



Magnolia Terrace, 2021

PRONG 1

*Attached to Sister Nursing
Facility*

<i>2016 Setting Information</i>	Page 1
<i>2007 Supportive Living Certification</i>	Page 2
<i>2016 IDPH Information on Adjacent Nursing Home</i>	Page 3
<i>2016 On-Site Assessment/HCBS Settings Validation</i>	Page 4-14
<i>Summary of Proximity to Local Resources, Activities, Transportation</i>	Page 15-17
<i>Transportation Vehicle Photos</i>	Page 18-19
<i>2015 Staff Qualifications</i>	Page 20
<i>Calendars of SLP Activities</i>	Page 21-23
<i>2015 Choice of Providers</i>	Page 24
<i>Site Photos/Diagrams</i>	Page 25-31
<i>Sample Resident Satisfaction Survey</i>	Page 32-36
<i>2019 SLP Annual Certification/Review</i>	Page 37-40
<i>General Observations of SLP Building</i>	Page 41-44
<i>2019 New Admissions</i>	Page 45-48
<i>Resident Reviews/Apartment Observations</i>	Page 49-74

Heightened Scrutiny

SETTING INFORMATION

Setting Name: Magnolia Terrace SLP

Address: 623 Hamacher Street
Waterloo, IL 62298

HEIGHTENED SCRUTINY INFORMATION

Maximum Capacity of the Facility: 57

Current Occupancy (10/31/16): 49

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

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

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

Other relevant information

-Photographs

-Schematic Plans

-Resident Satisfaction Survey

State of Illinois
Department of Healthcare and Family Services

**Supportive Living Program
Certification**

This certificate authorizes the following to deliver services under the Supportive Living Program, subject to the limitation set forth below as to the number of units and number of residents, and confirms that the facility named has complied with all rules and regulations necessary for certification. This certificate is valid only for the location set forth below.

Name Magnolia Terrace

Address 623 Hamacher Street

City/State/Zip Waterloo, Illinois 62298

Number of Units 50 Maximum Number of Residents 57

Effective Date May 30, 2007

Rod R. Blagojevich, Governor

Barry S. Maram, Director





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

Facility Information

OAK HILL

623 HAMACHER STREET
WATERLOO IL 62298

ADMINISTRATOR: KIM L KECKRITZ
TELEPHONE: 618-939-3488

Licensee ID	:0047019
Facility ID	:6006274
Skilled beds	:131
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	:131
Medicaid beds	:0
Fax	:618-939-5030
County	:Monroe
Medicare Certification Number	:14-5445
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

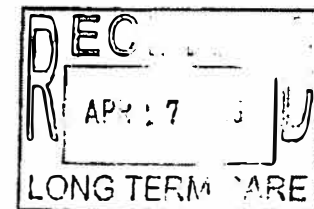
[Level of Care](#)
[Payment Source](#)
[Private Payment Rates](#)

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

Provider Name:	MAGNOLIA TERRACE Supportive Living Facility
Name/Address of setting:	MAGNOLIA TERRACE 623 HAMACHER ST Waterloo, IL 62298
Contact at the setting:	
Visited With:	[REDACTED]
Surveyor Name:	
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 <i>Supportive Living Facility</i>
<input type="checkbox"/> Developmental Training - Certificate	<input type="checkbox"/>	Illinois Department of Public Health Certificate/License
<input type="checkbox"/> Department of Children and Family Services - License	<input type="checkbox"/>	Adult Day Services – Certification by DoA



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

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA
Public Comment Received?				
Does the setting provide both on-site and off-site services?				X
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 KAS	X Gron		

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				Very little info CBA in 10/17/18
3. Do individuals have an opportunity to seek employment in competitive integrated settings?	X				Some information relating to MA job sites and the HCB services
4. RESIDENTIAL ONLY: Does the setting encourage visitors or other people from the community to visit?	X				
5. RESIDENTIAL ONLY: Do the residents have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? If restrictions are placed on movement inside and outside the residence, have the restrictions been approved by the individual (or the legal authority acting on the individual's behalf) and the setting's care team and is it documented in the Individual Service Plan?	X				

Category 2

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
6. Are individuals and their families encouraged to participate in the care planning process?	X				
7. Does the person centered plan identify various setting options provided to the participant?		X			Not a current requirement for SLP. This is included in the initial level of care determination completed by the CCU or DRS.
8. Does the person centered plan identify the individuals' choice to receive services at this setting?	X				
9. Does the person centered plan identify non-disability setting options?		X			Not a current requirement for SLP. This is included in the initial level of care determination completed by the CCU or DRS.
10. Does the person centered plan identify safety concerns that impact options or choice?				X	
11. NON-RESIDENTIAL ONLY: Does the individual have a choice regarding Day Setting options?				X	
12. RESIDENTIAL ONLY: Does the individual have a choice/option for a private unit?	X			# Evob	

Category 3

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

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

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

Category 4

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

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

Category 5

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

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

Category 6

The setting is a physically accessible setting.

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

	Yes	No	Plan	NA	Additional Comments
40. Is there any public area within the setting that is not physically accessible to all individuals? If so, is there programming or staff available to provide necessary accommodations?		X			at least 2-3
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				at least 2-3
44. Are individuals informed of their rights regarding housing and when they could be required to relocate?	X				

Category 8 (RESIDENTIAL ONLY)

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

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

Category 9 (RESIDENTIAL ONLY)

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

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

Category 10 (RESIDENTIAL ONLY)

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

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

Assessment Co

Facility/Site

Reviewed By





October 13, 2016

To Whom this May Concern:

Magnolia Terrace is a certified Supportive Living Facility that was designed and built for seniors who were identified as those who were unable to safely live in their home independently but were not a candidate for a skilled nursing facility, they needed a place to call home that provided living accommodations with the perks of having staff to assist with flexible care services and 24 hour supervision. Our mission is to assist seniors with maintaining their independence, dignity, respect, well-being and at the same time allowing them to continue to have and make choices for themselves regarding their life style. This is all noted in our Mission Statement for our facility (see mission statement enclosed).

