



Maple Point, 2021

PRONG 1

*Attached to Sister
Nursing Facility*

<i>2016 Setting Information</i>	Page 1
<i>2009 Supportive Living Certification</i>	Page 2
<i>2016 IDPH Information on Sister Nursing Facility</i>	Page 3
<i>2016 On-Site Assessment/HCBS Settings Validation</i>	Page 4-15
<i>Summary of Proximity to Local Resources, Activities, Transportation</i>	Page 16
<i>2016 Staff Qualifications</i>	Page 17
<i>Confirmation of Compliance with Building/Zoning Codes</i>	Page 18
<i>Calendars of SLP Activities</i>	Page 19-21
<i>2016 Choice of Providers</i>	Page 22
<i>Site Photos/Diagrams</i>	Page 23-29
<i>Resident Rules, Responsibilities and Rights</i>	Page 30-34
<i>2019 SLP Annual Certification/Review</i>	Page 35-36
<i>General Observations of SLP Building</i>	Page 37-39
<i>2019 New Admissions</i>	Page 40-41
<i>Resident Reviews/Apartment Observations</i>	Page 42-62
<i>Findings of Non-Compliance Issued</i>	Page 63-66

Heightened Scrutiny

SETTING INFORMATION

Setting Name: Maple Point SLP

Address: 1000 Union Drive
Monticello, IL 61856

HEIGHTENED SCRUTINY INFORMATION

Maximum Capacity of the Facility: 46
Current Occupancy (10/21/16): 31
Proof of licensure by state agency
On Site Validation Tool
Description of the proximity to community settings used by individuals that do not receive Medicaid funded home and community-based services

Provider qualifications for staff

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

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

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

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

Other relevant information
-Photographs
-Schematic Drawing

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 Maple Point

Address 1000 Union Drive

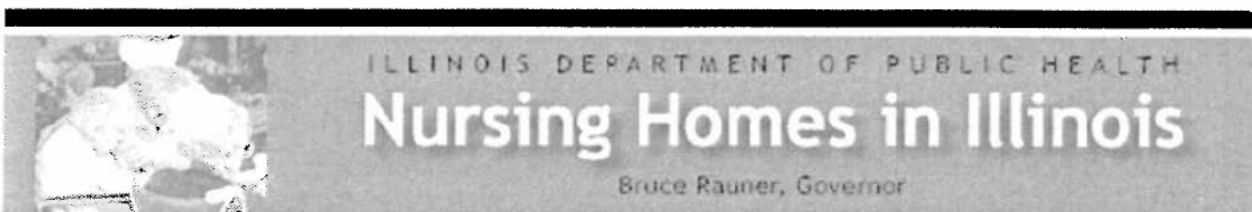
City/State/Zip Monticello, Illinois 61856

Number of Units 30 Maximum Number of Residents 46

Effective Date June 11, 2009



Pat Quinn, Governor
Barry S. Maram, Director



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

Facility Information

PIATT COUNTY NURSING HOME

1111 N STATE ST, P O BOX 410
MONTICELLO IL 61856

ADMINISTRATOR: GARY COULTER
TELEPHONE: 217-762-2506

Licensee ID	:0020255
Facility ID	:6007389
Skilled beds	:100
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	:100
Medicaid beds	:0
Fax	:217-762-2507
County	:Piatt
Medicare Certification Number	:14-5883
Medicare Skilled Certification Number	:14A033
Medicaid ICF/DD Certification Number	:14E458
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](#)

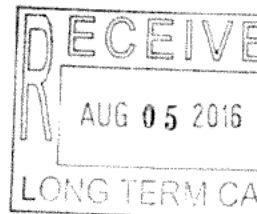
3/4

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

Provider Name:	Maple Point
Name/Address of setting:	1000 North Union St. Monticello, IL 61856
Contact at the setting:	[REDACTED]
Visited With:	[REDACTED]
Surveyor Name:	[REDACTED]
Date Completed:	[REDACTED]

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

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



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

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

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

	Yes	No	Plan	NA
Public Comment Received?	X			
Does the setting provide both on-site and off-site services?		X	NA	* Evo
Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building located on the grounds of, or immediately adjacent to a public institution? <i>Connected to sister NF</i>	✓			
Is the setting a farmstead, a gated community, or part of a multi-setting campus? <i>via hallway. Unlocked door separates. Separate outside entrances.</i>	X	* Evo		

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?	✓				
3. Do individuals have an opportunity to seek employment in competitive integrated settings?	✓				<i>None have, but could be allowed depending on pay status regulations</i>
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?	✓				
7. Does the person centered plan identify various setting options provided to the participant?		X			Not a current requirement for SLP. This is included in the initial level of care determination completed by the CCU or DRS.
8. Does the person centered plan identify the individuals' choice to receive services at this setting?	X				
9. Does the person centered plan identify non-disability setting options?		X			Not a current requirement for SLP. This is included in the initial level of care determination completed by the CCU or DRS.
10. Does the person centered plan identify safety concerns that impact options or choice?	X				
11. NON-RESIDENTIAL ONLY: Does the individual have a choice regarding Day Setting options?				X	
12. RESIDENTIAL ONLY: Does the individual have a choice/option for a private unit?	X			X	Private appts excel. Error

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?	✓				
14. Does the setting inform individuals of their rights to privacy, dignity, respect, and freedom from coercion and restraint?	✓				
15. Does the setting post individuals' rights in a visible location?	✓				Not a requirement for SLP. Particularly - the PPT note
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?	✓				
18. Does the setting ensure that individuals have privacy while using the bathroom unless the individual has a documented need for assistance?	✓				
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?	✓				
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		X	
24. Does the setting utilize restraints only in accordance with the Mental Health Code?			X	Restraints are not allowed in SLP. of resid. observed in restraints.
25. Does the setting use delayed egress devices or have secured perimeters only in accordance with individually approved plans of care?		X	X	No one needs such a device.

