



Cherished Place (Arlington Heights)

PRONG 3

Campus setting/located with private Rehab facility and Assisted Living

2022 HCBS Settings Compliance Validation Evidence

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Adult Day Service

800 W. Oakton St.

Arlington Heights, IL 60004

Nurse Director: [REDACTED] RN

Director of Operations: [REDACTED] LNHA, MPA

HCBS Validation

April 16, 2022

1b) ENGAGE IN COMMUNITY LIFE: Nurse Director and Certified Activity Director contribute to monthly schedule of activities. See Attachment A for example of activity calendar. The activity planning is based on the interests and abilities of the members. All activities and all outings are offered to all members.

Our Certified Activity Director sits with every new member to do an extensive life story Attachment B to find out their interests, likes, and dislikes. The calendar is built based on this information, as well as appropriate community events and programs in the greater community.

Staff are trained based on the Best Friends Approach to encourage participation in and assisting members to participate in activities, as well as, to conduct 30 second activities that would be a 1:1 or group interaction geared specifically toward the members. Participation in activities is monitored on an activity form Attachment C.

At least one outing is offered per month in addition to the weekly SSA Bingo outing. Care staff and a driver accompany the members on the outing.

Examples of 2021/2022 Outings:

- Oberweis Dairy
- Park/Picnic
- Palatine Senior Center
- Peck Farm Butterfly Museum
- Didier Farms
- Movies
- Restaurant
- Metropolis Theater

A Cherished Place club member brings her service dog (Levi) with her who socializes and provides companionship with the other members as well.

Since COVID, librarian comes to Cherished Place for "Book Club" where she reads a short story and holds a discussion. In talks to partner with library to host multigenerational program monthly at the library.

Prior to COVID, Shepard's Flock a childcare center located next door participated in several multigenerational activities every year. Planning to resume this activity once the COVID numbers are decreased.

Arlington Heights district hosts craft and game activities that Cherished Place plans to attend this spring going forward with COVID lifting.

Cherished Place Arlington Heights plans to collaborate with Cherished Place West Dundee to celebrate Veteran's Day and the Cherished Place Veterans in both locations.

Cherished Place plans to host a drop off site for Toys for Tots during the upcoming holiday season.

Cherished Place offers beauty salon services with a certified beautician, as well as podiatry services with a podiatrist who visits as needed.

Surveys are sent out yearly for feedback on ADS program including activities Attachment D.

Cherished Place also wants to assist our members to maintain their independence, as many live alone or with a family member. We do this by holding daily exercise groups and offering on site therapy sessions with a doctor's order and insurance, to maintain strength and flexibility to navigate the community when they are not at ADS. We take them to the store to obtain necessities or gifts for loved ones. Door to door transportation is also offered daily to all participants.

1c) CONTROL PERSONAL RESOURCES:

Our members live on their own or with a family member who are responsible for their finances. If our members or families were to approach us with a financial question that could not be answered by the Nurse Director, Cherished Place would refer them to a Senior Services Case Coordinator.

When members arrive they have assigned mailboxes to keep paperwork, assigned hangers for coats, as well as a locked storage closet for other items they wish to keep safe. Attachment E. A refrigerator is also available for members to keep drinks and food brought in from home. Staff assist to label these items for the members.

Cherished Place offers a monthly caregiver support group for members and their families. Addendum F.

Resources for services are sent home with members, such as: Identity Theft assistance, phone scamming assistance, library resources, park district schedules, therapy availability at Cherished Place, salon services at Cherished Place, podiatry services at Cherished Place, as well as LTC options. Attachment G

1d) In the Community, to the same degree of access as individuals not receiving Medicaid HCBS:

Cherished Place records a daily record of activities that members participated in. Attachment C. All Members have the same opportunity to participate, regardless of payor source.

Cherished Place provides transportation to and from our site daily. Cherished Place also provided transportation to various field trips.

Cherished Place offers Chromebooks for members who wish to participate in online activities. We also use Eversound technology to enhance the sound of activities for our members. Attachment H.

3a) Ensures an individual's rights of privacy:

Cherished Place ensures the privacy and dignity of members, while assisting with personal care of toileting, showering, dressing, grooming and other related activities. Staff maintains privacy through use of a private bathroom area or room with a door. Staff also discuss comfort level with members. Staff also maintain the privacy of member information. Staff will ask about preferences, cultural needs, and respect for personal space and belongings.

Staff participate in both in person and online training to ensure their understanding of our member's rights to privacy, physically, verbally and within their medical charts. Members are made aware of this right as well and sign that they acknowledge their rights. Attachment I.

Pictures in Attachment J indicate areas where private conversations can be held.

3b) Ensures an individual's right of dignity and respect:

Cherished Place not only provides a social place for members to come, but it is also a place where they feel valued and appreciated. This starts with dignity and respect. Our staff is trained to uphold this mission. Please see excerpts from their required training. Attachment K

Participant rights are posted where members can see. Members have sign that they understand these rights at the time of admission. Our intake packet also requests member preferences of names, activities, food choices, religion, etc. Attachment L.

Members and families also have the right to express their grievances if we are not meeting these agreements. Attachment M.

3c) Ensures an individuals right of freedom from coercion:

In continuance of our mission of a member's right to privacy, dignity and respect, Cherished Place also maintains a member's right to be free of coercion and have choice and decision consistent with the standards and rights and obligations of the Adult Day.

Our members also have the right to file a complaint with our ADS, larger community or anonymously through Adult Protective Services/Senior Help Line.

Our staff are trained annually on member rights. See Attachment N

Our members have free choice of activities or can choose not to participate.

3d) Ensures an individual's right of freedom from restraint

Members are made aware of this right, via our members rights agreement. See Attachment O

Information for members to place an anonymous complaint is posted with our Grievance Notice. Attachment M.

Our Staff is annually in-serviced on members rights to be free from restraints.

4 a) The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities.

Individualized care plans are implemented as a member is accepted into our Adult Day club.

Our activities director meets with each member to determine their likes and dislikes. They are then offered a choice of activities in coordination with their decisions. See Attachment P.

See activity schedule. See Attachment C.

5 a) Facilities individual choice regarding services and supports and who provides them.

Our company provides training via Relias to enable our staff to better understand the needs of those with dementia and physical limitations.

We also have become part of the "Best Friends" approach to relating towards this ever-growing population. See Attachment Q.

6 a) Individuals have the freedom and support to control their own schedules and activities.

Cherished Place provides a monthly activity schedule however, our activities director works with each individual to determine if the planned engagement is to their liking. We always have an

alternative activity available to adjust as needed. Upon initial assessment, we ask a variety of questions to tailor to the member's interests. See Attachment A.

Weekly meal choices: Cherished Place provides a morning and afternoon snack with a hot lunch delivered in daily. This is provided with our fee. See Attachment R

7 a) Individuals are able to have visitors of their choosing at any time.

Cherished Place members are either transported by their loved ones daily or provided transportation via or custom buses or vans. Visitors sign in and out their loved ones when they bring them to our community.

Members are not in our care for a duration of no longer than eleven hours during the day. Typically, this time in our care is on average, six hours. Therefore, visitation is at minimum need. However, should a member feel the need to have a loved one visit, this is allowed. See Attachment S.

8 a) The setting is physically accessible to the individual.

Cherished Place has both handicap accessible entrances as well as handicap equipped transportation.

Cherished Place also provides assistive devices such as walkers, canes, grab bars, etc. for members. See Attachment T.



Adult Day Services Activity Monitoring Form

Name of Member _____ Date March 2024

Indicators:

- A. Attends entire session
- B. Makes appropriate physical responses/efforts regarding stimulus
- C. Makes appropriate verbal non-verbal responses to stimulus
- D. Initiates appropriate voluntary responses connect present material to personal experiences

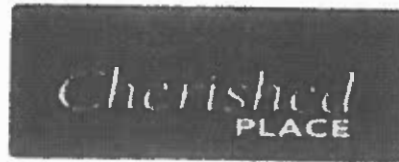
Expectations:

- A. Fully met-Indicators A-D are met by participant
- B. Moderately met-Indicators A-C are met by participant
- C. Minimally met-Indicators A-B are met by participant
- D. Inappropriately met - One or fewer indicators are met: Activity inappropriate for participant

Date	Activity	Fully Met	Moderately Met	Minimally Met	Inappropriately Met	Unable to meet
3/1	Horse shoes	X				
3/2	Read TSS	X				
3/3						
3/4	Reading New Mexico	X				
3/7	Horse shoes	X				
3/8	Horse shoes / Bingo	X				
3/9	Arts + Crafts	X				
3/10	Reading New Mexico	X				
3/11	Read TSS	X				
3/13	Bingo	X				
3/14						
3/17	St. Patrick's Day Celebration	X				
3/18	Bingo	X				
3/19	Shamrock TSS	X				
3/20						
3/21						
3/22						
3/23						
3/25	Horse The New Guy	X				
3/26	Bingo	X				
3/27						
3/28						
3/29						
3/31	B. Shamrock TSS	X				

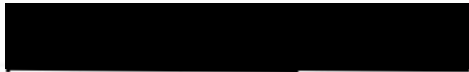
COMMENTS:

3/10 - ...
3/10 - ...



Adult Day Services Activity Monitoring Form

Name of Member



Date March 2022

Qualifiers

- 1. Activities appropriate
- 2. Makes appropriate physical responses (efforts) regarding stimulus
- 3. Makes appropriate verbal responses (efforts) to stimulus
- 4. Initiates appropriate behavioral responses (efforts) present in activity

Exclusions

- 1. Fully met indicators A-D are met by participant
- 2. Moderately met indicators A-C are met by participant
- 3. Minimally met indicators A-B are met by participant
- 4. Inadequately met - One or fewer indicators are met *Activity inadequate*

Activity Log

Date	Activity
3/1	Making Necklaces
3/2	Jeopardy
3/3	Finish the Lyrics
3/4	Bingo
3/7	Music with Susan
3/8	Bingo
3/9	Short Story
3/10	Flip it Dice Game
3/11	Light n' Lively
3/14	Music with Susan
3/15	Crab
3/16	Fun with Limericks
3/17	Chair Dancing
3/18	Bingo
3/21	Music with Susan
3/22	Culinary Creation
3/23	IN 2L Fitness
3/24	Bingo
3/25	Bingo
3/26	Music with Susan
3/27	Bingo
3/28	Crab
3/29	Crab

Vertical column of checkmarks corresponding to the activity log entries.

Refused

Member likes to sing and dance. He participated in floor games, board games and bingo. He helps with culinary projects and all projects he likes participating in.

Status Active PolicyStat ID 10504667



Origination	11/11/2011	Owner	Sarah Kurth
Last Approved	10/1/2021	Area	Cherished Place
Effective	10/1/2021		
Last Revised	10/1/2021		
Next Review	10/1/2022		

IDOA Annual Survey/Cherished Place Annual Survey

POLICY STATEMENT:

The purpose of this policy is to establish procedures regarding quality assurance surveys (customer satisfaction surveys) required by Administrative Rule and Medicaid Waiver requirements. As well as, to ensure customer satisfaction of the Adult Day Care Program, delivering optimal services in an environment of minimal risk. This quality improvement plan allows for a systematic, coordinated, and continuous approach to improving performance by focusing on the processes and mechanisms that address these values.

In order to help IDOA/Cherished Place achieve a high return response rate during the survey process, team members will follow this procedure

1. Data will be provided to Cherished Place from IDOA
2. The information obtained from IDOA, through the surveys will be utilized to make changes to our service provision.
3. Responses from disgruntled participants, participants that report fraudulent activities, or other negative responses will be addressed.
4. Cherished Place is required to keep documentation of actions taken to support that their policy was followed. (Training sign in sheet and discussion outline).
5. This documentation will be reviewed during quality assurance reviews conducted by IDOA or its designee and may be required to be submitted to IDOA upon request.
6. In addition to the IDOA survey, IDOA gives permission for Cherished Place to conduct our own satisfaction surveys. Cherished Place surveys may not be conducted during the same survey period as IDOA and notifications must clearly identify that the surveys are being conducted by Cherished Place and not IDOA.
7. Cherished Place survey will be sent out annually.
8. Surveys data will be utilized to make changes to our service provision.

Authority Reference:

Administrative codes Illinois Department on Aging (IDoA) Administrative Rule requires that provider agencies conduct annual quality assurance surveys for Community Care Program (CCP) participants.

Approval Signatures

Step Description	Approver	Date
MC Policy Committee	[REDACTED] Administrator	10/1/2021
RN/Directors	[REDACTED] Cherished Place Director	10/1/2021
RN/Directors	[REDACTED] ADS RN Director	10/1/2021

Older Version Approval Signatures

MC Policy Committee	[REDACTED] Administrator	9/30/2021
RN/Directors	[REDACTED] Cherished Place Director	9/30/2021
RN/Directors	[REDACTED] ADS RN Director	9/30/2021
MC Policy Committee	[REDACTED] Administrator	9/16/2021
RN/Directors	[REDACTED] Cherished Place Director	9/16/2021
RN/Directors	[REDACTED] ADS RN Director	9/16/2021
	[REDACTED] Executive Director	9/15/2020

Cherished PLACE

Satisfaction Survey 2021

Thank you for taking the time to complete this survey

The person filling out this survey is: Client Family Friend Other

How long have you been participating in the Adult Day program?

0 - 6 months 6 - 12 months 1 - 2 years over 2 years

How does Cherished Place respond to your needs in terms of:

	Excellent	Very Good	Average	Unsatisfactory
1. Quality of Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please explain: _____				
2. Activities and Outings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please explain: _____				
3. Courtesy & Professionalism	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please explain: _____				
4. Hours of Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please explain: _____				
5. Safe and Clean Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please explain: _____				
6. Efficiency in Follow Up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please explain: _____				

	Excellent	Very Good	Average	Unsatisfactory
7. Desirable Meals Choices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain: _____

8. Overall Satisfaction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please explain: _____

Which **one** of the above seven (or any other aspect not listed) is **most important** to you?

1. 2. 3. 4. 5. 6. 7. Other:

Your **recommendations** to improve Adult Day Services are welcomed:

Would you like for Cherished Place Director, to contact you to discuss your thoughts and ideas?

Yes No If yes, be sure to complete the information below.

Name (optional) _____

Address _____ Telephone _____

Thank you again for taking the time to fill out our survey. We appreciate your help as we continue to make every effort to keep Cherished Place enjoyable to attend.

Cherished Place Staff



Satisfaction Survey 2022

Thank you for taking the time to complete this survey

The person filling out this survey is: Client Family Friend Other

How long have you been participating in the Adult Day program?

0 – 6 months 6 – 12 months 1 – 2 years over 2 years

Please answer the following questions by filling in the appropriate circle:

Questions	Unmet	Neutral	Satisfied	Very Satisfied	Not Applicable
1. Staff greets me with warmth and a smile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Staff answers questions and concerns promptly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Staff cares about and responds to my individual needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The adult day program is clean and comfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The adult day program is free of undesirable odors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The adult day program is a comfortable temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The program is available the days and hours I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel safe at the adult day program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Meals are tasteful and appealing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My special dietary needs are met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Activities are offered throughout the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. There is a sufficient variety of activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Activities are interesting and stimulating to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The nurse/staff answers my questions and concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. The nurse/staff understands my health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Billing questions are answered to my satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What is your level of satisfaction with the following parts of the Adult Day Program	Unmet	Neutral	Satisfied	Very Satisfied	Not Applicable
17. Assistance with bathing, toileting, transfers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Assistance with medications and reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Availability of staff and nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Information regarding events and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Transportation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Telephone contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Three month assessment report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Overall, how satisfied are you with the Adult Day Program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

25. Do you or your caregiver receive needed support? YES NO
 26. If no please state what support is needed? _____

27. Would you refer a friend to this program? YES NO
 Why or why not? _____

28. What are your suggestions to improve services? _____

29. What is the most positive aspect of the program for you? _____

30. If you would like a follow up by telephone, please include your name and number.
 Name _____
 Number _____

Additional Comments: _____

Thank you again for taking the time to fill out our survey. We appreciate your help as we continue to make every effort to keep Cherished Place enjoyable to attend. Please let us know if there is anything we can do to make your time with us more enjoyable.

Cherished Place Staff

Attachment
E
1 of 2



Mailbox ✓
Lock Box
Communication
E families

Member
Storage
Attachment
E
2082



CAREGIVER STRESS-BUSTING DEMENTIA PROGRAM

Attachment F
1 of 2

Do you provide care for a loved one with dementia?

You Are Not Alone

- We know caregiving can be stressful
- This program will teach:
 - stress management techniques
 - relaxation and coping strategies

- Program available at no cost

Classes led by: Daxa Sanghvi, MSW and Kathleen Bolger, A.M., Social Work

Who: Family caregivers of a loved one with dementia

Information

What: Multi-component program meets virtually

- 90 minutes/ week for 9 weeks
- Groups of up to 10 people

Where: Via Zoom Presented by Kenneth Young Center

**When: Tuesdays from 2/15/2022 – 4/12/2022
2:00 pm – 3:30 pm**

*"I was at a very low point in my life. This program saved my life."
Participant*

Distributed by



Developed at
**UT HEALTH
SCIENCE CENTER**
SAB, HSTON, TX

Please call for more information or to register:

Kathleen Bolger, at (847) 338-1085 or kathleenb@kennethyoung.org



Caregiver Support Group

Presented by:

Alzheimer's Association

& Cherished Place Adult Day

2nd Monday of the Month
2:00 - 3:30PM

Group meets via Zoom

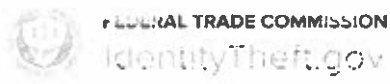
To register: Call 800-272-3900

Visit <https://www.alz.org/illinois> to learn more about caregiver programs and resources. To further extend your network of support, visit [ALZConnected@](mailto:ALZConnected@alzconnected.org), our online community, at alzconnected.org.

Build a support system with people who understand.

Alzheimer's Association caregiver support groups, conducted by trained facilitators, are a safe place for caregivers, family and friends of persons with dementia to:

- Develop a support system.
- Exchange practical information on caregiving challenges and possible solutions.
- Talk through issues and ways of coping.
- Share feelings, needs and concerns.
- Learn about community resources.



Is someone using your personal information to open new accounts, make purchases, or get benefits?

REPORT IT AT IdentityTheft.gov



YOU CAN:

- get a free personal recovery plan that walks you through each step
- update your plan and track your progress
- print pre-filled letters & forms

In Spanish at RoboDeIdentidad.gov



THE "IRS"

calls demanding money.

Is it *really* the IRS?

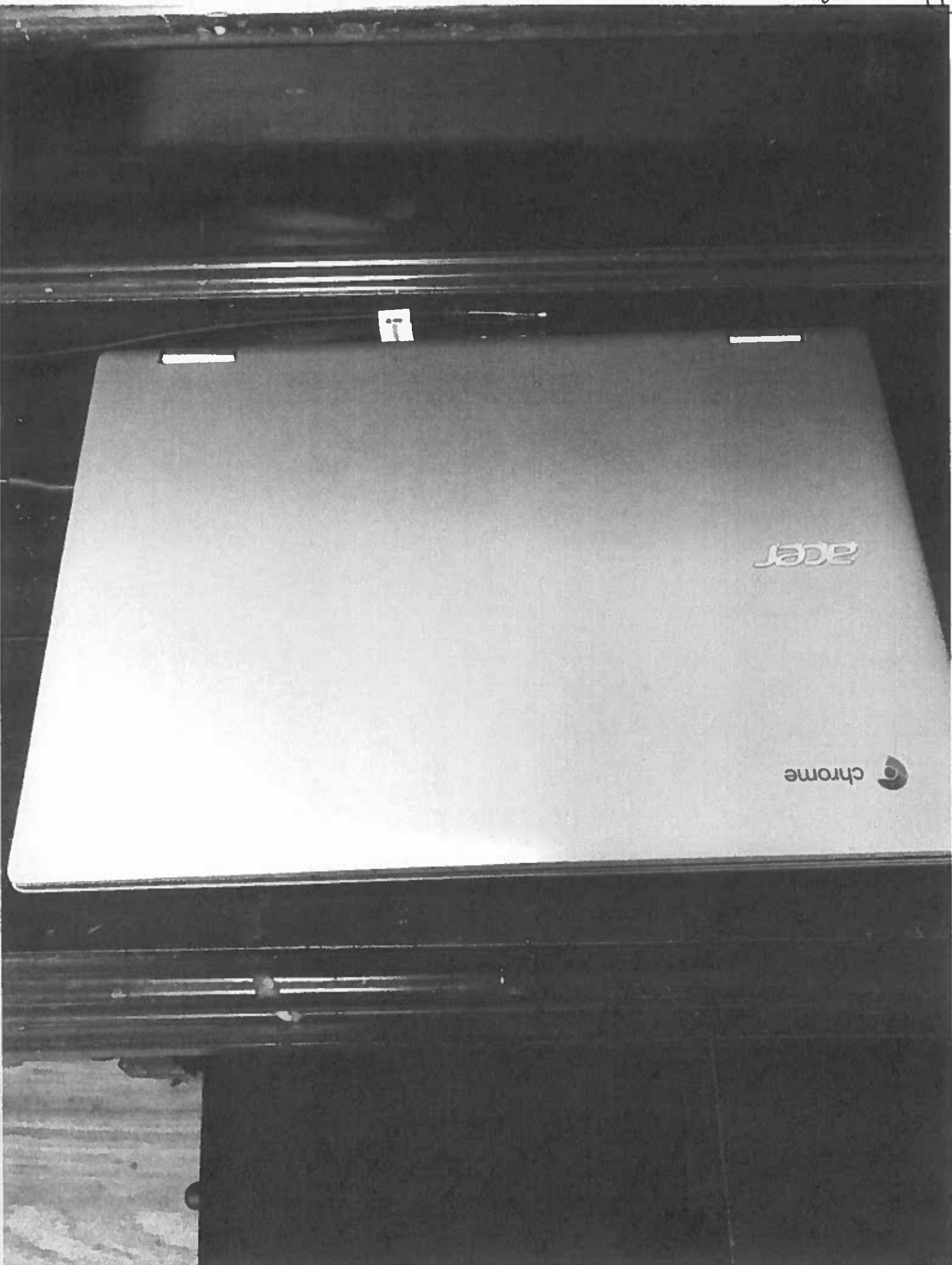


Stop.

The IRS won't ask you to pay by wire transfer.

If in doubt, check with the real IRS at 800-829-1040.







1 of 7

2.10. The Right to Privacy and Confidentiality

2.11. Privacy Violations

2.12. The Right to be Notified of Changes

2.13. The Right to Manage Finances

2.14. The Right to Voice Grievances

2.15. The Right to Examine Survey Results

2.16. The Right to Work or Not Work

2.17. The Right to Have Personal Possessions and Visitors

2.18. The Right to Share a Room with a Spouse

2.19. The Right to Self-Administer Medication

2.20. The Right to Refuse Transfer in the Organization

2.21. Informing Residents of Their Rights

The Right to Privacy and Confidentiality



Residents have the right to privacy and confidentiality. Be sure to maintain a resident's physical privacy when providing care. Always discuss the care you will provide and explain to the resident that you might need to expose a part of their body. When providing care, it is important to avoid exposing parts of the resident's body that do not require care or exposing more than what is needed. You should also maintain privacy by closing all curtains or doors while providing care or assistance.

Additionally, ask visitors to step out of the room when you provide care that requires you to expose parts of a resident's body. Be respectful of the resident's wishes regarding visitors. Some may be okay with having certain visitors present during care while others may want to have privacy. All you have to do is ask! For example, if you are going to help Mrs. Smith with a bed bath and her daughter is present, you may ask, "Mrs. Smith, I'm going to help you with your bath today and will need to expose parts of your body. Would you prefer if your daughter left the room?"

2067 7

Protecting Residents Rights

Goal: You will learn the rights of all of our residents and ways that you can help protect these rights.

Introduction

We all have basic human rights. When people enter a long-term care facility, they retain these rights. The Nursing Home Reform Act of 1987 protects the rights of every resident living in a long term care facility. Resident Councils are set up in each facility to watch out for residents' rights and interests.

Employees may sometimes forget this, or they may not realize the subtle ways rights can be violated-and the not-so-subtle ways. It's also possible for residents to violate each other's rights.

Each resident of the Lutheran Home is guaranteed the following rights under State and Federal law:

- The right to safety and good care.
- The right to privacy and confidentiality.
- The right to dignity and respect.
- The right to make independent choices.
- The rights to participate in their own care.
- The right to manage their own money or have others manage it for them.
- The right to voice grievances.
- The right to be fully informed.

More detail on each of these rights is found below.

