



Evergreen Place - Streator, 2021

PRONG 1

Attached to Sister Nursing Facility

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Heightened Scrutiny

SETTING INFORMATION

Setting Name: Evergreen Place – Streator SLP
Address: 1529 East Main Street
Streator, IL 61364

HEIGHTENED SCRUTINY INFORMATION

Maximum Capacity of the Facility: 88
Current Occupancy (10/21/16): 50
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 modifications made to meet requirements for provider-owned or controlled settings

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

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

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

Other relevant information

- Photographs
- Aerial Photographs
- HUD Tax Credit Review
- Mission Statement
- Resident Satisfaction Survey

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 Streator

Address 1529 East Main Street

City/State/Zip Streator, Illinois 61364

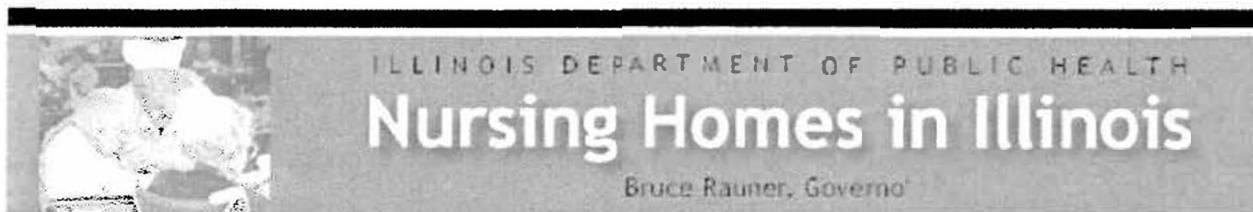
Number of Units 53 Maximum Number of Residents 88

Effective Date April 24, 2009

Pat Quinn, 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-STREATOR

1525 EAST MAIN STREET
STREATOR IL 61364

ADMINISTRATOR: JANETTE M STRABALA
TELEPHONE: 815-672-4516

Licensee ID	:0048066
Facility ID	:6004311
Skilled beds	:130
Intermediate beds	:0
Icf-dd beds	:0
Shelter Care beds	:0
Community Living beds	:0
Under 22 beds	:0
Medicare beds	:20
Medicare/Medicaid beds	:110
Medicaid beds	:0
Fax	:815-672-5466
County	:Lasalle
Medicare Certification Number	:14-5062
Medicare Skilled Certification Number	:
Medicaid ICF/DD Certification Number	:
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

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

Provider Name:	Evergreen Place - Streator
Name/Address of setting:	1529 E. main Streator, IL 61364
Date Completed:	4-26-16

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

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

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

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA
Public Comment Received?				
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?	X			
Is the setting a farmstead, a gated community, or part of a multi-setting campus?	X NA	X Error		

Sister NF physically attached.

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?	X				
3. Do individuals have an opportunity to seek employment in competitive integrated settings?	X				
④ RESIDENTIAL ONLY: Does the setting encourage visitors or other people from the community to visit?	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				

IF circled, leave blank

Category 2

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
6. Are individuals and their families encouraged to participate in the care planning process?	X				
7. Does the person centered plan identify various setting options provided to the participant?		X			Not a current requirement for SLP. This is included in the initial level of care determination completed by the CCU or DRS.
8. Does the person centered plan identify the individuals' choice to receive services at this setting?	X				
9. Does the person centered plan identify non-disability setting options?		X			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 apts avail.

if circled, leave blank

Category 3

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

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

18 circled, leave blank

23. Does the setting impose restrictions regarding access to the community in accordance to the individuals' assessed needs and level of supervision required while maintaining the highest level of independence?				X	
24. Does the setting utilize restraints only in accordance with the Mental Health Code?				X	Restraints are not allowed in SLP. ϕ resid. observ. 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	Doors locked at night for security. Resid's not prevented from exiting.

~~Easy~~

Category 4

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
26. Does the setting offer daily activities that are based on individuals' needs and preferences?	X				
27. Can individuals choose with whom to interact?	X				
28. Can individuals choose which activities to participate in?	X				
29. RESIDENTIAL ONLY: Can individuals choose to dine alone or in a private area?	X				
30. RESIDENTIAL ONLY: Can individuals participate in activities in the community alone?	X				
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	

If circled, leave blank

Category 5

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

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

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

Category 6

The setting is a physically accessible setting.

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

Category 7 (RESIDENTIAL ONLY)

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

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

Category 8 (RESIDENTIAL ONLY)

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

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

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?	X				
50. Do individuals have the option of eating alone?	X				

if circled leave blank

Category 10 (RESIDENTIAL ONLY)

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

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

51 + 52 if participants are observed w/ visitors include a comment

Follow Up/Next Steps

Notes Sister NF connected via a hallway. Doorway to

Evergreen is locked. Separate entrances

Assessment Completed By

Debbie Beguin, HFSN

Date

4-26-16

Facility/Site

Evergreen Place - Streator

Reviewed By

Kava Helton

Signature



Date

5-11-16

6/18/16



City of Streator, Illinois
and Zip code 61364

"A Quiet Surprise on the Prairie"

www.streatorchamber.com



<http://ci.streator.il.us>



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and Zip code 61364

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<http://ci.streator.il.us>

Economic Development Facts and Contacts

Incentives

- Streator Area Enterprise Zone
- Property Tax Abatement
- Investment Tax Credit
- Job Tax Credit
- Sales Tax Exemption
- Revolving Loan Fund
- Low interest participation loans
- Tax Increment Financing
- Streator has 2 TIF districts
- Illinois Incentives & Financing
- The city partners with the Illinois Dept. of Commerce & Economic Opportunity
- Fast Track Review and Processing
- The city Development Review Team expedites and coordinates all issues

Communications Broadband & Internet

- Frontier Communications
800-921-8101
- Mediacom
800-332-0245
- fiber
fiber.com

First Contact Team

City of Streator
Mayor Jim Lansford
815-672-2517 Ext. 4
City Manager Scott Wighton
815-672-2517 Ext. 4
City Engineer Jeremy Palm
815-672-2517 Ext. 246

Chamber of Commerce
Executive Director Jack Dzuris
815-672-2921
Economic Development
Stephen Jonland
815-672-2921
or
815-822-0101

Contact

City Manager Scott Wighton
815-672-2517 Ext. 4
Chamber of Commerce
Stephen Jonland
815-672-2921
Mayor Jim Lansford
815-672-2517 Ext. 4
Planning 7 Zoning City Engineer
Jeremy Palm
815-672-2517 Ext. 236

Utilities

Electric- ComEd
800-331-7661
Gas- NICOR
888-612-6748
Water- Illinois American Water
855-705-8435
Waste Water- City of Streator
815-672-2517 ext. 235

Industrial Parks

Streator Industrial Park
Stephen Jonland, 815-672-2921
Fagle Point Business Center
Vince Luckey, 815-672-2931
Westgate Industrial Park
Jeff Williams, 815-674-1628

Shopping Centers

Northpoint Plaza
Wayne Feldman, 815-674-0888
Kroger Plaza
James Roche, 317-925-011
Walmart Center
Kevin Vernick, 773-237-0620

Labor Market Information

Illinois Dept. of Employment
Security - www.ides.illinois.gov
Workforce Development
Business Employment Skills Team
815-433-4550
www.best-inc.com

Labor Market Within 45 Minutes

County	Population	# Employers
LaSalle	113,924	50,786
Livingston	38,950	16,421
Grundy	50,063	25,059
Marshall	12,640	6,098
Putnam	6,006	2,712
Total	221,583	101,106

Major Employers

Vactor Mfg.	600
Results Streator	450
St. Mary's Hospital	315
DST	390
U.S. Foods	240
Heritage Health/Evergreen	239
Owens Illinois	220
Teleperformance	160
Luckey Logistics	130
Walmart	139
Kroger	129
Vissoring Construction	95
Steril/SLM	65

Community Life

Schools

Streator Elementary Schools
1520 N. Bloomington St.
Streator, IL 61364
815-672-2926
5 Elementary Schools K-5
1976 Students
130 Teachers
1 Jr. High School 6-9
45 Teachers
618 Students

Streator Township High School
600 N. Jefferson St.
Streator, IL 61364
815-672-0545
866 Students
63 Teachers
ACT Composite Score: 19.9

Woodland School Community
Unit Dist.
5800 E. 3000 N. Rd.
Streator, IL 61364
815-672-5974
Elementary
249 Students
18 Teachers
Jr. High School
116 Students
5 Teachers
High School
127 Students 17 Teachers
ACT Composite Score 19.5

Community College:
Illinois Valley
Community College
815 N. Orlando Smith Rd.
Oglesby, IL 61348
815-220-8268
www.ivcc.edu

Health Care

St. Mary's Hospital
111 Spring St.
Streator, IL 61364
815-673-2311
www.stmaryshospital.org
Number of Beds 127
Number of Doctors 35
Number of Dentists 8
24 Hour Emergency Room
Cancer Treatment Center
Helicopter Ambulance
Home Health
MRI Services
Vascular Lab
CT Services

Churches

Streator is the home of 20 churches of many protestant, and catholic denominations

Tourism

Events attractions calendar of events
accommodations and outdoor recreation
www.streator.org

Parks

The City of Streator has 6 parks available for family recreation and community events, including

- Spring Lake Nature Area 37 acres of nature including trails, waterfalls, 2 creeks, and wildlife
- Marilla is 40 Acres with a creek, fishing, picnic areas, and open recreation
- City Park in the center of the community with trees, child recreation equipment, and is the location for many community events
- Hopalong Cassidy River Trail & Canoe Launch offers the opportunity to join with nature along the Vermilion River

