



Hawthorn Inn of Freeport, 2021 PRONG 1

Attached to Sister Nursing Facility

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Heightened Scrutiny

SETTING INFORMATION

Setting Name: Hawthorne Inn of Freeport SLP

Address: 2140 Navajo Drive
Freeport, IL 61032

HEIGHTENED SCRUTINY INFORMATION

Maximum Capacity of the Facility: 37
Current Occupancy (10/21/16): 34
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 Freeport

Address 2140 Navajo Drive

City/State/Zip Freeport, Illinois 61032

Number of Units 29 Maximum Number of Residents 37

Effective Date November 19, 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 FREEPORT

2170 WEST NAVAJO DRIVE
FREEPORT IL 61032

ADMINISTRATOR: ANDRES BARDELAS
TELEPHONE: 815-233-2400

Licensee ID	:0046839
Facility ID	:6016133
Skilled beds	:117
Intermediate beds	:0
Icf-dd beds	:0
Shelter Care beds	:0
Community Living beds	:0
Under 22 beds	:0
Medicare beds	:49
Medicare/Medicaid beds	:68
Medicaid beds	:0
Fax	:815-297-0767
County	:Stephenson
Medicare Certification Number	:14-6102
Medicare Skilled Certification Number	:
Medicaid ICF/DD Certification Number	:
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

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General

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Residents

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- Age Gender & Level of Care
- Racial / Ethnic Groups

Patient Days

- Level of Care
- Payment Source
- Private Payment Rates

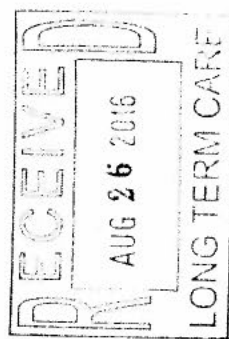
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On-Site Assessment – Residential and Non-Residential HCBS Settings Validation Checklist

Provider Name:	Headlines 200 of Freeport
Name/Address of setting:	2110 W Navajo Dr Freeport, IL 61032
Contact at the setting:	[REDACTED]
Visited With:	[REDACTED]
Surveyor Name:	LISA JOHNSON HEN
Date Completed:	8-18-16

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

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



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

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

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

	Yes	No	Plan	NA
Public Comment Received?	X			
Does the setting provide both on-site and off-site services?	X No			X Grow
Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building located on the grounds of, or immediately adjacent to a public institution?	X			
Is the setting a farmstead, a gated community, or part of a multi-setting campus?	X		X Error NA	

Category 1

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

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

	Yes	No	Plan	NA	Additional Comments
1. Do individuals/family members receive information, which approximates their level of understanding, regarding services in the broader community and access options, such as public bus/taxi/van services and special transportation providers?	X				
2. Does the setting utilize access to the community as part of its plan for services?	X				
3. Do individuals have an opportunity to seek employment in competitive integrated settings?	X				
4. RESIDENTIAL ONLY: Does the setting encourage visitors or other people from the community to visit?	X				
5. RESIDENTIAL ONLY: Do the residents have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? If restrictions are placed on movement inside and outside the residence, have the restrictions been approved by the individual (or the legal authority acting on the individual's behalf) and the setting's care team and is it documented in the Individual Service Plan?	X				

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Category 2

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
6. Are individuals and their families encouraged to participate in the care planning process?	X				
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>error</i>	<i>Private apts avail.</i>

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X

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?	X							Restraints are not allowed in SLP. \emptyset vsid. observed in restraints.
24. Does the setting utilize restraints only in accordance with the Mental Health Code?					X			\emptyset secured egress
25. Does the setting use delayed egress devices or have secured perimeters only in accordance with individually approved plans of care?			X					

~~NA~~ Ever

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	

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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	

Category 6

The setting is a physically accessible setting.

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

Category 7 (RESIDENTIAL ONLY)

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

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

Category 8 (RESIDENTIAL ONLY)

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

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

	Yes	No	Plan	NA	Additional Comments
45. Do individuals have a choice regarding roommates or private accommodations?	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				

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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 NA		NA	NO Restriction
52. Can visitors see individuals in the individuals' rooms or in common areas of the home?	X				Error
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 nursing home is connected via a hallway.

There are separate entrances for each.

Assessment Completed By  Date AFSU 8-18-16

Facility/Site  8/18/16

Reviewed By Kyara Heltun Signature  Date 8/29/16

Hawthorne Inn of Freeport

Heightened Security Response

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

- ❖ Attached is a schematic drawing of Hawthorne Inn of Freeport and a picture showing the fire wall between it and Manor Court of Freeport.

- ❖ Access to Community
 - Hawthorne Inn of Freeport is located in the residential west side of Freeport.
 - It is within ¼ mile of the 36 hole community golf course that has been used by Hawthorne Inn of Freeport residents.
 - It is within 2 blocks of a local bank, audiology center and dentist office, all of which are used by residents.
 - It is adjacent to 2 churches, both used by residents.
 - It is within 4 minutes of the local hospital and several physician clinics.
 - It is within 4 minutes of a shopping area containing a pharmacy, gas station (Yes, we have residents that drive), grocery store, restaurants, antique stores, fitness center and other services.
 - It is within 4 minutes of the local art museum.
 - It is within 5 minutes of the local community college and several elementary schools at which some residents have volunteered as tutors and mentors.
 - It is within 5 minutes of the local YMCA where residents have worked out.
 - It is within 6 minutes of the main community park, where residents attend community concerts at the band shell and participate in family picnics.

- It is within 6 minutes from a revitalized downtown containing a state-of-the-art library, restaurants, stores, banks, a variety of services, the county courthouse, city government and the Senior Citizen Center.
 - It is within 6 minutes of the major shopping are anchored by Walmart and Menards, along with a variety of local / regional / national stores and restaurants.
- ❖ Available Public Transportation
- Pretzel City Area Transit, a county-wide transportation service, operates 18 hours per day. Free or substantially reduced fares are available to senior citizens. Many Hawthorne Inn of Freeport residents use this service for transport to medical appointments, beauty shop appointments, shopping excursions and even to visit friends and old neighbors.
 - A local taxi service is available.
 - Hawthorne Inn of Freeport also operates two vehicles 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 Freeport 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 Freeport promotes and encourages resident participation in community activities by including information of events on the bulletin board, the monthly Activity Calendar distributed to residents and daily postings at the reception area.
 - Community events that residents have attended include:
 - Theatrical productions at the local community playhouse, community college and high schools.
 - Exhibits at the local arts center, Visitor & Convention Center and library.
 - Movie series at the local theater in conjunction with the library, community college and historical society.

- Events and speaker series at the local library, hospital, and 1,200 seat auditorium at the Masonic Temple.
 - Concerts at the Krape Park band shell by the Community Band held during the summer.
 - Transportation to many of these events is provided by the use of facility vehicles.
 - In addition, Hawthorne Inn of Freeport 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 Freeport 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 Freeport to remain as independent and integrated to the community.
 - Hawthorne Inn of Freeport 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 Freeport 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)
- ❖ Resident Satisfaction Survey results for the past 3 years reveal the following:
- 94% of residents feel the facility provides a home-like surrounding;
 - 93% of residents feel they have control over their personal lifestyle;
 - 96% of residents are satisfied with Hawthorne Inn of Freeport; and
 - 100% of residents would recommend Hawthorne Inn of Freeport to family and friends.
- ❖ Community Integration
- Hawthorne Inn of Freeport 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 Freeport 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 Freeport ensures a resident's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Hawthorne Inn of Freeport 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 Freeport 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 Freeport is physically accessible to the resident.