➤ The right to safety and good care

The Lutheran Home must provide services to keep our residents physically and mentally healthy. The Lutheran Home must be clean and maintained at a healthy temperature.



Residents must be protected at all times from abuse and neglect. Abuse is "the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish." (Federal Regulations) Types of abuse include:

- Physically injuring the resident, such as pushing or hitting
- Yelling at the resident or calling them insulting names
- Sexually harassing or threatening a resident
- Confining a resident to their room without their consent, unless it is medically necessary
- Stealing a resident's money or possessions

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Residents must be protected from neglect, which is a failure to care for the resident. Examples of neglect include:

- Not taking action on medical problems.
- Not calling a physician when necessary.
- Failure to monitor for adverse drug reactions.
- Turning off a resident's call light without responding to their need.

If any staff member suspects that a resident has been abused or neglected, they must report it immediately to their supervisor or directly to Courtney Karl, Director of Social Services. Their report will be kept confidential.

Staff should respond to a resident's call light in a timely manner. If they cannot help the resident immediately, they should explain the reason and set a time to return to help them.

Every employee has the responsibility for care of our residents. If an employee sees that a resident's call light is on, he or she should knock and ask if they can provide assistance. If the employee cannot provide the needed assistance personally (such as helping the resident to the bathroom), they should find a staff member who can help.

➤ The right to privacy and confidentiality

The Lutheran Home is the residents' home. The resident has a right to privacy in their home. Staff must knock and ask for permission to enter a resident's room. Staff must respect the resident's right to privacy when they are being examined or given care by closing the door or drawing the curtain. Staff must assure resident privacy when the resident is bathing or using the toilet.



Residents have the right to have private visits and can have visitors at any time of the day, 24 hours a day if they wish. They have the right to ask any visitor to leave at any time. They have the right to make phone calls in private. They have the right to have their mail delivered promptly and to have mail sent out promptly.

Residents have the right to keep and wear their own clothing. They can keep and use their own property, including furniture, if there is enough space, unless it interferes with the safety and health of other residents. We must try to protect their clothing and other property from getting lost or stolen.

Confidentiality means keeping resident information to oneself and discussing the resident information only with members of the health team directly involved in the resident's care. As health care providers, we are mandated by law to protect information about residents' medical matters, financial matters, and personal matters.

Do not give out resident information to unauthorized persons. If possible, re-direct questions about confidential matters to the resident unless authorized by the resident to share such information. If you are unsure if an individual is authorized, ask your supervisor before giving out confidential information.

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➤ **The right to dignity and respect**



Dignity, according to federal regulations, means that in their interaction with residents, staff members carry out activities that assist the residents to maintain and enhance their self-esteem and self-worth. Some residents may be very weak, which may make it frustrating and hard to care for them. And even though they are quite old, some may behave like children. But you must always show respect when talking to residents.

- Speak to residents in a polite and courteous manner.
- Never use a harsh tone of voice.
- Do not speak to a resident as if he or she were a child.
- Do not call the resident "honey" or "grandpa". Call the resident what they wish to be called. If you do not know what they wish to be called, ask them.
- Do not tease or annoy a resident.
- Do assist residents with their grooming and dress so that their appearance is appropriate to the time of day and their preferences.
- Do assist them in attending activities of their choice.

Think of how you would like to be treated when you are a senior citizen. Some other ways that you can show respect to the residents includes:

- Acknowledge their years of experience and wisdom
- Be a good listener
- Show compassion
- Give encouragement
- Follow through on your promises – do what you say you are going to do
- Smile
- Say please and thank you

Mother Teresa once said, "Kind words can be short and easy to speak, but their echoes are truly endless."

➤ **The right to independent choices**



Residents have the right to choose what they want to do and to refuse to do things that they do not want to do. They can pick the types of activities in which they take part.

For example, if they want to watch television in the lounge and they are physically able to do that, they have that right. On the other hand, if they don't enjoy something, such as working a puzzle, they must not be forced to do it.

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Residents have the right to make choices about their schedules. They have the right to stay up late at night reading or watching television. They have the right to sleep late or to get up early if they want. They have the right to refuse to eat breakfast.

➤ **The right to participate in their own care**

Each resident has a "plan of care" written by the care-plan team. This plan lists what a resident is able to do and what he or she needs help doing. The resident has the right to follow his or her plan of care. Residents and their representatives can attend the care plan meetings.

Each resident has the right to choose their own doctor and to refuse medical treatment. They can also ask to see their medical records and must be granted access to them. They can refuse any medical treatment. If they refuse such treatment, we must tell them what may happen because of their refusal and offer optional treatments.

➤ **The right to manage their own money or have others manage it for them.**

Residents have the right to manage their own money or to have it managed by the Lutheran Home. They have the right to see their financial records at any time. If they ask us to manage their money, we can spend their money only with their permission and we must give them an itemized statement of their account every quarter.



➤ **The right to voice grievances**

They have the right to present grievances without fear of reprisal and to get a prompt response. They have the right to participate in Resident Council.

➤ **The right to be fully informed**

Residents have the right to know what services the Lutheran Home provides and the cost of these services.

Conclusion

One of the easiest ways to determine whether a resident's rights are being violated is to think about how you would want to be treated. Remember, this is their home. You should be careful not to violate residents' rights, and you should help make sure no one else does.

Lesson Summary

Each employee must respect and honor the basic rights of our residents. One of these rights is the basic right to be free from abuse and neglect. It is every employee's job to report suspected abuse and neglect immediately. In addition, every resident has the right to have their health information kept strictly confidential. All employees must work to ensure these rights for our residents

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DEMENTIA BILL *of* RIGHTS



Every person diagnosed with Alzheimer's disease or other dementia deserves:

- To be informed of one's diagnosis
- To have appropriate, ongoing medical care
- To be treated as an adult, listened to, and afforded respect for one's feelings and point of view
- To be with individuals who know one's life story, including cultural and spiritual traditions
- To experience meaningful engagement throughout the day
- To live in a safe and stimulating environment
- To be outdoors on a regular basis
- To be free from psychotropic medications whenever possible
- To have welcomed physical contact, including hugging, caressing, and handholding
- To be an advocate for oneself and for others
- To be part of a local, global, or online community
- To have care partners well trained in dementia care

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**LUTHERAN LIFE COMMUNITIES
POLICY AND PROCEDURES**

Policy No. XX.XXX	Date Issued: 00/00/00	Page 1 of 1
	Date Revised: 00/00/00	
Dept. Community Services		
Division: Cherished Place Adult Day Care Services		

POLICY STATEMENT:

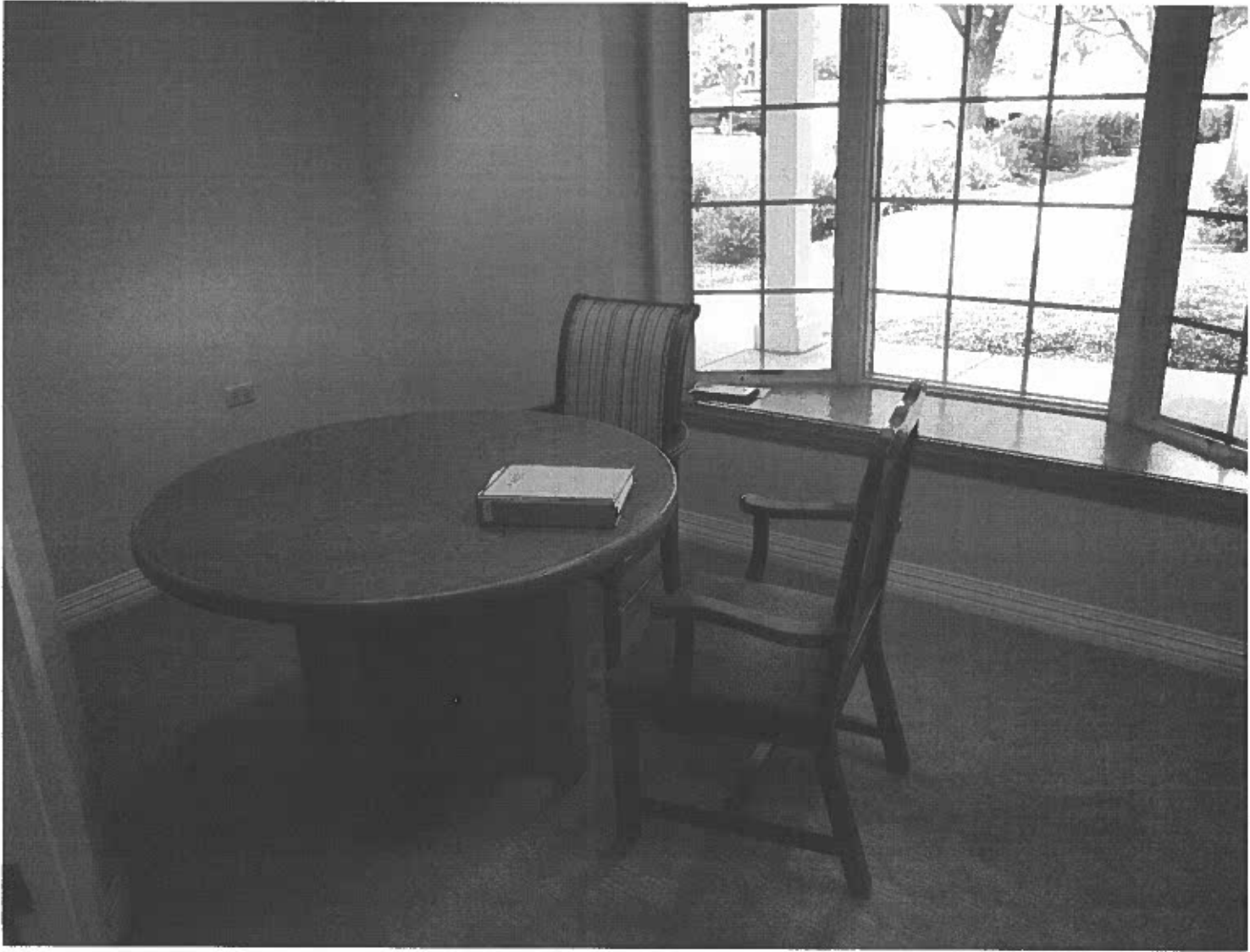
To ensure that all Cherished Place Members and their Families/Primary Caregivers are made aware of Members Rights when attending Cherished Place Adult Day Services.

PROCEDURE:

1. No person shall be denied the benefit of, or be subjected to discrimination because of race, color, creed, national origin, ancestry, gender, religion, marital status, sexual orientation, or veteran status for admission to ADS, or involvement in ADS activities.
2. Members Rights will be posted at Cherished Place Adult Day Services center.
3. All staff will provide care for Cherished Place Members while ensuring the member's rights are protected.

All Members and their Families/Primary caregivers will receive a Member's Rights Agreement form upon admission to Cherished Place. This form will educate individuals on our mission to ensure that our members receive the highest standard of spiritual, social, emotional, intellectual, and physical care while exercising their inherent human rights to maintain the members' dignity.

Authority Reference:



Confidential Office

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OUTLINE

Protecting Resident Rights

HELP

1. Introduction

2. Resident Rights

2.1. Resident Safety

2.2. Resident Health and Well-being

2.3. Resident Financial Stability

2.4. The Right to Dignity and Respect

2.5. Practice

2.6. Protecting Dignity and Respect

2.7. Access to Medical Treatment

2.8. Decision-Making and Choice

2.9. The Right to Self-Determination

2.10. The Right to Privacy and Confidentiality

2.11. Privacy Violations

2.12. The Right to be Notified of Changes

The Right to Dignity and Respect

All residents have the right to be treated with dignity and respect. Activities and interactions must assist the resident with maintaining and enhancing their self-esteem and self-worth and incorporate the resident's goals, preferences, and choices. To uphold this right, an organization must accommodate an individual's needs by providing person-centered care.

Person-centered care is an approach to care that views residents holistically so they can achieve their highest level of well-being (Eliopoulos, 2015). Each resident has a unique identity composed of cultural, social, and religious components. Each organization should provide care that respects the resident, including their religious, cultural, and social preferences, and values the resident's input.

For example, you can respect a resident's personal preferences when it comes to daily activities. Does the resident prefer to play cards or watch TV? Does the resident prefer to eat a large breakfast and small dinner, or vice versa? Knowing the resident you care for is an important component of respect and person-centered care.





Attachment
1 of 3



Cherished Place is updating its records, please indicate any special diets, preferences, allergies, etc. so that we can continue to provide the appropriate services to you and your loved one.

Food Allergies and Preferences for: (Member name) _____

Food Allergies: _____

Circle Those that Apply:

Special diet: Diabetic Pureed Mechanical Soft Ground Meat Vegetarian

Liquids: Thin Nectar Thick Honey Think

- No Milk No Cheese No Artificial Sweetner
- No Tomato Products No fresh fruit or veggies No dark leafy green vegetables
- No lettuce No Shellfish/Fish No Hard foods No meat
- No Wheat Bread/Bread No Alcohol Low Salt Restricted Fluids____ No Caffeine
- No Popcorn, Nuts, Seeds No Citrus

Preferences _____

Dislikes _____

Comments _____

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Agreement Form

Member Name _____

I/We the undersigned agree to abide and uphold the policies of Adult Day Services as detailed in the Family Handbook

I/We acknowledge that the designated staff of Cherished Place will evaluate the club member and determine the required level of service for participation in the program. A thirty (30) day trial period is required.

I/We agree to be responsible for payment of fee and services as detailed on the rate sheet.

I/We understand that payment is due at month's end. Late payment fee will be assessed as detailed on monthly billing statements.

I/We agree to commit to a schedule of attendance and have completed an attendance agreement form.

I/We understand that the Adult Day Services recognize that club members may have an extended illness, which would require hospitalization or skilled nursing care. A written change in attendance notice must be given to the program director.

I/We understand that to cancel participation in the program, a one-week written notice is required.

I/We understand that Adult Day Services may discontinue service based on the determination of staff that a club member may not be safely cared for or is a danger to others

I/We hereby give do not give permission for Adult Day Services to use pictures of the above named club member for the purposes of marketing, advertising. I understand that these pictures will be used only for professional purposes and if at anytime I should choose to reverse this decision, I will notify in writing the program director.

I/We agree to participate in field trips that are appropriate for club members. I understand I must sign my club member up for the outing on the sign up form at the sign in desk, and I understand that if my club member does not go on the outing , several activities will be planned in the program center for my club member to choose from.

I/We understand that Adult Day Services is not responsible for any money, valuables or personal affects brought into the center. We strongly recommend leaving valuables at home.

I/We understand and acknowledge that Adult Day Services does not recognize or honor "Do not resuscitate orders" 911 emergency medical personal will be utilized on an as needed basis.

Signed _____ Date _____

Signed _____ Date _____

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GRIEVANCES

To foster sound member – Adult Day Staff relations through communication and understanding of member related problems. Lutheran Homes And Services Provides members and family members with an established procedure for expressing member related concerns. In implementing this policy, the following shall apply.

1. In situations where you feel a complaint is in order, the following steps should be taken:
 - A. If you believe you have a legitimate member, and or staff -related complaint, you are encouraged to first attempt to resolve the issue(s) through discussions with AH Adult Day Services Director at (847) 368-7397 and WD Adult Day Services Director at 847-586-5767.

If the situation is not resolved within five business days from the time the complaint is discussed with the Adult Day Director, barring extenuating circumstances, the complaint should be brought to the attention of the Lutheran Homes & Services Administrator. (847) 368-7439

ANNONYMOUS REPORTING

To report suspected abuse, financial exploitation or neglect of a person 60 or older or an adult with disabilities age 18-59, call the statewide 24-hour Adult Protective Services Hotline: 1866-800-1409

The Senior HelpLine is available M-F, 8:30am-5pm CST

Toll-free: 1-800-252-8966. For deaf and speech-impaired communication over the telephone, dial Illinois Relay at 711.

Phone: 217-524-6911



MEMBER'S RIGHTS

The dignity of the individual is important to Cherished Place Adult Day (Adult Day). With its tradition of concern for the older person, the Adult Day believes that Members are not only entitled to high standards of spiritual, social, emotional, intellectual and physical needs, but also to the exercise of those inherent human rights that contribute to the totality of individual dignity.

To emphasize this belief, these Members' "rights" express the mission of the Adult Day to minister to their spiritual, social, emotional, intellectual and physical needs, assisting them in achieving their fullest potential for quality of life.

The rights of a Member fall into several categories. In each, however, the Member retains one overriding claim that is his or her right to be treated in all respects as an intelligent and sensitive human being. The Member has the right to religious and civil liberties; and to the widest possible freedom of choice and decision consistent with the standards, rights and obligations of the Adult Day.

THE MEMBER HAS THE RIGHT TO...

- ✓ Safety and Good Care. The Adult Day must provide services to keep Member's physical and mental health, and sense of satisfaction. The Member must not be abused by anyone - physically, verbally, mentally, financially or sexually. The Member shall receive some reasonable accommodation of his or her individual needs and preferences, except where Member or other Members' health and safety would be endangered.
- ✓ Participate in Own Care. The Adult Day has provided a written care plan that states all the services it provides as well as any supplemental services, in addition to how much they cost. The Adult Day must make reasonable arrangements to meet Member's needs and choices.
- ✓ Be free from corporal punishment, involuntary seclusion, and any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the Member's medical symptoms. Restraints may only be imposed to ensure the physical safety of the Member or other members and only upon the written order of a physician that specifies the duration and circumstances under which the restraints are to be used (except in emergency circumstances specified by law until such an order can reasonably be obtained).
- ✓ Confidentiality of Member's personal and clinical records and access to current clinical records upon request by Member or Member's legal representative within twenty-four (24) hours (excluding hours occurring during a weekend or holiday) of the request.
- ✓ Be fully informed in understandable terms about his or her medical condition, total health status, care and treatment and participate in the planning of his or her care and treatment.
- ✓
- ✓ Appoint a Durable power of Attorney for Health Care, Living Will, Declaration for Mental Health or Do Not Resuscitate Order.
- ✓ Privacy with regard to accommodations, treatment and communications of medical and personal care. Adult Day may not give information about Member or Member's care to any unauthorized person(s) without his or her permission.
- ✓ Have privacy with regard to accommodation, medical treatment, written and telephonic communications, and meetings of family and of Member groups.
- ✓ Receive visits from authorized family and friends.
- ✓ Access to information from the Adult Day on how to apply for Medicaid and Medicare.
- ✓ Be provided written notice if the Adult Day requests Member to leave after reasonable interventions demonstrate an inability to participate in or benefit from our program, or whose presence is detrimental to the group.
- ✓ Retain Member's rights as a citizen of Illinois and the United States. Member still has the right to work.
- ✓ Participate in social and community activities that do not interfere with the rights of other members.
- ✓ Right to meet with community organizations, social service groups, legal advocates and members of the general public who come to the Adult Day.
- ✓ Present grievances and to get a prompt response from the Adult Day.
- ✓ Voice grievances with respect to treatment or care that is (or fails to be) furnished, without discrimination or reprisal for voicing the grievances and the right to prompt efforts by the Adult Day to resolve grievances Member may have, including those with respect to the behavior of other members.
- ✓ Participate in social, religious, and community activities that do not interfere with the rights of other members in the Adult Day.
- ✓ Receive, upon reasonable request, the results of the most recent survey of the Adult Day conducted by any governmental agency in Illinois with respect to the Adult Day and any plan of correcting in effect with respect to the Adult Day.



GRIEVANCES

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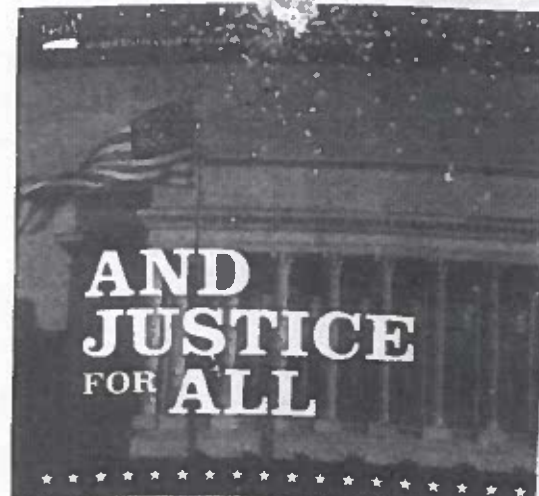
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In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and marital or marital status for past and rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA TARGET Center at (800) 725-2266 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

Comentarios o le by telefono con los servicios de los Estados Unidos (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and marital or marital status for past and rights activity. (Not all prohibited bases apply to all programs.)

La información del programa puede ser obtenida en otros idiomas que el inglés. Las personas que requieren medios de comunicación alternos (e.g., Braille, impresión de caracteres grandes y lenguaje de señas) deben comunicarse con el responsable del programa o con el Centro de Atención al Cliente de USDA (800) 725-2266 (voz y TTY) o con el Servicio de Relación con el Ciudadano (800) 877-8339.



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2022 Training Schedule

Month	LH mandatory	ADS in-service	In-service	Hours
January	Confidentiality	Wandering	Hand washing /competency	2.5
February	Body Mechanics	Fall preventions-	Personal Care	2
March	Preventing Abuse 7 Neglect	Safe Dining		2
April	Resident rights	CPR/First Aid Relias		3.0
May	Environment of Care	Seniors and Isolation	Progressive Support for ADS for Person's living with Dementia	2.5
June	Infection Control	Outings		1.5
July	Hazard Communication	Culture diversity	Exercise and Balance	2
August	Sexual Harassment	Mind games	Anxiety & agitation	2.5
September	Hippa IT	What is an ADS?	Impact of Dementia on communication	2
October	2022 Acceptable Use Policy Review	Understanding Alzheimer's and Dementia		2
November	Active Shooter	Customer Service		2.0
December		How Alzheimer's Disease affects Family dynamics	Evidence Based Nonpharmacological Practices to Address Behavioral Psychological Symptoms of Dementia	2
Total hours				26 hours

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Status Active PolicyStat ID 8215214



Origination	8/14/1998	Owner	Becky Kaufmann
Last Approved	11/26/2019	Area	Clinical
Effective	11/26/2019		
Last Revised	11/26/2019		
Next Review	11/25/2020		

Abuse and Neglect of a Resident

POLICY STATEMENT:

The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's symptoms. The process is as follows:

- The Administrator will designate the Abuse Coordinator for the facility. This person will be identified and communicated to the residents, families and associates. This is addressed in the information packet at the time of admission.
- Associates will receive education regarding Abuse, Neglect & Exploitation on hire and annually. Education will include prevention, detection and reporting.
- Quality Assurance and Performance Improvement Committee:
 - Reviews results of investigations for allegations of abuse
 - Reviews information related to trends in abuse
 - Makes recommendations on improvement activities

ABUSE: The willful infliction of injury, unreasonable confinement, intimidation, or punishment resulting in physical harm, pain, or mental anguish. Abuse also includes deprivation by an individual, including caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being.

Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.

Willful - means the individual must have acted deliberately, not that he /she must have intended to inflict injury or harm

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- **PHYSICAL ABUSE** - the use of physical force that may result in bodily injury, physical pain, or impairment such as: pushing, slapping, hitting, shoving, shaking, striking with or without an object, pinching, kicking, burning, physical punishment, confinement, or unlawful use of restraints, corporal punishment. Injuries of unknown origin including bruises (even small ones) and skin tears (even minor ones) should be reported as potential physical abuse.
- **VERBAL ABUSE** - using insulting names, threatening, shouting at, using demeaning language, curt replies, sarcasm and sighs that convey disgust or irritation.
- **NEGLECT** - failure of the facility, its associates or service providers to provide goods and services to a resident necessary to avoid physical harm, pain, mental anguish, or emotional distress. Medical care, mental health treatment, psychiatric rehabilitation, personal care or assistance with activities of daily living are necessary to avoid physical harm, mental anguish or mental illness of a resident. Examples are but not limited to: not taking action on medical problems, prescribed treatment, or therapies, not calling a physician when necessary, i.e., change of status and failure to monitor for adverse drug reactions.
- **SEXUAL** - is nonconsensual sexual contact of any type with a resident, including, but not limited to, assault, rape, or sexual harassment. Examples are: exhibitionism by the service provider, forcing the individual receiving services to view pornographic material, intimate touching of the individual receiving services by the service provider during bathing, molesting the individual receiving services
- **EXPLOITATION** - means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion
- **MISTREATMENT** - inappropriate treatment or exploitation of a resident
- **INVOLUNTARY SECLUSION** - defined as the separation of a resident from other residents or from his or her room or confinement to his or her room (with or without roommate), against the resident's will, or the will of the resident's legal representative. Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional associates can develop a plan of care to meet the resident's needs.

