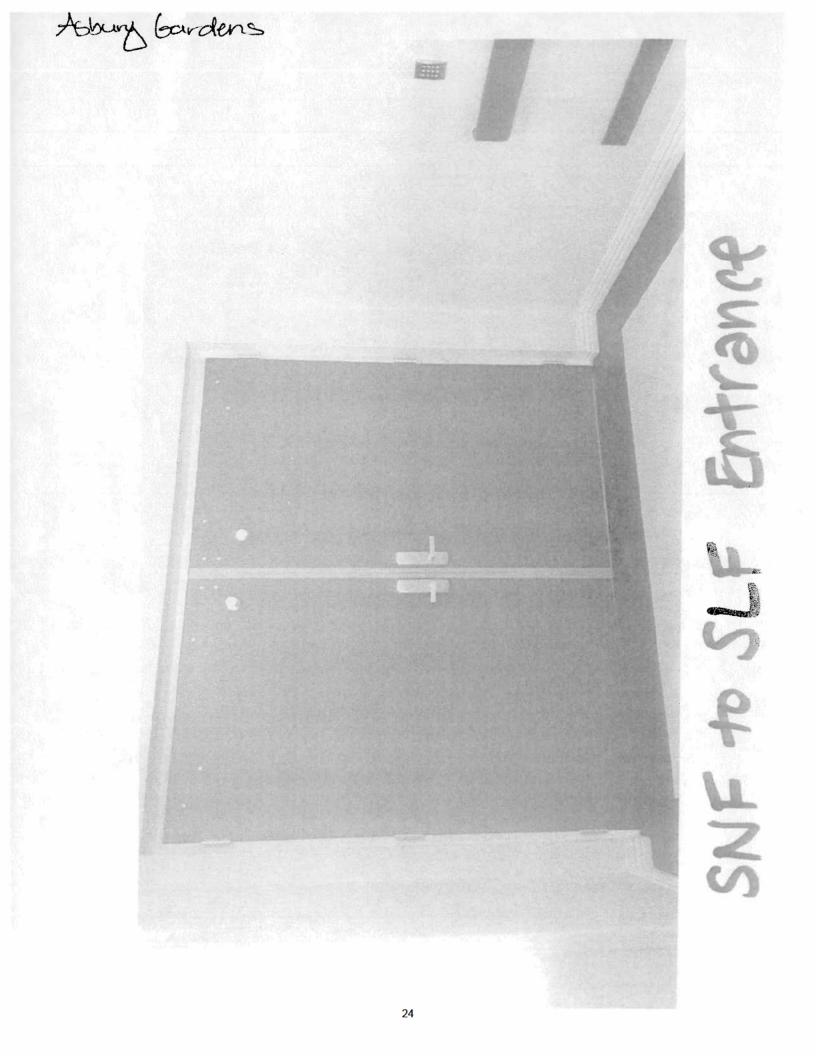
### **Participant Choice of Providers**

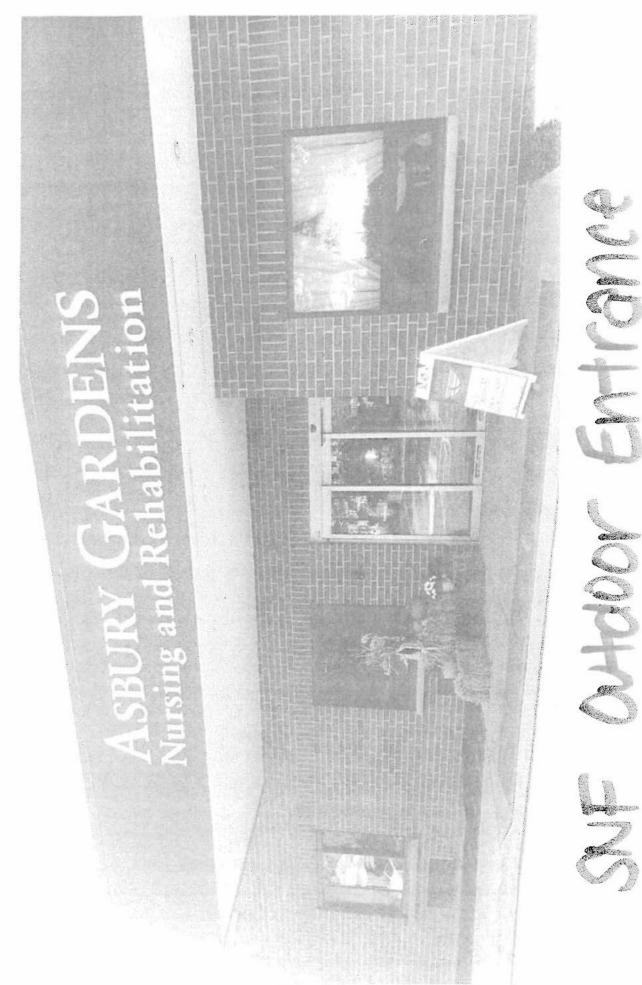
The Department of Healthcare and Family Services verifies participant choice of providers from among setting options, including non-disability-specific settings, by verifying participants have a signed resident contract with the Supportive Living Provider (SLP) provider. One hundred percent (100%) of 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.









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

Provid	der	
Addre	ess 210 Dirport Rd.	
City	north Aurora	
		ALC: NO. AND

ID #	2

Zip Code

Freestanding ( ) Rehab NF (X)

Fax# 630-896-6759\_

Phone # 630-896-7778\_

# of Single Occupancy Apts.

)	ccupa	nev	Info	orma	tion	
_						

# of Double Occupancy Apts.—Total # of Apts.150Maximum Potential Occupancy193

Is the private pay rate higher then the Medicaid rate?

 $Yes(\chi) No()$ 

3/15/19\_

51012

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)  $Yes(\chi)$  No ()

Type of Certification Review	Entrance Date	Exit Date
Final	_	<u> </u>
Annual	05-06-2019	12/4/19

150

### REVIEW FINDINGS: YES ( ) NO ( )

Ombudsman was notified on  $\underline{\partial \mathcal{U}}_{-\mathcal{X}} - \underline{\mathcal{U}}_{-\mathcal{Y}} - \underline{\mathcal{U}}_{-\mathcal{Y}}$  about the date of the review. Ombudsman participated in review: Yes ( ) No  $(\overline{\chi}$  )

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Provider Manager/Designee Signature/Date

Regional Supervisor Signature/Dat

Signature/Date

6/4/18

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### 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)				

G	eneral Policies 146.230 and 146.310	Ye	s N	lo	Con	men	its
2.	Is there a policy addressing resident rights? 146.215(c)(4)(H)	[X]	[]	}	[	]	
3.	Is there a policy(ies) that supports residents' choice of services that meet their needs and preferences?	4					
	<b>NOTE:</b> Examples include residents rights, involvement in assessment and service planning.	۲Ŋ)	[]	l	ſ	]	
4.	Does the resident discharge policy include relocation assistance? 146.215(c)(4)(I) and 146.255(i)	[X]	[]	l	ſ	)	
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. [X] NOT APPLICABLE		-{ ]	[	- [	1	
6.	If the SLP provider manages resident funds, are they kept in an acco that is separate from SLP provider funds? NOTE: resident funds ma 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	ay	[]		[	1	4
7.	Are any residents identified sex offenders?		~!-				
	If yes, complete page 96 for each resident.	[]	[X]		]	]	

6/4/18

General Policies 146.230 and 146.310

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  $(\chi)$ [] to a public institution? If "Yes", check the following that apply: SLP building has a separate entrance A 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 [X][] [] in a conventional SLP building. Comments: Double Occupancy Yes No Comments 1. Does the building have apartments certified for double met [] occupancy? If no, mark "N/A" and skip the rest of this section. N/A, all apartments are single occupancy. sor melt 2. Do residents have a choice/option for a private apartment? 6