NOVEMBER

November 1-6, MOMENTUM ART GUILD EXPO: VISUAL MAGNETISM 11. Freeport/Stephenson County Visitors Center, 4596 US Highway 20 East, Freeport. 8 am to 7 pm. This 11th Annual Art Exhibition features members of the Momentum Art Guild which includes local professional, amateur and student artists who work in all mediums. Artwork is for sale. momentumartguild.org (815-233-1357)

November 1-18, FREEPORT BAND FRUIT, CHEESE AND SAUSAGE SALE. Freeport High School, 701 W. Moseley, Freeport. Annual fundraiser organized by the Band Boosters organization to support the Freeport School District Band Program. Delicious grapefruit, oranges, apples and pears are available in several varieties as well as mixed fruit boxes. Premium cheese and sausage packages are also available. Prices Vary. (815-238-2580 or 815-990-1739)

November 1-December 6, VISUAL ARTS FACULTY EXHIBIT. Highland Gallery, Ferguson Fine Arts Center, Highland Community College, 2998 W. Pearl City Road, Freeport. 8 am to 5 pm. Featuring works by Bob Apolloni, Sam Tucibat, Amanda Bulger, Barry Treu, and Jim Planting. An Opening Reception will be held on November 3 from 4:30 pm to 6 pm. highland.edu (815-599-3718)

November 1-December 31, CHEESE AND CHEERS TOUR. Stephenson County. Noon to 4 pm. Enjoy a leisurely drive through the rolling hills of Stephenson County and stop at local cheese stores, craft breweries and a winery. Participants can, at their leisure, visit each of the businesses on the tour. Pick up a passport for the tour at the Freeport/Stephenson County Visitors Center or at any of the participating businesses. Each location will have a customized Cheese and Cheers reward that can be earned by visiting all five locations by December 31. Once the passport is fully stamped, turn it in at the business of your choice to claim your reward (only one prize at one business per passport). Participating Cheese and Cheers Tour businesses are The Cheese Market, Freeport; Famous Fossil Vineyard and Winery, Freeport; Generations Brewing Company, Freeport; Lena Brewing Company, Lena; and Megz Country Cheese, Davis. The Stephenson County Farm Bureau and the Freeport/Stephenson County Visitors Bureau are co-sponsors of the Tour. (815-233-1357)

November 1-January 14, 2017, BUILDING LAYERS EXHIBITION. Freeport Art Museum, 121 N. Harlem Avenue, Freeport. Tuesday thru Friday: 10 am to 5 pm; Saturday: Noon to 5 pm. This exhibition located in the Contemporary Gallery on the 2nd floor is an exhibition of encaustic paintings by four regional artists: Maja Bosen, Carol Hamilton, Cindy Lesperance, and Amy Van Winkle. Encaustic is a wax paint that dates back to as early as the first century AD, when it was widely used to paint portraits that were attached to entombed mummy cases. Encaustics nearly disappeared after tempera paints became popular, but this medium is now making a comeback with contemporary artists. Free, but donations appreciated. freeportartmuseum.org (815-235-9755)

November 2, 16, December 7, CLASSIC FILM SERIES: ALFRED HITCHCOCK

RETURNS. Lindo Theatre, 115 S. Chicago Avenue, Freeport. Noon and 7 pm. Highland Community College and the Stephenson County Historical Museum partner with the Lindo Theatre to present this film series featuring the films of Alfred Hitchcock. Hitchcock, English director and filmmaker, was dubbed the “Master of Suspense”. In many of his films, primarily the early black and white ones, he used shadows on the walls to create suspense and tension. Hitchcock is noted for his cameo appearances in all his films. He began making them at the beginning, so that viewers were not diverted from the story’s plot. There will be a brief introduction before each movie and a discussion led by Ed Finch, Retired Director of the Museum, and Alan Wenzel, former Speech and Communications Instructor at the College, following the movie. The featured movies are: November 2: *Vertigo* (1958): James Stewart, Kim Novak. A San Francisco detective suffering from acrophobia investigates the strange activities of an old friend’s wife, all the while becoming dangerously obsessed with her. November 16: *The Birds* (1963): Rod Taylor, Tippi Hedron, Suzanne Pleshette. A wealthy San Francisco socialite pursues a potential boyfriend to a small northern California town that slowly takes a turn for the bizarre when birds of all kind suddenly begin to attack people. As a bonus feature for buying a series ticket, the classic musical, *Hello Dolly* (1969) will be presented on December 7, starring Barbra Streisand, Walter Matthau, Michael Crawford. Matchmaker Dolly Levi travels to Yonkers to find a partner for “half-a-millionaire” Horace Vandergelder, convincing his niece, his niece’s intended and his two clerks to travel along. She fixes the clerks up with the woman Vandergelder has been courting, as she has designs of her own on Vandergelder. Per Movie: \$6; Entire Series plus Musical: \$24. classiccinemas.com (815-233-0025 or 815-232-8419)

November 3-5, VOICES BOOK NOOK FALL SALE. VOICES Book Nook, Lincoln Mall, 1255 W. Galena Avenue, Freeport. Thursday: 9 am to 8 pm; Friday: 9 am to 6 pm; Saturday: 9 am to 4 pm. VOICES Book Nook will hold this annual sale offering all items at half price. voicesofsc.org (815-821-2665)

November 4, CHILI SUPPER. Prairie Ridge Apartments, 1730 Hance Drive, Freeport. 4:30 pm to 7 pm. All the chili you can eat plus relishes, bread, dessert and beverage. Plus a Bake Sale, candy, crafts and gift items for sale. Adults: \$6; Children 12 and Under: \$3. (815-297-9140)

November 4, FREEPORT BRAND LAUNCH PARTY. Wagner House, 1 E. Spring Street, Freeport. 6:30 pm to 11:30 pm. Everyone is invited to see the official unveiling of the new community brand. This free event will feature food, drinks (cash bar) and music by both Seasaw and The O’s. collaboratefreeport.com (312-706-2532)

November 5, FREEPORT AUTHOR FAIR. Freeport Public Library, 100 E. Douglas Street, Freeport. 10 am to 2 pm. Local authors will gather to hold a meet and greet and book signings. Presentation at 1:30 pm on “Marketing Your Published Work”. Refreshments. Author pre-registration is required. (815-297-2293)

November 5, FALL SPAGHETTI SUPPER AND BAKE SALE. Silvercreek Museum, 2954 S. Walnut Road, Freeport. 3:30 pm to 7 pm. Enjoy spaghetti (with meat or

meatless sauce), garlic bread, green beans, beverages and dessert, plus pies, cakes, cookies and breads individually priced for sale. Adults: \$7; Children under 12: \$3. thefreeportshow.com (815-235-2198)

November 5, CHILI COOK OFF AND CHILI SUPPER. German Valley Fire Station, 600 Church Street, German Valley. Chili Judging: 4:30 pm to 6:30 pm; Chili Supper: 4:30 pm to 7 pm. Chili Cook Off entrants will compete for the top spot with a \$100 first prize, plus second and third place prizes. Come to the chili supper to enjoy the competitors' entries and vote for your favorite with cash. Supper will include chili, grilled cheese sandwiches, cookies and beverage for a donation. Proceeds will benefit the Ben Miller Park Playground and Recreational Equipment Fund. Sponsored by the German Valley Lions Club. (815-362-3671)