Youth Sports

Streator is an active community with many activities focused on youth sports and leagues including:

- Baseball
 - Softball
 - Soccer
 - Football
 - Golf
- Streator YMCA
710 Oakley Ave.
Streator, IL 61364
815-672-2148
7 days a week the YMCA offers programs in youth and adult sports, recreation, and activities

Events

- Concerts in the Park
- Pipe Dreams organ concert
- 4th of July including a parade and fireworks
- Rouner Cruise Nite on Labor Day weekend
- Light up Streator decorates the entire City Park for the month of December

Community Theatre

Engle Lane Theatre offers a variety of productions each year with musical and dramatic productions

Close to Streator

- Starved Rock State Park
- Multihansen State Park
- Buffalo State Park
- Illinois State Park
- Illinois River

Golf

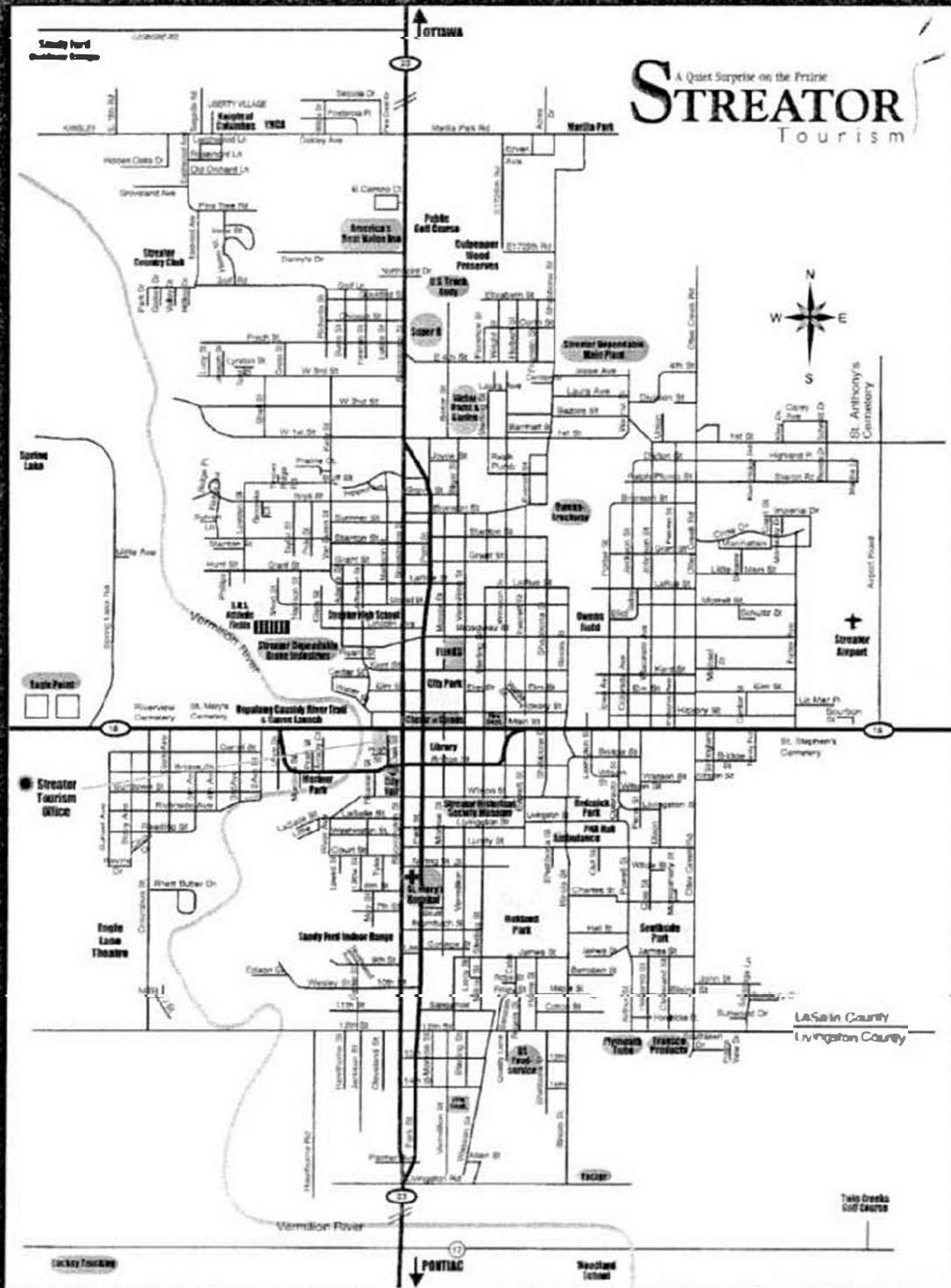
Public: Anderson Field
Twin Creeks Golf Course
The Eastwood Golf Course

Prepared By

Streator Area Chamber Commerce and Industry 320 E. Main P.O. Box 360 Streator, IL 61364
Telephone 815-672-2921 | Fax 815-672-1768 | Email sacci@mcchsi.com
www.streatorchamber.com

Prepared By

Streator Area Chamber Commerce and Industry 320 E. Main P.O. Box 360 Streator, IL 61364
Telephone 815-672-2921 | Fax 815-672-1768 | Email sacci@mcchsi.com
www.streatorchamber.com



Streatorland Historical Society Museum
815.672.443

America's Best Value Inn
815.672.8900

Super 8 Motel
815.672.0089

Case the Vermilion
815.673.3211

Weber House & Garden
815.672.8372

STREATOR

A Quiet Surprise on the Prairie
Tourism

118 Oak Street
888.485.9895 - 815.672.2055
www.streator.org

LEGEND

Recreation & Entertainment

Tourism & Lodging

Education

Services

Police 815.672.3111
Fire 815.672.2266
Hospital 815.672.2111

Supportive Living Program

Staff Qualifications

The Department of Healthcare and Family Services conducted an on-site annual certification review at **Evergreen Place of Streator** in **December 2015**. 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.

W O R N J E R A B E K A R C H I T E C T S , P . C .

212 W. Superior Suite 600, Chicago, IL 60610
(p) 312 642 5587 (f) 312 642 4189 www.wwapc.com

July 22, 2008

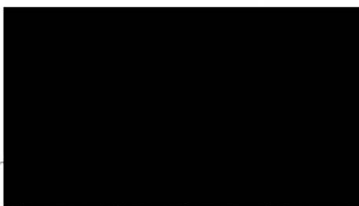
Evergreen Place-Streator
1529 E. Main Street
Streator, Illinois 61364

To whom it may concern:

To the best of my professional knowledge and belief, the Evergreen Place-Streator supportive living facility was designed and constructed in accordance with the following applicable laws, codes and ordinances:

- Part 146, Subpart B of the Illinois Administrative Code (commonly referred to as the SLF Regulations)
- 2006 International Building Code
- 2000 NFPA 101 Life Safety Code
- 2002 NFPA 13
- 2005 National Electrical Code
- 2006 International Fire Code
- 2006 International Property Code
- 2006 International Mechanical Code
- 2006 International Fuel Gas Code
- 2006 International Energy Conservation Code
- 2004 Illinois Plumbing Code
- Federal Fair Housing Amendments Act of 1988
- 1997 Illinois Accessibility Code
- Section 504 of the Rehabilitation Act of 1973
- Americans With Disabilities Act Architectural Guidelines (ADAAG)

Sincerely,





Michael Jerabek, AIA
State of Illinois Licensed Architect, #001-016811



August 2016



This is Happiness Happens Month!

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 9:15 EXERCISE—FR 10:00 SERVICES—HH 2:15 BINGO—HH	2 1:00 Walking Club—FL 2:00 Corn Shucking—ER	3 9:15 EXERCISE—FR 10:00 Coffee Corner—ER 1:00 SCRABBLE—CL	4 OUTING 9:30 YMCA CHAIR VOLLEYBALL & LUNCH AT CHIPPERS	5 9:15 Exercise—FR 10:00 BINGO—ER 1:00 Welcome Club Meeting—ER	6 9:45 BINGO—HH 1:00 Open Cards—CL
7 1:00 Open Cards—CL	8 9:15 EXERCISE—FR 10:00 SERVICES CHARLES ZULZ—ER 2:15 BINGO—HH	9 9:30 SENTIMENTS WITH SUE—CL 12:00 RESIDENT COUNCIL—DR	10 9:15 EXERCISE—FR 1:00 Travis Trivia—CL 6:00 Rhino Bowl—CL	11 10:00 WALMART—FL 1:00 SCRABBLE—CL 6:00 GG Bowl—CL	12 9:15 EXERCISE—FR 10:00 BINGO—ER 1:00 Chair Volleyball—ER	13 9:45 BINGO—HH 1:00 Open Cards—CL
14 1:00 Mexican Train Dominoes—ER 6:00 Movie—CL	15 9:15 EXERCISE—FR 10:00 Services with Charles Zultz—ER 2:15 BINGO—HH	16 11:30 BIRTHDAY PARTY—DR 1:00 Walking Club—FL	17 9:15 EXERCISE—FR 4:00 Ice Cream Social for Streator Unlimited 6:00 Rhino Bowl—CL	18 10:00 Let's Bowl—CL 1:00 Travis Trivia—CL 6:00 GG Bowl—CL	19 9:15 EXERCISE—FR 10:00 BINGO—ER 1:00 Senior Selfie Day 6:00 Trivia with Gwen-	20 9:45 BINGO—HH 1:00 Open Cards—CL
21 1:00 Open Cards—CL	22 9:15 EXERCISE—FR 10:00 Services with Charles Zultz—ER 2:15 BINGO—HH	23 9:30 Sentiments with Sue—CL 1:00 Bean Bags—ER	24 Manicures By Appointment 9:15 EXERCISE—FR 10:45 Services—CL 6:00 Rhino Bowl—CL	25 10:00 Dollur General— FL 1:00 Jim & Girls—CL 6:00 GG Bowl—CL	26 9:15 Exercise—FR 10:00 BINGO—ER 1:00 Mix & Mingle— CL	27 9:45 BINGO—HH 1:00 Open Cards—CL
28 1:00 Open Cards— CL 6:00 Movie—CL	29 9:15 EXERCISE—FR 10:00 Walking Club— FL 2:15 BINGO—HH	30 2:00 BIG BINGO DAY—ER	31 9:15 EXERCISE—FR 1:00 Safe Banking Seminar—CL 6:00 Rhino Bowl—CL	 		
				<p>*** Remember to check your daily itinerary on your breakfast tables for changes or additions to this calendar ***</p>		





You can sign up for activities in the Club Lounge Outings Binder



SEPTEMBER 2016



WELCOMING AUTUMN MONTH!

