



Hawthorn Inn of Clinton, 2021

PRONG 1

Attached to Sister Nursing Facility

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Heightened Scrutiny

SETTING INFORMATION

Setting Name: Hawthorne Inn of Clinton SLP

Address: 1 Park Lake West
Clinton, IL 61727

HEIGHTENED SCRUTINY INFORMATION

Maximum Capacity of the Facility: 27
Current Occupancy (10/20/16): 24
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
-Schematic drawing
-Policies and Procedures

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 Hawthorne Inn of Clinton

Address 1 Park Lake West

City/State/Zip Clinton, Illinois 61727

Number of Units 21 Maximum Number of Residents 27

Effective Date May 18, 2007

Rod R. Blagojevich, Governor

Barry S. Maram, Director





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

Facility Information

MANOR COURT OF CLINTON 1 PARK LANE WEST CLINTON IL 61727

ADMINISTRATOR: KATHY EYRE
TELEPHONE: 217-935-8500

Licensee ID	:0047134
Facility ID	:6015879
Skilled beds	:134
Intermediate beds	:0
Icf-dd beds	:0
Shelter Care beds	:0
Community Living beds	:0
Under 22 beds	:0
Medicare beds	:0
Medicare/Medicaid beds	:134
Medicaid beds	:0
Fax	:217-935-8520
County	:Dewitt
Medicare Certification Number	:14-6076
Medicare Skilled Certification Number	:
Medicaid ICF/DD Certification Number	:
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

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Administration

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Residents

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

Patient Days

[Level of Care](#)
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On-Site Assessment – Residential and Non-Residential HCBS Settings Validation Checklist

Provider Name:	Hawthorne Inn
Name/Address of setting:	Hawthorne Inn #1 Park Lane West, Clinton, IL 61727
Contact at the setting:	
Visited With:	[Redacted] (Resident) [Redacted] (Resident)
Surveyor Name:	
Date Completed:	3/30/16 3/30/16

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

<input type="checkbox"/> Community Integrated Living Arrangement - License	<input checked="" type="checkbox"/>	<input type="checkbox"/> Long Term Care Facility
<input type="checkbox"/> Developmental Training - Certificate	<input type="checkbox"/>	<input type="checkbox"/> Illinois Department of Public Health Certificate/License
<input type="checkbox"/> Department of Children and Family Services - License	<input type="checkbox"/>	<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		* Error
Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building located on the grounds of, or immediately adjacent to a public institution? <i>physically connected to sister NF.</i>	X			
Is the setting a farmstead, a gated community, or part of a multi-setting campus?	X plan	* Error		

Category 1

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
1. Do individuals/family members receive information, which approximates their level of understanding, regarding services in the broader community and access options, such as public bus/taxi/van services and special transportation providers?	X				
2. Does the setting utilize access to the community as part of its plan for services?	X				SLP takes residents out to eat, movies, etc. Outside vis. for s also come to SLP to per
3. Do individuals have an opportunity to seek employment in competitive integrated settings?	X NA			NA Error	Residents have never asked to work outside facility. Residents could be empl. outside com.
4. RESIDENTIAL ONLY: Does the setting encourage visitors or other people from the community to visit?	X				
5. RESIDENTIAL ONLY: Do the residents have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? If restrictions are placed on movement inside and outside the residence, have the restrictions been approved by the individual (or the legal authority acting on the individual's behalf) and the setting's care team and is it documented in the Individual Service Plan?	X				

Category 2

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
6. Are individuals and their families encouraged to participate in the care planning process?	X				<i>Yes, family & resident offer suggestions to assist in meeting their needs</i>
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	<i>Private Studio opts avail.</i>

Category 3

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

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

23. Does the setting impose restrictions regarding access to the community in accordance to the individuals' assessed needs and level of supervision required while maintaining the highest level of independence?	Yes	No	Plan	NA	X	Ø resid. interv. req. If not safe to access comm. on their own; see noted on REP. KA
24. Does the setting utilize restraints only in accordance with the Mental Health Code?					X	Restraints are not allowed in SLP. Ø 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	

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	

Category 5

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

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

Category 6

The setting is a physically accessible setting.

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

Category 7 (RESIDENTIAL ONLY)

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

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

Category 8 (RESIDENTIAL ONLY)

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
45. Do individuals have a choice regarding roommates or private accommodations?	PC 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				

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				

Follow Up/Next Steps

Notes Sister NF connected via hallway. Door to Hawthorne Inn is locked. Separate entrances.

Assessment Complet

Facility/Site

Reviewed By



Hawthorne Inn of Clinton

Heightened Security Response

- ❖ Photos
 - Attached are photos of the entrance to Hawthorne Inn of Clinton.
 - Attached are photos of the street level signage in front of Hawthorne Inn of Clinton.
 - Hawthorne Inn of Clinton has resident, staff and visitor parking that is separate from Manor Court of Clinton.
 - An aerial view identifying Hawthorne Inn of Clinton, and its proximity to community supports (ie: shopping, restaurants, theater, pharmacy, parks, YMCA, schools, etc.).

- ❖ Attached is a schematic drawing of Hawthorne Inn of Clinton, and the fire wall separating it from Manor Court of Clinton.
 - Parking
 - Hawthorne Inn of Clinton has a separate parking lot from Manor Court, located on the west side of the campus. There are 2 handicap parking spaces and 38 additional spaces for residents and visitors to use less than 21 yards from the entrance.

- ❖ Access to Community
 - Hawthorne Inn of Clinton is located in the business/school district South-West side of Clinton.
 - Hawthorne Inn of Clinton is within walking distance of the high school, junior high and elementary school. Residents participate in intergenerational activities at the elementary school on several occasions. Residents are pleased to participate and visit the school setting.
 - Hawthorne Inn of Clinton is within walking distance of a local bank, pharmacy, gas station, Wal-Mart, antique mall, restaurants, and flower shop which are often utilized by residents.
 - Hawthorne Inn of Clinton is within a few blocks of physician and dentist offices.
 - Hawthorne Inn of Clinton is within 1-2 miles of the local hospital, pharmacy, Senior Center, YMCA and several other shopping sites available for residents.
 - Hawthorne Inn of Clinton residents are within 4 miles of the C.H Moore Homestead Museum - tours are available.

- ❖ Transportation
 - Scheduled transportation is available to senior citizens through Show Bus at no charge to the senior population.
 - Some residents drive independently and are able to keep their vehicle at the facility.
 - Hawthorne Inn of Clinton also operates a vehicle used to transport residents to shopping, community events, etc. If residents want to make a special trip, they just ask.

- ❖ Activity Calendar
 - Attached are copies of 3 months of activities that are scheduled. Hawthorne Inn of Clinton residents also enjoy impromptu activities of their choice at the time they choose such as:, random bus outings to destination of choice, cocktail hour, visits from area school children, assist with community service projects, involvement in chamber of commerce contests. Impromptu group games of their choice and movie nights.

- ❖ Community Activities/Events
 - Hawthorne Inn of Clinton encourages residents to be involved in the community. Events are included on the daily activity board (centrally located) and in the calendar distributed to each resident on a monthly basis.
 - Community events that residents may attend include:
 - Community involvement for residents through luncheons at Clinton Christian Church, Lane Christian Church and the YMCA.
 - Movie time at the local theater within walking distance.
 - Local Library, located within a mile of the facility and an onsite Hawthorne Inn of Clinton library is available.
 - Hawthorne Inn of Clinton hosts a *Matter of Balance* class for residents and members of the community to participate in.
 - Residents are encouraged to participate in A.J.'s Fitness Center located on the campus which is free-of-charge. This program, under the direction of a fitness coordinator, is designed to meet the individualized needs of each resident.
 - Chair exercises are conducted at the facility by a staff member 3 times a week.
 - Special speakers and events are held at the Senior Center.
 - Once a week lunch outings at local restaurants.
 - Shopping trips to local stores including Wal-Mart, IGA, Walgreens, and several others.
 - Bi-yearly cookouts at Weldon Springs Recreation Area.