MENTAL ABUSE - emotional or psychological abuse. The verbal or nonverbal infliction of anguish, pain, or distress that results in mental or emotional suffering. Examples are: Demeaning statements, harassment, threats, insults, humiliation, intimidation, isolating the individual from friends, family, keeping the person from normal activities, threatening harm or deprivation with verbal or nonverbal threats or gestures, failure to offer a choice when the individual is capable of making choices.

- Right to be free from Physical and Chemical restraints-the resident will be free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms.
- The facility will prohibit the use of physical restraints to unnecessarily inhibit a resident's freedom of movement or activity. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints. The facility will use the least restrictive restraint for the least amount of time and provide ongoing re-evaluation of the need for physical restraint.
- When a medication is indicated to treat a medical symptom, the facility must use the least restrictive alternative for the least amount of time, provide ongoing re-evaluation for the need for the medication.

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- The use of equipment to take, keep or distribute photographs or recordings that are demeaning or humiliating is prohibited. Taking unauthorized photographs of or recordings of residents in any state of dress or undress using any type of equipment(cameras, smart phones, and other electronic device) and /or keeping or distributing them thru multimedia messages or on social media networks is a violation of residents right to privacy and confidentiality.
- Mental Abuse includes but is not limited to humiliation, harassment, and threats of punishment. Examples include photographs and recordings of residents that contain nudity, sexual and intimate relations, bathing, showering, toileting, providing perennal care, after an incontinence episode, derogatory statements directed to the resident, showing a body part without the resident's face whether it is in the chest, limbs or back, labeling residents pictures and /or providing comments in a demeaning manner, directing resident to use inappropriate language, and showing the resident compromised position.

INJURIES OF UNKNOWN ORIGIN - an injury should be classified as an "injury of unknown source" when both of the following conditions are met:

- The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and
- The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.
- See Section 6: Internal Investigation of Allegations, #4 for investigation process of "injuries of unknown source".
- Bruising of unknown origin.

- **MISAPPROPRIATION OF PROPERTY** - the deliberate misplacement, exploitation, or wrongful, temporary use of a resident's belongings or money without the residents consent.

• **PROCEDURES FOR DETECTION AND PREVENTION**

1. **Pre-Employment Screening of Potential Associates** This facility will not knowingly employ any individual who has been found guilty of abuse, neglect, or mistreatment by a court of law. This includes exploitation of residents and convicted of resident and misappropriation of resident property. The facility will not knowingly employ associates who have had findings entered into the state nurse aide registry concerning abuse, neglect, exploitation, misappropriation of resident property, mistreatment by a court of law. This facility will not employer otherwise engage a person who has disciplinary action currently in effect on his or her professional license by state licensure body as a result of a finding of abuse ,neglect, exploitation, mistreatment of residents or misappropriation of resident property. The Healthcare Worker Background Check Act (unless waived under the provision of the Act) and Nurse Aide Registry will be reviewed prior to a new associate starting a work schedule, this facility will:

- Initiate a reference check from previous employer(s), in accordance with facility policy - Obtain a copy of the state license of any individual being hired for a position requiring a professional license
- Check the State Aide Registry on any individual being hired for a Certified Nurse Aide position

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- File a State Police Healthcare Worker Background Check application on any individual being hired.

The Facility policy and procedures for conducting a Healthcare Worker Background Check will be followed.

2. Establishment of a Resident Sensitive Environment

- All residents will be assessed for risk factors for predisposition to abuse upon admission

Residents will be screened for abuse & neglect in the quarterly Social Service Assessment Interview.

3. Protection of Residents

The facility will take steps to prevent mistreatment while the investigation is underway.

- Residents who allegedly mistreated another resident will be removed from contact with that resident during the course of the investigation. The accused resident's condition shall be immediately evaluated to determine the most suitable therapy, care approaches and placement considering his or her safety, as well as the safety of other residents and associates of the facility
- Accused individuals not employed by the facility will be denied unsupervised access to the resident during the course of the investigation
- Associates of this facility who have been accused of mistreatment will be removed from resident contact immediately until the administrator or designee has reviewed the results of the investigation. Associates accused of possible mistreatment shall not complete the shift as a direct care provider to residents.
- The facility will report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an associate, which would indicate unfitness for service as a nurse aide or other facility associates.

4. Internal Reporting

- If a resident is alleging abuse or neglect (physical, sexual, verbal, emotional, mental), the associates member receiving the complaint will immediately notify their direct supervisor and/or the Coordinator of Abuse Prevention. An Internal Investigation Form will be initiated. The Coordinator of Abuse and Prevention will maintain a log of all abuse and neglect allegations and investigations.
- Associate/Supervisor should complete an incident report and follow that procedure.
- The supervisor will inform the facility Abuse Prevention Coordinator who will inform the Administrator or designee immediately. If the alleged abuser is an associate or contracted associate, the Human Resource Director will be notified.

5. Internal Investigation of Allegations

The Abuse Prevention Coordinator or designee will coordinate the initial investigation of the abuse allegation. This may include:

- Documented interview of the resident regarding alleged abuse.
- Documented interview of any witnesses to the alleged incident of abuse.

- Review of appropriate documentation including, but not limited to, chart review and the Preliminary Incident Investigation Form.
- Investigations for potential, injuries of unknown source' will include interviews with associates, resident and families. Inquiries will include but are not limited to:
 - When was the injury discovered?
 - When was the resident last seen injury free?
 - The time period between injury free and injury discovery will become the target of further inquiry such as:
 - What was the resident observed doing during this period and where were they doing it?
 - What care did the resident receive during this period?
 - Did the resident manifest behaviors that could have resulted in the injury?
 - Does the resident have physical tendencies, positioning, ambulation/ mobility issues that could lead to the injury?
- If an Internal investigation is warranted then submit the preliminary abuse/neglect report to the state
- The administrator or designee shall immediately report the matter by telephone to the resident's representative
- The allegedly abused resident's condition, both physical and mental, shall be immediately evaluated to determine if an intervention is needed
- If an associate(s) has been identified as the alleged abuser, that associate will be placed on administrative leave to protect the resident from the alleged perpetrator while the investigation proceeds
- If it is determined that an abuse has occurred the identified associate will be terminated immediately according to policy.

The facility will make every effort to protect the rights of abuse and neglect victims, of associates who are accused of abuse and neglect, and of those who report it. The facility will work proactively to protect individuals receiving services from any service interruptions, restrictions and all other forms of retaliation.

6. External Reporting of Potential Abuse

- The resident's representative and the Department of Public Health shall be informed immediately.
- Immediately, and not to exceed ,but not later than 2 hours after allegation is made, if the events that cause the allegation involve abuse or results in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in bodily injury, to the administrator of the facility and to other officials (including State Survey Agency and adult protective services where state law provides for jurisdiction in long term care facilities) in accordance with state law. The Preliminary Incident Investigation report shall be sent to the Department of Public Health. Included in this report will be:

- Name, age, diagnosis, and mental status of the resident allegedly abused or neglected
 - Type of abuse reported (physical, sexual, theft, neglect, verbal, or mental)
 - Date, time, location and circumstances of the alleged incident
 - Any obvious injuries or complaints of injury
 - Steps the facility has taken to protect the resident
- The facility will notify local police and Department of Public Health within two (2) hours after first suspecting that a crime has occurred if the suspected crime involves serious bodily injury to the individual, or within 24 hours if there is no serious bodily injury involved. Examples of crimes may include, but are not limited to: murder, assault and battery, theft, drug diversion/theft, fraud and forgery.
 - Within five (5) working days after the report of the occurrence, a complete written report of the conclusion of the investigation, including steps the facility has taken in response to the allegation will be sent to the Department of Public Health. The Public Health requirements for a final investigation report are:
 - Name, age, diagnosis, and mental status of the resident allegedly abused or neglected.
 - The original allegation (note day, time, location, the specific allegation, by whom, witnesses to the occurrence, circumstances surrounding the occurrence, and any noted injuries).
 - Facts determined during the process of the investigation, review of medical record and interviews of witnesses.
 - Conclusion of the investigation based on known facts.
 - Attach police report if a report was conducted.
 - If the allegation is determined to be valid and the perpetrator is an associate, include on a separate sheet the associate's name, address, phone number, title, date of hire, copies of previous disciplinary actions, and current status (still working, suspended or terminated).
 - Attach a summary of all interviews conducted with the names, addresses, phone numbers and willingness to testify of all witnesses.
 - If there is clear evidence of abuse by an associate, the Department of Public Health will notify the Nurse Aide Registry of the Department of Professional Regulation. The Department of Public Health will also notify the State police, for further investigation of the associate. Depending on the seriousness of the incident and presented evidence, the administrator may also notify the local police.
 - Inquiries concerning abuse reporting and investigation should be referred to the administrator or designee.

Reference Appendix PP SOM F-tags F600 - F610, F867

Covered Entities: The Arlington of Naples, Pleasant View Luther Home, Luther Oaks, Lutheran Home for the Aged, St Pauls House & Health Care Center, Healthcare Center at Wittenberg Village

N
8008

Approval Signatures

Step Description	Approver	Date
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Status Active PolicyStat ID 10241530



Origination 3/22/2012

Last Approved 8/10/2021

Effective 8/10/2021

Last Revised 8/10/2021

Next Review 8/10/2022

Owner Sarah Kurth

Area Cherished Place

1062

Restraint/ Seclusion

POLICY:

Cherished Place does not promote the use of restraints. Cherished Place does not supply restraints. Cherished Place will accept a new club member who uses a restraint for safety reasons under these conditions.

- If a club member is able to move from room to room in his/her wheelchair to maintain their independence and prevent injury due to a fall.
- If a club member has cognitive issues the club member forgets they cannot walk without staff assistance.

Cherished Place club members will be offered a variety of programs that prevent our members from seclusion. Members will be encouraged to participate in group activities of their liking.

PROCEDURE:

1. POA must provide a doctors order for the restraint.
2. Identifying alternative options to physical restraint use; evaluating the risks/benefits offer other options as a first approach to treating the underlying medical symptom/condition.
3. Reassessing the continued need for a physical restraint as the club member's condition changes.
4. Club members requiring restraints must be supervised at all times.
5. Club members who require restraints will have restraint-free periods.
6. Activity team members will plan activities that will include all club members. Several different activities will be planned to ensure club members have choices of activities of their liking to join.
7. Rooms without planned activities will be free of all club members and kept locked.

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2022

Approval Signatures

Step Description	Approver	Date
MC Policy Committee	Sarah Kurth: Administrator	8/10/2021
RN/Directors	Brenda Rincon: Cherished Place Director	8/9/2021
RN/Directors	Maryanne Motycka: ADS RN Director	8/9/2021

Older Version Approval Signatures

Andrew Kazmierczak: Executive Director 9/15/2020

COPY



State of Illinois
Illinois Department on Aging

Person-Centered ADS Plan of Care Addendum

Initial

Review

Participant Name: [REDACTED] CCP Participant ID# _____ DOB: 03/17/28

Existing Health Conditions: [REDACTED]

Participant's Expressed Long-Term Goals: _____

Date	Domain	Risk/Barrier	Strengths	Goal	Intervention	Outcome Score
11/8/21	Nutrition <i>e.g. diet, adaptive equipment, grocery shopping</i>	[REDACTED] is not able to go grocery shopping.	[REDACTED] is on a general diet. She has a good appetite. Son does her grocery shopping.	[REDACTED] will consume 75% of lunch and snacks while at ADS	Monitor food intake and weight.	
11/8/21	Personal Care <i>e.g. grooming, dressing, bathing, incontinence</i>	[REDACTED] is able to dress and bathe self with some assistance. She tires easily.	[REDACTED] is continent of urine and bowel. She is able to perform ADLs with some assistance.	[REDACTED] will be clean and dressed appropriately.	Staff will provide assistance in bathroom as needed.	
11/8/21	Health <i>e.g. vital monitoring, blood sugar checks, medication administration, breathing treatments</i>	[REDACTED] is HOH, has OA of hips, Hypothyroidism, Hyperlipidemia, Alzheimer's, and hz of breast cancer	[REDACTED] son helps set up her medication and takes her to her doctors appointments	[REDACTED] health condition will be monitored	Measure and document [REDACTED] vital and weight monthly.	
11/8/21	Socialization/Activities/Communication <i>e.g. isolation, cultural considerations, telephoning, translation services, community integration</i>	Ensure [REDACTED] is not socially isolated.	[REDACTED] attends ADS two days a week.	Ensure [REDACTED] is involved in community integration.	Ensure [REDACTED] is notified and allowed opportunity to participate in any ADS outings.	

Outcome Scores:

1=Goal met. No further intervention needed. Remove from plan. 2=Goal met. Maintain goal until next review. 3=Goal not met. Maintain goal until next review. 4=Goal not met. Remove and/or revise goal.

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State of Illinois
Illinois Department on Aging

Person-Centered ADS Plan of Care Addendum

Initial Review

Participant Name: _____ CCP Participant ID# _____ DOB: 04/29/31

Existing Health Conditions: _____

Participant's Expressed Long-Term Goals: _____

Date	Domain	Risk/Barrier	Strengths	Goal	Intervention	Outcome Score
10/6/21	Nutrition <i>e.g. diet, adaptive equipment, grocery shopping</i>	_____ is on a diabetic diet	_____ daughter prepares her meals and does the grocery shopping.	_____ will eat at least 75% of lunch and snacks.	Monitor daily food intake	
10/6/21	Personal Care <i>e.g. grooming, dressing, bathing, incontinence</i>	_____ is occasionally incontinent of bowel and bladder	_____ is able to perform personal care with assistance.	_____ will have no skin issues	Give reminders to use the washroom and assist as needed.	
10/6/21	Health <i>e.g. vital monitoring, blood sugar checks, medication administration, breathing treatments</i>	_____ needs reminders to take her medication	_____ daughter sets up her medication and take her to routine doctor visits	_____ health condition will remain stable.	Monitor vitals and weight monthly.	
10/6/21	Socialization/Activities/Communication <i>e.g. isolation, cultural considerations, telephoning, translation services, community integration</i>	Ensure _____ is not socially isolated.	_____ attends ADS three days a week.	Ensure _____ is involved in community integration.	Ensure _____ is notified and allowed opportunity to participate in any ADS outing.	

Outcome Scores:

1=Goal met. No further intervention needed. Remove from plan. 2=Goal met. Maintain goal until next review. 3=Goal not met. Maintain goal until next review. 4=Goal not met. Remove and/or revise goal.

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Date	Domain	Risk/Barrier	Strengths	Goal	Intervention	Outcome Score
10/6/21	Mobility <i>e.g. lifts, fall risk, ambulation, therapies, assistive devices</i>	ambulates with a walker	has a steady gait when ambulating with her walker.	Assist with ambulation as needed	Encourage to participate in daily exercises	
10/6/21	Cognition/Behavior Health <i>e.g. depressive symptoms, dementia, anxiety, agitation, cognitive simulating activities</i>	has a diagnosis of dementia	is willing to participate in memory activities.	Assist with cognitive abilities.	Encourage to participate in individual and group activities specific to improving memory function.	
10/6/21	Safety <i>e.g. wandering, sensory impairments</i>	is low to evacuate	lives with her daughter	will be supervised at all times	Maintain clear pathways and supervise at all times.	
10/6/21	Transportation/Special Needs/Other	N/A	is transported to and from ADS by daughter	N/A	N/A	

Outcome Scores:

1=Goal met. No further intervention needed. Remove from plan. 2=Goal met. Maintain goal until next review. 3=Goal not met. Maintain goal until next review. 4=Goal not met. Remove and/or revise goal.

Participant's Signature (or Authorized Rep) _____ Date _____

Staff Nurse Signature _____ Date 10/6/21

CCU/MCO Signature (Acknowledgment Only) _____ Date _____

ADS Staff Signature & Title _____ Date _____

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State of Illinois
Illinois Department on Aging

Person-Centered ADS Plan of Care Addendum

Initial Review

Participant Name: [REDACTED] CCP Participant ID# _____ DOB: 06/01/1930

Existing Health Conditions: [REDACTED]

Participant's Expressed Long-Term Goals: _____

Date	Domain	Risk/Barrier	Strengths	Goal	Intervention	Outcome Score
10/6/21	Nutrition <i>e.g. diet, adaptive equipment, grocery shopping</i>	[REDACTED] is on a cardiac diet	[REDACTED] daughter cooks and shops for her	[REDACTED] will consume at least 75% of meals and snacks at ADS	Monitor daily food intake	
10/6/21	Personal Care <i>e.g. grooming, dressing, bathing, incontinence</i>	[REDACTED] has difficulty seeing	[REDACTED] daughter helps her with ADLs at home	[REDACTED] will be dressed appropriately and will be clean and well groomed at all times.	Assist [REDACTED] with ADLs at ADS as needed	
10/6/21	Health <i>e.g. vital monitoring, blood sugar checks, medication administration, breathing treatments</i>	[REDACTED] has HTN, and Hypertension	[REDACTED] daughter give her medications reminders at home.	[REDACTED] health condition will be monitored monthly.	Monitor and document monthly weight and vitals	
10/6/21	Socialization/Activities/Communication <i>e.g. isolation, cultural considerations, telephoning, translation services, community integration</i>	Ensure [REDACTED] is not socially isolated.	[REDACTED] attends ADS three days a week.	Ensure [REDACTED] is involved in community integration.	Ensure [REDACTED] is notified and allowed opportunity to participate in any ADS outings.	

Outcome Scores:
1=Goal met. No further intervention needed. Remove from plan. 2=Goal met. Maintain goal until next review. 3=Goal not met. Maintain goal until next review. 4=Goal not met. Remove and/or revise goal.

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Date	Domain	Risk/Barrier	Strengths	Goal	Intervention	Outcome Score
10/6/21	Mobility e.g. lifts, fall risk, ambulation, therapies, assistive devices	uses a walker	always uses her walker and walks carefully.	will have no falls while at ADS	Supervise at all times and provide assistance while ambulating.	
10/6/21	Cognition/Behavior Health e.g. depressive symptoms, dementia, anxiety, agitation, cognitive simulating activities	has a diagnosis of dementia.	is willing to participate in memory activities.	Assist with cognitive abilities.	Encourage to participate in individual and group activities specific to improving memory function.	
10/6/21	Safety e.g. wandering, sensory impairments	has trouble seeing	lives with her daughter.	will have no falls while at ADS	Maintain clear pathways and supervise at all times.	
10/6/21	Transportation/Special Needs/Other	is unable to transport herself to and from ADS	uses our transportation	will be safely transported to and from ADS.	ADS will provide door to door service.	

Outcome Scores:

1=Goal met. No further intervention needed. Remove from plan.

2=Goal met. Maintain goal until next review

3=Goal not met. Maintain goal until next review.

4=Goal not met. Remove and/or revise goal.

Participant's Signature (or Authorized Rep)

Date

Staff Nurse Signature

Date

CCU/MCO Signature (Acknowledgment Only)

Date

ADS Staff Signature & Title

Date

IL 402-1197

Transcript For Petrucci, Roberto

Course Name	Completion Date	Hours	Score	Provider	Organization
HIPAA: The Basics	2/19/2020	0.50	100	Relias Learning	Lutheran Life Communities
Workplace Safety: The Basics	5/12/2020	0.25	100	Relias Learning	Lutheran Life Communities

Total Hours: 0.75

I certify that the trainings listed above were completed by me.

[Redacted]

Staff Name

[Redacted]

Staff Signature

If you require assistance that is related to this transcript, please contact Relias Support by calling 1-800-381-2321 or emailing support@reliaslearning.com.

Lead Transportation/Driver

Job Title

1 of 1 Find | Next

User ID	Learner	Department	User Location	Job Title	Course	Status	Completed	Due Date	Final Ex Score
11582648		Outsourcing	Adult Day Care West Dundee	CDL Driver	2020 Acceptable Use Policy Review	Completed	9/1/2020		1
11582648		Outsourcing	Adult Day Care West Dundee	CDL Driver	Abuse & Neglect with Trauma Care Education Mandatory In-Service	Completed	8/17/2020	12/31/2020	1
11582648		Outsourcing	Adult Day Care West Dundee	CDL Driver	First Aid - Part 1	Completed	8/21/2020		1
11582648		Outsourcing	Adult Day Care West Dundee	CDL Driver	First Aid - Part 2	Completed	8/21/2020		1
11582648		Outsourcing	Adult Day Care West Dundee	CDL Driver	HIPAA Privacy & Security Review Spring 2020	Completed	8/26/2020	12/31/2020	1
11582648		Outsourcing	Adult Day Care West Dundee	CDL Driver	LH Active Shooter Training with Video	Completed	9/1/2020	12/31/2020	1
11582648		Outsourcing	Adult Day Care West Dundee	CDL Driver	Sexual Harassment Illinois Mandatory Training	Completed	8/17/2020	12/31/2020	1
11582648		Outsourcing	Adult Day Care West Dundee	CDL Driver	Workplace Safety - The Basics	Completed	5/12/2020	12/31/2020	1

1 of 1

Attached
3 of 5

Back to User List

TRANSCRIPT ASSIGNMENT DETAIL LICENSE/CERTIFICATION ATTENDANCE RECORDS

TRANSCRIPT

Hire Date: 5/3/2019

Filter By All Types Show All Trainings Completed on R... All Certifications Filters Clear
BrainSparks Op... Specify Dates... Apply Clear

Leavers marked complete for any accredited course will not receive the accreditation.

