



## **Maple Point, 2021**

### **PRONG 1**

*Attached to Sister  
Nursing Facility*

|  |                   |
|--|-------------------|
| <i>2016 Setting Information</i>  | <b>Page 1</b>     |
| <i>2009 Supportive Living Certification</i>                                | <b>Page 2</b>     |
| <i>2016 IDPH Information on Sister Nursing Facility</i>                    | <b>Page 3</b>     |
| <i>2016 On-Site Assessment/HCBS Settings Validation</i>                    | <b>Page 4-15</b>  |
| <i>Summary of Proximity to Local Resources, Activities, Transportation</i> | <b>Page 16</b>    |
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| <i>Confirmation of Compliance with Building/Zoning Codes</i>               | <b>Page 18</b>    |
| <i>Calendars of SLP Activities</i>   | <b>Page 19-21</b> |
| <i>2016 Choice of Providers</i>  | <b>Page 22</b>    |
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| <i>Findings of Non-Compliance Issued</i>                                   | <b>Page 63-66</b> |

# Heightened Scrutiny

## SETTING INFORMATION

|               |  |     |
|---------------|--|-----|
| Setting Name: | Park Point                               | SLP |
| Address:      | 1221 Edgewater Drive<br>Morris, IL 60450 |     |

## HEIGHTENED SCRUTINY INFORMATION

|  |
|--|
| Maximum Capacity of Facility: 76   |
| Current Occupancy (10/13/16): 63   |
| On Site Validation Tool  |
| Proof of licensure by state agency   |
| 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   |
| -Separate ownership information (Nursing facility and Supportive Living owned by different people)   |

**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                      Park Point Supportive Living

Address                    1221 South Edgewater

City/State/Zip            Morris, Illinois 60450

Number of Units            58                                      Maximum Number of Residents            76

Effective Date            June 27, 2013



**Pat Quinn, Governor**

**Julie Hamos, 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

### PARK POINTE HEALTHCARE & REHAB 1223 EDGEWATER DRIVE MORRIS IL 60450

ADMINISTRATOR: SUZANNE DAY  
TELEPHONE: 815-416-6500

|   |               |
|---|---------------|
| Licensee ID                             | :0052449      |
| Facility ID                             | :6003875      |
| Skilled beds                            | :142          |
| 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                  | :142          |
| Medicaid beds                           | :0            |
| Fax                                     | :815-416-6501 |
| County                                  | :Grundy       |
| Medicare Certification Number           | :14-6077      |
| Medicare Skilled Certification Number   | :             |
| Medicaid ICF/DD Certification Number    | :14E285       |
| Medicaid DD Certification Number        | :             |
| Medicaid Swing Bed Certification Number | :             |

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

|                          |  |
|--------------------------|--|
| Name:                    | Park Pointe                            |
| Address of setting:      | 1221 Edgewater Drive, Morris, IL 60450 |
| Location of the setting: | [REDACTED]                             |
| Facility with:           | [REDACTED]                             |
| Name:                    | [REDACTED]                             |
| Assessment completed:    | [REDACTED]                             |

Does the setting possess the following type of facility license, certification/registration, etc. (Mark the appropriate box)

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

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

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

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

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

Nursing home physically connected.  
 any longer. Connecting  
 deck is locked. Separate  
 entrances

## Category 1

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

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

|  | Yes | No | Plan | NA | Additional Comments                  |
|--|-----|----|------|----|--------------------------------------|
| 1 Do individuals/family members receive information, which approximates their level of understanding, regarding services in the broader community and access options, such as public bus/taxi/van services and special transportation providers?   | X   |    |      |    |                                      |
| 2 Does the setting utilize access to the community as part of its plan for services?   | X   |    |      |    |                                      |
| 3 Do individuals have an opportunity to seek employment in competitive integrated settings?  | X   |    |      |    | All residents are of retirement age. |
| 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   |    |      |    |                                      |

if circled leave blank

## Category 2

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

| Check Yes, No, NA or Addressed by Person Centered Plan (Plan)  | Yes | No | Plan | NA | Additional Comments   |
|--|-----|----|------|----|---|
| 6. Are individuals and their families encouraged to participate in the care planning process?          | X   |    |      |    |   |
| 7. Does the person centered plan identify various setting options provided to the participant?         |     | X  |      |    | Not a current requirement for SLP. This is included in the initial level of care determination completed by the CCU or DRS. |
| 8. 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  |   |

*if circled leave blank*



### Category 3

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

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



### Category 5

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

| Check Yes, No, NA or Addressed by Person Centered Plan (Plan)   | Yes | No | Plan | NA | Additional Comments                                       |
|---|-----|----|------|----|---|
| 33. Does the setting inform individuals/family members that they have a choice to modify their services?  | X   |    |      |    |   |
| 34. Does the setting have policies that support individuals' choice of services that meet their needs and preferences?  | X   |    |      |    |   |
| 35. Does the setting have a complaint/grievance policy?   | X   |    |      |    |   |
| 36. Does the setting inform individuals how to file a complaint/grievance?  | X   |    |      |    |   |
| 37. Does the setting allow individuals to voice concerns or ask questions regarding the services received?  | X   |    |      |    |   |
| 38. RESIDENTIAL ONLY: Can residents seek services from a service provider other than the one assigned to their particular case; such as a different therapist or social worker, to the extent that alternative staff are available? | X   |    |      |    | Residents may request CNAs for care if they are available |
| 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?            | <i>For Yes</i> |    |      |    |                     |
| 41. Can individuals access the settings amenities such as bathrooms and equipment as needed? If not, is there programming or staff available to provide necessary accommodations?                    | X              |    |      |    |                     |
| 42. Does the setting ensure physical accessibility based on individual needs (e.g. grab bars, seats in the bathroom, ramps for wheelchairs and table/counter heights appropriate to the individual)? | X              |    |      |    |                     |