November 6, December 4, OPEN AIR MARKET AT LINCOLN MALL. Lincoln Mall, 1255 W. Galena Avenue, Freeport. 9 am to 2 pm. Enjoy the shops at the Mall as well as vendors offering collectables, antiques and crafts. (815-233-2174)

November 6, ST. PAUL CHURCH PATRIOTIC CONCERT. St. Paul Church of Epleyanna, 8800 E. Epleyanna Road, Davis. 7 pm. In honor of Election Day and Veteran's Day, a special evening of celebrating our freedom and honoring our military personnel, past and present. Law enforcement, firefighters and first responders will also be recognized. Savor an evening of patriotic music and a free dessert buffet. stpaulchurch-davis.org (815-865-5314)

November 10, EAGLE'S NEST ALL YOU CAN EAT TACOS. Eagle's Club, 1200 W. Galena Avenue, Freeport. 5 pm to 7 pm. The public is invited to enjoy all you can eat, make your own, tacos. Adults: \$7; Children 4 to 11: \$4. freeporteaglesfoe679.com (815-232-8615)

November 10-12, "DISNEY'S THE LITTLE MERMAID". Jeannette Lloyd Theatre, 701 W. Empire Street, Freeport. Thursday and Friday: 7:30 pm; Saturday: 2 pm and 7:30 pm. The Freeport High School Theatre Department presents this all time favorite. Ariel, a mermaid, is tired of living Under the Sea and wants to explore the land up above. With her friend, Flounder; advisor, Sebastian the Crab; Scuttle the Seagull; King Triton and Ursula the Sea Witch along with many other cast of characters, enjoy the incredible music, wonderful visuals and the excitement of Disney's Little Mermaid. Tickets may be purchased by calling 815-232-0428 or online at www.fsd145.org/tickets. \$8. (815-232-0428)

November 10-13, FAIR TRADE FAIR. Prince of Peace Lutheran Church ELCA, 2700 W. Stephenson Street, Freeport. Thursday, Friday: 9 am to 7 pm; Saturday: 9 am to 2 pm; Sunday: 9 am to Noon. A Fair Trade Fair featuring a wide variety of handcraft goods (over 400 items) from baskets and jewelry to ornaments and nativities. Fairly traded coffee, tea, cocoa and chocolate will also be sold. All of the high quality crafts are handmade by artisans from 25 countries around the world. Every purchase directly



Supportive Living Program

Staff Qualifications

The Department of Healthcare and Family Services conducted an on-site annual certification review at **Hawthorne Inn of Freeport** in **November 2015**. This review confirmed employment of adequate licensed nursing staff, certified nursing assistants and a licensed dietician, as required by the 89 IL Administrative Code, Subpart B, 146.235.

89 IL Adm Code, Subpart B, Section 146.235 Staffing

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

- f) The SLF shall employ certified nursing assistants (CNAs) as follows:
 - 1) Qualifications:
Must be 18 years of age or older and have successfully completed no later than 120 days after employment a nursing assistant training course or a Department of Public Health approved equivalent training and competency evaluation.

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

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

June 11, 2007


Mike Bibo
Director of Public Policy
285 S. Farnham St.
Galesburg, IL 61401

Re: Hawthorne Inn of Freeport
2140 Navajo Dr.
Freeport, IL 61032

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); ANSA A117.1 "Accessibility and Useable Building and Facilities" (1998 edition); applicable local fire codes and ordinances and; 89 IL Adm Code, Section 146.210 "Structural Requirements".

Sincerely,



Joseph Coble
Architect



Hawthorne Inn



Liberty Village of Freeport

Hawthorne Inn

Ice Cream Flavors

Y	M	T	R	L	C	H	O	C	O	L	A	T	E
A	S	K	C	A	R	T	E	S	O	O	M	E	T
P	Y	V	A	N	I	L	L	A	S	N	O	T	E
M	K	D	E	T	D	E	A	C	F	A	N	A	A
C	A	T	N	L	I	N	A	O	C	O	O	E	
O	K	P	O	A	A	G	O	D	K	E	A	E	T
E	C	U	L	N	C	A	E	F	O	P	L	R	N
D	O	T	A	E	E	N	O	R	Y	W	E	E	E
O	C	B	O	A	W	Y	O	T	T	E	O	I	E
C	O	I	E	A	A	R	T	S	A	O	A	R	
R	N	T	T	C	R	A	L	E	T	N	I	A	G
E	E	G	D	U	F	O	S	N	I	O	V	L	T
D	A	O	R	Y	K	C	O	R	U	A	C	G	T
A	E	E	T	U	N	O	C	O	C	T	P	E	S

- COTTON CANDY
- MAPLE WALNUT
- PECAN
- BANANA
- TIGER TAIL
- MOOSE TRACKS
- COCONUT
- ROCKY ROAD
- GREEN TEA
- FUDGE
- REESES
- CHOCOLATE
- VANILLA

- Hawthorne Inn Happenings**
- August 8—Lunch Bunch at 11:00 am
 - August 17—FHN speaker on COPD at 9:00 am
 - August 20—Singing with Shirley 2:15 pm
 - August 29—Breakfast Bunch at 9:00 am

Community Activities

- August 3—Liberty Village Campus Summer Party.** Enjoy live music, food, & fun as we celebrate summer with family & friends. 4:00-8:00 pm
- August 2—Summer Pops Concert at 7:00 pm** in Koenig Theatre at Krape Park. Freeport Choral Society presents this annual summer outdoor pops concert. Contact Noreen for more information.

August 19-21 - take part in the Spencer Tracy Film Festival. Spencer Tracy, one of Hollywood's most cherished actors, comes home to Freeport where his parents lived and where he enjoyed many happy times as a child. Four prized films, featuring Katharine Hepburn, will be presented on the historic Lindo Theatre's big screen. Also enjoy the special "A Conversation with Katharine Hepburn" on Friday at 5:00 pm at Winneshick Playhouse, where actress Becky Connors will portray Hepburn who had a 26 year love affair with Tracy. Film tickets are \$5.00 each. The film schedule is:

- Friday, 7:00 p.m. - "Adam's Rib"
 - Saturday, 1:00 p.m. - "Stage Door"
 - Saturday, 7:00 p.m. - "The African Queen"
 - Sunday, 1:00 p.m. - "On Golden Pond"
- Contact Noreen for more information.

- This Month in History**
- 1 The first U.S. Census is completed. There are four million people in the U.S. in 1790.
 - 4 Champagne is invented by Dom Perignon. (1693) I'll drink to that!
 - 5 *Little Orphan Annie* comic strip debuts. (1924)
 - 6 The Atom bomb is dropped on Hiroshima, Japan (1945)
 - 7 The "Order of the Purple Heart" is created by President George Washington (1782)
 - 8 The USSR finally declares war against Japan. (1945)
 - 9 Animated cartoon *Dizzy Dishes* premieres, with new star Betty Boop! (1930)
 - 9 President Richard M. Nixon becomes the first and only president to resign while in office (1974)
 - 10 "Smile, You're on Candid Camera". Allen Funt's wildly popular show debuts. (1948)
 - 11 The Beatles begin their last US concert tour. (1966)
 - 14 Japan surrenders, ending World War II. (1945)
 - 15 The Panama Canal is opened. (1914)
 - 18 The 1,000 Islands bridge, connecting the US and Canada is dedicated by President Franklin D. Roosevelt. (1938)
 - 19 Indianapolis Speedway holds it's first auto race (1909)
 - 20 The Civil War is formally declared to be over by President Andrew Johnson. (1866)
 - 23 The first picture of Earth from the moon is taken by Lunar Orbiter 1. (1966)
 - 25 Ivan the Terrible, the first Tsar of Russia was born (1530)
 - 26 U.S. Congress passes the 19th Amendment to the Constitution, granting women the right to vote. (1920)
 - 28 Martin Luther King Jr. makes his "I Have a Dream" speech. (1963)
 - 30 The Late Show with David Letterman premieres on CBS. (1993)

Play this puzzle online at : <http://thewordsearch.com/puzzle/416/>



Fall Word Scramble

Unscramble the words and write the letters in the boxes. Use the letters in the shaded boxes to form a new word that answers the riddle.

