



Hawthorn Inn of Princeton, 2021 PRONG 1

Attached to Sister Nursing Facility

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Heightened Scrutiny

SETTING INFORMATION

Setting Name:	Hawthorne Inn of Princeton	SLP
Address:	136 North Sixth Street Princeton, IL 61356	

HEIGHTENED SCRUTINY INFORMATION

Maximum Capacity of the Facility: 27
Current Occupancy (10/31/16): 27
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 Drawings
-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 Princeton

Address 136 North Sixth Street

City/State/Zip Princeton, Illinois 61356

Number of Units 21

Maximum Number of Residents 27

Effective Date April 8, 2010

Pat Quinn, Governor

Barry S. Maram, Director





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

Facility Information

MANOR COURT OF PRINCETON

140 NORTH SIXTH STREET
PRINCETON IL 61356

ADMINISTRATOR: PEGGY HOLT
TELEPHONE: 815-875-6600

Licensee ID	:0047324
Facility ID	:6015861
Skilled beds	:125
Intermediate beds	:0
Icf-dd beds	:0
Shelter Care beds	:0
Community Living beds	:0
Under 22 beds	:0
Medicare beds	:27
Medicare/Medicaid beds	:98
Medicaid beds	:0
Fax	:815-875-6005
County	:Bureau
Medicare Certification Number	:14-6083
Medicare Skilled Certification Number	:
Medicaid ICF/DD Certification Number	:
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

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Residents

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

Patient Days

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

Provider Name:	Hawthorne Inn Princeton
Name/Address of setting:	Hawthorne Inn Princeton/136 N.6 th St. Princeton, IL 61356
Contact at the setting:	[REDACTED]
Visited With:	[REDACTED]
Surveyor Name:	[REDACTED]
Date Completed:	

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

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

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

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

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

Category 1

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
1. Do individuals/family members receive information, which approximates their level of understanding, regarding services in the broader community and access options, such as public bus/taxi/van services and special transportation providers?	X				
2. Does the setting utilize access to the community as part of its plan for services?	x				
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				

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				Private care avail.

6 and

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						
24. Does the setting utilize restraints only in accordance with the Mental Health Code?						X	Restraints are not allowed in SLP. Observed in restraints.
25. Does the setting use delayed egress devices or have secured perimeters only in accordance with individually approved plans of care?				X			Not used in the facility & delayed egress.

Category 4

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

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

Category 5

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

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

Category 6

The setting is a physically accessible setting.

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

Category 7 (RESIDENTIAL ONLY)

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

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

Category 8 (RESIDENTIAL ONLY)

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

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

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

Category 9 (RESIDENTIAL ONLY)

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

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

	Yes	No	Plan	NA	Additional Comments
48. Do individuals have access to food as desired?	x				
49. Do meal schedules allow for some flexibility in eating times?	x				
50. Do individuals have the option of eating alone?	x				

Category 10 (RESIDENTIAL ONLY)

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

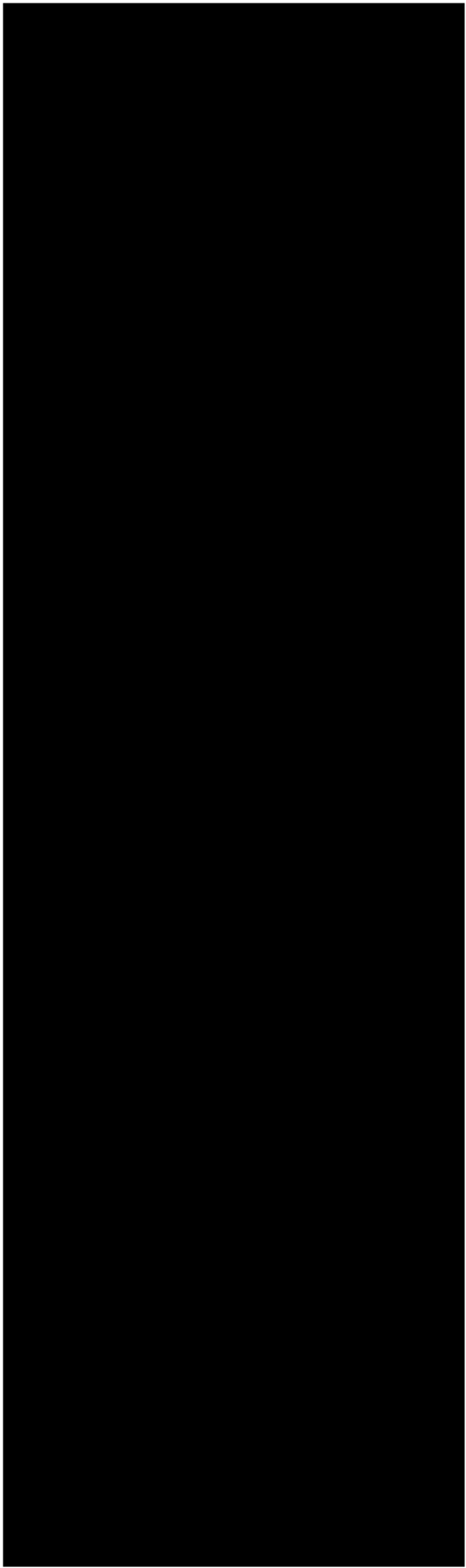
Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
51. Are the times of visits restricted in any way?		x			
52. Can visitors see individuals in the individuals' rooms or in common areas of the home?	x				
53. Can visitors take the individuals outside the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

Follow Up/Next Steps

Notes

SLP is connected to sister DF via hallway.

Separate entrances



Hawthorne Inn of Princeton

Heightened Security Response

- ❖ Photos
 - Attached are photos of the entrance to Hawthorne Inn of Princeton.
 - Attached are photos of the street level signage in front of Hawthorne Inn of Princeton.
 - Hawthorne Inn of Princeton has resident, staff and visitor parking that is separate from Manor Court of Princeton.
 - An aerial view identifying Hawthorne Inn of Princeton, 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 Princeton, and the fire wall separating it from Manor Court of Princeton.
 - Parking
 - Hawthorne Inn of Princeton has a separate parking lot from Manor Court, located on the East side of the campus. There are 4 handicap spaces and 34 additional spaces for residents and visitors to use that are within 30 yards from the entrance.

