



Heritage Woods - DeKalb, 2021 PRONG 2

Unrelated Nursing Facility Next Door

<i>2016 Setting Information</i>	Page 1
<i>2008 Supportive Living Certification</i>	Page 2
<i>IDPH Information on Unrelated Nursing Home (adjacent parking lot)</i>	Page 3
<i>2016 On-Site Assessment/HCBS Settings Validation</i>	Page 4-15
<i>Summary of Proximity to Local Resources, Activities, Transportation</i>	Page 16
<i>2016 Staff Qualifications</i>	Page 17
<i>Compliance with Building/Zoning Codes</i>	Page 18
<i>Calendars of SLP Activities</i>	Page 19-21
<i>2016 Choice of Providers</i>	Page 22
<i>Site Photos/Map</i>	Page 23-26
<i>Sample Satisfaction Survey</i>	Page 27-29
<i>IMPACT Form</i>	Page 30-31
<i>2019 SLP Annual Certification/Review</i>	Page 32-35
<i>General Observations of SLP Building</i>	Page 36-40
<i>2017 New Admissions</i>	Page 41-46
<i>Resident Reviews/Apartment Observations</i>	Page 47-81
<i>Findings of Non-Compliance Issued</i>	Page 82
<i>Responses to Finding; Plan of Correction</i>	Page 83-93

Heightened Scrutiny

SETTING INFORMATION

Setting Name: Heritage Woods – DeKalb SLP

Address: 2626 North Annie Glidden Road
DeKalb, IL 60115

HEIGHTENED SCRUTINY INFORMATION

Maximum Capacity of the Facility: 114

Current Occupancy (10/21/16): 77

Proof of licensure by state agency

On Site Validation Tool

Description of the proximity to community settings used by individuals that do not receive Medicaid funded home and community-based services

Provider qualifications for staff

Documentation of modifications made to meet requirements for provider-owned or controlled settings

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

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

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

Other relevant information

-Photographs

-Aerial Photographs

-Resident Satisfaction Survey

-Ownership information

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 Heritage Woods of DeKalb

Address 2626 North Annie Glidden Road

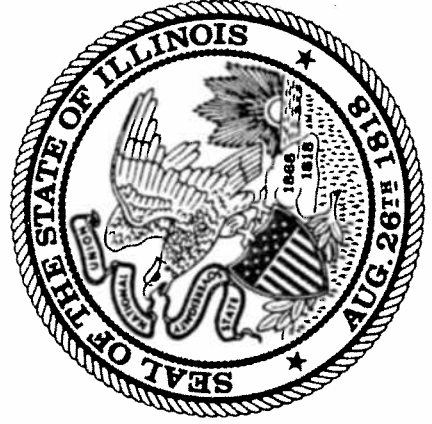
City/State/Zip DeKalb, Illinois 60115

Number of Units 76 Maximum Number of Residents 114

Effective Date December 5, 2008

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

DEKALB COUNTY REHAB & NURSING

2600 NORTH ANNIE GLIDDEN ROAD
DEKALB IL 60115

ADMINISTRATOR: BART BECKER
TELEPHONE: 815-758-2477

Licensee ID	:0044321
Facility ID	:6015630
Skilled beds	:190
Intermediate beds	:0
Icf-dd beds	:0
Shelter Care beds	:0
Community Living beds	:0
Under 22 beds	:0
Medicare beds	:0
Medicare/Medicaid beds	:190
Medicaid beds	:0
Fax	:815-217-0451
County	:DeKalb
Medicare Certification Number	:14-5547
Medicare Skilled Certification Number	:
Medicaid ICF/DD Certification Number	:
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

Index

General

[Facility Information](#)
[Ownership Information](#)

Surveys

Administration

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

Residents

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

Patient Days

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

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

Provider Name:	Heritage Woods of DeKalb
Name/Address of setting:	2626 N Anne Gladden Rd
Contact at the setting:	
Visited With:	
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)

	Site-Based Permanent Supported/Supportive Housing
Child Group Home	
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 NA		X Ever
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		

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				

IS Circled - left Blank

Category 2

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
6. Are individuals and their families encouraged to participate in the care planning process?	X				
7. Does the person centered plan identify various setting options provided to the participant?		X			Not a current requirement for SLP. This is included in the initial level of care determination completed by the CCU or DRS.
⑧ 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 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 12. RESIDENTIAL ONLY: Does the individual have a choice/option for a private unit?	X			X Err	Private opts avail.

If circled - left blank

Category 3

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
13. Does the setting have policies and procedures that address the individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint?	X				
14. Does the setting inform individuals of their rights to privacy, dignity, respect, and freedom from coercion and restraint?	X				
15. Does the setting post individuals' rights in a visible location?		X		Error 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	Error 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				

If circled, left blank

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

Category 4

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

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

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

If circled. left blank

Category 5

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

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

	Yes	No	Plan	NA	Additional Comments
33. Does the setting inform individuals/family members that they have a choice to modify their services?	X				
34. Does the setting have policies that support individuals' choice of services that meet their needs and preferences?	X				
35. Does the setting have a complaint/grievance policy?	X				
36. Does the setting inform individuals how to file a complaint/grievance?	X				
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?	Error			X	

Category 6

The setting is a physically accessible setting.

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

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

Category 7 (RESIDENTIAL ONLY)

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

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

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

Category 8 (RESIDENTIAL ONLY)

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

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

Category 9 (RESIDENTIAL ONLY)

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

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

If circled- leave blank

Category 10 (RESIDENTIAL ONLY)

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

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

Follow Up/Next Steps

Notes

Unrelated NF located across an adjacent parking

lot.

Assessment Co

Facility/Site

Reviewed By



- Photos of separate entrances, signage and physical separateness
 - see attached 5x7 photographs
- Schematic drawing to identify physical separateness
 - see attached drawing
- Description of proximity of community activities used by individuals who are not eligible to resident in you building
 - DeKalb Public Library is 5.2 miles from Heritage Woods of DeKalb
 - Wal-Mart is 4.8 miles from Heritage Woods of DeKalb
 - Target is 4.3 miles from Heritage Woods of DeKalb
 - Schnuck's (grocery store) is 5.9 miles from Heritage Woods of DeKalb
 - Northern Illinois University is 5.2 miles from Heritage Woods of DeKalb
 - Kishwaukee Community College is 8.5 miles from Heritage Woods of DeKalb
 - DeKalb Senior Center is 5.5 miles from Heritage Woods of DeKalb
- Description of proximity to available public transportation
 - Trans-Vac is a free van shuttle service in the DeKalb/Sycamore IL area, available 7 days a week 18 hours a day.
 - Public Bus Transportation is available in the City of DeKalb with 52 stops. This service runs Monday thru Friday 7am-9am. This is a free service for seniors 60 years old and older.
 - Sycamore Transit Service is a taxi service located 8.9 miles from Heritage Woods of DeKalb that provides transportation at a nominal fee
 - DeCab is a taxi service located 6.3 miles from Heritage Woods of DeKalb that provided transportation at a nominal fee
- Copies of activity calendars for the past three months
 - see attached calendars for July 2016, August 2016 and September 2016
- Documentation that supports individual access to activities in the greater community
 - See attached documents

Supportive Living Program

Staff Qualifications

The Department of Healthcare and Family Services conducted an on-site annual certification review at **Heritage Woods of DeKalb** in **July 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.

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

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

June 10, 2008

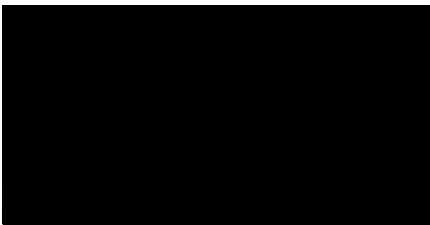
Heritage Woods of DeKalb
2500 North Annie Glidden Road
DeKalb, IL 60115

To whom it may concern:

To the best of my professional knowledge and belief, the Heritage Woods of DeKalb supportive living facility was designed and constructed in accordance with the following applicable laws, codes and ordinances:

- Part 146, Subpart B of the Illinois Administrative Code (commonly referred to as the SLF Regulations)
- 2003 International Building Code (with local amendments)
- 2000 and 2006 NFPA 101 Life Safety Codes
- 2002 NFPA 13
- 2002 NFPA 72
- 2002 National Electrical Code
- 2003 International Fire Code
- 2003 International Mechanical Code
- 2004 Illinois Plumbing Code
- Federal Fair Housing Amendments Act of 1988
- 1997 Illinois Accessibility Code
- Section 504 of the Rehabilitation Act of 1973
- Americans With Disabilities Act Architectural Guidelines (ADAAG)

Sincerely,



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

community integration!
at home in the community!

AUGUST

SUNDAY

Activity room has word searches, coloring books w/ coloring pencils, and cards available to you at all times.