Sun	Mon	Tue	Wed	Thu	Fri	Sat	
		*** Remember to check your daily itinerary on your breakfast tables for changes or additions to this calendar ***			1 10:00 Lawn Darts -FL 6:00 GG Bowl -CL	2 9:15 Exercise -FR 10:00 BINGO -ER 1:00 Open Cards -CL	3 9:45 BINGO -HH 1:00 Open Cards -CL
4 Labor Day Parade at Noon 1:00 Open Cards -CL	5 Happy Labor Day! 9:15 Exercise -FR No Mass Today at HH 2:15 Bingo -HH	6 9:30 Sentiments with Sue -CL 10:30 Egg Toss -FL 1:00 Vern & Vern -CL	7 9:15 Exercise -FR 10:00 Services -HH 1:00 Travis Trivia -CL 6:00 Rhino Bowl -CL	8 9:00 Tanner's Orchard Adventure -FL 1:00 SCRABBLE -CL 6:00 GG Bowl -CL	9 9:15 Exercise -FR 10:00 BINGO -ER 1:00 Chair Volleyball -ER	10 9:45 BINGO -HH 12-2:30 Family Reunion Picnic - Back Parking Lot	
9/11 Remembrance Day 1:00 Mexican Train Dominoes -ER 6:00 Movie -CL	12 9:15 Exercise -FR 10:00 Services with Charles Zutz -ER 2:15 BINGO -HH	13 12:00 Resident Council -DR 3:00 Let's Bowl -CL	14 9:15 Exercise -FR 1:00 Newsletter Meeting -CL 6:00 Rhino Bowl -CL	15 10:00 Walmart -ER 1:00 Let's Bowl -CL 6:00 GG Bowl -CL	16 9:15 Exercise -FR 10:00 BINGO -ER 1:00 Bean Bugs -ER 6:00 Trivia with Gwen-	17 9:45 BINGO -HH 1:00 Open Cards -CL	
18 1:00 Open Cards -CL	19 9:15 Exercise -FR 10:00 Services with Charles Zutz -ER 2:15 BINGO -HH	20 9:30 Sentiments with Sue Hymn Sing -CL  11:30 Birthday Party -DR	21 9:15 Exercise -FR 10:00 Wellness Wednesday -CL 6:00 Rhino Bowl -CL	22 10:00 Dollar General -FL 1:00 Jim & Girls -CL 6:00 GG Bowl -CL	23 9:15 Exercise -FR 10:00 BINGO -ER 1:00 Mix & Mingle to Celebrate Matt's Honor Flight -CL	24 9:45 BINGO -HH 1:00 Open Cards -CL	
25 1:00 Open Cards -CL 6:00 Movie -CL	26 9:15 Exercise -FR 2:15 BINGO -HH	27 2:00 BIG Bingo Day -ER MATT is on his Honor Flight today!	28 29 Manicures by Appointment -ER 9:15 Exercise -FR 10:45 Services -CL 6:00 Rhino Bowl -CL	29 7:30 Legislative Update -DR 1:00 Chair Volleyball -ER 6:00 GG Bowl -CL	30 9:15 Exercise -FR 10:00 BINGO -ER 1:00 Let's Cook -ER		



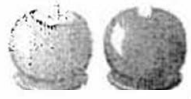
You can sign up for activities in the Club Lounge Outings Binder



OCTOBER 2016

CELEBRATION OF APPLES MONTH!



Sun	Mon	Tue	Wed	Thu	Fri	Sat
[REDACTED]	[REDACTED]	<i>Jean Flohr 10/30</i> 	*** Remember to check your daily itinerary on your breakfast tables for changes or additions to this calendar ***			<i>1</i> 9:45 BINGO—HH 1:00 Open Cards—
<i>2</i> 1:00 Mexican Train Dominoes—ER	<i>3</i> 9:15 Exercise—FR 9:30 Greentree Flu Clinic—ER 10:00 Services—HH 2:15 Bingo—HH	<i>4</i> 9:30 Sentiments with Sue —CL 1:00 Scrabble—CL	<i>5</i> 9:15 Exercise—FR 1:00 Travis Trivia—CL 6:00 Rhino Bowl—CL	<i>6</i> 10:00 Walmart 1:00 Jim & Girls—CL 6:00 GG Bowl—CL	<i>7</i> 9:15 Exercise—FR 10:00 BINGO—ER 1:00 Bean Bags—ER	<i>8</i> 9:45 BINGO— HH 1:00 Open Cards—CL 2-4:00 Mary Yedinak 95th—ER
<i>9</i> 1:00 Open Cards— CL 6:00 Movie—CL	<i>10</i> 9:15 Exercise—FR 10:00 Services with Charles Zult—ER 2:15 BINGO—HH	<i>11</i> 12:00 Resident Council— DR 2:00 Apple Toss Game—ER	<i>12</i> 9:15 Exercise—FR 1:00 Newsletter Meeting— CL 10:00 Wellness Wed—CL 6:00 Rhino Bowl—CL	<i>13</i> 9:30 Peru Shopping Adventure And Lunch at Steak & Shake—FL 6:00 GG Bowl—CL	<i>14</i> 9:15 Exercise—FR 10:00 BINGO—ER 1:00 Movie & Popcorn —ER	<i>15</i> 9:45 BINGO—HH 1:00 Open Cards— CL Happy Sweetest Day
<i>16</i> 1:00 Mexican Train Dominoes—CL	<i>17</i> 9:15 Exercise—FR 10:00 Services with Charles Zult—ER 2:15 BINGO—HH	<i>18</i> 9:30 Sentiments with Sue—CL  11:30 Birthday Party— DR	<i>19</i> 9:15 Exercise—FR 1:00 Paul & Shirley—CL 6:00 Rhino Bowl—CL	<i>20</i> 10:00 WALMART—FL 2:00 Masterpiece and Merlot—ER 6:00 GG Bowl—CL	<i>21</i> 9:15 Exercise—FR 10:00 BINGO—ER 2:00 Welcome Club Social Mix & Mingle— CL	<i>22</i> 9:45 BINGO—HH 1:00 Open Cards— CL
<i>23</i> 1:00 Open Cards— CL 6:00 Movie—CL	<i>24</i> Manicures by Appointment 9:15 Exercise—FR 2:15 BINGO—HH	<i>25</i> 2:15 Big Bingo Day— ER	<i>26</i> 9:30 Senior Expo Trip—FL 10:45 Services—CL 6:00 Rhino Bowl—CL	<i>27</i> 10:00 Coffee Corner—ER 1:00 Vern & Vern—CL 6:00 GG Bowl—CL	<i>28</i> 9:15 Exercise—FR 10:00 BINGO—ER 1:00 Let's Cook—ER	<i>29</i> 9:45 Bingo—HH 1:00 Open Cards— CL
<i>30</i> 1:00 Open Cards—CL	<i>31</i> 9:15 Exercise—FR 11:30 Halloween Lunch— DR 2:15 Bingo—HH 4-6:00 Trick or Treat—CL	You may sign up for trips in the Adventure Binder in the Club Lounge.				

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 Streator** in **December 2015**. **Evergreen Place of Streator** was found to be compliant with documentation of participant choice of provider.

IVCH & Horizon House

Flat Fare Rates:

Within LaSalle/Peru City Limits: \$2.50
 City to City rides in other communities
 (i.e. Oglesby to Oglesby): \$2.50

Oglesby/IVCC	\$3.00
Utica:	\$4.00
Tonica:	\$4.00
Lostant:	\$4.00
Dazell:	\$4.00
Spring Valley:	\$4.00
Ottawa/Marseilles	\$5.00
Mendota:	\$5.00
Spring Valley to Ottawa:	\$5.00

Fare Rates from LaSalle/Peru to
 Another Location

Streator: \$5.00	Tuesday & Thursday
Rutland: \$5.00	2 nd Monday & 3 rd Wednesday
Toluca: \$5.00	2 nd Monday & 3 rd Wednesday
Earlville: \$5.00	1 st Monday, 3 rd Wednesday, & 4 th Tuesday

Streator to Mendota: \$10.00 Based on space
 availability

Same Day Hospital/Dialysis/Medical Discharge and/or
 Ride Change: \$5.00 fare
 Note: Wheelchairs provided by the hospital or facility will
 be recovered by that facility at a designed location.