- ❖ Access to Community
 - Hawthorne Inn of Princeton is located in the residential east side of Princeton, IL.
 - Princeton hosts two downtown districts with a vast array of specialty shopping, antiques, clothing, pharmacy, resale shops, spas, beauty salons and fitness centers. Hawthorne Inn is within 5 minutes of the downtown areas and Hawthorne Inn residents take advantage of the shopping independently as well as with group activities.
 - Wal-Mart and Sullivan Food, Dollar General stores are within a 5 minute drive of Hawthorne Inn.
 - Adjacent to one church and several churches are within close proximity of the grounds. Residents are conveniently located within access of the church of their choice.
 - We are within 4 minutes from our local Hospital which provides an array of services and classes that many of our residents utilize.
 - Physician, dental, vision and hearing services are located within close proximity of Hawthorne Inn and are utilized as needed by our residents.
 - There are several restaurants which include bar and grill, family restaurants, bistro, cafes, supper club, Chinese, Mexican, Italian, Barbeque and a grill your own steak house. Each establishment is

located in close proximity and residents take advantage of going on a routine basis either independently or as group outing or through ordering out for delivery or pick-up.

- The Princeton Library is 3 minutes away and offers many programs that are utilized by our residents.
- The Love Joy underground railway museum is located just 3 minutes away and the Bureau County Museum is located in the downtown area approximately 5 minutes away.
- There are several banks that are within 5 minutes of our home.
- There is an 18 hole public golf course 8 minutes away that is readily accessible to our residents as desired.

❖ Available Public Transportation

- B-Part offers County wide transportation and some transports to Peoria, for medical and other appointments for seniors, and residents with disabilities, in the surrounding area.
- Out of County transportation coordinated through B-Part and neighboring agencies.
- The Senior Center offers limited transportation services, for seniors, and residents with disabilities, in the surrounding area.
- Amtrak Depot is within 4 minutes of from Hawthorne Inn of Princeton for longer distance travel.
- Hawthorne Inn of Princeton 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 Princeton residents also enjoy impromptu activities of their choice at the time they choose such as: Fishing in our stocked pond, 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 Princeton 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:

- Festival 56 is our local community theater and is located approximately 5 minutes away. Our residents are able to enjoy live performances as a group or independently at their pleasure. The theater offers free seating for dress performances for our residents giving our residents prime seating at no cost and this also benefits the performers in having independent critique prior to opening night.
- We have a Movie Theater, The Apollo which residents can see new releases as a group or independently as desired.
- A favorite community spot in Princeton is Suzi's Slots where our residents go as group or independently for leisure activity.
- The Chamber of Commerce offers local festivities that our residents take part in as group or independently. A favorite is Lunch in the park, during the summer months each Friday a local NFP entity will provide lunch for a donation to their cause. The Park is located downtown Princeton and offers great opportunity for visiting with friends in the community. Residents also enjoy attending Farmers Market to obtain fresh produce and integration with friends within the community. The chamber offers a wide variety of musical entertainment in the park and downtown areas on a regular basis.
- Residents enjoy art exhibits at the Prairie Art Center and the Prouty Building both are within 1 mile of their home.
- The local Senior center provides various activities and services to which our residents have access and enjoy.
- In addition, Hawthorne Inn 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.
- Princeton is home to the Bureau County Fair Ground where they provide a wide array of events throughout the year. Events include, Flea markets, indoor garage sales, trade shows, live musical entertainment and Bureau County Fair.
- In addition, Hawthorne Inn of Princeton 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 Princeton 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 to remain as independent and integrated to the community.
 - Hawthorne Inn of Princeton 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 Princeton has successfully accomplished the overall goal of the Supportive Living Program by providing care for residents 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 Surveys are completed on an annual basis. Twenty-five (25) surveys were completed and returned. At the time of the survey there were twenty-five (25) residents living in Hawthorne Inn of Princeton. The most recent survey showed the following results in key areas listed:
 - 80% of residents feel the facility provides a home-like surrounding;
 - 88% of residents feel they have control over their personal lifestyle;
 - 100% of residents are satisfied with Hawthorne Inn of Princeton; and
 - 100% of residents would recommend Hawthorne Inn of Princeton to family and friends.
- ❖ Community Integration
 - Hawthorne Inn of Princeton 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 Princeton 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 Princeton ensures a resident's rights of privacy, dignity and respect, and freedom from coercion and restraint.

- Hawthorne Inn of Princeton 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 Princeton 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 Princeton is physically accessible to the resident.

Supportive Living Program

Staff Qualifications

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

89 IL Adm Code, Subpart B, Section 146.235 Staffing

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

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

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

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

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

Princeton Area Community Calendar

<< October 2016 >>

Sun	Mon	Tue	Wed	Thu	Fri	Sat
25	26	27	28	29	30	1
2	3	4	5 Genealogy Classes for Beginners	6	7 Princeton Art District First Friday Night On The Town Comedy Night at Festival 56	8 Shadows of the Blue and Gray ~ Civil War Festival
9 Shadows of the Blue and Gray ~ Civil War Festival 12th Annual Illinois Valley Toy Run presented by the Princeton Lions Club	10	11	12	13	14 Witches Night Out!	15 Prairie Arts Council presents - Eulenspiegel Puppet Theatre Oktoberfest with The Heidelberg German Band - Down on Main Street Concert
16	17	18	19 Petal it Forward- Flowers by Julia	20 Business After Hours - 10/20 Cabbage Rose	21 Princeton Art District Annual Wine Walk #Slaughterhouse Movie	22 Princeton Coffeehouse Presents ~ Antje Duvokot Moose Lodge Halloween Party Freedom House Presents - Fall Family Fun Fest
23 Crossroads High School - A Country Breakfast	24	25	26	27	28 Live2Lead Hosted by Summit Leadership	29 • 2016 Scarecrow Festival Bureau County Historical Society presents Brian Fox Ellis - Storytelling Program
30	31 Princeton Trick or Treat	1	2	3	4	5