Staff error

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?	✓				
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?	✓				
30. RESIDENTIAL ONLY: Can individuals participate in activities in the community alone?	✓				
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?	✓				
34. Does the setting have policies that support individuals' choice of services that meet their needs and preferences?	✓				
35. Does the setting have a complaint/grievance policy?	✓				
36. Does the setting inform individuals how to file a complaint/grievance?	✓				
37. Does the setting allow individuals to voice concerns or ask questions regarding the services received?	✓				
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?	✓				if possible
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?	EVERY DAY	X			Beauty shop is located outside room 310.
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?	✓				When beautician is providing svc.
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)?	✓				

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?	✓				
44. Are individuals informed of their rights regarding housing and when they could be required to relocate?	✓				

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?	✓				
46. Is there a process for changing roommates or acquiring other accommodations if desired by the individual?	✓				
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?	✓				
50. Do individuals have the option of eating alone?	✓				

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?	Yes	No	Plan	NA	Doors locked @ 8pm. Visitors are allowed 24* Round the clock
52. Can visitors see individuals in the individuals' rooms or in common areas of the home?	✓				No access. Visits are welcome. P.H.C. permission of Resident.
53. Can visitors take the individuals outside the setting for activities, such as for a meal or shopping?	✓				
54. Can visitors take the individuals for a longer visit outside the home, such as for holidays or a weekend?	✓				

Follow Up/Next Steps

Notes

Physically connected to Sister NF via hallway with an

unlocked door. Separate outside entrances



Assessment

Facility/Site

Reviewed By

Requested Documentation

Maple Point Supportive Living

Proximity to community activities

- Shopping
 - Retail stores are located .5 miles to 2 miles from Maple Point
- Library
 - The local library is located 2.3 miles from Maple Point
- Restaurants
 - Restaurants are located .5 miles to 2 miles from Maple Point
- Fine arts
 - Monticello is a rural community, so locally there are few opportunities for attending fine art events.
 - Monticello Theatre Association is located .8 miles from Maple Point
 - Other events may be held in various areas of the community, such as the Country Opry and musical performances at Allerton Park. These events may be held .5 miles – 8 miles from Maple Point
 - Additional opportunities for fine arts mainly lie in the Decatur, IL or Champaign, IL areas, which are 25-30 miles from Maple Point.
- Education
 - Monticello does not offer any adult education classes. For residents interested in educational opportunities, they would again look in the Decatur, IL or Champaign, IL areas which are 25-30 miles from Monticello
- Maple Point also hosts community events including Stroke Support Group and Low Vision Support Group.

Transportation

- Monticello does not have public transportation. Piattran will provide transportation to residents of Piatt County by calling to schedule a ride. Maple Point residents utilize this service to access community events, shopping and physician appointments.
- Faith in Action is a volunteer based services that will provide rides to seniors in Piatt County. Residents of Piatt County may schedule a ride by contacting Faith in Action. Maple Point residents utilize this service to access community events, shopping and physician appointments.
- Maple Point staff will assist residents in scheduling transportation at any time for any reason.

Supportive Living Program

Staff Qualifications

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

89 IL Adm Code, Subpart B, Section 146.235 Staffing

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

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

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

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

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

ENGINEERS
ARCHITECTS
SURVEYORS
SCIENTISTS



Farnsworth GROUP

December 4, 2008

Karla Helton
Dept. of Health Care and Family Services
Bureau of Long Term Care
201 South Grand Ave.
Springfield, IL 62763

RE: Maple Point Supportive Living Facility
Certificate of Completion

Dear Ms. Helton,

This letter is being sent as a Certification of Completion for the Maple Point Supportive Living Facility located in Monticello, Illinois. This supportive living facility complies with the 2006 International Building Code, Section 146 of the 89 Illinois Administrative Code, Illinois Accessibility Code 1997, and all local codes. Substantial completion has been reached, and a final walk-through was performed on December 3, 2007.

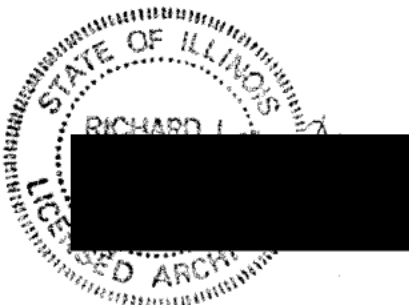
Please feel free to contact me with any further questions or concerns. Thank you for helping Piatt County Nursing Home improve their quality of services to the Monticello community.






Sincerely,

FARNSWORTH GROUP, INC.



