



Evergreen Place - Beardstown, 2021

PRONG 1

Sister Nursing Facility on 1st Floor of Building

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Heightened Scrutiny

SETTING INFORMATION		
Setting Name:	Evergreen Place – Beardstown	SLP
Address:	8570 St. Luke's Drive Beardstown, IL 62618	

HEIGHTENED SCRUTINY INFORMATION

Maximum Capacity of the Facility: 29
Current Occupancy (10/24/16): 26
Proof of licensure by state agency
On Site Validation Tool
Description of the proximity to community settings used by individuals that do not receive Medicaid funded home and community-based services
Provider qualifications for staff
Documentation of procedures in place by the setting that support individuals access to activities in the greater community
Documentation that the individuals selected the setting from among setting options, including non-disability-specific settings
Description of the proximity to avenues of available public transportation or an explanation of how transportation is provided
Other relevant information
-Senior Bus is the only public transportation – there are no buses or cabs in the area
-Photographs
-Schematic Drawing

State of Illinois
Department of Healthcare and Family Services

**Supportive Living Program
Certification**

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

Name Evergreen Place

Address 8570 St. Luke's Drive

City/State/Zip Beardstown, Illinois 62618

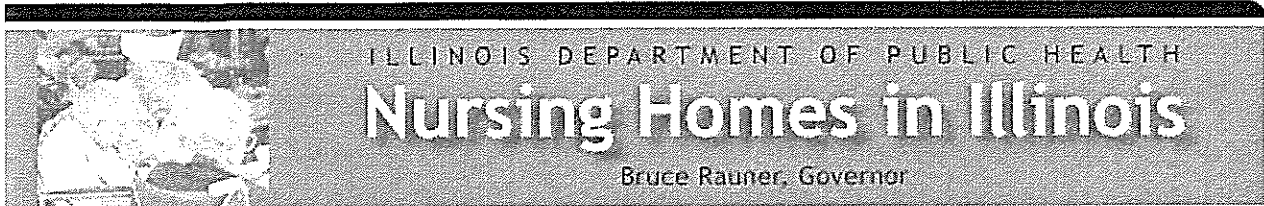
Number of Units 26 Maximum Number of Residents 29

Effective Date September 30, 1999

Rod R. Blagojevich, Governor

Barry S. Maram, Director





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

Facility Information

HERITAGE HEALTH-BEARDSTOWN

8306 ST LUKES DRIVE
BEARDSTOWN IL 62618

ADMINISTRATOR: LORI MOON
TELEPHONE: 217-323-4055

Licensee ID	:0048843
Facility ID	:6000780
Skilled beds	:79
Intermediate beds	:0
Icf-dd beds	:0
Shelter Care beds	:0
Community Living beds	:0
Under 22 beds	:0
Medicare beds	:0
Medicare/Medicaid beds	:79
Medicaid beds	:0
Fax	:217-323-9454
County	:Cass
Medicare Certification Number	:14-5952
Medicare Skilled Certification Number	:
Medicaid ICF/DD Certification Number	:
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

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General

Facility Information Ownership information

Surveys

Administration

- [Staffing](#)
- [Admission Restrictions](#)
- [Admissions & Discharges](#)
- [Licensed Beds / Beds in use](#)

Residents

- [Primary Diagnosis](#)
- [Age Gender & Level of Care](#)
- [Racial / Ethnic Groups](#)

Patient Days

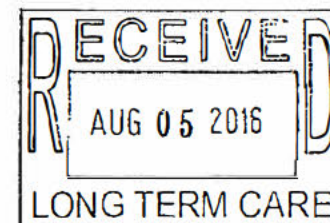
- [Level of Care](#)
- [Payment Source](#)
- [Private Payment Rates](#)

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

Provider Name:	Evergreen Place - Beardstown
Name/Address of setting:	8570 St. Luke Dr. Beardstown, IL 62618
Contact at the setting:	
Visited With:	
Surveyor Name:	
Date Completed:	24 JUNE 2016

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 checked="" 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 type="checkbox"/>	Adult Day Services – Certification by DoA



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:	X	Supportive Living Facility (SLF)
<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 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 NA		X Error
Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building located on the grounds of, or immediately adjacent to a public institution? <i>1st Floor of building has a NF & MD office. Shared main building entrance</i>	✓			
Is the setting a farmstead, a gated community, or part of a multi-setting campus? <i>Separate entrance to SLF & NF.</i>		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				
2. Does the setting utilize access to the community as part of its plan for services?	✓				
3. Do individuals have an opportunity to seek employment in competitive integrated settings?	✓				
4. RESIDENTIAL ONLY: Does the setting encourage visitors or other people from the community to visit?	X				
5. RESIDENTIAL ONLY: Do the residents have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? If restrictions are placed on movement inside and outside the residence, have the restrictions been approved by the individual (or the legal authority acting on the individual's behalf) and the setting's care team and is it documented in the Individual Service Plan?	X				

Category 2

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

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

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?	✓				
14. Does the setting inform individuals of their rights to privacy, dignity, respect, and freedom from coercion and restraint?	✓				
15. Does the setting post individuals' rights in a visible location?	✓				Not a requirement for SLP.
16. Have the individuals been informed of their rights and have they received a written copy of their rights?	✓				
17. Does the setting conduct communications about individuals' medical conditions, financial situations, and other personal information in a place where privacy/confidentiality is assured?	✓				
18. Does the setting ensure that individuals have privacy while using the bathroom unless the individual has a documented need for assistance?	✓				
19. If an individual needs assistance with personal care needs, are arrangements made for this to be done in private?	✓				
20. Does the setting offer a secure place to store individuals' personal belongings?	✓				
21. Does the setting staff communicate with individuals based on needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, and residents' language)?				✓	
22. Are individuals allowed to dress or groom in a manner that is appropriate to the setting while honoring individual choice and lifestyle preferences?	✓				

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	
24. Does the setting utilize restraints only in accordance with the Mental Health Code?				X	Restraints are not allowed in SLP. ∅ resid. observed in restraints.
25. Does the setting use delayed egress devices or have secured perimeters only in accordance with individually approved plans of care?		X		X	Residents are allowed to leave at will.

Staff error.

Category 4

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

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

Category 5

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

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

Category 6

The setting is a physically accessible setting.

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
40. Is there any public area within the setting that is not physically accessible to all individuals? If so, is there programming or staff available to provide necessary accommodations?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Beauty shop only unlocked during work hours when beautician is providing services
41. Can individuals access the settings amenities such as bathrooms and equipment as needed? If not, is there programming or staff available to provide necessary accommodations?	<input checked="" type="checkbox"/>				
42. Does the setting ensure physical accessibility based on individual needs (e.g. grab bars, seats in the bathroom, ramps for wheelchairs and table/counter heights appropriate to the individual)?	<input checked="" type="checkbox"/>				

Category 7 (RESIDENTIAL ONLY)

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

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

Category 8 (RESIDENTIAL ONLY)

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

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

Category 9 (RESIDENTIAL ONLY)

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

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

Category 10 (RESIDENTIAL ONLY)

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
51. Are the times of visits restricted in any way?		✓			Visitors are allowed to residence
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

Two-story building: NF + MD clinic on the 1st Floor, SLP on the 2nd Floor. Shared main building entrance. Separate NF + SLP entrances. NF = through main entry past elevator. SLP = Elevator to 2nd Floor.

Assessment Completed By _____

Date

24 June 2016

Facility/Site

1

7/22/16

Reviewed By

USAN

~~SWPA~~ 08/01/16

Please see attached for information requested from heightened scrutiny letter.

In regards to proximity to community activities used by individuals who do not reside in our community, the following are available:

- 1) Public library 0.7 miles from Evergreen Place
- 2) Lincoln Land Community college- 0.9miles from our community
- 3) Wal-Mart- 2.8 miles from Evergreen Place
- 4) Dollar General- 1.1 miles from Evergreen Place.
- 5) Numerous restaurants within 3 miles of community.

Senior Bus provides transportation and is located on the Heritage health campus

(See attached Picture)

October

October 13

The Cass County Health Department will offer flu vaccinations at Zuschka Square from 1 p.m. - 4 p.m.

The Beardstown Houson Memorial Library will host a presentation by poet hunter Loren Hamilton at 6:30 p.m.

October 14

The Cass County Health Department will offer flu vaccinations at the Cass County Health Department in Virginia from 8:30 a.m. - 1 p.m.

From 2:30 p.m. to 4:30 p.m. at both Prairie Skies Public Library locations, the library will be hosting various games for teens to play or they may bring their favorite to play. A snack will be provided.

October 15

The Beardstown Fire Department will hold an open house at the station located at 1119 Edwards Street from 10 a.m. - 2 p.m. The open house will feature tours, smoke detectors, demonstrations, and food.

The Virginia Christian Women's Fellowship will meet at 9 a.m. at City Hall.

October 18

Schuyler Gun Club to host monthly meeting at 6:30 p.m. at 457 S Liberty Street, Rushville.

October 20

Prairie Skies Public Library is kicking off the Lego group from 5:30 a.m. to 6:30 p.m. Children from Kindergarten age and up are welcome to test their engineering skills.

LLCC-Beardstown -- Registration for spring classes begins. Call 323-4103 for more information.

October 21-23

The Beardstown Grand Opera House, 123 State Street, has announced their upcoming play: 'Duck... Duck... Shoot!'. The show is scheduled for Oct. 21, 22, and 23.

October 22

Schuyler Gun Club to host 8 a.m. Steel Challenge Pistol & Rifle, for more information call Steve Drennen at (217) 216-0138, or Mike Farniok at (309) 337-0180.

October 25-27

A Department of Natural Resources hunter safety course is scheduled at the U of I Extension Funk Building in Winchester. The three-day class will be held on Tuesday, Oct. 25 (5:30-9 p.m.), Wednesday, Oct. 26 (6-9 p.m.) and Thursday, Oct. 27 (6-9 p.m.).

October 28

Beardstown will be hosting a Haunted Library for ages under 10 from 5:30 - 6:30 p.m. and over 10 from 7 - 8 p.m. Admission is free.