Yes No Comments

		Yes No C	ommen
choice regarding Current vacance sideration.	roommates or a private ies and affordability should	[][]	[]
changing room esired by the res	mates or acquiring other sident? 146.250(e)(13)	[][]	[]
double	anto.		
	• • • • • • • • • • • • • • • • • • • •		
141		1	
		1.14	
	Current vacance isideration, changing rooms esired by the res double	changing roommates or acquiring other esired by the resident? 146.250(e)(13)	Current vacancies and affordability should sideration. [][] changing roommates or acquiring other esired by the resident? 146.250(e)(13) [][] double apto-

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### 6/4/18

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

	Co	mmon Areas 146.210, 146.230 and 146.250	Yes No C	omments
	1.	Are there at least two common areas for socialization? NOTE: Dining room can be one. 146.210(j)(1)	[][]	[]
	2.	Are areas accessible for wheelchair use and furnished to meet residents' needs? 146.210(j)(2)	( <sup>1</sup> )	[]
	3.	Are all common areas physically accessible to residents? 146.210(j)(2)	ί, Γλ][]	[]
	4.	Are residents observed in the common areas, both inside and outside of the building?	[][]	[]
	5.	Is each common area equipped with a working emergency call system? 146.230(m)(2) NOTE: ALL common area call buttons must be checked.	<b>Γ</b> γίι:	[]
	б.	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)	t <b>X</b> i []	[]
	7.	Is there a handicapped accessible phone that allows residents to have private conversations? 146.210(1) NOTE: Does not have to be located in a common area, but must be made available to residents at their request.	Ø()[]	[]
	8.	Is there ice for resident use in at least one common area? 146.210(j)(4) NOTE: For SLP providers approved after 1/1/05	Ŕ	[]
	9.	Is there accessible drinking water in at least one common area? 146.210(r)(4)	κ, ε	[].
9	10.	Individual locked mailboxes inside the building? 146.210(d)(4) or 146.210(e)(5) NOTE: For SLP providers approved after 1/1/05	6/1 [ ]	r ı
	11.	Is there night lighting for corridors? 146.210(c)	τ <u>×</u> 1 [] τ×1 []	[]
0		Is at least one Department complaint hotline poster displayed on each floor in an area that is accessible to all residents?	9.13	.,
		146.250(c) NOTE: Single story SLPs must display at least 2 posters		[]

6/4/18

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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	ίχı	[	]		[	]
	Comments:						_
	· · · · · · · · · · · · · · · · · · ·					_	_
Bat	hs/Restrooms 146.210 and 146.230	Yes	I	No	Cor		len
	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.	۲ I		r` 1		0	1
	[ >], NOT APPLICABLE	LJ		IJ	1		
	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)						
	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						
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<u>Citc</u>	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) <b>Comments:</b> hen 146.210 and 146.230	rfs		[]		]	
<u>itc</u>	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: hen 146.210 and 146.230 Is food prepared daily onsite? 146.210(n)(2)	rfs		[ ] ¥o	[	]	
itc	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) <b>Comments:</b> hen 146.210 and 146.230	1/J Yes	 	[ ] ¥o ]	[	]	- - 
itc	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) <b>Comments:</b> <u>hen 146.210 and 146.230</u> Is food prepared daily onsite? 146.210(n)(2) Is there storage space for both non-perishable and perishable	1/1 Ves 1/1 1/1	ן ד [	[ ] <u>¥o</u> ]	[ 	) 1 1 1 1	- - - ]
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) <u>Comments:</u> <u>hen 146.210 and 146.230</u> Is food prepared daily onsite? 146.210(n)(2) Is there storage space for both non-perishable and perishable foods? 146.210(n)(3)(A) Do food preparation areas have cleanable surfaces?	I/J Yes I/J	ן <u>ד</u> נ	] ] ]		] 1 1 1 1	
itc	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) <b>Comments:</b> <u>hen 146.210 and 146.230</u> Is food prepared daily onsite? 146.210(n)(2) Is there storage space for both non-perishable and perishable foods? 146.210(n)(3)(A) Do food preparation areas have cleanable surfaces? 146.210(n)(3)(B) Is there capability for food distribution at the appropriate	1/1 Yess 1/1 1/1 1/1	1 [ [ [	] ] ]		]  [ [	] ] ]

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### General Observations

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	M	eals/Dining <u>146.210 and 146.230</u>	Yes No C	<u>Comments</u>
	1.	Is the dining area handicapped accessible? 146.210(0)(1)		[]
	2.	Does the SLP provider offer three meals or two meals plus a breakfast bar per day? 146.230(e)(l)	N <sub>1</sub> ( )	[]
	3.	Do meal schedules allow for some flexibility in eating times? <b>NOTE:</b> Examples include the ability to change seating times, and staggered arrival. 146.250(e)(10)	זֿגע <b>ז</b> נז	[]]
	4.	Are choices for therapeutic diets provided as needed? 146.230(e)(1) NOTE: Mark N/A if no residents have MD ordered		4
		therapeutic diets. [ ] NOT APPLICABLE	נ∕ג נו	[]
å	5.	Are beverages and snack foods available at no additional cost to the residents? 146.230(e)(2)	t <b>∤</b> ][]	[]
i al ar	6.	Are all residents offered the same menu except for therapeutic diets? 146.230(e)(3)	N∕ji ()	[]
P.	7.	Are served menus kept on file for at least six months? 146.230(e)(4)	(¢) []	[]
ゆ	8.	Are food purchase records kept on file for at least six months? 146.230(e)(6)	(Å) []	[]
9	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)	[√][]	[]
		Comments:		
3				
			and the state traces	
,				
		Indry/Laundry Rooms 146.210 and 146.230	Yes No C	onments
	For 1.	resident use: Is at least one washer and dryer, separate from the general laundry room, and detergent and fabric softener provided for resident use at no cost?		
		146.210(p)(1)(A)	(4) []	[]
2	2.	Does the resident laundry room have a sink for hand washing? 146.210(p)(1)(B)	κ, ι	[]
6	5/4/	18		12

### General Observations Water Services 146.210

Yes No Comments

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- 1. Does the SLP building have hot and cold running water with adequate water pressure? 146.210(r)(3)
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 Does the SLP provider have a policy in place for checking water temperatures and is the policy followed? 146.210(r)(5)(A-C)

**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:

1000	eneral Observations ctivities 146.230		Yes	No C	omments
1.	Does the SLP provider offer residents the opportunity to participate in scheduled on-site and off-site activities at least two times per week? 146.230(i)(2) NOTE: Please review a random 3 months of activity calendars since the last review.	×.	ι¢ι	[:	[]
2.	Does the SLP provider offer residents health promotion and exercise programs at least three times per week? 146.230 (1)(2) NOTE: Please review a random 3 months of activity calendars since the last review		ιγı	ι:	[]

General Observations Activities 146.230

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Activities 146.230	Yes	No	C	Down	nents
<ol> <li>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</li> </ol>	<b>^</b>	<b>e</b> 5	,		
communication.	ſχJ	[	J	L	1
oes the SLP provider allow both on-site and off-site ervices? Are residents given the opportunity to interact with the larger community without SLP staff? 146.250(e)(10) OTE: Examples include physician appointments,					(k
activities and family visits not arranged by the SLP provider.	ſ≯	[	]	]	1
<ul> <li>Does the SLP provider offer daily activities that are based on individuals' needs and preferences?</li> <li>NOTE: Interview staff to learn how activities are identified and how residents are involved. Review applicable policies</li> </ul>	۲¢J	[]	]	[	J

6/4/18 .

### **NEW ADMISSIONS**

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Resident ]

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

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

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[]

[]

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.

 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.