### Category 7 (RESIDENTIAL ONLY)

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

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

|   | Yes | No | Plan | NA | Additional Comments |
|---|-----|----|------|----|---------------------|
| 43. As applicable, do individuals have a lease, or for settings in which landlord-tenant laws do not apply, a written residency agreement?                              | X   |    |      |    |                     |
| 44. Are individuals informed of their rights regarding housing and when they could be required to relocate?<br><i>make sure contract includes section re: discharge</i> | X   |    |      |    |                     |

**Category 8 (RESIDENTIAL ONLY)**

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

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

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

**Category 9 (RESIDENTIAL ONLY)**

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

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

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

if circled leave blank

**Category 10 (RESIDENTIAL ONLY)**

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

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

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

*51, 52 - if participants are observed visitors, include comment*

Follow Up/Next Steps

Notes

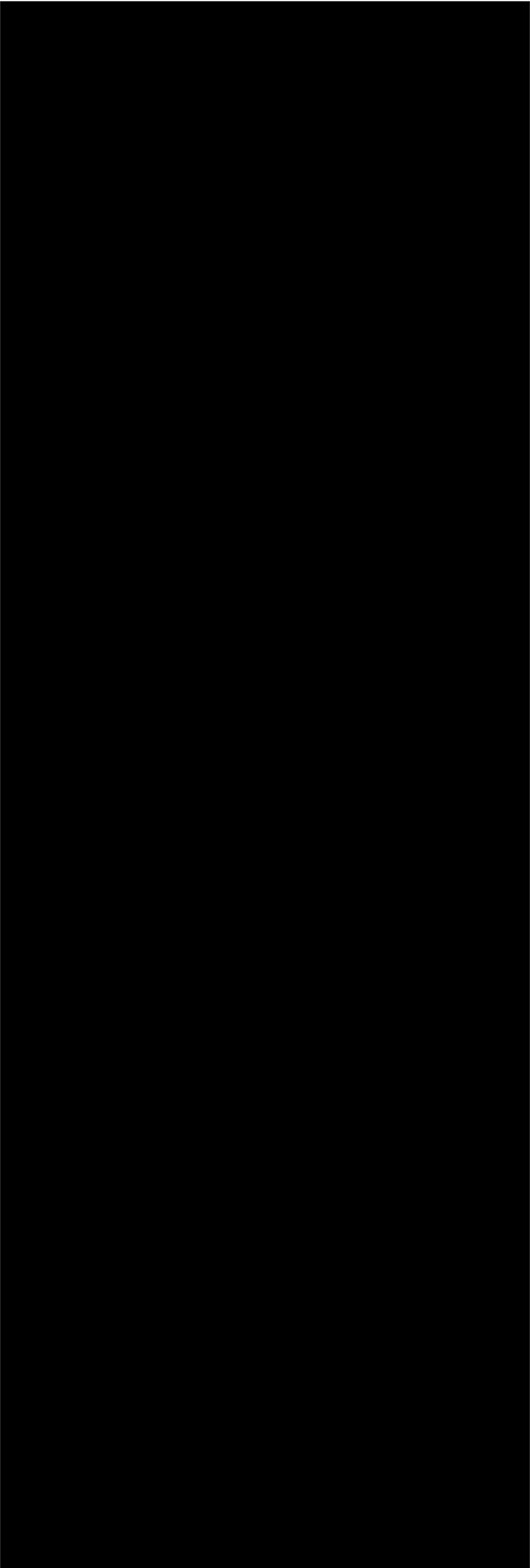
Skilled NF (separate owner) physically connected to

Dark Joint. Connecting door is locked. Separate entrances.

Assessment C

Facility/Site

Reviewed By





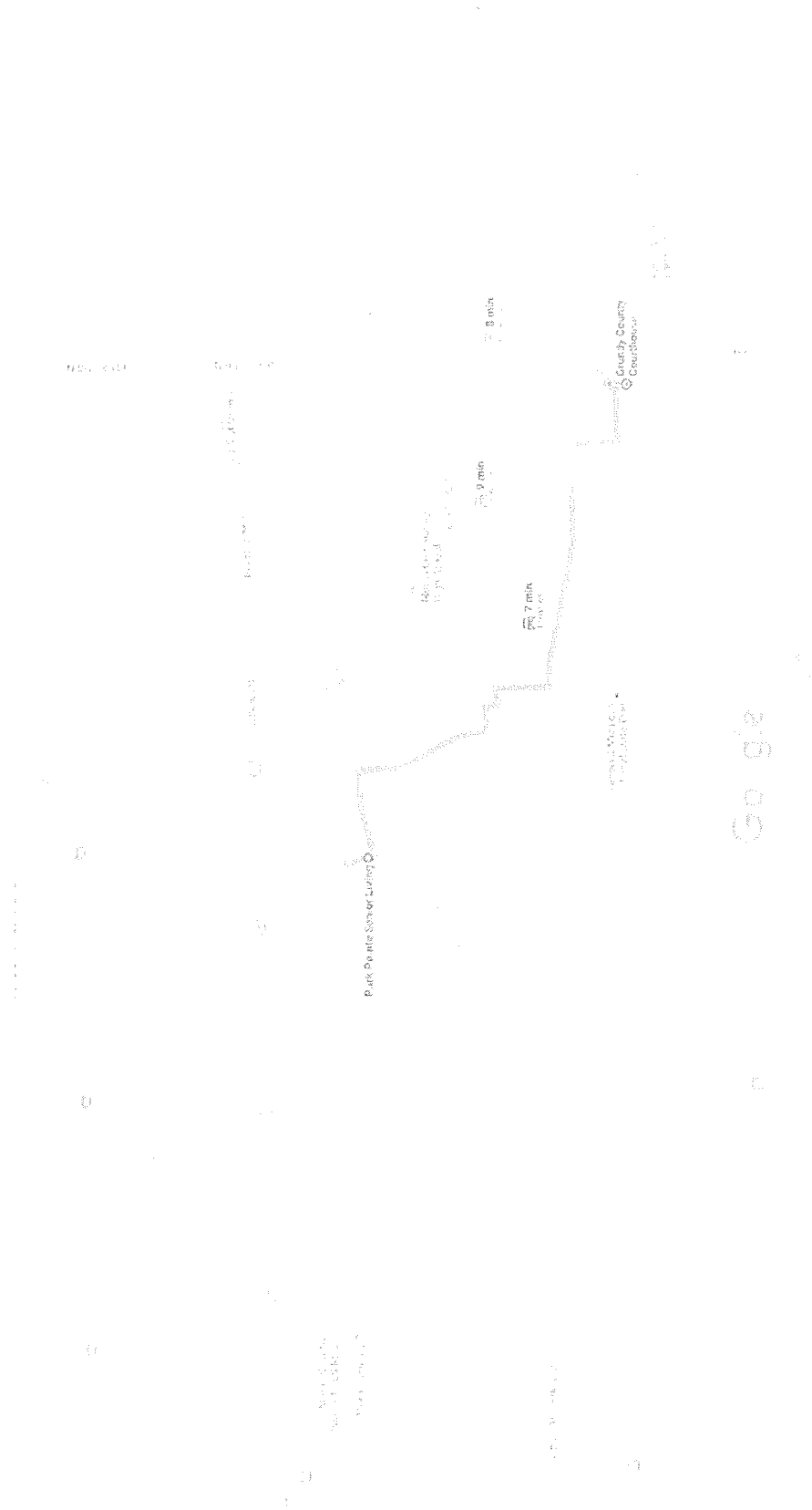
Park Pointe Senior Living to Grundy County Courthouse - Google Maps