- Yearly Apple and Pork Festival within walking distance.
 - Transportation to all these outings are provided by the use of facility vehicles.
 - Each resident is encouraged and supported in pursuing individual activities based on their preferences (ex: crafts, needlework, and gardening).
- In addition, Hawthorne Inn of Clinton hosts many seminars and speakers on a variety of topics ranging from health related presentations, open forums with political candidates on election related or ballot initiatives and information on the Medicare Open Enrollment period. All of these events are open to the public.
 - Hawthorne Inn of Clinton provides health and fitness programs and in addition, Hawthorne Inn residents are encouraged to participate free-of-charge at the Fitness Center under the direction of a fitness coordinator. This fitness center is open to residents of Hawthorne Inn.
 - As you can see there are numerous opportunities for our residents of Hawthorne Inn of Clinton to remain as independent and integrated to the community.
 - Hawthorne Inn of Clinton has many testimonials from our residents that verify their ability to maintain as much independence as possible and maintain integration with the surrounding communities.
 - Hawthorne Inn of Clinton has successfully accomplished the overall goal of the Supportive Living Program by providing care for individuals who at one time had no other option except to enter or remain in Long Term nursing care facility.
- Policies & Procedures Related to Choice of Activities
 - Bulletin Board Policy (1.13)
 - Resident Activity Policy (1.30)
- ❖ Summary of Hawthorne Inn of Clinton Satisfaction Survey:
 - 24 out of 24 people responded "yes" when asked "Are the surroundings "home-like"?"
 - 22 out of 24 people responded "yes" when asked "Do you feel like you have control over your personal lifestyle at Hawthorne Inn of Clinton?"
- ❖ Community Integration
 - Hawthorne Inn of Clinton is integrated in and supports full access of residents receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings (if desired), engage in community life, control personal resources,

and receive services in the community, to the same degree of access as residents not receiving Medicaid HCBS.

- Hawthorne Inn of Clinton is selected by the resident from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the resident's needs, preferences, and, for residential settings, resources available for room and board.
- Hawthorne Inn of Clinton ensures a resident's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Hawthorne Inn of Clinton optimizes, but does not regiment, resident initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
- Hawthorne Inn of Clinton facilitates resident choice regarding services and supports, and who provides them.

❖ Living Environment

- The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the resident receiving services, and the resident has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.
- Each resident has privacy in their sleeping or living unit.
- Units have entrance doors lockable by the resident, with only appropriate staff having keys to doors.
- Residents sharing units have a choice of roommates in that setting.
- Residents have the freedom to furnish and decorate their living units within the lease or other agreement.
- Residents have the freedom and support to control their own schedules and activities, and have access to food at any time.
- Residents are able to have visitors of their choosing at any time.
- Hawthorne Inn of Clinton is physically accessible to the resident.



UNIVERSAL PRE-ADMISSION SCREENING

Effective July 1, 1996, Case Managers will conduct pre-admission screenings on all persons 60+ entering long term care facilities. This new law will enable case managers to:

- ◆ Let all nursing facility applicants know about the full range of alternative home and community-based services; and
- ◆ Inform nursing facility applicants that although they retain the right to choose nursing facility care, they cannot rely on Medicaid if they fail to meet Medicaid impairment standards after their private resources are exhausted.

It is believed that universal nursing facility pre-screening will allow an additional 79,000 individuals to make a more informed choice of care options.

*Serving Seniors In
Champaign, Dewitt,
Douglas and Piatt
Counties.*

*Call today for
more information!*

FUNDING:

This program is funded in part by:

- ◆ Illinois Department on Aging
- ◆ East Central Illinois Area Agency on Aging
- ◆ The United Way
- ◆ and private contributions.

TO OBTAIN AN APPLICATION FOR SERVICES OR FOR ADDITIONAL INFORMATION PLEASE CALL:

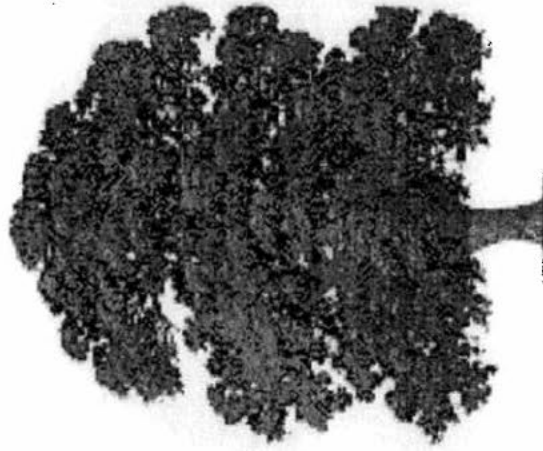
1-877-626-7911

OR

(217) 384-3360

CUMBERLAND ASSOCIATES

Senior Programs



Growing Healthy Communities
Is Our Business

304 North Maple • Suite 202
Urbana, Illinois 61802
1-877-626-7911
or
(217) 384-3360

Hours: Monday - Friday 8:00 am to 5:00 pm
Saturday & Sunday 7:00 am to 2:00 pm

Peace Meal participants are served a delicious well balanced meal containing at least 1/3 of the daily adult requirements.

Congregate meals are served Monday thru Friday at 11:30 am at the Center and home delivered meals are available for seniors who qualify for this service and are available on a temporary or long-term basis.

Our Outreach program is offered through Path Senior Services. Monday thru Friday of each week, a trained staff member is in the Center to assist residents of DeWitt County by way of information, assistance, referral, and outreach.

This program is able to assist you with Benefit Access Application (formerly Circuit Breaker) to obtain discounted license plate stickers, Medicare counseling through Senior Health Insurance Program (SHIP), Caregiver Advisory services, and more.

Assistance is provided by telephone, Center office or home visits.

CENTER STAFF

Sissy Leggett
Executive Director

Betsy Davis-Parker
Administrative Assistant

PEACE MEAL ON SITE SUPERVISOR

Sherry Griffin

PATH SENIOR SERVICES OUTREACH

Rebecca Wheat



DeWitt County Friendship Center



HOURS OF OPERATION

Monday—Friday

8:00 am—3:00 pm

410 East Main Street
Clinton, IL 61727
217-935-9411

dcfc4u@frontier.com



24/7 Crisis Response,
Information & Referrals

Where Do I Turn?

Just Dial 2-1-1

**A Brief Guide to Services
in DeWitt County**



Dial 2-1-1
309-827-4005
TTY 309-829-9027
www.pathcrisis.org

Rev. 7/15

Subsidized Child Care

Child Care Resource and Referral Network
207 W. Jefferson St Suite 301, Blm
309/828-1892

Subsidized Housing

DeWitt County Housing Authority
100 S. Railroad St, Clinton 217/935-8804

Kleeman Village
1101 Kleeman Dr, Clinton 217/935-6655

Substance Abuse

Chestnut Health Systems
702 W. Chestnut, Blm 309/827-6026

DeWitt County Human Resource Center
1700 State Hwy 10, Clinton 217/935-2218

Illinois Institute for Addiction Recovery
1302 Franklin Ave, Suite 3300, Normal
309/888-0993

Alcoholics Anonymous
309/828-7092

Alanon/Alateen
309/827-7426

Transportation

SHOW Bus
24883 Church St, Chenoa 800/525-2454
Must call a day in advance to schedule

Medical

DeWitt -Piatt County Health Department
5924 Revere Rd, Clinton 217/935-3427

**IL Department of Human Services
(State Health Insurance-Medicaid)**
1550 4th St, Lincoln 217/735-2306

John Warner Hospital
422 W. White St, Clinton 217/935-9571

Farmer City Rehab & Healthcare
404 Brookview Dr, Farmer City 309/928-2118

**Liberty Village -
Long Term Care, Rehab, Supportive Living**
1 Park Lane West, Clinton 217/935-8500

Mental Health

DeWitt County Human Resource Center
1150 Rte 54 West, Clinton 217/935-9496

Senior Services

Cumberland Assoc Senior Programs
304 N. Maple St, Urbana 877/626-7911

Friendship Center
410 E. Main St, Clinton 217/935-9411

Friends In Action
410 E. Main St, Clinton 217/855-6036

**PATH Senior Services Outreach/
Senior Health Insurance Program**
410 E. Main St, Clinton 217/935-9411

**Peace Meal -
Congregate and Home Delivered Meals**
410 E. Main St, Clinton 217/935-9411

Retired Seniors Volunteer Program
803 W. Leander St, Clinton 217/935-2241

Sunshine Center
701 E. Clinton Ave, Farmer City 309/928-9400

THE FRIENDSHIP CENTER OPERATING HOURS
MONDAY thru FRIDAY 8:00 AM - 3:00 PM
PEACE MEALS SERVED AT 11:30 AM
MONDAY thru FRIDAY

DAILY ACTIVITIES

MONDAYS

Wii BOWLING 1:00 PM to 3:00 PM
COLOR CONVERSATION COLORING GROUP 1:00 PM to 3:00 PM

TUESDAYS

BILLIARDS 1:00 PM to 3:00 PM
CARDS & GAMES 1:00 PM to 3:00 PM
MOVIE 12:15 PM (for those interested)

WEDNESDAYS

SENIOR YOGA CLASS 8:15 AM
BENGO 12:15 PM to 1:00 PM
STRONG FOR LIFE SENIOR EXERCISE CLASS 2:00 PM

THURSDAYS

BEAN BAG BASEBALL
12:30 PM to 3:00 PM

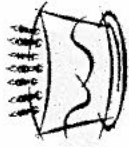
FRIDAYS

BILLIARDS 1:00 PM to 3:00 PM
CARDS & GAMES 1:00 PM to 3:00 PM

REFRESHMENTS SERVED! COME JOIN US!