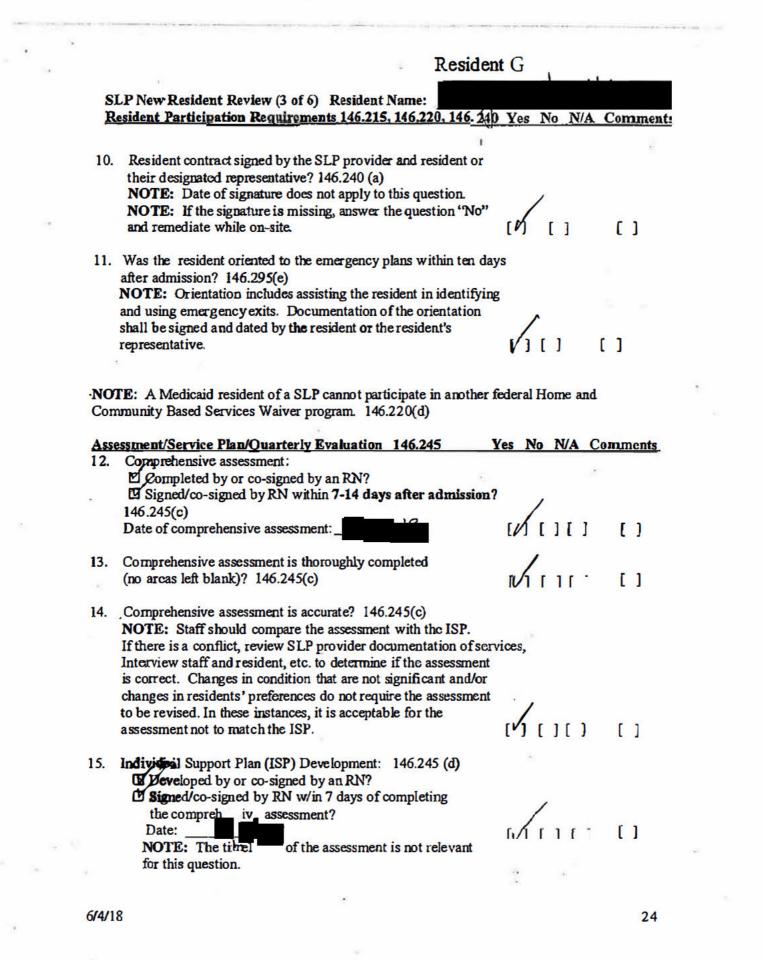
NOTE: A Medicaid resident of a SLP cannot participate in another federal Home and Community Based Services Waiver program. 146.220(d)

		es in	0 IVA	Commen
12.	Comprehensive assessment: Completed by or co-signed by an RN?			
		1		
	Signed/co-signed by RN within 7-14 days after admission?			
	146.245(c) Date of comprehensive assessment:	( X	111	: []
	Date of comprehensive assessment.	$\square$	1 ] [	. LJ
13.	Comprehensive assessment is thoroughly completed			
	(no areas left blank)? 146.245(c)	N	TIL	: []
				<u>,</u>
4.	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 service	vices,		
	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.	4		] []
5.	Individuals upport Plan (ISP) Development: 146.245 (d)	•		
	Dy eloped by or co-signed by an RN?			
	☑ Signed/co-sign			
	the comprehe		/	
	the comprehe			
	Date:	M	1 [ ]	- []
		N	[][	- []
	Date:	1	111	· []

6/4/18

SLP. New Resident, Review (3 of 6) Resident Name: 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" 1 1 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 111 [] 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: D Completed by or co-signed by an RN? Signed/co-signed by RN within 7-14 days after admission? 146.245(c) 1111. [] Date of comprehensive assessment: 13. Comprehensive assessment is thoroughly completed INI [] (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  $[V_1]$ 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 days of completing ompr nsive [][] [] E: The timeliness of the assessment is not relevant for this question. 24

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"	r∨1				r	,
	and remediate while on-site.	tX1		IJ		]	1
11.	Was the resident oriented to the emergency plans within ten day after admission? 146.295(e) <b>NOTE:</b> Orientation includes assisting the resident in identifyin and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative	g					
	representative.	lχ	L	١.	[	1	
Asse	Innunity Based Services Waiver program. 146.220(d) <u>essment/Service Plan/Quarterly Evaluation 146.245</u> Comprehensive assessment: Completed by or co-signed by an RN? Signed/co-signed by RN within 7-14 days after admission		No	N/A	<u>_Co</u>	m	nents.
	146.245(c) Date of comprehensive assessment:		ſ	][	]	Į	]
13.	Comprehensive assessment is thoroughly completed (no areas left blank)? 146.245(c)	\$	[	][	2	[	1
		vices,			:		
	<ul> <li>(no areas left blank)? 146.245(c)</li> <li>Comprehensive assessment is accurate? 146.245(c)</li> <li>NOTE: Staff should compare the assessment with the ISP.</li> <li>If there is a conflict, review SLP provider documentation of ser</li> <li>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.</li> <li>Individual Support Plan (ISP) Development: 146.245 (d)</li> <li>Developed by or co-signed by an RN?</li> <li>Disgned/co-signed by RN w/in 7 days of completing the comprehensive assessment?</li> <li>Date:</li></ul>	vices, [X]	[	][		E	]
14.	<ul> <li>(no areas left blank)? 146.245(c)</li> <li>Comprehensive assessment is accurate? 146.245(c)</li> <li>NOTE: Staff should compare the assessment with the ISP.</li> <li>If there is a conflict, review SLP provider documentation of ser</li> <li>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.</li> <li>Individual Support Plan (ISP) Development: 146.245 (d)</li> <li>Developed by or co-signed by an RN?</li> <li>Signed/co-signed by RN w/in 7 days of completing the comprehensive assessment?</li> <li>Date:</li></ul>	vices, [X]	[	][	1	E	]



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

	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"	. 1.							
	and remediate while on-site.	Ŕ		ſ	]		C	]	
11.	Was the resident oriented to the emergency plans within ten day	ys							
	after admission? 146.295(e)								
	NOTE: Orientation includes assisting the resident in identifying	g				3		#.	
	and using emergency exits. Documentation of the orientation							2	
	shall be signed and dated by the resident or the resident's	16							
	representative.	IX.	ιι	Ĵ		1	1		
	TE: A Medicaid resident of a SLP cannot participate in another amunity Based Services Waiver program. 146.220(d)	federa	I H	om	ea	nd			
A	annual/Service BL- Overterly Funly stien 146 245	Yes	No	N	/A	Co		ents	
12.			10	-		-		Paras.	
	Completed by or co signed by an RN?					*			
	Signed/co-signed by RN within 7-14 days after ad mission	?							
	146.245(c)								
	Date of comprehensive assessment:	(y)	1	]	[	]	l	]	
13.	Comprehensive assessment is thoroughly completed								
	(no areas left blank)? 146.245(c)	N	1 1	า	ſ	1	ſ	1	
		1			C	•			
14.									
	NOTE: Staff should compare the assessment with the ISP.								
	If there is a conflict, review SLP provider documentation of ser								
	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.	ch1	]	1	[	]	ſ	1	
					100				
-	Individual Support Plan (ISP) Development: 146.245 (d)								
5.	Developed by or co-signed by an RN?								
5.									
5.	Signed/co-signed by RN w/in 7 days of completing								
5.	Signed/co-signed by RN w/in 7 days of completing the comprehensive ssessment?	. 1		1	-	_	,		
5.	Signed/co-signed by RN w/in 7 days of completing the comprehensive ssessment? Date:	[)	] [	]	[	1	[	]	
5.	Signed/co-signed by RN w/in 7 days of completing the comprehensive ssessment? Date: NOTE: of the assessment is not relevant	۲	] [	]	[	1	[	]	
5.	Signed/co-signed by RN w/in 7 days of completing the comprehensive ssessment? Date:	[/	) [	]	[	]	[	]	

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# **RESIDENT REVIEWS**

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. SLI	Resident Review (2 of 10) Resident Name: <u>Reside</u>	ent E	
<u>Ass</u>	essment/Service Plan/Quarterly Evaluation 146.245	Yes No N/A C	omments
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.	[] []	[]
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' resident rights? NOTE: If initials are missing, answer the question "No" and remediate while on-site.	s [, <mark>/</mark> [][]	[]
9.	Does the ISP include areas important to the resident, such such as goals, interests, preferences or choices? 146.245(d)	(/1)]	[]
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.	[]/[][:	[]
Ð	Is the ISP individualized to the resident's preferences and assessed needs? 146.245(d) NOTE: Compare with assessment, MD orders, nursing notes, The assessment may differ from the ISP if there has not been a significant change in condition or if there has been a preferen- change by the resident since the assessment was completed. This is acceptable.		[.] F.3
12.	Does the ISP identify safety concerns that impact the resident' 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.	ฬเบเบ	
13.	If the resident declined any services, are they noted on the ISP 146.245(d)	° [ ] [ ] [⁄]	[]

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ensure that the to benefits and <b>NOTE:</b> If re <b>NOTE:</b> This is alternative me	speaks limited English, does the SLP prove resident has meaningful and equal access a services? 146.215(n) sident speaks English, mark "N/A" includes bilingual staff, interpreters and thods of communication such as Braille, picture boards.		[]
	-		
	wer should attempt to observe service d he review. Record any service observation		
Comments:	_P29 R#11		
Comments:	Pag R#11 RAT	Anore	d_
Comments:	Pag R#11 RAT Manual - not	15 ISP	d

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Services 146.215 and 230

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

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

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Resident E

Yes No N/A Comments

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

### <u>Resident E</u>

#### NOTES FOR COMPLETION:

Resident Name:

- 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.