Space & Availability
 Destinations

Spring Valley
 Dalzell
 Mark
 Hennipen
 Ladd
 Princeton

Destinations Out of the NCAT
 Service Area

Newark
 Sandwich
 Somonauk
 Millington
 Yorkville
 Morris

NCAT

2016 Holidays

May 30, 2016	Memorial Day
July 4, 2016	Independence Day
September 5, 2016	Labor Day
November 11, 2016	Veteran's Day
November 24, 2016	Thanksgiving Day
November 25, 2016	Friday after Thanksgiving
December 23, 2016	Xmas Holiday
December 26, 2016	Xmas Holiday
December 30, 2016	New Year's Eve
January 1, 2017	New Year's Day



**Operation Changes
 Effective
 February 29, 2016**

Any discrepancies within this information
 are subject to change with the final
 determination to be made by NCAT
 Administration

**NCAT Operation Hours:
 Monday – Friday
 6:00 AM - 6:00 PM**

**Dispatch Hours:
 Monday – Friday
 7:00 AM - 5:00 PM
 New Dispatch Number
 1-877-874-8813**

NCAT Operation Changes
Effective February 29, 2016

As of January 1, 2016, North Central Area Transit (NCAT) moved their organization and dispatch center from Lee-Ogle County Transit System (LOTS) in Dixon to Bureau & Putnam Area Transit (BPART) in Princeton. With this change and transition, several changes have and/or will occur over the next couple of months to be in compliance with State of Illinois and Federal Transportation Regulations.

One of the biggest changes that will affect our clients will be the fare structure of the NCAT System. Previously, NCAT fares were based on one of several factors that often brought confusion to the clients on what their fare was for their ride. To simplify the fare structure, NCAT has establish a "Flat Fare Rate" for all clients that will go into effect on Monday, February 29, 2016. With this new "Flat Fare Rate," some clients will see an increase in their fares while others will see their fares decrease. While some clients may be disappointed in seeing their fares increased, they also must understand that the State of Illinois and the Federal Government are looking at balancing their budgets and their actions effects NCAT and the services that we can and can not provide. We at NCAT understand our riders' financial concerns, but to operate at our current level with the resources we receive or do not receive from our government some action has to be taken. We thank you for understanding. Within this brochure is the new "Flat Fee Rate" that will go into effect on Monday, February 29, 2016.

Also affected is the number of days and locations NCAT can travel to during the week or month. Because the size of the NCAT fleet, the geographic size of LaSalle County, the efficiency of routes, and vehicle cost factors, NCAT will only be able to travel to certain locations on certain days of the week or month. Look for those locations and dates that riders can travel to within this brochure.

Another change is NCAT's operation hours. Previously, NCAT operated from 8:00 am to 4:30 pm. Beginning on February 29, 2016, NCAT's new operation hours will be from 6:00 am until 6:00 pm. The last pick up in town is 5:30 pm and for out-of-town rides, the last pick up is at 4:45 pm.

City of Ottawa Flat Fare Rates:

Within Ottawa City Limits:	\$2.50
City Mini Buses:	\$2.00

City to City rides in other communities (i.e. Streator to Streator): \$2.50

Naplate:	\$2.50
Marseilles:	\$3.00
Grand Ridge:	\$3.00
Utica:	\$4.00
Oglesby:	\$4.00
Illinois Valley CC:	\$4.00
Streator:	\$5.00
Seneca:	\$5.00
Tonica:	\$5.00
Spring Valley:	\$5.00
Mendota:	\$5.00
LaSalle/Peru:	\$5.00

City of Ottawa Designated Rides & Rates:

To Sheridan:	\$5.00
1 st Wednesday, 3 rd Monday, & 4 th Thursday	

To Tonica or Lostant:	\$5.00
Any Tuesday	

To Earlville:	\$5.00
1 st Monday, 3 rd Wednesday, & 4 th Tuesday	

<u>Fare Rates from Streator to Another Location</u>		
Grand Ridge:	\$3.00	Anyday of the week.
LaSalle/Peru:	\$5.00	Tuesday & Thursday
Rutland:	\$5.00	Tuesday
Tonica:	\$5.00	Tuesday
Toluca:	\$5.00	Tuesday
Lostant:	\$5.00	Tuesday
Mendota:	\$10.00	Space Availability

Same Day Hospital Discharge: \$5.00
 *Note: Wheelchairs provided by the hospital must be recovered by the hospital at a designated place.

No Show Riders:
 If a ride is not cancelled by the client, or if a rider forgoes their trip, it is considered a "no show." A no show results in a rider being billed for their missed ride and if the rider receives three (3) no shows in a thirty (30) day period, their riding privileges will be suspended for thirty (30) days.



City of Streator, Illinois
and Zip code 61364

"A Quiet Surprise on the Prairie"

www.streatorchamber.com



<http://ci.streator.il.us>



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Transportation and Location

Highways

Interstate Highways

- 10 Miles West
- 18 Miles North
- 20 Miles East

State Highways

- HWY 18 E-W
- HWY 23 N-S

Airports

- Chicago O'Hare 90 Miles
- Chicago Midway 90 Miles
- Bloomington (CIRA) 55 Miles
- Peoria 60 Miles

General Aviation

- Peru, IL 35 Miles

RailRoads

- Burlington Northern SantaFe
- Norfolk Southern
- Illinois Railnet

Barge Service

- Illinois River 15 Miles



Travel Distance and Times

Bloomington	55 Miles	1 Hr.
Champaign	90 Miles	1:45 Hrs.
Chicago	90 Miles	1:45 Hrs.
Cleveland	400 Miles	7 Hrs.
Des Moines	280 Miles	4:45 Hrs.
Detroit	335 Miles	6 Hrs.
Kansas City	410 Miles	7:15 Hrs.
Milwaukee	180 Miles	3 Hrs.
Omaha	370 Miles	7:50 Hrs.
Peoria	60 Miles	1:15 Hrs.
Quad Cities	100 Miles	1:45 Hrs.
Rockford	90 Miles	1:45 Hrs.
St. Louis	210 Miles	3:45 Hrs.

Overview

Incorporated in 1865, Streator's beginnings are rooted in the coal mining industry - which, along with the establishment of railroads and manufacturing corporations, helped to fuel the prosperity of the then fledgling town. The community has experienced significant development throughout the years and is today the area of more than 22,000 residents and numerous businesses.

Streator is a mature community led by a progressive Mayor and City Council that utilizes the City Manager - Council form of government. A Mayor, four City Council Members and a City Manager compose this municipal entity, which works together to ensure a high quality of life for City residents and businesses.

The community is well-supplied with a wealth of first-rate amenities, such as public safety through the City's Fire and Police Departments, recreational facilities and services, excellent public and private educational institutions and unmatched medical care through St. Mary's Hospital.

Additional senior health residential care facilities include: Liberty Village, Heritage Health and Evergreen Place, Parker Nursing and Rehabilitation Center and Streator Senior Apartments. A thriving Central Business District and ample retail possibilities only add to the appeal.

What's more, a wide variety of residential opportunities are available in Streator, which includes quality single-family homes, spacious town home and condominium developments, comfortable apartment complexes and amenity-filled senior residential alternatives. The styles and price ranges are just as diversified, with everything from



low-to-moderate home prices and upper-level custom designed residences. The area is home to many distinctive historic dwellings as well.

The City has maintained its valued Midwestern roots, all the while still incorporating thoughtful planning for the future. With all of this and more, Streator has proven itself to be a prominent place for professionals and families, as well as businesses in search of a solid, prosperous economy.

City Government

City of Streator
204 S. Bloomington St.
Streator, IL 61364
815-672-2517
Mayor Jim Lansford Ext. 4
City Manager Scott Wrighton Ext. 4
City Engineer Jeremy Palm Ext. 236
Public Works David Fussell Ext. 235
City Clerk Pam Leonard Ext. 4

Legislators

US Senator Richard Durbin 202-224-2152
US Senator Mark Kirk 202-224-2854
Congressman Adam Kinzinger 202-225-3635
State Senator Susan Rezin 217-782-3820
State Representative Frank Mautino 217-782-0140

Population

Zip Code 61364	20,133
City of Streator	13,710
LaSalle County	113,924
Livingston County	38,950

Demographic Details

Zip Code 61364	
Population	20,133
White	18,677 92.8%
Black	399 2%
Other	1,057 5.2%
Male	9,871 49%
Female	10,262 51%
Median Age	41.7
No. Households	8,263

Prepared By

Streator Area Chamber Commerce and Industry 320 E. Main P.O. Box 360 Streator, IL 61364
Telephone 815-672-2921 | Fax 815-672-1768 | Email sacc@mchsi.com
www.streatorchamber.com