October 29

Schuyler Gun Club to host a Club Shoot at the Range at 1 p.m. and a 5 Gun Bash at 5:30 p.m. at the Masonic Lodge.

On Going Events

Golden Age Center Bingo (Kiwamis Kallers) every 3rd Wednesday, 1 p.m. Refreshments from 2-2:30 p.m.

Beardstown Elks Bingo, 1st and 3rd Mondays. Open to the public.

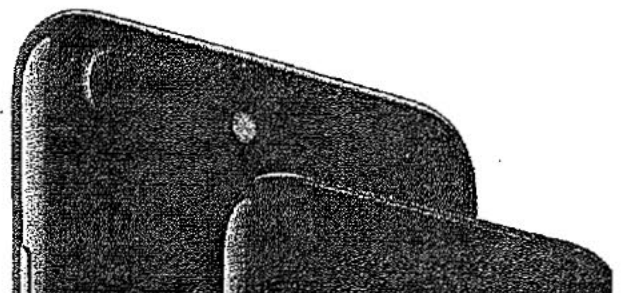
AA Meeting Corolla Group AA meets at St. John's Lutheran Church, 200 East Sixth St., Beardstown at 7 p.m., Saturdays.

Narcotics Anonymous meets at 7 p.m., Monday and Friday at First Evangelical Lutheran Church.

AA Meeting "Friends of Bill," First Congregational Church (corner of 3rd and Washington Streets) Sunday

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The Beardstown Fire Department will hold an open house at the station located at 1119 Edwards Street from 10 a.m. - 2 p.m. The open house will feature tours, smoke detectors, demonstrations, and food.

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with family and friends.

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for only \$49 a month. Plus,
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On Going Events

Golden Age Center Bingo (Kiwans Kallers) every 3rd Wednesday, 1 p.m. Refreshments from 2-2:30 p.m.

Beardstown Elks Bingo, 1st and 3rd Mondays. Open to the public.

AA Meeting Corolla Group AA meets at St. John's Lutheran Church, 200 East Sixth St., Beardstown at 7 p.m., Saturdays.

Narcotics Anonymous meets at 7 p.m., Monday and Friday at First Evangelical Lutheran Church.

AA Meeting "Friends of Bill," First Congregational Church (corner of 3rd and Washington Streets) Sunday evenings at 7 p.m. Go through side door. Contact: 217-320-0428.

Memory Disorder Support Group will meet at the Cass County Human Resources Center, 121 E. Second St. in Beardstown, on Monday nights from 3 p.m. to 4 p.m. To register for the group, call 323-2980.

First Congregational Church Lunch served on the first Wednesday of every month from 11 a.m. to 1 p.m., donations accepted to raise funds.

First Monday Coffee Hour is held on the first Monday of every month at 9 a.m. at the Beardstown Houston Memorial Library.

Christian Love in Action Food and Clothing Pantry is open Tuesday from 12 p.m. - 4 p.m. and Saturday from 10 a.m. - 2 p.m.

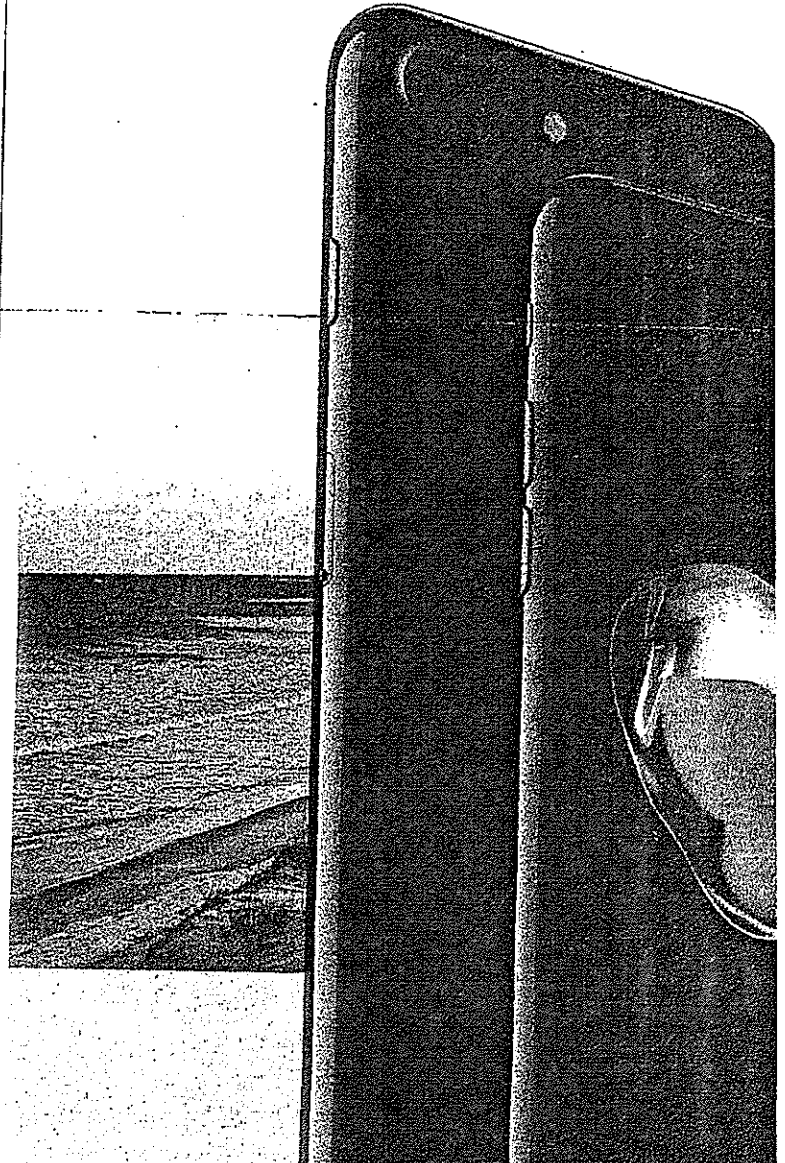


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Supportive Living Program

Staff Qualifications

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

89 IL Adm Code, Subpart B, Section 146.235 Staffing

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

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

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

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

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

September 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
4 Comm. Of Christ chapel downstairs 9:45 3pm-Lutheran chapel	5 Exercise Class 9:30 am Bingo 1pm ball toss 6pm	6 9:30 exercise class 1PM-trivia	7 Exercise Class 9:30am Bingo 1pm horse shoes 6pm	8 manicures 8am 10AM-music 2pm-pastor Evenson	9 Exercise class 9:30 10:30am-Nazerene church what would you do 2pm trivia 6pm	10 current events 10am popcorn night 6pm
11 Comm. Of Christ chapel downstairs 9:45 1pm-dvd worship	12 Exercise class 9:30am Bingo 1pm brain quest 6pm	13 Exercise class 9:30 am 1pm exchange club bingo	14 Exercise Class 9:30am 2pm-happy hour	15 Manicures 8am sing a long 1pm 2pm-pastor Evenson cards 6pm	16 Exercise class 9:30 Bud Hance 1pm 5PM-FAMILY FISH FRY	17 get to know your neighbor 10am cards and board games 6pm
18 Comm. Of Christ chapel downstairs 9:45 3pm-Lutheran chapel	19 Exercise Class 9:30 Bingo 1pm table talk 6pm	20 Exercise class 9:30 am 1PM-STEVE MILLERS BIRDS call out the answer 6pm	21 Exercise Class 9:30am Bingo 1pm walking to the oldies 2 pm	22 Manicures 8am trivia 1pm 2pm-pastor Evenson Good ole days 6pm	23 Exercise class 9:30 Bingo 2pm	24 music 10am movie and snacks 6pm
25 Comm. Of Christ chapel downstairs 9:45 1pm-dvd worship	26 exercise class 9:30 Bingo 1pm	27 Exercise class 9:30 am 1pm-hangman	28 Exercise Class 9:30am 1pm-bingo	29 8AM-manicures 2pm-pastor Evenson	30 9:30-exercise class 2PM-bingo	
		Notes Birthdays Barb Braner-3 Iva Stock-6 Dorothy Simmons-18 Nikki Sheppard-11				All activities subject to change Board games, cards, Wii, Movies and puzzles always available

October 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>9:45am-comm. of christ 1pm-DVD worship</p>	<p>9:30am Exercise Class 1:00pm Bingo</p>	<p>9:30am Exercise Class 1:00pm Walmart</p>	<p>10AM RESIDENT COUNCIL 9:30am Exercise Class 10:00am Resident Council 2:00pm Happy Hour</p>	<p>8am Manicures 2:00pm Pastor Evenson</p>	<p>9:30am Exercise Class 2:00pm Bingo</p>	<p>6:00pm Movie/popcorn 1 Yom Kippur</p>
<p>9:45 comm. Of christ 3pm-lutheran chapel</p>	<p>10 Columbus Day 9:30am Exercise Class 1:00pm Bingo</p>	<p>9:30am Exercise Class 1:00pm Exchange Club Bingo</p>	<p>9:30am Exercise Class 1:00pm Hangman</p>	<p>8am Manicures 2:00pm Pastor Evenson</p>	<p>9:30am Exercise Class 10:30am Nazarene church 2:00pm Bingo</p>	<p>6:00pm Movie and snacks</p>
<p>16 National Bosses Day 9:45 Comm. Of Christ Chapel 1:00pm DVD Worship</p>	<p>17 9:30am Exercise Class 1:00pm Bingo</p>	<p>18 9:30am Exercise Class 1:00pm Walmart</p>	<p>19 9:30am Exercise Class 1:00pm Bingo 2:00pm Happy Hour</p>	<p>20 8am Manicures 2:00pm Pastor Evenson 5:00pm Heartland Mini Hoofs</p>	<p>21 United Nations Day 9:30am Exercise class 1:00pm Bud Hance</p>	<p>22 1:00pm Sing a Long</p>
<p>23 3pm-lutheran chapel 1pm-DVD worship Craft/Bake Sale</p>	<p>24 9:30am Exercise Class 1:00pm Bingo</p>	<p>25 9:30am Exercise Class 2:00pm Walking to the oldies</p>	<p>26 9:30am Exercise class 1:00pm Bingo</p>	<p>27 8am Manicures 2:00pm Pastor Evenson</p>	<p>28 9:30am Exercise Class 2:00pm Bingo/ Monthly Birthday Party</p>	<p>29 1:00pm Fill Treat Bags 6:00pm Scarey Movie Night</p>
<p>30 9:45-comm. Of christ 1pm DVD worship</p>	<p>31 Halloween 9:30am Exercise Class 1:00pm Bingo</p>	<p>Notes Birthdays David Jones 8th Millie Musgrove 10th Ray Jones 13th Brianna Simmonds 6th</p>	<p>All activities subject to change Board games wii Movies and puzzles always available</p>	<p>Calendar Templates by Vertex42.com http://www.vertex42.com/calendars/ © 2013 Vertex42 LLC. Free to print.</p>	<p>2014 Calendars</p>	<p>2015 Calendars</p>