Richard J. McPhee, AIA, LEED AP
Architectural Manager



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
 9:00 Bible Study 10:00 Exercise 10:45 Crossword Puzzle 1:30 Blanket Making Service Project (Dining Room)	9:00 Bible Study 10:00 Exercise 10:45 Crossword Puzzle 1:30 Bible Study 10:00 Exercise 10:45 Crossword Puzzle 1:30 Arm Chair Travels To Brazil	10:00 Coffee Club 1:30 Bingo 1:30 Low Vision Support Group	10:00 Exercise 10:45 Read Aloud 1:30 Church at Maple Point with Bryan Morrow from Monticello First Christian Church Beauty Shop Open	9:00 Manicures 1:00 Wii Bowling 2:00 Church at PCNH 2:30 East Patio-Summertime Fun	Aikman Wildlife Center Bus Tour followed by Lunch at Yoders In Arthur, IL PLEASE SIGN UP Olympics Opening Ceremony on NBC	 Pick up an Olympic puzzle packet from the front table!	
7 Every Activity Attended in July & August will earn you Healthy Living Bucks that can be spent at the Activity Auction later this month!	8 NO Bible Study 10:00 Exercise 10:45 Crossword Puzzle 1:30 Arm Chair Travels To Brazil	9 10:00 I Remember with Margaret Bateman 1:30 Bingo with Bonnie	10 10:00 Exercise 10:45 Read Aloud 1:30 Olympic Art & Trivia in the West Living Room Beauty Shop Open	11 10:00 Blue Ribbon Recipe Swap with Bonnie 1:30 Wii Bowling 2:00 Church at PCNH	12 10:00 Exercise 10:45 Read Aloud 1:30 Music with Bob & Friends	13 Popsicles on the Patio 2:00	
14 Invite a friend over for a cup of coffee and a little fellowship.	15 9:00 Bible Study 10:00 Exercise 10:45 Crossword Puzzle 1:30 Remembering the State Fair... Sights, Sounds and Smells	16 8:30 & 10:00 Maple Point State Fair Baking & Art Show Competition Begins! SIGN UP 1:30 State Fair Bingo	17 10:00 Exercise 10:30 Mass at PCNH 10:45 Read Aloud 1:30 Maple Point State Fair Baking Competition Judging Event Beauty Shop Open	18 9:00 Manicures 1:30 Wii Bowling 2:00 Church at PCNH  After Dinner Entertainment by the Summer Singers	19 10:00 Exercise 10:45 Read Aloud 1:30 Art Show Judging 1:45 Movie "State Fair" from 1945 with Vivian Blaine showing in the Dining Room	20  World Honey Bee Day Drizzle a little honey on your toast this morning.	
21 10:00 Coffee Club	22 9:00 Bible Study 10:00 Exercise 10:45 Crossword Puzzle 1:30 Kings in the Corner	23 10:30 Young at Heart Luau Luncheon-Entertainment by Ken Honnecker & Leon Mercer SIGN UP 1:00 Stroke Support 1:30 Bingo	24 10:00 Exercise 10:45 Read Aloud 1:30 Getting Creative-Library Service Project Beauty Shop Open	25 9:45 Allerton Public Library Outing (new location) SIGN UP 1:30 Wii Bowling 2:00 Church at PCNH	26 10:00 Exercise 10:45 Read Aloud 1:30 Maple Point Facebook Photo Slide Show in the Dining Room	27 Happy Birthday Helen Thomas! 2:00 Refreshments on the Patio	
28 Did you know? The Illinois State Fair was featured on the NBC-TV show <i>The Great American Road Trip</i> in July 2009	29 9:00 Bible Study 10:00 Exercise 10:45 Crossword Puzzle 1:30 Are You Smarter than a 5 th Grader?	30 Healthy Living Activity Auction Bring your Healthy Living Dollars to the Lobby! 1:30 Bingo	31 10:00 Exercise 10:45 Read Aloud 1:30 Monticello Shopping Trip SIGN UP Beauty Shop Open	 <h1>August 2016</h1>			

Maple Point Supportive Living 1000 North Union Dr. Monticello, IL 61856 762-6500

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>This week is Homecoming Week in Monticello. We will be celebrating Spirit Week & going to the parade. 2:30 Church at PCNH</p> <p>2:30 Church at PCNH</p>	<p>9:00 Bible Study 10:00 Exercise 10:45 Crosswords SPORTS DAY 1:30 Piano Music with Dave Walker <small>Post-Parade</small></p> <p>9:00 Bible Study 10 10:00 Exercise 10:45 Crosswords 1:30 Kings in the Corner (WLR) <small>Church is Day After</small></p>	<p>10:00 Cooking with Stacy HAT DAY 1:30 Bingo 1:30 Low Vision Support Group (CR)</p> <p>9:45 Wolfe Orchard Outing SIGN UP 1:30 Bingo</p>	<p>10:00 Exercise 10:45 Read Aloud School Color Day 2:00 MP Church w/ Rich Ratts Beauty Shop Open</p> <p>10:00 Exercise 12 10:45 Read Aloud 1:30 Baking with Apples Beauty Shop Open <small>Tom Kiser</small></p>	<p>9:00 Manicures Patriotic Day 1:30 Wii Bowling 2:00 Church at PCNH</p> <p>10:00 Poetry Reading 1:30 Scarecrow Building with Mrs. Reedy's 1st grade class 2:00 Church at PCNH</p>	<p>10:00 Exercise 11:15 Monticello Homecoming Parade SIGN UP PURPLE & GOLD DAY 2:00 Reminiscing</p> <p>10:00 Exercise 14 10:45 Read Aloud 1:30 Bob & Friends</p>	<p>10:00 Looking Back Country Music Family Reunion Program (ELR)</p> <p>3:30 Bluegrass, Blue Jeans & BBQ Blackridge Road Band Family BBQ Happy Birthday</p>
<p>2:30 Church at PCNH</p>	<p>9:00 Bible Study 17 10:00 Exercise 10:45 Crosswords 1:30 Dominoes</p>	<p>10:00 Fall Drive in the Country thru Allerton - 4H Park SIGN UP 1:30 Bingo</p>	<p>10:00 Exercise 19 10:30 Mass at PCNH 10:45 Read Aloud 1:30 4H Program (DR) Beauty Shop Open</p>	<p>9:00 Manicures 20 1:30 Wii Bowling 2:00 Church at PCNH</p>	<p>10:00 Exercise 21 10:45 Read Aloud 1:30 4H Camp Program 5:00 Bement Country Opry SIGN UP</p>	<p>1:30 Monticello Railway Museum Steam Engine Rides and Train Museum SIGN UP</p> <p>10:00 Adult Coloring and Refreshments (WLR)</p>
<p>4H Week 2:30 Church at PCNH</p>	<p>9:00 Bible Study 24 10:00 Exercise 10:45 Crosswords 1:30 Pucker Up Buttercup</p>	<p>10:00 Historical Show & Tell 1:30 Bingo 1:30 Stroke Support Group (CR)</p>	<p>10:00 Exercise 10:45 Read Aloud 1:30 Sing-A-Long (DR) Beauty Shop Open</p>	<p>Happy Birthday 27 9:30 Mansfield General Store Shopping & Lunch 1:30 Wii Bowling 2:00 Church at PCNH</p>	<p>10:00 Exercise 28 10:45 Read Aloud 1:30 Pumpkin Carving</p>	<p>10:00 Coffee Club</p>
<p>2:30 Church at PCNH</p>	<p>9:00 Bible Study 31 10:00 Exercise 10:45 Crosswords 1:30 Halloween Snacks 5:00-7:00 TRICK or TREAT Hours <small>Halloween</small></p>					