MONDAY

1. 9:30- L Store Drop off
 1:00-CF Bible Study With Nena
 2:30-DR BINGO

TUESDAY

2. 9:45- L Walmart
 10:00- Exercise
 10:45- CF Banking
 2:00- Jill McCormick performing
 7:00- L Concert in the park

WEDNESDAY

3. 10:00- Wii Bowling
 10:00- Country store open
 11:00- TVL Rosary
 3:00- DR Worship Senior Ministries

THURSDAY

4. 9:30- Tia Chi
 10:00- AR Catholic mass
 11:15- Farmers market
 2:30- Randy Walker entertainment

FRIDAY

5. 10:00- L Walking Club
 10:00- Wii Bowling
 2:00-DR Popcorn
 2:30- DR BINGO

SATURDAY

6. 10:00- Wii Bowling
 10:00- Fall Prevention
 1:30-TL Movie

SUNDAY

7. 10:00- Wii Bowling
 10:00- Fall Prevention
 2:30- DeKalb Wesleyan church service

MONDAY

8. 9:30- L Store Drop off
 1:00-CF Bible Study With Nena
 2:30- DR BINGO

TUESDAY

9. 9:45- L Walmart
 2:30- AR Nail Day (there will be a sign-up sheet in the lobby, sign up!)

WEDNESDAY

10. 10:00- Wii Bowling
 10:00- Country Store open
 11:00- TVL Rosary
 3:00- DR Worship Senior Ministries

THURSDAY

11. 9:30- Tia Chi
 9:45- Aldi shopping trip
 10:00- Country store open
 2:30- Laughing Yoga w/ Becky come down to the dining room for some good laughter!!
 3:00-Library Cart

FRIDAY

12. 10:00- L Walking Club
 10:00- Wii Bowling
 2:00-DR Popcorn
 2:30- DR BINGO

SATURDAY

13. 10:00- Wii Bowling
 10:00- Fall Prevention
 1:30-TL Movie

SUNDAY

14. 10:00- Wii Bowling
 10:00- Fall Prevention
 2:30- David Coon church service

MONDAY

15. 9:30- L Store Drop off
 1:00-CF Bible Study With Nena
 2:30- DR BINGO

TUESDAY

16. 9:45- L Walmart
 10:45- CF Banking
 2:30-DR Tea Time social (bring your favorite tea cup, or use one of dietary coffee cups.)
 7:00- L Concert in the park

WEDNESDAY

17. 10:00- Wii Bowling
 10:00- Country Store open
 11:00- TVL Rosary
 3:00- DR Worship Senior Ministries

THURSDAY

18. 9:30- Tia Chi
 10:00- Country store open
 10:30- Resident Council
 11:15- Farmers market
 2:00- L Ollies frozen Custard owl (must bring own money, banana cream is the flavor of the day)
 3:00- L Summer time cocktail hour

FRIDAY

19. 10:00- L Walking Club
 10:00- Wii Bowling
 2:00-DR Popcorn
 2:30- DR BINGO

SATURDAY

20. Happy Birthday Fern W.
 10:00- Wii Bowling
 10:00- Fall Prevention
 1:30-TL Movie

SUNDAY

21. 10:00- Wii Bowling
 10:00- Fall Prevention

MONDAY

22. Happy Birthday Eunice P.
 9:30- L Store Drop off
 1:00-CF Bible Study With Nena
 2:30- DR BINGO

TUESDAY

23. 9:45- Walmart
 2:30- AR UNO Card Game! Come up for a couple rounds of UNO, more the merrier!
 7:00- L Concert in the park (closing night)

WEDNESDAY

24. 10:00- Wii Bowling
 10:00- Country Store open
 11:00- TVL Rosary
 3:00- DR Worship Senior Ministries

THURSDAY

25. 9:30- Tia Chi
 10:00- Country store open
 11:15- Farmers Market
 2:30- AR Pop bottle wind spinner craft.
 3:00- Library Cart
 6:30- Bon Fire w/ s'mores

FRIDAY

26. 10:00- L Walking Club
 10:00- Wii Bowling
 2:00-DR Popcorn
 2:30- DR BINGO

SATURDAY

27. 10:00- Wii Bowling
 10:00- Fall Prevention
 1:30-TL Movie

SUNDAY

28. 10:00- Wii Bowling
 10:00- Fall Prevention
 2:30- DR Pentecostal Church service

MONDAY

29. 9:30- L Store Drop off
 1:00-CF Bible Study With Nena
 2:30- DR BINGO

TUESDAY

30. 9:45- Walmart
 2:30- Music BINGO
 6:30- TVL Movies

WEDNESDAY

31. 10:00- Wii Bowling
 10:00- Country Store open
 11:00- TVL Rosary
 3:00- DR Worship Senior Ministries


Activity room has word searches, coloring books w/ coloring pencils, and cards available to you at all times.



*community integration/
activities in the community*

September

2016

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p>** First Thursday of each month Country store is closed due to Catholic Mass</p> <p>** Wednesday September 14th Country store will be close due to Veterans Meet & Greet.</p>	<p>CF: Conference room AR: Activity Room L: Lobby DR: Dining Room WE: West End Downstairs OUT: Outside TVL: Upstairs TV Lounge</p>	<p>BEAUTY SHOP OPEN</p>	<p>BEAUTY SHOP OPEN COUNTRY STORE OPEN</p>	<p>COUNTRY STORE OPEN</p>		
<p>4. Happy Birthday Dennis M. 10:00-WE Wii Bowling 10:00-AR Fall Prevention 2:30-DR DeKalb Wesleyan Church Service</p>	<p>5. </p>	<p>6. Happy Birthday Verta S. 9:45-L Walmart 10:00- AR Exercise 10:45- CF Banking 2:30-AR Tissue paper art project 6:30-TVL Movie</p>	<p>7. 10:00-WE Wii Bowling 10:00- AR Country store open 11:00-TVL Rosary 3:00- DR Worship Senior Ministries</p>	<p>8. 9:30- L Tai Chi 10:00-AR Country store open 11:30-L Farmers Market 2:30- DR Pictionary</p>	<p>9. 10:00-L Walking Club 10:00- WE Wii Bowling 2:00-DR Popcorn 2:30- DR BINGO</p>	<p>10. 10:00- Wii Bowling 10:00- Fall Prevention 1:30- Movie</p>
<p>11. 10:00-WE Wii Bowling 10:00-AR Fall Prevention 2:00- DR Coon Baptist ministries worship</p>	<p>12. 9:30- L Store Drop Off 1:00- CF Bible Study with Nena 2:30- DR BINGO</p>	<p>13. 9:45-L Walmart 10:00-AR Exercise 11:00-L Friedrich eye care(here to repair and clean glasses) 2:30- AR Lets Color the World 6:30-TVL Movie</p>	<p>14. 10:00- Wii Bowling 10:00- AR Veterans Meet & Greet (coffee and Danish will be served) 11:00-TVL Rosary 3:00- DR Worship Senior Ministries</p>	<p>15. Happy Birthday Alta B. 9:30-L Tai Chi 10:00- AR Country store open 10:30-DR Resident Council 2:30- OUT Bag game/latter golf game</p>	<p>16. Happy Birthday Beverly I. 10:00-L Walking Club 10:00- WE Wii Bowling 2:00-DR Popcorn 2:30-DR BINGO</p>	<p>17. 10:00- Wii Bowling 10:00- Fall Prevention 1:30- Movie</p>
<p>18. 10:00- Wii Bowling 10:00- Fall Prevention 2:30- DR Pentecostal Worship</p>	<p>19. 9:30- L Store Drop Off 1:00- CF Bible Study with Nena 2:30- DR BINGO</p>	<p>20. 9:45- L Walmart 10:00- AR Exercise 10:45- CF Banking 2:30-AR Spa Day(Nails being polished) 6:30- TVL Movie</p>	<p>21. 10:00-WE Wii Bowling 10:00- AR Country store open 11:00-TVL Rosary 3:00- DR Worship Senior Ministries</p>	<p>22. 9:30-L Tai Chi 10:00- AR Country store open 2:30-Music Bingo (the set only came with 20 cards)</p>	<p>23. 10:00-L Walking Club 10:00-WE Wii Bowling 2:00-DR Popcorn 2:30- DR BINGO</p>	<p>24.  10:00- Wii Bowling 10:00- Fall Prevention 1:30- Movie</p>
<p>25. 10:00- Wii Bowling 10:00- Fall Prevention</p>	<p>26. 9:30- L Store Drop Off 1:00- CF Bible Study with Nena 2:30- DR BINGO</p>	<p>27. 9:45-L Walmart 10:00- AR Exercise 2:30- DR Marilyn Haverly 6:30-TVL Movie</p>	<p>28. 10:00-WE Wii Bowling 10:00- AR Country store open 11:00-TVL Rosary 3:00- DR Worship Senior Ministries</p>	<p>29. 9:30-L Tai Chi 9:45- Dollar Store Outing 10:00-AR Country store open 2:30-AR Whip up something sweet (Who doesn't love milk and cookies?! Because I know I do!!)</p>	<p>30. 10:00- L Walking Club 10:00-WE Wii Bowling 2:00-DR Popcorn 2:30- DR BINGO</p>	