Princeton Area Community Calendar

<< November 2016 >>

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	31	1 Bureau County United Way Culver's Fundraiser	2	3	4 Princeton Art District First Friday Night On The Town	5 Day of the Dead - help bring the Elks back to life Drawdown
6	7	8	9	10	11	12 Princeton Coffeehouse Presents ~ Richard Shindell
13 Elks National Hoop Shoot Free Throw Contest	14	15	16	17 Business After Hours - 11/17 Four and Twenty Cafe	18 Princeton's Christmas Open House - Silver Bells - It's Christmas Time in the City Flowers by Julia Holiday Open House	19 Princeton's Christmas Open House - Silver Bells - It's Christmas Time in the City Flowers by Julia Holiday Open House
20 Princeton's Christmas Open House - Silver Bells - It's Christmas Time in the City Flowers by Julia Holiday Open House Walneck's Motorcycle Swap Meet	21	22	23	24	25	26 Small Business Saturday!
27	28	29	30	1	2	3

Princeton Area Community Calendar

<< December 2016 >>

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	1	2 Princeton Art District First Friday Night On The Town Fontanini meet and greet!	3 Breakfast with Santa Christmas Parade Sponsored by Princeton Lions Club
4 Perry Memorial Hospital Auxiliary Tour of Homes	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Bureau County Senior Center, Holidays in United States

Jul 2016 (Central Time)

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	1	2
	10am - Knitting		1pm - Crafts	1pm - Cards 1:30pm - MOB		
3	4	5	6	7	8	9
	Independence Day 10am - Knitting		1pm - Crafts	10am - Sterling 1pm - Cards 1:30pm - MOB		
10	11	12	13	14	15	16
	10am - Knitting		1pm - Crafts	1pm - Cards 1:30pm - MOB		
17	18	19	20	21	22	23
	10am - Knitting		1pm - Crafts	10am - Sterling 1pm - Cards 1:30pm - MOB		
24	25	26	27	28	29	30
	10am - Knitting		1pm - Crafts	1pm - Cards 1:30pm - MOB		
31	1	2	3	4	6	6
	10am - Knitting		1pm - Crafts	10am - Sterling 1pm - Cards 1:30pm - MOB		

Bureau County Senior Center, Holidays in United States Aug 2016 (Central Time)

Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	1 10am - Knitting	2	3 1pm - Crafts	4 10am - Sterling 1pm - Cards 1:30pm - MOB	5	6
7	8 10am - Knitting	9	10 1pm - Crafts	11 1pm - Cards 1:30pm - MOB	12	13
14	15 10am - Knitting	16	17 1pm - Crafts	18 10am - Sterling 1pm - Cards 1:30pm - MOB	19	20
21	22 10am - Knitting	23	24 1pm - Crafts	25 1pm - Cards 1:30pm - MOB	26	27
28	29 10am - Knitting	30	31 1pm - Crafts	1 10am - Sterling 1pm - Cards 1:30pm - MOB	2	3





BUILDERS DESIGN / HOLLANDER ARCHITECTS, P.C.

ARCHITECTS

519 First Capitol Drive, Suite 200 St. Charles, Missouri 63301 (636) 947-4140 Fax: (636) 947-7195
P.O. Box 442 Edwardsville, Illinois 62025 (618) 656-2008 Fax: (618) 656-2711

November 13, 2006

Joyce Carnes
RFMS Construction Division
115 E. South Street
Galesburg, IL 61401

















RE: Hawthorne Inn of Princeton
136 North 6th Street
Princeton, Illinois

To Whom It May Concern:

To the best of my knowledge, information and belief, the building was constructed in general conformance with the plans and specifications, and in my professional opinion, is in compliance with the International Building Code 2003 edition, NFPA Life Safety Code Chapter 32 "Residential Board and Care Occupancies" (2000 edition), Illinois Accessibility Code (April 24, 1997 edition), ANSI A117.1 "Accessible and Usable Buildings and Facilities" (1998 edition), 29 Illinois Administrative Code Chapter 1 Section 146.210 "Structural Requirements" and applicable local fire codes and ordinances.

Sincerely,



Stephen J. Hollander, AIA
President.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
<p>Happy Birthday</p> 	<p>9:30 Exercise 10:00 Coffee 2:00 Cards 2:15 Design Your Own Flag/Meet My Athlete 6:30 MC BINGO</p>	<p>9:00 Catholic Mass AM Weights 501-510 & 521 2:00 Cards 3:30 MP Show Choir</p>	<p>9:30 Exercise 10:00 Coffee & Methodist Church PM Weights 511-520 6:30 MC BINGO</p>	<p>9:30 Athletics 12:45 Walmart: 4:00 Dinner Outing <i>the FEED STORE</i> www.aginglife.com</p>	<p>9:30 Exercise 10:00 Coffee or Dietary Council 2:15 HI BINGO</p>	<p>9:30 Basketball 1:30 MC BINGO 2:15 Nails</p>	
<p>10:00 Church Services 1:30 Entertainment 2:15 Arts & Crafts with Christy</p> 	<p>9:30 Exercise 10:00 Coffee & Community Bingo 2:00 Cards 6:30 MC BINGO</p>	<p>9:30 Table Tennis 2:00 Cards 2:15 Roll & Color the Olympic Rings</p> 	<p>9:30 Exercise 10:00 Coffee & Lutheran Church 2:15 Olympic Games Hangman 6:30 MC BINGO</p>	<p>9:30 Soccer 12:45 Walmart: 2:15 Football Throw</p> 	<p>9:30 Exercise 10:00 Coffee 11:00 Lunch in the Park 2:15 HI BINGO</p> 	<p>9:30 Shooting 1:30 MC BINGO 2:15 Wii Boxing</p> 	
<p>10:00 Church Services 2:15 Brazilian Brigadeiros</p> 	<p>9:30 Exercise 10:00 Coffee 2:00 Cards 2:15 Olympic Card Games 6:30 MC BINGO</p>	<p>9:30 Catholic Mass 2:00 Cards 2:15 Summer Olympics Word Mining</p>	<p>9:30 Exercise 10:00 Coffee & Methodist Church 11:00 Lunch Outing- Angelo's 6:30 MC BINGO</p>	<p>9:30 Volleyball 12:45 Walmart: 2:15 Wii Tennis</p> 	<p>9:30 Exercise 10:00 Coffee 2:15 HI BINGO</p>	<p>9:30 Golf 1:30 MC BINGO 2:15 Nails</p> 	
<p>10:00 Church Services 2:15 Arts & Crafts with Christy</p> 	<p>9:30 Exercise 10:00 Coffee 2:00 Cards 2:15 Olympic Trivia 6:30 MC BINGO</p>	<p>9:30 Horse Shows 2:00 Cards 2:15 Horse Racing Trivia</p> 	<p>9:30 Exercise 10:00 Coffee 1:00 Peru Shopping Trip 2:00 Furry Friends 6:30 MC BINGO</p>	<p>9:30 Badminton 12:45 Walmart: 2:15</p> 	<p>9:30 Exercise 10:00 Coffee 1:30 HI Birthday Party/BINGO</p> 	<p>9:30 Farmer's Market 1:30 MC BINGO 2:15 Wii Fencing</p> 	
<p>10:00 Church Services 2:15 Brazilian Jubilee Cookies</p> 	<p>9:30 Exercise 10:00 Coffee 2:00 Cards 5:00 Cheep Chicken Take-Out 6:30 MC BINGO</p>	<p>9:00 Catholic Mass 2:00 Cards 2:15 Olympic Alphabet Challenge</p>	<p>9:30 Exercise 10:00 Coffee 2:15 Olympic Medal Ceremony 6:30 MC BINGO</p> 	<p style="text-align: center;"><i>August 2016</i></p> <p style="text-align: center;">Join Us for Our Very Own Hawthorne Inn Olympics!!!</p>			