CALL THE CENTER AT 217-935-9411 FOR DETAILS

OCTOBER BIRTHDAYS

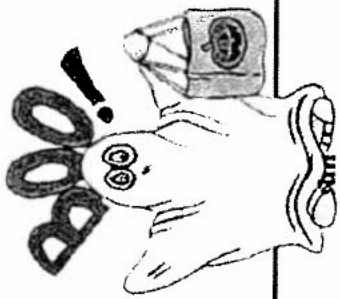


COME IN FOR CAKE & ICE CREAM

ON OCTOBER 26TH
&

CELEBRATE OCTOBER BIRTHDAYS WITH US!

IF YOU ARE NOT ON OUR BIRTHDAY LIST
& WOULD LIKE TO BE
PLEASE CALL US!
217-935-9411



October 2016



	Mon	Tue	Wed	Thu	Fri	Sat
2						1
3	COFFEE 8 AM Wii BOWLING 1 PM—3 PM COLOR CONVERSATION 1 PM—3 PM	COFFEE 8 AM ART & THINGS 10 AM—11:30 AM POOL 1 PM—3 PM CARDS & GAMES 1 PM—3 PM	COFFEE 8 AM SENIOR YOGA CLASS 8:15 AM AMEREN PROGRAM 12P BINGO 12:30 PM STRONG for LIFE SENIOR EXERCISE 2PM	COFFEE 8 AM BEAN BAG BASEBALL 12:30 PM—3 PM	COFFEE 8 AM POOL 1 PM—3 PM CARDS & GAMES 1 PM—3 PM	COFFEE 8 AM POOL 1 PM—3 PM CARDS & GAMES 1 PM—3 PM
4						8
5						15
6						22
7						29
8						
9	COFFEE 8 AM ALZHEIMER'S SUPPORT GROUP 12 PM—1 PM Wii BOWLING 1 PM—3 PM CIRCLE OF FRIENDS NEEDLEWORK GROUP 1 PM COLOR CONVERSATION 1 PM—3 PM COLUMBUS DAY	COFFEE 8 AM HEARING AID CENTER 9:30 AM—11 AM POOL 1 PM—3 PM CARDS & GAMES 1 PM—3 PM	COFFEE 8 AM SENIOR YOGA CLASS 8:15 AM BINGO 12:15 PM STRONG for LIFE SENIOR EXERCISE 2PM	COFFEE 8 AM BEAN BAG BASEBALL 12:30 PM—3 PM	COFFEE 8 AM POOL 1 PM—3 PM CARDS & GAMES 1 PM—3 PM	CELEBRATING YOUR YEARS EVENT 2 PM—4 PM
10						
11						
12						
13						
14						
15						
16	COFFEE 8 AM LOW VISION SUPPORT GROUP 10 AM Wii BOWLING 1 PM—3 PM COLOR CONVERSATION 1 PM—3 PM	COFFEE 8 AM LIBERTY VILLAGE HEALTH CHECKS 9AM-10:30AM DR. STEPHANIE CLUVER FREE NECK SCAN 9:30 AM—12 PM ART & THINGS 10 AM—11:30 AM POOL 1 PM—3 PM CARDS & GAMES 1PM-3PM	COFFEE 8 AM SENIOR YOGA CLASS 8:15 AM BINGO 12:15 PM STRONG for LIFE SENIOR EXERCISE 2PM	COFFEE 8 AM BEAN BAG BASEBALL 12:30 PM—3 PM	COFFEE 8 AM POOL 1 PM—3 PM CARDS & GAMES 1 PM—3 PM	
17						
18						
19						
20						
21						
22						
23	COFFEE 8 AM Wii BOWLING 1 PM—3 PM COLOR CONVERSATION 1 PM—3 PM UNITED NATIONS DAY	COFFEE 8 AM HEARING AID CENTER 9:30 AM—11 AM FREE RULES OF THE ROAD REVIEW COURSE 1:30 P—3:30 P POOL 1 PM—3 PM CARDS & GAMES 1P—3PM	COFFEE 8 AM SENIOR YOGA CLASS 8:15 AM OCT BIRTHDAY CAKE & ICE CREAM—10:30 AM BINGO 12:15 PM STRONG for LIFE SENIOR EXERCISE 2PM	COFFEE 8 AM BEAN BAG BASEBALL 12:30 PM—3 PM	COFFEE 8 AM POOL 1 PM—3 PM CARDS & GAMES 1 PM—3 PM	
24						
25						
26						
27						
28						
29						
30	HAPPY HALLOWEEN COFFEE 8 AM Wii BOWLING 1 PM—3 PM COLOR CONVERSATION 1 PM—3 PM					

LOW VISION SUPPORT GROUP

Do you have visual issues such as reading a newspaper, telephone book, telling time, using appliances, or dialing a telephone?

Do you know someone who has these problems?

Would you like to know about: adaptive aids, resources, counseling, improving the quality of life for someone, providing them a free resource to make the low vision person more independent?

Perhaps this support group would be beneficial to you!

MEETINGS ARE NOW HELD THE THIRD MONDAY OF EACH MONTH

THE NEXT MEETING WILL BE
MONDAY, OCTOBER 17, 2016

DEWITT COUNTY FRIENDSHIP CENTER
410 EAST MAIN STREET
CLINTON, ILLINOIS

10:00 AM - 11:00 AM

THESE MEETINGS ARE FREE & EDUCATIONAL

CONTACT: KIM TARKOWSKI
LIFE CENTER FOR INDEPENDENT LIVING
2201 EASTLAND DRIVE, SUITE #1
BLOOMINGTON, IL 61704
309-663-5433

or

DEWITT COUNTY FRIENDSHIP CENTER
217-935-9411

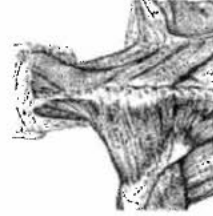
DR. STEPHANIE CLUVER
CLINTON CHIROPRACTIC

TUESDAY, OCTOBER 18, 2016
9:30 AM to 12 NOON

COME IN TO THE CENTER & HAVE DR. CLUVER DO A FREE PAINLESS CERVICAL (NECK) SCAN. THIS IS A PAINLESS, 10 MINUTE PROCEDURE TO SHOW YOU HOW YOUR SPINE IS BEHAVING **RIGHT NOW.**

SHE'LL WALK YOU THROUGH PROBLEM AREAS AS WELL AS AREAS WHERE YOU ARE DOING JUST FINE. BY SCANNING THE NECK IT WILL GIVE A QUICK SNAP SHOT OF WHAT IS GOING ON. SHE WILL ALSO GIVE YOU INFORMATION ABOUT SERVICES PROVIDED BY THE NURSE PRACTITIONER FOR PAIN MANAGEMENT.

PLEASE CALL THE CENTER TO SCHEDULE YOUR TIME SLOT!
217-935-9411



WALK INS WILL BE ACCEPTED IF TIME ALLOWS



CURTIS ORCHARD
& Pumpkin Patch

JOIN US ON A TRIP TO
CURTIS ORCHARD!

WEDNESDAY, OCTOBER 19TH

WE'LL LEAVE THE CENTER AT 9:00 AM
WE'LL RETURN TO THE CENTER AT 2:30 PM

ENJOY THE BAKERY, THE COUNTRY STORE,
THE FLYING MONKEY CAFÉ!

YOU'LL BE ON YOUR OWN AT THE ORCHARD FOR LUNCH

COST - \$ 5 PER PERSON
(FOR TRANSPORTATION)

SEATS ARE LIMITED!
PAYMENT DUE AT SIGN UP
CALL NOW!
217-935-9411



FRIENDS IN ACTION
of DeWitt County
located at the Friendship Center

Friends In Action of DeWitt County is a program that provides spiritual/emotional and physical support and friendly assistance to help seniors keep their dignity and quality of life while living independently.