Supportive Living Program

Participant Choice of Providers

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

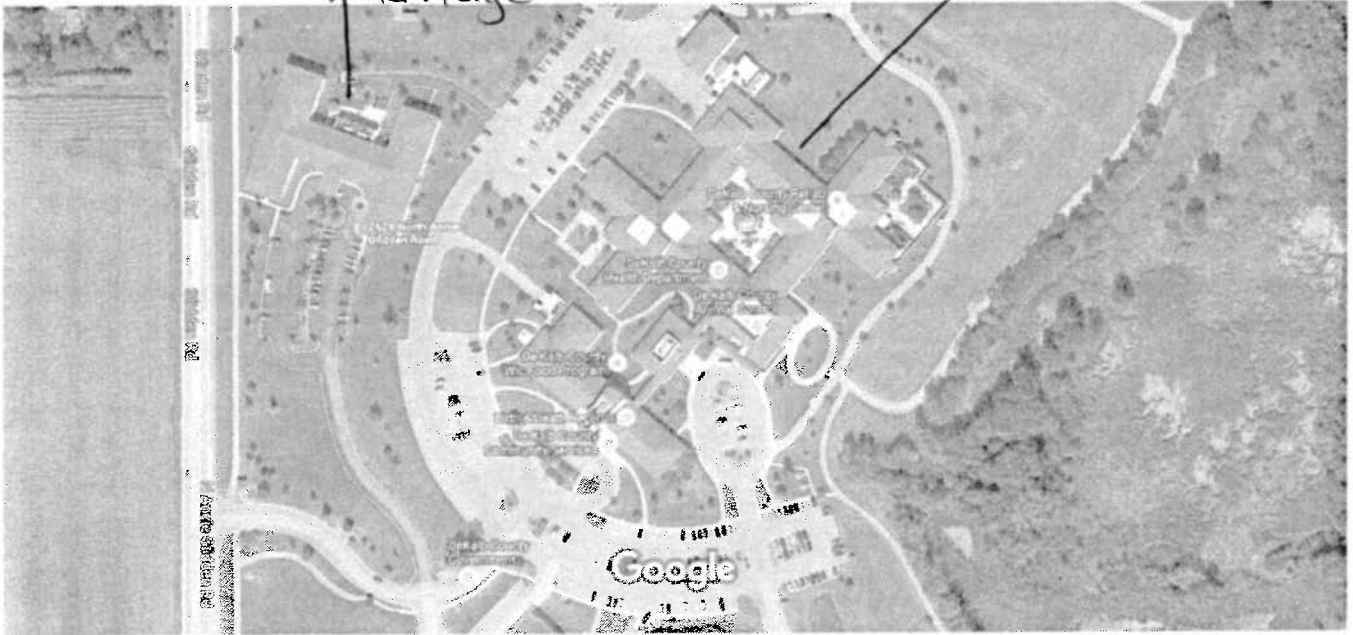
An on-site annual certification review was conducted at **Heritage Woods of DeKalb** in **July 2016**. **Heritage Woods of DeKalb** was found to be compliant with documentation of participant choice of provider.

Google Maps

2626 N Annie Glidden Rd

Heritage Woods of DeKalb

DeKalb County
Nursing & Rehab



Imagery ©2016 DigitalGlobe, U.S. Geological Survey, USDA Farm Service Agency, Map data ©2016 Google 100 ft



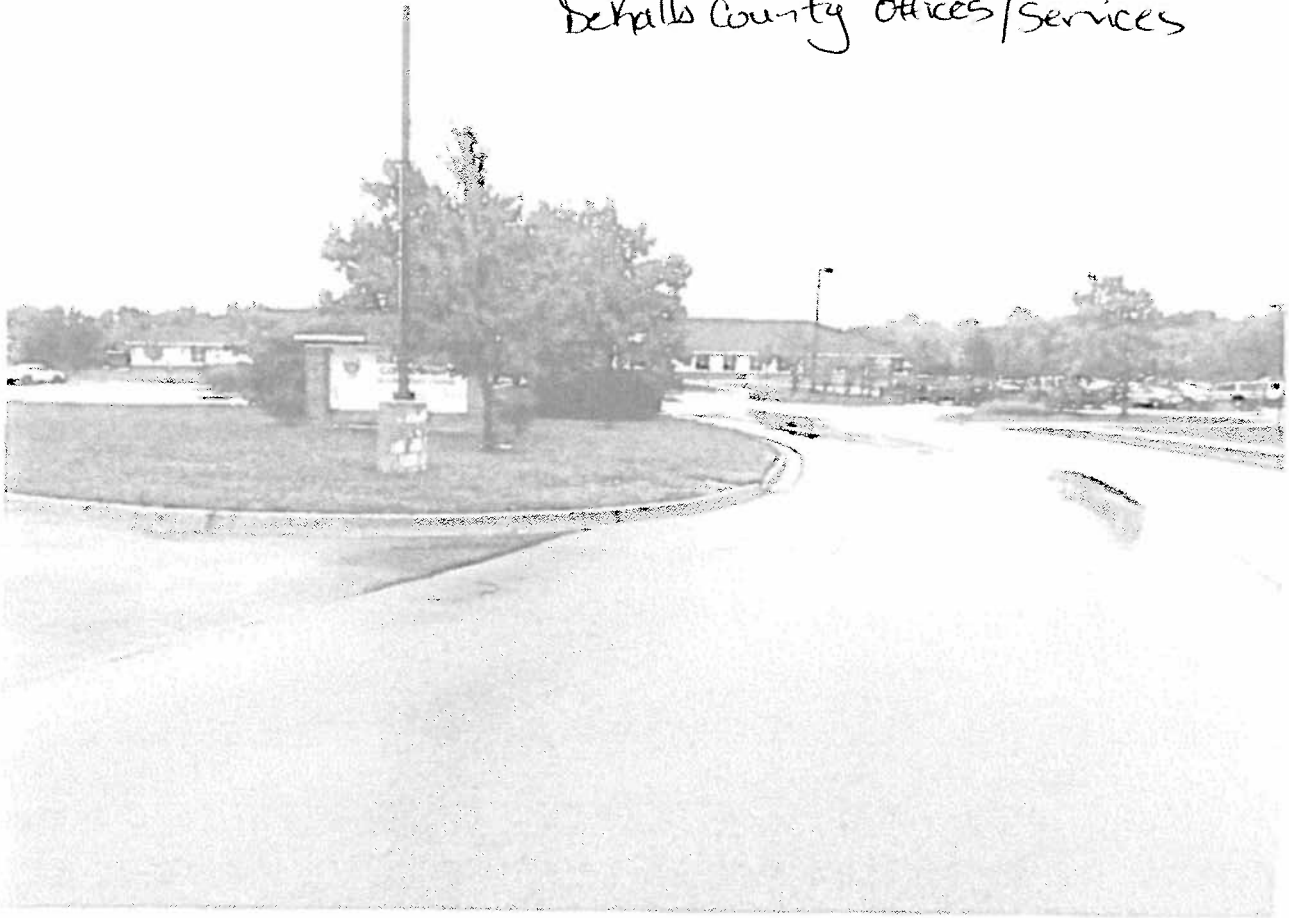
2626 N Annie Glidden Rd

DeKalb, IL 60115





DeKalb County Offices/Services



Heritage Woods of DeKalb



Heritage Woods of DeKalb





Community Name Goes Here
Supportive Living Resident Experience
Power Survey

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

1. Overall, I am satisfied with the care and services provided to me at this community. 10 9 8 7 6 5 4 3 2 1 0
 ← Strongly Agree ————— Neutral ————— Strongly Disagree →

2. How likely is it that you would recommend this community to a friend or family member? 10 9 8 7 6 5 4 3 2 1 0
 ← Extremely Likely ————— Neutral ————— Extremely Unlikely →

<i>Please mark your level of agreement with the following statements.</i>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
3. I feel safe and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My belongings are safe and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have the necessities I want to feel at home in my residence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can make choices about my daily routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can have privacy whenever I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. This community has a home-like atmosphere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I can relate to other residents in this community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The grounds are well maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I have access to common areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall, I am satisfied with the staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I am satisfied with the knowledge/skills of the staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The staff regularly discusses my care with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The staff genuinely cares about my well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The staff responds promptly to my requests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I have access to community policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



[Mail By Date Goes Here]

Please mark your level of agreement with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
18. I feel the policies and procedures are clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I feel I have the opportunity to provide input into the development and implementation of policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Information about you:

	Under 60	60-69	70-79	80-89	90-99	Over 99
30. My age in years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. My gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female				
32. I would rate my overall health as	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor	
33. I have lived in this community for	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> 6-10 years	<input type="checkbox"/> More than 10 years	

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



**Gardant Management Solutions
Resident Satisfaction Survey
Follow-up Record**

Resident Name: _____

Issue: _____

Department Director response: _____

Additional follow-up required? Yes / No If yes, date for follow-up: _____

Resident Signature

Date

Department Director Signature

Date

Home

Name: DEKALB COUNTY REWARDS AND INS

Close

Provider Contact Information including name, address, fax, phone, and Social Security Number is required for all providers and other disclosed individuals (e.g. owners, managing employees, agents, etc.)