Prepared By

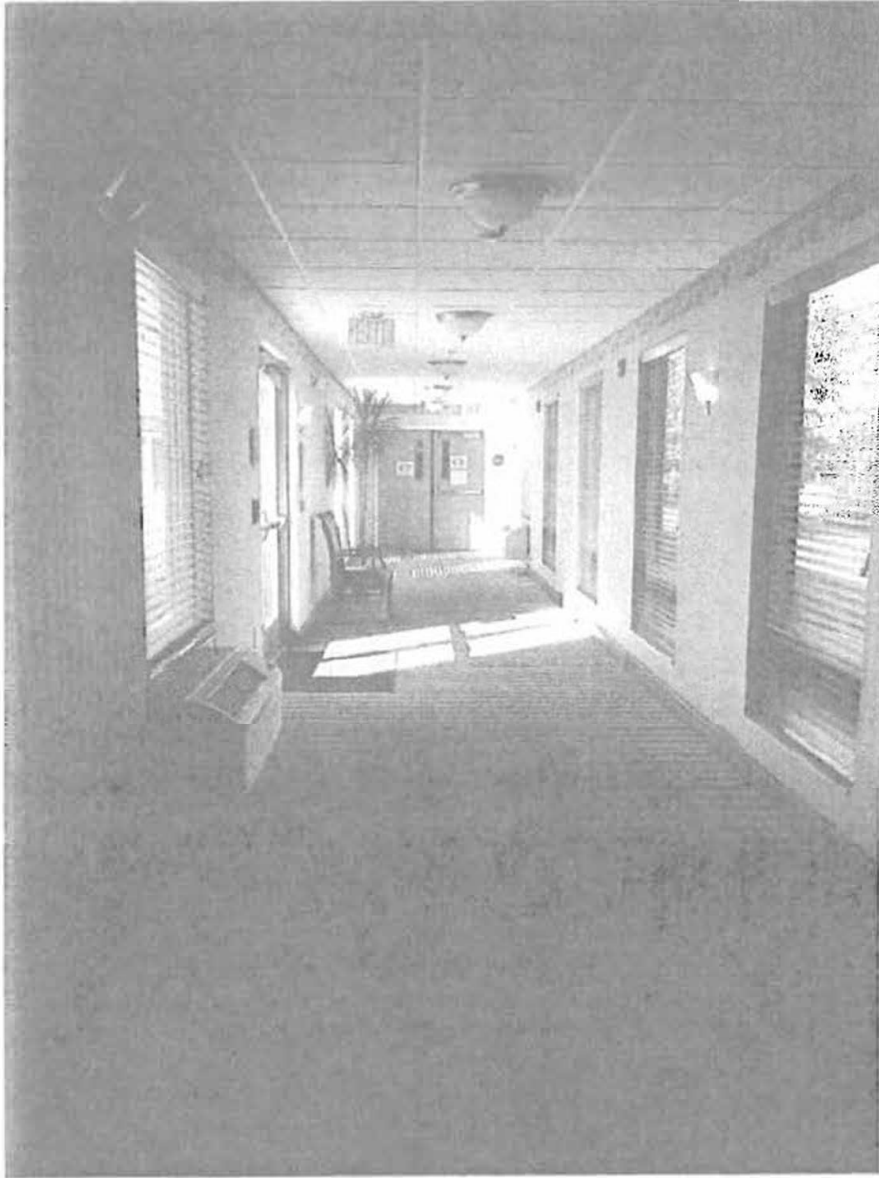
Streator Area Chamber Commerce and Industry 320 E. Main P.O. Box 360 Streator, IL 61364
Telephone 815-672-2921 | Fax 815-672-1768 | Email sacc@mchsi.com
www.streatorchamber.com



FRONT SIGN-NOTE
DISTINCT ADDRESSES AND
PHONE NUMBERS



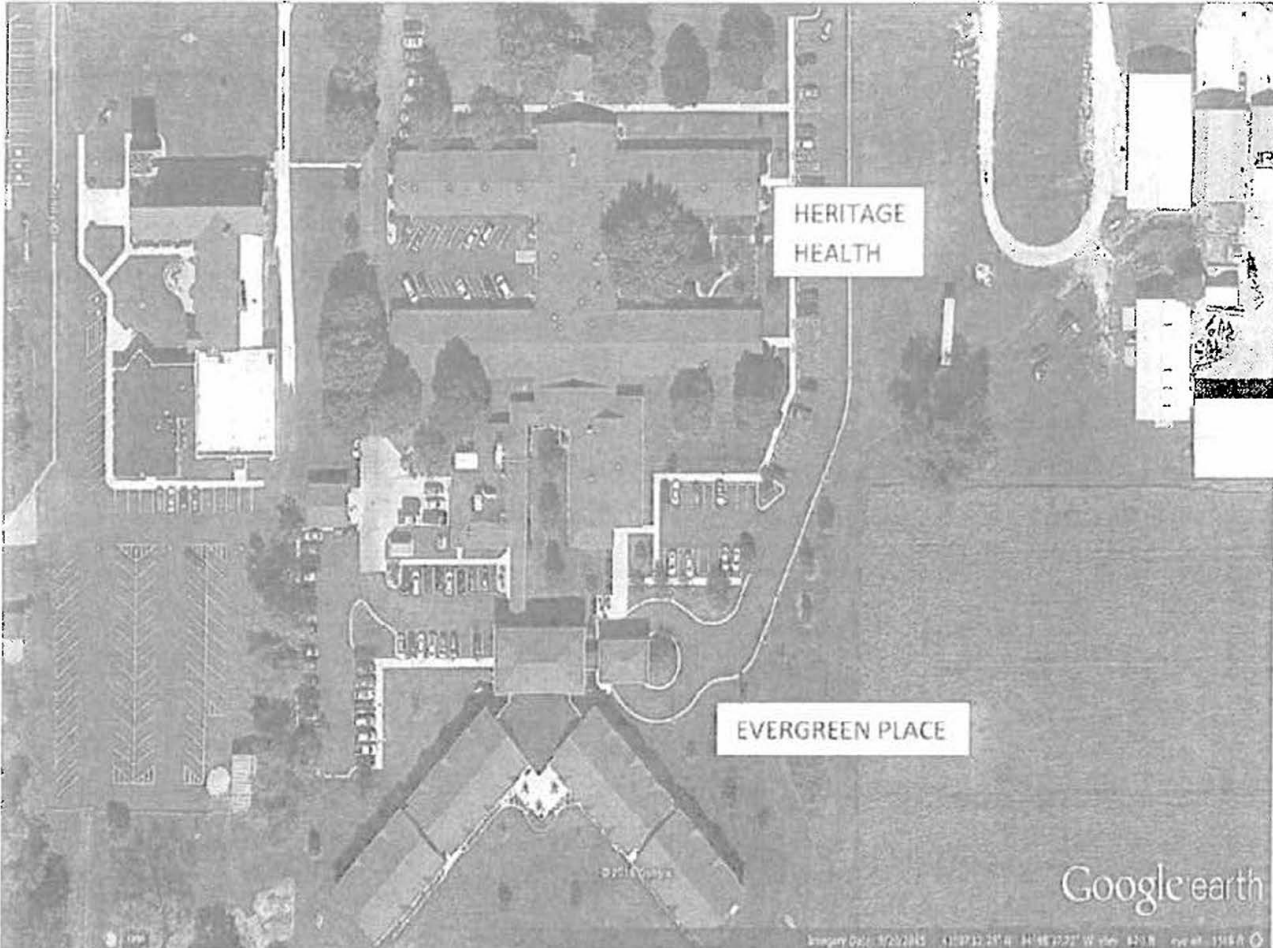
EVERGREEN FRONT
ENTRANCE



HALL AND DOUBLE
DOORS BETWEEN
EVERGREEN AND
HERITAGE



EVERGREEN EMPLOYEE ENTRANCE





**ILLINOIS HOUSING
DEVELOPMENT AUTHORITY**

401 N. Michigan Avenue
Suite 700
Chicago IL 60611
312.836.5200
866.324.4431 TDD
www.ihda.org

JUN 08 2015

Bruce Rauner, Governor

Attn: Benjamin Hart
Evergreen Streator LP
115 West Jefferson St., 401
Bloomington IL 61702

**RE: Evergreen Place - Streator, RS-ADM-2646 / FTE-2646-07
2015 Tax Credit Inspection**

Dear Mr. Hart:

The Illinois Housing Development Authority appreciates the cooperation received from your staff while performing our recent 2015 Tax Credit inspection on June 4, 2015. Please note that the above-mentioned development's inspection was completed without findings or violations. The inspection included unit interiors, common areas, building(s) exterior, building(s) systems, and physical conditions.

If you have any questions or wish to discuss any matter regarding the inspection, please do not hesitate to contact me at 312.836.7344.

Sincerely,


Edward Marshall
Field Inspector I
Asset Management Services

EM/rb



Public Housing Development Authority
401 N. Michigan Ave. Suite 700
Chicago, Illinois 60611
(312) 836-5200

Management Review & Property Inspection
Summary Sheet
(For ADMIN, AMBAC, BBP, CDBG, FAF, HPI, HIF, NSP, RS, TCAP, TFB, 80/20 & 1602 developments)
Rev. 8/13/2015

For each item reviewed, mark a block in column A (acceptable), M (management to correct within 60 days), or I (items requiring immediate action). After discussing items with owner or management agent, enter the estimated completion date in the TCD (Target Completion Date) column.