Any suggestions for activities? Let Erin know! Outings are weather permitting. Changes will be posted on the bulletin board.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<h1>September 2016</h1> <h2>Happy Birthday</h2>						
10:00 Church Services 2:15 Arts & Crafts with Christy <i>Apple Craft</i>	9:30 Exercise 10:00 Coffee 2:00 Cards 2:15 Payroll Card Game 6:30 MC BINGO	9:00 Catholic Mass 2:00 Cards PM Weights 501-510 & 521	9:30 Exercise 10:00 Coffee & Methodist Church PM Weights 511-520 6:30 MC BINGO	9:30 Parachute 12:45 Walmart: Help Christy Make the September Activity Board 2:15 Hedbanz	9:30 Exercise 10:00 Coffee or Dietary Council 2:15 HI BINGO	9:30 Exercise w/ Diane 10:00 Coffee 1:30 MC BINGO 2:15 Nails
10:00 Church Services 2:15 Caramel Apple Bar <i>Grandparents Day</i>	9:30 Exercise 10:00 Coffee & Community Bingo 2:00 Cards 2:15 Grandparent's Day Word Mining 6:30 MC BINGO	9:00 Catholic Mass 2:00 Cards 2:15	9:30 Exercise 10:00 Coffee 2:15 Balloon Tennis 6:30 MC BINGO	9:30 Noodle Hockey 12:45 Walmart: Boggle 2:15	9:30 Exercise 10:00 Coffee 11:00 Lunch in the Park	9:30 Exercise w/ Diane 10:00 Coffee 2:15 Nails
10:00 Church Services 2:15 Arts & Crafts with Christy <i>Flower/Leaf Prints</i>	9:30 Exercise 10:00 Coffee 2:00 Cards 2:15 Scattergories	9:30 Apple Coloring Contest 2:00 Cards 2:15 Yahtzee	9:30 Exercise 10:00 Coffee & Methodist Church 11:00 Lunch Outing 2:15 September Jeopardy 6:30 MC BINGO	9:30 Balloon Volleyball 12:45 Walmart: Functional Screenings <i>Autumn Begins</i>	9:30 Exercise 10:00 Coffee 1:30 HI Birthday Party/ BINGO	8:45 Bureau County Farmer's Market 1:30 MC BINGO 2:15 Croquet
10:00 Church Services 2:15 Apple Pie Bites	9:30 Exercise or MC BINGO 10:00 Coffee 2:00 Cards 5:00 Cheep Chicken Take-Out	9:00 Catholic Mass 2:00 Cards 2:15 Spare Time Bowling	9:30 Exercise 10:00 Coffee & Lutheran Church 2:15 Autumn Hangman 6:30 MC BINGO	9:30 Ring Toss 12:45 Walmart: Autumn Pictionary	9:30 Exercise 10:00 Coffee 2:00 Rich Selquist	

Any suggestions for activities? Let Erin know! Outings are weather permitting. Changes will be posted on the bulletin board.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
 <h1 style="text-align: center;">October 2016</h1>						
10:00 Church Services 2:15 Witch Door Hanging	9:30 Exercise 10:00 Coffee 2:00 Cards 2:15 Dem Bones	AM Weights 501-510 & 521 2:00 Cards 2:15 Halloween Hangman	9:30 Exercise 10:00 Coffee & Methodist Church PM Weights 511-520	9:30 Ghost Busters! 12:45 Walmart: 2:15 Fall Craft	9:30 Exercise 10:00 Coffee or Dietary Council 2:15 BINGO	9:15 Exercise with Diane 2:15 Nails
10:00 Church Services 2:15 Monster Eye Cookies	9:30 Exercise 10:00 Coffee & Community Bingo 2:00 Cards	8:45 Suzi's Slots! 2:00 Cards	9:30 Exercise 10:00 Coffee 2:15 Halloween Bowling	9:30 Mummy Wrap Race 12:45 Walmart: 2:15 Pumpkin Painting	9:30 Exercise 10:00 Coffee 2:15 Halloween Charades	9:15 Exercise with Diane 2:15 Nails
10:00 Church Services 2:15 Pumpkin Painting Canvas	9:30 Exercise 10:00 Coffee 2:00 Cards 2:15 Roll & Draw a Monster	9:30 Halloween 2:00 Cards 2:15 Popsicle Scarecrows	9:30 Exercise 10:00 Coffee & Methodist Church 10:30 Tanners Orchard	9:30 Pumpkin Corn Hole 12:45 Walmart: 2:15 Bunco	9:30 Exercise 10:00 Coffee 2:15 Breast Cancer Awareness Ribbons	9:00 Bus Ride 2:15 Apple Cider Floats/Ice Cream Sundaes
10:00 Church Services 2:15 Pumpkin Cheesecake Truffles	9:30 Exercise 10:00 Coffee 2:00 Cards 2:15 Witch Scattergories	9:30 Witch Hat Ring Toss 2:00 Cards 2:15 Jack-O-Balloon	9:30 Exercise 10:00 Coffee 2:15 Halloween Pictionary	9:30 Pop the Pumpkin 12:45 Walmart: 2:15 Pumpkin Rice Krispies Treat	9:30 Exercise 10:00 Coffee 1:30 HI Birthday Party/ BINGO	9:15 Exercise with Diane 2:15 Nails
10:00 Church Services 2:15 Toilet Paper Tube Pumpkin	9:30 Exercise 10:00 Coffee 2:00 Cards 5:00 Cheep Chicken Take-Out	Happy Birthday: _____ from the residents and staff of Hawthorne Inn!				