When designing our facility we chose to place our community Magnolia Terrace on the same site as our other communities Arbor Court a skilled nursing facility and Whispering Pines a memory care unit, all known under the name as Oak Hill. We did this with the mindset that our seniors will age in place and have the convenience of having a nearby skilled nursing facility and/or a memory care unit that they could make a smooth transition to. Our mindset also was to ensure that Magnolia Terrace was a separate community from that of the skilled nursing units on our campus. Magnolia Terrace has their own entrance and sign designating this (see enclosed photos and schematic drawing). The center of our campus is a core area that houses our business office, beauty shop, gift shop, public restrooms, main kitchen and therapy department. Magnolia Terrace has a covered walkway that connects us to the core area so that our residents during inclement weather can walk to these areas if they choose. This is evidenced by the following:

1. Our activity department develops a monthly activity calendar that is a wide range of interesting socialization activities to give our residents choices. These activities include in facility and out of facility activities. No skilled nursing residents are involved in our activities. Magnolia residents have their own area for activities and our own activity staff. (See included packet of monthly activity calendars). Our residents have a monthly resident council meeting that is led by our activity staff, our maintenance, housekeeping, nursing and dietary staff are invited to attend these meetings per residents request so they are able to hear resident's suggestions, concerns and complaints and then each department member present can address solutions with the residents for resolution. At these meetings suggestions are taken from the residents for future activities in house and out of the facility including places to eat, shop and visit giving them choices.
2. Magnolia residents are highly involved in the community, they attend activities offered by our local senior center, YMCA, library, schools and eating establishments, etc. We also recycle newspapers and magazines to give back to our community, our residents have areas to place their used papers and magazines on each level of our facility, our staff then twice a week transport the papers and etc. to recycle boxes located at our local schools were a company each week picks them up weighs the amount in each box then a dollar amount is given to the school. Our staff rotate school drop off each week per

Page 1

Magnolia Terrace

resident's request to allow each school located in our town to benefit from this project. Our community is also involved with our residents as well, our facility hosts a monthly Kloepper tournament which is a card game that is held in our large dining room the public is invited and this event is well attended. We also hosts several times a year a public bingo for seniors to attend at our facility, this is also well attended.

3. Magnolia residents have access to a very wide variety of community activities and settings, our community is within 1 to 3 miles from the post office, library, eating establishments of many varieties from fast food to a nice sit down meal, MD and specialty doctors for example, eye, ortho etc. Also within this area is a Schnuck's, Walmart, Dollar Store, etc. as well as public transportation. Our facility offers frequent trips to these settings. Also trips outside of our town include shopping, eating, scenic drives and trips to the Zoo, eagle watching, etc. Our facility provides transportation to these settings with our own transport bus, no skilled residents use our facility transportation they have their own (see photos). Magnolia residents may also have their own personal vehicle kept at the facility if they continue to drive that they may transport themselves or they can have family transport them. Magnolia residents have their own parking spaces at the facility that are painted with the wording Magnolia Terrace resident parking only. Also available is a Bi-county transportation service known as Monroe-Randolph transit that is available to our residents and families.

4. We offer many benefits to our residents that are exclusively theirs and are not shared with our other communities (see attached policies for mail, QA and laundry services) our residents meals are prepared in our main kitchen and brought to our warming kitchen were residents are served in a buffet style setting they have several choices each meal for meats, starches, vegetables, and dessert we also have snacks, beverages and ice cream available 24 hours a day/7days per week. A monthly calendar of meals and activities are given to each resident at the beginning of the month by our activity staff to allow them choices and to plan their days accordingly (see meal calendars enclosed). We also yearly ask our residents and families to fill out a satisfaction survey in order to ensure we are meeting their needs and lifestyle choices (see attached policy and survey). Our residents also have access to their own outdoor pavilion, walking path and playground area for families when they visit (see attached photos).

We strive very hard to provide a homelike environment for our residents of Magnolia Terrace. Our residents every day make their own choices for who they want to be with, where they want to go, their daily activities and meals and visitors.

Magnolia Terrace

Our residents invite you to come visit their home to see that it is their own community and not an institutional setting.