Delete Restore Deleted Change Due Date Mark as Complete 1-52 of 52

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- SOLUTIONS
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- MANAGE
 - Users
- User List
- Hierarchy
- Licenses & Certifications
- Reports
- RESOURCES
 - Help

Title	Type	Grade	Last Access	Available	Due Date	Completed
10 ways to Have a Better Conversation TED Talk OSFY23-ATM-CONVO-TED 0.25 hours	Course				12/31/2022	
2020 Acceptable Use Policy Review LLC-IT-Acceptable-Use 1 hour	Course	100%	9/1/2020			9/1/2020
Abuse & Neglect REL-PAC-0-AN 0.5 hours	Course	100%			12/31/2019	5/3/2019
Abuse & Neglect with Trauma Care Education Mandatory In-Service LLC-LH-Preventing-Abuse-Neglect-Trauma-Care 1 hour	Course	88%	8/17/2020		12/31/2020	8/17/2020
Active Shooter Response Training (Semi-Annual) OSAS22 0.25 hours	Course	100%	6/3/2022		6/30/2022	6/3/2022
Active Shooter Training with Video LLC Active-Shooter-LLC-2021309 0.5 hours	Course	100%	9/1/2020		12/31/2020	9/1/2020
Active Shooter Training with Video LLC Active-Shooter-LLC-2021309 0.5 hours	Course	100%	8/11/2021		12/31/2021	8/11/2021
Alzheimer's Disease and Related Disorders: An Overview REL-SRC-0-ADRDO 1 hour	Course	80%	5/3/2019			5/3/2019
Back Injury Prevention REL-ALL-0-BIPREV 0.5 hours	Course	100%			12/31/2019	5/3/2019
Care of the Cognitively Impaired REL-SC-0-IAD-CCI 1 hour	Course	90%	8/11/2021		12/31/2021	8/11/2021
Code of Conduct Code-Of-Conduct-LLC-20210309 0.5 hours	Course	100%	8/11/2021		12/31/2021	8/11/2021
Code of Conduct Code-Of-Conduct-LLC-20210309 0.5 hours	Course	100%	5/10/2022		6/30/2022	5/10/2022
Common Ground:Sexual Harassment and Abusive Conduct Prevention OS-FY22Q4-2 1 hour	Course	100%			6/30/2022	6/30/2022
Communicating with People with Dementia REL-SRC-0-CPD 1 hour	Course	100%				5/3/2019

Online

OVERVIEW

Dashboard

SOLUTIONS

Learning

MANAGE

Users

User List

Hierarchy

Licenses & Certifications

Reports

RESOURCES

Help

Customer Service Essentials Self-Paced
REL-SRC-0-CSE-R1
0.5 hours

Type
Course
Laura Farinosi
Supervisor

Grade 80% Last Accessed 7/16/2021 Due Date 12/31/2021 Completed 7/16/2021

eCOURSE: Protecting Resident Rights in Nursing Facilities
REL-SRC-0-PRRNF
1 hour

Course 100% 12/31/2019 5/3/2019

eCOURSE: Protecting Resident Rights in Nursing Facilities
REL-SRC-0-PRRNF
1 hour

Course 100% 8/17/2020 12/31/2020 11/17/2020

Emotional Intelligence: What Is Emotional Intelligence?
OSFY23-ATM-EMO
0.25 hours

Course 12/31/2022

Environment of Care
10502
1 hour

Course 100% 12/31/2019 5/3/2019

Environment of Care
10502
1 hour

Course 100% 9/1/2020 12/31/2020 11/17/2020

Essentials of HIPAA
REL-PAC-0-ESSH
0.5 hours

Course 80% 8/11/2021 12/31/2021 8/11/2021

First Aid - Part 1
REL-PAC-0-FA1
1 hour

Course 90% 8/21/2020 8/21/2020

First Aid - Part 2
REL-PAC-0-FA2
1 hour

Course 90% 8/21/2020 8/21/2020

Goal Setting - Open Sesame
FY22-Q3
0.25 hours

Course 100% 3/29/2022 3/31/2022 3/29/2022

HIPAA Awareness Training
OSFY23-HIPAA
0.5 hours

Course 12/31/2022

HIPAA Privacy & Security Review - Spring 2020
LLC-HIPAA-Review-Spring-2020
1 hour

Course 100% 8/26/2020 12/31/2020 8/26/2020

HIPAA: The Basics
REL-ALL-0-HBASIC
0.5 hours

Course 100% 12/31/2019 5/3/2019

HIPAA: The Basics
REL-ALL-0-HBASIC
0.5 hours

Course 100% 12/31/2020 2/19/2020

How to embrace emotions at work | TED Talk
OSFY23-ATM-EMO-TED
0.05 hours

Course 12/31/2022

Infection Control and Prevention
REL-SRC-0-ICP
1 hour

Course 100% 12/31/2019 5/3/2019

Infection Control and Prevention
REL-SRC-0-ICP
1 hour

Course 100% 8/17/2020 12/31/2020 11/17/2020

Infection Prevention and Control Self-Paced
REL-PAC-0-INFPC
0.75 hours

Course 100% 7/20/2021 12/31/2021 7/20/2021

LGBTQ in the Workforce - Understanding Pronouns - Open Sesame
FY22-Q3-1
0.25 hours

Course 100% 3/29/2022 3/29/2022

LuHome 2019 Orientation Dementia Training 2hrs
Challenging Behaviors and Creating a Home Like Environment
LLC-LH-2019-Orientation-DementiaTraining
2 hours

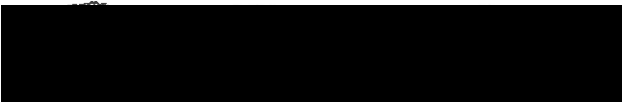
Requirements Tracker 100% 12/30/2019 12/30/2019

Online

Attachment

Q

4 of 5



Adult Day Service Driver Training In service Audit

Year 2020

Current CKL License: 9/22/21

CPR: 10/19-10/21

Medical: 3/22/20

In Services:

Month	In Service	In Service	Completed	Date	Total
January	Confidentiality	Defensive Driving	✓	1/20/20	1.5
February	Body Mechanics	Passenger Assistance	✓	2/14/20	1.5
March	Preventing Abuse and Neglect	Fire Protection	✓	3/10/20	1.5
April	Resident Rights	Driving under Adverse Weather Conditions	✓	4/13/20	1.5
May	Environment of Care	Pre Trip Inspection	✓	5/13/20	1.5
June	Infection Control	Q Straint Training	✓	6/13/20	1.5
July	Hazard Communication	Emergency Response/Evacuation Drill	✓	7/13/20	1.5
August	Safety	Make Seconds Count	✓	8/13/20	1.5
September	Activities/outings	Unruly riders Sexual Harrassment	✓	9/13/20	1.5
October		Winter Driving Safety	✓	10/13/20	1.5
November	Customer Service	Split Second Around you Bus	✓	11/13/20	1.5
December	Incident forms/Emergency Book	Backing up your Bus	✓	12/13/20	1.0

Attachment Q

~~5~~ 5 of 5

LUTHERAN LIFE COMMUNITIES*

Mardi Gras LH Fall/Winter 2021-22

Pathways

Week 3

Sunday Feb-27	Monday Feb-28	Tuesday Mar-01	Wednesday Mar-02	Thursday Mar-03	Friday Mar-04	Saturday Mar-05
Breakfast						
Juice of Choice Super Oatmeal Choice of Cold Cereal Deshelled Hard Boiled Egg Assorted Donuts Bacon Margarine Whole / 2% / Skim Coffee/Tea	Juice of Choice Super Oatmeal Choice of Cold Cereal French Toast Sausage Patty Syrup Margarine Coffee/Tea Whole / 2% / Skim	Juice of Choice Super Oatmeal Choice of Cold Cereal Ham & Cheese Omelet Assorted Scones Margarine Coffee/Tea Whole / 2% / Skim	Juice of Choice Super Oatmeal Choice of Cold Cereal Cheese Blintz w/Strawberry Topping Sausage Links Margarine Coffee/Tea Whole / 2% / Skim	Juice of Choice Super Oatmeal Choice of Cold Cereal Breakfast Casserole w/Ham Hashbrown Patty Banana Margarine Coffee/Tea Whole / 2% / Skim	Juice of Choice Super Oatmeal Choice of Cold Cereal Scrambled Eggs Bacon Wheat Toast Margarine Coffee/Tea Whole / 2% / Skim	Juice of Choice Super Oatmeal Choice of Cold Cereal Pancakes Scrambled Eggs Margarine Syrup Coffee/Tea Whole / 2% / Skim
Lunch						
Yankee Pot Roast w/Vegetable Gravy O'Brien Potatoes Diced Pears Banana Cream Pie Biscuit Margarine Coffee/Tea	Swedish Meatballs Egg Noodles Prince Charles Blend Vegetable Fruited Gelatin Orange Sweet Bread Margarine Coffee/Tea	Boneless Rosemary Chicken Thigh Roasted Redskin Potatoes Carrots Pineapple Tidbits Paczki Margarine Coffee/Tea	Shrimp Scampi Penne Pasta Zucchini Applesauce Lemon Meringue Pie Margarine Coffee/Tea Roast Beef & Provolone on French Bread	Orange Chicken White Rice Sugar Snap Peas Tossed Salad w/Ginger Sesame Dressing Strawberry Cheesecake Margarine Coffee/Tea	Bruschetta Tilapia Couscous Asparagus Cuts Southwest Chop Salad Carrot Cake Coffee/Tea	Goulash Egg Noodles Broccoli Florets Mandarin Oranges Cherry Pie Margarine Coffee/Tea
Stuffed Peppers w/Marinara	Seafood Salad on Croissant	Chopped Salad w/Chicken		Tuna Salad on Wheat Bun	Ham & Swiss on Rye	Chicken Caesar Salad
Dinner						
Broccoli Cheddar Soup Saltines/Oyster/Assorted Beer Battered Cod Steak Fries Cole Slaw Vanilla Ice Cream Cup Coffee/Tea Whole / 2% / Skim	Minestrone Soup Saltines/Oyster/Assorted Turkey & Muenster on Ciabatta California Blend Vegetable Sliced Peaches Coffee/Tea Whole / 2% / Skim	Cream of Mushroom Soup Saltines/Oyster/Assorted Baked Mostaccioli w/Meat Sauce Broccoli Florets Butterscotch Pudding Coffee/Tea Whole / 2% / Skim	Vegetable Pesto Bartey Soup Saltines/Oyster/Assorted Cottage Cheese & Canned Fruit Plate Muffin Orange Creamsicle Fluff Coffee/Tea Whole / 2% / Skim	Tomato Bisque Saltines/Oyster/Assorted Hot Roast Beef & Cheddar on Onion Roll Curly Fries Snickerdoodle Cookie Coffee/Tea Whole / 2% / Skim	Split Pea Soup Saltines/Oyster/Assorted Sloppy Joe Sandwich Green Beans Fruit Cocktail Coffee/Tea Whole / 2% / Skim	Cream of Potato Soup Saltines/Oyster/Assorted Chicken Salad on Croissant Mediterranean Chickpea Salad Chocolate Ice Cream Cup Coffee/Tea Whole / 2% / Skim
Liver Sausage on Rye	Seafood Salad on Croissant	Chopped Salad w/Chicken	Roast Beef & Provolone on French Bread	Tuna Salad on Wheat Bun	Ham & Swiss on Rye	Chicken Caesar Salad

Always Available at Lunch & Dinner:

Baked Salmon, Tilapia or Chicken Breast, Filet (steak), Hamburger, Cheese Pizza, Grilled Cheese, Chef Salad, Cottage Cheese & Fruit Plate, Turkey or Ham Sandwich

Cold Cereal Available: Cheerios, Corn Flakes, Frosted Flakes, Frosted Mini Wheats, Honey Nut Cheerios, Raisin Bran, Rice Chex, Rice Krispies & Special K



Douwe
Egberts



PREPARED BY
HARVEST
VALLEY
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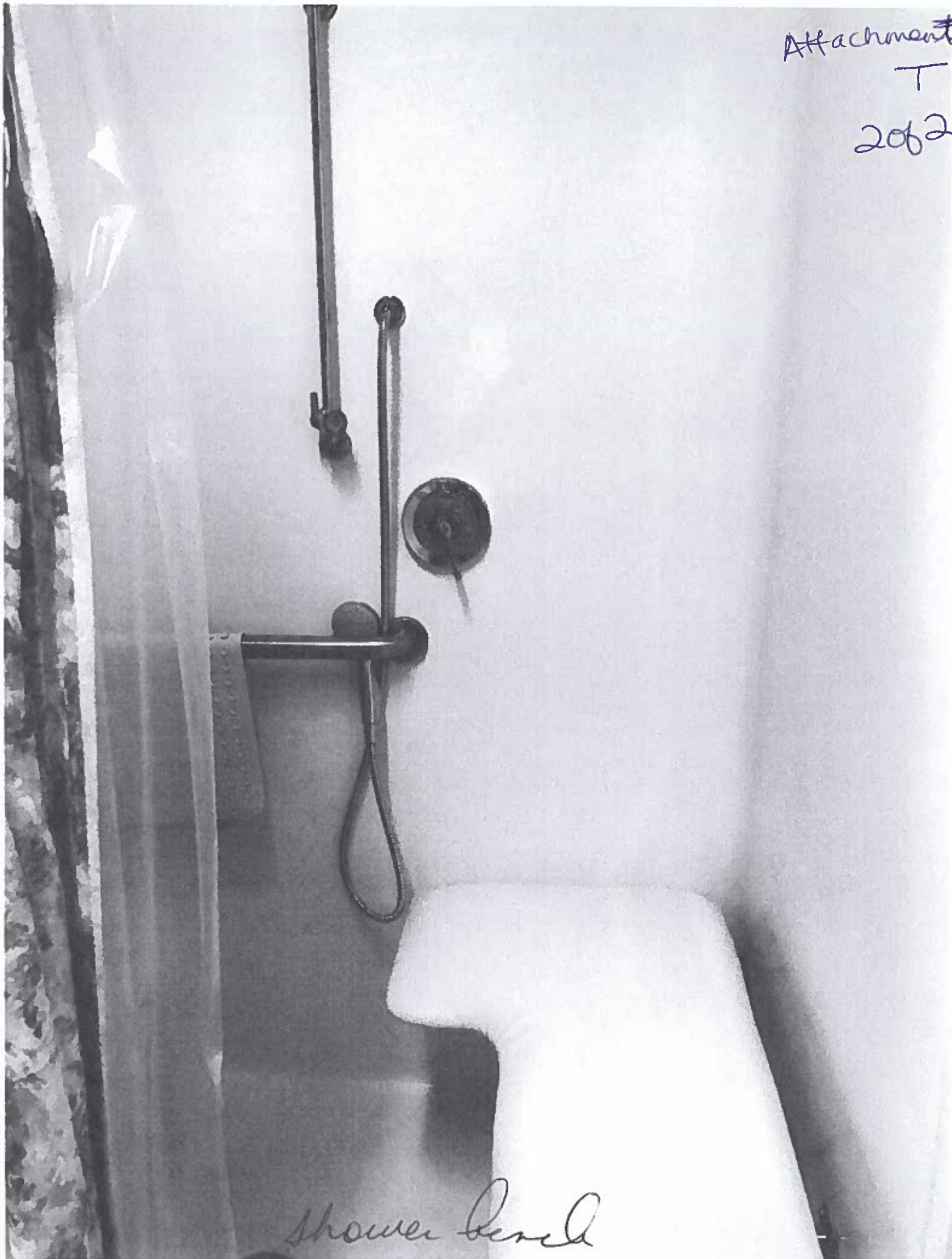
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1 of 2



Attachment
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2062



shower bench

Heightened Scrutiny Review

SETTING INFORMATION

Setting Name:	Cherished Place Adult Day Service
Address:	800 West Oakton Street, Arlington Heights, IL 60004
Contact at Setting:	[REDACTED], RN
Phone number:	[REDACTED]
Email:	[REDACTED]@lulife.org

HEIGHTENED SCRUTINY DOCUMENT CHECKLIST

<input checked="" type="checkbox"/>	Proof of licensure by state agency	
<input checked="" type="checkbox"/>	Description of the proximity to publicly or privately-operated facilities that provide inpatient institutional treatment; or, description of setting that occupies a building located on the grounds of, or immediately adjacent to, a public institution; or, description of any effects that isolate individuals receiving Medicaid HCBS services from the broader community of individuals not receiving Medicaid HCBS	This could include supportive maps and photographs.
<input checked="" type="checkbox"/>	Description of the proximity to community settings used by individuals that do not receive Medicaid-funded home and community-based services	This could include supportive maps and photographs.
<input checked="" type="checkbox"/>	Provider qualifications for staff	This could include certification or specific training programs designed specifically for home and community-based support staff.
<input checked="" type="checkbox"/>	Definitions and documentation of employment supports that facilitate community-based integrated employment	This could include documentation of the employers' attempt to maximize autonomy and competitive employment opportunities.
<input checked="" type="checkbox"/>	Documentation of modifications made to meet requirements for provider-owned or controlled settings	
<input checked="" type="checkbox"/>	Documentation of procedures in place by the setting that support individuals' access to activities in the greater community	This could include documentation that individuals have choice in community activities according to their preferences and interests.
<input checked="" type="checkbox"/>	Staff-training materials that document procedures for staff to deal with changing local community activities schedules	This could include documentation on how staff vary schedules according to the typical flow of the local community activities (appropriate for weather, holidays, sports seasons, faith-based organizations, cultural celebrations, employment, etc.)
<input checked="" type="checkbox"/>	Documentation that the individuals selected the setting from among setting options, including non-disability-specific settings	

<input checked="" type="checkbox"/>	Description of the proximity to avenues of available public transportation or an explanation of how transportation is provided	This could include supportive maps and photographs.
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APPENDIX E

Assessment – Residential and Non-Residential HCBS Settings Validation Checklist

Provider Name:	Cherished Place Adult Day Service
Name/Address of setting:	800 West Oakton Street, Arlington Heights, IL 60004
Contact at the setting:	██████████, RN
Visited With:	██████████, Director and 3 Community Care Participants
Surveyor Name:	██████████ Public Service Administrator for Illinois Department on Aging
Date Completed:	7/26/2022

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

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

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

<input type="checkbox"/>	Child Group Home	<input type="checkbox"/>	Site-Based Permanent Supported/Supportive Housing
<input type="checkbox"/>	Day Habilitation-Facility Based:	<input type="checkbox"/>	Supportive Living Program (SLP)
<input type="checkbox"/>	Residential Habilitation	<input type="checkbox"/>	Supported Residential
<input type="checkbox"/>	Comprehensive Care in Res. Setting	<input type="checkbox"/>	Community Living Facility
<input type="checkbox"/>	Community Integrated Living Arrangement (CILA)	<input type="checkbox"/>	Other (please specify):
<input checked="" type="checkbox"/>	Adult Day Services	<input type="checkbox"/>	

Check Yes, No, NA or Addressed by Person-Centered Plan (Plan)	Yes	No	Plan	NA
Public Comment Received?		X		
Does the setting provide both on-site and off-site services?	X			
Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment?		X		
Is the setting located in a building that is located on the grounds of, or immediately adjacent to a public institution?	X			
Does the setting have the effect of isolating individuals receiving Medicaid HCBS services from the broader community of individuals not receiving Medicaid HCBS?		X		

Category 1

The setting/home is integrated in and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCB services.

Check Yes, No, NA or Addressed by Person-Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
1. Do individuals/family members receive information, which approximates their level of understanding, regarding services in the broader community and access options, such as public bus/taxi/van services and special transportation providers?	X				Information regarding public transportation availability is posted on the bulletin board.
2. Does the setting utilize access to the community as part of its plan for services?	X				Community Field Trips such as visits to Podiatrist, Movies/Theatre, Sporting Events are conducted.
3. Do individuals have an opportunity to seek employment in competitive integrated settings?	X				Employment/Volunteer opportunities are posted on the Community Resources Board when applicable.
4. RESIDENTIAL ONLY: Does the setting encourage visitors or other people from the community to visit?				X	

5. RESIDENTIAL ONLY: Do the residents have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? If restrictions are placed on movement inside and outside the residence, have the restrictions been approved by the individual (or the legal authority acting on the individual's behalf) and the setting's care team and is it documented in the Individual Service Plan?				X	
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Category 2

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

Check Yes, No, NA or Addressed by Person-Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
6. Are individuals and their families encouraged to participate in the care planning process?	X				The Person-Centered Plan of Care Addendum planning includes the participant, ADS staff and family (if applicable). The Plan of Care Addendum is reviewed (at a minimum) every 6 months.
7. Does the person-centered plan identify various setting options provided to the participant?	X				The plan is based on assessment and participant choice.
8. Does the person-centered plan identify the individuals' choice to receive services at this setting?	X				If the services are not available at the center referrals and/or resources are given to the participant. These services are noted in the person-centered plan.
9. Does the person-centered plan identify non-disability setting options?	X				
10. Does the person-centered plan identify safety concerns that impact options or choice?	X				The plan includes any/all safety concerns while attending the ADS.
11. Does the individual have a choice regarding Day Setting options, Day Setting staff, and scheduling of Day Setting service provision?	X				The participant has a choice to participate in group or individual activities while at the center.
12. RESIDENTIAL ONLY: Does the individual have a choice/option for a private unit?				X	

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Category 3

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

Check Yes, No, NA or Addressed by Person-Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
13. Does the setting have policies and procedures that address the individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint?	X				Policies are discussed and provided to each participant during initial assessment and signed by participants (see attached).
14. Does the setting inform individuals of their rights to privacy, dignity, respect, and freedom from coercion and restraint?	X				Copy of policy is attached.
15. Does the setting post individuals' rights in a visible location?	X				Participant Rights are posted on the bulletin board at the center at all times.
16. Have the individuals been informed of their rights and have they received a written copy of their rights?	X				A signed copy of policy is given to participant.
17. Does the setting conduct communications about individuals' medical conditions, financial situations, and other personal information in a place where privacy/confidentiality is assured?	X				Confidential information is discussed in the conference room, nurse's office or Director's office. Any/all confidential documentation is kept in locked file cabinet.
18. Does the setting ensure that individuals have privacy while using the bathroom unless the individual has a documented need for assistance?	X				All bathrooms are private single staff bathrooms.
19. If an individual needs assistance with personal care needs, are arrangements made for this to be done in private?	X				Assistance will be conducted in private bathroom or nurse's office.
20. Does the setting offer a secure place to store individuals' personal belongings?	X				All participants have individual containers for

					storage. The storage is locked at all times.
21. Does the setting staff communicate with individuals based on needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, and residents' language)?	X				All participants are currently English speaking however one staff member is fluent in Spanish. iPads and Computers are available for google translation if necessary.
22. Are individuals allowed to dress or groom in a manner that is appropriate to the setting while honoring individual choice and lifestyle preferences?	X				Participants have individual choice in dressing.
23. Does the setting impose restrictions regarding access to the community in accordance to the individuals' assessed needs and level of supervision required while maintaining the highest level of independence?	X				There are no restrictions to access to the community however participants with cognitive impairments require an escort (staff).
24. If the answer above is "yes", consider the following: <ul style="list-style-type: none"> • Setting has documented sufficient justification for restrictions or restraints • Setting has documented history of attempts at less restrictive measures • Setting has collected data on restriction/restraint throughout time/has it proved to be beneficial • Setting's documentation should reflect restriction is time limited • Setting's documentation should reflect individual consented to restriction after receiving explanation of why/how it will help/time limitations. • Setting's documentation should reflect individual was able to ask questions and receive answers regarding the restraint 	X				Participants are allowed to exit at any time. The doors have a keypad. An elopement assessment is done on all participants. IF the participant is not a risk for elopement the participant is aware of the code for entry/exit. If the participant is a risk for elopement the doors will alarm and alert staff immediately.
25. Does the setting utilize restraints only in accordance with the Mental Health Code?		X			There is no evidence of restraint. Participants are redirected to return to the site.
26. If the answer above is "yes", consider the following: <ul style="list-style-type: none"> • Setting has documented sufficient justification for restrictions or restraints • Setting has documented history of attempts at less restrictive measures • Setting has collected data on restriction/restraint throughout time/has it proved to be 				X	

<p>beneficial</p> <ul style="list-style-type: none"> • Setting's documentation should reflect restriction is time limited • Setting's documentation should reflect individual consented to restraint after receiving explanation of why/how it will help/time limitations. • Setting's documentation should reflect individual was able to ask questions and receive answers regarding the restraint 				
<p>27. Does the setting use delayed egress devices or have secured perimeters only in accordance with individually approved plans of care?</p>	X			<p>Code and/or buzzer used for access to building. Participants are allowed to exit at any time. The doors have a keypad. An elopement assessment is done on all participants. IF the participant is not a risk for elopement the participant is aware of the code for entry/exit. If the participant is a risk for elopement the doors will alarm and alert staff immediately.</p>

Category 4

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

Check Yes, No, NA or Addressed by Person-Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
<p>28. Does the setting offer daily activities that are based on individuals' needs and preferences?</p>	X				<p>The participant has a choice to participate in group or individual activities while at the center.</p>
<p>29. Can individuals choose with whom to interact?</p>	X				<p>The participant has a choice to participate in group or individual activities while at the center.</p>

30. Can individuals choose which activities to participate in?	X				The participant has a choice to participate in group or individual activities while at the center.
31. RESIDENTIAL ONLY: Can individuals choose to dine alone or in a private area?				X	
32. RESIDENTIAL ONLY: Can individuals participate in activities in the community alone?				X	
33. NON-RESIDENTIAL ONLY: Does the setting allow individuals to have a meal/snack to meet their needs and preferences?	X				Participants have the choice of meals/snacks. Alternative and/or special diet preferences are provided if necessary.
34. NON-RESIDENTIAL ONLY: Does the setting provide individuals the option to choose both individual and group activities?	X				The participant has a choice to participate in group or individual activities while at the center.

Category 5

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

Check Yes, No, NA or Addressed by Person-Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
35. Does the setting inform individuals/family members that they have a choice to modify their services?	X				The ADS works closely with the CCU/MCO and participants to ensure the participant receives his/hers/their choice of Community Care Program services.
36. Does the setting have policies that support individuals' choice of services that meet their needs and preferences?	X				Client rights are provided to participant.
37. Does the setting have a complaint/grievance policy?	X				See policy

38. Does the setting inform individuals how to file a complaint/grievance?	X				See policy
39. Does the setting allow individuals to voice concerns or ask questions regarding the services received?	X				Rights and grievance policies.
40. RESIDENTIAL ONLY: Can residents seek services from a service provider other than the one assigned to their particular case; such as a different therapist or social worker, to the extent that alternative staff are available?				X	
41. NON-RESIDENTIAL ONLY: Does the setting have policies that support individuals' choice of services that meet their needs and preferences?	X				Client rights policy.

Category 6

The setting is a physically accessible setting.

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

Category 7 (PROVIDER OWNED/CONTROLLED RESIDENTIAL ONLY)

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

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

Category 8 (PROVIDER OWNED/CONTROLLED RESIDENTIAL ONLY)

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

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

Category 9 (PROVIDER OWNED/CONTROLLED RESIDENTIAL ONLY)

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

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

Category 10 (PROVIDER OWNED/CONTROLLED RESIDENTIAL ONLY)

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

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

Follow Up/Next Steps _____

Notes _____

Assessment Completed By  _____ Date _____

Cherished Place Adult Day Services
Facility/Site _____

Reviewed By _____ Signature _____ Date _____

To assist with interviews with individuals/residents/customers a list of the following questions has been created. These questions are by no means mandatory or universal in usage during an on-site visit. These examples are meant to provide direction in asking relevant and meaningful questions. In addition, within the second section below are questions that could be pertinent during a record review.