<https://www.google.com/maps/dir/Park+Pointe+Senior+Living,+Sout...>

Google Maps

Park Pointe Senior Living to Grundy County Courthouse

Drive 1.9 miles, 7 min



Map data ©2016 Google 1000 ft

via Fremont Ave

# Google Maps Park Pointe Senior Living to US Post Office

Drive 2.0 miles, 7 min



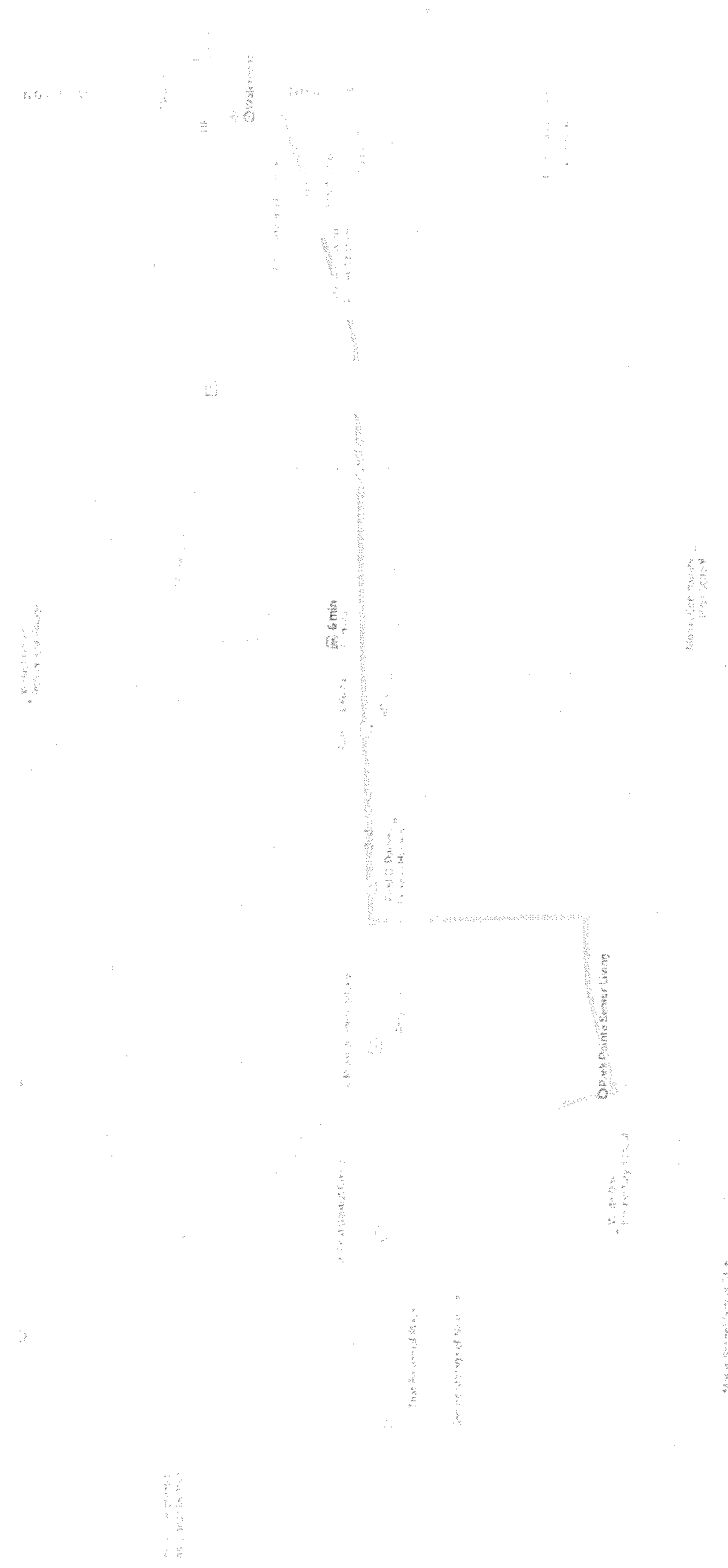
Map data ©2016 Google 1000 ft

via Jefferson St

7 min

# Google Maps Park Pointe Senior Living to Walgreens

Drive 1.7 miles, 6 min



Google

## Supportive Living Program

### Staff Qualifications

The Department of Healthcare and Family Services conducted an on-site annual certification review at **Park Point Supportive Living** 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.