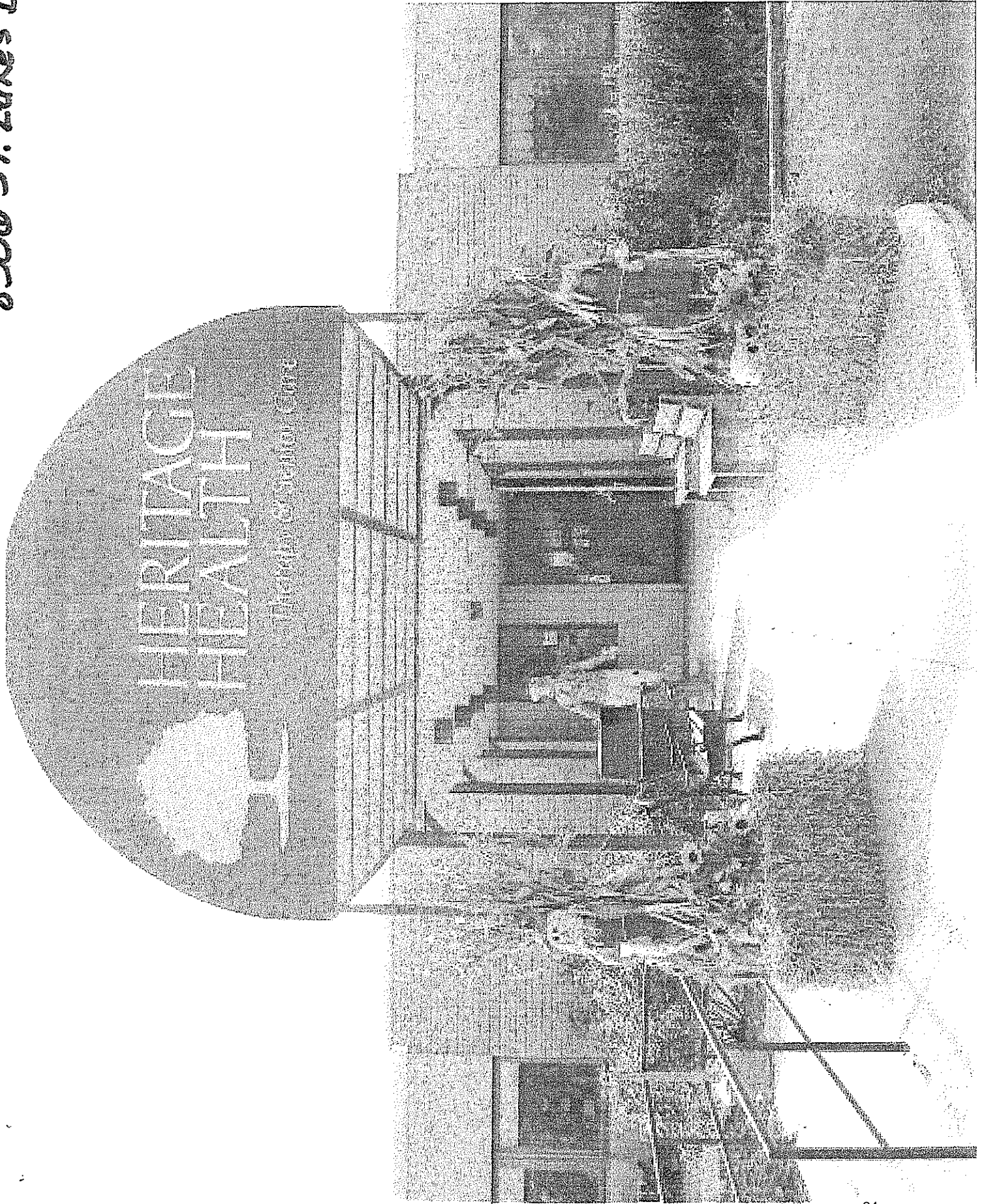
Supportive Living Program

Participant Choice of Providers

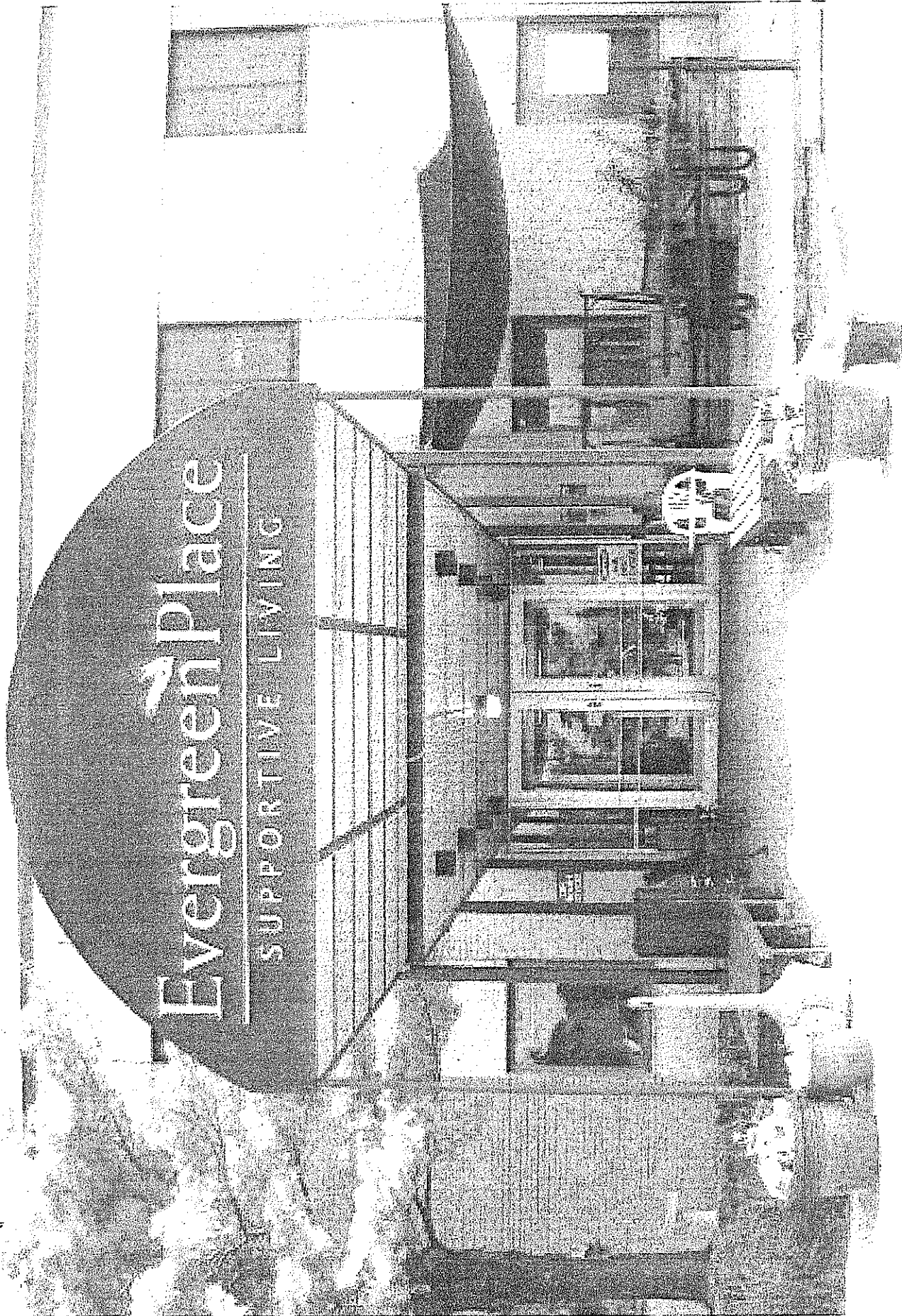
The Department of Healthcare and Family Services verifies participant choice of providers from among setting options, including non-disability-specific settings, by verifying participants have a signed resident contract with the Supportive Living Provider (SLP) provider. One hundred percent (100%) of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

An on-site annual certification review was conducted at **Evergreen Place of Beardstown** in **October 2016**. **Evergreen Place of Beardstown** was found to be compliant with documentation of participant choice of provider.