October 2016

ELR -- East Living Room WLR- West Living Room
 MP -- Maple Point CR -- Classroom
 PCNH -- Platt County Nursing Home
 DR -- Dining Room PDR -- Private Dining Room

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
SEPTEMBER 2016						
4 Happy Birthday Eva Shidtauski 2:30 Church at PCNH	5 9:00 Bible Study 10:00 Exercise 10:45 Crosswords 2:00 Piano Music with Dave Walker <small>Labour Day</small>	6 10:00 Cooking with Stacy 1:30 Bingo 1:30 Low Vision Support Group	7 10:00 Exercise 10:45 Read Aloud 1:30 Church Services at Maple Point with Kurtis Bueitmann from Faith Lutheran Church	8 10:00 Bement Forrest Preserve Park Fishing and Picnic SIGN UP 1:30 Wii Bowling 2:00 Church at PCNH	9 10:00 Exercise 10:45 Read Aloud 1:30 Bags Game 5:30 Grandparents Day Celebration with Ozzie Pearl- Invite Your Families!	10 Happy Birthday, Arnold Palmer – Arnold Palmer was born on this day in 1929. He is regarded as one of the greatest golfers of all time.
11 Happy Birthday [REDACTED] 2:00 Cookies and Milk 2:30 Church at PCNH <small>Over Spent Day</small>	12 9:00 Bible Study 10:00 Exercise 10:45 Crosswords 1:30 Right Left Center Dice Game	13 10:00 We Are Monticello- Video and Discussion in Dining Room 1:30 Bingo	14 10:00 Exercise 10:45 Read Aloud 1:30 An Afternoon Visit with Lynn Swango	15 9:00 Manicures 1:30 Jamie's Down on the Farm Petting Zoo 2:00 Church at PCNH	16 10:00 Exercise 10:45 Read Aloud 1:30 Music with Bob and Friends	17 MONTICELLOBRATION Downtown Monticello Vendors, Music, Shopping & Art Downtown Monticello. SIGN UP Time TBA
18 It's National Cheeseburger Day Enjoy a Texan Burger today- It's Cheisey's Favorite! 2:30 Church at PCNH	19 9:00 Bible Study 10:00 Exercise 10:45 Crosswords 1:30 Fall Crafting with Sue	20 Happy Birthday Norma Bonnell 9:45 Allerton Library Outing (Lunch Out is Optional) SIGN UP 1:30 Bingo	21 10:00 Exercise 10:30 Mass NO READ ALOUD 1:30 Healthy Living with Lani	22 10:00 Men's Coffee Club with Chuck Greenwald 1:30 Wii Bowling <small>Labour Day</small>	23 10:00 Exercise 10:45 Crosswords 1:30 Resident Council In the Classroom	24 It's National Public Lands Day Pick up a Trivia Page from the front table to test your knowledge and learn more about it.
25 2:00 Coffee Club 2:30 Church at PCNH	26 Happy Birthday Eleanor Helfrich 9:00 Bible Study 10:00 Exercise 10:45 Crosswords 1:30 Bunco	27 10:30 Young at Heart Luncheon SIGN UP 1:00 Stroke Support Group 1:30 Bingo	28 10:00 Exercise 10:45 Read Aloud 1:30 Are You Smarter than a 5 th Grader?	29 9:30 Monticello Shopping SIGN UP 2:00 Oh, Darn It! (Marble Game)	30 10:00 Exercise 10:45 Read Aloud First Responders Appreciation Lunch Hosted By Maple Point	UPCOMING EVENTS In OCTOBER Bement Country Opry Fall Festival Wolfe Orchard Outing Mansfield Shopping & Lunch Outing