**GRUBBS  
& ASSOCIATES**

January 13, 2009


Ms. Kara Helton  
Illinois Dept. of Health and Family Services  
Springfield, Illinois

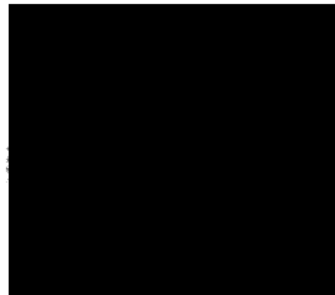
Re: Prism Healthcare Group, Inc.  
55 Unit Supportive Living Facility  
Morris, Illinois

I, David Lea Grubbs, Registered Architect, to the best of my knowledge, belief and professional judgment, do hereby certify that the project has been constructed in accordance with applicable state and local laws, zoning, building, housing and other codes, ordinances or regulations as modified by waivers obtained from local officials.

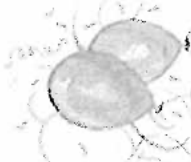
Sincerely,

Grubbs & Associates

  
David L. Grubbs, NCARB  
President



# July 2016



**Birthdays**  
**Jan E 19th**



**July 2016**

| Sunday                                 | Monday  | Tuesday  | Wednesday   | Thursday   | Friday   | Saturday                       |  |
|--|---|--|---|--|--|--------------------------------|--|
| 3<br>10:00 Catholic Communion Service  | 4<br><b>Happy 5th of July</b><br>9:30 Walmart<br>1:00 Sing-A-Long<br>2:30 Wii Bowling | 5<br>10:00 Craft with Kathy<br>1:00 Sing-A-Long with Kathy<br>2:30 Happy Hour  | 6<br>10:00 Group Walk<br>1:00 Bible Study<br>2:00 Birthday Parties with John-N-Norm | 7<br>10:00 Craft<br>1:15 Wii Bowling<br>2:30 Happy Hour  | 8<br>10:15 Exercise<br>1:00 Living Waters Nazarene<br>2:30 Bingo<br>6:00 Rosary Prayer | 9<br>Independent Leisure Time  |  |
| 10<br>10:00 Catholic Communion Service | 11<br>10:00 Exercise with Nancy<br>1:15 Social Hour<br>2:30 Bingo                     | 12<br>10:00 Craft with Kathy<br>1:00 Sing-A-Long with Kathy<br>2:30 Happy Hour | 13<br>10:00 Group Walk<br>1:00 Craft<br>2:15 Wii Bowling                            | 14<br>9:00 - Foot Doctor<br>10:00 Exercise<br>1:15 Wii Bowling<br>2:30 Ice Cream & Party Dance | 15<br>10:15 Exercise<br>1:00 Living Word Bible<br>2:30 Bingo<br>6:00 Rosary Prayer     | 16<br><b>State Fair!</b>       |  |
| 17<br>10:00 Catholic Communion Service | 18<br>10:00 Exercise with Nancy<br>1:15 Nail Spa<br>2:30 Bingo                        | 19<br>9:30 Walgreens<br>1:00 Sing-A-Long with Kathy<br>2:30 Wii Bowling        | 20<br>10:00 Group Walk<br>1:00 Bible Study<br>2:00 Performance John-N-Norm          | 21<br>10:00 Show and Tell<br>1:15 Wii Bowling<br>2:30 Happy Hour                               | 22<br>10:15 Exercise<br>1:00 Peace Lutheran<br>2:30 Bingo<br>6:00 Rosary Prayer        | 23<br>Independent Leisure Time |  |
| 24<br>10:00 Catholic Communion Service | 25<br>10:00 Exercise with Nancy<br>1:15 Social Hour<br>2:30 Bingo                     | 26<br>Book Club<br>1:00 Sing-A-Long with Kathy<br>2:30 Wii Bowling             | 27<br>10:00 Group Walk<br>1:00 Painting<br>2:00 Performance Frank Row               | 28<br>10:00 Resident Council<br>1:15 Wii Bowling<br>2:30 Happy Hour                            | 29<br>10:15 Exercise<br>1:00 Bethlehem Lutheran<br>2:30 Bingo<br>6:00 Rosary Prayer    | 30<br>Independent Leisure Time |  |
| 31<br>10:00 Catholic Communion Service |   |  |   |  |  |                                |  |

**All Events Subject to Change**



**PARK POINTE**  
*Senior Living*

Birthdays  
 Lori 2nd Norma 2nd  
 Patricia J 10th Bobbi 14th  
 Tootie 25th Doris C 30th