146	5.200, 210, 225, 230, 245, 250, and 260	Yes No N/A Comments
1.	Are maintenance problems in your apartment taken care of in a timely manner? 146.230(h)(1) and (2)	
2.	If requested, does staff provide laundry services to you at least weekly? 146.230(f)(1)	เส เ ว เ ว เ ว
3.	If requested, does staff clean your room and change your bed linens at least weekly? 146.230(g)(1)	หักเกิด
4.	Are three meals/day and snacks available? 146.230(e)(1)	[X[1]]
5.	Can you have food in your apartment? 146.250(e)(18)	
6.	Can you choose to dine alone or in a private area?	$[X_{[1]}]$
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)	
8.	If requested, will staff bring your meals to your apartment when you are ill? 146.230(e)(11)	เรียน

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

· Individual Resident Review

<u>146</u>	.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 opportunitie 146.230(i)(1) - (4) <b>NOTE:</b> 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) <b>NOTE:</b> 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" of the resident does not wish to be employed.	[][][1][1][1][1][1][1][1][1][1][1][1][1]
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?	
1 <b>7</b> .	If you choose, can you leave the building and participate in activates 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.	
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#### ·SLP Resident Review (8 of 10) Resident Name: Resident E

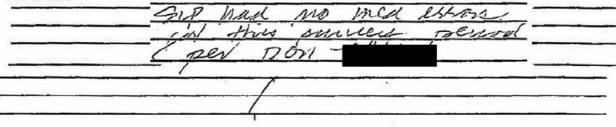
#### Medication Management Services 146.230

 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:**

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<ul> <li>Apartment Observations 146.210 and 230</li> <li>All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1)</li> <li>Entrance doors open onto a public corridor? 146.210(h)(3)</li> <li>Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2)</li> <li>All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A)</li> <li>Each apartment entrance door equipped with an "eye view"?</li> </ul>	Yes No Comments
<ul> <li>accessible? 146.210(h)(1)</li> <li>Entrance doors open onto a public corridor? 146.210(h)(3)</li> <li>Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2)</li> <li>All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A)</li> </ul>	
<ul> <li>146.210(h)(3)</li> <li>Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2)</li> <li>All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A)</li> </ul>	
to the outside? 146.210(h)(2) All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A)	ក្រ ា
or 146.210(e)(4)(A)	
. Each apartment entrance door equipped with an "eye view"?	<b>」</b> (1)
<ul> <li>146.210(h)(4)</li> <li>NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.</li> <li>[] NOT APPLICABLE</li> </ul>	[] []
Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D)	[/T [] []
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? $146.210(f)(1)$	

· SLP Resident Review (9 of 10) Resident Name: Resident E

Ap	artment Observations 146.210 and 230	Yes	No C	omments
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 on elocated 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.		· · · ·	[]
9.	with access to at least 10 channels? 146.210(d)(3)(F) or			
	146.210(e)(4)(F)		ι.	[]
10.	A sink, microwave or stove, and refrigerator with separate freezer? $146.210(d)(3)(G)$ or $146.210(e)(4)(G)$	V	[]	[]
11.	Closet for each resident of the apartment? 146.210(g)(1) NOTE: For SLPs with applications was approved after 1/1/05	V	[]	[]
12.	Closet(s) with a door? 146.210(g)(2)	И	[]	[]
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. [v] NOT APPLICABLE	[]	[]	[]
4.	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)	ſЛ	ſ.	[]
15.	Apartment in good maintenance and repair? 146.230(h)(1)	١X	ſ.	[]
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.	١Л	ſ.	[]
7.	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	[]	[]	[]

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. Individual Resident Review

Res	ident Name: <u>Resident E</u>			
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)	M	ίıι:	[]
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)	[.}	í I	[]
21.	Do you feel safe in the SLP building?	ГЛ	í I	[]
22.	Do you feel that your property is safe?	10000	[]	
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.	ſЛ	[][]	[]
25.	Do you feel your rights are respected? 146.250 NOTE: If resident has a "no" response, obtain specific details/examples.	1	[]	[]
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.	<b>к</b> .1	/ []	[]
27.	Does staff respect your privacy and confidentiality as it relate to services, medical conditions and finances? 146.250(e)(5)	° (⁄s	נונו	[]
NOT	<u>Staff Observations:</u> E: OBSERVATIONS MUST BE RECORDED FOR Q28 AND DENT REFUSES THE INTERVIEW.	ND Q2	9 EVEN I	F
	the resident free from restraints? 146.250(e)(9) E: If no, contact Regional Supervisor immediately.	1	[]	[]
appro NOT marke perso care s	s the resident clean, well-groomed, free of odor and dressed opriately for the season? 146.230(c) E: Take into consideration individual preferences. If "no" is ed and the resident is independent with some or all of their nal care, include a comment. If the resident receives personal services from the SLP, but refuses them as documented in the d, include a comment.		1	[]

SL	P Resident Review (2 of 10) Resident Name: <u>Resident</u>	D			2
As	sessment/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) <b>NOTE:</b> If a signature is missing, answer the question "No" and remediate while on-site.	ίχ)	[]]	E	[]
6.	Did the resident initial the ISP to indicate he/she chose to receive services from the SLP provider?	$(\lambda)$	[]	[]	[]
7.	If the resident did not choose to receive services from the SLP provider, did the resident initial that he/she received referral information?	[]	[]	ι ζ <i>Χ</i> ί	[]
8.	Did the resident initial that he/she received a copy of the SLP 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)	ſXJ	[]	[]	[]
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.	CX)	[]	[]	[]
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, The assessment may differ from the ISP if there has not been a significant change in condition or if there has been a preferen- change by the resident since the assessment was completed. This is acceptable.	nce	(4)	[]	ſ,∕j
12.	Does the ISP identify safety concerns that impact the resident' 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.	6	[	] [	] []
13.	If the resident declined any services, are they noted on the ISP 146.245(d)	י נאָז	[	][]	[]

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Resident D SLP Resident Review (4 of 10) Resident Name:								
Services_146.215 and 230		Ye	<u>s</u>	No	<u> </u>	<u>N/A</u> _	Con	ments_
21. If the resident speaks limited Eng ensure that the resident has mean to benefits and services? 146.215 NOTE: If resident speaks Engli NOTE: This includes bilingual s alternative methods of communic large print and picture boards.	ingful and equal access (n) sh, mark "N/A" taff, interpreters and		]	[	1	Ķ	[	]

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.