Interviewed [REDACTED] and [REDACTED]

“Do you know how to access the community, such as special transportation providers, bus/van services or other transportation providers? Or do you know who to ask for this information?” Matches with Question #1. **All 3 answered yes. It’s posted at ADS however they utilize family not public transportation.**

“Are you allowed visitors?” Matches with Question #4. **All 3 answered yes however personal visitors tend to come to their home not ADS.**

“Are you able to access all of the common areas of the building both inside and outside?” Matches with Question #5. **All 3 answered yes. They are not forced to be at ADS.**

“Are you allowed to select the clothing you wear and style/cut your hair the way you like?” Matches with #22. **All 3 answered yes.**

“Are you allowed to interact with whomever you want?” Matches with #29. **All 3 answered yes.**

“Are you allowed to choose activities for yourself?” Matches with #30. **All 3 answered yes.**

“Are three meals a day and snacks available? Matches with #48. **All 3 answered yes and stated the food was delicious.**

RECORD REVIEW

Is the Service Plan signed/reviewed by the participant or his/her designated representative? **Yes.** Verify participant's rights are included in the resident contract. **Participant's rights are discussed/signed by participant during initial assessment/enrollment.**

Is the Service Plan individualized to the participant's assessed needs? **Yes.** If safety interventions are required, such as alarmed delayed exit doors, is this identified in the person-centered service plan? **Effective 7/1/2022 an Elopement Risk Assessment has been completed on all ADS participants. (See attachment)**

If the participant requires specialized communication to interact with staff, such as interpreter or Braille, is this identified in the person-centered service plan? **Yes.**

Illinois Department on Aging

Certifies

Lutheran Community Services for the Aged
Cherished Place Adult Day Services

As a
Community Care Program Adult Day Service Provider
Located at: 800 West Oakton Avenue, Arlington Heights, Illinois 60004

Effective: October 1, 2020 – September 30, 2023



Paula A. Basta, Director



ADS 2113040

Community Care Program Provider Application for ADULT DAY SERVICE

INSTRUCTIONS: Please print or type (no pencil). Write "N/A" if question is not applicable.

APPLICANT: Lutheran Community Services for the Aged, inc.

PART A. PROPOSED SERVICE AREA

1. Planning and Service Area (PSA) in which Adult Day Service Site is located: 13
PSA NUMBER: 13

Indicate below the geographic area which you propose to serve from the adult day service site.

with Arlington Heights, Palatine, Barrington, Deer Park, Elk Grove, Hoffman Estates, Inverness, Prospect Heights, Roselle and Schaumburg.

Attach a map of the proposed area.

2. Mark ALL exceptions which apply to your agency:

a. Serving limited or non-English speaking participants

Identify language group(s) served:

English and Spanish

b. Unit of local government

Provide details:

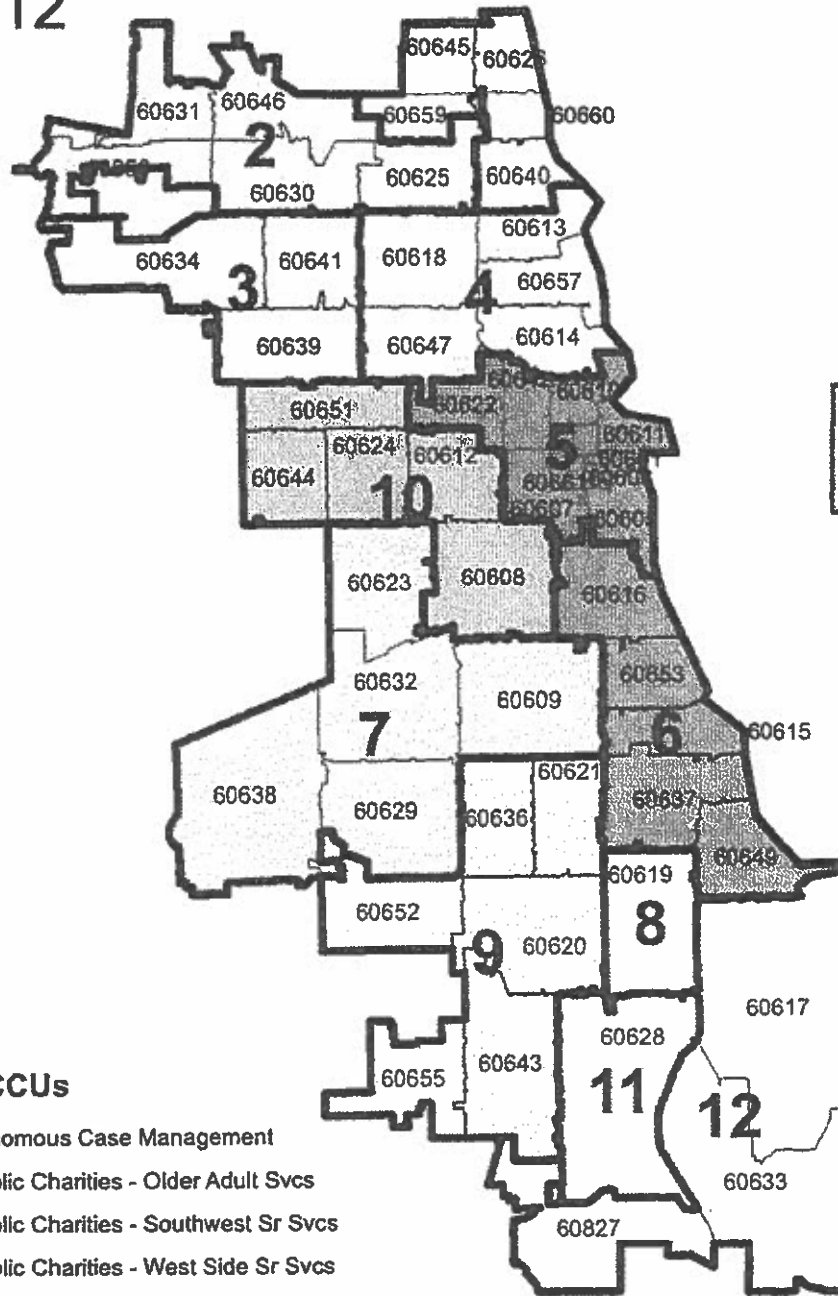
c. Benevolent, charitable, social or religious organization providing services under organization charter to a specific population or in an area smaller than a county, sub-area or township.

Provide details:

3. Can transportation to/from your facility be completed in a reasonable period of time?

Yes No

PSA 12

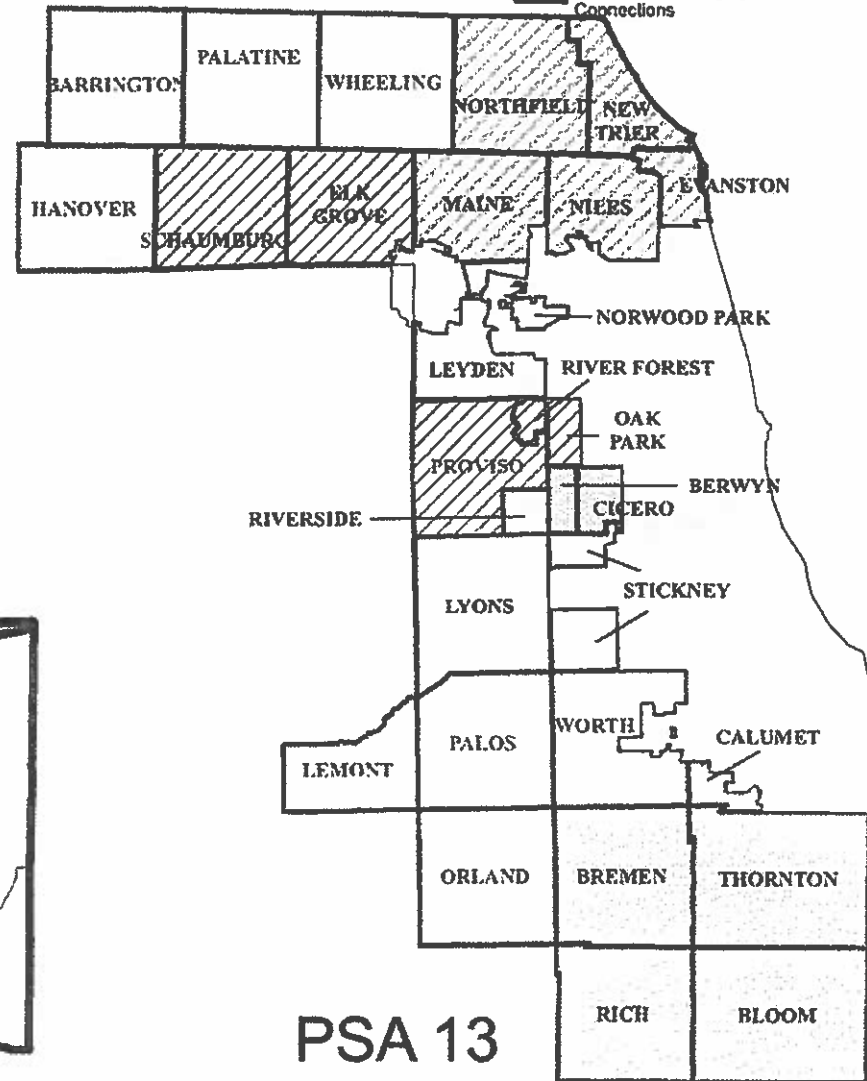


PSA 12 CCUs

- Autonomous Case Management
- Catholic Charities - Older Adult Svcs
- Catholic Charities - Southwest Sr Svcs
- Catholic Charities - West Side Sr Svcs
- Community Care Systems Inc
- Premier Home Health Care Services

PSA13 CCUs

- Aging Care Connections
- Catholic Charities - Northwest Senior Services
- Kenneth Young Center
- North Shore Senior Center
- Solutions for Care
- Stickney Township
- PLOWS Council on
- Oak Park Township
- Catholic Charities - South Suburban
- North Proviso - Solutions for Care, South Proviso - Aging Care Connections



PSA 13

Illinois Department on Aging May 2019

PART B. APPLICANT INFORMATION

1. Legal Name of Agency

Lutheran Community Services for the Aged, Inc.

2. Address of Administrative Office

Street: 800 W. Oakton Ave

City: Arlington Heights State: IL Zip Code: 60004

Telephone: (847) 368-7400 Ext. _____ Fax: (847) 847-368-7318

3. Contact person at Administrative Office

Name: [REDACTED]

Title: Executive Director

Email: [REDACTED]@lulife.org

4. Business Hours of Administration Office: 8 a.m. to 4 p.m.

5. Adult Day Service Site

a. Name (if different from Administrative Office): Cherished Place Adult Day Services

b. Address (if different from Administrative Office):

Street: 800 W. Oakton Ave.

City: Arlington Heights State: IL Zip Code: 60004

Telephone: (847) 847-368-7398 Ext. _____ Fax: (847) 847-368-7318

c. Contact Person

Name: [REDACTED]

Title: LPN Director

Email: [REDACTED]@lulife.org

d. Is your ADS site located on the grounds of or adjacent to a nursing facility, an institution for mental diseases, intermediate care facility for individuals with intellectual disabilities, a hospital or any other institutional setting?

Yes (By checking yes, you are not eligible to apply based on the federal HCBS Waiver regulation "integrated sitting" requirement see NOTE below)

No

NOTE: Per federal HCBS Waiver regulations, (CFR, 441.301(5)), settings that are not Home and Community-Based include nursing facilities, an institution for mental diseases; and intermediate care facility for individuals with intellectual disabilities; a hospital, and any other settings that have qualities of an institutional setting. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS will be presumed to be a setting that has the qualities of an institution.

PART C. OPERATION INFORMATION

1. Service Hours of site: 7 a.m. to 6 p.m.

2. Days of Operation?

Mon Tues Wed Thurs Fri Sat Sun

3. Days/Dates when service will not be provided:

New Year's Day, Good Friday, Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas Day

4. Attach Admission Policy

5. Attach Discharge Policy

6. What is the total square feet of activity area per participant? 40

7. What is the maximum number of CCP participants that will be served at this site? 25

8. Indicate below the number of required Adult Day Service staff at the site:

	None	Employ		Subcontract		Other
		Full-Time	Part-Time	Full-Time	Part-Time	
Program Administrator		1				
Program Coordinator/Director		1				
Program Nurse		1				
Certified Nutrition Staff		1				
Nutrition Consultant/ Dietitian		1				
Transportation Driver/Escort		2				

If "none" or "other" is marked, explain:

PART D. SERVICE INFORMATION

Check **Yes** or **No** for questions 1 – 10

1. I have read and understand all applicable Community Care Program (CCP) rules set forth in 89 Illinois Administrative Code Part 240. **Yes** **No**

2. I have read and understand the definition of Adult Day Service and all applicable rules as stated in Section 240.230. **Yes** **No**

3. I have read and understand that I must provide the specific service components of Adult Day Service as stated in Section 240.230 of the CCP rules, when required by the Plan of Care, including:
 - a. assessment of the participant's strengths and needs, and development of an individual written person-centered plan of care and ADS Addendum for each participant that establishes specific participant goals for all service components to be provided or arranged for by the service provider; **Yes** **No**

 - b. a balance of purposeful activities to meet the participant's interrelated needs and interests (social, intellectual, cultural, economic, emotional, physical and spiritual) designed to improve or maintain the optimal functioning of the participant; **Yes** **No**

 - c. opportunities to participate in other activities outside of the ADS are provided; **Yes** **No**

 - d. assistance with or supervision of activities of daily living (i.e., walking, eating, toileting and personal care), as needed; **Yes** **No**

 - e. provision of health-related services appropriate to the participant's needs as identified in the provider's assessment and/or physician's orders, including health monitoring, nursing intervention on a moderate or intermittent basis for medical conditions and functional limitations, medication monitoring, medication administration or supervision or self-administration, and coordination of health services; **Yes** **No**

 - f. a nutritious daily meal, supplementary snacks, and special diets as directed by the participant's physician; **Yes** **No**

 - g. agency provision or arrangement for transportation, with at least one vehicle physically accessible, to enable participants to receive adult day service at the adult day service provider's site and participate in sponsored outings; and **Yes** **No**

 - h. provision of emergency care as appropriate in accordance with established adult day service provider policies and Section 240.1510 of this Part. **Yes** **No**

4. I will comply with all aspects of the Person-Centered Plan of Care and ADS Addendum specified in CCP rule Sections 240.230 and 240.730. **Yes** **No**

5. I will comply with all Administrative Requirements for Certification specified in CCP rule Section 240.1505. **Yes** **No**

6. I have read and understand that my agency must establish and comply with all written policies and procedures specified in CCP rule Section 240.1510. **Yes** **No**

7. I will be accountable for all Provider Responsibilities specified in CCP rule Section 240.1520, including not deviating from:
- a. I have read and understand that I must comply with the insurance requirements specified in CCP rule Section 240.1520. Yes No
 - b. I have read and understand that my agency must accept all CCP participant referrals except under the conditions specified in CCP rule Section 240.1520(f). Yes No
 - c. I have read and understand that my agency shall not deviate from a CCP participant's person-centered plan of care and ADS Addendum without specific direction from the Department or the Care Coordination Unit except under the conditions specified in CCP rule Section 240.1520 (g). Yes No
 - d. I have read and understand that my agency must advise the CCU of any changes in the participant's physical, mental or environmental needs when the changes would affect the participant's eligibility or service level or would require a change in the plan of care, as specified in CCP rule Section 240.1520(h). Yes No
 - e. I have read and understand that my agency must respond to all participant requests within 15 calendar days from the date of the request, as specified in CCP rule Section 240.1520(i). Yes No
 - f. I have read and understand that my agency must bill the Department electronically as specified in CCP rule Section 240.1520(j). Yes No
 - g. I have read and understand that my agency will provide an annual audit report to the Department within six (6) months after the date of the close of the provider's business fiscal year as specified in CCP rule Section 240.1520(k). Yes No
8. I will comply with all Standards Requirements for Adult Day Service Providers specified in CCP rule Section 240.1550. Yes No
9. I will comply with all General Adult Day Service Staffing Requirements specified in CCP rule Section 240.1555. Yes No
10. I will comply with all standards for Adult Day Service Staff specified in CCP rule Section 240.1560. Yes No

PART E. SUBCONTRACTS

1. How will transportation be provided to CCP participants?
- Participant transportation will be provided in a vehicle(s) owned or leased by this agency.
 - Participant transportation will be provided by a subcontractor. "Part F., Request for Approval to Subcontract" form, must be submitted before an agreement can be executed.
2. How will meals be provided to CCP participants?
- Meals will be provided by the adult day service.
 - Meals will be provided by a subcontractor. "Part F., Request for Approval to Subcontract" form, must be submitted before an agreement can be executed.

PART F. ILLINOIS DEPARTMENT ON AGING REQUEST FOR APPROVAL TO SUBCONTRACT

MAKE COPIES AS NEEDED

1. REQUESTING AGENCY

Name: Cherished Place Adult Day Services

SITE ADDRESS

Street: 800 W. Oakton Ave

City: Arlington Heights State: IL Zip Code: 60004

CONTACT PERSON

Name: [Redacted]

Title: LPN Director

Telephone: (847) 847-368-7526 Ext. Fax: (847) 847-368-7319

2. SUBCONTRACTOR

Name:

ADDRESS

Street:

City: State: Zip Code:

AUTHORIZED SUBCONTRACTOR REPRESENTATIVE

Name:

Title:

Telephone: (847-) Fax: ()

3. PURPOSE OF SUBCONTRACT

[Redacted Signature]

9-29-20
Date

PART G. APPLICANT SIGNATURE PAGE

By my notarized signature below,

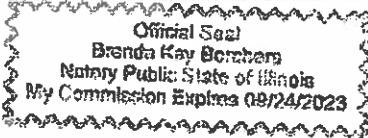
I certify that information in this Adult Day Service Application for Provider Certification is true, accurate, and complete to the best of my knowledge as of the time of signing; that the agency is fiscally sound; that the service proposed herein complies with all Rules of the Community Care Program and will be available on an equal basis in a nondiscriminatory manner without reprisal or retaliation to all eligible participants regardless of age; ancestry; arrest or conviction record; citizenship; color; creed or religion; familial status; gender, sex or sexual orientation; genetic information; marital status; military status or unfavorable discharge from military service; national origin or race; order of protection status; parental status; physical or mental disability; political beliefs; pregnancy; legal source of income; or any other protected classification under applicable civil rights laws; that the agency is in compliance with all applicable Federal, State, and local laws, regulations, and ordinances; and that the agency will cooperate with Department officials in verifying information and hereby authorizes any third party with relevant information bearing on the certification decision to release such information to the Department upon request.

I understand that knowingly providing false information or omitting information may result in denial of certification, decertification or debarment as a service provider under the Community Care Program, termination of any provider agreement and/or other enforcement under federal and state law.

I also agree to update this information as necessary so that it remains true, accurate, and complete while this application is being processed.

[Redacted Signature] 9/22/2020
Signature of Authorized Representation Date

[Redacted Name] / EXECUTIVE DIRECTOR
Name/Title

NOTARY CERTIFICATE		
State of <u>Illinois</u>	SS:	
County of <u>Cook</u>		
Subscribed and sworn to before me this <u>22nd</u> day of <u>September</u> , 20 <u>20</u> .		
<u>[Redacted Signature]</u>	<u>[Redacted Name]</u>	
Signature of Notary Public	Printed or typed name of Notary Public	
<u>Cook</u>	<u>9-24-2023</u>	
County of Residence	Date commission expires	

Return original and 2 copies of form to:
Illinois Department on Aging
ATTN: Office of Service Development and Procurement
One Natural Resources Way, #100
Springfield, IL 62702-1271

Remember to keep a copy for your records

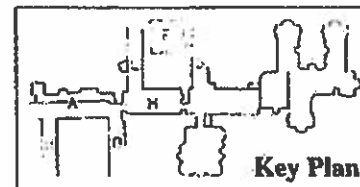
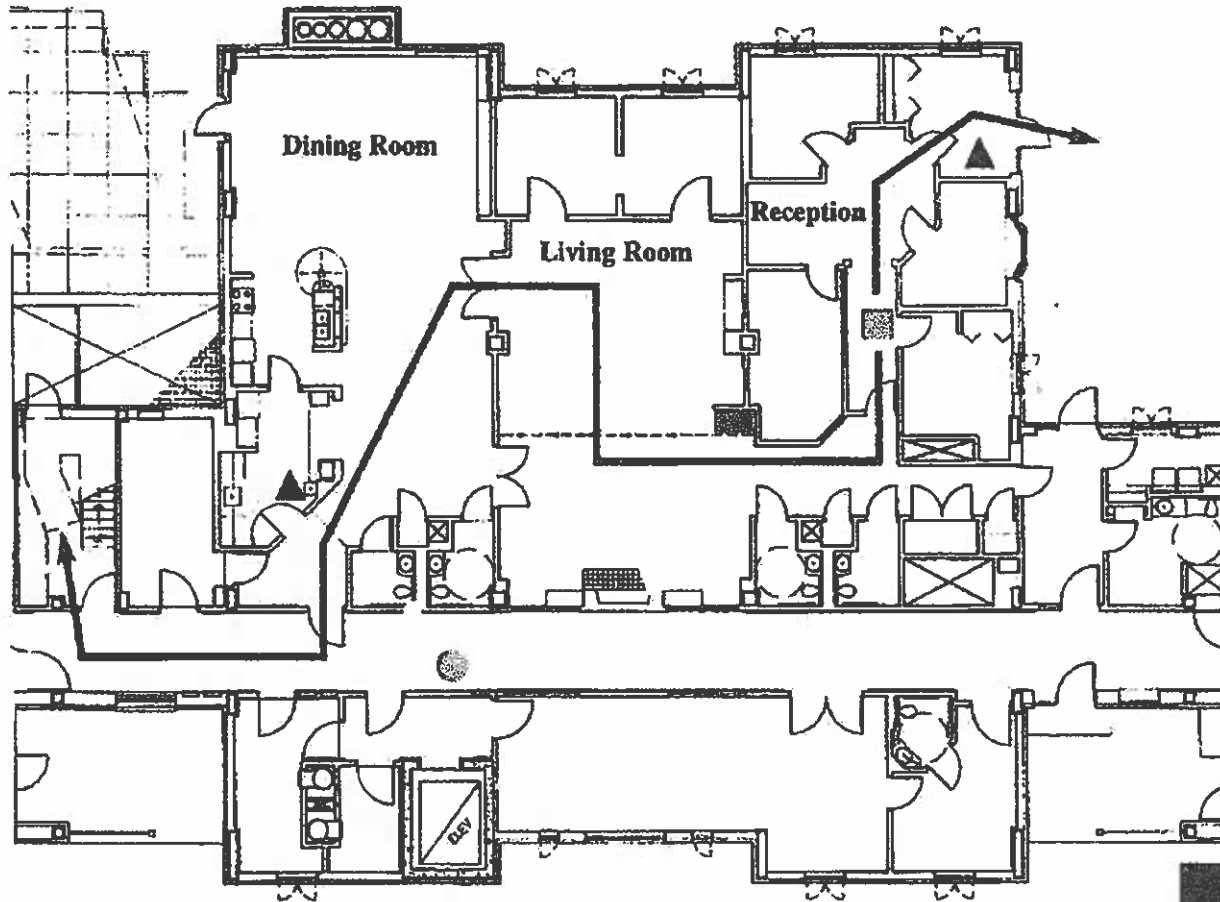
This application is authorized as outlined by the Illinois Act on the Aging. Disclosure of this information is REQUIRED. Failure to provide information could result in denial of certification as a service provider under the Community Care Program. The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in government-funded programs, services, or activities in compliance with applicable civil rights laws, policies, and procedures. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information, call the Senior HelpLine: 1-800-252-8966 (Voice); 1-888-206-1327 (TTY).