Development Name & Address Evergreen Place - Streater 1529 E. Main Street Streater, IL 61304		Owner's Name Evergreen Streater, LP		Since: (Mo/Yr) 07/15/08	
Agent's Name Streater Management LLC		Since: (Mo/Yr) 07/10/08		No. of Units Occupancy 100%	
Type of Program Rmk Share Administrative Loan Tax Credit	HUD No. 1710-2046-01/FTE-2046-07	Loan Position(s) 1st & 2nd		Total 53 Progress 41 (Highest HDA loan position only)	Total # of units leased over 1 Year 20 14 = 14 (26%)
Purpose of Report <input type="checkbox"/> Initial Review <input checked="" type="checkbox"/> Annual Review	Inspected Date 11/13/2015	Tenant Type <input type="checkbox"/> Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed <input type="checkbox"/> SMO <input checked="" type="checkbox"/> SF Assisted Living <input type="checkbox"/> Special needs population	Vacant 0 Tax Credit 41 PIS Date 11/07/08	Date transferred to AMS: 08/01/08 (Circle M's except RSA/AMAC)	
Date of Last Annual Inspection 5/18/2012 Final Review 11/25/2013	Was the development prepared for the inspection by updating and updating the HDA binder? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

A. Maintenance & Security	A	M	I	TCD	II. Tenant/Management Relations	A	M	I	TCD
1. General Physical Condition	X				19. Tenant Satisfaction	X			
2. Work Scheduling	X				IV. Tenant/Management Relations				
3. Vacant Unit Preparation	X				<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average				
4. Security Program	X				<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated				
I. Maintenance and Security Rating					E. Drug-Free Housing Policy	A	M	I	TCD
<input type="checkbox"/> Superior <input checked="" type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average					20. House Rules That Aid and Support Drug Free Housing	X			
<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated					21. Overall Detachment Plan for Drug-Free Housing	X			
B. Financial Management	A	M	I	TCD	V. Drug-Free Housing Policy Rating				
5. Accounting and Bookkeeping	X				<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average				
6. Cash Controls	X				<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated				
7. Civil Controls	X				F. General Management Practices	A	M	I	TCD
8. Methodology of Reports	X				22. Organization and Structure	X			
9. Financial Conditions	X				23. Staffing and Personnel Practices	X			
10. Rental Schedule Compliance	X				24. Operating Procedures and Manuals	X			
11. Rental Collection	X				25. Training	X			
12. Accounts Receivable/Payable	X				26. Office Administration	X			
13. Reserves and Expenses	X				27. Insurance and Bonding	X			
II. Financial Management Rating					28. Management Agreement	X			
<input type="checkbox"/> Superior <input checked="" type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average					29. Program Compliance	X			
<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated					VI. General Management Practices Rating				
C. Leasing & Occupancy	A	M	I	TCD	<input type="checkbox"/> Superior <input checked="" type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average				
14. Tenant Selection and Criteria	X	X		60 Days	<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated				
15. Vacancy and Turnover	X				G. File Review	A	M	I	TCD
16. Leases and Deposits	X				30. Resident File Maintenance				
17. Eviction Procedures	X				31. Household Information				
18. Tenant Files and Records	X				32. Verification				
III. Leasing and Occupancy Rating					33. Leases				
<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average					34. Certificate/Registration Available				
<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not Rated					35. Move-Out File Review				
					36. Applicant Retention Review				
					VII. File Review Rating				
					<input type="checkbox"/> Superior <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average				
					<input type="checkbox"/> Unsatisfactory <input checked="" type="checkbox"/> Not Rated				

VII. Rating of Overall Management Operation (mark applicable box): Superior Above Average Satisfactory Below Average Unsatisfactory

Signature: [Redacted] Title: MOR Specialist Date: 12/14/15
Signature: [Redacted] Title: Director/Act. Executive Manager, AMS Date: 12/3/2015

Item No.	For each "M" and "I" item checked, describe findings and give recommendations for correction. Explain any "Below Average" or "Unsatisfactory" rating.
Non-HDA HUD Subsidies	None
Add'l HDA Program Units	18- Studios and 55 1- bedroom units
Unit Composition	1 two-story building
Number and Type of Bldg.	Dining room, private dining room, community center, fitness center, club room, library and spacious sun room and patio.
Work Out and Additional Comments	

Mission Statement

Evergreen Senior Living is committed to providing service delivery which promotes and embraces the individuality and independence of those we faithfully serve. The spirit of our team is enriched by exceeding what our customers thought was possible. By valuing this deep commitment and cultivating cherished relationships within our local communities, we are recognized as performance leaders in the markets we serve.

Evergreen Senior Living Values

Independence: At all times, we encourage our residents, families and employees the right to personal choice.

Individuality: We understand and respect the needs of each resident, family and employee. We embrace differences and encourage uniqueness.

Sense of Belonging: By functioning as a team, we create a family atmosphere that is inclusive, emotionally supportive and enjoyable.

Dignity: In all situations, every resident, family and employee deserves respect, privacy and freedom of choice.

Excellence: In everything we do and every interaction we have, we strive to provide the highest commitment to quality and customer service.

*TAKEN FROM PAGE 1 OF OUR EVERGREEN RESIDENT HANDBOOK



Community Name Goes Here
Supportive Living Resident Experience
Power Survey

Instructions: Please read each statement and select your answer by marking one checkbox like this:
Respond to all statements. If you have no experience with the subject of the statement, mark "Does Not Apply". Be honest about your answers; they will be kept completely anonymous. Thank you.

1. Overall, I am satisfied with the care and services provided to me at this community.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	9	8	7	6	5	4	3	2	1	0

← Strongly Agree ————— Neutral ————— Strongly Disagree →

2. How likely is it that you would recommend this community to a friend or family member?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	9	8	7	6	5	4	3	2	1	0

← Extremely Likely ————— Neutral ————— Extremely Unlikely →

Please mark your level of agreement with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
--	----------------	-------	---------	----------	-------------------	----------------

3. I feel safe and secure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My belongings are safe and secure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have the necessities I want to feel at home in my residence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can make choices about my daily routine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can have privacy whenever I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. This community has a home-like atmosphere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I can relate to other residents in this community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The grounds are well maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I have access to common areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall, I am satisfied with the staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I am satisfied with the knowledge/skills of the staff.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The staff regularly discusses my care with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The staff genuinely cares about my well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The staff responds promptly to my requests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I have access to community policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



[Mail By Date Goes Here]

Please mark your level of agreement with the following statements.

Strongly Agree Agree Neutral Disagree Strongly Disagree Does Not Apply

- 18. I feel the policies and procedures are clear. Strongly Agree Agree Neutral Disagree Strongly Disagree Does Not Apply
- 19. I feel I have the opportunity to provide input into the development and implementation of policies and procedures. Strongly Agree Agree Neutral Disagree Strongly Disagree Does Not Apply

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

Very Good Good Neutral Poor Very Poor Does Not Apply

- 20. Housekeeping Very Good Good Neutral Poor Very Poor Does Not Apply
- 21. Laundry services Very Good Good Neutral Poor Very Poor Does Not Apply
- 22. Maintenance Very Good Good Neutral Poor Very Poor Does Not Apply
- 23. Dining services Very Good Good Neutral Poor Very Poor Does Not Apply
- 24. Social services Very Good Good Neutral Poor Very Poor Does Not Apply
- 25. Access to healthcare services Very Good Good Neutral Poor Very Poor Does Not Apply
- 26. Access to personal care Very Good Good Neutral Poor Very Poor Does Not Apply
- 27. Activities and programs Very Good Good Neutral Poor Very Poor Does Not Apply
- 28. Transportation services Very Good Good Neutral Poor Very Poor Does Not Apply
- 29. Management or administration Very Good Good Neutral Poor Very Poor Does Not Apply

Information about you:

Under 60 60-69 70-79 80-89 90-99 Over 99

30. My age in years: Under 60 60-69 70-79 80-89 90-99 Over 99

Male Female

31. My gender: Male Female

Very Good Good Fair Poor Very Poor

32. I would rate my overall health as: Very Good Good Fair Poor Very Poor

Less than 1 year 1-2 years 3-5 years 6-10 years More than 10 years

33. I have lived in this community for: Less than 1 year 1-2 years 3-5 years 6-10 years More than 10 years

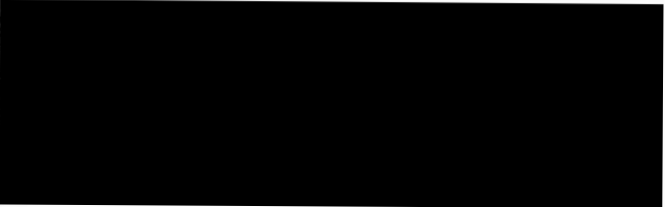
Please use the area below to comment on any part of your experience with this community.



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

Provider Evergreen Place ID # _____
 Address 1529 E Main St Freestanding (X) Rehab NF ()
 City Streator Zip Code 61364
 Phone # 815-672-0903 Fax # 815-672-0639

	Occupancy
# of Single Occupancy Apts	18
# of Double Occupancy Apts	35
Total # of Apts.	53
Maximum Potential Occupancy	88

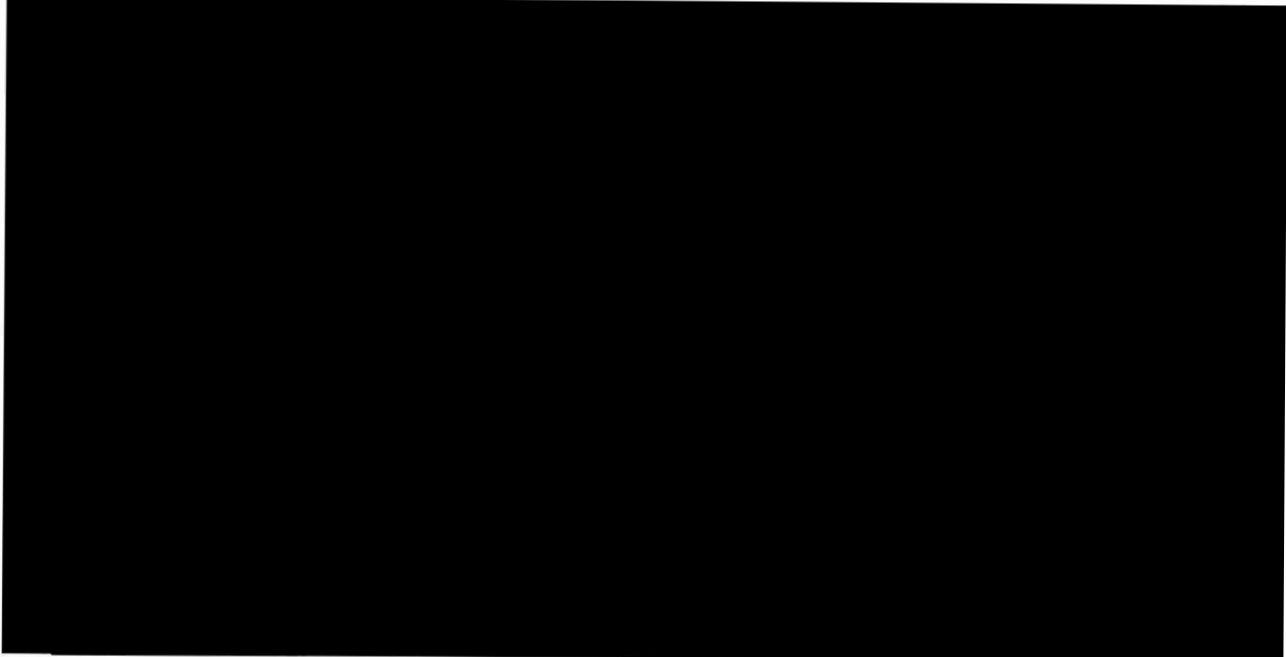


Is the private pay rate higher than the Medicaid rate? Yes (X) No ()