ULQIT



LAVEES

BEEESTRMP



SVRTAEH

TECTHUNS

AUMUTN

ATOLFLOB



Q. What do you get when you drop a pumpkin?

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September 2016

Hawthorne Inn Happenings

- September 12 - Lunch Bunch at 11:00 am
- September 14 - Breakfast Bunch at 9:00 am
- September 14 - FHN Speaker on Cholesterol at 9:00 am
- September 14 - Happy Hour at 2:00
- September 23 - Edwards-Apple Orchard trip, bus leaves at 1:00 pm
- September 28 - Birthday Part at 2:00 pm
- Flu Shots coming soon.

Community Activities

September 7 - LOCAL HISTORY SERIES: W.T. RAWLEIGH. Local historical enthusiast Harvey Wilhelm will start off the 2016 Series with a discussion about one of Freeport's most successful and intriguing industrialists. A treasure trove of Rawleigh items from the Stephenson County Historical Museum collection will be on display at the Freeport Public Library. The presentation is at 6:30 pm. Contact Noreen for more information.

September 14 - LOCAL HISTORY SERIES: "LOST FREEPORT PHOTOS" THE FINAL INSTALLMENT. Sharon Welton, Executive Director of the Stephenson County Historical Museum continues the story of the Lost Freeport Photos, a historic and artistic find that provided an intriguing look at the everyday life in Freeport in the early 1900s. The presentation is at 6:30 pm at the Freeport Public Library. Contact Noreen for more information.

This Month in History

September

- Germany invades Poland, starting World War II (1939)
- The Great Fire of London is started (1666)
- V-J Day (1945)
- The image of "Uncle Sam", a symbol of America, was first used. (1813)
- George Eastman received a patent for roll film and trademarked the name "Kodak".
- The first Miss America beauty Pageant is held in Atlantic City N.J. (1921)
- Star Trek premiered on television (1966)
- President Ford gives unconditional pardon to Richard Nixon for any crimes related to Watergate. (1974)
- California became the 31st state (1850)
- Elvis Presley first appears on the Ed Sullivan Show. (1956)
- The Beatles recorded their 1st single "Love Me Do". (1962)
- Future President John F. Kennedy married Jacqueline Bouvier. (1953)
- New York City becomes the capitol of the United States. I bet you didn't know that! (1788)
- Francis Scott-Key composed the lyrics to "The Star Spangled Banner". (1814)
- The U.S. Postal Service was founded. (1789)
- Carol Burnett's Birthday

Community Activities

September 27 - The Stephenson County Extension Office Master Gardeners (Nikki Kellner and Dorothy White) present Therapeutic Horticulture at the Manor Court building at 9:45 am. It is open to the public. This month's topic is about trees.



Hawthorne Inn



Liberty Village of Freeport

Hawthorne Inn

Autumn Scramble

Can you unscramble the Autumn words below?

1. vhtsear

2. aveesl

3. cesowitrac

4. lowlye

5. binrefo

6. praee

7. aker

8. racon

9. isrqueuir

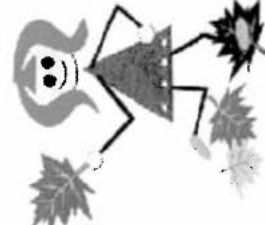
10. alppe

11. nagreo

12. lfal

13. rde

14. owbrm



www.LibertyVillage.org.uk - Keeping Olden Busy

- Hawthorne Inn Happenings**
- Flu Shots in October, more information to follow
 - Lunch Bunch, October 10, at 11:00 am
 - Happy Hour, October 12, at 2:00 pm
 - Breakfast Bunch, October 24 at 9:00 am
 - October 31 - Trick-or-Treaters at 10:00 am
 - October 31 - Halloween Party at 2:00 PM

Community Activities

October 11 - Do you wish more information about Freeport City government and the City Manager proposition? Presentation will be at 2:00 pm. Open to the public. Refreshments will be provided.

October 14 - LIVING WELL SENIOR EXPO, hosted by the Senior Resource Center. Liberty Village will be participating at the Living Well Senior Expo at the Eagles Club, 1200 W Galena Avenue from 8:00 am to 12:00 pm. The expo is designed to educate and inform seniors and caregivers about programs and services available in our community. The Liberty Belle bus will leave 8:30 am and will return at 10:30 am. For more information, contact Noreen.

October 19 - The Freeport Public Library presents "JULIETTE GORDON LOW, FOUNDER OF THE GIRL SCOUTS". Enjoy this portrayal by Beisey Means of this wealthy socialite who devoted her life to a social cause she could support. The program is at 6:30 pm and refreshments are provided by the Library Foundation. For more information, contact Noreen.

- 1 Walt Disney World opened in Orlando, Florida (1971)
- 2 Peanuts comic strip by Charles Schultz first appeared in newspapers (1950)
- 3 Frank Robinson becomes major leagues baseball's first black manager for the Cleveland Indians. (1974)
- 5 The World Series was broadcast on radio for the first time (1921)
- 6 Thomas Edison showed the 1st motion picture (1889)
- 9 The general public was first admitted into the Washington Monument.
- 11 Space Shuttle Challenger astronaut Kathryn Sullivan became the first American woman to walk in space. (1984)
- 12 The very first Oktoberfest is held in Munich, Bavaria, Germany (1810)
- 13 The U.S. Continental Navy was created. See Navy Day
- 14 Martin Luther King Jr was awarded the Nobel Peace Prize (1964)
- 15 "I Love Lucy" premiered on television. (1951)
- 16 Marie Antoinette was guillotined for treason. (1793)
- 17 Mobster Al Capone was convicted of income tax evasion. (1931)
- 19 The Senate passed a bill making Martin Luther King's Birthday a national holiday. (1983)
- 19 The Revolutionary War ended. (1781)
- 21 Thomas Edison invented the incandescent electric lamp. (1879)
- 23 25,000 women marched in New York City demanding the right to vote. (1915)
- 24 The United Nations came into existence. (1945)
- 28 France presented the U.S. with the statue of Liberty. (1886)
- 29 The New York Stock Exchange crashed on what came to be known as "Black Tuesday", starting the Great Depression (1929)
- 31 Indian Prime Minister Indira Gandhi was assassinated. (1984)



love Lucy

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.