• lin ISP. 1 addun Comments: : DASWA Kmain He. emed **Reviewer Signature:** Date of Review:

edication Management Services 146.230	
Euration Management Actives 141.230	1
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	
nments:	
and and an an an an an an an an an	
·	
APARTMENT OBSERVAT	IONS
artment Observations 146,210 and 230	<u>Ves_No_Comments_</u>
All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1)	נאז נז נ:
Entrance doors open onto a public corridor? 146.210(h)(3)	[x][] €]
Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2)	נאָז נז נז
All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A)	
Each apartment entrance door equipped with an "eye view"? 146.210(h)(4)	
<b>NOTE:</b> ONLY Mark N/A for Mary Bryant Home for the Blind of Friedman Place for the Visually Impaired residents.	. *
[ ] NOT APPLICABLE	K∕][][]
Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1),	
146.210(d)(3)(D) or 146.210(e)(4)(D)	[] ] [X
A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, batht	ub

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Ap	P Resident Review (9 of 10) Resident Name:Resident   artment Observations 146,210 and 230		No	Comments
8.	A working emergency call device in each bathroom and each bedroom OR a portable emergency home response system is provided to residents in place of one located in the bedroom? 146.210(d)(3)(C) or 146.210(e)(4)(C) and 146.230(m)(1). NOTE: An emergency call device must ALWAYS be located in each bathroom.	۲	[	1 []
).	Wiring for private phone, cable TV, satellite, or master antenna with access to at least 10 channels? $146.210(d)(3)(F)$ or $146.210(e)(4)(F)$	נאַז	[	] []
0.	A sink, microwave or stove, and refrigerator with separate freezer? 146.210(d)(3)(G) or 146.210(e)(4)(G)	۲Ŋ	[	: []
1.	Closet for each resident of the apartment? 146.210(g)(1) NOTE: For SLPs with applications was approved after 1/1/05	Ķ)	[	] []
2.	Closet(s) with a door? 146.210(g)(2)	<b>K</b> J	[	נו
3.	Double occupancy apartments have a door on each bedroom? 146.210(h)(5) NOTE: Applies to all SLP applications approved after 8/1/09. [X] NOT APPLICABLE	[]	[	] []
1.	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)	ιχı	ſ	[]
5.	Apartment in good maintenance and repair? 146.230(h)(1)	C/J	[	] []
	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.	۲XI	ſ	ر ۲
7.	If applicable, are sharps placed in containers that are rigid and leal resistant and disposed of properly? 146.210(s)(6)(A-C)	<b>C-</b>		
	NOTE: Mark N/A if resident does not require.	r i	r	] []

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

#### Resident Name: <u>Resident D</u> 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.

<sup>•</sup> If a resident refuses an interview, questions 20 and 21 must still be completed by staff based on observation of the resident.

140	<u>,200, 210, 225, 230, 245, 250, and 260</u>	Yes	No	N/A	Comments
1.	Are maintenance problems in your apartment taken care of in a timely manner? $146.230(h)(1)$ and (2)	رلام	[]	[]	[]
2.	If requested, does staff provide laundry services to you at least weekly? $146.230(f)(1)$	٤X	[]	[]	[]
3.	If requested, does staff clean your room and change your bed linens at least weekly? 146.230(g)(1)	(X)	[]	[]	[]
4.	Are three meals/day and snacks available? 146.230(e)(1)	[X	[]	[]	[]
5.	Can you have food in your apartment? 146.250(e)(18)	ГХJ	[]	[]	[]
6.	Can you choose to dine alone or in a private area?	$\aleph$	[]	[]	[]
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? $146.230(e)(1)$	[]	[]	۲X	[]
		375 - 375		71	
8.	If requested, will staff bring your meals to your apartment when you are ill? 146.230(e)(11)	(X)	[]	נו	[]

Individual Resident Review Resident Name: Resident D

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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 opportunitie 146.230(i)(1) - (4) <b>NOTE:</b> Mark N/A if the resident is NOT interested.	s? [X]	[]	[]	[]
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)	[]	[]	c/J	[]
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.	Ŕı	[]	[]	[]
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" of the resident does not wish to be employed.	[]	[]	171	[]]
15.	Do you choose how to dress, with whom to interact, your activities and the furnishings in your apartment? 146.250(e)	۲Ŋ	[]	[]	[]
16.	If interested, can you use the common areas of the building, such as the dining room, activity room and resident laundry room?	۲ J	{	[]	[]
7.	If you choose, can you leave the building and participate in activates of your choosing without staff? Including overnight visits with family and friends?	Ń	[]	[]	[]
8.	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.	۲	[]	[]	[]
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Individual Resident Review

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Res	ident Name: Resident <u>De</u>						
146	200, 210, 225, 230, 245, 250 and 260 cont'd	Yes	N	0		Comment	S
19.	Are your emergency calls answered promptly? 146.230(k)(1) & (m)	r/J	[	1	[]	[]	
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)	K.	] [	•		[]	
21.	Do you feel safe in the SLP building?	K				[]	
22.	Do you feel that your property is safe?	(X)	-			()	
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	2)[[7]	(	]		[]	
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.	۲X)	[	] [	1	[]	
25.	Do you feel your rights are respected? 146.250 NOTE: If resident has a "no" response, obtain specific details/examples.	ц	[	• •		[]	
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.	<u>ر \ر</u>	[	]		[]	
27.	Does staff respect your privacy and confidentiality as it relate to services, medical conditions and finances? 146.250(e)(5)		[	] [	]	[]	
NOT	Staff Observations: TE: OBSERVATIONS MUST BE RECORDED FOR Q28 AN IDENT REFUSES THE INTERVIEW.	VD Q	29 E	EVE	IN II	7	
	s the resident free from restraints? 146.250(e)(9) E: If no, contact Regional Supervisor immediately.	Ì∕∕]	נ	]		[]	
appro NOT mark perso	is the resident clean, well-groomed, free of odor and dressed opriately for the season? 146.230(c) E: Take into consideration individual preferences. If "no" is ed and the resident is independent with some or all of their onal care, include a comment. If the resident receives personal services from the SLP, but refuses them as documented in the		e.				
recor 6/4/1	d, include a comment. 8	Ŋ	[]			[]	10

SLP Resident Review (2 of 10) Resident Name: <u>Resident C</u>

Ass	essment/Service Plan/Quarterly Evaluation 146.245	Yes 1	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?	w i	ניני	[]
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 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)		11	[]
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.	[][	3 [1	/ []
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 The assessment may differ from the ISP if there has not been a significant change in condition or if there has been a prefere change by the resident since the assessment was completed. This is acceptable.	3 179300	7	
12.	Does the ISP identify safety concerns that impact the resident 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.		[][v	1 []
13.	If the resident declined any services, are they noted on the ISI 146.245(d)	" []	[][/	

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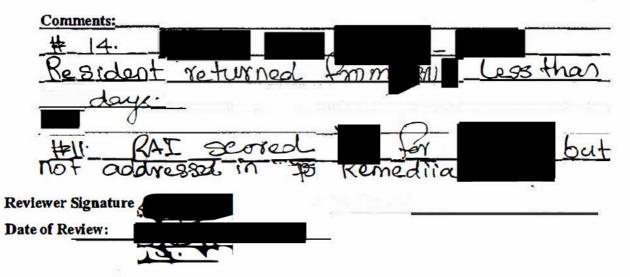
SLP Resident Review (4 of 10) Resident Name: Resident C