- Exercises every M, W, & F at 9:30
- Coffee every M, W, & F at 10:00
- Methodist 1st & 3rd W
- Community BINGO 2nd M
- Cards Every M & T at 2:00
- Dietary Council 1st F at 10:00
- Nails QOSaturday at 2:15
- Wal-Mart Q R at 12:45
- Weights 1st T & W

Any suggestions for activities? Let Cassi know! Outings are weather permitting. Changes will be posted on the bulletin board.

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

ILLINOIS ZEPHYR and CARL SANDBURG

Chicago • Galesburg • Quincy

Carl Sandburg	California Zephyr	Southwest Chief	Illinois Zephyr	< Train Name >				Illinois Zephyr	Southwest Chief	Carl Sandburg
381	5	3	383	< Train Number >				380	4	382
Daily	Daily	Daily	Daily	< Normal Days of Operation >				Daily	Daily	Daily
				< On Board Service >						
Read Down				Mile	Symbol	Ar	Read Up			
7 35A	02 00P	03 00P	5 55P	0	DP	Ar	10 35A	03 15P	9 53P	
CHICAGO, IL (CT)										
Rockford, Madison see below										
19 7 54A			19 6 14P	14			19 10 03A		D9 20P	
19 8 10A	R2 34P	R3 35P	19 6 30P	28			19 9 47A	D2 42P	D9 04P	
8 33A			6 53P	52			9 22A		8 40P	
9 00A		4 24P	7 20P	83			8 53A	1 19P	8 11P	
9 21A	3 44P	4 46P	7 41P	104			8 31A	12 56P	7 49P	
9 44A			8 04P	131			8 07A		7 25P	
10 18A	04 38P	05 38P	8 38P	162			7 38A	02 08P	6 56P	
10 58A			9 22P	202			7 00A		6 18P	
11 58A			10 18P	258	Ar	Dp	6 12A		5 30P	
QUINCY, IL (CT)										

Shading Key
Daytime train
Overnight train
Connecting train
Thruway and connecting services

Service on Trains 380 - 383 is financed primarily through funds made available by the Illinois Department of Transportation.

Service on Illinois Route Trains

- Coaches:** Reservations required.
- Business class:** Ticket price includes non-alcoholic beverage and newspaper, and access to the Amtrak Metropolitan Lounge in Chicago.
- Sleeping cars:**
 - Amtrak Metropolitan Lounge available in Chicago for First class passengers.
- Dining:** Full meal service on Trains 3, 4, and 5.
- Cafe:** Sandwiches, snacks and beverages.
- Checked baggage** at select stations.
- Wi-Fi** available on Trains 380-383.
- Unboxed Bicycles and Golf Bags:** A limited number of spaces are available on the *Carl Sandburg* and *Illinois Zephyr* to transport unboxed bicycles and golf bags to/from all stations (not available on Trains 3, 4 and 5). Reservations are required; nominal charges apply; passenger assists with loading, stowing and unloading.

Passengers not carried locally between this station and Chicago except when connecting at Chicago to/from other Amtrak trains.

All Amtrak services and stations are non-smoking.

Carry-On Pet Program

Bring along your small dog or cat aboard the *Carl Sandburg* and *Illinois Zephyr*, Trains 380-383 and on the *Illini* and *Saluki*, Trains 390-393. Reservations for this test program from Amtrak and the State of Illinois can only be made by calling 1-800-USA-RAIL. For more information visit Amtrak.com/carry-on-pet-pilot.

Thruway Bus Connections

Chicago • Rockford • Madison *(Van Galder-en route transfers may be necessary)*

8961	8963	8973	8965	8975	8969	8967	8971	Mile	Thruway Number	Symbol	Ar	8960	8962	8970	8964	8968	8972	8966	8974
10 30A	12 35P	2 00P	5 00P	6 00P	7 00P	8 30P	10 15P	0	Chicago, IL -Union Station	●	Ar	9 30A	11 00A	12 30P	1 45P	3 30P	5 15P	6 45P	8 30P
12 10P	2 10P	3 40P	6 50P	7 50P	8 50P	10 20P	12 20A	75	Rockford, IL	○	Dp	6 50A	8 50A	10 20A	11 50A	1 20P	2 50P	4 20P	6 20P
12 30P	2 30P	4 00P	7 10P	8 10P	9 10P	10 40P	12 40A	92	South Beloit, IL	○		6 25A	8 25A	9 55A	11 25A	12 55P	2 25P	3 55P	5 55P
12 55P	2 55P	4 25P	7 30P	8 30P	9 30P	11 00P	1 00A	105	Janesville, WI	○		6 00A	8 00A	9 30A	11 00A	12 30P	2 00P	3 30P	5 30P
1 50P	3 50P	5 20P	8 20P	9 20P	10 05P	11 50P	1 20A	134	Madison, WI -Dutchmill Park & Ride	○		5 15A	7 15A	8 45A	10 15A	11 45A	1 15P	2 45P	4 45P
2 05P	4 05P	5 35P	8 35P	9 35P	10 20P	12 05A	1 35A	140	-Univ. of Wisconsin/ Chazen Museum	○	Dp	5 00A	7 00A	8 30A	10 00A	11 30A	1 00P	2 30P	4 30P