Maple Point 1000 N. Union Dr. Monticello, IL 61856 762-6500

Supportive Living Program

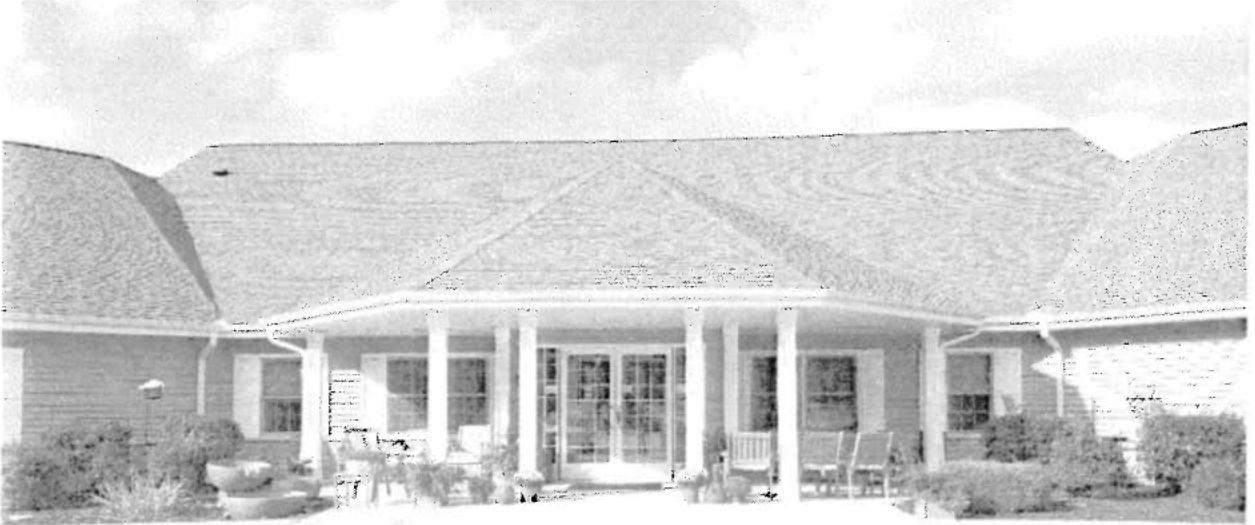
Participant Choice of Providers

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 **Maple Point** in **January 2016**. **Maple Point** was found to be compliant with documentation of participant choice of provider.