Services Offered Include:

- Transportation / Friendly Visits & Phone Calls
- Minor Home Repairs
- Assistance with Errands & Shopping
- Ramp Building / Respite Care

To obtain services or volunteer contact

Lola Camp @ 217-855-6036

or stop by the office on
Tuesdays and Thursdays – 9 am – 11 am
The Friendship Center

410 E. Main
Clinton, IL



Friends in Action
of DeWitt County

Services are free but donations are accepted with a smile

THE HEARING AID CENTER

**JOYCE DEARTH FROM
THE HEARING AID CENTER
WILL BE HERE**

OCTOBER 11TH & 25TH

9:30 AM to 11:00 AM

**SHE WILL PROVIDE:
FREE HEARING CHECK UPS
FREE HEARING AID CLEANING
& TUBING FOR BEHIND THE EAR HEARING
INSTRUMENTS**

HEARING AID BATTERIES WILL ALSO BE AVAILABLE



**FOR MORE INFORMATION, CALL THE CENTER
217-935-9411**



FLU SHOT CLINIC

TUESDAY, OCTOBER 18TH

**9 am to 12 noon
at**

The Friendship Center

Wal-Mart Pharmacists

& Techs will be here to give flu shots

**INSURANCE MUST BE BILLED FOR FLU SHOT
NO PRIVATE PAYMENT OPTIONS AVAILABLE**

***PLEASE BRING*
MEDICARE/MEDICAID CARD**

**&/OR
INSURANCE CARD**

Elvin Bishop & Charlie Musselwhite

Friday, October 21, 2016 at 8:00 pm



Rock & Roll Hall of Fame inductee Elvin Bishop and Blues Music Hall of Fame inductee Charlie Musselwhite share the stage for a stripped down set of American roots music --

a journey through rock, blues and folk from two of music's most engaging bandleaders. Elvin Bishop has been performing his rollicking brand of front porch blues ever since he hit the national scene in 1966 with The Paul Butterfield Blues Band.

Best known for his solo chart-topping hit "Fooled Around and Fell in Love," the *Chicago Tribune* says Bishop plays "good-time music guaranteed to put a smile on your face...serious playing, potent slide guitar and razor-sharp licks."

American electric harmonica player and bandleader Charlie Musselwhite, who was reportedly the inspiration for Dan Aykroyd's character in the Blues Brothers, is celebrating the 50th anniversary (and re-release) of his legendary debut album *Stand Back!* Here Comes Charley Musselwhite's *Southside* Band.

LEAVE THE CENTER AT 4:30 PM
 FIRST STOP - GOLDEN CORRAL FOR DINNER
 NEXT STOP - SANGAMON AUDITORIUM
 FOR PERFORMANCE AT 8:00 PM
 RETURN IMMEDIATELY FOLLOWING PERFORMANCE

COST - \$ 20 PER PERSON
 (PRICE INCLUDES TRANSPORTATION, DINNER, GRATUITY)
 PAYMENT DUE AT TIME OF SIGN UP
 CALL 217-935-9411

MONTHLY HEALTH CHECKS
 COURTESY OF
 LIBERTY VILLAGE

THE THIRD TUESDAY OF EACH MONTH

THIS MONTH:
 TUESDAY, OCTOBER 18, 2016 - 9:00 AM to 10:30 AM

TO CHECK:
 BLOOD PRESSURE, HEART RATE, RESPIRATORY CHECKS,
 WEIGHT

OXYGEN READINGS TO DETERMINE
 OXYGEN IN THE BLOOD
 PULSE, BLOOD SUGAR SCREENING
 (PLEASE NOTE: FREQUENCY OF BLOOD SUGAR TESTING WILL BE
 DETERMINED BY PREVIOUS RESULTS OR AS INDICATED)

PLEASE TAKE ADVANTAGE OF THIS FREE SERVICE
 PROVIDED BY
 LIBERTY VILLAGE!

FOR MORE INFORMATION, CALL THE FRIENDSHIP CENTER
 AT 217-935-9411



Supportive Living Program

Staff Qualifications

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

89 IL Adm Code, Subpart B, Section 146.235 Staffing

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

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

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

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

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



BUILDERS DESIGN / HOLLANDER ARCHITECTS, P.C.

ARCHITECTS

519 First Capitol Drive, Suite 200 St. Charles, Missouri 63301 (636) 947-4140 Fax: (636) 947-7000
P.O. Box 442 Edwardsville, Illinois 62025 (618) 656-2012

[REDACTED]

[REDACTED]

115 E. South Street
Galesburg, IL 61401

RE: Hawthorne Inn of Clinton
502 Illini Drive
Clinton, Illinois

To Whom It May Concern:

To the best of my knowledge, information and belief, the building was constructed in general conformance with the plans and specifications, and in my professional opinion, is in compliance with the International Building Code (2003 edition), NFPA Life Safety Code Chapter 32 "Residential Board and Care Occupancies" (2000 edition), Illinois Accessibility Code (April 24, 1997 edition), ANSI A117.1 "Accessible and Usable Buildings and Facilities" (1998 edition), 89 Illinois Administrative Code Chapter 1 Section 146.210 "Structural Requirements" and applicable local fire codes and ordinances.

[REDACTED]

[REDACTED]

September 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
4 9:30 Communion 2:00 Danish Tray 6:00 Sundaes 6:30 Bingo	5 9:30 Exercise 10:00 Bag Toss 1:00 Wal-Mart 6:00 Walk Club	6 9:00 Bible Study 9:30 Exercise 11:00 Lunch Out 3:00 Cards	7 9:30 Walk Club 10:00 Bag Toss 10:30 YAH 1:00 Nails 6:00 Social Hour	1 9:00 Res Council 9:30 Exercise 10:00 10:00 Cards 3:00 Popcorn 6:30 Bingo	2 9:30 Walk Club 10:00 Bag Toss 1:00 Bus Ride 6:00 Movie	3 9:30 Social Hour 1:00 Nails 3:00 Wii 6:00 Puzzle
11 9:30 Communion 2:00 Cheese & Cracker tray 6:00 Sundaes 6:30 Bingo	12 9:30 Exercise 10:00 Yodders Buffet & Store 6:00 Walk Club	13 9:00 Bible Study 9:30 Exercise 1:00 Walgreens 3:00 Cards	14 9:30 Walk Club 10:00 Bag Toss 1:00 Nails 6:00 Social Hour	15 9:30 Exercise 10:00 Cards 2:00 Coupon Cutting 3:00 Popcorn 6:30 Bingo	16 9:30 Walk Club 10:00 Bag Toss 1:00 Bus Ride 6:00 Movie	17 9:30 Social Hour 1:00 Nails 3:00 Wii 6:00 Puzzle
18 9:30 Communion 2:00 Ron Devore & Donuts 6:00 Sundaes 6:30 Bingo	19 9:30 Exercise 10:00 Bag Toss 11:00 Lunch Out 6:00 Walk Club	20 9:00 Bible Study 9:30 Exercise 1:00 IGA 3:00 Cards	21 9:30 Walk Club 10:00 Bag Toss 11:00 YMCA potluck 1:00 Nails 6:00 Social Hour	22 9:30 Exercise 10:00 Cards 3:00 Popcorn 6:30 Bingo	23 9:30 Walk Club 10:00 Bag Toss 1:00 Save-a-Lot 6:00 Movie	24 9:30 Social Hour 1:00 Nails 3:00 Wii 6:00 Puzzle
25 9:30 Communion 2:00 Fruit Tray 6:00 Sundaes 6:30 Bingo	26 9:30 Exercise 10:00 Bag Toss 11:00 Lunch Out 6:00 Walk Club	27 9:00 Bible Study 9:30 Exercise 1:00 Wal-Mart 3:00 Cards	28 9:30 Walk Club 10:00 Weldon Springs Cook-out 1:00 Nails	29 9:30 Exercise 10:00 Cards 3:00 Popcorn 6:30 Bingo	30 9:30 Walk Club 10:00 Bag Toss 1:00 Bus Ride 3:00 B-Day Party 6:00 Movie	
						<u>Birthdays this month:</u> Reta Lyons 11 th Juanita Galyean 11 th