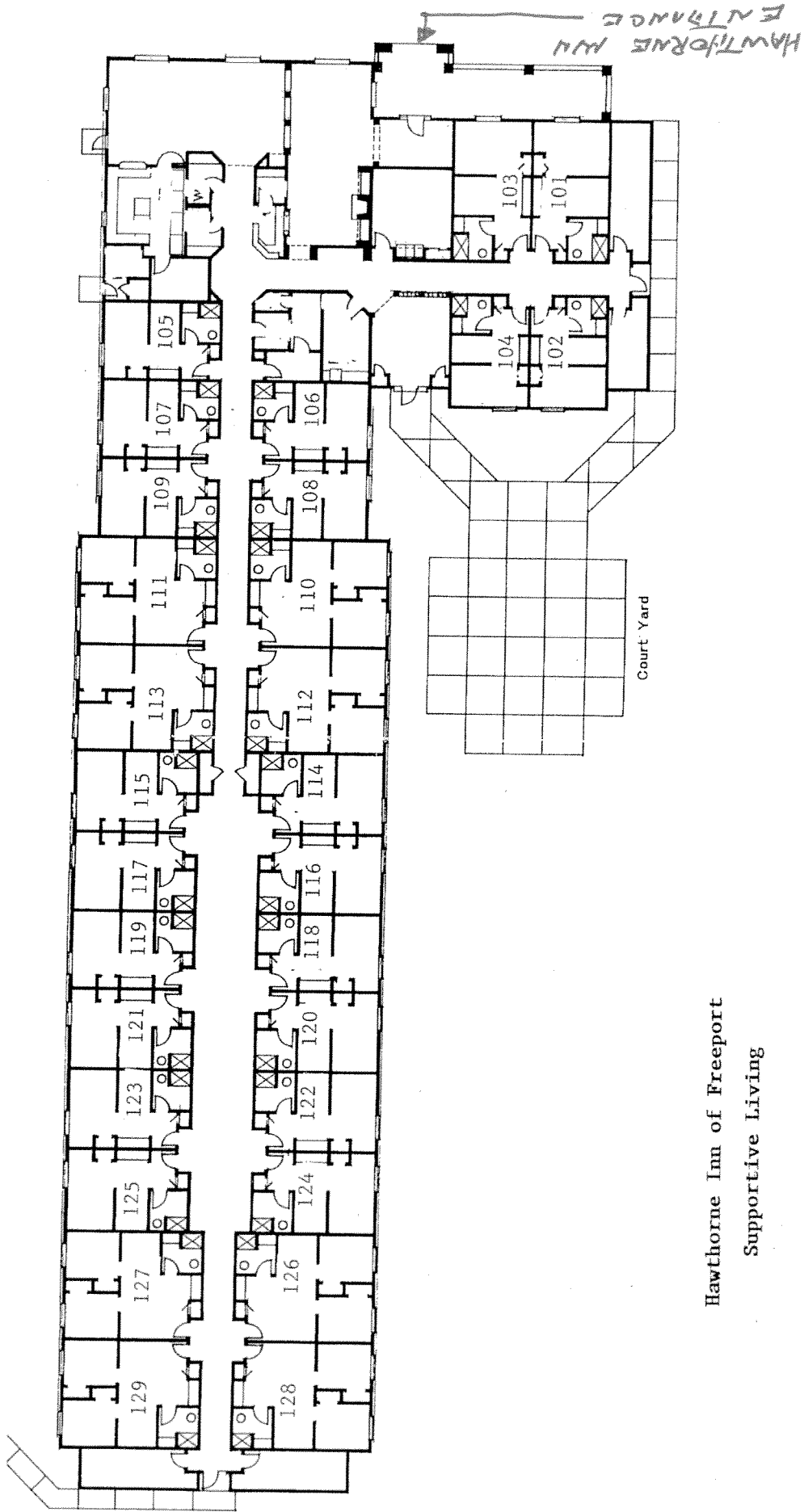
An on-site annual certification review was conducted at **Hawthorne Inn of Freeport** in **November 2015**. **Hawthorne Inn of Freeport** was found to be compliant with documentation of participant choice of provider.

Hawthorne Inn Signage



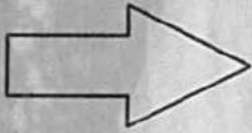


Hawthorne Inn Entrance



Hawthorne Inn of Freeport
Supportive Living

Fire Wall Separation



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 Hawthorne Inn ID # _____
Address 2140 Navajo Dr. Freestanding () Rehab NF ()
City Freeport Zip Code 61032
Phone # 815-235-0992 Fax # 815-232-3407

Occupancy Information

# of Single Occupancy Apts.	21	
# of Double Occupancy Apts.	8	
Total # of Apts.	29	
Maximum Potential Occupancy	37	

Is the private pay rate higher then 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? 145.215(d) Yes () No ()

Type of Certification Review (complete only one)	Entrance Date	Exit Date
Final		
Annual	1-8-19	9-25-19

REVIEW FINDINGS: YES () NO ()

Ombudsman was notified on 1/03/2019 about the date of the review.
Ombudsman participated in review: Yes () No ()

Provider Manager/Designee Signature/Date # _____ 5/24/2021

Review Team's Signature/Date _____ HFSU
_____ HFSU

Regional Supervisor Signature/Date _____ 5/18/21

Area Manager Signature/Date _____ S/SA 5/24/2021

Bureau Chief Signature/Date _____ WB 5/24/2021

Hawthorne Inn

**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) <i>4-24-18 sprinklers</i>	<input checked="" type="checkbox"/>			<i>Alarms 3-22-18</i>
Local Health and Food Preparation 146.215(c)(5)	<input checked="" type="checkbox"/>			<i>exp 11-30-19</i>
Elevator (freestanding 2 or more levels = 1 for 75 or < apartments/2 for 76 or >apartments 146.210(a)(4)			<input checked="" type="checkbox"/>	
Other (list)				

General Policies 146.230 and 146.310

Yes No Comments

2. Is there a policy addressing resident rights? 146.215(c)(4)(H) [] []
3. 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. [] []
4. Does the resident discharge policy include relocation assistance? 146.215(c)(4)(I) and 146.255(i) [] []
5. If the SLP provider manages residents' funds, is there a surety bond equal to or more than the amount of funds managed? 146.310(b)
NOTE: Mark N/A if SLP provider is not providing this service.
 NOT APPLICABLE [] [] []
6. If the SLP provider manages resident funds, are they kept in an account that is separate from SLP provider funds? NOTE: resident funds may ONLY be maintained in an account with other residents' funds. This applies to managed resident funds and direct-deposit of resident income. 146.310(a)(7) and 146.310(c)
NOTE: Mark N/A if SLP provider is not providing this service.
 NOT APPLICABLE [] [] []
7. Are any residents identified sex offenders?
If yes, complete page 96 for each resident. [] []

General Policies 146.230 and 146.310

Yes No Comments

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.
 N/A, all apartments are single occupancy.

[] []

2. Do residents have a choice/option for a private apartment?

[] []

Double Occupancy

Yes No Comments

3. Do residents have a choice regarding roommates or a private apartment? **NOTE:** Current vacancies and affordability should not be taken into consideration. [] []
4. Is there a process for changing roommates or acquiring other accommodations if desired by the resident? 146.250(e)(13) [] []

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

General Observations

Meals/Dining 146.210 and 146.230

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

Comments: Daily meals provided by adjoined nursing home. Menus and food purchase receipts handled by nursing home.