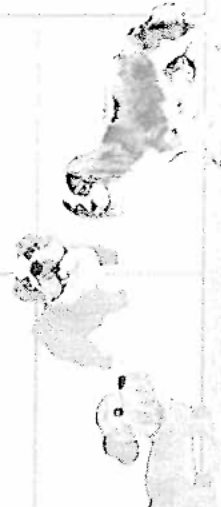
# AUGUST 2010

## Sunday Monday Tuesday Wednesday Thursday Friday Saturday

|  |   |  |   |  |   |  |  |  |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|--|---|--|---|--|--|--|--|--|--|---|--|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1<br>10:00 Catholic<br>Communion<br>Service<br>2:00 Bingo with Mr. D | 2<br>10:00 Exercise<br>1:15 Social Hour<br>with Nancy<br>2:30 Bingo | 3<br>1:20 Walmart<br>1:00 Sing-A-Long<br>with Kathy<br>2:30 Happy Hour | 4<br>6:00-8:00 Tai Chi<br>Weigh In<br>10:00 Exercise<br>1:00 Bible Study<br>2:00 Birthday Party | 5<br>6:00-8:00 2nd Floor<br>Weigh In<br>Third Floor Basketball<br>1:15 Wii Bowling<br>2:50 Brain Teasers | 6<br>10:15 Exercise<br>1:00 Stavanger<br>Lutheran<br>2:30 Bingo<br>6:00 Rotary Prayer | 7<br>10:00 Catholic<br>Communion<br>Service<br>2:00 Bingo with Mr. D | 8<br>10:00 Exercise<br>1:00 Snaps-A-Long<br>with Nancy<br>2:30 Bingo | 9<br>10:00 Bring Your Dog<br>1:00 Sing-A-Long<br>with Kathy<br>2:30 Happy Hour | 10<br>10:00 Exercise<br>1:00 Wii Bowling<br>2:00 Movie<br>The Shaggy Dog | 11<br>10:15 Exercise<br>1:00 Park Street<br>Congregational<br>2:30 Bingo<br>6:00 Rotary Prayer | 12<br>10:15 Exercise<br>1:00 Bethlehem<br>Lutheran<br>2:30 Bingo<br>6:00 Rotary Prayer | 13<br>10:00 Exercise<br>1:15 Nail Spa<br>with Nancy<br>2:30 Bingo | 14<br>10:00 Exercise<br>1:15 Social Hour<br>with Nancy<br>2:30 Bingo | 15<br>10:00 Exercise<br>1:15 Social Hour<br>with Nancy<br>2:30 Bingo | 16<br>10:00 Exercise<br>1:00 Bible Study<br>2:00 Performance<br>John-N-Norm | 17<br>8:00 Shavered Oaks<br>1:00 Sing-A-Long<br>with Kathy<br>2:30 Happy Hour | 18<br>10:00 Exercise<br>1:15 Social Hour<br>with Nancy<br>2:30 Bingo | 19<br>10:00 Resident Council<br>1:15 Wii Bowling<br>2:50 Arts and Crafts | 20<br>10:15 Exercise<br>1:00 First Baptist<br>2:30 Bingo<br>6:00 Rotary Prayer | 21<br>10:00 Catholic<br>Communion<br>Service | 22<br>10:00 Exercise<br>1:15 Social Hour<br>with Nancy<br>2:30 Bingo | 23<br>10:00 Arts and Crafts<br>1:00 Sing-A-Long<br>with Kathy<br>2:30 Happy Hour | 24<br>10:00 Exercise<br>1:00 Wii Bowling<br>2:00 Arts and Crafts<br>Diane Rooney | 25<br>10:00 Resident Council<br>1:15 Wii Bowling<br>2:50 Arts and Crafts | 26<br>10:15 Exercise<br>1:00 First Baptist<br>2:30 Bingo<br>6:00 Rotary Prayer | 27<br>10:00 Catholic<br>Communion<br>Service | 28<br>10:00 Catholic<br>Communion<br>Service | 29<br>10:00 Exercise<br>1:15 Social Hour<br>with Nancy<br>2:30 Bingo | 30<br>10:00 Book Club<br>1:00 Sing-A-Long<br>with Kathy<br>2:30 Crafts | 31<br>10:00 Exercise<br>1:00 Wii Bowling<br>2:00 Performance<br>Diane Rooney |
|--|---|--|---|--|---|--|--|--|--|--|--|---|--|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|



### DOG DAYS OF SUMMER

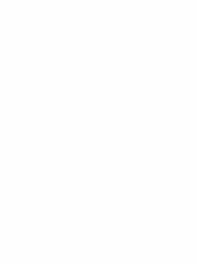
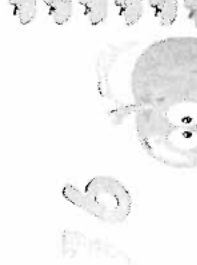



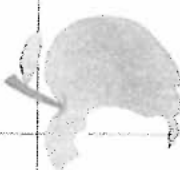


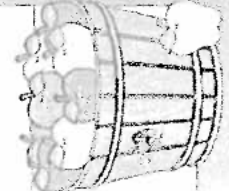
### All Events Subject to Change



**PARK POINTE**  
Senior Living

- Travis 3rd Mr. C 8th  
Joan 6th  
Audrey G 15th Bob 15th  
Chuck R 15th Audrey H 16th  
Frances W 22nd Norman 23rd  
Ellen 24th Theresa 25th