October 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						<i>1</i> 9:30 Social Hour 1:00 Nails 3:00 Wii 6:00 Puzzle
<i>2</i> 9:30 Communion 2:00 Ron Devore & Danish Tray 6:00 Sundaes 6:30 Bingo	<i>3</i> 9:30 Exercise 10:00 Bag Toss 11:00 Lunch Out 6:00 Walk Club	<i>4</i> 9:00 Bible Study 9:30 Exercise 1:00 IGA 3:00 Cards	<i>5</i> 9:30 Walk Club 10:00 Bag Toss 1:00 Nails 6:00 Social Hour	<i>6</i> 9:00 Res Council 9:30 Exercise 10:00 Cards 3:00 Popcorn 6:30 Bingo	<i>7</i> 9:30 Walk Club 10:00 Bag Toss 1:00 S Gen 6:00 Movie	<i>8</i> 9:30 Social Hour 1:00 Nails 3:00 Wii 6:00 Puzzle
<i>9</i> 9:30 Communion 2:00 Veggi Tray 6:00 Sundaes 6:30 Bingo	<i>10</i> 9:30 Exercise 10:00 Bag Toss 11:00 Lunch Out 6:00 Walk Club	<i>11</i> 9:00 Bible Study 9:30 Exercise 1:00 Walgreens 3:00 Cards	<i>12</i> 9:30 Walk Club 10:00 Bag Toss 1:00 Nails 6:00 Social Hour	<i>13</i> 9:30 Exercise 10:00 Wagon Wheel Pumpkin Patch 3:00 Popcorn 6:30 Bingo	<i>14</i> 9:30 Walk Club 10:00 Bag Toss 1:00 Bus Ride 6:00 Movie	<i>15</i> 9:30 Social Hour 1:00 Nails 3:00 Wii 6:00 Puzzle
<i>16</i> 9:30 Communion 2:00 Cheese Ball and Crackers 6:00 Sundaes 6:30 Bingo	<i>17</i> 9:30 Exercise 10:00 Bag Toss 11:00 Lunch Out 6:00 Walk Club	<i>18</i> 9:00 Bible Study 9:30 Exercise 1:00 Wal-Mart 3:00 Cards	<i>19</i> 9:30 Walk Club 10:00 Bag Toss 1:00 Nails 6:00 Social Hour	<i>20</i> 9:30 Exercise 2:00 Coupon Cutting 3:00 Popcorn 6:30 Bingo	<i>21</i> 9:30 Walk Club 10:00 Bag Toss 1:00 Save-a-Lot 6:00 Movie	<i>22</i> 9:30 Social Hour 1:00 Nails 3:00 Wii 6:00 Puzzle
<i>23</i> 9:30 Communion 2:00 Fruit Tray 6:00 Sundaes 6:30 Bingo	<i>24</i> 9:30 Exercise 10:00 Bag Toss 11:00 Lunch Out 6:00 Walk Club	<i>25</i> 9:00 Bible Study 9:30 Exercise 1:00 IGA 3:00 Cards	<i>26</i> 9:30 Walk Club 10:00 Bag Toss 1:00 Nails 6:00 Social Hour	<i>27</i> 9:30 Exercise 10:00 Cards 3:00 Popcorn 6:30 Bingo	<i>28</i> 9:30 Walk Club 10:00 Bag Toss 1:00 Bus Ride 3:00 B-Day Party 6:00 Movie	<i>29</i> 9:30 Social Hour 1:00 Nails 3:00 Wii 6:00 Puzzle
<i>30</i> 9:30 Communion 2:00 Donuts 6:00 Sundaes 6:30 Bingo	<i>31</i> 9:30 Exercise 10:00 Bag Toss 11:00 Lunch Out 3:30 Trick or Treating 6:00 Walk Club	Popcorn Tuesdays at 6pm.				<u>Birthdays this month:</u>



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 **Hawthorne Inn of Clinton** in **February 2016**. **Hawthorne Inn of Clinton** was found to be compliant with documentation of participant choice of provider.



SHOW BUS

WHAT IS SHOW BUS?

It is public transportation available to residents of rural DeWitt, Ford, Iroquois, Kankakee, Livingston, Macon and McLean Counties.

WHO CAN RIDE?

EVERYONE can ride. Persons of all ages and income levels may ride. All buses are equipped with lifts for easy wheelchair access.

WHERE ARE PASSENGERS PICKED UP?

Pick ups are made at central community locations as well as private residences.

WHAT TIME IS PICK UP?

Please see inside for times.

CAN THERE BE MORE THAN ONE STOP?

Persons riding on scheduled days can request more than one stop in the destination city. There is no additional charge for this service.

HOW CAN RIDES BE ARRANGED?

Requests for scheduled days service must be made by 9:00 a.m. on the weekday **before** the day of service.

To make a reservation, call:
1-800-525-2454 (toll free)

ROUND TRIP FARES:

For scheduled days within county:
\$ 5.00

For scheduled days outside county:
\$ 7.00

For service within a Clinton:
\$ 3.00

For Children ages 12 and under:
Half Price

These are **suggested donations** for persons 60 years of age and over.

For **special service** call the office for prices. 1-800-525-2454.



SHOW BUS

This brochure is available in other formats upon request.

www.SHOWBUSonline.org

SHOW BUS



Public Transportation
1-800-525-2454

This service is made available in DeWitt, Ford, Iroquois, Livingston, Macon & McLean Counties by funding through the Illinois Department of Transportation (Sec. 5310, 5311, 5316 & 5317 of the Federal Transit Act, as amended), the Downstate Operating Assistance Program and the following: East Central Illinois Area Agency on Aging, United Way and community funds, units of local government, churches, civic groups, businesses, individuals and passenger donations, fees and contracts.

DEWITT COUNTY

www.SHOWBUSonline.org

DEWITT COUNTY

SCHEDULED DAYS

Buses arrive at out of county destinations by 10:30 & leave for the return trip at 2:00. Buses will leave Clinton in the afternoon for other DeWitt County destinations from 3:00-4:00. In addition to the destinations below, a weekly run between Clinton and Lincoln is available. Call the office for more information.

Early morning riders will arrive in Clinton in time to transfer to other buses leaving for out of county destinations.

MONDAY

7-8:30 W County into Clinton
7-8:30 E County into Clinton
8-9:30 Service within Clinton
9:00 Call in service countywide until 3:00
9:45 Clinton and Farmer City into Champaign

TUESDAY

7-8:30 W County into Clinton
7-8:30 E County into Clinton
8-9:30 Service within Clinton
9:00 E County into Bloomington
9:00 Call in service countywide until 3:00
9:45 Clinton into Bloomington

WEDNESDAY

7-8:30 W County into Clinton
7-8:30 E County into Clinton
8-9:30 Service within Clinton
9:00 Call in service countywide until 3:00
9:45 Clinton into Decatur

THURSDAY

7-8:30 W County into Clinton
7-8:30 E County into Clinton
8-9:30 Service within Clinton
9:00 Call in service countywide until 3:00
9:45 Clinton into Bloomington

FRIDAY

7-8:30 W County into Clinton
7-8:30 E County into Clinton
8-9:30 Service within Clinton
9:00 (2nd and 4th Fridays)
E County into Bloomington
9:00 Call in service countywide until 3:00
9:45 Clinton into Decatur

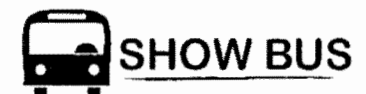
Do you have a medical transportation need that cannot be accommodated through the scheduled days services? Telephone the **SHOW BUS** office and ask about **Special Service!** **SHOW BUS** accepts Medicaid and insurance billings. Do you need special help to ride the bus? Ask about the voucher program.

SHOW BUS provides door to door service as needed. While drivers will assist passengers to the bus, they are not allowed to assist passengers with mobility devices up and down stairs or up and down non standard ramps.