#6-#9

Laundry/Laundry Rooms 146.210 and 146.230

For resident use:

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

General Observations

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) [] []

General Observations

Water Services 146.210

Yes No Comments

1. Does the SLP building have hot and cold running water with adequate water pressure? 146.210(r)(3) [] []

2. Does the SLP provider have a policy in place for checking water temperatures and is the policy followed? 146.210(r)(5)(A-C) [] []

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

Comments:

General Observations

Activities 146.230

Yes No Comments

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

2. Does the SLP provider offer residents health promotion and exercise programs at least three times per week? 146.230 (l)(2) [] []
NOTE: Please review a random 3 months of activity calendars since the last review

General Observations

Activities 146.230

Yes No Comments

3. Does the SLP provider make available information about community resources and make community integration part of recreational, socialization and vocational activities? 146.230(i)(4)

NOTE: Review activity calendars, newsletters or other communication.

[] []

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.

[] []

4. Does the SLP provider offer daily activities that are based on individuals' needs and preferences?

NOTE: Interview staff to learn how activities are identified and how residents are involved. Review applicable policies

[] []

Comments:

NEW ADMISSIONS

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

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. [] [] NA []

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 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. *Remediated 1-11-19*
6. Did the resident initial the ISP to indicate he/she chose to receive services from the SLP provider?
7. If the resident did not choose to receive services from the SLP provider, did the resident initial that he/she received referral information?
8. Did the resident initial that he/she received a copy of the SLP's resident rights?
NOTE: If initials are missing, answer the question "No" and remediate while on-site.
9. Does the ISP include areas important to the resident, such such as goals, interests, preferences or choices? 146.245(d)
10. If applicable, does the ISP include coordination and inclusion of services being delivered to the resident by an outside entity? 146.245(d)
NOTE: This includes services provided by family.
11. Is the ISP individualized to the resident's preferences and assessed needs? 146.245(d)
NOTE: Compare with assessment, MD orders, nursing notes, etc. The assessment may differ from the ISP if there has not been a significant change in condition or if there has been a preference change by the resident since the assessment was completed. This is acceptable.
12. Does the ISP identify safety concerns that impact the resident's options or choices? 146.245(d)
NOTE: Examples include a medication lock box or escorts during outings in the community due to cognition.
13. If the resident declined any services, are they noted on the ISP? 146.245(d)

Services 146.215 and 230

Yes No N/A

21. **Comments** 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: #5, #6, #8) ISP [redacted] No resident signatures. Per Admin, [redacted] after a [redacted] was called and [redacted] nurse's note from [redacted] states [redacted] to [redacted] & plan reviewed [redacted] No [redacted]. Remediated [redacted] by Admin, Colleen.

Reviewer Signature: [redacted] HFSN

Date of Review: 1-9-18

#10) ISP [redacted] Does not [redacted] requiring [redacted] to be removed from room. Per Theresa, receptionist, [redacted] was removed dit [redacted]

#14) Quarterly [redacted] does not address [redacted] services provided 4-12-18 thru 6-4-18.

#11) ISP [redacted] Needs section not completed for [redacted] Needs. [redacted] section not completed for [redacted] and [redacted]

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"/> | [] | [] |

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

Apartment Observations 146.210 and 230

	Yes	No	Comments
8. A working emergency call device in each bathroom and each bedroom OR a portable emergency home response system is provided to residents in place of one located in the bedroom? 146.210(d)(3)(C) or 146.210(e)(4)(C) and 146.230(m)(1). NOTE: An emergency call device must ALWAYS be located in each bathroom.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Wiring for private phone, cable TV, satellite, or master antenna with access to at least 10 channels? 146.210(d)(3)(F) or 146.210(e)(4)(F)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. A sink, microwave or stove, and refrigerator with separate freezer? 146.210(d)(3)(G) or 146.210(e)(4)(G)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>

SLP Resident Review (10 of 10) Resident Name: _____ ResidentC_____

Apartment Observations 146.210 and 230

Comments: #10) [REDACTED] removed for [REDACTED]
Concerns.

#13) SLF approved before [REDACTED]

Reviewer Signature: [REDACTED] HFSW

Date of Review: 1-11-18

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

Resident Name: Resident C

NOTES FOR COMPLETION:

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

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

Individual Resident Review

Resident Name: _____ Resident C _____

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

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

Individual Resident Review

Resident Name: _____ Resident C

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

	Yes	No	Comments
19. Are your emergency calls answered promptly? 146.230(k)(1) & (m)	<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 type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>

6/4/18

40

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

Yes No N/A

Assessment/Service Plan/Quarterly Evaluation 146.245

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"/> [] |
| 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"/> [] |
| 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"/> [] |
| 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"/> [] |
| 9. | Does the ISP include areas important to the resident, such such as goals, interests, preferences or choices? 146.245(d) | <input checked="" type="checkbox"/> [] | <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"/> [] |
| 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"/> [] |
| 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 type="checkbox"/> [] | <input checked="" type="checkbox"/> [] | <input checked="" 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"/> [] |

SLP Resident Review (4 of 10) Resident Name: Resident B _____

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: (2) ISP [redacted] does not address [redacted]
[redacted] The [redacted] was
removed [redacted]
[redacted]

Reviewer Signature: [redacted] HFEW

Date of Review: 7-19-19

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



SLP Resident Review (9 of 10) Resident Name: _____, Resident B
Apartment Observations 146.210 and 230 Yes No Comments

- | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 8. A working emergency call device in each bathroom and each bedroom OR a portable emergency home response system is provided to residents in place of one located in the bedroom? 146.210(d)(3)(C) or 146.210(e)(4)(C) and 146.230(m)(1).
NOTE: An emergency call device must ALWAYS be located in each bathroom. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Wiring for private phone, cable TV, satellite, or master antenna with access to at least 10 channels? 146.210(d)(3)(F) or 146.210(e)(4)(F) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. A sink, microwave or stove, and refrigerator with separate freezer? 146.210(d)(3)(G) or 146.210(e)(4)(G) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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.
[] NOT APPLICABLE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Apartment Observations 146.210 and 230

Comments:

10) [redacted] removed from room [redacted]
[redacted] Res [redacted]
[redacted]

Reviewer Signature

[redacted]

HFSW

Date of Review:

✓ 1-9-18

**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.

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

Individual Resident Review

Resident Name: Resident B

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

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

6/4/18

"Never had a problem
 so I didn't know"

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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) "I've never used it"	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	[]
21. Do you feel safe in the SLP building?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]
22. Do you feel that your property is safe?	<input checked="" 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"/>	[]
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"/>	[]
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"/>	[]
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"/>	[]
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"/>	[]

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"/>	[]
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"/>	[]

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Resident A

SLP Resident Review (2 of 10) Resident Name: _____ P. _____

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

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

Services 146.215 and 230

Yes No N/A

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

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

[] [] []

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

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

Comments:

#11) TSP [redacted] [redacted] not completed for: [redacted] and [redacted]; [redacted] as ordered by physician; [redacted] [redacted] and [redacted] needs; [redacted] "Strengths" not completed for: [redacted] and [redacted]

Reviewer Signature: [redacted] -FSW

Date of Review: 1-9-18

#3) RAI [redacted] section [redacted] coded [redacted] ISP [redacted] Indicates resident [redacted] Per resident, only [redacted] as needed.