REQUIRED DISCLOSURE INFORMATION

- All documents including Social Agency and managed care contracts, are required to disclose the following information on ownership and control: being considered, negotiation and when to date after any change in ownership.
- For all entities that are not listed in the system, you will need to provide the following information on ownership and control: being considered, negotiation and when to date after any change in ownership.
- List all owners and their Social Security Number in the case of an individual.
- List all managing employees and their Social Security Number.
- List all agents and their Social Security Number.
- List all other persons (including family members) who have a financial interest in the company, including the name of the person (individual or corporation), the percentage of ownership, and whether the person is an owner, managing employee, agent, or other disclosed individual.
- List all other persons (including family members) who have a financial interest in the company, including the name of the person (individual or corporation), the percentage of ownership, and whether the person is an owner, managing employee, agent, or other disclosed individual.
- List all other persons (including family members) who have a financial interest in the company, including the name of the person (individual or corporation), the percentage of ownership, and whether the person is an owner, managing employee, agent, or other disclosed individual.

30 Owners List

Close Refresh Print

Owner	SSN	Type	Status	Start Date	End Date	Operational Status	Impact Version Date
Owner 1	123-45-6789	Individual	Approved	01/01/2010	12/31/2010	Active	1.0.0
Owner 2	987-65-4321	Managing Employee	Approved	02/01/2011	12/31/2011	Active	1.0.0

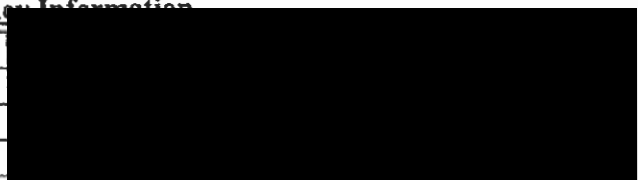
View Page 1 of 1 Page Count: 1 Search: 0

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

Provider Heritage Woods DeKalb ID # _____
 Address 2626 N. Annie Glidden Freestanding Rehab NF ()
 City DeKalb, Illinois Zip Code 60115
 Phone # 815-787-6500 Fax # 815-787-6560

Occupancy Information

# of Single Occupancy Apts.	34
# of Double Occupancy Apts.	34
Total # of Apts.	68
Maximum Potential Occupancy.	114



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 ()

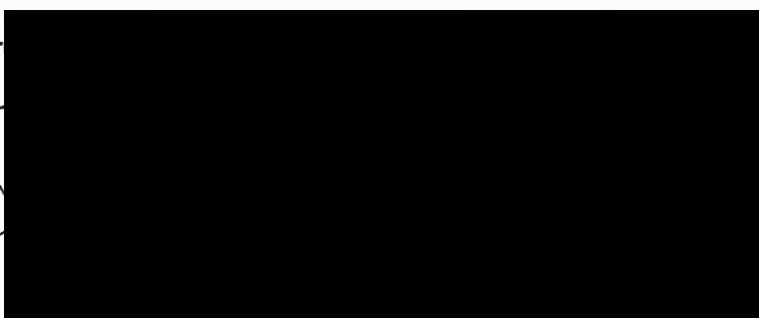
Type of Certification Review (complete only one)	Entrance Date	Exit Date
Final		
Annual	7-16-18	3-25-19

REVIEW FINDINGS: YES NO ()

Ombudsman was notified on _____ 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"/>			5/11/18
Local Health and Food Preparation 146.215(c)(5)	<input checked="" type="checkbox"/>			6/20/18
Elevator (freestanding 2 or more levels = 1 for 75 or < apartments/2 for 76 or >apartments 146.210(a)(4)	<input checked="" type="checkbox"/>			Completed on 2/16/18
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?

LW []
ERROR LW

If "Yes", check the following that apply:

- SLP building has a separate entrance
- SLP building has a separate outdoor signage
- SLP building has a 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?

[] [] N/A []

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.

[] [] *N/A* []

4. Is there a process for changing roommates or acquiring other accommodations if desired by the resident? 146.250(e)(13)

[] [] *N/A* []

Comments: (2) All apartments are private apartments

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

General Observations

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

Meals/Dining 146.210 and 146.230

Yes No Comments

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

Comments:

Laundry/Laundry Rooms 146.210 and 146.230

Yes No Comments

For resident use:

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

General Observations

Water Services 146.210

Yes No Comments

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

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

Comments:

General Observations

Activities 146.230

Yes No Comments

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

General Observations

Activities 146.230

Yes No Comments

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

[] []
Y

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.

[] []
Y

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

[] []
Y

Comments:

NEW ADMISSIONS

SLP New Resident Review (3 of 8) Resident Name: Resident I

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.
- [] [] []

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

11. 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]
- [] [] [] []

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

13. 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.
- [] [] [] []

14. 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.
- [] [] [] [] []

15. 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.
- [] [] [] [] []

SLP New Resident Review (3 of 8) Resident Name: *Resident H*

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

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

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

11. 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:

12. Comprehensive assessment is thoroughly completed (no areas left blank)? 146.245(c)

13. 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.

14. 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
 illness of the assessment is not relevant question.

15. 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.

SLP New Resident Review (3 of 8) Resident Name: Resident G

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.
- [] [] []

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

11. 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]
- [] [] [] []

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

13. 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.
- [] [] [] []

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

15. 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.
- [] [] [] []

Resident F

SLP New Resident Review (3 of 8) 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.

[/] [] [] []

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

11. 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]

[/] [] [] [] []

12. Comprehensive assessment is thoroughly completed (no areas left blank)? 146.245(c)

[/] [] [] [] []

13. 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.

[/] [] [] [] []

14. Individual Support Plan (ISP) Development: 146.245 (d)

Developed by or co-signed by an RN?

Signed/co-signed by RN within 7-14 days of completing [REDACTED]

NOTE: The timeliness of the assessment is not relevant for this question.

[/] [] [] [] []

15. 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.

[/] [] [] [] []

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.

[] [] []

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

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

[REDACTED]
 (no areas left blank)? 146.245(c) [] [] []

13. 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.

[] [] []

14. 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 [REDACTED]

NOTE: The [REDACTED] of the assessment is not relevant for this question.

[] [] []

15. 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.

[] [] []

RESIDENT REVIEWS

Resident Name: Resident D

SLP Resident Review (2 of 10)

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

Services 146.215 and 230

Yes No N/A Comments

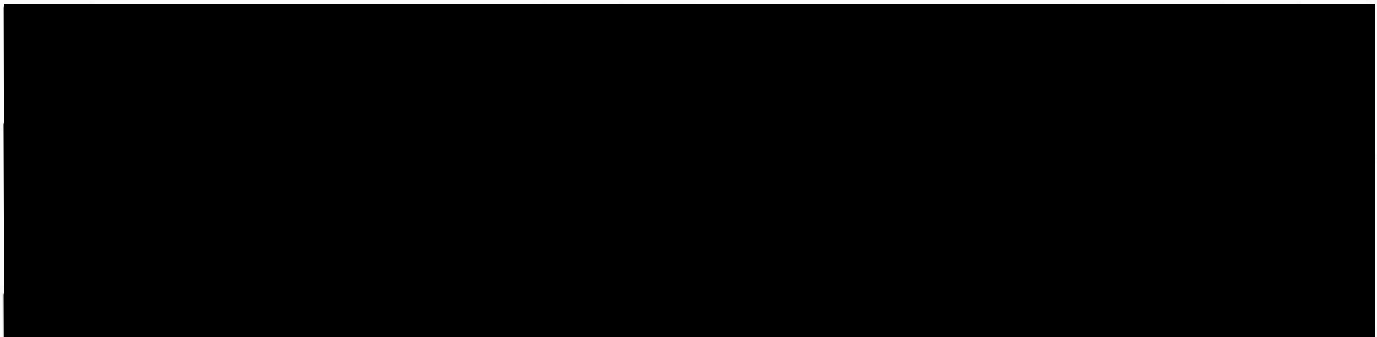
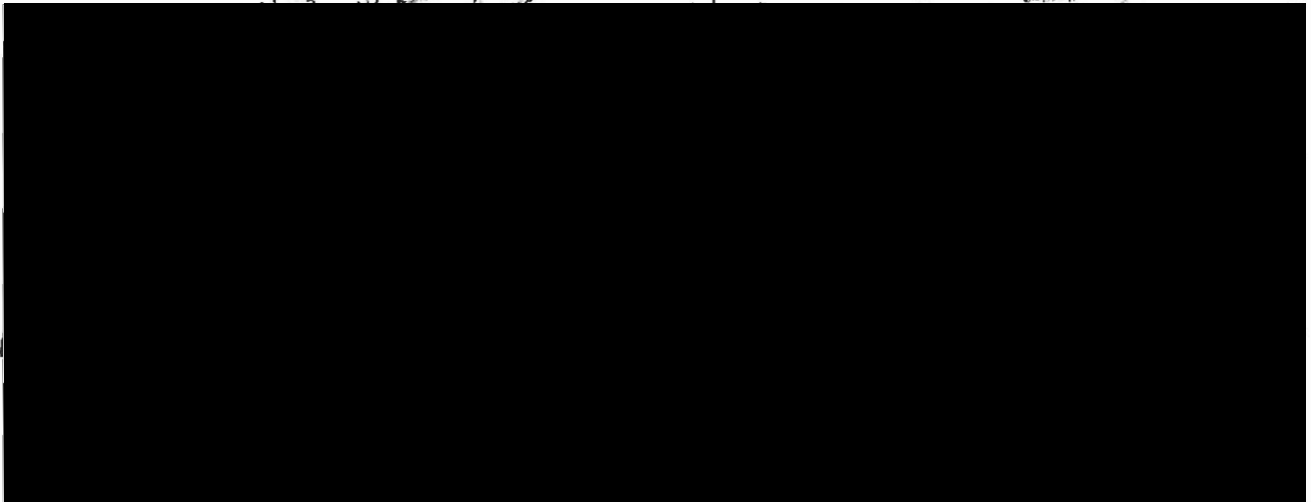
21. If the resident speaks limited English, does the SLP provider ensure that the resident has meaningful and equal access to benefits and services? 146.215(n)