8306 St. Lukes Dr.



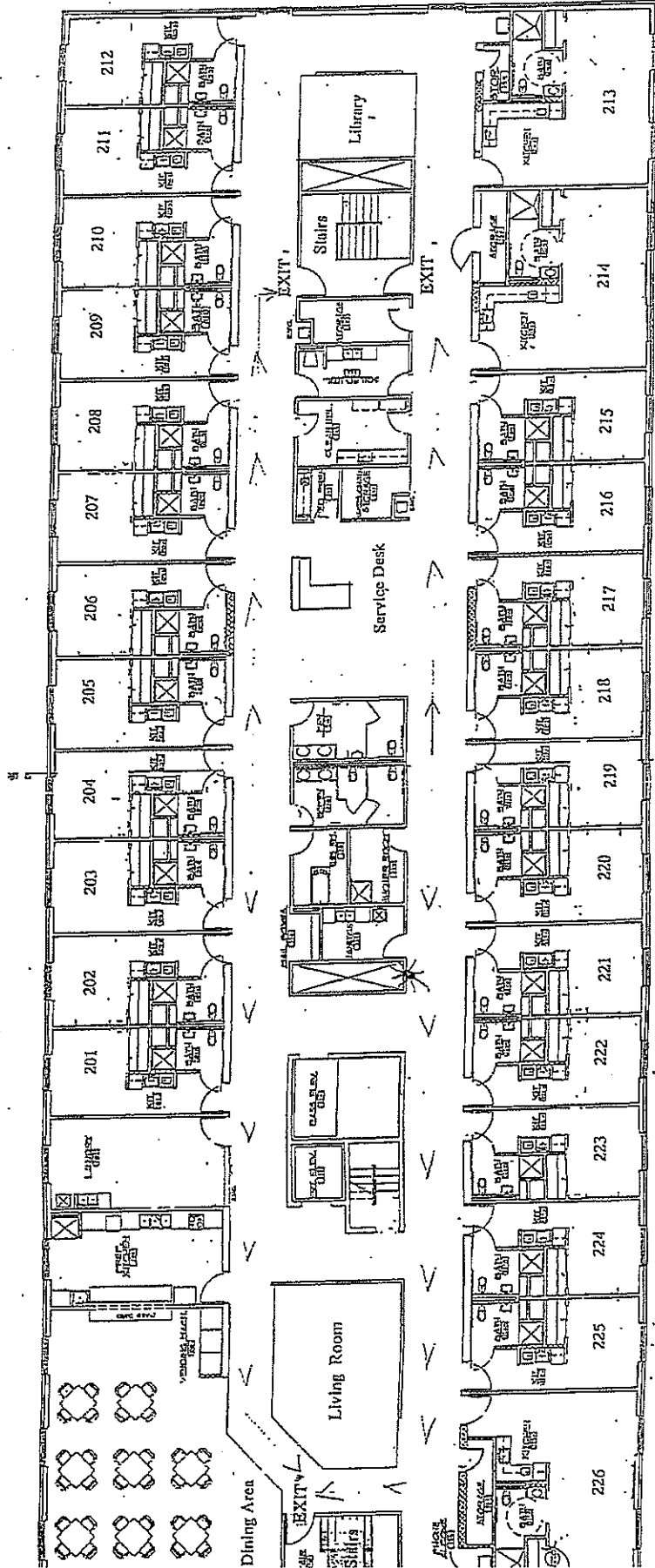
8570 St. Lukes Dr.



8570 St. Lukes Dr.

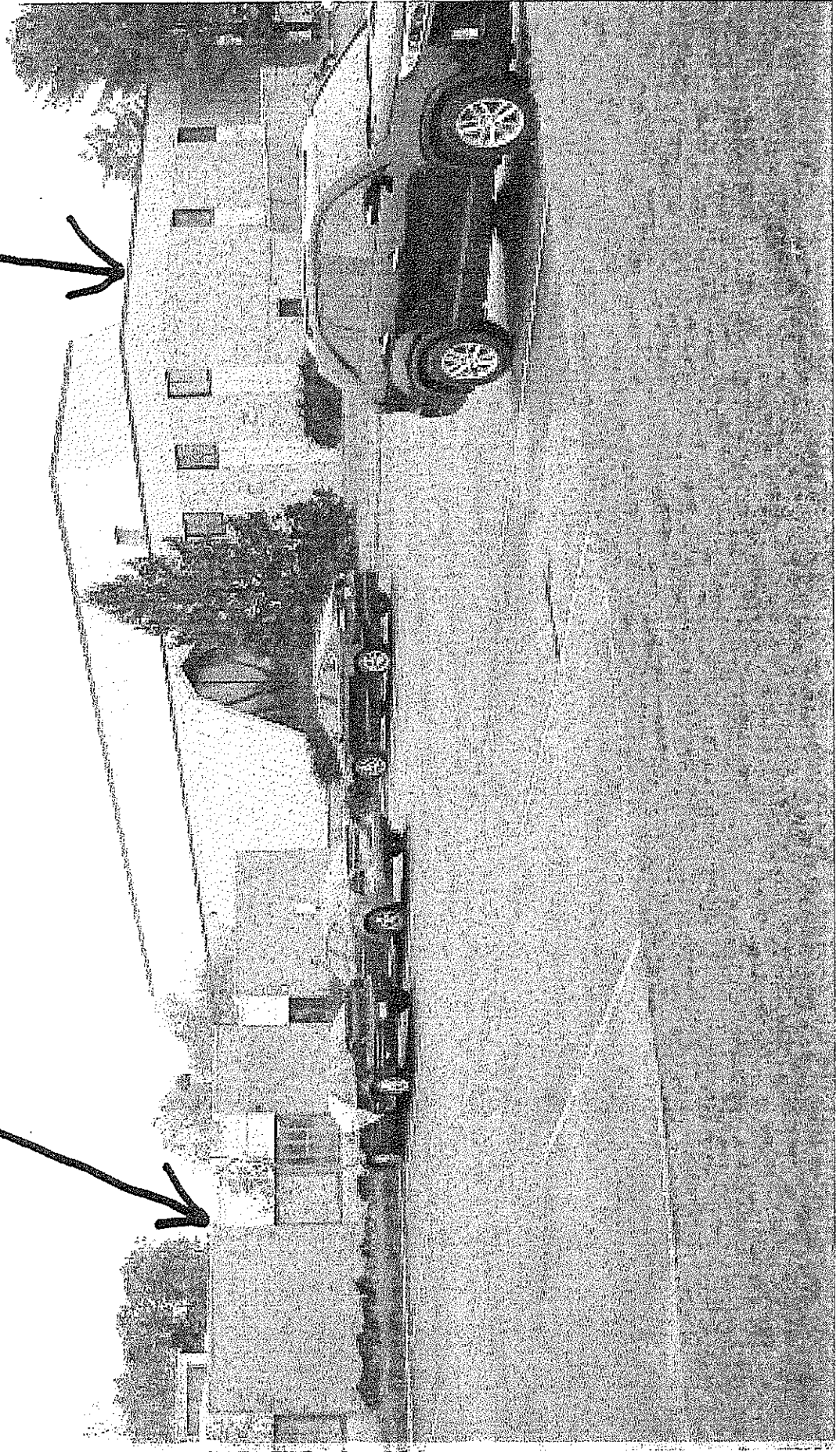
Evergreen Place

RESIDENTIAL ASSISTED LIVING



Ever Green
8570 St. Lukes Dr.

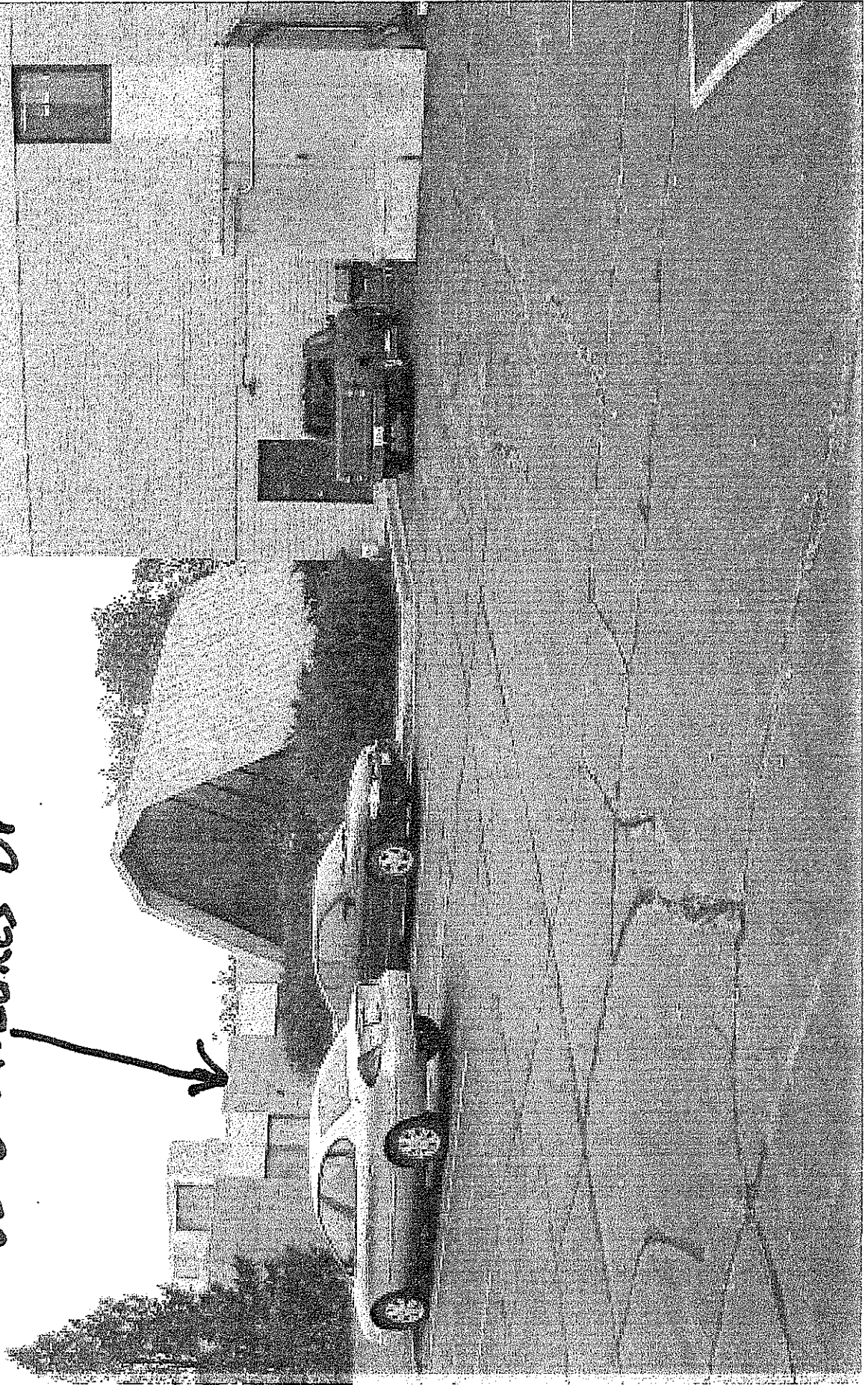
Heritage
8306 St. Lukes Dr.