IL-402-1126 (8/19; 3/15; 8/14; 3/09)

EMERGENCY EVACUATION PLAN

Cherished Place

Lutheran Home and Services
Arlington Heights, Illinois



CODE	
Primary Exit =	Red
Secondary Exit =	Blue
Fire Extinguisher =	●
Pull Station =	▲
You Are Here =	■

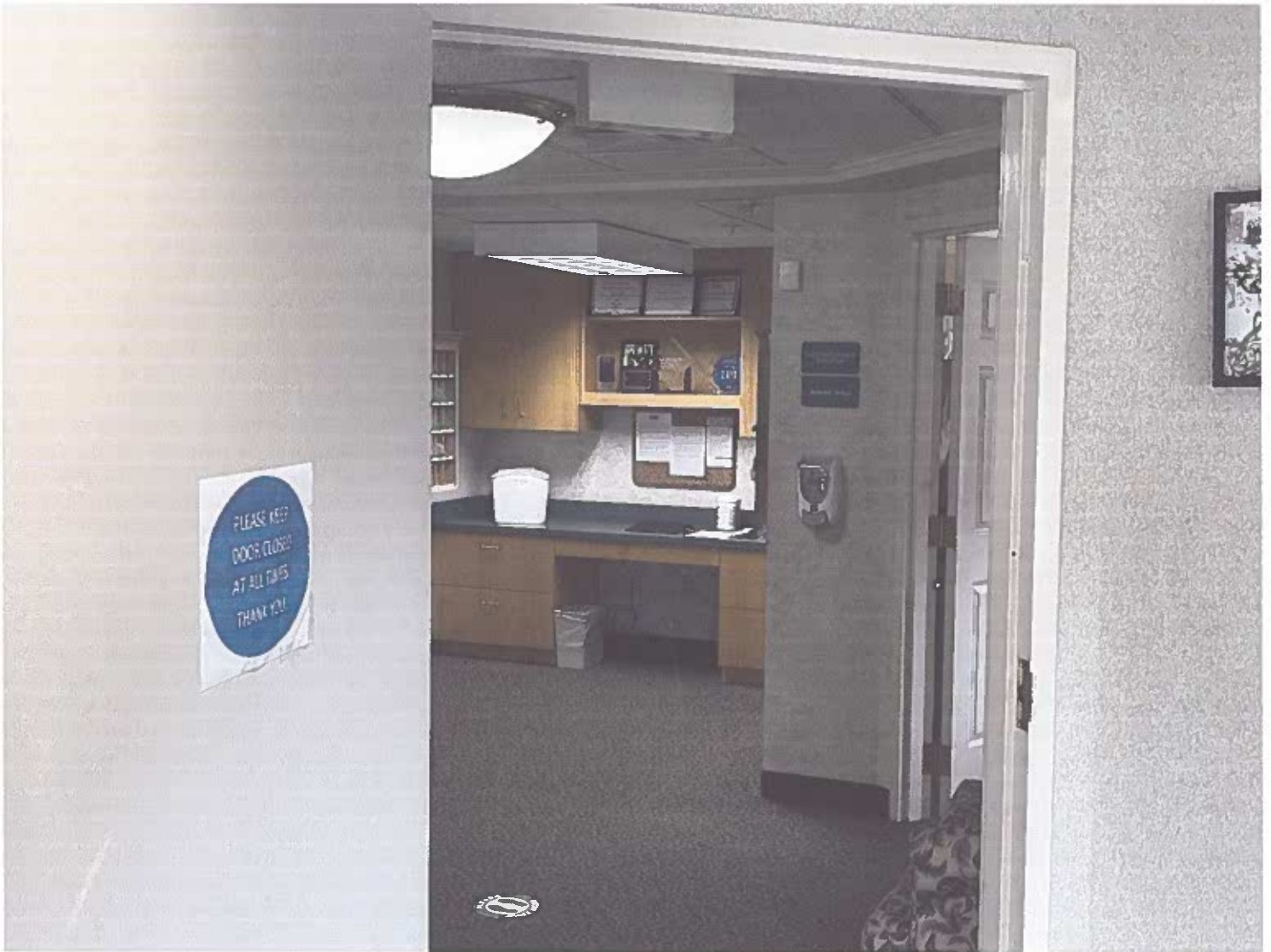






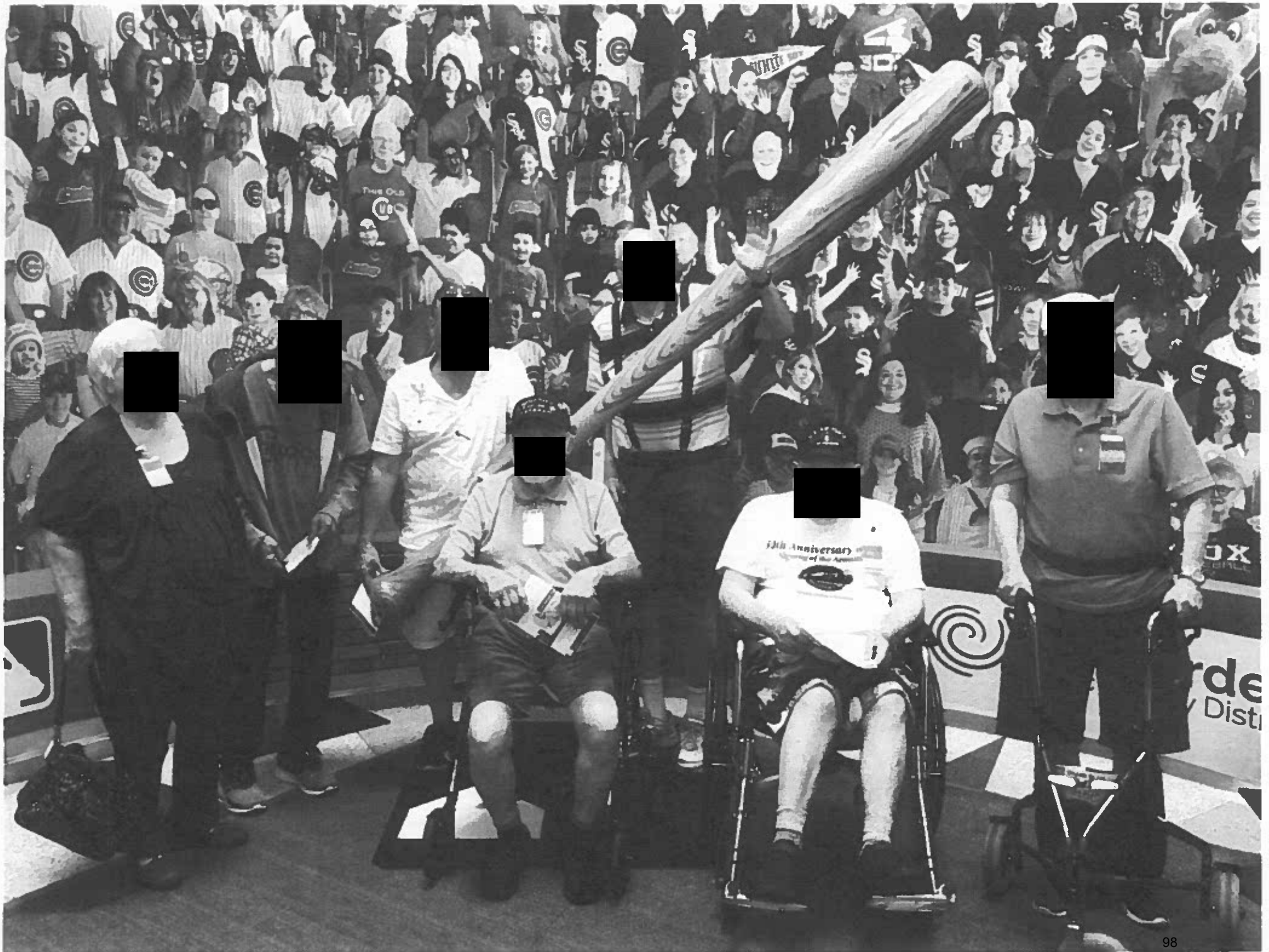




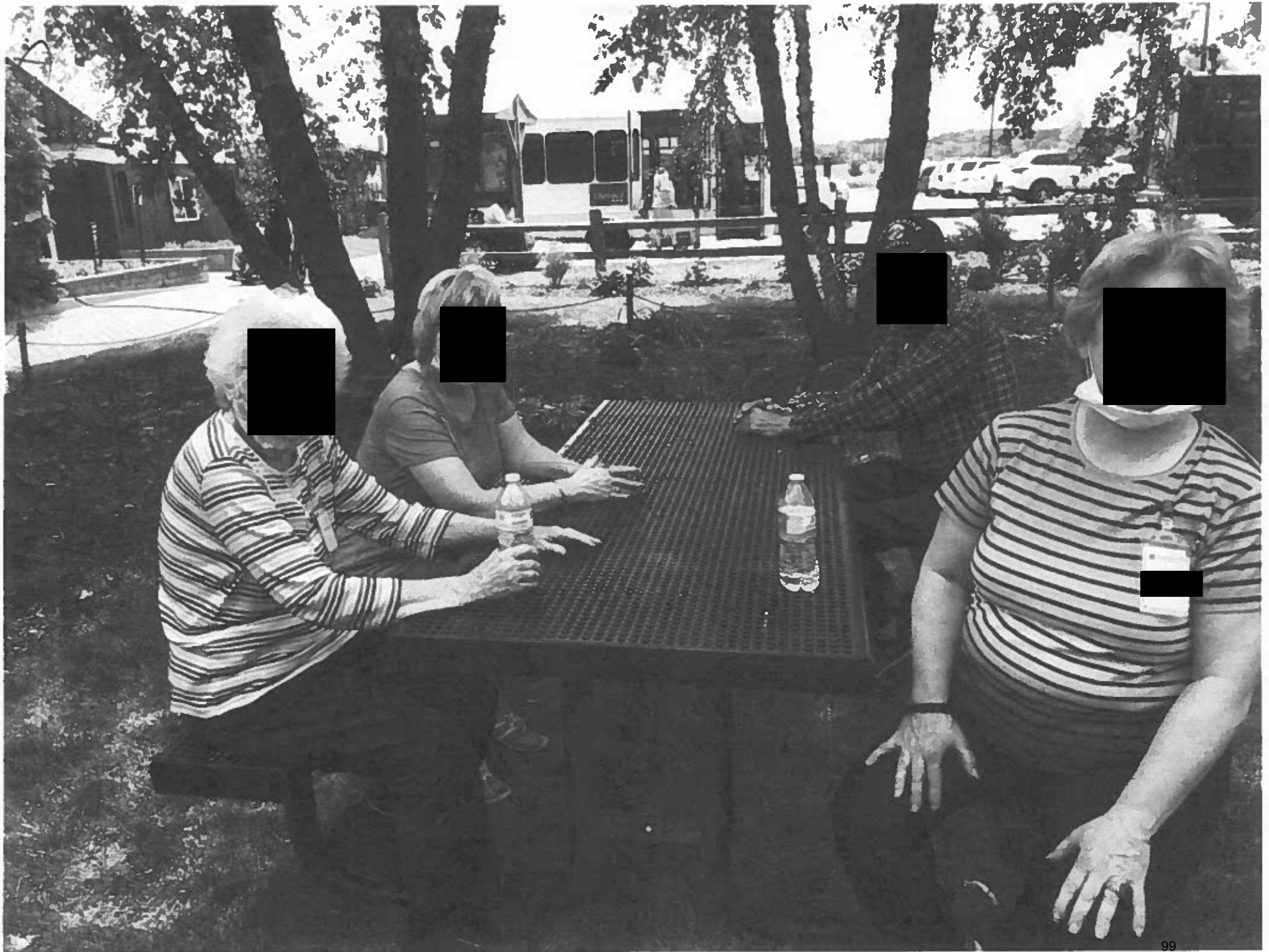


Dining Room





Final Trial



Cherished Place Activities

April

Dice/Table Games

- Bunco
- Roll-a-topic
- Bowling Dice
- Face Down
- Roll-a-Garden
- Left Right Center
- Pokeno: Bingo, but you cover playing cards instead of numbers.

Physical Games

- Bowling
- Kickball
- Balloon Toss
- Balloon Volleyball
- Bean Bag Toss
- Ladder Toss
- Frisbee Toss
- Bottle Ring Toss
- Lawn Darts
- Parachute
- Frog Toss
- Mice & Cheese
- Wheel Chair Races

Arts & Crafts

- Wreath Making: we will be making Easter themed wreaths to decorate your home!
- Coffee Mug Decorating: A chance to decorate our very own coffee mugs with ceramic paint. The cups will be dishwasher safe, and you can keep your mug here at Cherished Place for your morning coffee, or take it home!

Others

- **Conversation Jar:** We get to know one another by answering questions in the Conversation Jar. A fun way to share your stories and build friendships with the people around you.
- **The Price Is Right:** Everyday household items will be put on display. Each person will guess the price of each item. The person with the closest guess will win a prize!
- **Egg Rice Crispies:** We will make egg shaped Rice Crispy treats using fruity pebbles and marshmallows.
- **Egg Cross:** A fun game where we will take turns trying to toss Easter eggs(filled with prizes) into cups. Some of the cups are a different color in the shape of a cross. If you get your egg in the cross, you get to keep what's inside!
- **Year of Invention:** Everyday objects are going to be displayed for everyone to look at. We will guess what year each item was invented and closest guess wins!
- **Garden Club (22nd):** It's that time of year again! Let's get together and plant some flowers and fill our garden with some vegetables!
- **Do You Hear What I Hear?:** Sounds and songs will be played for everyone to hear. Can you guess what the sound is or the name of the song?
- **What's In The Box?:** A fun activity where there will be several boxes on the tables. In each box, there will be an object but you will not be able to see it. Each person will take a guess on what they believe is in each box by reaching their hands in and feeling it. The person with the most correct guesses at the end wins the game!
- **Easter Egg Hunt Word Game:** How many words do you think you could make from the phrase "Easter Egg Hunt"? Together we will come up with as many words as possible.
- **Going To The Fair:** A time for reminiscing on our favorite childhood activities and sharing your experiences with each other.
- **Easter Raffle:** We have made a few beautiful Easter baskets that we will raffle off to everyone during our Easter Celebration. Raffle tickets will be provided.



**ILLINOIS DEPARTMENT ON AGING (IDoA)
DIVISION OF HOME AND COMMUNITY SERVICES**

Title: Adult Day Service Health and Safety Policy	CREATED: June 15, 2022 By: Michael K. Berkes	
	ELECTRONIC FILE NAME: ADS Health and Safety Policy 05.2022	
	EFFECTIVE DATE: July 1, 2022	
OPERATIONS POLICY: Illinois Department on Aging (IDoA) will implement policy and procedure for health and safety requirements for participants in Adult Day Service.	Last Revisions: N/A	By:
	Approved By: Lora McCurdy	Date: 07.01.2022
SEARCH WORD(S): Health and Safety Policy Adult Day Service	Pertains to: <input type="checkbox"/> CCU <input type="checkbox"/> In-Home Service <input checked="" type="checkbox"/> Adult Day Service <input type="checkbox"/> Emergency Home Response Service <input type="checkbox"/> Other	
REQUIREMENT: Each Adult Day Service provider will follow IDoA's policy and procedure for health and safety requirements for Community Care Program participants.	RULE REFERENCE: 240.1510, 240.1550, 240.1555, & 240.1560 OTHER REFERENCE(S): 42 CFR 441.301(4)	
	Rescinds Previous IDoA Policy:	
	<input checked="" type="checkbox"/> Yes	
	Title: ADS Health and Safety Policy 05.2019	Date: 5/1/2019

PURPOSE:

The purpose of this policy is to inform all Adult Day Service (ADS) providers the requirements regarding the health and safety of participants under the Community Care Program (CCP). ADS Providers must comply with these standard requirements which are outlined in Title 89 IL Administrative Code Sections 240.1510, 240.1550, 240.1555, & 240.1560. ADS Providers are required to adhere to all Administrative Rules and policies.

Violations of this policy may result in contract action by IDoA, up to and including termination.

POLICY:

Adult Day Service Providers are required to follow all ADS rules and requirements including those listed in the procedures outlined below.

PROCEDURES:

1) STAFFING REQUIREMENTS

- a) The ADS must have an individual fulfilling the role of Administrator (as defined in rule) on premises at all times participants are present This Administrator must be either the Coordinator/Director or a qualified substitute.
- b) The ADS shall ensure that at least one person on site has access to participant and employee files at all times.
- c) The ADS shall have a program nurse that is a Registered Nurse (RN) licensed by the State of Illinois or Licensed Practical Nurse (LPN) licensed by the State of Illinois under the supervision of an RN and maintain documentation of monthly meetings w/LPN and RN supervisor.
 1. The program nurse shall be on duty at least one-half of a full-time (FTE) work period each day when participants are in attendance, either as staff or on a contractual basis; and
 2. Shall be full-time, if also serving as the Program Administrator or Program Coordinator/Director and shall meet the qualifications for a program nurse and fulfill responsibilities for all assigned positions.

2) QUALITY OF ADULT DAY SERVICE ENVIRONMENT

The physical facilities of the ADS, both indoors and outdoors, shall meet the following requirements for the health and safety of CCP participants.

- a) The indoor space of the ADS shall be maintained in good repair and shall provide a safe, comfortable environment for CCP participants.
 1. All walls and surfaces shall be maintained free from lead-based paint and chipped or peeling paint.
 2. Furniture, equipment, bathroom facilities, and fixtures should not present a hazard to participants and shall be kept in working order.
 3. The ADS shall be clean and kept in sanitary condition and free from clutter at all times.
 4. Medication, supplies, cleaning materials, poisons, sharp scissors, sharp knives, cigarettes, matches, lighters, flammable liquids, and other hazardous materials must be stored in a locked place and shall not be in an area that is accessible to CCP participants.
 5. Exits shall be kept clear of equipment and debris at all times Mechanisms causing delay for controlled exit may be applied to participants who, through the ADS Elopement Risk Assessment, have been determined at risk for elopement.
 6. There shall be a minimum of 40 square feet of activity area per participant.
 7. One landline telephone capable of accessing and being located by a 911 emergency response system, if available in the area, shall be immediately available within the participant activity area. A list of emergency numbers shall be posted by the telephone.
- b) The ADS will have an easily identifiable first-aid kit which shall be maintained in an activity area and readily available for use.

1. The supplies for each first-aid kit shall be stored in a closed container that is clearly labeled as first-aid supplies and stored in a place that is accessible to staff at all times.
 2. At a minimum, the first aid kit shall contain the following supplies: scissors, adhesive bandages, non-permeable gloves, antiseptic wash, thermometer, sterile gauze pads, adhesive tape, tweezers, and antibiotic cream.
 3. First-aid kits shall be restocked after use and an inventory shall be taken at least annually to ensure nothing is expired.
 4. This inventory shall be kept on file at the ADS and available for review by IDoA.
- c) Each ADS shall have a diagram of emergency evacuation routes posted in at least all corridors and common areas and all personnel counted in the staffing ratio on the premises shall be aware of the route.
 - d) Effective 5/1/2019, each ADS shall have posted their capacity load in all common areas in the facility.
 - e) The ADS shall notify IDoA within 2 business days if the ADS does not have a valid (no findings/violations) State Fire Marshall inspection, if certificate is expired, or changes are made to the facility. IDoA can also request an inspection by the Office of the State Fire Marshal or the local fire department authorized by the State Fire Marshall if IDoA has reason to believe that conditions at the ADS or its premises pose potential health or safety hazards to CCP participants.
 - f) Unsupervised participants shall not be allowed in the kitchen if water temperatures are not controlled.
 - g) The ADS shall ensure that employees having direct contact with participants are annually educated about: the significant risks (including death) frail older adults face when exposed to the influenza virus; the steps ADS staff can take to minimize the risks of exposure, including immunizations; and the locations of resources within the provider's service area where immunizations are available, highlighting those that offer the vaccination for free or nominal costs. The ADS shall maintain records of employees with direct participant contact who have received or declined influenza vaccine by January 31 of each calendar year.
 - h) All the following must be immediately available upon request from reviewers:
 1. Quarterly log of fire drills.
 2. Weekly log for the last 3 months of water temperature to ensure that it does not exceed 119 degrees but not less than 100 degrees Fahrenheit in participant areas and bathroom facilities.
 3. IDoA administrative record templates. One for employee records and the other for participant records.
 4. Participant's photo and emergency contact information which must be updated at least annually and dated.
 5. The signed and dated Person-Centered ADS Plan of Care Addendum established by the Program Coordinator/Director and Program Nurse and may include other staff at the option of the program Coordinator/Director.
 6. The ADS must have on file the first Person-Centered ADS POC Addendum which is to be completed within 4 weeks of participant

starting at ADS and their most recent Person-Centered ADS POC Addendum.

7. Hours of Service Calendar (HOSC) properly signed and dated by participant or authorized representative.
 8. Documentation supporting that employees are being annually educated about influenza and annual records of employees who received or declined the influenza vaccine.
- i) The ADS must develop an all hazards disaster operations plan to respond to emergency situations, including, but not limited to, medical emergencies, home or site-related emergencies, participant-related emergencies related to the participant, weather-related emergencies, and vehicle/transportation emergencies.
 - j) The ADS is required to report to the Care Coordination Unit (CCU) through the CERA system any change in the participant's physical/mental/environmental needs that the provider, through the direct service worker/supervisor, has observed, when the change would affect the participant's eligibility or service or would necessitate a change in the person-centered plan of care.
 - k) The ADS is required to immediately contact IDoA in all emergencies that directly affect the health, safety and welfare of CCP participants.
 - l) Current safety stickers must be displayed on all transportation that is required by Illinois Vehicle Code [625 ILCS 5].

3) HOME AND COMMUNITY BASED FEDERAL SETTINGS ENVIRONMENT

ADS sites will allow for services to be provided in the most integrated setting appropriate for each participant without having the effect of isolating any participant from the broader community.

- a) The ADS will be responsible for posting and updating applicable employment and volunteer opportunities for participants on Community Bulletin board located at each ADS site.
- b) The ADS will provide a secure place for participants to store their belongings.
- c) The ADS will provide meals/snacks to meet participant's needs and preferences while taking into consideration any dietary restrictions.
- d) The ADS will provide choice of interaction to all participants including but not limited to daily activities, scheduling of activities, physical environment, and with whom to interact.
- e) The ADS will be responsible for posting the participant's right to privacy, confidentiality, dignity, respect, freedom from coercion and restraint, and how to anonymously file a complaint on the ADS site's communication/community/volunteer board.
- f) The ADS will be responsible for providing information regarding service access options such as public bus, taxi, van services and special transportation if the participant chooses not to use transportation provided by the ADS. The ADS will also be required to post this information including phone numbers on the ADS site communication/community/volunteer board.
- g) The ADS will encourage the participant and participant's family to be involved in the participant's Person-Centered ADS Plan of Care Addendum.
- h) The ADS will be responsible for identifying and rectifying any safety concerns that impact the participant's freedom of choice.
- i) The ADS will be responsible for ensuring the ADS Elopement Risk Assessment (IL-

402-1315) is completed for each participant during initial and review of Person-Centered ADS Plan of Care Addendum.

- j) The ADS will be responsible for assisting the participant with any needs and/or preferences for communication including but not limited to assistive technology, Braille, large font print, sign language and participant's language.



Illinois Department on Aging Adult Day Service - Elopement Risk Assessment

Date: _____ Initial 6-month review

ADS Provider Name: _____

IDoA ID#

Participant Name: _____

or RIN: _____

Participant Status/Potential Risk Factors	
Does the participant have a diagnosis of: <i>(Check all that apply)</i> <input type="checkbox"/> dementia <input type="checkbox"/> organic brain syndrome <input type="checkbox"/> Alzheimer's disease <input type="checkbox"/> delusions <input type="checkbox"/> hallucinations <input type="checkbox"/> anxiety disorder <input type="checkbox"/> depression?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the participant ambulate independently, with or without the use of an assistive device (including a wheelchair)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the participant have any hearing, vision, or communication problems?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a wandering behavior a pattern or routine tied to the participant's past (i.e., worked third shift, taking long walks, seeking someone they cannot find)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the participant receive any medications that increase restlessness and agitation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Definitive Risk Factors	
Is the participant cognitively impaired with poor decision-making skills (i.e., intermittent confusion, cognitive deficits, disoriented)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the participant have a history of elopement while at home?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the participant wander without a sense of purpose (i.e., confused, moves aimlessly)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the wandering described above or history of elopement/attempted elopement a new behavior? Has there been any change in the participant's status or routine (i.e., medication, illness, pain, infection, loss of a loved one)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SCORING: Three or more "Potential Risk Factors" and /or one or more "Definitive Risk Factors" indicate a participant is at risk for elopement.

Number of Potential Risk Factors: Select one

Number of Definitive Risk Factors: Select one

Check one:

- Participant is at risk for elopement currently and requires delayed egress or staff supervision upon entry/exit as a safety intervention.
- Participant is **NOT** at risk for elopement currently and does not require delayed egress or staff supervision upon entry/exit as a safety intervention. Participant is aware of the code for entry/exit into the building.