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.



SLP Resident Review (8 o f 10) Resident Name: Resident D

Medication Management Services 146.230

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

146.265(c)

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

Comments:

APARTMENT OBSERVATIONS

Apartment Observations 146.210 and 230

	Yes	No	Comments
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 D

Apartment Observations 146.210 and 230

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

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

Resident Name: Resident D

NOTES FOR COMPLETION:

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

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

Individual Resident Review

Resident Name: _____

Resident D

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

Yes No N/A Comments

9. If you are interested, does staff provide you access to indoor and outdoor activities which include community opportunities? 146.230(i)(1) – (4) [] [] [] []
NOTE: Mark N/A if the resident is NOT interested.
10. If requested, does staff assist you with making appointments and/or arranging transportation? 146.230(j)(1) – (3) [] [] [] []
11. If you require services related to your personal care, such as bathing, dressing, grooming or assistance using the bathroom, do you receive these services when you need them from staff? Are these services provided in private? 146.230(c) and 146.250(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:** _____

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

HFS Staff Observations:

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

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

6/14/17

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

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

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

Resident C

SLP Resident Review (4 of 10) Resident Name: 

Services 146.215 and 230 Yes No N/A Comments

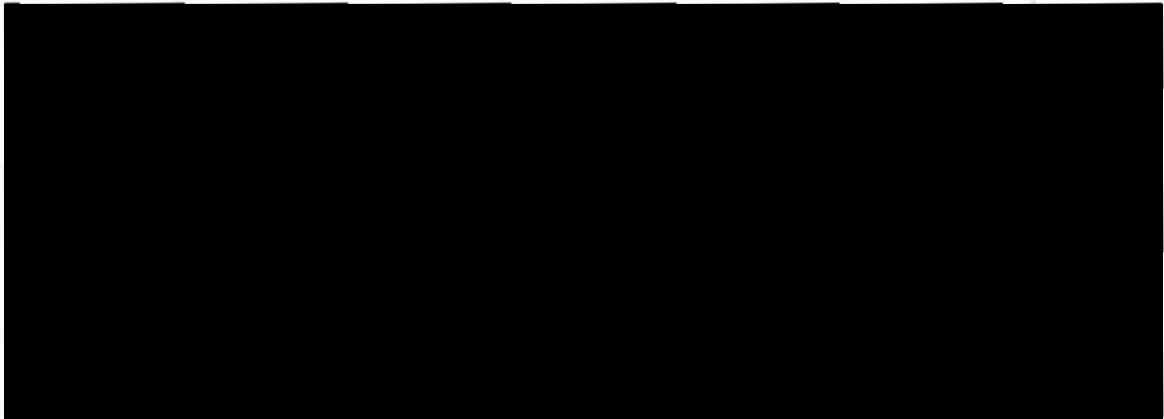
21. If the resident speaks limited English, does the SLP provider ensure that the resident has meaningful and equal access to benefits and services? 146.215(n)

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

[] [] []

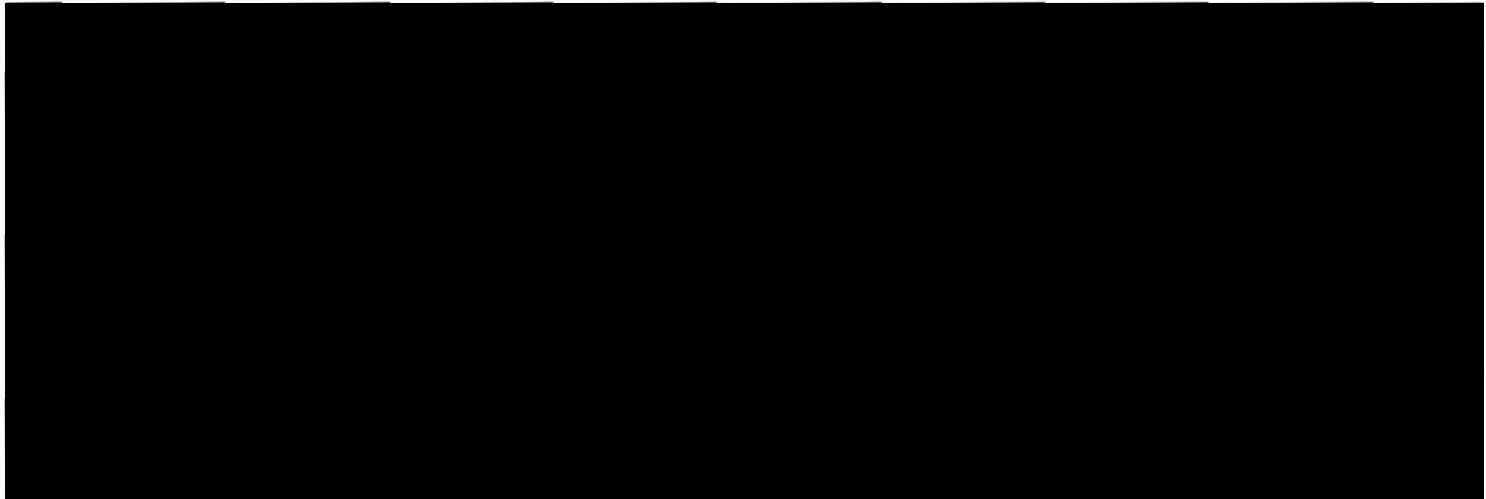
NOTE: This includes bilingual staff, interpreters and alternative methods of communication such as Braille, large print and picture boards.

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.



Re

Date of Review: 



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: (see pg 39)

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: [REDACTED]
 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 type="checkbox"/> NOT APPLICABLE</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Resident Name: Resident C

NOTES FOR COMPLETION:

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

<u>146.200, 210, 225, 230, 245, 250, and 260</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Comments</u>
1. Are maintenance problems in your apartment taken care of in a timely manner? 146.230(h)(1) and (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[]
2. If requested, does staff provide laundry services to you at least weekly? 146.230(f)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. If requested, does staff clean your room and change your bed linens at least weekly? 146.230(g)(1) <i>laundry: sheets, towels, pjs</i>	<input checked="" 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"/>	[]
5. Can you have food in your apartment? 146.250(e)(18)	<input checked="" 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"/>	[]
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"/>	[]
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"/>	[]

*- Most of am except bed & pjs before hrsp
put's on of clothes & hangers*

- straighten



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.
...not a lot outdoors
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. *by phone* 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 C

Resident Name:

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

	Yes	No	Comments
19. Are your emergency calls answered promptly? 146.230(k)(1) & (m)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. If you have a problem or concern with staff or services, do you know how to report it or with whom you should speak to address the issue? 146.260(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
23. Are you allowed visitors at any time and are you allowed to see them in your apartment or common areas? 146.250(e)(12)	<input checked="" type="checkbox"/>	<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 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 checked="" type="checkbox"/>