| Sunday  | Monday   | Tuesday   | Wednesday  | Thursday  | Friday   | Saturday  |
|---|--|---|--|---|--|---|
| <p>10:00 Catholic Communion Service</p>  | <p>1:15 Social Hour with Nancy 2:30 Brunch</p>  | <p>10:00 Exercise 1:00 Sing-A-Long with Kathy 2:30 Happy Hour</p>  | <p>10:00 Wii Bowling 1:00 Bible Study 2:00 Birthday Party John-Norm</p>  | <p>6:00-8:00 Weigh In 1st Floor 9:00-1:00 Dietician Jean 1:15 Wii Bowling 2:30 Makeover</p> | <p>6:00-8:00 Weigh In 2nd Floor 10:15 Group Walk 1:00 First Christian Church 2:30 Horseshoe Bingo 6:00 Rosary Prayer</p> | <p>Independent Leisure Time</p>   |
| <p>4 10:00 Catholic Communion Service</p>   | <p>5 <b>LABOR DAY</b> 1:15 Social Hour with Nancy 2:30 Brunch</p>  | <p>6 10:00 Exercise 1:00 Sing-A-Long with Kathy 2:30 Happy Hour</p>   | <p>7 10:00 Wii Bowling 1:00 Bible Study 2:00 Birthday Party John-Norm</p>  | <p>8 10:00 Exercise 1:15 Wii Bowling 2:30 Cooking Class</p>                                 | <p>9 10:15 Group Walk 1:00 First Presbyterian Church 1:30 Bingo 6:00 Rosary Prayer</p>                                   | <p>10 Independent Leisure Time</p>  |
| <p>11 10:00 Catholic Communion Service</p>  | <p>12 10:00 Exercise 1:15 Social Hour with Nancy 2:30 Brunch</p>   | <p>13 10:00 Exercise 1:00 Sing-A-Long with Kathy 2:30 Happy Hour</p>  | <p>14 10:00 Wii Bowling 1:00 Arts and Crafts 2:00 Performance Jennifer Hall</p>  | <p>15 9:00-Foot Doctor 9:30 Voter Registration 1:15 Wii Bowling 2:30 Show and Tell</p>      | <p>16 10:15 Group Walk 1:00 First United Methodist Church 2:30 Bingo 6:00 Rosary Prayer</p>                              | <p>17 Independent Leisure Time</p>  |
| <p>18 10:00 Catholic Communion Service</p>  | <p>19 10:00 Exercise 1:00 Nail Spa 2:30 Brunch</p>   | <p>20 10:00 Exercise 1:00 Sing-A-Long with Kathy 2:30 Happy Hour</p>  | <p>21 10:00 Wii Bowling 1:00 Bible Study 2:00 Performance John-Norm</p>  | <p>22 10:00 Exercise 1:15 Wii Bowling 2:30 Cooking Class</p>                                | <p>23 10:15 Group Walk 1:00 Friends in Christ Lutheran Church 2:30 Bingo 6:00 Rosary Prayer</p>                          | <p>24 Independent Leisure Time</p>  |
| <p>25 10:00 Catholic Communion Service</p>  | <p>26 10:00 Exercise 1:15 Social Hour with Nancy 1:30 Quality Brunch</p>   | <p>27 10:00 Exercise 1:00 Sing-A-Long with Kathy 2:30 Happy Hour</p>  | <p>28 10:00 Wii Bowling 1:00 Arts and Crafts 2:00 Makeover</p>   | <p>29 10:00 Resident Council 1:15 Wii Bowling 2:30 Floor Basketball</p>                     | <p>30 10:15 Group Walk 1:00 Grace Lutheran Church 2:30 Bingo 6:00 Rosary Prayer</p>                                      |  |

**All Events Subject to Change**



**Supportive Living Program**  
**Participant Choice of Providers**

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

An on-site annual certification review was conducted at **Park Point Supportive Living** in **January 2016**. **Park Point Supportive Living** was found to be compliant with documentation of participant choice of provider.

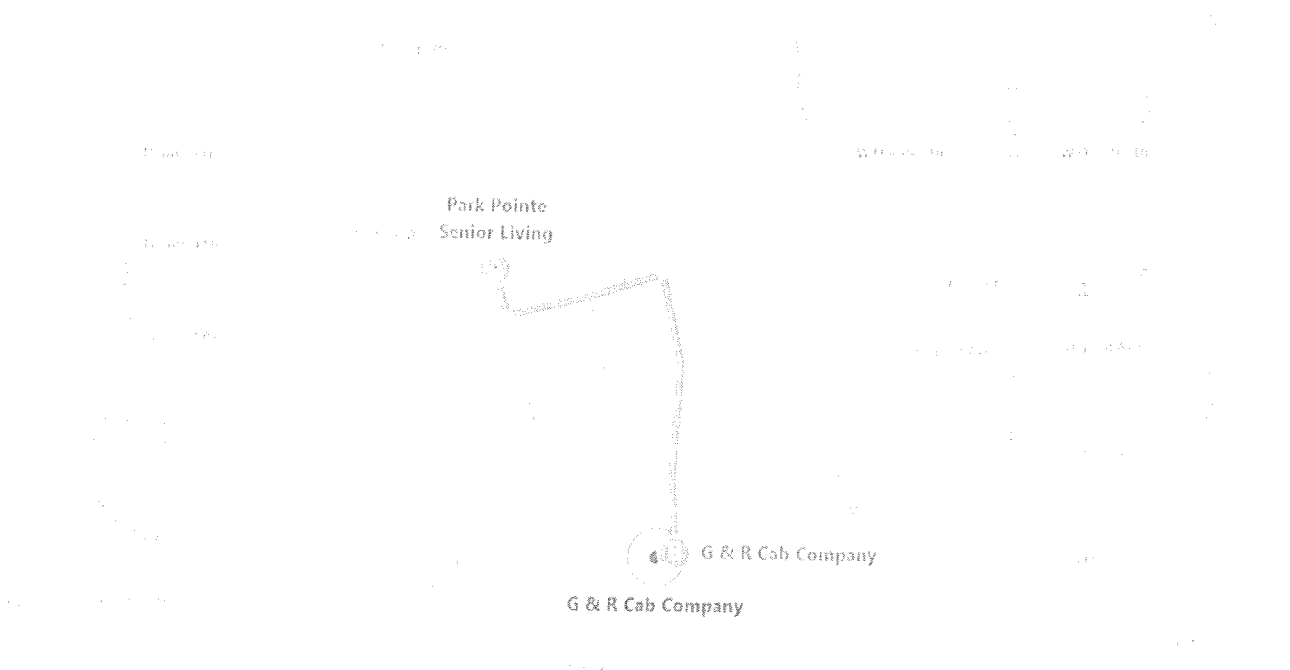
bing maps

- A Park Pointe Senior Living, 1221 Edgewater Dr, Morris, IL 60450 2 min, 0.4 mi
- B G & R Cab Company, 816 Burla Dr, Morris, IL 60450 Light traffic (2 min without traffic)  
Via Dupont Ave, Burla Dr

A Park Pointe Senior Living

- ↑ 1. Depart **Edgewater Dr** toward Dupont Ave 200 ft
- ↶ 2. Turn left onto **Dupont Ave** 0.1 mi
- ↷ 3. Turn right onto **Burla Dr** 0.2 mi
- 4. Arrive at **Burla Dr**  
The last intersection is Pinewood Ct  
If you reach Khater Ct, you've gone too far