Davenport • Galesburg • Peoria • Bloomington • Champaign • Indianapolis *(Burlington Trailways)*

8890	8892	Thruway Number				8893	8895
Daily	Daily	Mile	Days of Operation	Symbol	Daily	Daily	
	4 00P	0	Davenport, IA	(CT) ○	Ar	6 40P	
	4 10P	2	Rock Island, IL -Augustana College		Ar	6 35P	
	4 20P	9	Moine, IL		Ar	6 30P	
1 25P	5 10P	45	Galesburg, IL-Amtrak Sta.	●	Ar	11 45A 5 30P	
2 25P	6 15P	94	Peoria, IL	○		10 55A 4 40P	
3 15P	7 15P	133	Bloomington-Normal, IL	●		10 00A 3 40P	
4 25P	8 20P	187	Champaign-Urbana, IL	●		8 45A 2 35P	
5 10P		221	Danville, IL	(CT) ○		7 50A 1 25P	
7 35P	11 25P	314	Indianapolis, IN	(ET) ●	Dp	7 30A 12 50P	

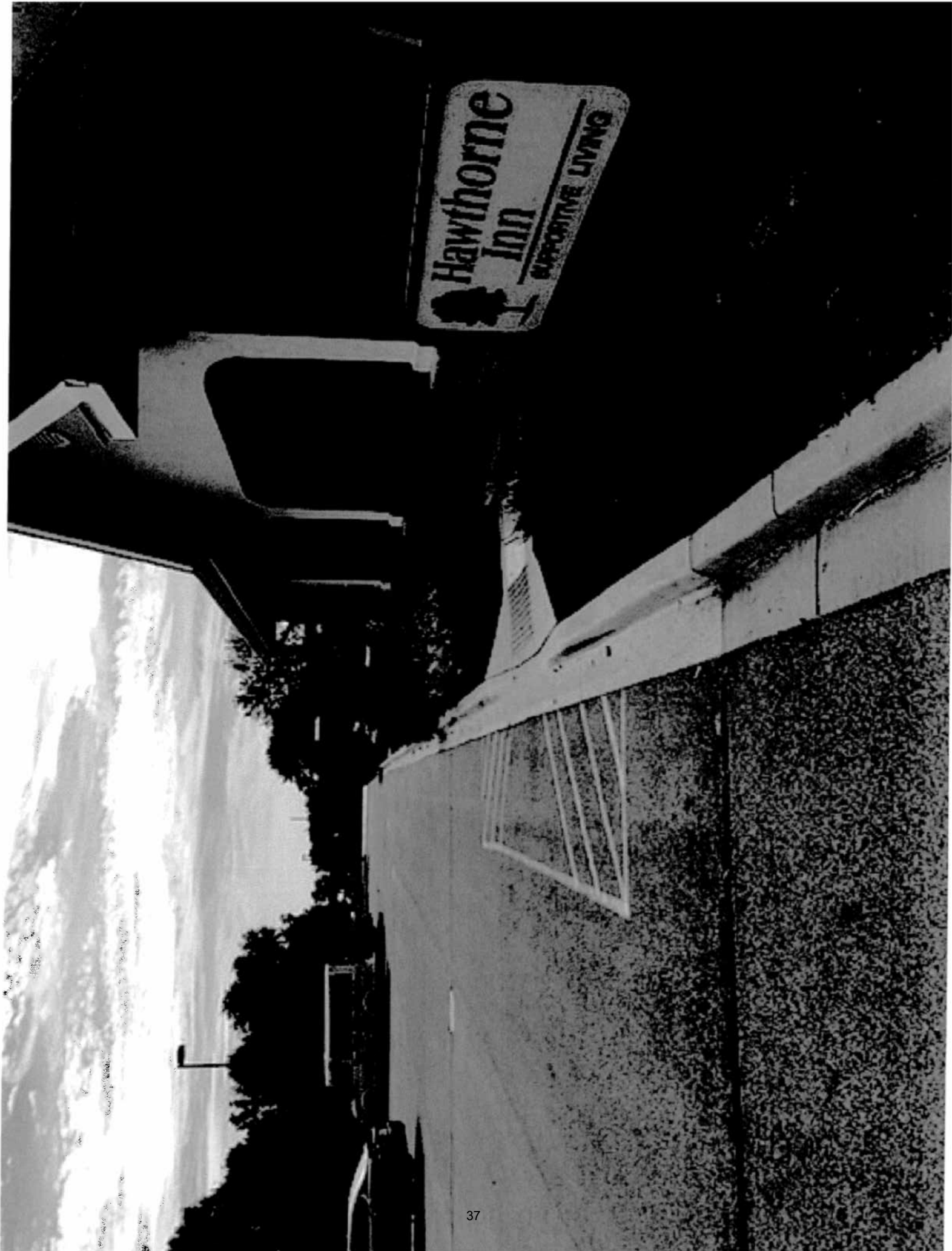
The Thruway Services above connect with Amtrak trains:
 at Galesburg—with Trains 3, 4 and 5
 at Bloomington-Normal—with Trains 300-307, 21 and 22
 at Champaign-Urbana—with Trains 58, 59, and 390-393