Back Entrance



Front Entrance

Maple Point



Front entrance from driveway



Front entrance from street

Maple Point



Hall from NH



Hall to NH

Maple Point



Hall to NH



Hall from outside

Flatt Co. Nursing Home



Entrance to nursing home off of State Street



Front entrance of nursing home

Piatt County Nursing Home

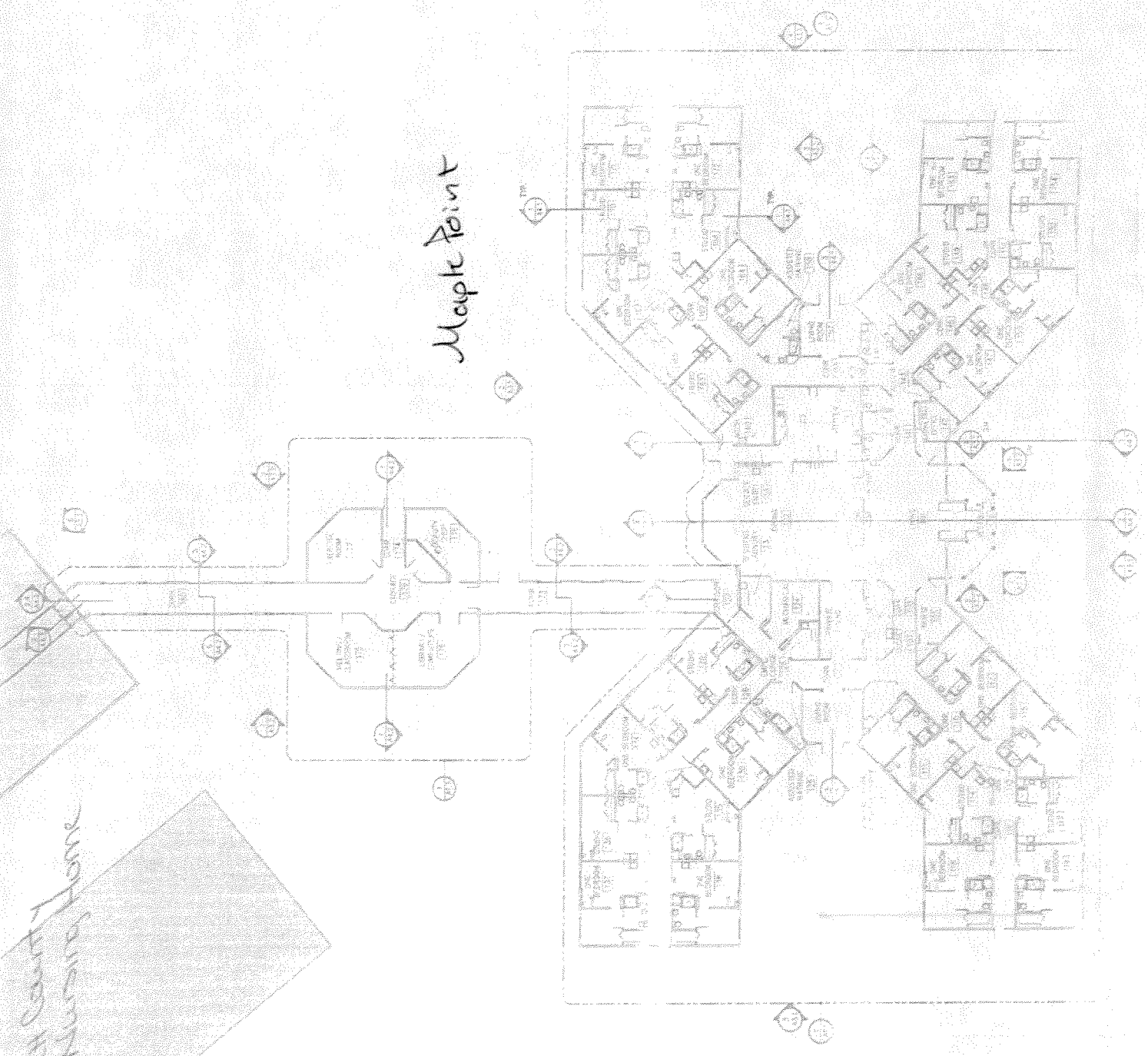


Entrance to nursing home from driveway

NOT TO SCALE
PROPERTY OF...
DATE: 10/15/11

High County
Municipal Zone

Maple Point



MAPLE POINT

RESIDENT RULES AND RESPONSIBILITIES

GENERAL INFORMATION

Residents need to sign out in the book on the table in the front lobby upon leaving the facility. Upon returning, you should sign back in. Visitors are also asked to sign in/out.

The front door is locked between 8:00 p.m. and 6:00 a.m. If you are out and will return later than 8:00 p.m., you may check out a key from the C.N.A. office.

Approximate hours for meals:

Breakfast	7:30 a.m. to 9:00 a.m.
Dinner	11:30 a.m. to 12:30 p.m.
Supper	4:30 p.m. to 5:30 p.m.

Snacks such as coffee, juices, crackers, cookies, fresh fruit are available at all times.

Housekeeping and laundry services are provided on at least a weekly basis.

Locked individual mailboxes will be provided. Residents will be responsible for their key and the cost for any key replacement.

A Beauty/Barber shop is available. For appointments and/or information, please contact the Director. This service is at an additional cost and not included in the monthly rental fee.

The facility supports use of motorized chairs/scooters to enable independence. Motorized chairs/scooters may be utilized in the Facility once the facility evaluates the resident's ability to operate the chair in a safe manner. Motorized chairs/scooters must be stored in the resident apartment when not in use. For safety reasons motorized scooters are not allowed in the dining room. Staff will assist with transfers in the dining room as needed. Appropriateness of motorized devices will be determined by the Director or Nurse.

It is the policy of the facility that tipping, in any form, is not permitted for anyone.

Television and radio is a source of information as well as a form of entertainment. However, please be considerate of your neighbors by keeping the volume at a reasonable level.

A schedule of activities/events will be posted. Residents shall be encouraged but not forced to participate in any events or activities. Residents are encouraged to continue to participate in community activities of their choosing. Maple Point will assist residents in scheduling transportation to community events. We welcome any activity/event suggestions from residents.

The facility does not accept pets.

The facility is a smoke-free facility.

Residents shall keep the Premises (and all appliances and fixtures therein) clean and sanitary.

Resident shall use and operate the electrical, plumbing, sanitary, heating and air conditioning systems and any other facilities and appliances in a reasonable manner.

Resident shall not destroy, deface or impair any part of the Premises (or property therein belonging to the Facility, nor shall resident permit any other person to do so).

Resident shall not remove any part of the Premises (or property therein belonging to Facility, nor shall resident permit any other person to do so) without permission from the Director.

Resident shall conduct him or herself and require guests, on the Premises to conduct themselves in a manner so as not to disturb any neighbors or breach the peace.

Resident shall not make any alterations or additions to the Premises without first obtaining Facility's written consent, and all alterations, additions, fixtures and improvements, except movable furniture, shall become the proper of Facility upon termination of the Tenancy Agreement. Upon termination of the Resident contract, the Facility may require removal of any such alterations, additions, fixtures and improvements and restoration of the Facility to its original condition at resident's sole cost and expense. As used herein, the terms alterations, additions, and improvements shall be deemed to include, but shall not be limited to, painted walls, floor coverings, wall coverings, and any fixtures, shelving, cupboards, or other items attached to any part of the Premises. In addition to the foregoing, Resident shall not affix nor permit any nails, tacks, screws or hooks to be driven into the walls or woodwork without Facility's prior consent, which consent will not be unreasonably withheld or delayed. Arrange for this service through the Director.

Resident shall not air or dry any clothing, bedding, rugs or similar items in any outdoor area.

A parking lot shall be available for the use of the Resident. Parking shall be restricted to one vehicle per Resident, with no reserved parking.