B G & R Cab Company



## **BUS TRANSPORTATION**

### **MORRIS HOSPITAL VAN TRANSPORTATION**

**(815) 942-2932 EXT. 7250**

**FREE**

**FOR DOCTORS APPOINTMENTS**

**MONDAY-FRIDAY**

**7:00AM TO 4:00PM**

**A 48 HOUR NOTICE IS NEEDED FOR ALL APPOINTMENTS, NO EXCEPTIONS**

### **GRUNDY TRANSIT SYSTEM**

**1-888-786-0862**

**\$3.00 EACH WAY**

**FOR GRUNDY COUNTY AREA ONLY**

**MONDAY-FRIDAY**

**TIME: 6:00AM TO 6:00PM**

**A 24 HOUR NOTICE IS NEEDED FOR APPOINTMENTS**

**\*VETERANS RIDE THIS BUS FREE TO JOLIET CBOC (CLINIC) ONLY!!!**

### **MORRIS PUBLIC WORKS SENIOR VAN**

**815-942-5063**

**.25 CENTS EACH WAY**

**MONDAY, WEDNESDAY, FRIDAY**

**9:00AM TO 1:45PM**

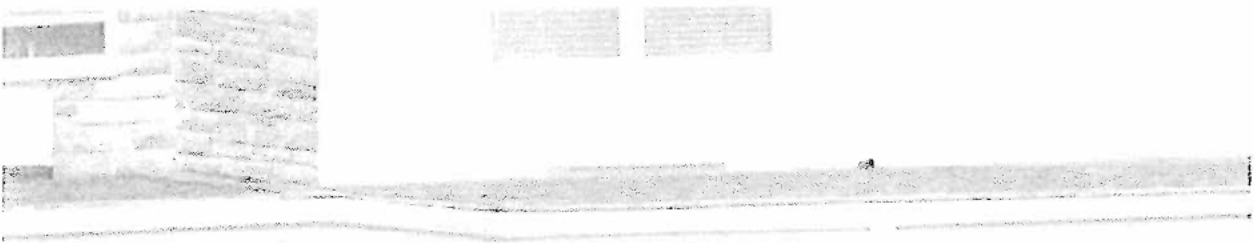
**WHEELCHAIR RESIDENTS WILL NEED SOMEONE TO ASSIST WITH RIDE**

**TAXI: 815-942-8258**

Pack Pointe Senior Living



Front Entrance



Side Entrance



Main Entrance to  
Nursing Home



Nursing Home

Park Pointe  
Senior Living

EXISTING ADMIN. BUILDING

← Park Pointe Senior Living

PHYSICAL THERAPY BUILDING (PT/OT)

SKILLED NURSING BUILDING (SNF)

IMAGINARY LOT LINE

IMAGINARY LOT LINE

INTERIOR LOT LINE

Connecting door is locked.  
that Hallway connects separate buildings

5/8" TYPE X GYP. BD. AT BOTTOM OF DECK OF LOW ROOF W/ 2" LEDGERS - CONT. ALONG FIREWALL - EXTEND TO 48" MIN. FROM FIREWALL - PER IBC 705.6 EXC. 4(A.3)

4'-0" MIN.

# Activities

| Highlights  | Policy Statement   |
|---|--|
| <p>Choosing Activities/Events</p> <p>Activity and Social Care Plan</p> <p>Community Groups</p> <p>Residents Attending Off-Premise Functions</p> <p>Schedule of Activities</p> | <p>Residents shall have the right to choose the types of activities and social events in which they wish to participate as long as such activities do not interfere with the rights of other residents in the community.</p> <p style="text-align: center;"><b>Policy Interpretation and Implementation</b></p> <ol style="list-style-type: none"> <li>1. Residents are encouraged to choose the types of recreational, cultural, and religious activities and social events in which they prefer to participate.</li> <li>2. Residents will be given an opportunity to choose when, where, and how he or she will participate in activities and social events. As much as possible, the community will provide activities, social events, and schedules that are compatible with the resident's interests, physical and mental assessment, and overall plan of care.</li> <li>3. Residents who wish to meet with or participate in the activities of social, religious, and other community groups, at or away from the community, will be encouraged to do so. As much as possible, the community will help the individual arrange to reach these outside activities, but the community may not necessarily provide the transportation.</li> <li>4. Residents are encouraged to participate in community events. However, it is not this community's policy to assign staff members to accompany residents attending community events off premises.</li> <li>5. Activities will be scheduled periodically during the day, as well as during evenings, weekends, and holidays.</li> </ol> |
| <b>References</b>   |  |
| OBRA Regulatory Reference Numbers   | 483.10(a)(1); 483.15(d); 483.15(f)(1); 483.15(g)(1)  |
| Survey Tag Numbers  | F151; F245; F248; F250   |
| Related Documents   | Individual Activities  |
| Policy Revised  | <p>Date: _____ By: _____</p> <p>Date: _____ By: _____</p> <p>Date: _____ By: _____</p> <p>Date: _____ By: _____</p>  |