Sincerely,

Director Magnolia Terrace



Magnolia Terrace

Waterloo, Illinois

Senior Living Apartments

ADVANTAGE

Oak Hill

618.939.3188

Waterloo, Illinois



Supportive Living Program

Staff Qualifications

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

89 IL Adm Code, Subpart B, Section 146.235 Staffing

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

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

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

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

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
	<p>1 9:15 Sit & Be Fit 10:15 Dollar Tree 2:00 Music with Linda Ford 6:00 Bible Study*</p>	<p>2 9:15 Bingo 2:00 Music with The RSVP Chorale 7:00 Municipal Band Concert-Sponsored By Magnolia Terrace</p>	<p>3 9:15 Sit & Be Fit 10:15 Bicentennial Volunteer Project 1:15 Walmart 3:00 Wii Bowling</p>	<p>4 9:15 Sit & Be Fit 10:15 Painting 1:30 Carnival Games</p>	<p>5 9:15 Pampered Hands 1:15 Bingo Fiddler On The Roof @ The Muny</p>	<p>6 10:00 Bicentennial Palooza 1:15 Bingo</p>	
7	<p>8 9:15 Sit & Be Fit 10:15 Library 2:00 Music with Forest Bevineau 6:00 Bible Study*</p>	<p>9 1:15 Bingo 6:30 Trivia</p>	<p>10 9:00 Chair Yoga 10:15 Walmart 5:30 Family Night</p>	<p>11 9:15 Sit & Be Fit 1:30 Circle of Friendship Hour w/ London travel pictures</p>	<p>12 9:15 Pampered Hands 1:15 Bingo</p>	13	
14	<p>15 9:15 Sit & Be Fit 10:15 Horse Races 2:00 Music with The St. Louis Button Box 6:00 Bible Study*</p>	<p>16 9:00 Chair Yoga 1:15 Bingo 7:00 Municipal Band Concert</p>	<p>17 9:15 Sit & Be Fit 10:15 Walmart 11:45 Lunch out @ O' Charlies 3:00 Wii Bowling</p>	<p>18 9:15 Sit & Be Fit 1:30 Birthday Party</p>	<p>19 9:15 Pampered Hands 1:15 Bingo</p>	<p>20 Ronnie Ann Madson's Birthday 2:00 Dog Show</p>	
21	<p>22 9:15 Sit & Be Fit 10:15 Library 2:00 Music with Dave Shephard 6:00 Bible Study*</p>	<p>23 9:00 Chair Yoga 10:00 Blood Pressure Checks & Weigh-ins 1:15 Bingo</p>	<p>24 9:15 Sit & Be Fit 1:15 Walmart 3:00 Wii Bowling</p>	<p>25 9:15 Resident Council Meeting 10:00 Sit & Be Fit 1:15 Scenic Ride to Jefferson Barracks</p>	<p>26 9:15 Pampered Hands 1:15 Bingo</p>	27	
28	<p>29 9:15 Sit & Be Fit 2:00 Music with the Shrine Rhythm Band 6:00 Bible Study* 6:30 Klopper Tournament</p>	<p>30 9:00 Chair Yoga 1:15 Bingo 7:00 Municipal Band Concert Season Finale</p>	<p>31 9:15 Sit & Be Fit 1:15 Walmart 3:00 Wii Bowling</p>	<p>August 2016 Magnolia Terrace Activity Calendar</p>			

*Meet Upstairs in Terrace Room
Activities are subject to change.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:45 Friends from Hope Church <i>Memory Books</i>	2 9:15 Sit & Be Fit 2:00 Music with Linda Ford 6:00 Bible Study*	3 [Redacted] 9:00 Yoga 1:15 Bingo	4 9:15 Sit & Be Fit 10:15 Library 1:15 Walmart 3:00 Wii Bowling	5 9:15 Sit & Be Fit 2:00 Painting w/ Stephanie 6:30 Bonfire	6 9:15 Pampered Hands 1:15 Bingo	7 1:15 Bingo
	9 9:15 Sit & Be Fit 10:15 Dollar Tree 2:00 Music with Dave Sheppard 6:00 Bible Study*	10 9:00 Yoga 10:00 Blood Pressure Checks w/ Faith 1:15 Bingo 6:30 Painting	11 9:15 Sit & Be Fit 11:00 Lunch Out to Black Swan 1:15 Walmart 3:00 Wii Bowling	12 9:15 Sit & Be Fit 9:15 Sit & Be Fit 10:15 Scenic Drive 1:30 Birthday Party 6:30 Pinochle	13 9:15 Pampered Hands 1:15 Bingo	14 1:15 Bingo
	16 [Redacted] 8:00-3:30 Book Fair 9:15 Sit & Be Fit 10:15 Library 2:00 Music with Joe Powell 6:00 Bible Study*	17 9:00 Yoga 1:15 Yard Party 6:30 Bingo	18 9:15 Sit & Be Fit 10:15 Brain Games 1:15 Walmart 3:00 Wii Bowling 4:00-6:30 Soup & Pie Supper	19 9:15 Resident Council Meeting 10:30 Baking for Bake Sale 1:30 Baking Con't. 6:30 Pinochle	20 9:15 Pampered Hands 10:00-3:30 Break Sale Fundraiser 1:15 Bingo	21 1:15 Bingo
	23 9:15 Sit & Be Fit 10:15 Horse Races 2:00 Music w/ Forest 6:00 Bible Study* 6:30 Kloepper Tournament	24 9:00 Yoga 10:00 Weights w/Faith 1:15 Bingo	25 9:15 Sit & Be Fit 10:15 Walmart 6:00 Senior Bingo 3:00 Wii Bowling	26 9:15 Sit & Be Fit 10:00 Washers 1:15 Apple Butter Making 6:30 Pinochle	27 9:15 Pampered Hands 1:15 Bingo	28 1:15 Bingo
	30 [Redacted] 9:15 Sit & Be Fit 10:15 Library 1:15 Halloween Fun 2:30 Costume Contest 6:00 Bible Study*	31 [Redacted]	*Meet Upstairs in Terrace Room Activities are subject to change.			

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 **Magnolia Terrace** in **December 2015**. **Magnolia Terrace** was found to be compliant with documentation of participant choice of provider.