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

Type of Certification Review (complete only one)	Entrance Date	Exit Date
Final		
Annual	12-22-19	03-02-21

REVIEW FINDINGS: YES (X) NO ()



**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)	✓			10/5/19
Local Health and Food Preparation 146.215(c)(5)	✓			12/31/19
Elevator (freestanding 2 or more levels = 1 for 75 or < apartments/2 for 76 or >apartments 146.210(a)(4)	✓			8/23/19
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) [✓] [] []
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. [✓] [] []
6. Does the resident discharge policy include relocation assistance? 146.215(c)(4)(I) and 146.255(i) [✓] [] []
5. If the SLP provider manages residents' funds, is there a surety bond equal to or more than the amount of funds managed? 146.310(b) [✓] [] []
NOTE: Mark N/A if SLP provider is not providing this service.
[] NOT APPLICABLE
6. If the SLP provider manages resident funds, are they kept in an account that is separate from SLP provider funds? NOTE: resident funds may ONLY be maintained in an account with other residents' funds. This applies to managed resident funds and direct-deposit of resident income. 146.310(a)(7) and 146.310(c) [] [] []
NOTE: Mark N/A if SLP provider is not providing this service.
[X] NOT APPLICABLE

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.

[] []

Comments:

Community Setting Validation

Yes No Comments

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

[] []

If "Yes", check the following that apply:

SLP building has a separate entrance

SLP building has separate outdoor signage

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

SLP building has separate licensure

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

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

[] NA []

Comments: No delayed egress, no dementia care.

Double Occupancy

Yes No Comments

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



**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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]
2. Are areas accessible for wheelchair use and furnished to meet residents' needs? 146.210(j)(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]
3. Are all common areas physically accessible to residents? 146.210(j)(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]
④ Are residents observed in the common areas, both inside and outside of the building? <i>It is cold outside.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <i>ERROR (LW)</i>
5. Is each common area equipped with a working emergency call system? 146.230(m)(2) NOTE: ALL common area call buttons must be checked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]
6. Emergency call system provides direct notification to staff OR is manned by staff 24 hours/day for transmission to available staff for assistance? 146.230(m)(3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]
7. Is there a handicapped accessible phone that allows residents to have private conversations? 146.210(l) NOTE: Does not have to be located in a common area, but must be made available to residents at their request.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]
8. Is there ice for resident use in at least one common area? 146.210(j)(4) NOTE: For SLP providers approved after 1/1/05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]
9. Is there accessible drinking water in at least one common area? 146.210(r)(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]
10. Individual locked mailboxes inside the building? 146.210(d)(4) or 146.210(e)(5) NOTE: For SLP providers approved after 1/1/05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]
11. Is there night lighting for corridors? 146.210(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]
12. Is at least one Department complaint hotline poster displayed on each floor in an area that is accessible to all residents? 146.250(c) NOTE: Single story SLPs must display at least 2 posters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]

**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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are areas accessible for wheelchair use and furnished to meet residents' needs? 146.210(j)(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all common areas physically accessible to residents? 146.210(j)(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
④ Are residents observed in the common areas, both inside and outside of the building? <i>It is cold outside.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Is each common area equipped with a working emergency call system? 146.230(m)(2) NOTE: ALL common area call buttons must be checked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Emergency call system provides direct notification to staff OR is manned by staff 24 hours/day for transmission to available staff for assistance? 146.230(m)(3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a handicapped accessible phone that allows residents to have private conversations? 146.210(l) NOTE: Does not have to be located in a common area, but must be made available to residents at their request.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there ice for resident use in at least one common area? 146.210(j)(4) NOTE: For SLP providers approved after 1/1/05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there accessible drinking water in at least one common area? 146.210(r)(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Individual locked mailboxes inside the building? 146.210(d)(4) or 146.210(e)(5) NOTE: For SLP providers approved after 1/1/05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there night lighting for corridors? 146.210(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is at least one Department complaint hotline poster displayed on each floor in an area that is accessible to all residents? 146.250(c) NOTE: Single story SLPs must display at least 2 posters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Observations

Meals/Dining 146.210 and 146.230

Yes No Comments

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

Comments: #8) Food purchases are kept on file for 6 months

SLP at NH found unprocessed vegetables.

Laundry/Laundry Rooms 146.210 and 146.230

Yes No Comments

For resident use:

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

General Observations

Water Services 146.210

Yes No Comments

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

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

Comments:

General Observations

Activities 146.230

Yes No Comments

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

General Observations

Activities 146.230

Yes No Comments

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

[] []

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

[] []

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

[] []

Comments:

NEW ADMISSIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SLP New Resident Review (3 of 6) Resident F

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

10. Resident contract signed by the SLP provider and resident or their designated representative? 146.240 (a)
NOTE: Date of signature does not apply to this question.
NOTE: If the signature is missing, answer the question "No" and remediate while on-site. [] []
11. Was the resident oriented to the emergency plans within ten days after admission? 146.295(e)
NOTE: Orientation includes assisting the resident in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative. [] []

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

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

12. Comprehensive assessment:
 Completed by or co-signed by an RN?
 Signed/co-signed by RN within 7-14 days after admission?
 146.245(c)
 Date of comprehensive assessment: [REDACTED] [] [] []
13. Comprehensive assessment is thoroughly completed (no areas left blank)? 146.245(c) [] [] []
14. Comprehensive assessment is accurate? 146.245(c)
NOTE: Staff should compare the assessment with the ISP. If there is a conflict, review SLP provider documentation of services, Interview staff and resident, etc. to determine if the assessment is correct. Changes in condition that are not significant and/or changes in residents' preferences do not require the assessment to be revised. In these instances, it is acceptable for the assessment not to match the ISP. [] [] []
15. Individual Support Plan (ISP) Development: 146.245 (d)
 Developed by or co-signed by an RN?
 Signed/co-signed by RN w/in 7 days of completing the comprehensive assessment?
 Date: [REDACTED] [] [] []
NOTE: The timeliness of the assessment is not relevant for this question.

SLP New Resident Review (3 of 6) Resident Name: 1 Resident F

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

10. Resident contract signed by the SLP provider and resident or their designated representative? 146.240 (a)
 NOTE: Date of signature does not apply to this question.
 NOTE: If the signature is missing, answer the question "No" and remediate while on-site. [] [] []
11. Was the resident oriented to the emergency plans within ten days after admission? 146.295(e)
 NOTE: Orientation includes assisting the resident in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative. [] [] []

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

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

12. Comprehensive assessment:
 Completed by or co-signed by an RN?
 Signed/co-signed by RN within 7-14 days after admission?
 146.245(c)
 Date of comprehensive assessment: [REDACTED] [] [] []
13. Comprehensive assessment is thoroughly completed (no areas left blank)? 146.245(c) [] [] []
14. Comprehensive assessment is accurate? 146.245(c)
 NOTE: Staff should compare the assessment with the ISP. If there is a conflict, review SLP provider documentation of services, Interview staff and resident, etc. to determine if the assessment is correct. Changes in condition that are not significant and/or changes in residents' preferences do not require the assessment to be revised. In these instances, it is acceptable for the assessment not to match the ISP. [] [] []
15. Individual Support Plan (ISP) Development: 146.245 (d)
 Developed by or co-signed by an RN?
 Signed/co-signed by RN w/in 7 days of completing the comprehensive assessment?
 Date: [REDACTED] [] [] []
 NOTE: The timeliness of the assessment is not relevant for this question.

RESIDENT REVIEWS

SLP Resident Review (8 of 10) Resident E

Medication Management Services 146.230

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

146.265(c)

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

Comments:

APARTMENT OBSERVATIONS

Apartment Observations 146.210 and 230

Yes No Comments

- | | |
|---|-------------|
| 1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1) | [X] [] [] |
| 2. Entrance doors open onto a public corridor? 146.210(h)(3) | [X] [] [] |
| 3. Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2) | [X] [] [] |
| 4. All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A) | [X] [] [] |
| 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 | [X] [] [] |
| 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) | [X] [] [] |
| 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) | [X] [] [] |

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

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

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

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

Resident E

Resident Name: _____

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)	[X]	[]	[]	[]
2. If requested, does staff provide laundry services to you at least weekly? 146.230(f)(1)	[X]	[]	[]	[]
3. If requested, does staff clean your room and change your bed linens at least weekly? 146.230(g)(1)	[X]	[]	[]	[]
4. Are three meals/day and snacks available? 146.230(e)(1)	[X]	[]	[]	[]
5. Can you have food in your apartment? 146.250(e)(18)	[X]	[]	[]	[]
6. Can you choose to dine alone or in a private area?	[X]	[]	[]	[]
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)	[X]	[]	[]	[]
8. If requested, will staff bring your meals to your apartment when you are ill? 146.230(e)(11)	[X]	[]	[]	[]

Individual Resident Review

Resident E.