6/14/17

42

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

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

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



Services 146.215 and 230

Yes No N/A Comments

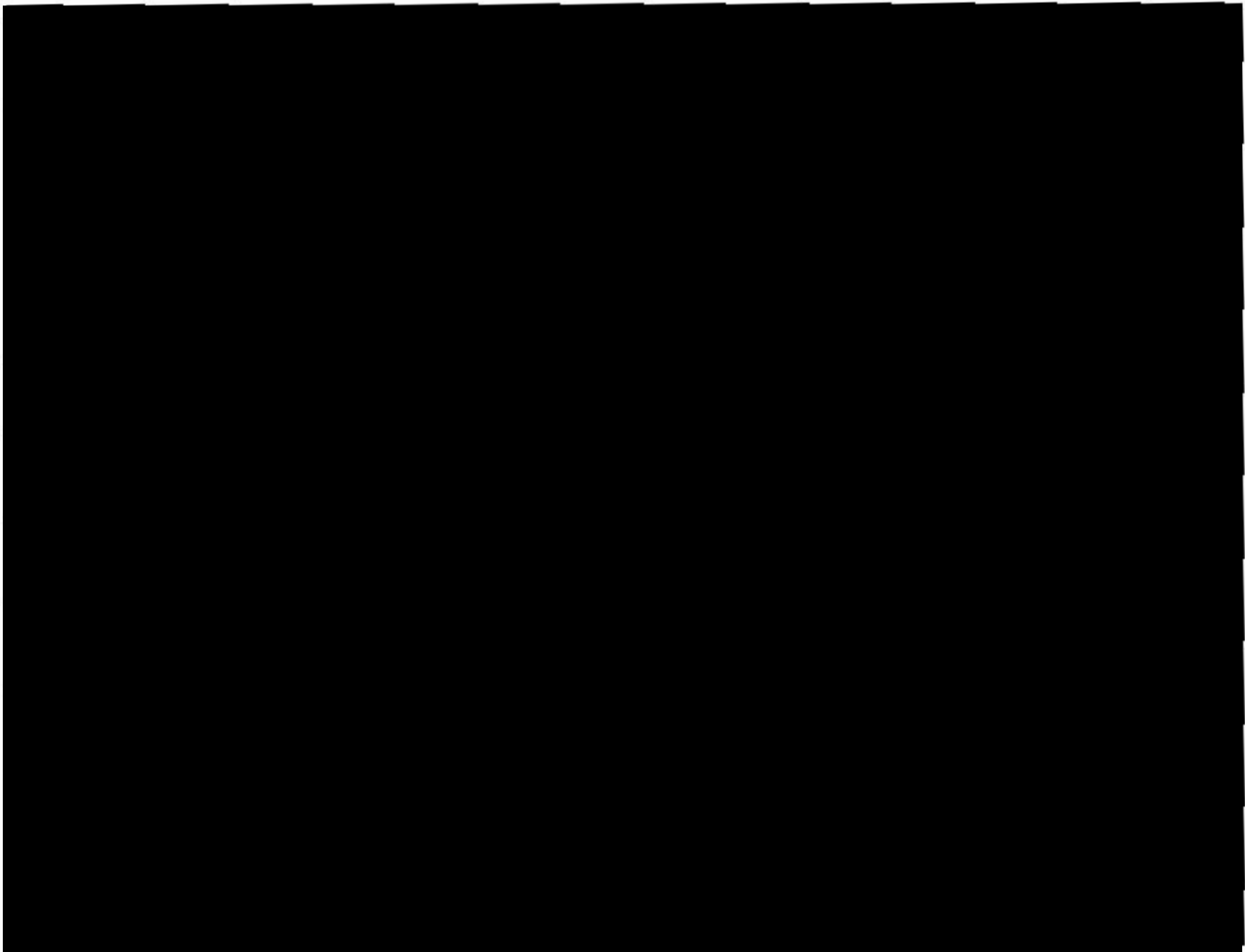
21. If the resident speaks limited English, the SLP provider ensure that the resident has meaningful and equal access to benefits and services? 146.215(n) ^{lish does t e}

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.



#C

-
-
a



SLP Resident Review (8 of 10) Resident Name:



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. [] [] []



APARTMENT OBSERVATIONS

Apartment Observations 146.210 and 230 Yes No Comments

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

**SLP Resident Review (9 of 10) Resident B.
Apartment Observations 146.210 and 230**

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

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

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

Resident Name: Resident B

NOTES FOR COMPLETION:

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

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



Resident Name:

Individual Resident Review

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



Individual Resident Review

Resident Name: Resident B

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

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

HFS Staff Observations:

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

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

6/14/17

42

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

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

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



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

Services 146.215 and 230

Yes No N/A Comments

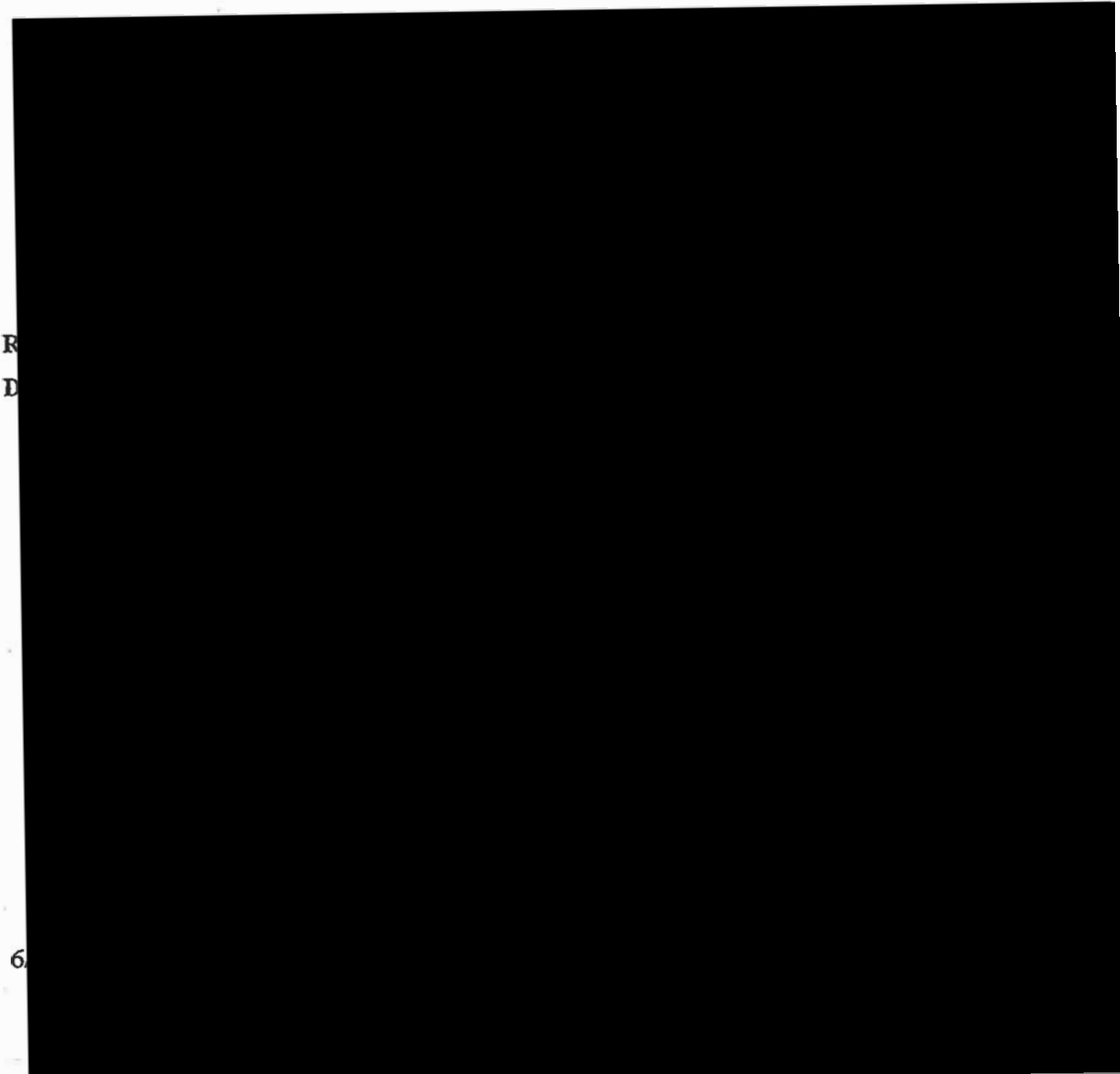
21. If the resident speaks limited English, does the SLP provider ensure that the resident has meaningful and equal access to benefits and services? 146.215(n)

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.