Entrance to Magnolia Terrace

Entrance to Core Bldg





Magnolia Terrace

* Double Rooms
113, 114

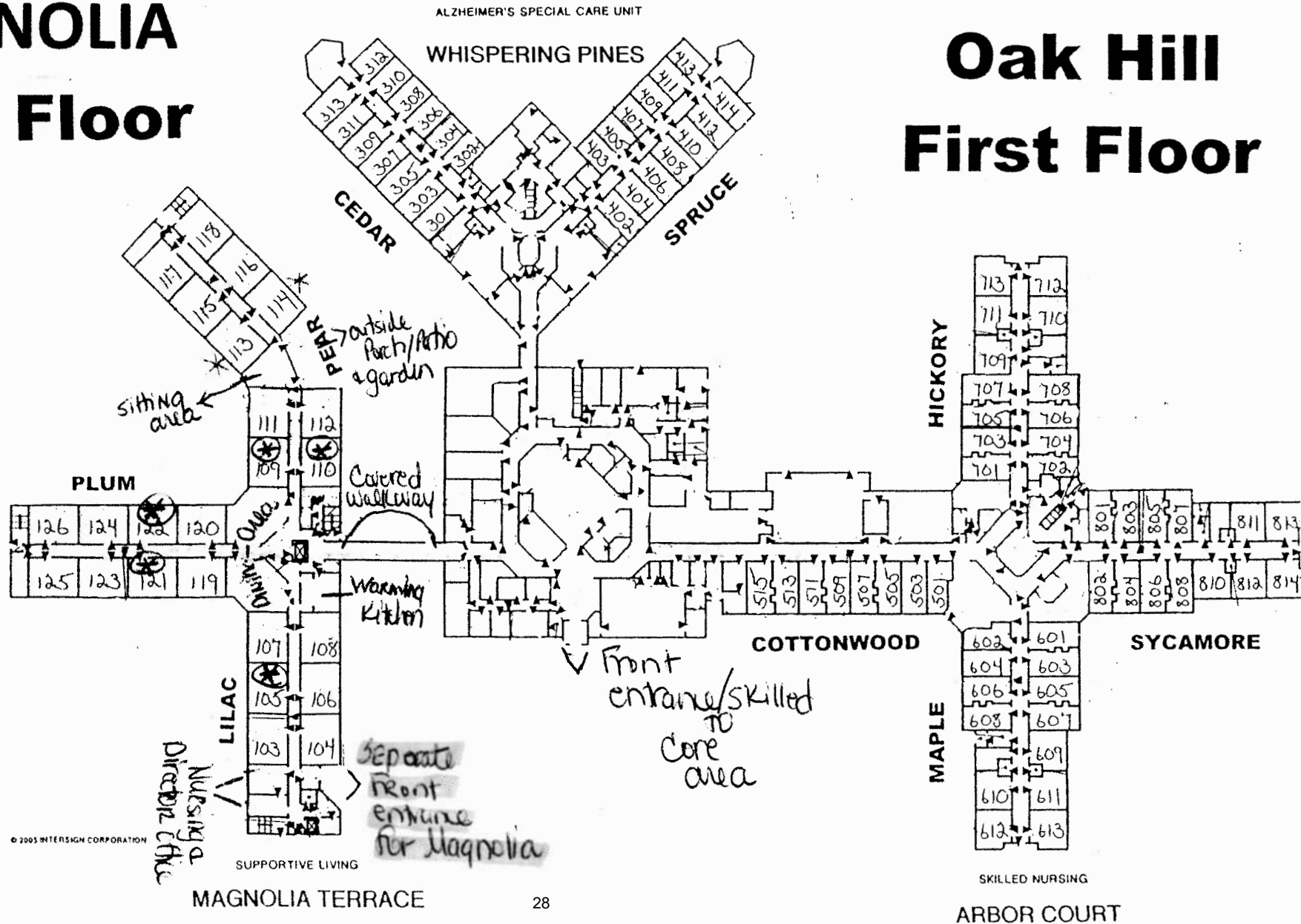
* Handicapped.