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

Medication Management Services 146.230

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

146.265(c)

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

Comments:

APARTMENT OBSERVATIONS

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

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

SLP Resident Review (9 of 10) Resident Name: Resident A
Apartment Observations 146.210 and 230 Yes No Comments

- | | | | |
|--|-------------------------------------|-----|-----|
| 8. A working emergency call device in each bathroom and each bedroom OR a portable emergency home response system is provided to residents in place of one located in the bedroom? 146.210(d)(3)(C) or 146.210(e)(4)(C) and 146.230(m)(1).
NOTE: An emergency call device must ALWAYS be located in each bathroom. | <input checked="" type="checkbox"/> | [] | [] |
| 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"/> | [] | [] |
| 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"/> | [] | [] |
| 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"/> | [] | [] |
| 12. Closet(s) with a door? 146.210(g)(2) | <input checked="" type="checkbox"/> | [] | [] |
| 13. Double occupancy apartments have a door on each bedroom? 146.210(h)(5)
NOTE: Applies to all SLP applications approved after 8/1/09.
<input checked="" type="checkbox"/> NOT APPLICABLE | [] | [] | [] |
| 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"/> | [] | [] |
| 15. Apartment in good maintenance and repair? 146.230(h)(1) | <input checked="" 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"/> | [] | [] |
| 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 | [] | [] | [] |

**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.

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

Individual Resident Review

Resident Name: _____ **Resident A** _____

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 A** = +

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

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

HFS Staff Observations:

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

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

6/4/18

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FINDINGS OF NON-COMPLIANCE ISSUED

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUPPORTIVE LIVING PROGRAM

RESPONSE TO ON-SITE REVIEW FINDINGS Page 1 of 2

SLP NAME: Hawthorne of Tazewell
CHECK ONE:

INTERIM CERTIFICATION REVIEW FINDINGS: YES NO

ENTRANCE DATE: _____ EXIT DATE: _____

FINAL CERTIFICATION REVIEW FINDINGS: YES NO

ENTRANCE DATE: _____ EXIT DATE: _____

ANNUAL CERTIFICATION REVIEW FINDINGS: YES NO

ENTRANCE DATE: 01/08/19 EXIT DATE: 09/25/19

CHANGE OF OWNERSHIP REVIEW FINDINGS: YES NO

ENTRANCE DATE: _____ EXIT DATE: _____

GENERAL FINDINGS (Use for findings noted during informal visits to SLP)
Findings should be written under this section for non-compliance of rules that impact the health and safety of residents and/or staff.

BEGIN DATE: _____ EXIT DATE: _____

COMPLAINT REVIEW DATE OF COMPLAINT: _____

REFERRAL DATE: _____ REVIEW FINDINGS: YES NO

BEGIN DATE: _____ END DATE: _____

FIRST FOLLOW-UP REVIEW SECOND FOLLOW-UP REVIEW

(1st) BEGIN DATE: 11/7/19 END DATE: 5/18/21

FINDINGS CORRECTED: YES NO

(2nd) BEGIN DATE: _____ END DATE: _____

FINDINGS CORRECTED: YES NO

RESPONSE TO ON-SITE REVIEW FINDINGS Page 2 of 2

For non-compliance found during an interim review or interim/final completed simultaneously-

The Response to On-Site Review Findings form must be provided to the SLP provider within ten working days after the conclusion of the on-site review. The SLP provider must complete and return the Response to On-site Review Findings form to the BLTC regional supervisor within 14 calendar days from the date it was received from the review team. The SLP provider's response must include dates of correction for each finding.

For non-compliance involving immediate jeopardy-

The Response to On-Site Review Findings form must be provided to the SLP provider within five working days after the conclusion of the on-site review. The SLP provider should complete and return the form to the BLTC regional supervisor within five calendar days from the date it was received from the review team. The SLP provider has ten working days from the date it was received from the review team to correct the non-compliance. No extension of the ten-day period will be granted. BLTC staff must conduct a follow-up review within ten working days after the conclusion of the ten-day immediate jeopardy correction period. If the follow-up continues to show immediate jeopardy, the regional supervisor should notify the area manager and BLTC central office. BLTC central office will take action to suspend or terminate provider agreement.

For non-compliance involving non-immediate jeopardy-

The Response to On-Site Review Findings form must be provided to the SLP provider within ten working days after the conclusion of the on-site review. The SLP provider should complete and return the form to the BLTC regional supervisor within 14 calendar days from the date it was received from the review team. Initially, no correction date is to be later than 30 days from the date that the findings were presented to the SLP unless there is justification documented by the SLP provider. Within those 30 days, the SLP provider is responsible for notifying the regional supervisor the status of the corrections or that the corrections have been completed. The regional supervisor or designated staff will make a follow-up visit to the SLP provider within 10 working days of the notification or take other appropriate steps to determine if all corrective action has been taken. If the first 30-day follow-up review continues to show non-compliance, the SLP provider is granted a second 30-day period to correct the non-compliance issues. If the second follow-up continues to show non-compliance, the regional supervisor should notify the area manager and BLTC central office. BLTC central office will take action to apply one or more of the sanctions allowed depending on the severity of the non-compliance.

[Redacted Signature]
Signature of SLP Provider Representative

5/24/2021
Date

Signature of Bureau of Long Term Care HPSN

Date

[Redacted Signature] PSA
Signature of Bureau of Long Term Care Regional Supervisor

09/25/19
Date

[Redacted Signature] SPSA
Signature of Bureau of Long Term Care Area Manager

5/24/2021
Date

PROVIDER NAME Hawthorne Inn Annual 1/8/19 REFERRAL DATE: 9/25/19
 First Follow-up () Second Follow-up ()

Note: Due to privacy concerns, resident and employee names cannot be used in the Complaint/Finding Description or in the SLP provider response. Use a resident and/or employee identifier key (R-1, R-2, etc. for residents and E-1, E-2, etc. for employees).
 Submit the corresponding identifier key with this form.

COMPLAINT/FINDING DESCRIPTION (Must include rule cite)	SLP RESPONSE	CORRECTION DATE
<p>Section 146.245 Assessment and Service Plan and Quarterly Evaluation</p> <p>d) Service Plan: Within seven days after completion of the RAI, a written service plan shall be developed by, or co-signed by, a registered nurse, with input from the resident and his or her designated representative. This includes coordination and inclusion of services being delivered to a resident by an outside entity. The service plan shall include a description of expected outcomes, approaches, frequency and duration of services provided and whether the services will be provided by licensed or unlicensed staff. The service plan must be individualized to address the health and behavior needs of each resident. The service plan shall document any services recommended by the SLF that are refused by the resident. The service plan shall be reviewed and updated in conjunction with</p>		

the quarterly evaluation or as dictated by changes in resident needs or preferences.

This requirement was not met:

R 1- The [redacted] ISP did not address safety concerns [redacted]

R 2- The [redacted] ISP "needs" section was not completed for [redacted] and [redacted]. The "strengths" section was not completed for [redacted]

R 3- The [redacted] SP "needs" section was not completed for [redacted]. The "strengths" section was not completed for [redacted].
-The ISP does not address [redacted] Per E 1, [redacted] comes to the facility for [redacted]. The resident has been on [redacted] since admission.

R 4 - ISP [redacted] the "needs" section not completed for [redacted] needs. "Strengths" section not completed for [redacted] and [redacted]. Also, ISP did not [redacted] Residents had no complaints during the interview.