Kansas City • St. Louis • Carbondale

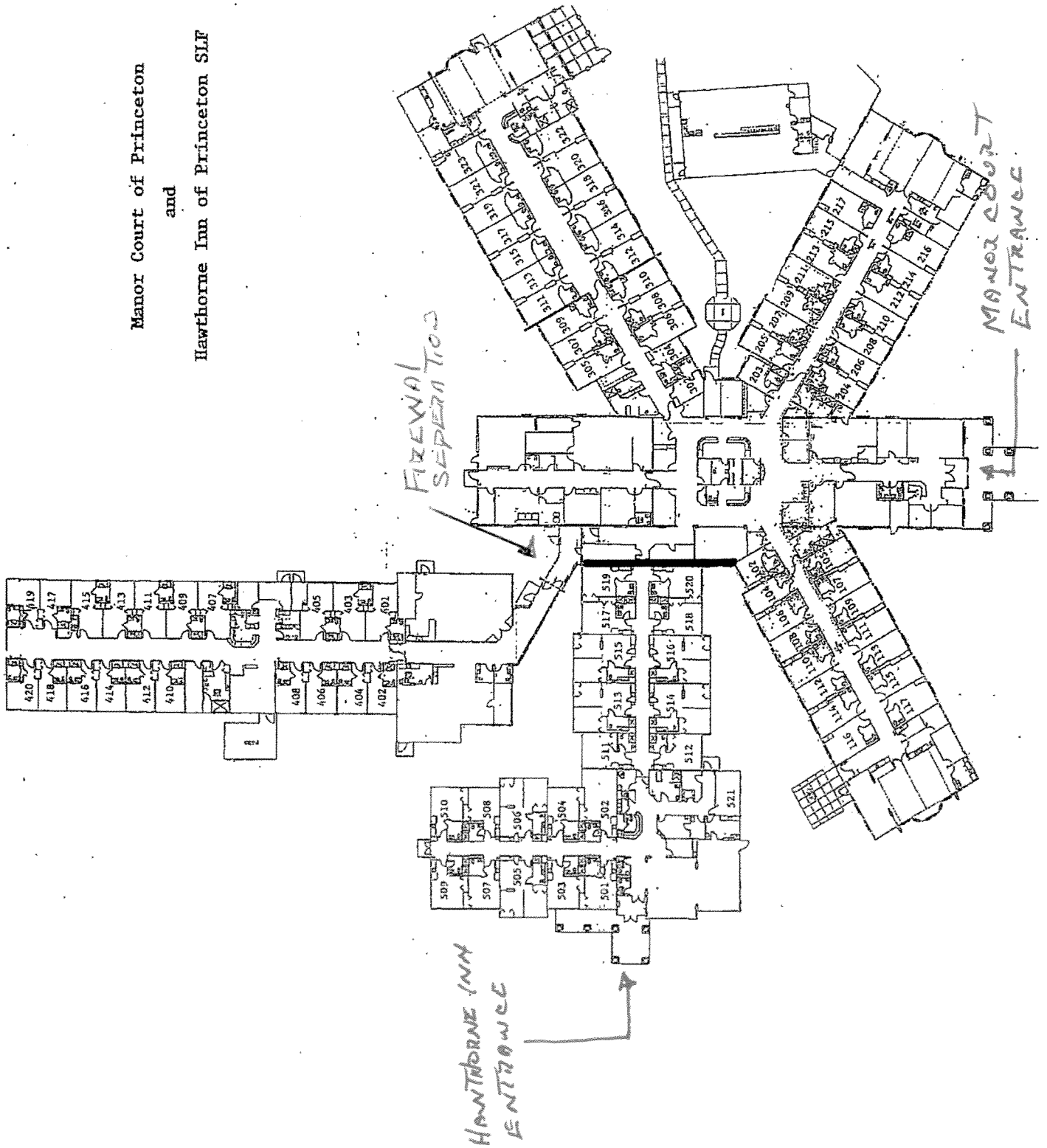
Connecting Train Kansas City-St. Louis									
316	Mile	Thruway Number	Symbol	Ar	311				
4 00P	0	Kansas City, MO	(CT) ●	Ar	2 55P				
7 03P	160	Jefferson City, MO	○	Dp	11 36A				
9 40P	282	St. Louis, MO	(CT) ●	Dp	9 15A				
Vandalia Bus Co. Thruway St. Louis-Carbondale									
8359	Mile	Thruway Number	Symbol	Ar	8358				
11 00P	0	St. Louis, MO-Amtrak Sta.	(CT) ●	Ar	6 00A				
1 00A	84	Carbondale, IL-Amtrak Sta.	(CT) ●	Dp	4 00A				