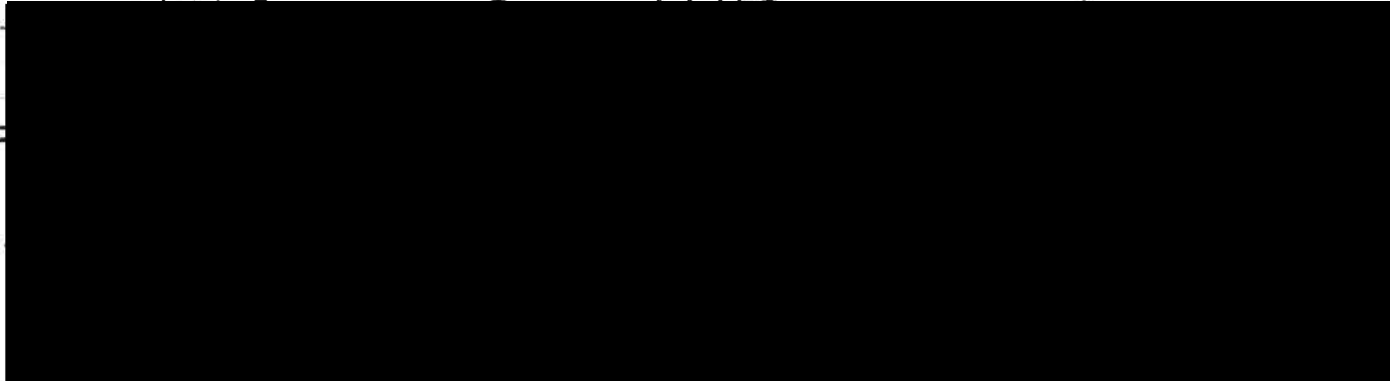
SLP Resident Review (8 of 10) Resident Name: Resident B

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. [] [] []



Apartment Observations 146.210 and 230

Yes No Comments

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



SLP Resident Review (9 of 10) Resident Name: Resident B
 Apartment Observations 146.210 and 230 Yes

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

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



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

Resident Name: _____

NOTES FOR COMPLETION:

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

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

*NO interest
Doesn't know*



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

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

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

HFS Staff Observations:

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

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

6/14/17

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

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

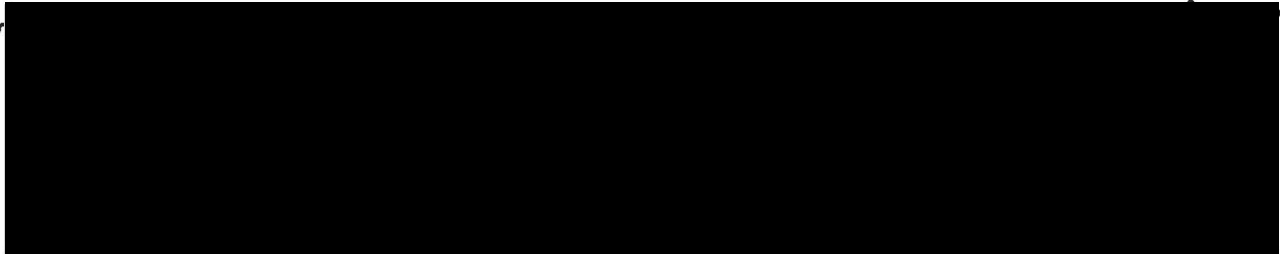


6. Was/were a medication error resulting in hospitalization reported to the Department within 24 hours?

146.265(c)

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

H-



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 COMMENT 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>11. If you require services related to your personal care, such as bathing, dressing, grooming or assistance using the bathroom, do you receive these services when you need them from staff? Are these services provided in private? 146.230(c) and 146.250(e)(5)</p> | <input 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 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, 260 cont'd~~ Yes No ~~Comments~~

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

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

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

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

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

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

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

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

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

HFS Staff Observations:

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

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

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

6/14/17

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: Heritage Woods of DeKalb
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: 7-16-18 EXIT DATE: 03/25/19

() 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: 09/20/19 END DATE: 5/20/21

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.

X [Redacted Signature] Signature of SLP Provider Representative

[Redacted Date] Date

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

Date [Redacted Date] Date

Signature of Bureau of Long Term Care Area Manager

Date



RESPONSE TO ON-SITE REVIEW FINDINGS

PROVIDER NAME: Heritage Woods DeKalb REFERRAL DATE: 3/22/19
 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 the quarterly evaluation or as dictated by changes in resident needs or preferences.</p>		

This requirement is not met:



R 8's ISP addresses therapy. Per sheet, R 8 is not on . Additionally, R 8 did not initial choosing SLF services or receipt of resident rights. This was remediated

R 9's ISP was not updated to reflect services started on

R 10's ISP does not address services which resident routinely gets.

R 5's ISP does not address monthly . Also, R 5's ISP does not address

The goals, preferences, interests and choices section of the ISP was blank for the following residents:

- R 11 ISP
- R 12 ISP
- R 3 ISP
- R 6 ISP
- R 10 ISP
- R 5 ISP
- R 1 ISP
- R 13 ISP
- R 9 ISP

Signature of SLP Provider Representative

Date

Findings: Section 146.245 Assessment and Service Plan and Quarterly Evaluation

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

The requirement was not met:

This facility is committed to following this SLF regulation and applicable Gardant Management Solutions Policy

PALN OF CORRECTION:

1. The Director of Nursing will ensure all services are reflected on the resident's ISP.
2. The Director of Nursing will ensure all goals, interest, preferences and choices are completed on resident ISP.
3. The Director of Nursing and staff nurse will receive additional training on ISP updates
4. The administrator will complete a monthly 10% audit of resident charts to ensure compliance and accuracy
5. The Director of Nursing will audit written service plans as a part of the QA process to ensure compliance and accuracy

Completion Date: 4.24.2019

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

R 29's RA [REDACTED] had [REDACTED] coded a 1 but per E 2, R 29 orders R 29's [REDACTED] independently [REDACTED] and takes the [REDACTED] independently. [REDACTED] should be coded a zero.

8. 146.245 d) ISP

R 8's ISP [REDACTED] addresses [REDACTED] [REDACTED] Per [REDACTED] order sheet, R 8 is not [REDACTED]. Additionally, R 8 did not initial choosing SLF services or receipt of resident rights. This was remediated [REDACTED]

R 9's ISP [REDACTED] was not updated to reflect [REDACTED] services started on [REDACTED]

R 10's ISP [REDACTED] does not address [REDACTED] services which resident routinely gets.

R 5's ISP [REDACTED] does not address [REDACTED]
Also, R 5's ISP [REDACTED] does not address [REDACTED]
[REDACTED]

The goals, preferences, interests and choices section of the ISP was blank for the following residents:

- R 11 ISP [REDACTED]
- R 12 ISP [REDACTED]
- R 3 ISP [REDACTED]
- R 6 ISP [REDACTED]
- R 10 ISP [REDACTED]
- R 5 ISP [REDACTED]
- R 1 ISP [REDACTED]
- R 13 ISP [REDACTED]
- R 9 ISP [REDACTED]

Follow up on above ISP finding examples

R 8's ISP [REDACTED] was corrected during the annual review. R 8's ISP [REDACTED] was also reviewed for continued compliance. The RAI [REDACTED] has [REDACTED] coded a 2 and per E 1, the coding is correct. [REDACTED] was not addressed on the ISP [REDACTED] R 8 is on [REDACTED] and [REDACTED] is not addressed on the ISP. The ISP only addresses [REDACTED] and does not address [REDACTED] The ISP [REDACTED] was not signed by R 8 until remediated while HFS was on-site.

After several requests, R 9's ISP [REDACTED] was not provided to see if it had been corrected per finding. The current ISP [REDACTED] was reviewed and was found to be in current compliance, however.

R 5's ISP [REDACTED] was not corrected to address monthly [REDACTED] or [REDACTED] R 5's ISP [REDACTED] was reviewed for continued compliance. The ISP [REDACTED] did address the monthly [REDACTED] and appeared to be individualized to R 5's assessed needs.

R 11, R 6, R 10 and R 13 [REDACTED]

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

R 12's ISP [REDACTED] R 3's [REDACTED] R 1's ISP [REDACTED] and R 9's ISP [REDACTED] were updated with goals, preferences, choices updated to the ISP.

R 5 ISP [REDACTED] was not updated with goals, preferences and choices. But the current ISP [REDACTED] had goals, preferences and choices addressed.

Plan of Correction and follow up to POC

1. Licensed nurses will be in-serviced.
E 5 held and in-service on [REDACTED] and E 1 and E 6 attended.
2. Administrator to conduct 10% monthly audits.
E 2 conducted audits from February to April 2019 and peer E 12, the audits were found to be in compliance.
3. DON will audit ISP's as part of the QA process.
ISP audits were conducted from [REDACTED] to [REDACTED] and 6 ISP's were found to be problematic. The audits did not address what the problematic areas were.