Resident Name: _____

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. [] [] []

6/12/19

Individual Resident Review

Resident E

Resident Name: _____

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

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

SLP Resident Review (2 of 10) Resident Name: [REDACTED] Resident D

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

- 5. ISP reviewed/signed by the resident or his/her designated representative and any others included by the resident? 146.245(d)
NOTE: If a signature is missing, answer the question "No" and remediate while on-site. [] [] []
- 6. Did the resident initial the ISP to indicate he/she chose to receive services from the SLP provider? [] [] []
- 7. If the resident did not choose to receive services from the SLP provider, did the resident initial that he/she received referral information? [] [] []
- 8. Did the resident initial that he/she received a copy of the SLP's resident rights?
NOTE: If initials are missing, answer the question "No" and remediate while on-site. [] [] []
- 9. Does the ISP include areas important to the resident, such 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?
[REDACTED]

6/1

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

Medication Management Services 146.230

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

146.265(c)

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

Comments:

APARTMENT OBSERVATIONS

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

- | | | | |
|--|-------------------------------------|-----|-----|
| <p>1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1)</p> | <input checked="" type="checkbox"/> | [] | [] |
| <p>2. Entrance doors open onto a public corridor? 146.210(h)(3)</p> | <input checked="" type="checkbox"/> | [] | [] |
| <p>3. Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2)</p> | <input checked="" 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"/> | [] | [] |
| <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"/> | [] | [] |
| <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"/> | [] | [] |
| <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"/> | [] | [] |

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

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

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

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

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

Resident Name: Resident D

NOTES FOR COMPLETION: _____

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

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

Individual Resident Review

Resident Name: Resident D

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

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(c)(5) [] [] []
12. If requested, does staff assist you with your medication? 146.230(b) & (d) [] [] []
NOTE: This includes ordering and set up. Make sure response matches RSP. Mark N/A if resident does not require medication assistance.
13. If you wish, are you able to change the services you receive? 146.250(e) [] [] []
14. If you choose to be employed, does staff prevent you from seeking employment? 146.250(e)(10) [] [] []
NOTE: Mark "N/A" if the resident does not wish to be employed.
15. Do you choose how to dress, with whom to interact, your activities and the furnishings in your apartment? 146.250(e) [] [] []
16. If interested, can you use the common areas of the building, such as the dining room, activity room and resident laundry room? [] [] []
17. If you choose, can you leave the building and participate in activities of your choosing without staff? Including overnight visits with family and friends? [] [] []
18. Can you request certain staff provide you with services? **NOTE:** If the answer is "No" and alternative staff is not available, please include a comment. Example, no male CNAs or only 1 CNA assigned to a floor. [] [] []

Individual Resident Review
Resident D

Resident Name: _____

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

HFS Staff Observations:

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

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

6/12/19

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

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

- | | | |
|---|--|--------------------------|
| <p>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.</p> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| <p>6. Did the resident initial the ISP to indicate he/she chose to receive services from the SLP provider?</p> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| <p>7. If the resident did not choose to receive services from the SLP provider, did the resident initial that he/she received referral information?</p> | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>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.</p> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| <p>9. Does the ISP include areas important to the resident, such as goals, interests, preferences or choices? 146.245(d)</p> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| <p>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.</p> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| <p>11. Is the ISP individualized to the resident's preferences and assessed needs? 146.245(d)
 NOTE: Compare with assessment, MD orders, nursing notes, etc. The assessment may differ from the ISP if there has not been a significant change in condition or if there has been a preference change by the resident since the assessment was completed. This is acceptable.</p> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| <p>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.</p> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| <p>13. If the resident declined any services, are they noted on the ISP? 146.245(d)</p> | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

Medication Management Services 146.230

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

146.265(c)

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

Comments:

APARTMENT OBSERVATIONS

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

- | | | | |
|---|-------------------------------------|-----|-----|
| 1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1) | <input checked="" type="checkbox"/> | [] | [] |
| 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"/> | [] | [] |

6/12/19

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

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

Resident Name: _____ Resident C _____

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 C

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

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

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Individual Resident Review

Resident Name: _____ **Resident C**

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

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

HFS Staff Observations:

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

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

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SLP Resident Review (2 of 10) Resident Name: Resident 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. [] [] []
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) [] [] []

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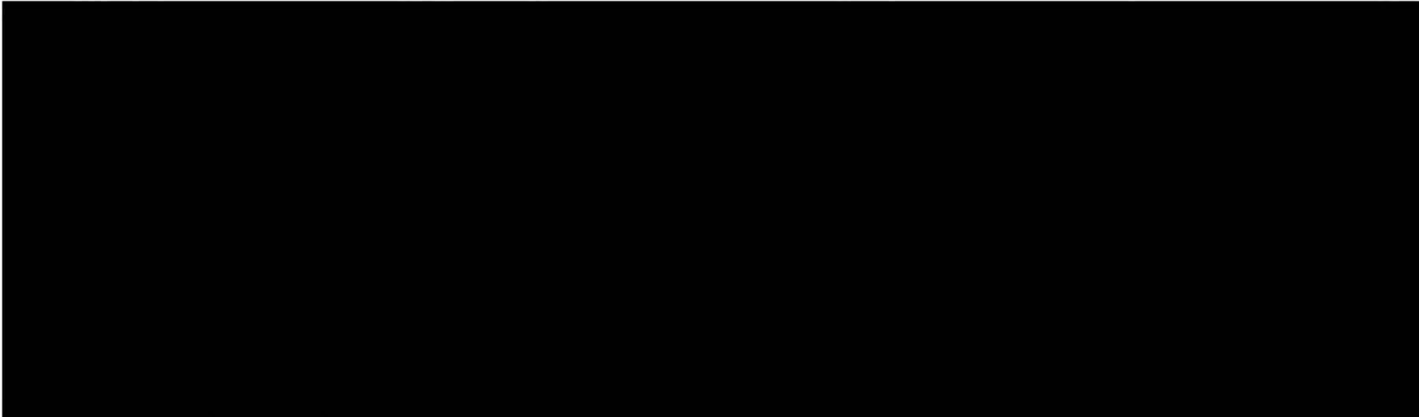
SLP Resident Review (8 of 10) Resident Name: Resident B

Medication Management Services 146.230

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

[REDACTED] Review Report
is in a POS.

146.265(c)



Apartment Observations 146.210 and 230

	Yes	No	Comments	A med error
1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Report was not done as per said
2. Entrance doors open onto a public corridor? 146.210(h)(3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Res. Rec. [REDACTED]
3. Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See p. 37
4. All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional comment
5. Each apartment entrance door equipped with an "eye view"? 146.210(h)(4) NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents. <input type="checkbox"/> NOT APPLICABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub and/or shower stall with grab bars sufficient to meet the needs of the resident, sink, hot and cold water? 146.210(f)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

6/12/19

**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"/>

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Individual Resident Review

Resident Name: Resident B

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

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

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Doesn't know
 "New been an issue"

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) [] [] []

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

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

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

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

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

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

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

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

HFS Staff Observations:

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

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

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

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

Services 146.215 and 230 Yes No N/A Comments

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

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

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

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

Comments: #11 ISP dated [redacted] mentions [redacted] did weekly
Re mentions [redacted] weekly. Had into room to answer
response light. Unmasked about [redacted] weekly
[redacted] res [redacted] changed weekly per res request

Reviewer Signature: [Signature]
Date of Review: 12/19/0

SI.P Resident Review (8 of 10) Resident Name: Resident A

Medication Management Services 146.230

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

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

Comments:

APARTMENT OBSERVATIONS

Apartment Observations 146.210 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"/> | [] | [] |

6/12/19

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

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

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**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"/>

6/12/19

Individual Resident Review

Resident Name: Resident A

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

Yes No N/A Comments

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

6/12/19

Individual Resident Review

Resident Name: Resident A

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

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

HFS Staff Observations:

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

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

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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. | [X] [] [] [] |
| 6. | Did the resident initial the ISP to indicate he/she chose to receive services from the SLP provider? | [X] [] [] [] |
| 7. | If the resident did not choose to receive services from the SLP provider, did the resident initial that he/she received referral information? | [] [] [] [X] [] |
| 8. | Did the resident initial that he/she received a copy of the SLP's resident rights?
NOTE: If initials are missing, answer the question "No" and remediate while on-site. | [X] [] [] [] |
| 9. | Does the ISP include areas important to the resident, such as goals, interests, preferences or choices? 146.245(d) | [X] [] [] [] |
| 10. | If applicable, does the ISP include coordination and inclusion of services being delivered to the resident by an outside entity? 146.245(d)
NOTE: This includes services provided by family. | [X] [] [] [] |
| 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. | [] [X] [] [X] |
| 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. | [X] [] [] [] |
| 13. | If the resident declined any services, are they noted on the ISP? 146.245(d) | [] [] [X] [] |

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Services 146.215 and 230

Yes No N/A Comments

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

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

[] [] []

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

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



Date of Review: 12/3/19