If participant is NOT at risk for elopement:

Date Participant /Family/Designated Representative notified of assessment: _____

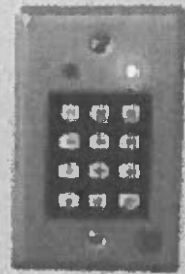
RN/LPN Signature

Date

Staff Signature

Date

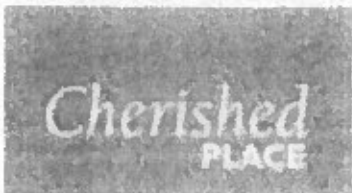
Alarm
to
Hallway



Pressing
gold bar
will allow
access, but
alarm will sound

EXIT





ADULT DAY SERVICES ACTIVITY ASSESSMENT FORM

COMPLETED BY: [REDACTED] DATE: 2/27/02

MEMBER NAME: [REDACTED] LIKES TO BE CALLED: [REDACTED]

PLACE OF BIRTH: Kentucky

PRIMARY LANGUAGE: English OTHER LANGUAGE: _____

RELIGION: Protest LEVEL OF INVOLVEMENT: 0

EDUCATION: 17

OCCUPATION: Retired

AGE OF RETIREMENT: 60

WAR EXPERIENCE: w/A

CURRENT:

PATTERN OF RELATION TO OTHERS: OUTGOING INVOLVED SOCIAL
 LONER

NAME OF PRIMARY CAREGIVER: [REDACTED]

RELATION: Good

RIGHT HAND LEFT HAND READS LOOKS AT MATERIALS

CURRENTLY HOW DOES PARTICIPANT SPEND THE DAY? likes to work

in the yard / cleaning

OTHER:

COMMUNITY INVOLVEMENT:

CLUB MEMBER

VOLUNTEER WORK

OTHER Stay at home

HOBBIES/LEISURE ACTIVITIES: (PLEASE MARK "C" FOR CURRENTLY ENJOYS AND A "P" FOR ACTIVITIES ENJOYED IN THE PAST)

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> FISHING | <input type="checkbox"/> PHOTOGRAPHY | <input type="checkbox"/> MUSEUMS |
| <input type="checkbox"/> BIRD WATCHING | <input type="checkbox"/> FRONT PORCH | <input type="checkbox"/> DRIVES |
| <input type="checkbox"/> THEATER | <input type="checkbox"/> CONCERTS | <input type="checkbox"/> DANCING |
| <input type="checkbox"/> CULTURAL EVENTS | <input type="checkbox"/> TRAVELING | <input type="checkbox"/> SPORTING/EVENTS |
| <input checked="" type="checkbox"/> CRAFTS | <input type="checkbox"/> WOODWORKING | <input type="checkbox"/> PLAYING SPORTS |

OTHERS

WRITING:

- TECHNICAL
- CREATIVE
- PROFESSIONAL
- LETTERS
- POETRY
- STORIES
- PUBLISHED

READING:

- NEWSPAPER
- COVER TO COVER
- FRONT PAGE
- SPORTS
- STOCKS/BUSINESS

CARD/TABLE GAMES

- POKER
- BRIDGE
- SOLITARE
- CHESS
- CHECKERS
- PUZZLES
- BINGO
- POKENO
- MONOPOLY
- PINOCHLE

BOOKS:

- BEST SELLER
- FICTION
- NON-FICTION

- **Appoint a Durable power of Attorney for Health Care, Living Will, Declaration for Mental Health or Do Not Resuscitate Order.**
- **Privacy with regard to accommodations, treatment and communications of medical and personal care. Adult Day may not give information about Member or Member's care to any unauthorized person(s) without his or her permission.**
- **Have privacy with regard to accommodation, medical treatment, written and telephonic communications, and meetings of family and of Member groups.**
- **Receive visits from authorized family and friends.**
- **Access to information from the Adult Day on how to apply for Medicaid and Medicare.**
- **Be provided written notice if the Adult Day requests Member to leave after reasonable interventions demonstrate an inability to participate in or benefit from our program, or whose presence is detrimental to the group.**
- **Retain Members rights as a citizen of Illinois and the United States. Member still has the right to vote.**
- **Participate in social and community activities that do not interfere with the rights of other members.**
- **Right to meet with community organizations, social service groups, legal advocates and members of the general public who come the Adult Day.**
- **Present grievances and to get a prompt response from the Adult Day.**
- **Voice grievances with respect to treatment or care that is (or fails to be) furnished, without discrimination or reprisal for voicing the grievances and the right to prompt efforts by the Adult Day to resolve grievances Member may have, including those with respect to the behavior of other members.**
- **Participate in social, religious, and community activities that do not interfere with the rights of other members In the Adult Day.**
- **Examine, upon reasonable request, the results of the most recent survey of the Adult Day conducted by any governmental agency in Illinois with respect to the Adult Day and any plan of correction in effect with respect to the Adult Day.**

Member/Member Representative Signature: _____

Printed Name: _____ Date: 2.27.22

Adult Day Representative: _____

Last Update: Wednesday August 23, 2022 4:19 PM
 Find published: 05/06/2022
Current schedules and COVID response
 • Metra's current schedules and travel alerts (includes additional information about Metra's response to the pandemic. Can be found [here](#))
 • Our dashboard showing recent crossing trends = [here](#)
 We want to hear from you! [Click here for ways to contact us.](#)

Contact info for Pace /Metra

If you need bus service through Pace please contact 312-663-4357. This is the number for RTA. You'll need to call to apply for transportation. It takes 21 calendar days to apply and 8-10 weeks to be approved. Once approved it's \$3.25 per ride.

Metra has the same "deal" just need to call 312-913 7110 to apply for transportation.



AUGUST 2022

The Center for Retirement and Disability Policy

DATE	TOPIC	LOCATION	TIME
8/1
8/2
8/3
8/4
8/5
8/6
8/7
8/8
8/9
8/10
8/11
8/12
8/13
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8/21
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8/23
8/24
8/25
8/26
8/27
8/28
8/29
8/30
8/31

Community Meeting

Original Plan with Day Care Services is located in Arlington Heights IL. With the approval of our program our members will have the following options:

- Channahon to be located 2.8 miles from our center
- Arlington Heights to be located 1 mile from our center
- Elgin to be located 2.4 miles from our center
- St. Charles to be located 2.2 miles from our center
- St. Charles to be located 2.2 miles from our center
- St. Charles to be located 2.2 miles from our center
- St. Charles to be located 2.2 miles from our center
- St. Charles to be located 2.2 miles from our center

Transportation

Here at Chartered Pace Adult Day Services in Arlington Heights we can provide our own private transportation to and from the center for our members.

Based on the Days chosen by our members and their families we stop and when our bus can be in their area based on our routes and current number vehicles.

If the times that we are able to provide Transportation do not work for the members, you can call them at a list of toll free numbers below the times.

If the member is Able and Oriented, some of our families have used a taxi service such as Uber/Lyft, Taxi Service (847-723-6648) to provide transportation.

Another option available to our members is Wheeling Township Transportation (815-238-7743). They provide door to door transportation for disabled residents age 65 and over with a reservation.

We also inform our families of Pace's Personal Services (847-364-7223) as another option they can choose from when deciding how their loved one will get to and from the center.

We have also had families use a combination of privately transporting their loved one and using one of the other services mentioned above.

OUTLINE

Protecting Resident Rights |

2.10. The Right to Privacy and Confidentiality

2.11. Privacy Violations

2.12. The Right to be Notified of Changes

2.13. The Right to Manage Finances

2.14. The Right to Voice Grievances

2.15. The Right to Examine Survey Results

2.16. The Right to Work or Not Work

2.17. The Right to Have Personal Possessions and Visitors

2.18. The Right to Share a Room with a Spouse

2.19. The Right to Self Administer Medication

2.20. The Right to Refuse Transfer in the Organization

2.21. Informing Residents of Their Rights

The Right to Privacy and Confidentiality



Residents have the right to privacy and confidentiality. Be sure to maintain a resident's physical privacy when providing care. Always discuss the care you will provide and explain to the resident that you might need to expose a part of their body. When providing care, it is important to avoid exposing parts of the resident's body that do not require care or exposing more than what is needed. You should also maintain privacy by closing all curtains or doors while providing care or assistance.

Additionally, ask visitors to step out of the room when you provide care that requires you to expose parts of a resident's body. Be respectful of the resident's wishes regarding visitors. Some may be okay with having certain visitors present during care while others may want to have privacy. All you have to do is ask! For example, if you are going to help Mrs. Smith with a bed bath and her daughter is present, you may ask, "Mrs. Smith, I'm going to help you with your bath today and will need to expose parts of your body. Would you prefer if your daughter left the room?"

Protecting Residents Rights

Goal: You will learn the rights of all of our residents and ways that you can help protect these rights.

Introduction

We all have basic human rights. When people enter a long-term care facility, they retain these rights. The Nursing Home Reform Act of 1987 protects the rights of every resident living in a long term care facility. Resident Councils are set up in each facility to watch out for residents' rights and interests.

Employees may sometimes forget this, or they may not realize the subtle ways rights can be violated-and the not-so-subtle ways. It's also possible for residents to violate each other's rights.

Each resident of the Lutheran Home is guaranteed the following rights under State and Federal law:

- The right to safety and good care.
- The right to privacy and confidentiality.
- The right to dignity and respect.
- The right to make independent choices.
- The rights to participate in their own care.
- The right to manage their own money or have others manage it for them.
- The right to voice grievances.
- The right to be fully informed.

More detail on each of these rights is found below.

➤ The right to safety and good care

The Lutheran Home must provide services to keep our residents physically and mentally healthy. The Lutheran Home must be clean and maintained at a healthy temperature.



Residents must be protected at all times from abuse and neglect. Abuse is "the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish." (Federal Regulations) Types of abuse include:

- Physically injuring the resident, such as pushing or hitting
- Yelling at the resident or calling them insulting names
- Sexually harassing or threatening a resident
- Confining a resident to their room without their consent, unless it is medically necessary
- Stealing a resident's money or possessions

Residents must be protected from neglect, which is a failure to care for the resident. Examples of neglect include:

- Not taking action on medical problems.
- Not calling a physician when necessary.
- Failure to monitor for adverse drug reactions.
- Turning off a resident's call light without responding to their need.

If any staff member suspects that a resident has been abused or neglected, they must report it immediately to their supervisor or directly to Courtney Karl, Director of Social Services. Their report will be kept confidential.

Staff should respond to a resident's call light in a timely manner. If they cannot help the resident immediately, they should explain the reason and set a time to return to help them.

Every employee has the responsibility for care of our residents. If an employee sees that a resident's call light is on, he or she should knock and ask if they can provide assistance. If the employee cannot provide the needed assistance personally (such as helping the resident to the bathroom), they should find a staff member who can help.

➤ The right to privacy and confidentiality

The Lutheran Home is the residents' home. The resident has a right to privacy in their home. Staff must knock and ask for permission to enter a resident's room. Staff must respect the resident's right to privacy when they are being examined or given care by closing the door or drawing the curtain. Staff must assure resident privacy when the resident is bathing or using the toilet.



Residents have the right to have private visits and can have visitors at any time of the day, 24 hours a day if they wish. They have the right to ask any visitor to leave at any time. They have the right to make phone calls in private. They have the right to have their mail delivered promptly and to have mail sent out promptly.

Residents have the right to keep and wear their own clothing. They can keep and use their own property, including furniture, if there is enough space, unless it interferes with the safety and health of other residents. We must try to protect their clothing and other property from getting lost or stolen.

Confidentiality means keeping resident information to oneself and discussing the resident information only with members of the health team directly involved in the resident's care. As health care providers, we are mandated by law to protect information about residents' medical matters, financial matters, and personal matters.

Do not give out resident information to unauthorized persons. If possible, re-direct questions about confidential matters to the resident unless authorized by the resident to share such information. If you are unsure if an individual is authorized, ask your supervisor before giving out confidential information.

➤ **The right to dignity and respect**



Dignity, according to federal regulations, means that in their interaction with residents, staff members carry out activities that assist the residents to maintain and enhance their self-esteem and self-worth. Some residents may be very weak, which may make it frustrating and hard to care for them. And even though they are quite old, some may behave like children. But you must always show respect when talking to residents.

- Speak to residents in a polite and courteous manner.
- Never use a harsh tone of voice.
- Do not speak to a resident as if he or she were a child.
- Do not call the resident "honey" or "grandpa". Call the resident what they wish to be called. If you do not know what they wish to be called, ask them.
- Do not tease or annoy a resident.
- Do assist residents with their grooming and dress so that their appearance is appropriate to the time of day and their preferences.
- Do assist them in attending activities of their choice.

Think of how you would like to be treated when you are a senior citizen. Some other ways that you can show respect to the residents includes:

- Acknowledge their years of experience and wisdom
- Be a good listener
- Show compassion
- Give encouragement
- Follow through on your promises – do what you say you are going to do
- Smile
- Say please and thank you

Mother Teresa once said, "Kind words can be short and easy to speak, but their echoes are truly endless."

➤ **The right to independent choices**



Residents have the right to choose what they want to do and to refuse to do things that they do not want to do. They can pick the types of activities in which they take part.

For example, if they want to watch television in the lounge and they are physically able to do that, they have that right. On the other hand, if they don't enjoy something, such as working a puzzle, they must not be forced to do it.

Residents have the right to make choices about their schedules. They have the right to stay up late at night reading or watching television. They have the right to sleep late or to get up early if they want. They have the right to refuse to eat breakfast.

➤ **The right to participate in their own care**

Each resident has a "plan of care" written by the care-plan team. This plan lists what a resident is able to do and what he or she needs help doing. The resident has the right to follow his or her plan of care. Residents and their representatives can attend the care plan meetings.

Each resident has the right to choose their own doctor and to refuse medical treatment. They can also ask to see their medical records and must be granted access to them. They can refuse any medical treatment. If they refuse such treatment, we must tell them what may happen because of their refusal and offer optional treatments.

➤ **The right to manage their own money or have others manage it for them.**

Residents have the right to manage their own money or to have it managed by the Lutheran Home. They have the right to see their financial records at any time. If they ask us to manage their money, we can spend their money only with their permission and we must give them an itemized statement of their account every quarter.



➤ **The right to voice grievances**

They have the right to present grievances without fear of reprisal and to get a prompt response. They have the right to participate in Resident Council.

➤ **The right to be fully informed**

Residents have the right to know what services the Lutheran Home provides and the cost of these services.

Conclusion

One of the easiest ways to determine whether a resident's rights are being violated is to think about how you would want to be treated. Remember, this is their home. You should be careful not to violate residents' rights, and you should help make sure no one else does.

Lesson Summary

Each employee must respect and honor the basic rights of our residents. One of these rights is the basic right to be free from abuse and neglect. It is every employee's job to report suspected abuse and neglect immediately. In addition, every resident has the right to have their health information kept strictly confidential. All employees must work to ensure these rights for our residents

**LUTHERAN LIFE COMMUNITIES
POLICY AND PROCEDURES**

Policy No. XX.XXX

Date Issued: 00/00/00

Page 1 of 1

Date Revised: 00/00/00

Dept. Community Services

Division: Cherished Place Adult Day Care Services

POLICY STATEMENT:

To ensure that all Cherished Place Members and their Families/Primary Caregivers are made aware of Members Rights when attending Cherished Place Adult Day Services.

PROCEDURE:

1. No person shall be denied the benefit of, or be subjected to discrimination because of race, color, creed, national origin, ancestry, gender, religion, marital status, sexual orientation, or veteran status for admission to ADS, or involvement in ADS activities.
2. Members Rights will be posted at Cherished Place Adult Day Services center.
3. All staff will provide care for Cherished Place Members while ensuring the member's rights are protected.

All Members and their Families/Primary caregivers will receive a Member's Rights Agreement form upon admission to Cherished Place. This form will educate individuals on our mission to ensure that our members receive the highest standard of spiritual, social, emotional, intellectual, and physical care while exercising their inherent human rights to maintain the members' dignity.

Authority Reference:

OUTLINE

☰ Protecting Resident Rights

HELP

▼ 2. Resident Rights

2.4 The Right to Dignity and Respect

2.5. Practice

2.6. Protecting Dignity and Respect

2.7. Access to Medical Treatment

2.8. Decision-Making and Choice

2.9. The Right to Self-Determination

2.10. The Right to Privacy and Confidentiality

2.11. Privacy Violations

2.12 The Right to be Notified of Changes

2.13 The Dilemma of Restraints

The Right to Dignity and Respect

All residents have the right to be treated with dignity and respect. Activities and interactions must assist the resident with maintaining and enhancing their self-esteem and self-worth and incorporate the resident's goals, preferences, and choices. To uphold this right, an organization must accommodate an individual's needs by providing person-centered care.

Person-centered care is an approach to care that views residents holistically so they can achieve their highest level of well-being (Eliopoulos, 2015). Each resident has a unique identity composed of cultural, social, and religious components. Each organization should provide care that respects the resident, including their religious, cultural, and social preferences, and values the resident's input.

For example, you can respect a resident's personal preferences when it comes to daily activities. Does the resident prefer to play cards or watch TV? Does the resident prefer to eat a large breakfast and small dinner, or vice versa? Knowing the resident you care for is an important component of respect and person-centered care.



< PREV

NEXT >



Cherished Place is updating its records, please indicate any special diets, preferences, allergies, etc. so that we can continue to provide the appropriate services to you and your loved one.

Food Allergies and Preferences for: (Member name) _____

Food Allergies: _____

Circle Those that Apply:

Special diet: Diabetic Pureed Mechanical Soft Ground Meat Vegetarian

Liquids: Thin Nectar Thick Honey Think

- No Milk No Cheese No Artificial Sweetner
- No Tomato Products No fresh fruit or veggies No dark leafy green vegetables
- No lettuce No Shellfish/Fish No Hard foods No meat
- No Wheat Bread/Bread No Alcohol Low Salt Restricted Fluids____ No Caffeine
- No Popcorn, Nuts, Seeds No Citrus

Preferences _____

Dislikes _____

Comments _____

MEMBER RIGHTS

The dignity of the individual is important to Cherished Place Adult Day (Adult Day). With its tradition of concern for the older person, the Adult Day believes that Members are not only entitled to high standards of spiritual, social, emotional, intellectual and physical needs, but also to the exercise of those inherent human rights that contribute to the totality of individual dignity.

To emphasize this belief, these Members' "rights" express the mission of the Adult Day to minister to their spiritual, social, emotional, intellectual and physical needs, assisting them in achieving their fullest potential for quality of life.

The rights of a Member fall into several categories. In each, however, the Member retains one overriding claim that is his or her right to be treated in all respects as an intelligent and sensitive human being. The Member has the right to religious and civil liberties; and to the widest possible freedom of choice and decision consistent with the standards, rights and obligations of the Adult Day.

THE MEMBER HAS THE RIGHT TO...

- ✓ Safety and Good Care. The Adult Day must provide services to keep Member's physical and mental health, and sense of satisfaction. The Member must not be abused by anyone - physically, verbally, mentally, financially or sexually. The Member shall receive some reasonable accommodation of his or her individual needs and preferences, except where Member or other Members' health and safety would be endangered.
- ✓ Participate in Own Care. The Adult Day has provided a written care plan that states all the services it provides as well as any supplemental services, in addition to how much they cost. The Adult Day must make reasonable arrangements to meet Member's needs and choices.
- ✓ Be free from corporal punishment, involuntary seclusion, and any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the Member's medical symptoms. Restraints may only be imposed to ensure the physical safety of the Member or other members and only upon the written order of a physician that specifies the duration and circumstances under which the restraints are to be used (except in emergency circumstances specified by law until such an order can reasonably be obtained).
- ✓ Confidentiality of Member's personal and clinical records and access to current clinical records upon request by Member or Member's legal representative within twenty-four (24) hours (including hours occurring during a weekend or holiday) of the request.
- ✓ Be fully informed in understandable terms about his or her medical condition, total health status, care and treatment and participate in the planning of his or her care and treatment.
- ✓ Appoint a Durable power of Attorney for Health Care, Living Will, Declaration for Mental Health or Do Not Resuscitate Order.
- ✓ Privacy with regard to accommodations, treatment and communications of medical and personal care. Adult Day may not give information about Member or Member's care to any unauthorized person(s) without his or her permission.
- ✓ Have privacy with regard to accommodation, medical treatment, written and telephonic communications, and meetings of family and of Member groups.
- ✓ Receive visits from authorized family and friends.
- ✓ Access to information from the Adult Day on how to apply for Medicaid and Medicare.
- ✓ Be provided written notice if the Adult Day requests Member to leave after reasonable interventions demonstrate an inability to participate in or benefit from our program, or whose presence is detrimental to the group.
- ✓ Retain Member rights as a citizen of Illinois and the United States. Member still has the right to vote.
- ✓ Participate in social and community activities that do not interfere with the rights of other members.
- ✓ Right to meet with community organizations, social service groups, legal advocates and members of the general public who come to the Adult Day.
- ✓ Present grievances and to get a prompt response from the Adult Day.
- ✓ Voice grievances with respect to treatment or care that is (or fails to be) furnished, without discrimination or reprisal for voicing the grievances and the right to prompt efforts by the Adult Day to resolve grievances Member may have, including those with respect to the behavior of other members.
- ✓ Participate in social, religious, and community activities that do not interfere with the rights of other members in the Adult Day.
- ✓ Examine, upon reasonable request, the results of the most recent survey of the Adult Day conducted by any governmental agency in Illinois with respect to the Adult Day and any plan of correction in effect with respect to the Adult Day.

GRIEVANCES

To foster sound member - Adult Day Staff relations through communication and understanding of member related problems. Lutheran Homes And Services Provides members and family members with an established procedure for expressing member related concerns. In implementing this policy, the following shall apply.

1. In situations where you feel a complaint is in order, the following steps should be taken:

A. If you believe you have a legitimate member, and or staff -related complaint, you are encouraged to first attempt to resolve the issue(s) through discussions with AH Adult Day Services Director at (847) 368-7397 and WD Adult Day Services Director at 847-586-5767.

If the situation is not resolved within five business days from the time the complaint is discussed with the Adult Day Director, barring extenuating circumstances, the complaint should be brought to the attention of the Lutheran Homes & Services Administrator (847) 368-7439

ANNONYMOUS REPORTING

To report suspected abuse, financial exploitation or neglect of a person 60 or older or an adult with disabilities age 18-59, call the statewide 24-hour Adult Protective Services Hotline: 1866-800-1409

The Senior Helpline is available M-F, 8:30am-5pm CST

Toll-free: 1-800-252-8966. For deaf and speech-impaired communication over the telephone, dial Illinois Relay at 711.
Phone: 217-524-6911



In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and spiritual or religious practices and beliefs. (Not all prohibited bases apply to all programs.)
Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA TARGET Center at (800) 725-3262 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.
To file a program discrimination complaint, a complaint should be completed a Form AD-3027, USDA Program Discrimination

Complaints to the Equal Opportunity Office of the Department of Agriculture (USDA), State or County Office, are encouraged. Complaints are reviewed on a case-by-case basis. In all cases, complainants are notified of the results of the investigation of the complaint. Complaints are reviewed on a case-by-case basis.
La información del programa puede ser proporcionada en idiomas otros que el inglés. Las personas con discapacidades que necesitan medios de comunicación alternativos para obtener información del programa (por ejemplo, Braille, impresión en letra grande, grabación en cinta y lenguaje de señas) deben comunicarse con la Agencia del Estado o el Centro de Atención al Cliente de USDA al (800) 725-3262 (voz y TTY) o comunicarse a través del Servicio Federal de Transmisión de voz.



Person-Centered ADS Plan of Care Addendum

Initial

Review

Participant Name: [REDACTED] CCP Participant ID# _____ DOB: 03/17/28

Existing Health Conditions: [REDACTED]

Participant's Expressed Long-Term Goals: _____

Date	Domain	Risk/Barrier	Strengths	Goal	Intervention	Outcome Score
11/8/21	Nutrition <i>e.g. diet, adaptive equipment, grocery shopping</i>	[REDACTED] is not able to go grocery shopping.	[REDACTED] is on a general diet. She has a good appetite. Son does her grocery shopping.	[REDACTED] will consume 75% of lunch and snacks while at ADS	Monitor food intake and weight.	
11/8/21	Personal Care <i>e.g. grooming, dressing, bathing, incontinence</i>	[REDACTED] is able to dress and bathe self with some assistance. She tires easily.	[REDACTED] is continent of urine and bowel. She is able to perform ADLs with some assistance.	[REDACTED] will be clean and dressed appropriately.	Staff will provide assistance in bathroom as needed.	
11/8/21	Health <i>e.g. vital monitoring, blood sugar checks, medication administration, breathing treatments</i>	[REDACTED] is HOH, has OA of hips, Hypothyroidism, Hyperlipidemia, Alzheimer's, and hz of breast cancer	[REDACTED] son helps set up her medication and takes her to her doctors appointments	[REDACTED] health condition will be monitored	Measure and document [REDACTED] vital and weight monthly.	
11/8/21	Socialization/Activities/Communication <i>e.g. isolation, cultural considerations, telephoning, translation services, community integration</i>	Ensure [REDACTED] is not socially isolated.	[REDACTED] attends ADS two days a week.	Ensure [REDACTED] is involved in community integration.	Ensure [REDACTED] is notified and allowed opportunity to participate in any ADS outings.	