1/2-doubles
43-Singles

57 residents
MAX

MAGNOLIA First Floor

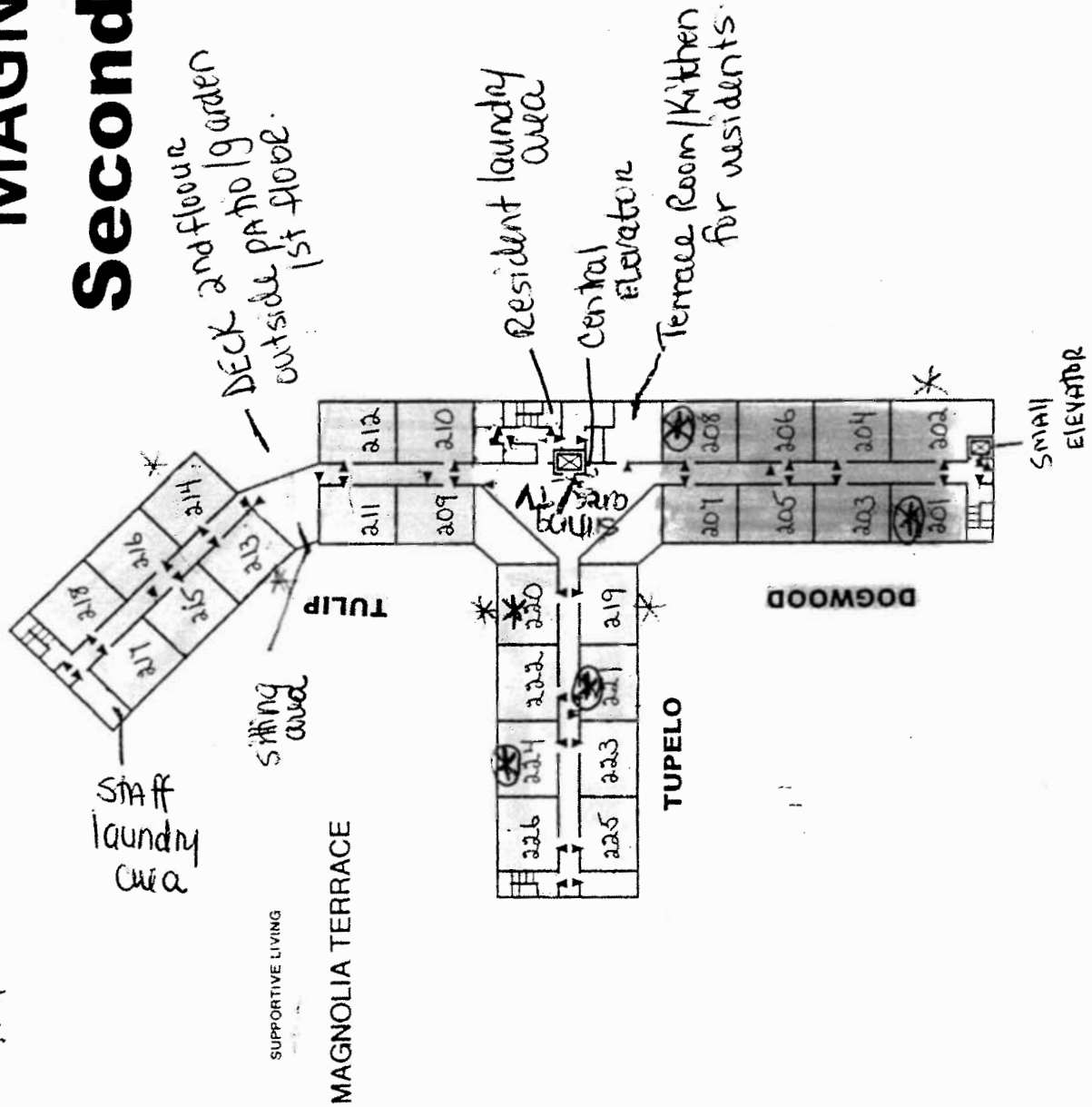
Oak Hill First Floor



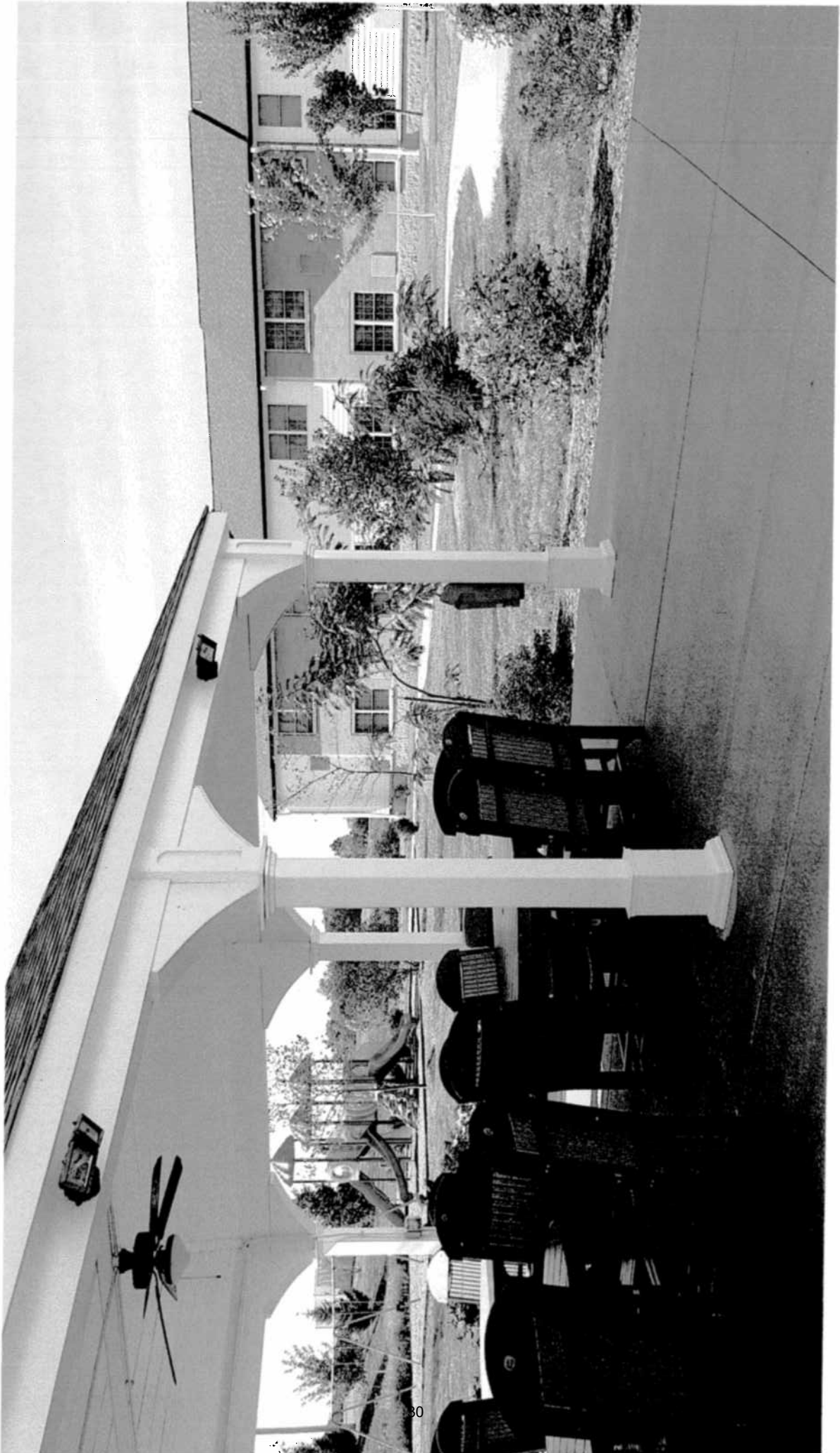
MAGNOLIA

Second Floor

⊗ Handicapped



Magnolia Terrace



Magnolia Terrace



RESIDENT SATISFACTION SURVEY

Name (optional): _____

1. Have you had the opportunity to provide input into the development of the facility's policies and procedures?

YES • NO • NOT SURE • N/A

2. Have you been instructed and informed about the policies and procedures for the facility?

YES • NO • NOT SURE • N/A

3. Have you been able to make decisions about your personal lifestyle, such as bedtime?

YES • NO • NOT SURE • N/A

4. Do you have unlimited access to the common areas, such as the sitting rooms?

YES • NO • NOT SURE • N/A

5. Does Magnolia Terrace's staff treat you with respect, dignity, and courtesy?

YES • NO • NOT SURE • N/A

6. Is staff friendly?

YES • NO • NOT SURE • N/A

7. Are you allowed to regularly give input into your personal service plan?

YES • NO • NOT SURE • N/A

8. Are your personal care needs and expectations met?

YES • NO • NOT SURE • N/A

9. Is your unit a pleasant, comfortable environment?

YES • NO • NOT SURE • N/A

10. Are the common areas pleasant and functional for socializing with family and friends?

YES • NO • NOT SURE • N/A

11. Does your heating/air conditioning unit function properly so that your unit is comfortable?

YES • NO • NOT SURE • N/A

12. Are repair or maintenance issues, if any, handled promptly?

YES • NO • NOT SURE • N/A

13. Have you had the opportunity to provide input about the menus?

YES • NO • NOT SURE • N/A

14. Is the food served in the dining room tasty and to your liking?

YES • NO • NOT SURE • N/A

15. Are the hot foods served hot, and the cold items cold?

YES • NO • NOT SURE • N/A

16. Have you had the opportunity to provide input concerning the activity program and what is offered?

YES • NO • NOT SURE • N/A

17. Does the activity program provide a variety of activities, some at least of which meet your socialization needs?

YES • NO • NOT SURE • N/A

18. Are there other activities you would like to be offered?

YES • NO • NOT SURE • N/A

19. Do you receive assistance with transportation needs?

YES • NO • NOT SURE • N/A

20. Are your unit and the common areas kept clean?

YES • NO • NOT SURE • N/A

21. Are laundry services adequate to meet your needs?

YES • NO • NOT SURE • N/A

22. Are you allowed to make choices about your care, even to the point of refusing services?

YES • NO • NOT SURE • N/A