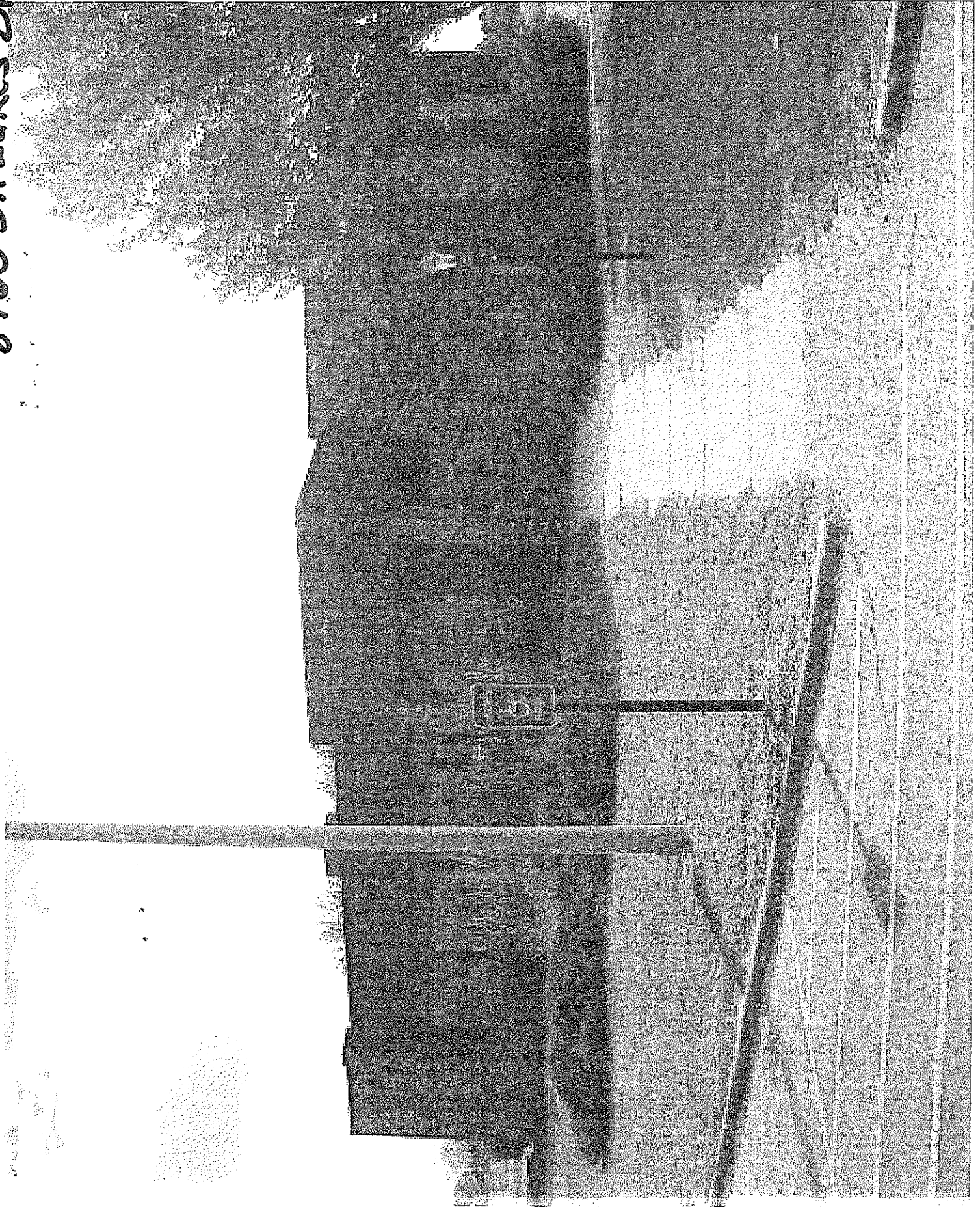
8570 St. Lukes Dr.
Evergreen



Heritage
8306 St. Lukes Dr



8460 St. Lukes Dr.



POLICY: Resident Rights

PURPOSE: To ensure that resident rights are respected and protected

To inform residents of their rights and provide an environment in which they can be exercised.

POLICY

STATEMENT: Residents do not leave their individual personalities or basic human rights behind when they move to Evergreen Place. Following is a list of resident right recognized by management and employees.

Our residents have the right to...

1. be treated with dignity and respect.
2. participate in decisions which affect them, both individually and corporately.
3. have their records containing personal and financial information kept confidential.
4. privacy.
5. freedom to talk with the Director without fear of reprisal.
6. be treated fairly, courteously, and with respect by all staff.
7. receive a prompt response to emergency calls and requests for assistance.
8. manage their own financial affairs or to appoint someone they trust to handle those affairs for them.
9. personalize their apartment.
10. communicate and socialize freely with individuals of their own choosing.
11. be free of physical or psychological abuse from staff, family, and other residents.
12. live free from involuntary confinement and financial exploitation.
13. enjoy full use of the facility, including lounges, dining room, and activity areas, in compliance with facility guidelines.
14. voice grievances without fear of reprisal from staff or management.

15. recommend changes in policies and services.

16. communicate privately by mail or telephone with anyone, including, but not limited to relatives, friends, caseworkers, lawyers, medical and psychiatric facilities, health care professionals, and members of public agencies.

17. have visitors, provided the visits are conducted at reasonable hours, as defined by the house rules, and the visitors are not actively disruptive to other residents.

18. exercise choice in attending and participating in activities, including religious services.

19. be made aware of the policy and procedure for handling grievances and problems. If the outlines procedure does not resolve the problem to the resident's satisfaction, he/she may contact the following individual's or agencies: The Department of Healthcare and Family Services Complaint Hotline 1-800-226-0768.

20. conduct meeting in private.

21. be consulted and encouraged to have input into their assistance/service plan which guides the services delivered to the resident.

22. receive resident policies and facility policies in writing prior to moving in.

23. be given thirty (30) days written advance notice of termination of residency, except in cases of medical emergency or nonpayment of rent.

24. be given thirty (30) days written advance notice of changes in policies/procedures/fees and charges.

Evergreen Place - Beardstown - Detailed Question Analysis

CARE/SERVICES:
Questions 20-29

Please rate the quality of care/services you receive at this community.



Transportation services

Responses	You		Beardstown		inQ			
	Number of responses	Percent of responses	Number of responses	Percent of responses	Number of responses	Percent of responses		
Very Good	2	28.6%	N/A	N/A	141	46.8%	803	31.8%
Good	4	57.1%	N/A	N/A	98	32.6%	887	35.1%
Neutral	1	14.3%	N/A	N/A	19	6.3%	359	14.2%
Poor	0	0.0%	N/A	N/A	5	1.7%	86	3.4%
Very Poor	0	0.0%	N/A	N/A	0	0.0%	38	1.5%
Does Not Apply	0	0.0%	N/A	N/A	29	9.6%	241	9.5%
No Answer	0	0.0%	N/A	N/A	9	3.0%	114	4.5%
TOTAL	7	100.0%	N/A	N/A	301	100.0%	2,528	100.0%
Mean	4.14		N/A		4.43		4.07	
Top Box	28.6%		N/A		53.6%		37.0%	
Score Percentage	78.6%		N/A		85.6%		76.8%	



Management or administration

Responses	You		Beardstown		inQ			
	Number of responses	Percent of responses	Number of responses	Percent of responses	Number of responses	Percent of responses		
Very Good	3	42.9%	N/A	N/A	164	54.5%	1,066	42.0%
Good	3	42.9%	N/A	N/A	97	32.2%	957	37.7%
Neutral	1	14.3%	N/A	N/A	25	8.3%	295	11.6%
Poor	0	0.0%	N/A	N/A	4	1.3%	53	2.1%
Very Poor	0	0.0%	N/A	N/A	0	0.0%	22	0.9%
Does Not Apply	0	0.0%	N/A	N/A	5	1.7%	34	1.3%
No Answer	0	0.0%	N/A	N/A	6	2.0%	112	4.4%
TOTAL	7	100.0%	N/A	N/A	301	100.0%	2,539	100.0%
Mean	4.29		N/A		4.45		4.25	
Top Box	42.9%		N/A		56.6%		44.5%	
Score Percentage	82.1%		N/A		86.3%		81.3%	



Evergreen Place - Beardstown - Detailed Question Analysis

CARE/SERVICES:
Questions 20-29

Please rate the quality of care/services you receive at this community.



Access to personal care

Responses	You		InQ		Community		InQ	
	Number of responses	Percent of responses	Number of responses	Percent of responses	Number of responses	Percent of responses	Number of responses	Percent of responses
Very Good	2	28.6%	N/A	N/A	136	45.2%	912	35.9%
Good	4	57.1%	N/A	N/A	114	37.9%	1,054	41.5%
Neutral	0	0.0%	N/A	N/A	20	6.6%	302	11.9%
Poor	0	0.0%	N/A	N/A	1	0.3%	34	1.3%
Very Poor	0	0.0%	N/A	N/A	0	0.0%	8	0.3%
Does Not Apply	0	0.0%	N/A	N/A	24	8.0%	111	4.4%
No Answer	1	14.3%	N/A	N/A	6	2.0%	118	4.6%
TOTAL	7	100.0%	N/A	N/A	301	100.0%	2,539	100.0%
Mean	4.33		N/A		4.42		4.22	
Top Box	33.3%		N/A		50.2%		39.5%	
Score Percentage	83.3%		N/A		85.5%		80.6%	



Activities and programs

Responses	You		InQ		Community		InQ	
	Number of responses	Percent of responses	Number of responses	Percent of responses	Number of responses	Percent of responses	Number of responses	Percent of responses
Very Good	1	14.3%	N/A	N/A	145	48.2%	971	38.2%
Good	3	42.9%	N/A	N/A	110	36.5%	989	39.0%
Neutral	1	14.3%	N/A	N/A	24	8.0%	340	13.4%
Poor	1	14.3%	N/A	N/A	4	1.3%	67	2.6%
Very Poor	0	0.0%	N/A	N/A	2	0.7%	19	0.7%
Does Not Apply	0	0.0%	N/A	N/A	9	3.0%	59	2.3%
No Answer	1	14.3%	N/A	N/A	7	2.3%	94	3.7%
TOTAL	7	100.0%	N/A	N/A	301	100.0%	2,539	100.0%
Mean	3.67		N/A		4.38		4.18	
Top Box	16.7%		N/A		50.9%		40.7%	
Score Percentage	66.7%		N/A		84.4%		79.6%	



Evergreen Place - Beardstown - Detailed Question Analysis

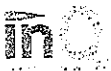
ENVIRONMENT:
Questions 3-11

Please mark your level of agreement with the following statements.