#### 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.



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 Agartment Observations 146.210 and 230 1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1) 2. Entrance doors open onto a public corridor? 146.210(h)(3) 3. Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2) 4. All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A) 5. Each apartment entrance door equipped with an "eye view"? 146.210(h)(4) 5. Each apartment entrance door equipped with an "eye view"? 146.210(h)(4) 6. Apartment has indi vidually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D) 7. A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the meeds of the resident, bathrub ardfor shours that provides privacy, is equipped with toilet with grab bars sufficient to meet the meeds of the resident, bathrub ardfor shours charle to meet the meeds of the resident, bathrub ardfor shours charle to meet the meeds of the resident, bathrub ardfor shours charle to meet the meeds of the resident, bathrub				edication Management Services 146.2
Comments:         APARTMENT OBSERVATIONS         Martment Observations 146.210 and 230       Yes No Comm         All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1)       [v] [ ] [ ]       [ ] [ ]         Entrance doors open onto a public corridor?         146.210(h)(3)       [v] [ ] [ ]       [ ] ]       [ ] ]         Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2)       [v] [ ] [ ]       [ ] ]       [ ] ]         All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A)       [ v] [ ] [ ]       [ ] ]       [ ] ]       [ ] ]       [ ] ]       [ ] ]       [ ] ]         Each apartment entrance door equipped with an "eye view"? 146.210(h)(4)         NOT APPLICABLE       [ v] [ ] [ ]         [ NOT APPLICABLE         [ ] NOT APPLICABLE         [ NOT APPLICABLE         [ v] [ ] [ ]         A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub				reported to the Department within 24 h
<b>agartment Observations</b> 146.210 and 230Yes No CommAll doors, including entrance doors, are wheelchair accessible? 146.210(h)(1)[ $v$ ] [ ] [ ]Entrance doors open onto a public corridor? 146.210(h)(3)[ $v$ ] [ ] [ ]Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2)[ $v$ ] [ ] [ ]All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A)[ $v$ ] [ ] [ ]Each apartment entrance door equipped with an "eye view"? 146.210(h)(4)[ $v$ ] [ ] [ ]NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents. [ ] NOT APPLICABLE[ $v$ ] [ ] [ ]Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(c)(4)(D)[ $v$ ] [ ] [ ]A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathrub			pitalization occurred. [ ]	
Agartment Observations 146.210 and 230Yes No CommAll doors, including entrance doors, are wheelchair accessible? 146.210(h)(1)[ $v$ ] [ ] [ ]Entrance doors open onto a public corridor? 146.210(h)(3)[ $v$ ] [ ] [ ]Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2)[ $v$ ] [ ] [ ]All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A)[ $v$ ] [ ] [ ]Each apartment entrance door equipped with an "eye view"? 146.210(h)(4)[ $v$ ] [ ] [ ]NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents. [ ] NOT APPLICABLE[ $v$ ] [ ] [ ]Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D)[ $v$ ] [ ] [ ]A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathrub				
All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1) $[v]$ [ ] [ ]Entrance doors open onto a public corridor? 146.210(h)(3) $[v]$ [ ] [ ]Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2) $[v]$ [ ] [ ]All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A) $[v]$ [ ] [ ]Each apartment entrance door equipped with an "eye view"? 146.210(h)(4) $[v]$ [ ] [ ]NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents. [ ] NOT APPLICABLE $[v]$ [ ] [ ]Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D) $[v]$ [ ] [ ]A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub	4	a start and a start and the		all in the states with a second states and a second
accessible? 146.210(h)(1) $[v]$ []Entrance doors open onto a public corridor? 146.210(h)(3) $[v]$ []Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2) $[v]$ []All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A) $[v]$ []Each apartment entrance door equipped with an "eye view"? 146.210(h)(4) $[v]$ []NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents. [] NOT APPLICABLE $[v]$ []Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D) $[v]$ []A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub	nents	Yes No Com	X	artment Observations 146.210 and 2
146.210(h)(3)[ $\sqrt{1}$ [ ] [ ]Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2)[ $\sqrt{1}$ [ ] [ ]All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A)[ $\sqrt{1}$ [ ] [ ]Each apartment entrance door equipped with an "eye view"? 146.210(h)(4)[ $\sqrt{1}$ [ ] [ ]NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents. [ ] NOT APPLICABLE[ $\sqrt{1}$ [ ] [Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D)[ $\sqrt{1}$ [ [A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub[ $\sqrt{1}$ [ ]	]		elchair [1	
All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A) [ $\sqrt{1}$ [ $\sqrt{1}$ [ $\sqrt{1}$ ] [] Each apartment entrance door equipped with an "eye view"? 146.210(h)(4) <b>NOTE</b> : ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents. [] NOT APPLICABLE [ $\sqrt{1}$ [ [ Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D) [ $\sqrt{1}$ [ [ A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub	]		۲	· · · ·
or 146.210(e)(4)(A) $[\sqrt{1}]$ $[\sqrt{1}]$ $[\sqrt{1}]$ $[\sqrt{1}]$ Each apartment entrance door equipped with an "eye view"? 146.210(h)(4) <b>NOTE</b> : ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents. $[\sqrt{1}]$ $[\sqrt{1}]$ $[1$	J	เก้าว เ	accessible	
<ul> <li>146.210(h)(4)</li> <li>NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.</li> <li>[] NOT APPLICABLE</li> <li>Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D)</li> <li>A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub</li> </ul>	J	เทียว เ	6.210(d)(3)(A) [	
Friedman Place for the Visually Impaired residents.[] NOT APPLICABLE $\lceil \sqrt{1} \rceil$ [] Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D) $\lceil \sqrt{1} \rceil$ [] A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub[] []				146.210(h)(4)
maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D) $f \sqrt{1} f = [$ A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub	]	r√ir∶t		Friedman Place for the Visually Impai
with grab bars sufficient to meet the needs of the resident, bathtub	1	rvi r - E	s to (b)(1), ſ	maintain comfortable temperatures? 14
the resident, sink, hot and cold water? $146.210(f)(1)$ $f\sqrt{1}$ [	1	t√1 ( <sup>−</sup> [	the resident, bathtub	with grab bars sufficient to meet the ne and/or shower stall with grab bars suffi
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Ap	artment Observations 146.210 and 230	Yes_	No Co	mments
3.	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.	N]	[]	[]
).	Wining for private phone, cable TV, satellite, or master antenna with access to at least 10 channels? $146.210(d)(3)(F)$ or $146.210(e)(4)(F)$	<b>(√)</b>	[]	[]
0.	A sink, microwave or stove, and refrigerator with separate freezer? 146.210(d)(3)(G) or 146.210(e)(4)(G)	ฬ	[]	[]
1.	Closet for each resident of the apartment? 146.210(g)(1) NOTE: For SLPs with applications was approved after 1/1/05		[]	
2.	Closet(s) with a door? 146.210(g)(2)	[V]	[]	[]
3.	Double occupancy apartments have a door on each bedroom? 146.210(h)(5) NOTE: Applies to all SLP applications approved after 8/1/09. [V] NOT APPLICABLE	[]	[]	[]
4.	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)	M	[]	[]
5.	Apartment in good maintenance and repair? 146.230(h)(1)	[√]	[]	[]
6.	Apartment appears to be receiving regular housekeeping services? 146.230(g)(1) NOTE: Take into consideration individual preferences. Note if resident refuses housekeeping services.	[ <b>、</b> ]	[]	, []
7.	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.	[]	[]	[]

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

#### Resident C

#### NOTES FOR COMPLET

Resident Name:

- 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.

146	.200, 210, 225, 230, 245, 250, aut 260	Yes No N/A Comments
1.	Are maintenance problems in your apartment taken care of in a timely manner? 146.230(h)(l) and (2)	
2.	If requested, does staff provide laundry services to you at least weekly? 146.230(f)(1)	
3.	If requested, does staff clean your room and change your bed linens at least weekly? 146.230(g)(1)	
4.	Are three meals/day and snacks available? 146.230(e)(1)	M $(1)$ $(1)$ $(1)$
5.	Can you have food in your apartment? 146.250(e)(18)	
6.	Can you choose to dine alone or in a private area?	נא נזנז נז
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)	[][][][][][]][]
8.	If requested, will staff bring your meals to your apartment when you are ill? 146.230(e)(11)	
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Individual Resident Review

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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 independent and outdoor activities which include community opportunit $146.230(i)(1) - (4)$ NOTE: Mark N/A if the resident is NOT interested.	
10.	If requested, does staff assist you with making appointment and/or arranging transportation? $146.230(j)(1) - (3)$	<sup>ts</sup> [ <b>/]</b> [][][]
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) <b>NOTE:</b> 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" of the resident does not wish to be employed.	נזנזנא נז
15.	Do you choose how to dress, with whom to interact, your activities and the furnishings in your apartment? 146.250(e)	<b>(/) [ ] [ ]</b> [ ]
16.	If interested, can you use the common areas of the building, such as the dining room, activity room and resident laundry room?	เพ่ เ 1 เ 1 เ 1
	If you choose, can you leave the building and participate in activates of your choosing without staff? Including overnight visits with family and friends?	
	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.	