R 5 - The [redacted] ISP continues to address assist with [redacted] but [redacted] was discontinued on [redacted]

IDHFS BUREAU OF LONG TERM CARE
200 S. WYMAN ST. #307C - ROCKFORD, IL 61101

Name of Facility: Hawthorne Inn of Freeport
Reason for visit: First Follow up to Annual Plan of Correction

Date of Exit: 9/25/19
Date On-site: 11/7/19 and 11/12/19
Timeframe reviewed: 10/25/19 to 11/12/19
Present: Lisa Jackson, HFSN
Cheryl Wilson, HFSN
Report By: Lisa Jackson, HFSN
Cheryl Wilson, HFSN
Report Written on: 11/13/19, 11/20/19 and 12/19/19

Objective: First follow up to Annual plan of correction

FINDING: 146.245 ISP'S

R 1- The [REDACTED] ISP did not address [REDACTED]
[REDACTED]

R 2- The [REDACTED] ISP needs section was not completed for [REDACTED] and [REDACTED]
[REDACTED] The strengths section was not completed for [REDACTED]

R 3- The [REDACTED] ISP needs section was not completed for [REDACTED]. The strengths section was not completed for [REDACTED]. The ISP does not address outside [REDACTED]. Per E 1, [REDACTED] comes to the facility for [REDACTED]. The resident has been on [REDACTED] since admission.

R 4 ISP [REDACTED] the needs section was not completed for [REDACTED]. Strengths section was not completed for [REDACTED] and [REDACTED]. Also, the ISP did not address [REDACTED] concerns with [REDACTED]. Residents had no complaints during the interview.

R 5's [REDACTED] ISP continues to address assist with [REDACTED], but [REDACTED] was discontinued on [REDACTED]

Plan of Correction and follow up to Plan of correction

1. Audit all resident's ISP's.
Per E 1, all the ISP's were audited by E 8. Of the 33 ISP's audited, 16 required remediation for strength, needs or for both.
2. The QA committee will review a sample of ISP's at each meeting to confirm adherence to appropriate ISP completion.
E 1 was told by E 2 not to provide the QA minute to HFS staff. A QA agenda which is an outline of the minutes was provided. The QA agenda stated, "ISP's- Up-to-date. Sample was reviewed by the QA committee. The sample was appropriate." The QA agenda did not address what

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ISP's were reviewed by the QA committee during the meeting 11/11/19. The QA agenda also did not address if the sample reviewed showed "adherence to appropriate ISP completion" per the facilities plan of correction. However, E 8, who is a member of the QA committee, did audit all ISPs with 16 of the 33 ISP's requiring remediation.

Follow up on the ISP finding examples

R 1 and R 3 has [REDACTED]

R 2's ISP [REDACTED] the needs section was not completed for [REDACTED] and [REDACTED] but R 2 is [REDACTED] y independent for both. The needs section for [REDACTED] and [REDACTED] assistance was updated and the strength section for [REDACTED] also was been updated. R 2's current ISP [REDACTED] was also reviewed. There was no desired outcome specific to [REDACTED] and [REDACTED] assistance but there was a desired outcome that said [REDACTED] needs are met. There was no strength specific to [REDACTED] assistance but there was a strength that showed R 2 was independent with daily [REDACTED] and [REDACTED]. There also was no strength for [REDACTED] assistance. Otherwise R 2's ISP [REDACTED] appears to be in currently compliance.

PSA note: R2 is

R 4's ISP [REDACTED] 8, [REDACTED] needs, and [REDACTED] strengths were updated but the [REDACTED] strengths and the [REDACTED] 3 with the [REDACTED] were not updated on the ISP [REDACTED]. However, the [REDACTED] portion of the ISP [REDACTED] does address that R 2 [REDACTED] in the room. Additionally, there was no desired outcome that was specific to [REDACTED] assistance but there was a desired outcome that said a [REDACTED] needs are met. There were no strengths that were specific to [REDACTED] assistance but there was a strength that indicates R 4 was independent with [REDACTED] and [REDACTED] [REDACTED] and [REDACTED] did not have any strengths. [REDACTED] did not have a desired outcome or strength. Otherwise, R 4's ISP [REDACTED] appeared to be in current compliance.

PSA note: R4 is

R 5's ISP [REDACTED] 8 was updated to show [REDACTED] assistance was [REDACTED]. R 5's ISP [REDACTED] was also reviewed. There were no strengths identified for [REDACTED] and [REDACTED] assistance and there was no desired outcome for [REDACTED] assistance. There was no strength or desired outcome specific to [REDACTED] but there was a strength that indicated independence with [REDACTED] and a desired outcome that indicated [REDACTED] are met. Per E 1, R 5 is not independent with [REDACTED]. There were no strengths for [REDACTED] and [REDACTED]. Per RAI and E 1, R 5 requires [REDACTED] and [REDACTED] assistance is not on the ISP [REDACTED]. Otherwise, the ISP [REDACTED] appears to be in current compliance.

PSA note: R5 is

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The 5 most recent admissions were reviewed for continued compliance with ISP's R 6's ISP [REDACTED] does not have a desired outcome specific to [REDACTED] or [REDACTED] assistance but there was a desired outcome that indicates that [REDACTED] needs are met. [REDACTED] does not have strengths specific to [REDACTED] but there is a strength that indicates R 6 is independent with [REDACTED] and [REDACTED]. Also, [REDACTED] assistance did not have a strength address. R 6 had a [REDACTED] on [REDACTED] without [REDACTED] and a [REDACTED] on [REDACTED] that [REDACTED].

[REDACTED] are not addressed on the ISP [REDACTED]. The ISP does, however, address that R 6 uses a [REDACTED]. Otherwise, the ISP appears to be in compliance.

PSA note: Shower assistance strengths and Falls remediated.

R 7's ISP [REDACTED] showed that on [REDACTED] R 7 began [REDACTED] assistance. There were no strengths or desired outcomes documented for [REDACTED]. There was a desired outcome that said [REDACTED] needs are met but there was no desired outcome specific to [REDACTED] assistance. There was also conflicting information for [REDACTED] assistance on R 7's ISP [REDACTED] as the steps to achieve showed that R 7 was both independent with [REDACTED] and receiving assistance with [REDACTED]. Per E 1, on [REDACTED] R 7 began receiving assistance with [REDACTED]. Also, effective [REDACTED] R 7 began receiving [REDACTED] and this was not addressed on the ISP. The ISP does show, however, that [REDACTED] was discontinued. Otherwise, the ISP appears to be in compliance.

PSA Note: R7 is discharged.

R 8's ISP [REDACTED] does not have any strengths for [REDACTED] assistance. [REDACTED] evaluation and treatment was ordered on [REDACTED]. Per E 1, R 8 is currently [REDACTED] this service because R 8 wants to [REDACTED]. [REDACTED] is not addressed on the ISP [REDACTED]. Otherwise, the ISP appears to be in compliance.

PSA Note: R8 is [REDACTED]

R 9's ISP [REDACTED] does not have a desired outcome or a strength specific to [REDACTED] assistance but there is a desired outcome that indicates to have [REDACTED] needs met and the strength that indicates R 9 is independent with [REDACTED]. [REDACTED] does not have a strength addressed. Otherwise, the ISP appears to be in compliance.

PSA Note: [REDACTED] and [REDACTED] strength remediated.

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R 10's ISP [REDACTED] there were no strengths for [REDACTED] and [REDACTED] assistance. R 10 has an order for [REDACTED] and call if there is a [REDACTED]. The [REDACTED] and [REDACTED] were not addressed on the ISP [REDACTED]. R 10 has [REDACTED] at different times and the ISP [REDACTED] does address [REDACTED] however, the ISP does not specifically address what service R 10 is [REDACTED]. Otherwise, the ISP appears to be in compliance.

PSA Note: R10 is [REDACTED]