I have access to common areas.

Responses	You		inQ		inQ		inQ	
	Number of responses	Percent of responses	Number of responses	Percent of responses	Number of responses	Percent of responses	Number of responses	Percent of responses
Strongly Agree	2	28.6%	N/A	N/A	188	62.5%	1,305	51.4%
Agree	5	71.4%	N/A	N/A	99	32.9%	1,041	41.0%
Neutral	0	0.0%	N/A	N/A	4	1.3%	101	4.0%
Disagree	0	0.0%	N/A	N/A	1	0.3%	15	0.6%
Strongly Disagree	0	0.0%	N/A	N/A	1	0.3%	8	0.3%
Does Not Apply	0	0.0%	N/A	N/A	3	1.0%	8	0.3%
No Answer	0	0.0%	N/A	N/A	5	1.7%	61	2.4%
TOTAL	7	100.0%	N/A	N/A	301	100.0%	2,539	100.0%
Mean	4.29		N/A		4.61		4.47	
Top Box	28.6%		N/A		64.2%		52.8%	
Score Percentage	82.1%		N/A		90.3%		86.6%	



Evergreen Place - Beardstown - Detailed Question Analysis

ENVIRONMENT:
Questions 3-11

Please mark your level of agreement with the following statements.



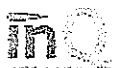
I can relate to other residents in this community.

Responses	You		me		me		me	
	Number of responses	Percent of responses	Number of responses	Percent of responses	Number of responses	Percent of responses	Number of responses	Percent of responses
Strongly Agree	4	57.1%	N/A	N/A	139	46.2%	981	38.6%
Agree	3	42.9%	N/A	N/A	133	44.2%	1,133	44.6%
Neutral	0	0.0%	N/A	N/A	17	5.6%	270	10.6%
Disagree	0	0.0%	N/A	N/A	3	1.0%	55	2.2%
Strongly Disagree	0	0.0%	N/A	N/A	1	0.3%	14	0.6%
Does Not Apply	0	0.0%	N/A	N/A	2	0.7%	9	0.4%
No Answer	0	0.0%	N/A	N/A	6	2.0%	77	3.0%
TOTAL	7	100.0%	N/A	N/A	301	100.0%	2,539	100.0%
Mean	4.57		N/A		4.39		4.23	
Top Box	57.1%		N/A		47.4%		40.0%	
Score Percentage	89.3%		N/A		84.6%		80.7%	



The grounds are well maintained.

Responses	You		me		me		me	
	Number of responses	Percent of responses	Number of responses	Percent of responses	Number of responses	Percent of responses	Number of responses	Percent of responses
Strongly Agree	3	42.9%	N/A	N/A	205	68.1%	1,323	52.1%
Agree	3	42.9%	N/A	N/A	76	25.2%	941	37.1%
Neutral	1	14.3%	N/A	N/A	12	4.0%	150	5.9%
Disagree	0	0.0%	N/A	N/A	4	1.3%	37	1.5%
Strongly Disagree	0	0.0%	N/A	N/A	3	1.0%	12	0.5%
Does Not Apply	0	0.0%	N/A	N/A	0	0.0%	16	0.6%
No Answer	0	0.0%	N/A	N/A	1	0.3%	60	2.4%
TOTAL	7	100.0%	N/A	N/A	301	100.0%	2,539	100.0%
Mean	4.29		N/A		4.59		4.43	
Top Box	42.9%		N/A		68.3%		53.7%	
Score Percentage	82.1%		N/A		89.7%		85.8%	



Evergreen Place - Beardstown - Detailed Question Analysis

ENVIRONMENT:
Questions 3-11

Please mark your level of agreement with the following statements.



I can have privacy whenever I want.

Responses	You		[Redacted]		[Redacted]		InQ	
	Number of responses	Percent of responses	Number of responses	Percent of responses	Number of responses	Percent of responses	Number of responses	Percent of responses
Strongly Agree	3	42.9%	N/A	N/A	190	63.1%	1,242	48.9%
Agree	4	57.1%	N/A	N/A	90	29.9%	954	37.6%
Neutral	0	0.0%	N/A	N/A	15	5.0%	188	7.4%
Disagree	0	0.0%	N/A	N/A	1	0.3%	60	2.4%
Strongly Disagree	0	0.0%	N/A	N/A	2	0.7%	28	1.1%
Does Not Apply	0	0.0%	N/A	N/A	0	0.0%	6	0.2%
No Answer	0	0.0%	N/A	N/A	3	1.0%	61	2.4%
TOTAL	7	100.0%	N/A	N/A	301	100.0%	2,539	100.0%
Mean	4.43		N/A		4.56		4.34	
Top Box	42.9%		N/A		63.8%		50.2%	
Score Percentage	85.7%		N/A		89.0%		83.6%	



This community has a home-like atmosphere.

Responses	You		[Redacted]		[Redacted]		InQ	
	Number of responses	Percent of responses	Number of responses	Percent of responses	Number of responses	Percent of responses	Number of responses	Percent of responses
Strongly Agree	3	42.9%	N/A	N/A	156	51.8%	1,016	40.0%
Agree	3	42.9%	N/A	N/A	104	34.6%	958	37.7%
Neutral	1	14.3%	N/A	N/A	25	8.3%	354	13.9%
Disagree	0	0.0%	N/A	N/A	11	3.7%	100	3.9%
Strongly Disagree	0	0.0%	N/A	N/A	1	0.3%	25	1.0%
Does Not Apply	0	0.0%	N/A	N/A	0	0.0%	9	0.4%
No Answer	0	0.0%	N/A	N/A	4	1.3%	77	3.0%
TOTAL	7	100.0%	N/A	N/A	301	100.0%	2,539	100.0%
Mean	4.29		N/A		4.36		4.16	
Top Box	42.9%		N/A		52.5%		41.4%	
Score Percentage	82.1%		N/A		83.9%		78.9%	



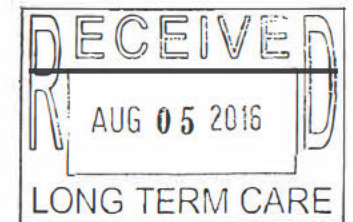
OA	SLF	
Provider Name	Evergreen Place Beardstown	
Address of Setting	8570 St. Luke Drive; Beardstown, IL 62618	
Contact at Setting		
Email Address		
Date Assessment Completed	6/24/2016	
Category	3	
Committee - yes or no	Yes	
Audit Score	2	7,9
Date Audit Completed	8/9/2016	
Audit Completed by	DJH	
Second Audit Score	2	7,9
Committee - yes or no		
Date Second Audit Completed		
Second Audit Completed by		

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

Provider Name:	Evergreen Place - Beardstown
Name/Address of setting:	8570 St. Luke Dr. Beardstown, IL 62610
Contact at the setting:	
Visited With:	
Surveyor Name:	
Date Completed:	24 June 2016

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 checked="" 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 type="checkbox"/>	Adult Day Services – Certification by DoA



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:	X	Supportive Living Facility (SLF)
<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 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 NA		X Error
Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building located on the grounds of, or immediately adjacent to a public institution? <i>1st Floor of building has a NF & MD office. Shared main building entrance</i>	✓			
Is the setting a farmstead, a gated community, or part of a multi-setting campus? <i>Separate entrance to SLF & NF.</i>		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				
2. Does the setting utilize access to the community as part of its plan for services?	✓				
3. Do individuals have an opportunity to seek employment in competitive integrated settings?	✓				
4. RESIDENTIAL ONLY: Does the setting encourage visitors or other people from the community to visit?	X				
5. RESIDENTIAL ONLY: Do the residents have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? If restrictions are placed on movement inside and outside the residence, have the restrictions been approved by the individual (or the legal authority acting on the individual's behalf) and the setting's care team and is it documented in the Individual Service Plan?	X				

Category 2

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

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

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?	✓				
14. Does the setting inform individuals of their rights to privacy, dignity, respect, and freedom from coercion and restraint?	✓				
15. Does the setting post individuals' rights in a visible location?	✓				Not a requirement for SLP.
16. Have the individuals been informed of their rights and have they received a written copy of their rights?	X				
17. Does the setting conduct communications about individuals' medical conditions, financial situations, and other personal information in a place where privacy/confidentiality is assured?	✓				
18. Does the setting ensure that individuals have privacy while using the bathroom unless the individual has a documented need for assistance?	✓				
19. If an individual needs assistance with personal care needs, are arrangements made for this to be done in private?	X				
20. Does the setting offer a secure place to store individuals' personal belongings?	✓				
21. Does the setting staff communicate with individuals based on needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, and residents' language)?				X	
22. Are individuals allowed to dress or groom in a manner that is appropriate to the setting while honoring individual choice and lifestyle preferences?	X				

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

Staff error.

Category 4

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

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

Category 5

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

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

Category 6

The setting is a physically accessible setting.

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

Category 7 (RESIDENTIAL ONLY)

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

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

Category 8 (RESIDENTIAL ONLY)

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

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

Category 9 (RESIDENTIAL ONLY)

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

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

Category 10 (RESIDENTIAL ONLY)

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
51. Are the times of visits restricted in any way?		✓			Visitors are allowed 2 residences
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

Two-story building: NF + MD clinic on the 1st Floor, SLP

on the 2nd Floor. Shared main building entrance. Separate NF +

SLP entrances. NF = through main entry past elevator. SLP =

Elevator to 2nd Floor.