Weapons of any type are strictly prohibited on Maple Point premises, including parking lots, or during any Maple Point functions or events. This includes

- Visible and concealed weapons
- Weapons in which the owner has obtained the necessary permits
- Firearms
- Knives (other than a small pocket knife)
- Explosive materials
- Other objects that could be used to harass, intimidate, or injure another individual

Administration/Maple Point/Resident Rules and Responsibilities

Addendum
Supportive Living Resident Rights

Each resident of a supportive living facility has the right to:

1. Be free from mental, emotional, social and physical abuse and neglect and exploitation.
2. All housing and services for which he or she has contracted and paid.
3. Have his or her records kept confidential and released only with his or her consent or in accordance with applicable law.
4. Have access to his or her records with 48 hours notice (excluding weekends and holidays).
5. Have his or her privacy respected.
6. Refuse to receive or participate in any service or activity once the potential consequences of such refusal have been explained to the resident and a negotiated risk agreement has been reached between the resident, his or her designated representative, if requested by the resident and the service provider, so long as others are not harmed by the refusal. The resident may also request that others be present, such as the ombudsman, during the negotiated risk agreement discussion.
7. Remain in the SLF, forgoing recommended or needed services from the SLF or available from others. A resident electing to remain without recommended or needed services shall acknowledge that the decision was made against the advice of the SLF, family or health care professional and shall indemnify the SLF from any liability resulting from adverse outcomes specifically associated with the decision to forgo recommended service. The SLF shall retain the right to advise a resident that the right to remain in place is restricted, as explicitly stated in the resident contract. Such indemnity agreements shall be specific to the assumed risk negotiated and do not waive general obligations of providers.
8. Arrange and receive non-Medicaid covered services not available from the contracted SLF service provider at the resident's expense so long as the resident does not violate conditions specified in the resident contract.
9. Be free of physical restraints.

10. Control his or her time, space, and lifestyle to the extent the health, safety and well-being of others are not disturbed.
11. Consume alcohol and use tobacco in accordance with SLF policy specified in the resident contract and any applicable statutes.
12. Have visitors of his or her choice to the extent the health, safety and well-being of others are not disturbed and the provisions of the resident contracts are upheld.
13. Have roommates only by resident choice.
14. Be treated at all times with courtesy, respect and full recognition of personal dignity and individuality.
15. Make and act upon decisions (except those decisions delegated to a legal guardian) so long as the health, safety and well-being of others are not endangered by his or her actions.
16. Participate in the development, implementation and review of his or her service plans.
17. Maintain personal possessions to the extent they do not pose a danger to the health, safety and well-being of the resident and others.
18. Store and prepare food in his or her apartment to the extent the health, safety and well-being of the resident and others is not endangered and provisions of the resident contract are not violated.
19. Designate or accept a representative to act on his or her behalf.
20. Not be required to purchase additional services that are not part of the resident contract; and not be charged for additional services unless prior written notice is given to the resident of the amount of the charge.
21. Not be charged for additional service unless prior written notice is given to the resident of the amount of the charge.
22. Be free to file grievances according to SLF policy and be free from retaliation from the SLF.

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

Provider Maple Point ID # [REDACTED]
 Address 1000 N. Union Dr. Freestanding () Rehab NF ()
 City Monticello Zip code 61856
 Phone # 217-762-6500 Fax 217-762-6600

Occupancy Information

# of Single Occupancy Apts.	14	[REDACTED]
# of Double Occupancy Apts.	16	[REDACTED]
Total # of Apts.	30	[REDACTED]
Maximum Potential Occupancy	46	[REDACTED]

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

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

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

REVIEW FINDINGS: YES () NO ()

Ombudsman was notified on 12/9/19 about the date of the review.

Ombudsman participated in review: Yes () No ()

Provider Manager/Designee Signature/Date [REDACTED] - 12-16-19

Review Team's Signature/Date [REDACTED] HFSW 12/16/19

[REDACTED] RN NESA 12-16-19

Regional Supervisor Signature/Date [REDACTED] 12/16/19
S. H. [REDACTED]

Area Manager Signature/Date _____

Bureau Chief Signature/Date _____



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.

ELP
 [] []

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

Meals/Dining 146.210 and 146.230

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

Comments:

Laundry/Laundry Rooms 146.210 and 146.230

For resident use:

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



General Observations

Activities 146.230

Yes No Comments

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

NOTE: Review activity calendars, newsletters or other communication.

[] []

4. Does the SLP provider allow both on-site and off-site services? Are residents given the opportunity to interact with the larger community without SLP staff? 146.250(e)(10)

NOTE: Examples include physician appointments, activities and family visits not arranged by the SLP provider.

[] []

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

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

[] []

Comments:



NEW ADMISSIONS

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

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

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

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

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

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

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

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

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

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



RESIDENT REVIEWS

SLP Resident Review (2 of 10) Resident Name: [REDACTED]**Assessment/Service Plan/Quarterly Evaluation 146.245** **Yes No N/A Comments**

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

SLP Resident Review (8 of 10) Resident Name: [REDACTED] Resident E

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 [REDACTED]

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)	[✓]	[]	[]



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

Resident Name: _____ **Resident E**

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 E [REDACTED]

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

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

HFS Staff Observations:

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

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

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

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



SLP Resident Review (8 of 10) Resident Name: [REDACTED] Resident D

Medication Management Services 146.230

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

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

Comments:

APARTMENT OBSERVATIONS [REDACTED]

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

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| <p>1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1)</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>2. Entrance doors open onto a public corridor? 146.210(h)(3)</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>3. Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2)</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>4. All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A)</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>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 type="checkbox"/> NOT APPLICABLE</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>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)</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>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)</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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

Resident Name: _____ Resident 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 D

Resident Name: _____

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

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

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

- 21. Do you feel safe in the SLP building? [] []
- 22. Do you feel that your property is safe? [] []

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

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

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

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

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

HFS Staff Observations:

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

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

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

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

5. ISP reviewed/signed by the resident or his/her designated representative and any others included by the resident? 146.245(d)
NOTE: If a signature is missing, answer the question "No" and remediate while on-site. [] []

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

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

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

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

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

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

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

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

SLP Resident Review (8 of 10) Resident Name: [REDACTED] Resident C

Medication Management Services 146.230

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

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

Comments:

APARTMENT OBSERVATIONS

Apartment Observations 146.210 and 230

Yes No Comments

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

**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 Comments**

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

HFS Staff Observations:

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

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

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) | [✓] [] [] |
| 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) | [✓] [] [] |

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

Individual Resident Review

Resident B

Resident Name: _____

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

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

HFS Staff Observations:

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

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



SLP Resident Review (2 of 10) Resident Name: [REDACTED]

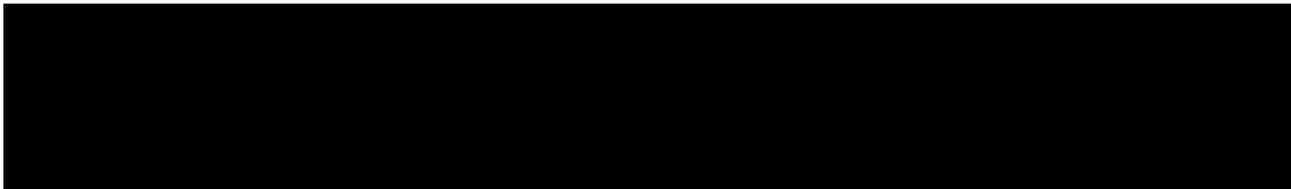
<u>Assessment/Service Plan/Quarterly Evaluation 146.245</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Comments</u>
5. ISP reviewed/signed by the resident or his/her designated representative and any others included by the resident? 146.245(d) NOTE: If a signature is missing, answer the question "No" and remediate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

Medication Management Services 146.230

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

146.265(c)

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



APARTMENT OBSERVATIONS

Apartment Observations 146.210 and 230

Yes No Comments

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

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

Resident Name: _____ Resident A

NOTES FOR COMPLETION:

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

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

Individual Resident Review

Resident Name: Resident A [REDACTED]

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

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

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

- 21. Do you feel safe in the SLP building? [✓] [] []
- 22. Do you feel that your property is safe? [✓] [] []

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

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

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

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

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

HFS Staff Observations:

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

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

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

[REDACTED]

FINDINGS OF NON-COMPLIANCE ISSUED

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUPPORTIVE LIVING PROGRAM

RESPONSE TO ON-SITE REVIEW FINDINGS Page 1 of _____

SLP NAME: Maple Point
CHECK ONE:

() INTERIM CERTIFICATION REVIEW FINDINGS: YES NO

ENTRANCE DATE: _____ EXIT DATE: _____

() FINAL CERTIFICATION REVIEW FINDINGS: YES NO

ENTRANCE DATE: _____ EXIT DATE: _____

ANNUAL CERTIFICATION REVIEW FINDINGS: YES NO

ENTRANCE DATE: 12/10/19 EXIT DATE: _____

() CHANGE OF OWNERSHIP REVIEW FINDINGS: YES NO

ENTRANCE DATE: _____ EXIT DATE: _____

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

BEGIN DATE: _____ EXIT DATE: _____

() COMPLAINT REVIEW DATE OF COMPLAINT: _____

REFERRAL DATE: _____ REVIEW FINDINGS: YES NO

BEGIN DATE: _____ END DATE: _____

() FIRST FOLLOW-UP REVIEW () SECOND FOLLOW-UP REVIEW

(1st) BEGIN DATE: _____ END DATE: _____

FINDINGS CORRECTED: YES NO

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

FINDINGS CORRECTED: YES NO



RESPONSE TO ON-SITE REVIEW FINDINGS Page 2 of _____

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

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

For non-compliance involving immediate jeopardy-

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

For non-compliance involving non-immediate jeopardy-

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

Signature of SLP Provider Representative

Date

Signature of Bureau of Long Term Care HFSN

Signature of Bureau of Long Term Care Regional Supervisor

Date

Signature of Bureau of Long Term Care Area Manager

Date



RESPONSE TO ON-SITE REVIEW FINDINGS

PAGE 2 OF 2

SLF NAME: Maple Point REFERRAL DATE: 12/16/19
 First Follow-up () Second Follow-up ()

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

COMPLAINT/FINDING DESCRIPTION (Must include rule cite)	SLF RESPONSE	CORRECTION DATE
<p>Section 146.245 Assessment and Service Plan and Quarterly Evaluation d)Service Plan: Within seven days after completion of the RAI, a written service plan shall be developed by, or co-signed by, a registered nurse, with input from the resident and his or her designated representative. This includes coordination and inclusion of services being delivered to a resident by an outside entity. The service plan shall include a description of expected outcomes, approaches, frequency and duration of services provided and whether the services will be provided by licensed or unlicensed staff. The service plan must be individualized to address the health and behavior needs of each resident. The service plan shall document any services recommended by the SLF that are refused by the resident. The service plan shall be reviewed and updated in conjunction with the quarterly evaluation or as dictated by changes in resident needs or preferences. This requirement has not been met as evidenced by:</p> <p>R3 ISP does not include [redacted] for resident. RAI [redacted] is coded 2. Per [redacted]</p> <p>R4 RAI dated [redacted] =3; not on ISP dated [redacted] Staff assist with [redacted] =2; Not on ISP. Staff assist resident with [redacted] =2: ISP states needs reminders to use [redacted] Staff accompany resident when [redacted] resident [redacted] ISP states needs assistance as needed. Staff [redacted] resident [redacted] [redacted] Not on ISP [redacted] does all [redacted] arrangements.</p>		

Signature of SLF Representative: [redacted] Date: 5/11/20