23. If you use outside services, (not Magnolia Terrace Staff), are you satisfied with the services received?

YES • NO • NOT SURE • N/A

24. If you have had (or would have) a grievance or complaint, do you feel it was (or would be) addressed properly and in a timely manner?

YES • NO • NOT SURE • N/A

25. Do you know who to go to with grievances or complaints?

YES • NO • NOT SURE • N/A

26. Would you refer a family or friend to Magnolia terrace if you were asked?

YES • NO • NOT SURE • N/A

27. Has Magnolia Terrace and its staff succeeded in providing as close to a home-like atmosphere as is possible?

YES • NO • NOT SURE • N/A

28. Do you feel safe here at Magnolia Terrace?

YES • NO • NOT SURE • N/A

OVERALL COMMENTS: _____

Would you like to discuss anything with the Director in private?

(If "yes" please let a staff member know. If you wish to remain anonymous for this survey, you may leave your name in the Comment Box located in the dining room.)

YES • NO

Please leave your completed survey in the box located by the 1st floor elevator.

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

Provider Magnolia Terrace [REDACTED]
 Address 623 Hamacher St Freestanding Rehab NF ()
 City Waterloo Zip Code 62298-1786
 Phone # 618-939-0500 Fax # 618-939-4906

Occupancy Information

# of Single Occupancy Apts.	43	[REDACTED]
# of Double Occupancy Apts.	7	[REDACTED]
Total # of Apts.	50	[REDACTED]
Maximum Potential Occupancy	57	[REDACTED]

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

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

Type of Certification Review (complete only one)	Entrance Date	Exit Date
Final		
Annual	12/16/19	02/26/20

REVIEW FINDINGS: YES NO ()

Ombudsman was notified on 9/30/19 about the date of the review.
 Ombudsman participated in review: Yes () No

Provider Manager/Designee Signature [REDACTED]
 Review Team's Signature/Date [REDACTED]
 Regional Supervisor Signature/Date [REDACTED]
 Area Manager Signature/Date [REDACTED]
 Bureau Chief Signature/Date [REDACTED]

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

1. Required Certifications/License

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

Certification/License	Yes	No	N/A	Comment
Fire 146.210(a)(1)	<input checked="" type="checkbox"/>			
Local Health and Food Preparation 146.215(c)(5)	<input checked="" type="checkbox"/>			# 01144790 DHP 3/1/20
Elevator (freestanding 2 or more levels = 1 for 75 or < apartments/2 for 76 or >apartments 146.210(a)(4)	<input checked="" type="checkbox"/>			#1 DHP 8/13/20 #2 DHP 8/13/20
Other (list)				
Elevator inspection: 7/20/19				
Fire inspection: NFPA 25 5/29/19 12/19/19				