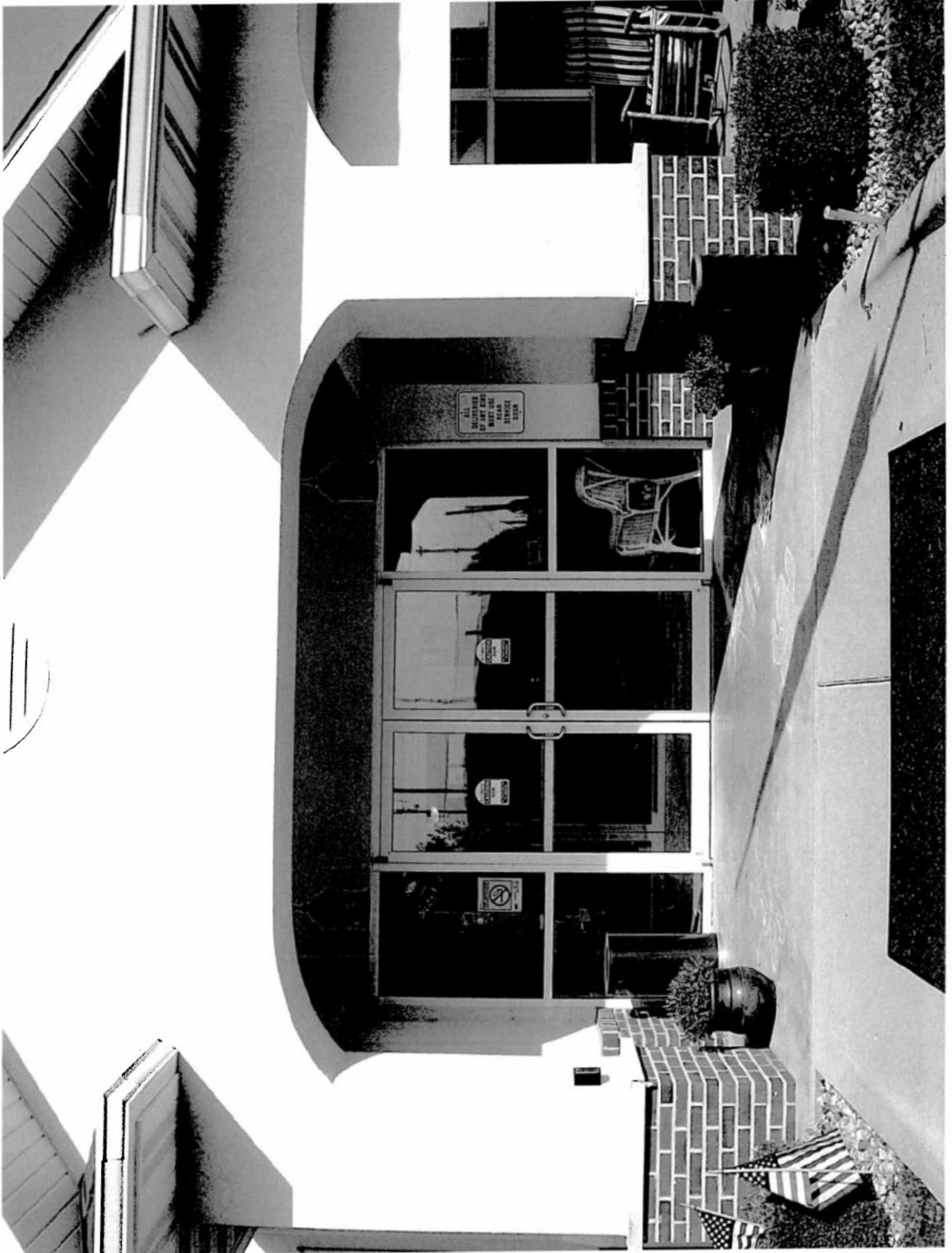
All vehicles are equipped with lifts or ramps that accommodate common wheelchairs and weights up to 600 lb. Lift chairs are provided for ambulatory passengers who wish to use the lift.

Drivers will assist with grocery sized packages and will provide assistance as needed with seat-belts. Use of seat-belts and the safety railing in the vehicles are strongly encouraged.

Title VI Policy: **SHOW BUS** is a federally assisted program to provide public transportation to any individual. **SHOW BUS** does not discriminate on the grounds of race, color, national origin, sex, age or disability; none will be excluded from the participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance. If you feel you have been discriminated against, contact the **SHOW BUS** Director, Laura Dick, at 309-747-2454 to file a complaint.