Assessment C

Facility/Site

Reviewed By



**On-Site Assessment – Residential and Non-Residential HCBS Settings Validation
PARTICIPANT INTERVIEW & RECORD REVIEW**

Provider Name:	<i>Community Health + Behavioral</i>
Participant Name:	<i>Demetrius Smith</i>
RIN:	<i>90268-000</i>

INTERVIEW

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? 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?	✓				
4. RESIDENTIAL ONLY: Does the setting encourage visitors or other people from the community to visit? SLP AR Certification Tool Resident Interview Q16: Are you allowed visitors?	✓				

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)		Yes	No	Plan	NA	Additional Comments
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?		✓				
Are you able to access all of the common areas of the building both inside and outside? NOTE: 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?		✓				

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
12. RESIDENTIAL ONLY: Does the individual have a choice/option for a private unit?						
Mark "Yes" if currently in a private apartment. If the resident is currently in a double occupancy apartment: Do you have a choice for a private unit if you want one and can afford it?		✓				

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
19. If an individual needs assistance with personal care needs, are arrangements made for this to be done in private?						
If you require assistance with personal care, such as bathing, is this done in the privacy of your apartment or privately in the common bathing room?		✓				
22. Are individuals allowed to dress or groom in a manner that is appropriate to the setting while honoring individual choice and lifestyle preferences?						
Are you allowed to select the clothing your wear and style/cut your hair the way you like?		✓				

24. Does the setting utilize restraints only in accordance with the Mental Health Code?								
SLP AR Certification Tool Resident Interview Q20: Is the resident free of restraints?								

Category 4								
<i>The setting optimizes individual initiative, autonomy, and independence in making life choices, including daily activities, physical environment, and with whom to socially interact.</i>								
Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments			
27. Can individuals choose with whom to interact?	✓							
Are you allowed to interact with whomever you want?								
Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments			
28. Can individuals choose which activities to participate in?	✓							
Are you allowed to choose activities for yourself?								

Category 8 (RESIDENTIAL ONLY)								
<i>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.</i>								
Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments			
47. Can individuals choose their own bedroom furniture and accessories?								
Did you select your furniture and decor?	✓							

Category 9 (RESIDENTIAL ONLY)

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
48. Do individuals have access to food as desired? Are three meals a day and snacks available? Can you keep food in your apartment?	✓				

RECORD REVIEW

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
8. Does the person centered plan identify the individuals' choice to receive services at this setting? SLP AR Tool Resident Record Review Q5: Service Plan reviewed/signed by the resident or his/her designated representative? If not signed, remediate ASAP, mark "Yes" and include a comment re. remediation.	✓				
10. Does the person centered plan identify safety concerns that impact options or choice? SLP AR Tool Resident Record Review Q7: If safety interventions are required, such as alarmed delayed exit doors or only leaving the SLP with staff or family, is this identified in the resident service plan? Mark N/A if not required.				✓	"I choose to leave with family. I rather not leave alone."

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
16. Have the individuals been informed of their rights and have they received a written copy of their rights?	✓				
Verify residents' rights are included in the resident contract.					
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)? SLP AR Tool Resident Record Review Q7: If the resident requires specialized communication to interact with staff, such as an interpreter or Braille, is this identified in the service plan?	✓ Error			X NA	assistance could be provided, but this resident is not in need.
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? SLP AR Tool Resident Record Review Q7: If the resident's Service Plan includes restrictions regarding access to the community, is this appropriate based on the resident's needs and does it allow him/her the highest level of independence while maintaining safety?	✓ Staff Error			X NA	

Follow Up/Next Steps

Notes

Assessment Completed By

Date

24 June 2016

Reviewed By

**On-Site Assessment – Residential and Non-Residential HCBS Settings Validation
PARTICIPANT INTERVIEW & RECORD REVIEW**

Provider Name:	
Participant Name:	
RIN:	

INTERVIEW

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? 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?	✓				
4. RESIDENTIAL ONLY: Does the setting encourage visitors or other people from the community to visit? SLP AR Certification Tool Resident Interview Q16: Are you allowed visitors?	✓				

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
<p>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?</p> <p>Are you able to access all of the common areas of the building both inside and outside? NOTE: 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?</p>	✓				

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
<p>12. RESIDENTIAL ONLY: Does the individual have a choice/option for a private unit?</p> <p>Mark "Yes" if currently in a private apartment. If the resident is currently in a double occupancy apartment: Do you have a choice for a private unit if you want one and can afford it?</p>	✓				

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
<p>19. If an individual needs assistance with personal care needs, are arrangements made for this to be done in private?</p> <p>If you require assistance with personal care, such as bathing, is this done in the privacy of your apartment or privately in the common bathing room?</p>	✓				
<p>22. Are individuals allowed to dress or groom in a manner that is appropriate to the setting while honoring individual choice and lifestyle preferences?</p> <p>Are you allowed to select the clothing you wear and style/cut your hair the way you like?</p>	✓				

24. Does the setting utilize restraints only in accordance with the Mental Health Code?					
SLP AR Certification Tool Resident Interview Q20: Is the resident free of restraints?	✓				

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
27. Can individuals choose with whom to interact?	✓				
Are you allowed to interact with whomever you want?					
Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
28. Can individuals choose which activities to participate in?	✓				
Are you allowed to choose activities for yourself?					

Category 8 (RESIDENTIAL ONLY)

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
47. Can individuals choose their own bedroom furniture and accessories?					
Did you select your furniture and decor?	✓				

Category 9 (RESIDENTIAL ONLY)

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
48. Do individuals have access to food as desired? Are three meals a day and snacks available? Can you keep food in your apartment?	✓				

RECORD REVIEW

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
8. Does the person centered plan identify the individuals' choice to receive services at this setting? SLP AR Tool Resident Record Review Q5: Service Plan reviewed/signed by the resident or his/her designated representative? If not signed, remediate ASAP, mark "Yes" and include a comment re. remediation.	✓				
10. Does the person centered plan identify safety concerns that impact options or choice? SLP AR Tool Resident Record Review Q7: If safety interventions are required, such as alarmed delayed exit doors or only leaving the SLP with staff or family, is this identified in the resident service plan? Mark N/A if not required.				✓	"I choose not to leave alone."

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
16. Have the individuals been informed of their rights and have they received a written copy of their rights? Verify residents' rights are included in the resident contract.	✓				
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)? SLP AR Tool Resident Record Review Q7: If the resident requires specialized communication to interact with staff, such as an interpreter or Braille, is this identified in the service plan?	✓ Error			X NA	no special communications needed. could be provided.
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? SLP AR Tool Resident Record Review Q7: If the resident's Service Plan includes restrictions regarding access to the community, is this appropriate based on the resident's needs and does it allow him/her the highest level of independence while maintaining safety?	✓ Staff Error			X NA	

Follow Up/Next Steps

Notes

Assessment Completed By _____

Date 24 June 2016

Reviewed By _____

Signature _____

E. J. King

0

Heightened Scrutiny

SETTING INFORMATION

Setting Name: ~~Aurora SLG~~ SLF Evergreen Place Beardstown

Address: ~~1599 North Fairview~~
~~Aurora, IL 60505~~

HEIGHTENED SCRUTINY DOCUMENT CHECKLIST	
<input checked="" type="checkbox"/>	Proof of licensure by state agency
<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
<input checked="" type="checkbox"/>	Provider qualifications for staff
<input type="checkbox"/> <u>NA</u>	Definitions and documentation of employment supports that facilitate community-based integrated employment
<input 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
<input type="checkbox"/> <u>NA</u>	Staff training materials that document procedures for staff to deal with changing local community activities schedules
<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 <u>Senior bus is the only public transport.</u> <u>∅ cabs or buses</u>
<input checked="" type="checkbox"/>	Other relevant information <u>Photos</u> <u>Schematic Drawings</u>

Max Occup: 29

Current Occup: 26

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

Provider Evergreen Place Beardstown [REDACTED]
 Address 8570 Saint Luke's Drive Freestanding (x) Rehab NF ()
 City Beardstown Zip Code 62618
 Phone # 217-323-1860 Fax # 217-323-9454

Occupancy Information

# of Single Occupancy Apts.	23
# of Double Occupancy Apts.	3
Total # of Apts.	26
Maximum Potential Occupancy	29



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

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

Type of Certification Review (complete only one)	Entrance Date	Exit Date
Final		
Annual	10/7/19	3/4/2020

REVIEW FINDINGS: YES () NO (X)

Ombudsman was notified on 9-21-19 about the date of the review.