General Policies 146.230 and 146.310

Yes No Comments

2. Is there a policy addressing potential resident inquiry and application for admission? 146.215(c)(4)(S) N/A FY20. Reviewed by central office
3. Is there a Non-Discrimination policy? 146.215(c)(4)(T) N/A FY20. Reviewed by central office
4. Is there a policy addressing resident rights? 146.215(c)(4)(H) [] []
5. Is there a policy(ies) that supports residents' choice of services that meet their needs and preferences?
NOTE: Examples include residents rights, involvement in assessment and service planning. [] []
6. Does the resident discharge policy include relocation assistance? 146.215(c)(4)(I) and 146.255(i) [] []
5. If the SLP provider manages residents' funds, is there a surety bond equal to or more than the amount of funds managed? 146.310(b)
NOTE: Mark N/A if SLP provider is not providing this service.
 NOT APPLICABLE [] [] []
6. If the SLP provider manages resident funds, are they kept in an account that is separate from SLP provider funds? NOTE: resident funds may ONLY be maintained in an account with other residents' funds. This applies to managed resident funds and direct-deposit of resident income. 146.310(a)(7) and 146.310(c)
NOTE: Mark N/A if SLP provider is not providing this service.
 NOT APPLICABLE [] [] []

General Policies 146.230 and 146.310

Yes No Comments

7. Are any residents identified sex offenders?
If yes, complete page 96 for each resident.

[] []

Comments:

Community Setting Validation

Yes No Comments

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

[] []

If "Yes", check the following that apply:

SLP building has a separate entrance

SLP building has separate outdoor signage

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

SLP building has separate licensure

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

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

[] []

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

Comments:

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

<u>Common Areas 146.210, 146.230 and 146.250</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
1. Are there at least two common areas for socialization? NOTE: Dining room can be one. 146.210(j)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are areas accessible for wheelchair use and furnished to meet residents' needs? 146.210(j)(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all common areas physically accessible to residents? 146.210(j)(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are residents observed in the common areas, both inside and outside of the building?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	[]
2. Does the SLP provider offer three meals or two meals plus a breakfast bar per day? 146.230(e)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]
3. Do meal schedules allow for some flexibility in eating times? NOTE: Examples include the ability to change seating times, and staggered arrival. 146.250(e)(10)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]
4. Are choices for therapeutic diets provided as needed? 146.230(e)(1) NOTE: Mark N/A if no residents have MD ordered therapeutic diets. <input checked="" type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/>	<input type="checkbox"/>	[]
5. Are beverages and snack foods available at no additional cost to the residents? 146.230(e)(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]
6. Are all residents offered the same menu except for therapeutic diets? 146.230(e)(3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]
7. Are served menus kept on file for at least six months? 146.230(e)(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]
8. Are food purchase records kept on file for at least six months? 146.230(e)(6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]
9. Are residents provided with menus, menus are not repeated in the same week, and residents have input into selection and preparation of food? 146.230(e)(9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]

Comments:

Laundry/Laundry Rooms 146.210 and 146.230

For resident use:

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

General Observations

Water Services 146.210

Yes No Comments

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

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

Comments:

General Observations

Activities 146.230

Yes No Comments

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

NEW ADMISSIONS

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

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

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

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

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

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

12. Comprehensive assessment:
 Completed by or co-signed by an RN?
_____/co-signed by RN within 7-14 days after _____ [] [] []

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

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

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



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

10. Resident Participation Required by the SLP 146.215; 146.220; 146.240 Yes No N/A
 their designated representative? 146.240 (a)

NOTE: Date of signature does not apply to this question.

Comments

NOTE: If the signature is [REDACTED]

[X] [] []

11. Was the resident oriented to the emergency plans within ten days after admission? 146.295(e)

NOTE: Orientation includes assisting the resident in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative.

[X] [] []

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

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

12. Comprehensive assessment:

Completed by or co-signed by an RN?

Signed/co-signed by RN within [REDACTED]

[] [X] []

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

[] [X] []

14. Comprehensive assessment is accurate? 146.245(c)

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

[] [X] []

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

Developed by or co-signed by an RN?

[REDACTED]

[X] [] [] []

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

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

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

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

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

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

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

RESIDENT REVIEWS

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 (9 of 10) Resident Name: [REDACTED]**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"/> |

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

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| <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 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.	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. [] [] []

6. Did the resident initial the ISP to indicate he/she chose to receive services from the SLP provider? [] [] []

7. If the resident did not choose to receive services from the SLP provider, did the resident initial that he/she received referral information? [] [] []

8. Did the resident initial that he/she received a copy of the SLP's resident rights?
NOTE: If initials are missing, answer the question "No" and remediate while on-site. [] [] []

9. Does the ISP include areas important to the resident, such as goals, interests, preferences or choices? 146.245(d) [] [] []

10. If applicable, does the ISP include coordination and inclusion of services being delivered to the resident by an outside entity? 146.245(d)
NOTE: This includes services provided by family. [] [] []

11. Is the ISP individualized to the resident's preferences and assessed needs? 146.245(d)
NOTE: Compare with assessment, MD orders, nursing notes, etc. The assessment may differ from the ISP if there has not been a significant change in condition or if there has been a preference change by the resident since the assessment was completed. This is acceptable. [] [] []

12. Does the ISP identify safety concerns that impact the resident's options or choices? 146.245(d)
NOTE: Examples include a medication lock box or escorts during outings in the community due to cognition. [] [] []

13. If the resident declined any services, are they noted on the ISP? 146.245(d) [] [] []

Medication Management Services 146.230

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

146.265(c)

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

Comments:

APARTMENT OBSERVATIONS

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

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



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

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

8. A working emergency call device in each bathroom and each bedroom OR a portable emergency home response system is provided to residents in place of one located in the bedroom? 146.210(d)(3)(C) or 146.210(e)(4)(C) and 146.230(m)(1).
NOTE: An emergency call device must ALWAYS be located in each bathroom. [] [] []

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) [] [] []

10. A sink, microwave or stove, and refrigerator with separate freezer? 146.210(d)(3)(G) or 146.210(e)(4)(G) [] [] []

11. Closet for each resident of the apartment? 146.210(g)(1)
NOTE: For SLPs with applications was approved after 1/1/05 [] [] []

12. Closet(s) with a door? 146.210(g)(2) [] [] []

13. Double occupancy apartments have a door on each bedroom? 146.210(h)(5)
NOTE: Applies to all SLP applications approved after 8/1/09.
 NOT APPLICABLE [] [] []

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) [] [] []

15. Apartment in good maintenance and repair? 146.230(h)(1) [] [] []

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. [] [] []

17. If applicable, are sharps placed in containers that are rigid and leak-resistant and disposed of properly? 146.210(s)(6)(A-C)
NOTE: Mark N/A if resident does not require.
 NOT APPLICABLE [] [] []



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

Resident Name: Resident C
NOTES FOR COMPLETION:

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

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



Individual Resident Review

Resident Name: Resident C

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

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



Individual Resident Review

Resident Name: Resident C

146.200, 210, 225, 230, 245, 250 and 260 cont'd	Yes	No	Comments
19. Are your emergency calls answered promptly? 146.230(k)(1) & (m)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. If you have a problem or concern with staff or services, do you know how to report it or with whom you should speak to address the issue? 146.260(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you feel safe in the SLP building?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you feel that your property is safe?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Are you allowed visitors at any time and are you allowed to see them in your apartment or common areas? 146.250(e)(12)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is at least \$90.00 per month available to you? (Medicaid only) 146.225(c) and (d) NOTE: Mark N/A for private pay residents.	<input 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 [REDACTED] but refuses them as documented in the [REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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) [] [] []



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. <input checked="" type="checkbox"/> 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)	<input checked="" type="checkbox"/>	[]	[]
7. A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub and/or shower stall with grab bars sufficient to meet the needs of the resident, sink, hot and cold water? 146.210(f)(1)	<input checked="" type="checkbox"/>	[]	[]



Apartment Observations 146.210 and 230

Yes No Comments

- | | |
|---|--|
| <p>8. A working emergency call device in each bathroom and each bedroom OR a portable emergency home response system is provided to residents in place of one located in the bedroom? 146.210(d)(3)(C) or 146.210(e)(4)(C) and 146.230(m)(1).
NOTE: An emergency call device must ALWAYS be located in each bathroom.</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <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> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>10. A sink, microwave or stove, and refrigerator with separate freezer? 146.210(d)(3)(G) or 146.210(e)(4)(G)</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <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> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>12. Closet(s) with a door? 146.210(g)(2)</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <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>[] [] []</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> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>15. Apartment in good maintenance and repair? 146.230(h)(1)</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <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> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <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> | <p>[] [] []</p> |



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

Resident Name: Resident B, _____
NOTES FOR COMPLETION:

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

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

Individual Resident Review

Resident Name: Resident B

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

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



Individual Resident Review

Resident Name: Resident B

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

HFS Staff Observations:

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

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

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

Medication Management Services 146.230

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

146.265(c)

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

Comments:

APARTMENT OBSERVATIONS

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

- 1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1) [] [] []

- 2. Entrance doors open onto a public corridor? 146.210(h)(3) [] [] []

- 3. Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2) [] [] []

- 4. All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A) [] [] []

- 5. Each apartment entrance door equipped with an "eye view"? 146.210(h)(4)
NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.
[] NOT APPLICABLE [] [] []

- 6. Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D) [] [] []

- 7. A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub and/or shower stall with grab bars sufficient to meet the needs of the resident, sink, hot and cold water? 146.210(f)(1) [] [] []



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> | <p><input checked="" type="checkbox"/> [] []</p> | <p>[]</p> |
| <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> | <p><input checked="" type="checkbox"/> [] []</p> | <p>[]</p> |
| <p>10. A sink, microwave or stove, and refrigerator with separate freezer? 146.210(d)(3)(G) or 146.210(e)(4)(G)</p> | <p><input checked="" type="checkbox"/> [] []</p> | <p>[]</p> |
| <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> | <p><input checked="" type="checkbox"/> [] []</p> | <p>[]</p> |
| <p>12. Closet(s) with a door? 146.210(g)(2)</p> | <p><input checked="" type="checkbox"/> [] []</p> | <p>[]</p> |
| <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>[] [] []</p> | <p>[]</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> | <p><input checked="" type="checkbox"/> [] []</p> | <p>[]</p> |
| <p>15. Apartment in good maintenance and repair? 146.230(h)(1)</p> | <p><input checked="" type="checkbox"/> [] []</p> | <p>[]</p> |
| <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> | <p><input checked="" type="checkbox"/> [] []</p> | <p>[]</p> |
| <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> | <p><input checked="" type="checkbox"/> [] []</p> | <p>[]</p> |



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

Resident Name:

Resident A

NOTES FOR COMPLET _____

- 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 A

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

	Yes	No	N/A	Comments
9. If you are interested, does staff provide you access to indoor and outdoor activities which include community opportunities? 146.230(i)(1) – (4) NOTE: Mark N/A if the resident is NOT interested.	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Individual Resident Review

Resident Name: Resident A

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

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

HFS Staff Observations:

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

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

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 but refuses them as documented in the [redacted] [] []