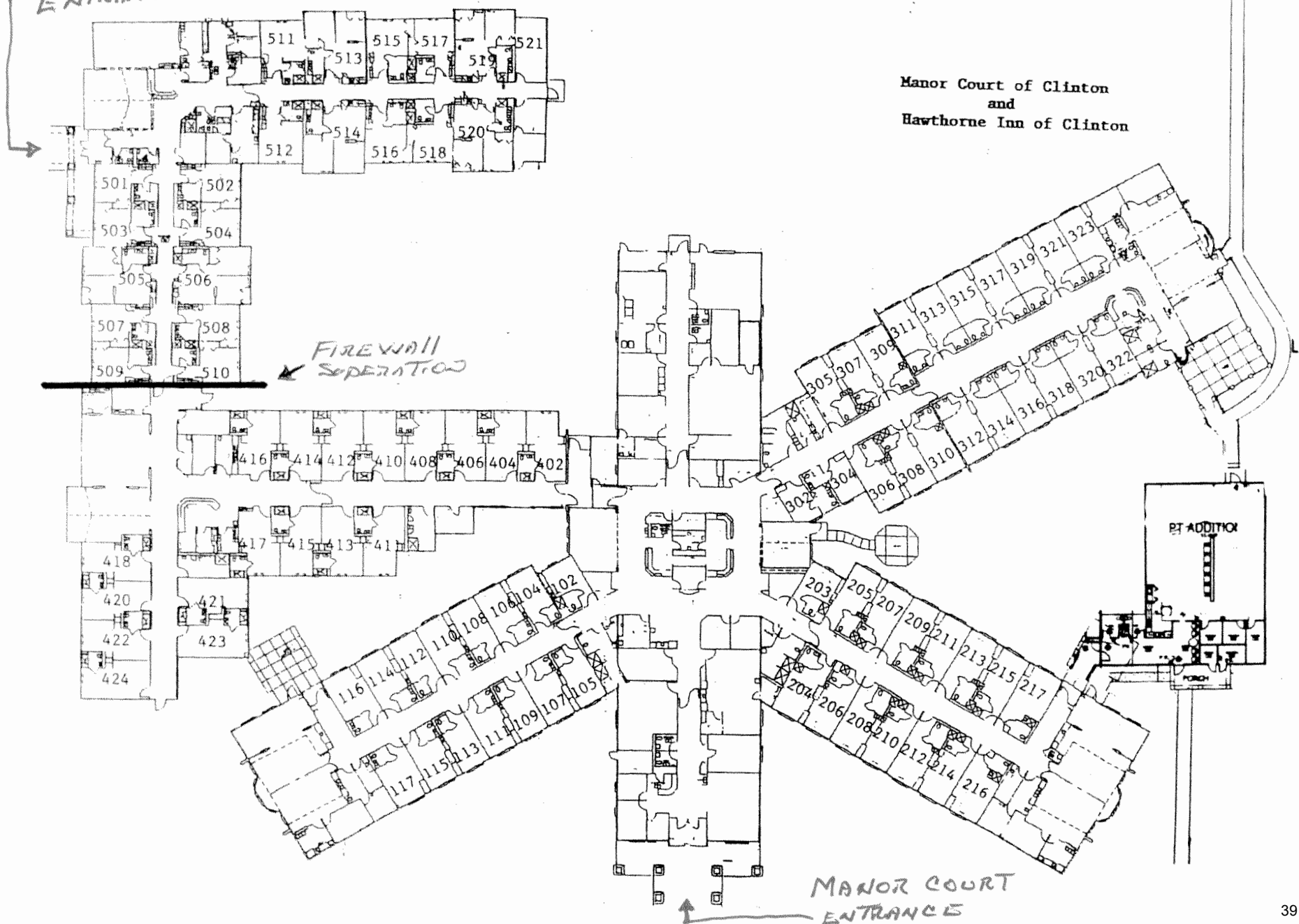
HAWTHORNE INN
ENTRANCE

Manor Court of Clinton
and
Hawthorne Inn of Clinton

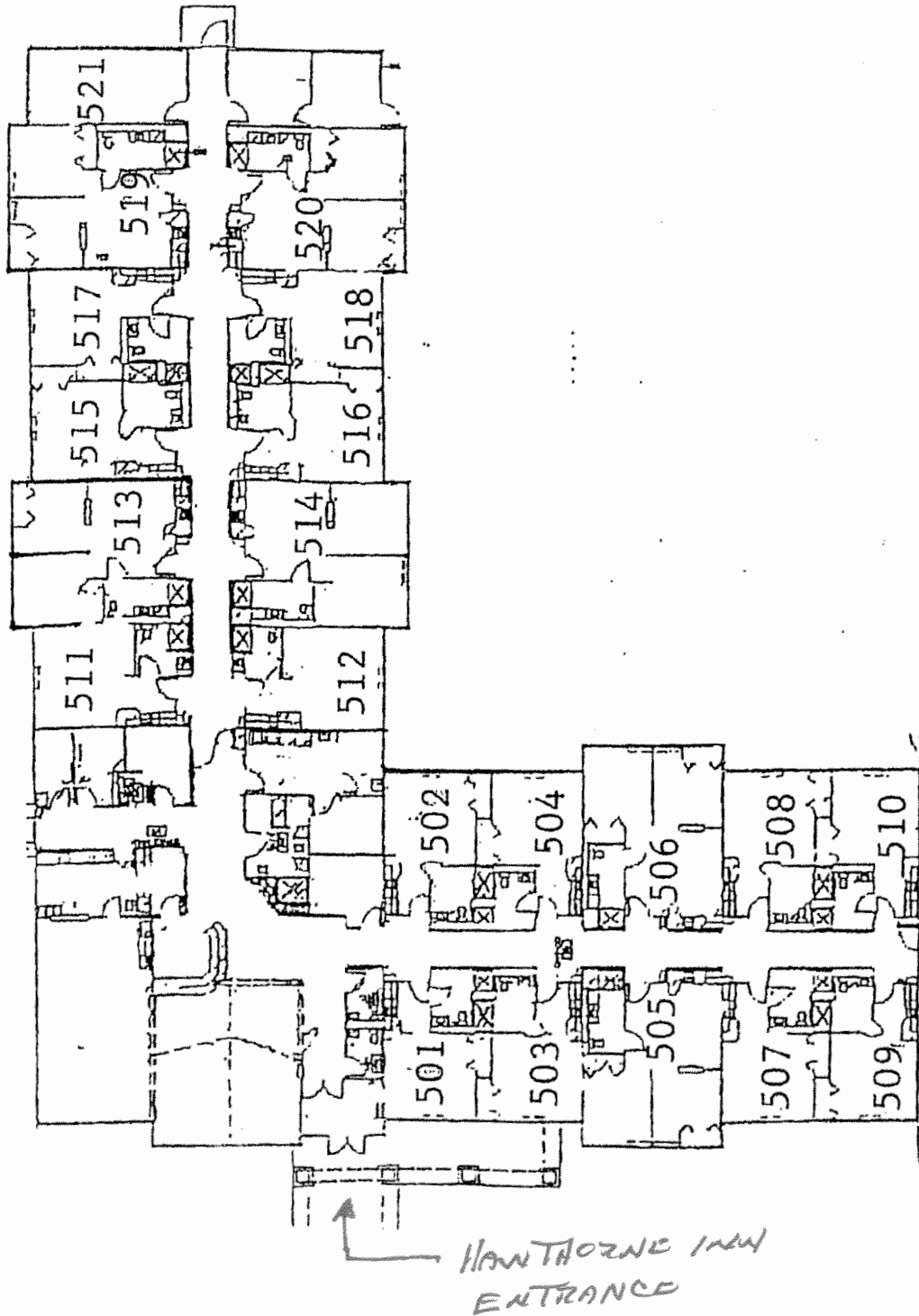
FIREWALL
SEPARATION

PT ADDITION

MANOR COURT
ENTRANCE



Hawthorne Inn of Clinton SLF
Clinton, IL



POLICY NO: SLF 1.13 (IL)
AREA: Supportive Living
SUBJECT: Bulletin Board

Adopted: 09/05
Revised: 05/06
Revised: 12/06
Page 1 of 1

POLICY

A bulletin board will be used for activity communication.

PURPOSE

To provide a location where residents can read of upcoming activities.

STAFF RESPONSIBLE

1. Manager

PROCEDURE

1. A bulletin board will be located in an area frequented by the residents.
2. Information about events in the community may be posted but must have approval of the Manager before posting.
3. Any resident may place information on the board as long as the information has been approved by the Manager prior to posting.
4. All information on the bulletin board must be dated and will be removed automatically when outdated. Dated information regarding community events will be promptly removed when the event is over. All other information posted will be marked with a date by the individual posting it and removed within an appropriate time frame.
5. No staff will be allowed to post any information on the bulletin board without the approval of the Manager.

FREQUENCY

As Needed

LOCATION

Facility

FORMS

None

POLICY NO: SLF 1.30 (IL)
AREA: Supportive Living
SUBJECT: Resident Activities

Adopted: 09/05
Revised: 12/06
Revised: 09/10
Page 1 of 3

POLICY

The facility shall provide a comprehensive array both of facility and community activities.

PURPOSE

To provide activities and opportunities to enhance the lives of residents.

STAFF RESPONSIBLE

1. Activity Director

PROCEDURES

1. Resident Activities
 - a. An activity assessment shall be completed on each resident after admission and periodically thereafter to ensure that purposeful activities are planned which offer choices and are suited to the needs and interest of the residents.
 - b. The Activity Director shall use to the fullest possible extent, community, social and recreational opportunities.
 - c. Residents are encouraged, but not forced, to participate in activities.
 - d. Residents' requests to see their clergymen shall be honored and space shall be provided for privacy during visits.
 - e. The facility shall make available a variety of supplies and equipment adequate to satisfy the individual interests of the residents.
 - f. Health and fitness programs will be offered three (3) times per week.

2. Basic Areas of The Activities Program

- a. **Recreational Activities**
Stimulate interest and friendship by providing fun and enjoyment for those who participate. Including games, parties, walks, in-house community entertainment, etc.
- b. **Creative Activities**
Concerns the attitudinal and emotional response of the resident. Provides a feeling of self-worth, accomplishment, and fulfillment. Crafts (simple or complex), including: cooking, sewing, creative music, poetry, ceramics, and woodworking, etc.
- c. **Religious Activities**
Provides an opportunity for each resident to reflect upon his spiritual life and to seek comfort and advice from visiting clergy. Includes bible study, and discussion, religious and historical quizzes, hymn singing, weekly church services etc.
- d. **Service Activities**
Fulfills the “need to be needed” in the resident. These activities frequently can be related to an occurrence outside the facility as well as in the facility. Includes service projects such as scrapbooks and stuffed animals for pediatric units of local hospitals, helping with various fund drives, making bibs and lap robes for facility use, etc.
- e. **Intellectual/Educational**
Activities that stimulate the minds and creative energies of the resident. Includes word games, quizzes, spelling bees, group-organized discussions, resident advisory council, and newsletter.
- f. **Community Activities**
Activities which provide community involvement, outings, picnics, church events, dining out, plays, public events, etc, with transportation provided by SLF.
- g. **Independent Activities**
Activities that stress independent participation and choice.

3. Staffing/Recordkeeping

- a. Resident’s activities shall take place in activity areas.
- b. Storage areas shall be located in the facility.
- c. The activity program shall be under the supervision of the Activity Director who shall have the responsibility to ensure that the program is always directed toward

the attainment of its objectives. Other staff of the facility may be requested to assist in the delivery of activities.

- d. It is recognized that the value of utilizing residents in the program, including areas such as determining types of activities to be held, leading group discussions, delivering and reading mail, etc.
 - e. Documentation of participation and response may be recorded using the Activity Participation Form.
4. Volunteers
Volunteers shall be utilized whenever possible to assist with activities under the direction of the Activity Director.

FREQUENCY

As Needed

LOCATION

Facility

FORMS

Activity Participation Form (SLF-42)
Resident Activity Assessment (SLF-44)

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

Provider Hawthorn Inn Clinton ID # _____
 Address 1 Park Ln West Freestanding () Rehab NF ()
 City Clinton Zip Code 61727
 Phone # 217-935-8500 Fax # 217-935-8520

Occupancy Information

# of Single Occupancy Apts.	15	
# of Double Occupancy Apts.	6	
Total # of Apts.	21	
Maximum Potential Occupancy	27	

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

Type of Certification Review (complete only one)	Entrance Date	Exit Date
Final		
Annual	<u>2/10/2020</u>	<u>5/20/2020</u>

REVIEW FINDINGS: YES () NO ()

Ombudsman was notified on 1/16/2020 about the date of the review.
 Ombudsman participated in review: Yes () No ()

Provider Manager/Designee Signature/Date _____
 Review Team's Signature/Date _____

Regional Supervisor Signature/Date _____
 Area Manager Signature/Date _____
 Bureau Chief Signature/Date _____

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

1. Required Certifications/License

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

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

General Policies 146.230 and 146.310

Yes No Comments

- | | |
|--|---|
| <p>2. Is there a policy addressing potential resident inquiry and application for admission? 146.215(c)(4)(S)</p> | <p>N/A FY20. Reviewed by central office</p> |
| <p>3. Is there a Non-Discrimination policy? 146.215(c)(4)(T)</p> | <p>N/A FY20. Reviewed by central office</p> |
| <p>4. Is there a policy addressing resident rights? 146.215(c)(4)(H)</p> | <p>[✓] [] []</p> |
| <p>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.</p> | <p>[✓] [] []</p> |
| <p>6. Does the resident discharge policy include relocation assistance? 146.215(c)(4)(I) and 146.255(i)</p> | <p>[✓] [] []</p> |
| <p>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</p> | <p>[✓] [] []</p> |
| <p>6. If the SLP provider manages resident funds, are they kept in an account that is separate from SLP provider funds? NOTE: resident funds may ONLY be maintained in an account with other residents' funds. This applies to managed resident funds and direct-deposit of resident income. 146.310(a)(7) and 146.310(c)
NOTE: Mark N/A if SLP provider is not providing this service.
[] NOT APPLICABLE</p> | <p>[✓] [] []</p> |

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.