6/4/18

Individual Resident Review

Res	dent Name:		
146	200, 210, 225, 230, 245, 250 and 260 cont'd	Yes No	<u>Comments</u>
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)	เง่าเว	[]
21.	Do you feel safe in the SLP building?	111	[]
22.	Do you feel that your property is safe?	IT I	[]
23.	A re you allowed visitors at any time and are you allowed to See them in your apartment or common areas? 146.250(e)(12	2)[√] []	[]
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.	ני∕ז נ ז נ	נז נ
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.	<b>€∕</b> 3 []	[]
2 <b>7</b> .	Does staff respect your privacy and confidentiality as it relate to services, medical conditions and finances? 146.250(e)(5)	s ()[][][	][]
NOT	Staff Observations: E: OBSERVATIONS MUST BE RECORDED FOR Q28 AND DENT REFUSES THE INTERVIEW.		
	the resident free from restraints? 146.250(e)(9) E: If no, contact Regional Supervisor immediately.	rvî r	[]]
nor nor mark perso	s the resident clean, well-groomed, free of odor and dressed priately for the season? 146.230(c) E: Take into consideration individual preferences. If "no" is ed and the resident is independent with some or all of their nal care, include a comment. If the resident receives personal ervices from the SLP, but refuses them as documented in the l, include a comment.		[]

SLP Resident Review (2 of 10) Resident Name: Resident B Assessment/Service Plan/Quarterly Evaluation 146,245 Yes No N/A Comments ISP reviewed/signed by the resident or his/her 5. designated representative and any others included by the resident? 146.245(d) NOTE: If a signature is missing, answer the question "No" [1] [1] [] and remediate while on-site. Did the resident initial the ISP to indicate he/she chose 6.  $(\chi)$ 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) [X][][][] **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. נאטרטרט רט 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 (8 of 10) Resident Name: <u>—Residen</u>	nt B	÷
Medication Management Services 146.230		
<ul> <li>6. Was/were a medication error resulting in hospitalization reported to the Department within 24 hours? 146.265(c)</li> <li>NOTE: Mark N/A if no errors requiring hospitalization occurred.</li> </ul>	[][][]	[]
Comments:	3643	
and a second	no - nice	
APARTMENT OBSERVATIO	ONS	497. (J.:
Apartment Observations 146.210	Yes No C	omments
All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1)	د×) ( )	[]
<ol> <li>Entrance doors open onto a public corridor? 146.210(h)(3)</li> </ol>	נאֹז נו	[]
Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2)	<b>ιλ</b> ) ι j	[]
All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A)	נאט נו	[]
<ul> <li>Each apartment entrance door equipped with an "eye view"? 146.210(h)(4)</li> <li>NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.</li> <li>NOT APPLICABLE</li> </ul>	τχ) τ :	[]
<ul> <li>A partment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D)</li> </ul>	<b>№</b> []	
. 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)	t <b>χ</b> ) []	[]

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SL AD	P Resident Review (9 of 10) Resident Name: <u>Resident B</u> 7 artment Observations 146.210 and 230	Yes	Ńo	Con	m	en ts	
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.	[4]	E	]	[	1	
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)	, 1X1			1	1	
10.	A sink, microwave or stove, and refrigerator with separate freezer? 146.210(d)(3)(G) or 146.210(e)(4)(G)	1	[	* *	[	]	
11.	Closet for each resident of the apartment? 146.210(g)(1) NOTE: For SLPs with applications was approved after 1/1/05	ſŊ	[	1	[	]	
12.	Closet(s) with a door? 146.210(g)(2)	[X]	ſ	:	l	]	
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.	[]	ſ	]	[	]	
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)	[\]	[	1	[	]	*
15.	Apartment in good maintenance and repair? 146.230(h)(1)	١XÍ	ſ	•	נ	]	
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.	เฟ	ſ	-	[	]	2
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. [X] NOT APPLICABLE	[]	[	]	[	]	
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#### ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES BUREAU OF LONG TERM CARE GUIDE FOR INDIVIDUAL RESIDENT INTERVIEW

	ident Name:	Resident B	
NO	TES FOR COMPLET		
		A", there is no need to write a com	
		negative response to a question, or i	•
		an area of concern, this should be of the communication and outcome	discussed with the SLP manager or e in the comments section.
	• If a resident has cog	gnition problems and experiences of	difficulty completing the interview,
	complete as many of	questions as possible. Make a note	e in the comment section regarding
		itive status, including any relevant	-
	. –	he cognitive sections of the compr	
		-	w residents who are unavailable du
		appointments, social activities, etc.	
		timum of two attempts should be m	cluding dates and times attempts
		s an interview, questions 20 and 21	
	based on observatio		must sum de completed dy stan
46	200, 210, 225, 230, 24		Yes No N/A Comment
		blems in your apartment taken	
•		anner? $146.230(h)(1)$ and (2)	נאטנאנא נא
	cale of ma uniory ma		
-	If requested, does stat	ff provide laundry services to you	
	at least weekly? 146.		
	-		
•	If requested, does stat	ff clean your room and change	
	your bed linens at lea	st weekly? 146.230(g)(1)	[/][][]
	9		
•	Are three meals/day a	and snacks available? 146.230(e)(1	) [\][][][]
	Con tion have fact in	146 050(-)/19)	N/1 C 1 C 1 C 1
•	Can you have food in	your apartment? 146.250(e)(18)	
•	Can you choose to div	ne alone or in a private area?	
•		to dono or m'a privato arba:	• 🗡 • • • • • • • • • • • • • • • • • •
	If you require a specia	al diet as ordered by your doctor,	
		with choices at meal times	
		allow you to be compliant with the	2
	diet? 146.230(e)(1)		[][] <b>[</b> ][]
		f bring your meals to your are ill? 146.230(e)(11)	נאז נז נז נז

Individual Resident Review

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	Resident Name:		ħ		
1	46200, 210, 225, 230, 245, 250 and 260 cont'd	Yes	No	N/A	<u>Comments</u>
9	<ul> <li>If you are interested, does staff provide you access to indoo and outdoor activities which include community opportunit 146.230(i)(1) - (4)</li> <li>NOTE: Mark N/A if the resident is NOT interested.</li> </ul>	ies?	ι []	[]	[]
1	<ol> <li>If requested, does staff assist you with making appointments and/or arranging transportation? 146.230(j)(1) - (3)</li> </ol>	s [X]	[]	[]	[]
1	1. 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)	ų);	[]	[]	[]
12	2. 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.	۲۸	[]	[]	[]
13	<ol> <li>If you wish, are you able to change the services you receive 146.250(e)</li> </ol>		[]	[ <b>\</b> ]	[]
14	<ul> <li>If you choose to be employed, does staff prevent you from seeking employment? 146.250(e)(10)</li> <li>NOTE: Mark "N/A" of the resident does not wish to be employed.</li> </ul>	[]	[]	ſ	[ ]
15	. Do you choose how to dress, with whom to interact, your activities and the furnishings in your apartment? 146.250(e)	C/J	[]	[]	[]
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 activates of your choosing without staff? Including overnight visits with family and friends?	۲ <b>y</b> i	[]	[]	[]
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.	¯ t <b>X</b> 1	[]	[]	[]
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Individual Resident Review

**Resident** B Resident Name: Yes No Comments 146.200, 210, 225, 230, 245, 250 and 260 cont'd 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 (X) [] you should speak to address the issue? 146.260(a) [] CX [] 21. Do you feel safe in the SLP building? [] (X)[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?  $146.250(e)(12)[] \chi ]$ [] 24. Is at least \$90.00 per month available to you? נאָזנוֹנו [] (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  $\left( 1 \right)$ 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 [X] [] 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)  $(j_1)$ [] 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 40

# SLP Resident Review (2 of 10) Resident Name: \_<u>Resident A</u>

Ass	essment/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) <b>NOTE:</b> 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?	[1] [] MARSA []
7.	If the resident did not choose to receive services from the SLP provider, did the resident initial that he/she received referral information?	נו נו נעל נו
8.	Did the resident initial that he/she received a copy of the SLP resident rights? NOTE: If initials are missing, answer the question "No" and remediate while on-site.	s נגר נו נו
9.	Does the ISP include areas important to the resident, such such as goals, interests, preferences or choices? 146.245(d)	M [ ] [ ]
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.	נו אורור
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 The assessment may differ from the ISP if there has not been a significant change in condition or if there has been a prefere change by the resident since the assessment was completed. This is acceptable.	
12.	Does the ISP identify safety concerns that impact the resident 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.	's [][ <b>]</b> [ <b>]</b> [ <b>]</b>
13.	If the resident declined any services, are they noted on the ISI 146.245(d)	