Outcome Scores:

1=Goal met. No further intervention needed. Remove from plan. 2=Goal met. Maintain goal until next review. 3=Goal not met. Maintain goal until next review. 4=Goal not met. Remove and/or revise goal.

Transcript For [REDACTED]

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
5 Ways to Lead a Constant Era of Change	6/30/2022	0.25	100	Jodi Ooms	Lutheran Life Communities
Active Shooter Response Training (Semi-Annual)	6/30/2022	0.25	100	Sylvia Leszanczuk	Lutheran Life Communities
Active Shooter Training with Video LLC	1/12/2022	0.50	100		Lutheran Life Communities
Alzheimer's Disease and Related Disorders: An Overview	1/13/2022	1.00	100	Relias Learning	Lutheran Life Communities
Alzheimer's Disease and Related Disorders: Behavior Management	1/14/2022	1.00	100	Relias Learning	Lutheran Life Communities
Change Management: Change Behaviors - Open Sesame	6/30/2022	0.10	100	Jodi Ooms	Lutheran Life Communities
CMS Targeted COVID-19 Training	1/17/2022	3.00	100	Relias Learning	Lutheran Life Communities
Code of Conduct	1/12/2022	0.50	100		Lutheran Life Communities
Code of Conduct	6/30/2022	0.50	100		Lutheran Life Communities
Common Ground:Sexual Harassment and Abusive Conduct Prevention	6/30/2022	1.00	100	Jodi Ooms	Lutheran Life Communities
Communication and People with Dementia	12/16/2021	1.00	90	Relias Learning	Lutheran Life Communities
Customer Service Essentials Self-Paced	12/16/2021	0.50	80	Relias Learning	Lutheran Life Communities
Environment: Routines and Consistency for Comfort	1/14/2022	1.00	100	Relias Learning	Lutheran Life Communities
Essentials of HIPAA	9/15/2021	0.50	100	Relias Learning	Lutheran Life Communities
Goal Setting - Open Sesame	3/29/2022	0.25	100	Jodi Ooms	Lutheran Life Communities
Infection Prevention and Control Self-Paced	1/11/2022	0.75	80	Relias Learning	Lutheran Life Communities
LGBTQ in the Workforce - Understanding Pronouns - Open Sesame	3/29/2022	0.25	100	Jodi Ooms	Lutheran Life Communities
Lutheran Life Communities Overview 2021	1/12/2022	0.25	100		Lutheran Life Communities



Transcript For [REDACTED]

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Mastering Change Management: Asking Questions	6/30/2022	0.20	100	Jodi Ooms	Lutheran Life Communities
Mastering Change Management: Why do we resist change? - Open Sesame	3/29/2022	0.25	100	Jodi Ooms	Lutheran Life Communities
Microaggression - Open Sesame	3/29/2022	0.25	100	Jodi Ooms	Lutheran Life Communities
Particulate Respirators and OSHA Fit Testing	1/14/2022	0.25	100	Relias Learning	Lutheran Life Communities
Process Improvement: Cycle of Continuous Improvement - Open Sesame	6/30/2022	0.25	100	Jodi Ooms	Lutheran Life Communities
Protecting Resident Rights in Nursing Facilities Self-Paced	12/20/2021	1.00	100	Relias Learning	Lutheran Life Communities
Sexual Harassment: Illinois Licensed Professionals	1/14/2022	1.00	100	Relias Learning	Lutheran Life Communities
Unconscious Bias Explained	6/30/2022	0.10	100	Jodi Ooms	Lutheran Life Communities
Understanding Abuse and Neglect Self-Paced	9/14/2021	0.75	80	Relias Learning	Lutheran Life Communities
Understanding Abuse and Neglect Self-Paced	3/29/2022	0.75	80	Relias Learning	Lutheran Life Communities
Workplace Safety: The Basics	6/30/2022	0.25	100	Relias Learning	Lutheran Life Communities
Workplace Safety: The Basics Self-Paced	1/11/2022	0.25	100	Relias Learning	Lutheran Life Communities

Total Hours: 17.90

I certify that the trainings listed above were completed by me.

Staff Name

Staff Signature

Job Title

Transcript For [REDACTED]

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
2020 Acceptable Use Policy Review	11/17/2020	1.00	100		Lutheran Life Communities
A HIPAA Primer for Long-Term Care	1/27/2015	1.00	100	Relias Learning	Lutheran Life Communities
Abuse & Neglect	3/13/2015	1.00	100	Relias Learning	Lutheran Life Communities
Abuse & Neglect	10/5/2016	1.00	100	Relias Learning	Lutheran Life Communities
Abuse & Neglect	8/17/2017	0.50	100	Relias Learning	Lutheran Life Communities
Abuse & Neglect	10/18/2018	0.50	100	Relias Learning	Lutheran Life Communities
Abuse & Neglect	8/2/2019	0.50	100	Relias Learning	Lutheran Life Communities
Abuse & Neglect with Trauma Care Education Mandatory In-Service	2/6/2020	1.00	100		Lutheran Life Communities
Abuse & Neglect for Nursing	11/9/2012	0.50	100		Lutheran Life Communities
Abuse & Neglect Self-Paced	3/30/2021	0.50	100	Relias Learning	Lutheran Life Communities
Active Shooter Mandatory In-Service	3/6/2020	1.00	N/A		Lutheran Life Communities
Active Shooter Training with Video LLC	10/20/2020	0.50	100		Lutheran Life Communities
Active Shooter Training with Video LLC	3/30/2021	0.50	100		Lutheran Life Communities
Activities: Where the Action Is	10/8/2021	0.50	100	Relias Learning	Lutheran Life Communities
AHA CPR/AED Full Class	10/9/2012	4.00	100		Lutheran Life Communities
Alzheimer's Disease and Dementia Care Seminar	3/3/2021	12.00	100	Lesley White	Lutheran Life Communities
Alzheimer's Disease and Related Disorders: Communication	11/5/2021	1.00	100	Relias Learning	Lutheran Life Communities
Back Injury Prevention	10/5/2016	0.50	100	Relias Learning	Lutheran Life Communities

Transcript For [REDACTED]

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Back Injury Prevention	8/17/2017	0.50	100	Relias Learning	Lutheran Life Communities
Back Injury Prevention	10/18/2018	0.50	100	Relias Learning	Lutheran Life Communities
Back Injury Prevention	2/11/2019	0.50	100	Relias Learning	Lutheran Life Communities
Care of the Cognitively Impaired	3/31/2021	1.00	100	Relias Learning	Lutheran Life Communities
CFP Monthly Meeting In-Services	9/12/2012	0.50	100		Lutheran Life Communities
CFP Monthly Meeting In-Services	10/14/2012	0.50	100		Lutheran Life Communities
CFP Monthly Meeting In-Services	11/7/2012	0.50	100		Lutheran Life Communities
CFP Monthly Meeting In-Services	11/14/2012	0.50	100		Lutheran Life Communities
CFP Monthly Meeting In-Services	3/27/2013	0.50	100		Lutheran Life Communities
CFP Monthly Meeting In-Services	5/8/2013	0.50	100		Lutheran Life Communities
CFP Monthly Meeting In-Services	7/3/2013	0.50	100		Lutheran Life Communities
CFP Monthly Meeting In-Services	9/4/2013	0.50	100		Lutheran Life Communities
CFP Monthly Meeting In-Services	11/15/2013	0.50	100		Lutheran Life Communities
CMS Targeted COVID-19 Training	12/23/2020	3.00	100	Relias Learning	Lutheran Life Communities
Code of Conduct	3/30/2021	0.50	100		Lutheran Life Communities
Code of Conduct	5/20/2022	0.50	100		Lutheran Life Communities
Code Purple Update Training	3/28/2019	1.00	N/A		Lutheran Life Communities
Common Ground:Sexual Harassment and Abusive Conduct Prevention	6/16/2022	1.00	100	Jodi Ooms	Lutheran Life Communities

Transcript For [REDACTED]

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
confidentiality-16/1HR.	1/24/2014	1.00	N/A		Lutheran Life Communities
Creating the Customer Experience	6/12/2014	2.00	100		Lutheran Life Communities
customer service	3/17/2015	1.00	N/A		Lutheran Life Communities
Customer Service Essentials Self-Paced	9/16/2021	0.50	80	Relias Learning	Lutheran Life Communities
Customer Service In-Service	10/9/2011	1.00	90	Relias Learning	Lutheran Life Communities
Dementia 12 hour Training April 2018 Elopement Attendance Tracker	4/1/2018	1.00	N/A		Lutheran Life Communities
Dementia 12 hour Training April 2018 Elopement Attendance Tracker	4/1/2018	1.00	N/A		Lutheran Life Communities
Dementia 12 hour Training June 2018 Person Centered, Attendance Tracker	6/29/2018	1.00	N/A		Lutheran Life Communities
Dementia 12 hour Training March 2018 ROM, Ambulation in Dementia Attendance Tracker	3/1/2018	1.00	N/A		Lutheran Life Communities
Dementia 12 hour Training March 2018 ROM, Ambulation in Dementia Attendance Tracker	3/1/2018	1.00	N/A		Lutheran Life Communities
Dementia 12 hour Training May 2018 Bathing - Attendance Tracker	6/29/2018	1.00	N/A		Lutheran Life Communities
Dementia 12hr Training January 2019 Elopement/Code Purple Attendance Tracker	3/28/2019	1.00	N/A		Lutheran Life Communities
Dementia 12hr Training June 2019 Nutrition/Hydration in Dementia Seniors Attendance Tracker	6/26/2019	1.00	N/A		Lutheran Life Communities
Dementia 12hr Training March 2019 Understanding/Caring for Residents with Dementia Attendance Tracker	3/19/2019	1.00	N/A		Lutheran Life Communities
Dementia 12hr Training March 2019 Understanding/Caring for Residents with Dementia Attendance Tracker	3/26/2019	1.00	N/A		Lutheran Life Communities
Diet manual changes	5/13/2014	0.25	100		Lutheran Life Communities
eCOURSE: Protecting Resident Rights in Nursing Facilities	10/18/2018	1.00	100	Relias Learning	Lutheran Life Communities
eCOURSE: Protecting Resident Rights in Nursing Facilities	4/3/2019	1.00	100	Relias Learning	Lutheran Life Communities

Transcript For [REDACTED]

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
eCOURSE: Protecting Resident Rights in Nursing Facilities	2/6/2020	1.00	100	Relias Learning	Lutheran Life Communities
Environment of Care	5/18/2015	1.00	100		Lutheran Life Communities
Environment of Care	10/5/2016	1.00	100		Lutheran Life Communities
Environment of Care	8/17/2017	1.00	100		Lutheran Life Communities
Environment of Care	10/18/2018	1.00	100		Lutheran Life Communities
Environment of Care	8/2/2019	1.00	100		Lutheran Life Communities
Environment of Care	4/29/2020	1.00	100		Lutheran Life Communities
Essentials of HIPAA	5/25/2021	0.50	80	Relias Learning	Lutheran Life Communities
Goal Setting - Open Sesame	3/2/2022	0.25	100	Jodi Ooms	Lutheran Life Communities
Hand hygiene	1/31/2012	0.50	100		Lutheran Life Communities
Hazardous Chemicals: SDS	9/14/2020	0.50	80	Relias Learning	Lutheran Life Communities
HIPAA: The Basics	7/28/2016	0.50	100	Relias Learning	Lutheran Life Communities
HIPAA: The Basics	8/17/2017	0.50	100	Relias Learning	Lutheran Life Communities
HIPAA: The Basics	1/19/2018	0.50	100	Relias Learning	Lutheran Life Communities
HIPAA: The Basics	8/1/2019	0.50	100	Relias Learning	Lutheran Life Communities
HIPAA: The Basics	4/29/2020	0.50	100	Relias Learning	Lutheran Life Communities
Infection Control	7/14/2015	1.00	100	Relias Learning	Lutheran Life Communities
Infection Control	6/30/2020	0.75	100	Relias Learning	Lutheran Life Communities

Transcript For [REDACTED]

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Infection Control and Prevention	10/5/2016	1.00	100	Relias Learning	Lutheran Life Communities
Infection Control and Prevention	8/17/2017	1.00	100	Relias Learning	Lutheran Life Communities
Infection Control and Prevention	10/18/2018	1.00	100	Relias Learning	Lutheran Life Communities
Infection Control and Prevention	5/14/2019	1.00	100	Relias Learning	Lutheran Life Communities
Infection Control and Prevention	4/29/2020	1.00	100	Relias Learning	Lutheran Life Communities
Infection Prevention and Control Self-Paced	10/25/2021	0.75	80	Relias Learning	Lutheran Life Communities
Joint Commission follow up	3/27/2014	0.25	100		Lutheran Life Communities
LGBTQ in the Workforce - Understanding Pronouns - Open Sesame	3/2/2022	0.25	100	Jodi Ooms	Lutheran Life Communities
Linen Handling & Equipment Cleaning - 2020	6/30/2020	1.00	100		Lutheran Life Communities
LLC Dementia: Supervisor in Dining Room	12/10/2015	1.00	100		Lutheran Life Communities
LLC Dignity, Hand Hygiene, Meds at Bedside	11/18/2015	1.00	100		Lutheran Life Communities
LLC Gait Belt/Transfers Policy	10/1/2015	1.00	100		Lutheran Life Communities
LLC Mandatory Nursing Inservice	11/5/2015	1.00	100		Lutheran Life Communities
LLC Nursing Supervision During Meals	12/15/2015	1.00	100		Lutheran Life Communities
LLC Restorative Body Mechanics & Transfers	4/9/2015	1.00	N/A		Lutheran Life Communities
LLC Town Hall-Abuse & Neglect/QAPI Training	11/30/2017	1.00	N/A		Lutheran Life Communities
LLC-Dementia Hydration and UTI's	1/2/2015	1.00	N/A		Lutheran Life Communities
LLC-Town Hall Mtg/Elder Justice Act Training	6/28/2017	1.00	100		Lutheran Life Communities

Transcript For [REDACTED]

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
LLC-TRK-Secured Units	10/25/2016	1.00	N/A		Lutheran Life Communities
LLC-TRK-Secured Units	10/25/2016	1.00	N/A		Lutheran Life Communities
Lutheran Home CPR Class 2018 (Attendance Tracker)	3/13/2018	3.00	N/A		Lutheran Life Communities
Lutheran Life Communities Overview 2021	9/29/2021	0.25	100		Lutheran Life Communities
Making Meaningful Connections.	5/5/2019	0.25	100		Lutheran Life Communities
Man Inservice: Body Mechanics	8/16/2011	0.50	100		Lutheran Life Communities
Man Inservice: Body Mechanics	12/16/2011	0.50	100		Lutheran Life Communities
Man Inservice: Body Mechanics	1/15/2013	0.50	100		Lutheran Life Communities
Man Inservice: Body Mechanics	5/28/2013	0.50	100		Lutheran Life Communities
Man Inservice: Body Mechanics	2/14/2014	0.50	100		Lutheran Life Communities
Man Inservice: Confidentiality	3/15/2012	1.00	100		Lutheran Life Communities
Man Inservice: Confidentiality	3/21/2012	1.00	100		Lutheran Life Communities
Man Inservice: Confidentiality	1/15/2013	1.00	100		Lutheran Life Communities
Man Inservice: Confidentiality	3/11/2013	1.00	100		Lutheran Life Communities
Man Inservice: Confidentiality	1/24/2014	1.00	100		Lutheran Life Communities
Man Inservice: Envirmnt of Care / Safty	6/16/2011	1.00	100		Lutheran Life Communities
Man Inservice: Envirmnt of Care / Safty	12/16/2011	1.00	100		Lutheran Life Communities
Man Inservice: Envirmnt of Care / Safty	1/15/2013	1.00	100		Lutheran Life Communities

Transcript For [REDACTED]

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Man Inservice: Environment of Care / Safety	5/8/2014	1.00	100		Lutheran Life Communities
Man Inservice: Environment of Care Part 1	7/25/2012	0.50	100		Lutheran Life Communities
Man Inservice: Hazard Communication	10/26/2011	1.00	100		Lutheran Life Communities
Man Inservice: Hazard Communication	12/16/2011	1.00	100		Lutheran Life Communities
Man Inservice: Hazard Communication	4/15/2012	1.00	100		Lutheran Life Communities
Man Inservice: Hazard Communication	6/15/2012	1.00	100		Lutheran Life Communities
Man Inservice: Hazard Communication	1/15/2013	1.00	100		Lutheran Life Communities
Man Inservice: Hazard Communication	7/17/2014	1.00	100		Lutheran Life Communities
Man Inservice: Hazard Communication	7/29/2015	1.00	100		Lutheran Life Communities
Man Inservice: Hazard Communication	10/5/2016	1.00	100		Lutheran Life Communities
Man Inservice: Hazard Communication	7/20/2017	1.00	100		Lutheran Life Communities
Man Inservice: Hazard Communication	10/18/2018	1.00	100		Lutheran Life Communities
Man Inservice: Hazard Communication	8/2/2019	1.00	100		Lutheran Life Communities
Man Inservice: Hazard Communication	4/29/2020	1.00	100		Lutheran Life Communities
Man Inservice: Infection Control	9/28/2011	1.00	100		Lutheran Life Communities
Man Inservice: Infection Control	12/16/2011	1.00	100		Lutheran Life Communities
Man Inservice: Infection Control	1/15/2013	1.00	100		Lutheran Life Communities
Man Inservice: Infection Control	6/19/2014	1.00	100		Lutheran Life Communities

Transcript For [REDACTED]

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Man Inservice: Prev Abuse Negl	1/15/2013	0.50	100		Lutheran Life Communities
Man Inservice: ProtectResRts	1/15/2013	0.50	100		Lutheran Life Communities
Man Inservice: ProtectResRts	4/4/2014	0.50	100		Lutheran Life Communities
Man Inservice: Res Rts,Prev Abuse,Confid	8/24/2011	1.00	100		Lutheran Life Communities
Man Inservice: Res Rts,Prev Abuse,Confid	12/16/2011	1.00	100		Lutheran Life Communities
Managing Aggressive Behaviors	10/8/2021	0.50	90	Relias Learning	Lutheran Life Communities
Mastering Change Management: Why do we resist change? - Open Sesame	3/2/2022	0.25	100	Jodi Ooms	Lutheran Life Communities
Microaggression - Open Sesame	3/3/2022	0.25	100	Jodi Ooms	Lutheran Life Communities
Monthly Dementia Training-17 / 1 hr.	10/31/2014	1.00	100		Lutheran Life Communities
New Hazard Communication	10/23/2013	2.00	100		Lutheran Life Communities
New PTO policy	1/2/2014	0.33	100		Lutheran Life Communities
Nsg - CFP skills competency	1/30/2013	0.75	100		Lutheran Life Communities
Nsg - CFP skills competency	1/22/2014	0.75	100		Lutheran Life Communities
Nsg - foley catheter care	2/25/2013	0.50	100		Lutheran Life Communities
Nsg - Food allergies	2/12/2013	0.50	100		Lutheran Life Communities
Nsg - IDPH gait belt	6/26/2013	0.25	100		Lutheran Life Communities
Nsg - Whipple Procedure	9/30/2013	1.00	100		Lutheran Life Communities
Nsg-CFP pantry in-service	11/28/2012	0.50	100		Lutheran Life Communities

Transcript For [REDACTED]

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Nursing Rehab Lift Training	1/6/2012	0.50	100		Lutheran Life Communities
Nursing Rehab Lift Training	9/6/2012	0.50	100		Lutheran Life Communities
Nursing Rehab Lift Training	1/18/2013	0.50	100		Lutheran Life Communities
Nursing Rehab Lift Training	1/9/2014	0.50	100		Lutheran Life Communities
Nursing Rehab Range of Motion / Splints	7/8/2011	0.50	100		Lutheran Life Communities
Nursing Rehab Range of Motion / Splints	11/1/2013	0.50	100		Lutheran Life Communities
Nursing Rehab Restorative Doc & Safety	11/4/2011	0.50	100		Lutheran Life Communities
Nursing Rehab Restorative Doc & Safety	9/6/2013	0.50	100		Lutheran Life Communities
Nursing Rehab Sling Lift Training	10/28/2011	0.50	100		Lutheran Life Communities
Nursing Rehab Sling Lift Training	1/6/2012	0.50	100		Lutheran Life Communities
Nursing Rehab Transfers	6/18/2011	0.50	100		Lutheran Life Communities
Nursing Rehab Transfers	4/26/2013	0.50	100		Lutheran Life Communities
Nursing Rehab Transfers	4/11/2014	0.50	100		Lutheran Life Communities
Nutrition In-service	8/22/2012	0.50	100		Lutheran Life Communities
Nutrition In-service	1/15/2013	0.50	100		Lutheran Life Communities
Nutrition In-service	8/31/2013	0.50	100		Lutheran Life Communities
OSHA Ergonomics - Lifting & Moving	10/22/2012	0.75	100	Relias Learning	Lutheran Life Communities
OSHA Ergonomics - Lifting & Moving	2/15/2015	0.75	100	Relias Learning	Lutheran Life Communities

Transcript For [REDACTED]

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Parking Policy	8/8/2012	0.50	100		Lutheran Life Communities
Plan of Correction - IDPH surv	2/20/2014	0.25	100		Lutheran Life Communities
Pressure Ulcer Prevention	10/26/2012	0.50	100		Lutheran Life Communities
Pressure Ulcer Prevention	1/15/2013	0.50	100		Lutheran Life Communities
Pressure Ulcer Prevention	10/4/2013	0.50	100		Lutheran Life Communities
Preventing, Recognizing, and Reporting Abuse	8/17/2017	0.75	100	Relias Learning	Lutheran Life Communities
Protecting Resident Rights in Nursing Facilities Self-Paced	9/22/2021	1.00	90	Relias Learning	Lutheran Life Communities
Rehab mania - ROM	7/31/2014	1.00	N/A		Lutheran Life Communities
Rehab Mania: Sling and Standing Lifts	1/29/2015	1.00	N/A		Lutheran Life Communities
Residents' Rights In-Service	10/22/2012	1.00	90	Relias Learning	Lutheran Life Communities
Residents' Rights In-Service	4/17/2015	1.00	100	Relias Learning	Lutheran Life Communities
Residents' Rights In-Service	4/29/2016	1.00	100	Relias Learning	Lutheran Life Communities
ROP 3 Trauma Informed Care - Webinar recording	10/30/2019	1.00	100		Lutheran Life Communities
Safe Food Handling	11/5/2021	0.50	80	Relias Learning	Lutheran Life Communities
Safety Mandatory In Service	10/15/2014	1.00	100		Lutheran Life Communities
Safety Mandatory In Service	8/17/2015	1.00	100		Lutheran Life Communities
Safety Mandatory In Service	10/5/2016	1.00	100		Lutheran Life Communities
Safety Mandatory In Service	8/17/2017	1.00	100		Lutheran Life Communities



Transcript For [REDACTED]

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Safety Mandatory In Service	9/5/2018	1.00	100		Lutheran Life Communities
Safety Mandatory In Service	11/8/2019	1.00	100		Lutheran Life Communities
Sexual Harassment: Illinois Mandatory Training	9/1/2020	0.50	100	Relias Learning	Lutheran Life Communities
Sexual Harassment: Illinois Mandatory Training	9/29/2021	0.50	100	Relias Learning	Lutheran Life Communities
Unconscious Bias Explained	5/11/2022	0.10	100	Jodi Ooms	Lutheran Life Communities
Understanding Abuse and Neglect Self-Paced	3/29/2022	0.75	100	Relias Learning	Lutheran Life Communities
unit meeting MR1	4/1/2015	1.00	N/A		Lutheran Life Communities
Wheelchair Leg Rest Use, Safety, and Storage	4/28/2017	1.00	N/A		Lutheran Life Communities
Wipe Out Plumbing Clogs	7/17/2015	1.00	N/A		Lutheran Life Communities
Workplace Safety: The Basics	1/8/2020	0.25	100	Relias Learning	Lutheran Life Communities
Workplace Safety: The Basics	10/20/2020	0.25	100	Relias Learning	Lutheran Life Communities
Workplace Safety: The Basics	5/19/2022	0.25	100	Relias Learning	Lutheran Life Communities
Workplace Safety: The Basics Self-Paced	9/29/2021	0.25	100	Relias Learning	Lutheran Life Communities

Total Hours: 164.93

I certify that the trainings listed above were completed by me.

Staff Name

Staff Signature

Job Title