[] []

Comments:

Double Occupancy

Yes No Comments

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

Comments:

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

<u>Common Areas 146.210, 146.230 and 146.250</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
1. Are there at least two common areas for socialization? NOTE: Dining room can be one. 146.210(j)(1)	[✓]	[]	[]
2. Are areas accessible for wheelchair use and furnished to meet residents' needs? 146.210(j)(2)	[✓]	[]	[]
3. Are all common areas physically accessible to residents? 146.210(j)(2)	[✓]	[]	[]
4. Are residents observed in the common areas, both inside and outside of the building?	[✓]	[]	[]
5. Is each common area equipped with a working emergency call system? 146.230(m)(2) NOTE: ALL common area call buttons must be checked.	[✓]	[]	[]
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)	[✓]	[]	[]
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.	[✓]	[]	[]
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	[✓]	[]	[]
9. Is there accessible drinking water in at least one common area? 146.210(r)(4)	[✓]	[]	[]
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	[✓]	[]	[]
11. Is there night lighting for corridors? 146.210(c)	[✓]	[]	[]
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	[✓]	[]	[]

General Observations

Common Areas 146.210, 146.230 and 146.250

13. Is at least one Long Term Care Ombudsman Program poster displayed on each floor in an area that is accessible to all residents? 146.250(d)

NOTE: Single story SLPs must display at least 2 posters

[] []

Comments:

Baths/Restrooms 146.210 and 146.230

Yes No Comments

1. Common Bath – If applicable, does the common bath have a toilet with grab bars sufficient to meet the needs of the residents, bathtub and roll-in shower which is wheelchair accessible, non-skid surface, transfer seat with grab bars, and lockable door, that is kept clean and orderly, and has a working emergency call system? 146.210(j)(5) and 146.230(m)(2)

NOTE: Common bathing rooms are optional in SLP buildings.

[] NOT APPLICABLE

[] []

2. Public Restrooms – Is there at least one public restroom that is handicapped accessible, clean, has soap, toilet tissue, waste receptacles, and non-reusable hand drying means and that has a working emergency call system? 146.210(k)(1-3) and 146.230(m)(2)

[] []

Comments:

Kitchen 146.210 and 146.230

Yes No Comments

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

[] []

[] []

[] []

[] []

[] []

[] []

6/12/19

10

General Observations

Meals/Dining 146.210 and 146.230

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

Comments:

Laundry/Laundry Rooms 146.210 and 146.230

For resident use:

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

General Observations

Water Services 146.210

Yes No Comments

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Does the SLP building have hot and cold running water with adequate water pressure? 146.210(r)(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/> | <input type="checkbox"/> | <input 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"/> | <input type="checkbox"/> | <input 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"/> | <input type="checkbox"/> | <input 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: _____ ResidentD _____

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: _____ [] [] [] [] []

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: _____ [] [] [] [] []
 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.

RESIDENT REVIEWS

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

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

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

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

Services 146.215 and 230 Yes No N/A Comments

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

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

[] [] [X] []

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: 146.245(c) RAI dated [redacted]
[redacted] = a JSP dated [redacted]
[redacted]
146.245(d) JSP of r/e [redacted] RAI [redacted]
146.245(e) d.t. dated [redacted] not co-signed by RAI

Reviewer Signature: _____

Date of Review: 2-10-2020

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"/>] | [] | [] |

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

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

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

Resident Name: _____ Resident C _____

NOTES FOR 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"/>]	[]	[]	[]
2. If requested, does staff provide laundry services to you at least weekly? 146.230(f)(1)	[<input checked="" 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"/>]	[]	[]	[]
4. Are three meals/day and snacks available? 146.230(e)(1)	[<input checked="" type="checkbox"/>]	[]	[]	[]
5. Can you have food in your apartment? 146.250(e)(18)	[<input checked="" type="checkbox"/>]	[]	[]	[]
6. Can you choose to dine alone or in a private area?	[<input checked="" 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 checked="" 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"/>]	[]	[]	[]

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. [] [] [] []

Individual Resident Review

Resident Name: Resident C

<u>146.200, 210, 225, 230, 245, 250 and 260</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
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

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

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

Medication Management Services 146.230

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

146.265(c)

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

Comments:

APARTMENT OBSERVATIONS

Apartment Observations 146.210 and 230

Yes No Comments

- | | | |
|---|---|---|
| 1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1) | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 2. Entrance doors open onto a public corridor? 146.210(h)(3) | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2) | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| 4. All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A) | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Each apartment entrance door equipped with an "eye view"? 146.210(h)(4)
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"/> <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"/> |

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> | <input checked="" type="checkbox"/> | [] | [] <i>studio</i> |
| <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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> [REDACTED]
3. If requested, does staff clean your room and change your bed linens at least weekly? 146.230(g)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are three meals/day and snacks available? 146.230(e)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can you have food in your apartment? 146.250(e)(18)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can you choose to dine alone or in a private area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If you require a special diet as ordered by your doctor, does staff provide you with choices at meal times and with snacks that allow you to be compliant with the diet? 146.230(e)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. If requested, will staff bring your meals to your apartment when you are ill? 146.230(e)(11)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Resident Review

Resident Name: _____ Resident B _____

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

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

Individual Resident Review

Resident Name: _____ Resident B _____

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

- | | | | |
|--|---|---|-----|
| 19. Are your emergency calls answered promptly?
146.230(k)(1) & (m) | [<input checked="" type="checkbox"/>] | [] [] [] | [] |
| 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"/>] | [] | [] |
| 21. Do you feel safe in the SLP building? | [<input checked="" type="checkbox"/>] | [] | [] |
| 22. Do you feel that your property is safe? | [<input checked="" 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"/>] | [] | [] |
| 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"/>] | [] |
| 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"/>] | [] | [] |
| 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"/>] | [] | [] |
| 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"/>] | [] [] [] [] | [] |

PP

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"/>] | [] | [] |
| 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"/>] | [] [] | [] [] |

6/12/19

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

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

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

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: 146.245(d) IEP does not include

RAI

= 2

Reviewer Signature: _____

Date of Review: 2-19-2020

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

Medication Management Services 146.230

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

146.265(c)

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

Comments:

APARTMENT OBSERVATIONS

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

- | | | | |
|---|-----|-----|-----|
| 1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1) | [✓] | [] | [] |
| 2. Entrance doors open onto a public corridor? 146.210(h)(3) | [✓] | [] | [] |
| 3. Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2) | [✓] | [] | [] |
| 4. All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A) | [✓] | [] | [] |
| 5. Each apartment entrance door equipped with an "eye view"? 146.210(h)(4)
NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.
[] NOT APPLICABLE | [✓] | [] | [] |
| 6. Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D) | [✓] | [] | [] |
| 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) | [✓] | [] | [] |

<u>Apartment Observations 146.210 and 230</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
8. A working emergency call device in each bathroom and each bedroom OR a portable emergency home response system is provided to residents in place of one located in the bedroom? 146.210(d)(3)(C) or 146.210(e)(4)(C) and 146.230(m)(1). NOTE: An emergency call device must ALWAYS be located in each bathroom.	<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. [] NOT APPLICABLE	<input checked="" 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 A

NOTES FOR COMPLETION:

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

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

Individual Resident Review

Resident Name: _____ ResidentA_____

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

- | | | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <p>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.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>10. If requested, does staff assist you with making appointments and/or arranging transportation? 146.230(j)(1) – (3)</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>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)</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| <p>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.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>13. If you wish, are you able to change the services you receive? 146.250(e)</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>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.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| <p>15. Do you choose how to dress, with whom to interact, your activities and the furnishings in your apartment? 146.250(e)</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>16. If interested, can you use the common areas of the building, such as the dining room, activity room and resident laundry room?</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>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?</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>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.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Individual Resident Review

Resident Name: _____ ResidentA _____

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"/>] | [] | [] | [] |
| 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"/>] | [] | [] | [] |
| 21. Do you feel safe in the SLP building? | [<input checked="" type="checkbox"/>] | [] | [] | [] |
| 22. Do you feel that your property is safe? | [<input checked="" 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"/>] | [] | [] | [] |
| 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"/>] | [] | [] | [] |
| 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"/>] | [] | [] | [] |
| 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"/>] | [] | [] | [] |
| 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"/>] | [] | [] | [] |

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"/>] | [] | [] | [] |
| 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"/>] | [] | [] | [] |

6/12/19