6/4/18

#### 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.

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	the	Survey.	1	
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		Schured. for t addressed - duning the	t addressed in	t addressed in TSP

**Reviewer Signature: Resident A** 

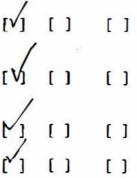
Date of Review: 5

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 IVI II accessible? 146.210(h)(1) **Г**1 2. Entrance doors open onto a public corridor? ſ 1 146.210(h)(3) 3. Entrance doors have locking devices that are accessible MIL to the outside? 146.210(h)(2)[] 4. All entrance doors lock from the inside? 146.210(d)(3)(A) ſ 1 or 146.210(e)(4)(A) 5. Each apartment entrance door equipped with an "eye view"? 146.210(h)(4) NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents. MIL [] [ ] NOT APPLICABLE 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) **ر ا** 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) []

- 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.
- 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)
- 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.
   [V] 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 scated position. 146.210(i)
- Apartment in good maintenance and repair? 146.230(h)(1)
- 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 leakresistant and disposed of properly? 146.210(s)(6)(A-C)

NOTE: Mark N/A if resident does not require.

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

Resident A **Resident Name:** 

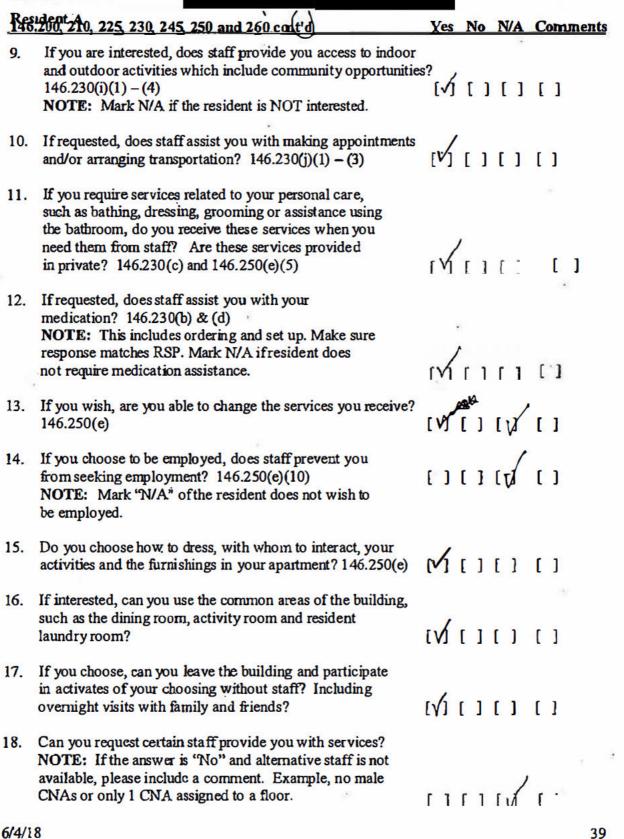
NOTESTED ROMPLETATIONARE is no need to write a comment stating it is not applicable.

- 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.

140	5.200, 210, 225, 230, 245, 250, and 260	Yes No N/A Comments
1.	Are maintenance problems in your apartment taken care of in a timely manner? 146.230(h)(1) and (2)	เช่าม เม
2.	If requested, does staff provide laundry services to you at least weekly? 146.230(f)(1)	
3.	If requested, does staff clean your room and change your bed linens at least weekly? 146.230(g)(1)	
4.	Are three meals/day and snacks available? 146.230(e)(1)	111111
5.	Can you have food in your apartment? 146.250(e)(18)	
б.	Can you choose to dine alone or in a private area?	
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)	[][][][][][][][[][[][[][[][[][[][[][[][
8.	If requested, will staff bring your meals to your apartment when you are ill? 146.230(e)(11)	11111

6/4/18

Individual Resident Review



146	200 .210 .225 .230 .245 .250 and 260 cont		-	Con	ments.
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)	[√]	[]	ĺ	]
21.	Do you feel safe in the SLP building?	€∕1	[]	ſ	]
22.	Do you feel that your property is safe?	<b>(√)</b>	[]	[	]
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	2)[ 1	[]	- [	]
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.	เฬ	[]	[][	1
25.	Do you feel your rights are respected? 146.250 NOTE: If resident has a "no" response, obtain specific details/examples.	N	f 1	Į	J
26.	Do you feel your choices and preferences are respected? 146.200(b) 146.230(g)(2), 146.245(d) <b>NOTE:</b> If resident has a "no" response, obtain specific details/examples.	14	8 80 A	•	]
27.	Does staff respect your privacy and confidentiality as it relate to services, medical conditions and finances? 146.250(e)(5)	s [·√]	[]	[][]	)
NOT	<u>Staff Observations:</u> E: OBSERVATIONS MUST BE RECORDED FOR Q28 AN DENT REFUSES THE INTERVIEW.				
	s the resident free from restraints? 146.250(e)(9) E: If no, contact Regional Supervisor immediately.	M	r 1		[]
appro NOT mark per so care s	s the resident clean, well-groomed, free of odor and dressed opriately for the season? 146.230(c) E: Take into consideration individual preferences. If "no" is ed and the resident is independent with some or all of their nal care, include a comment. If the resident receives personal services from the SLP, but refuses them as documented in the				
recor 6/4/1	d, include a comment. 8	(V) (	]		[] 40

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**FINDINGS OF NON-COMPLIANCE ISSUED** 

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P NAME: Asbury Garden IECK ONE:	
) INTERIM CERTIFICATION	REVIEW FINDINGS: YES 🖬 NO 🗖
NTRANCE DATE:	EXIT DATE:
1944	
), FINAL CERTIFICATION	REVIEW FINDINGS: YES C NO C
NIRANCE DATE:	EXIT DATE:
X) ANNUAL CERTIFICATION	REVIEW FINDINGS: YES X NO
NTRANCE DATE: 5-6-19	EXIT DATE: 5-15-19
	REVIEW FINDINGS: YES I NO I
NTRANCE DATE:	EXIT DATE:
indings should be written under this afety of residents and/or staff.	or findings noted during informal visits to SLP) s section for non-compliance of rules that impact the health and
indings should be written under this afety of residents and/or staff.	
indings should be written under this afety of residents and/or staff.	s section for non-compliance of rules that impact the health and
indings should be written under this afety of residents and/or staff.	s section for non-compliance of rules that impact the health and EXIT DATE:
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indings abould be written under this ifety of residents and/or staff. EGIN DATE:	BXIT DATE:

#### 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 suppend or terminate provider agreement.

#### For non-compliance involving non-immediate |copardy-

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 noncompliance 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.

Signature of Bureau of Long Term Care HFSN

Signature of Bureau of Long Te Care Regional Supervisor

Signature of Bureau of Long Term 'are Area Manager

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 **Exercise** was not addressed in their ISP's.

**POC Steps Taken:** 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

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

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 and found the fire drill evaluation fire drill evaluation included in it as POC steps taken. 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**

PAGE 5 OF 6

PROVIDER NAME: Astury Garden\_

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REPERRAL 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 Complain /Finding Description or in the SLP provider response. Use a resident and/or employee identifier key (R-1, R-2, etc. for residents and E-1, E-2, etc. for employees). Submit the corresponding identifier key with this form.

COMPLAINT/FINDING DESCRIPTION (Must baciade rule clbs)	SLP RESPONSE	CORRECTION DATE
146.245(d) 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 is resident needs or preferences. ISP is not individualized for the residents' assessed needs. R2, R3, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18 residents had RAI coded above was not addressed in their ISPs.		
gnature of SLP Provider Representative	Date	

07/21/2020

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P.006/007