5 ISP's completed closest to POC timeframe were reviewed for compliance

R 25's ISP [REDACTED] did not address that the [REDACTED] staff were [REDACTED] R 25 moved in with [REDACTED] and per E 1, [REDACTED]. At the time of the chart review, E 1 was still [REDACTED] and this service was not addressed on the ISP. R 25's ISP did not address [REDACTED]

[REDACTED] Per the nursing notes [REDACTED] R 25 was [REDACTED] was also noted to have been [REDACTED] on the [REDACTED] and [REDACTED] was [REDACTED] at [REDACTED] /19,

The ISP [REDACTED] was first reviewed by HFS staff on 9/23/19 and the ISP did not address [REDACTED] On 9/24/19, when HFS staff re-reviewed R 25's ISP, someone had added [REDACTED] and backdated the [REDACTED] to [REDACTED] On 9/26/19, R 25's ISP was again reviewed, and someone had crossed out the date of [REDACTED] for [REDACTED] and wrote a date of [REDACTED] for [REDACTED] However, there was no current order for [REDACTED] as they had not been reordered [REDACTED]

R 12's ISP [REDACTED] didn't address [REDACTED] The ISP [REDACTED] addressed [REDACTED] and [REDACTED] with [REDACTED] but not [REDACTED] assistance. The RAI [REDACTED] has [REDACTED] coded a 2 and per E 1, R 12 receives [REDACTED] assistance with [REDACTED]

R 27's ISP [REDACTED] appears individualized to R 27's assessed needs.

R 28's ISP [REDACTED] addressed [REDACTED] but per the RAI and E 1, R 28 does not have a [REDACTED]

R 29's ISP [REDACTED] did not address staff reminders for R 29 to do [REDACTED] The ISP addressed [REDACTED] but did not address [REDACTED]

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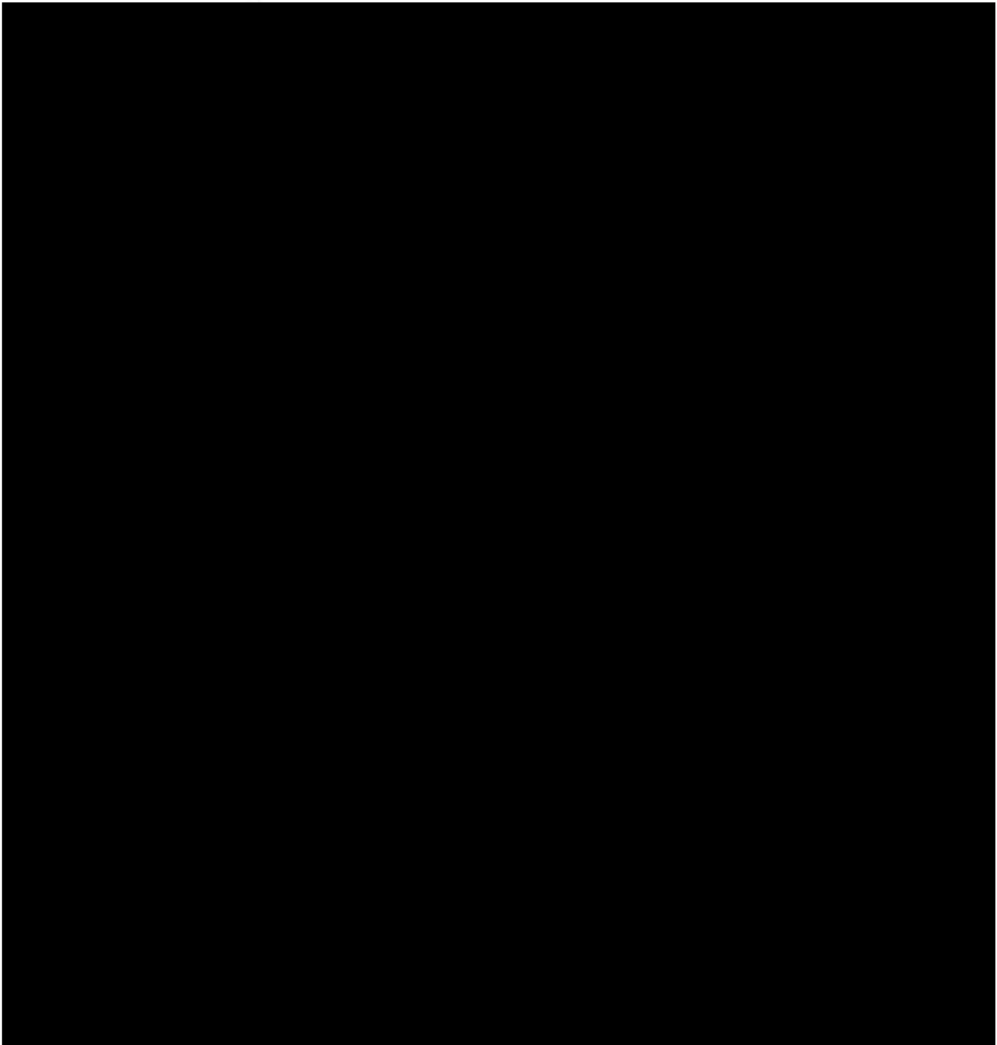
R 1's ISP [redacted] showed that R 1 [redacted] and needs a [redacted] in order to [redacted] but per the RAI and E 1, [redacted] is adequate, and R 1 does not use [redacted]. The ISP [redacted] under [redacted] said that R 1 was able to use [redacted] however, per the RAI [redacted] and E 1, R 1 is independent with [redacted]. The [redacted] section of the ISP [redacted] was confusing and appeared to contradict itself. Under [redacted], the strengths section, said R 1 can [redacted] independently. Under the [redacted] needs section, it said R 1 [redacted] and is [redacted]. The RAI [redacted] coded [redacted] zero. Per E 1, E 1 puts the highest level of care a resident might need on the ISP even if the resident does not or has not needed that level of assistance before.

Finding: 146.230 n Wellbeing checks
This finding was withdrawn in a refute

Resident/Staff
Follow up

Residents

- R 1
- R 2
- R 3
- R 4
- R 5
- R 6
- R 7
- R 8
- R 9
- R 10
- R 11
- R 12
- R 13
- R 14
- R 15
- R 16
- R 17
- R 18
- R 19
- R 20
- R 21
- R 22
- R 23
- R 24
- R 25
- R 26
- R 27
- R 28
- R 29



RESPONSE TO ON-SITE REVIEW FINDINGS

PROVIDER NAME: Heritage Woods DeKalb 1st FU Annual 7/16/18 REFERRAL DATE: 05-20-21
 First Follow-up (x) 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 the quarterly evaluation or as dictated by changes in resident needs or preferences.</p>		
<p>This requirement is not met for the 1st FU annual [REDACTED]. Follow up on findings written at the Annual and not corrected at the 1st follow up: R 8's RAI [REDACTED] has [REDACTED] coded a 2 and per E 1, the coding is correct but [REDACTED] assistance was not addressed on the ISP. [REDACTED] R 8 ISP does not address [REDACTED] done by the [REDACTED]</p>		

HW Bekalb 1st Follow up to AR

P 2 of 3

facility. The ISP only addresses [redacted] and does not address [redacted]. The ISP 8/1/19 was not signed by R 8 until remediated while HFS was on-site.

New ISP's reviewed for compliance:

R 25's ISP [redacted] did not address [redacted]. R 25's ISP also did not address [redacted] of [redacted].

[redacted] R 25's ISP [redacted] was first reviewed by HFS staff on 9/23/19 and the ISP did not address [redacted] at that time. On 9/24/19, R 25's ISP was re-reviewed, and someone had added [redacted] to the ISP and backdated it to [redacted]. On 9/26/19, R 25's ISP was again reviewed, and someone had crossed out the [redacted] date and wrote in a date [redacted] for [redacted]. But [redacted] were not [redacted].

R 12's ISP [redacted] didn't address [redacted] assistance. The ISP [redacted] addressed [redacted] but not [redacted]. The RAI [redacted] has [redacted] coded a 2 and per E 1, R 12 receives [redacted] with [redacted].

R 28's ISP [redacted] addressed [redacted] but per the RAI and E 1, R 28 does not have a [redacted].

R 29's ISP [redacted] did not address [redacted].

The ISP addressed [redacted] s but did not address daily pulse or staff reminders to R 29 to do the daily weights, blood pressures or pulses.

R 1's ISP [redacted] showed that R 1 applies [redacted] and needs a [redacted] in order to [redacted] and [redacted] but per the RAI and E 1, [redacted] is adequate, and R 1 does not use [redacted]. The ISP [redacted] under [redacted] indicated that R 1 was able to [redacted].

[redacted]

HW Dekalb 1st Follow up to Annual Review 7/10/18 146.245d 303

however, per the RAI [redacted] with
[redacted] and E 1, R 1 is [redacted]
[redacted] section of the ISP [redacted] was confusing
[redacted] strengths said R 1 can
and appeared to contradict itself. [redacted] needs said R 1 needs help with
independently. [redacted] The RAI [redacted] coded
[redacted] and is [redacted]
[redacted] zero.

[redacted]

[redacted]

Signature of SLP Provider Representative

[redacted]