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

Provider Manager/Designee Signature

Review Team's Signature/Date



Regional Supervisor Signature/Date

Area Manager Signature/Date

Bureau Chief Signature/Date

6/12/19

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

1. Required Certifications/License

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

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

General Policies 146.230 and 146.310

Yes No Comments

- | | | | |
|---|-----|-------|-------------------------------|
| 2. Is there a policy addressing potential resident inquiry and application for admission? 146.215(c)(4)(S) | N/A | FY20. | Reviewed
by central office |
| 3. Is there a Non-Discrimination policy? 146.215(c)(4)(T) | N/A | FY20. | Reviewed
by central office |
| 4. Is there a policy addressing resident rights? 146.215(c)(4)(H) | [X] | [] | [] |
| 5. Is there a policy(ies) that supports residents' choice of services that meet their needs and preferences?
NOTE: Examples include residents rights, involvement in assessment and service planning. | [X] | [] | [] |
| 6. Does the resident discharge policy include relocation assistance? 146.215(c)(4)(I) and 146.255(i) | [X] | [] | [] |
| 5. If the SLP provider manages residents' funds, is there a surety bond equal to or more than the amount of funds managed? 146.310(b)
NOTE: Mark N/A if SLP provider is not providing this service.
[] NOT APPLICABLE | [X] | [] | [] |
| 6. If the SLP provider manages resident funds, are they kept in an account that is separate from SLP provider funds? NOTE: resident funds may ONLY be maintained in an account with other residents' funds. This applies to managed resident funds and direct-deposit of resident income. 146.310(a)(7) and 146.310(c)
NOTE: Mark N/A if SLP provider is not providing this service.
[] NOT APPLICABLE | [X] | [] | [] |

General Policies 146.230 and 146.310

Yes No Comments

7. Are any residents identified sex offenders?
If yes, complete page 96 for each resident.

[] [X] []

Comments:

Community Setting Validation

Yes No Comments

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

[X] [] []

If "Yes", check the following that apply:

- SLP building has a separate entrance
- SLP building has separate outdoor signage
- SLP building has clearly defined physical separation, such as a wall, door or parking lot
- SLP building has separate licensure

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

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

[] [X] []

Comments:

<u>Double Occupancy</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
-------------------------	------------	-----------	-----------------

- | | | | |
|---|-----|-----|-----|
| 1. Does the building have apartments certified for double occupancy? If no, mark "N/A" and skip the rest of this section.
<input type="checkbox"/> N/A, all apartments are single occupancy. | [X] | [] | [] |
| 2. Do residents have a choice/option for a private apartment? | [X] | [] | [] |
| 3. Do residents have a choice regarding roommates or a private apartment? NOTE: Current vacancies and affordability should not be taken into consideration. | [X] | [] | [] |
| 4. Is there a process for changing roommates or acquiring other accommodations if desired by the resident? 146.250(e)(13) | [X] | [] | [] |

Comments:

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

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

General Observations

Common Areas 146.210, 146.230 and 146.250

13. Is at least one Long Term Care Ombudsman Program poster displayed on each floor in an area that is accessible to all residents? 146.250(d)
NOTE: Single story SLPs must display at least 2 posters [X] [] []

Comments:

Baths/Restrooms 146.210 and 146.230

Yes No Comments

1. Common Bath – If applicable, does the common bath have a toilet with grab bars sufficient to meet the needs of the residents, bathtub and roll-in shower which is wheelchair accessible, non-skid surface, transfer seat with grab bars, and lockable door, that is kept clean and orderly, and has a working emergency call system? 146.210(j)(5) and 146.230(m)(2)
NOTE: Common bathing rooms are optional in SLP buildings.
 NOT APPLICABLE [X] [] []
2. Public Restrooms – Is there at least one public restroom that is handicapped accessible, clean, has soap, toilet tissue, waste receptacles, and non-reusable hand drying means and that has a working emergency call system? 146.210(k)(1-3) and 146.230(m)(2) [X] [] []

Comments:

Kitchen 146.210 and 146.230

Yes No Comments

1. Is food prepared daily onsite? 146.210(n)(2) [X] [] []
2. Is there storage space for both non-perishable and perishable foods? 146.210(n)(3)(A) [X] [] []
3. Do food preparation areas have cleanable surfaces? 146.210(n)(3)(B) [X] [] []
4. Is there capability for food distribution at the appropriate temperatures? 146.210(n)(3)(C) [X] [] []
5. Is kitchenware washing space available to meet food service needs? 146.210(n)(3)(D) [X] [] []
6. Are hand washing areas separate from food washing areas? 146.210(n)(3)(E) [X] [] []

General Observations

Meals/Dining 146.210 and 146.230

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

Comments:

Laundry/Laundry Rooms 146.210 and 146.230

For resident use:

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

General Observations

Water Services 146.210

Yes No Comments

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

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

Comments:

General Observations

Activities 146.230

Yes No Comments

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

General Observations

Activities 146.230

Yes No Comments

3. Does the SLP provider make available information about community resources and make community integration part of recreational, socialization and vocational activities? 146.230(i)(4)
NOTE: Review activity calendars, newsletters or other communication. [X] [] []
4. Does the SLP provider allow both on-site and off-site services? Are residents given the opportunity to interact with the larger community without SLP staff? 146.250(e)(10)
NOTE: Examples include physician appointments, activities and family visits not arranged by the SLP provider. [X] [] []
5. Does the SLP provider offer daily activities that are based on individuals' needs and preferences?
NOTE: Interview staff to learn how activities are identified and how residents are involved. Review applicable policies [X] [] []

Comments:

NEW ADMISSIONS

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

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

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

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

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

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

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

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

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

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

RESIDENT REVIEWS

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

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

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

Medication Management Services 146.230

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

146.265(c)

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

Comments:

APARTMENT OBSERVATIONS

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

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

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

Apartment Observations 146.210 and 230 Yes No Comments

8. A working emergency call device in each bathroom and each bedroom OR a portable emergency home response system is provided to residents in place of one located in the bedroom? 146.210(d)(3)(C) or 146.210(e)(4)(C) and 146.230(m)(1).
NOTE: An emergency call device must ALWAYS be located in each bathroom.

[] []

9. Wiring for private phone, cable TV, satellite, or master antenna with access to at least 10 channels? 146.210(d)(3)(F) or 146.210(e)(4)(F)

[] []

10. A sink, microwave or stove, and refrigerator with separate freezer? 146.210(d)(3)(G) or 146.210(e)(4)(G)

[] []

11. Closet for each resident of the apartment? 146.210(g)(1)
NOTE: For SLPs with applications was approved after 1/1/05

[] []

12. Closet(s) with a door? 146.210(g)(2)

[] []

13. Double occupancy apartments have a door on each bedroom? 146.210(h)(5)
NOTE: Applies to all SLP applications approved after 8/1/09.
 NOT APPLICABLE

[] [] []

14. Each apartment has windows with transparent glass (except bathroom) that are large enough to permit viewing to the outside of the building and at least one window permits viewing from a seated position. 146.210(i)

[] []

15. Apartment in good maintenance and repair? 146.230(h)(1)

[] []

16. Apartment appears to be receiving regular housekeeping services? 146.230(g)(1)
NOTE: Take into consideration individual preferences. Note if resident refuses housekeeping services.

[] []

17. If applicable, are sharps placed in containers that are rigid and leak-resistant and disposed of properly? 146.210(s)(6)(A-C)

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

[] [] []

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

Resident Name: Resident B

NOTES FOR COMPLETION:

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

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

Individual Resident Review

Resident Name: Reesident B

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

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

I suppose I don't have any problems with anybody.

Individual Resident Review _____

Resident Name: Resident B

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

HFS Staff Observations:

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

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

6/12/19

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

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

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

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

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

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

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

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

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

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

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

Medication Management Services 146.230

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

146.265(c)

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

Comments:

APARTMENT OBSERVATIONS

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

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

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

<u>Apartment Observations 146.210 and 230</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
8. A working emergency call device in each bathroom and each bedroom OR a portable emergency home response system is provided to residents in place of one located in the bedroom? 146.210(d)(3)(C) or 146.210(e)(4)(C) and 146.230(m)(1). NOTE: An emergency call device must ALWAYS be located in each bathroom.	[✓]	[]	[]
9. Wiring for private phone, cable TV, satellite, or master antenna with access to at least 10 channels? 146.210(d)(3)(F) or 146.210(e)(4)(F)	[✓]	[]	[]
10. A sink, microwave or stove, and refrigerator with separate freezer? 146.210(d)(3)(G) or 146.210(e)(4)(G)	[✓]	[]	[]
11. Closet for each resident of the apartment? 146.210(g)(1) NOTE: For SLPs with applications was approved after 1/1/05	[✓]	[]	[]
12. Closet(s) with a door? 146.210(g)(2)	[✓]	[]	[]
13. Double occupancy apartments have a door on each bedroom? 146.210(h)(5) NOTE: Applies to all SLP applications approved after 8/1/09. [✓] NOT APPLICABLE	[]	[]	[]
14. Each apartment has windows with transparent glass (except bathroom) that are large enough to permit viewing to the outside of the building and at least one window permits viewing from a seated position. 146.210(i)	[✓]	[]	[]
15. Apartment in good maintenance and repair? 146.230(h)(1)	[✓]	[]	[]
16. Apartment appears to be receiving regular housekeeping services? 146.230(g)(1) NOTE: Take into consideration individual preferences. Note if resident refuses housekeeping services.	[✓]	[]	[]
17. If applicable, are sharps placed in containers that are rigid and leak-resistant and disposed of properly? 146.210(s)(6)(A-C) NOTE: Mark N/A if resident does not require. [✓] NOT APPLICABLE	[]	[]	[]

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

Resident Name: Resident A

NOTES FOR COMPLETION:

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

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

Individual Resident Review

Resident Name: Resident A

<u>146.200, 210, 225, 230, 245, 250 and 260 cont'd</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Comments</u>
9. If you are interested, does staff provide you access to indoor and outdoor activities which include community opportunities? 146.230(i)(1) – (4) NOTE: Mark N/A if the resident is NOT interested.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If requested, does staff assist you with making appointments and/or arranging transportation? 146.230(j)(1) – (3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If you require services related to your personal care, such as bathing, dressing, grooming or assistance using the bathroom, do you receive these services when you need them from staff? Are these services provided in private? 146.230(c) and 146.250(e)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. If requested, does staff assist you with your medication? 146.230(b) & (d) NOTE: This includes ordering and set up. Make sure response matches RSP. Mark N/A if resident does not require medication assistance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If you wish, are you able to change the services you receive? 146.250(e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. If you choose to be employed, does staff prevent you from seeking employment? 146.250(e)(10) NOTE: Mark "N/A" if the resident does not wish to be employed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Do you choose how to dress, with whom to interact, your activities and the furnishings in your apartment? 146.250(e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. If interested, can you use the common areas of the building, such as the dining room, activity room and resident laundry room?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. If you choose, can you leave the building and participate in activities of your choosing without staff? Including overnight visits with family and friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Can you request certain staff provide you with services? NOTE: If the answer is "No" and alternative staff is not available, please include a comment. Example, no male CNAs or only 1 CNA assigned to a floor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Resident Review

Resident Name: Resident A

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

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

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

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

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

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

- 24. Is at least \$90.00 per month available to you?
(Medicaid only) 146.225(c) and (d) [✓] [] [] []
NOTE: Mark N/A for private pay residents.

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

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

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

HFS Staff Observations:

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

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

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

6/12/19