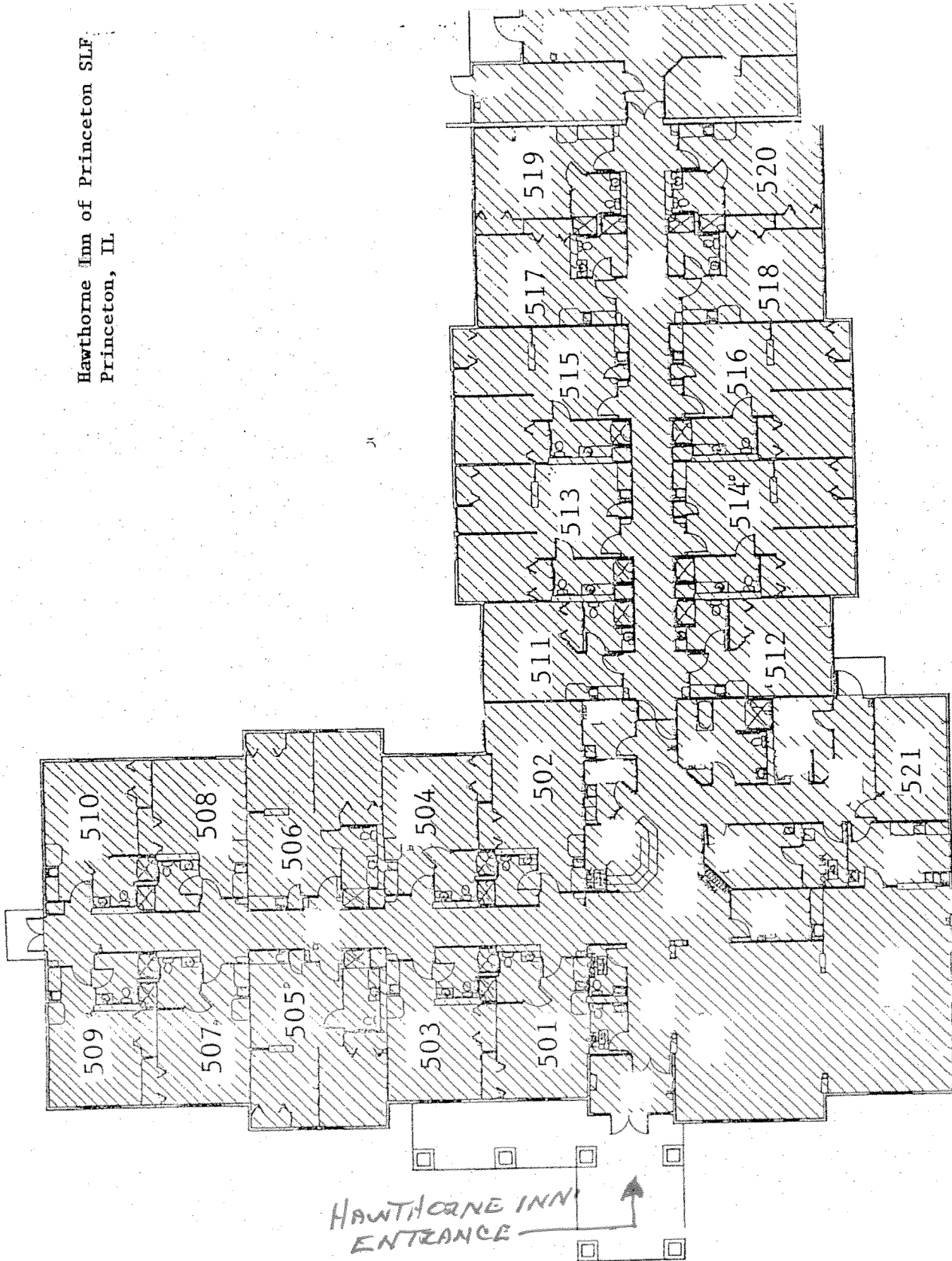




Manor Court of Princeton
and
Hawthorne Inn of Princeton SLF



Hawthorne Inn of Princeton SLF
Princeton, IL



SUPPORTIVE LIVING

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 of Princeton

ID # [REDACTED]

Address: 140 N 6th St

Freestanding () Rehab NF ()

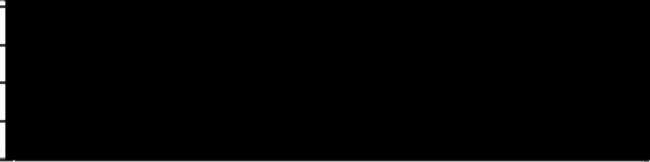
City: Princeton

Zip Code: 61456

Phone #815/875-6600

Fax #815/875-8005

Occupancy Information

# of Single Occupancy Apts.	<u>15</u>	
# of Double Occupancy Apts.	<u>6</u>	
Total # of Apts.	<u>21</u>	
Maximum Potential Occupancy	<u>27</u>	

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

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

Type of Certification Review (complete only one)	Entrance Date	Exit Date
Final		
Annual	<u>3.4.19</u>	<u>7.11.19</u>

REVIEW FINDINGS: YES () NO ()

Ombudsman was notified on 2.28.19 about the date of the review.

Ombudsman participated in review: Yes () No ()

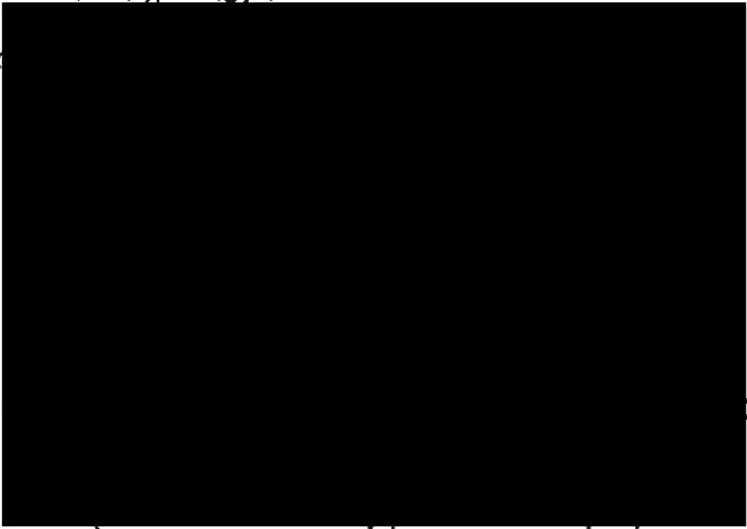
Provider Manager/Designee Signature

Review Team's Signature/Date

Regional Supervisor Signature/Date

Area Manager Signature/Date

Bureau Chief Signature/Date



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

1. Required Certifications/License

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

Certification/License	Yes	No	N/A	Comment
Fire 146.210(a)(1)	<input checked="" type="checkbox"/>			
Local Health and Food Preparation 146.215(c)(5)	<input checked="" type="checkbox"/>			
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?

N [] []

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

General Observations

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: #4 Due to cold weather conditions no one in outside common areas

#5 Dining room and activity room are the two common areas; only dining room has call light, these rooms are connected

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) NF
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

Resident C

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

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

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

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

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

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

RESIDENT REVIEWS

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

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

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

Medication Management Services 146.230

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

146.265(c)

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

Comments:

APARTMENT OBSERVATIONS

Apartment Observations 146.210 and 230

	Yes	No	Comments
1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1)	<input checked="" type="checkbox"/>	[]	[]
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"/>	[]	[]

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

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

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

Resident Name: [REDACTED]

NOTES FOR COMPLETION:

Resident B

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

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.

Individual Resident Review

Resident Name: Resident B

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

HFS Staff Observations:

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

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

6/4/18

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

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

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

Medication Management Services 146.230

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

146.265(c)

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

Comments:

APARTMENT OBSERVATIONS

Apartment Observations 146.210 and 230

Yes No Comments

- | | |
|---|---|
| 1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1) | <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**

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

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

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

Resident Name: Resident 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**

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

Individual Resident Review

Resident Name: _____ Resident A_____

146.200, 210, 225, 230, 245, 250 and 260 cont'd	Yes	No	Comments
19. Are your emergency calls answered promptly? 146.230(k)(1) & (m)	<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"/>

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