# Activity Programs

| Highlights                                     | Policy Statement   |
|--|--|
|  | <p>Activity programs designed to meet the needs of each resident are available on a daily basis.</p> <p style="text-align: center;"><b>Policy Interpretation and Implementation</b></p>  |
| Purpose of Activity Programs                   | 1. Our activity programs are designed to encourage maximum individual participation and are geared to the individual resident's needs.   |
| Resident Involvement in Activity Programs      | 2. Activities are scheduled 7 (seven) days a week and residents are given an opportunity to contribute to the planning, preparation, conducting, cleanup, and critique of the programs.  |
| Contents of Activity Programs                  | <p>3. Our activity programs consist of individual and small and large group activities that are designed to meet the needs and interests of each resident and include, as a minimum:</p> <ul style="list-style-type: none"> <li>a. Activities that stimulate the cardiovascular system and assist with range of motion, such as exercise, floor basketball etc., are offered three to five times per week.</li> <li>b. Intellectual activities that are mentally stimulating, such as current events, trivia, word games, book reviews, etc.,</li> <li>c. Weather permitting, outdoor activities are held on a regular basis.</li> <li>d. At least one evening activity is offered per week, depending on population needs.</li> <li>e. Spiritual programming is scheduled to meet the religious needs of the residents.</li> <li>f. At least three group activities are offered per day Monday through Friday.</li> <li>g. Creative and expressive activities, such as arts and crafts, ceramics, painting, drama, creative writing, poetry and music, are available on a regular basis to meet the needs of residents.</li> <li>h. Social activities are scheduled to increase self esteem, to stimulate interest and friendships, and to provide fun and enjoyment. Activities include, but are not limited to, daily coffee social, birthday and holiday parties, entertainment, etc.</li> <li>i. Participation in community groups and religious organizations are encouraged based on the needs of the resident population.</li> </ul> |
| Activities Provided by Other Staff/Individuals | 4. Activities are not necessarily limited to formal activities being provided only by activities staff. Other facility staff, volunteers, visitors, residents, and family members may also provide the activities.   |
| Scheduled Activities                           | 5. Scheduled activities are posted on the resident bulletin board. Activity schedules are also provided individually to residents who can not access the bulletin board (e.g. visually impaired residents).  |
| Individualized and Group Activities            | <p>6. Individualized and group activities are provided that:</p> <ul style="list-style-type: none"> <li>a. Reflect the schedules, choices and rights of the residents;</li> <li>b. Are offered at hours convenient to the residents, including evenings, holidays and weekends;</li> <li>c. Reflect the cultural and religious interests, hobbies, life experiences, and personal preferences of the residents; and</li> <li>d. Appeal to men and women as well as those of various age groups residing in the facility.</li> </ul>  |
| Freedom of Choice                              | 7. Residents are encouraged, but not required, to participate in scheduled activities.   |

## Park Pointe Senior Living - Detailed Question Analysis

**CARE/SERVICES:**  
Questions 20-29

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

### Q26: Access to personal care

| Responses        | You                 |                      | Project sites       |                      | All                 |                      |              |               |
|------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|--------------|---------------|
|                  | Number of responses | Percent of responses | Number of responses | Percent of responses | Number of responses | Percent of responses |              |               |
| Very Good        | 16                  | 40.0%                | N/A                 | N/A                  | 16                  | 40.0%                | 928          | 36.0%         |
| Good             | 20                  | 50.0%                | N/A                 | N/A                  | 20                  | 50.0%                | 1,074        | 41.6%         |
| Neutral          | 4                   | 10.0%                | N/A                 | N/A                  | 4                   | 10.0%                | 306          | 11.9%         |
| Poor             | 0                   | 0.0%                 | N/A                 | N/A                  | 0                   | 0.0%                 | 34           | 1.3%          |
| Very Poor        | 0                   | 0.0%                 | N/A                 | N/A                  | 0                   | 0.0%                 | 8            | 0.3%          |
| Does Not Apply   | 0                   | 0.0%                 | N/A                 | N/A                  | 0                   | 0.0%                 | 111          | 4.3%          |
| No Answer        | 0                   | 0.0%                 | N/A                 | N/A                  | 0                   | 0.0%                 | 118          | 4.6%          |
| <b>TOTAL</b>     | <b>40</b>           | <b>100.0%</b>        | <b>N/A</b>          | <b>N/A</b>           | <b>40</b>           | <b>100.0%</b>        | <b>2,579</b> | <b>100.0%</b> |
| Mean             | 4.30                |                      | N/A                 |                      | 4.30                |                      | 4.23         |               |
| Top Box          | 40.0%               |                      | N/A                 |                      | 40.0%               |                      | 39.5%        |               |
| Score Percentage | 82.5%               |                      | N/A                 |                      | 82.5%               |                      | 80.6%        |               |

### Q27: Activities and programs

| Responses        | You                 |                      | Project sites       |                      | All                 |                      |              |               |
|------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|--------------|---------------|
|                  | Number of responses | Percent of responses | Number of responses | Percent of responses | Number of responses | Percent of responses |              |               |
| Very Good        | 11                  | 27.5%                | N/A                 | N/A                  | 11                  | 27.5%                | 982          | 38.1%         |
| Good             | 22                  | 55.0%                | N/A                 | N/A                  | 22                  | 55.0%                | 1,011        | 39.2%         |
| Neutral          | 6                   | 15.0%                | N/A                 | N/A                  | 6                   | 15.0%                | 346          | 13.4%         |
| Poor             | 0                   | 0.0%                 | N/A                 | N/A                  | 0                   | 0.0%                 | 67           | 2.6%          |
| Very Poor        | 0                   | 0.0%                 | N/A                 | N/A                  | 0                   | 0.0%                 | 19           | 0.7%          |
| Does Not Apply   | 1                   | 2.5%                 | N/A                 | N/A                  | 1                   | 2.5%                 | 60           | 2.3%          |
| No Answer        | 0                   | 0.0%                 | N/A                 | N/A                  | 0                   | 0.0%                 | 94           | 3.6%          |
| <b>TOTAL</b>     | <b>40</b>           | <b>100.0%</b>        | <b>N/A</b>          | <b>N/A</b>           | <b>40</b>           | <b>100.0%</b>        | <b>2,579</b> | <b>100.0%</b> |
| Mean             | 4.13                |                      | N/A                 |                      | 4.13                |                      | 4.18         |               |
| Top Box          | 28.2%               |                      | N/A                 |                      | 28.2%               |                      | 40.5%        |               |
| Score Percentage | 78.2%               |                      | N/A                 |                      | 78.2%               |                      | 79.6%        |               |

Name: PARK POINT SUPPORTIVE LIVING



For more details, visit our online security notices of any managing employees.

### Owners List

Active Request Indicate

34

And: First By >

Go

| Owner SSN EIN TIN | Owner Information | Type                        | Status   | Start Date | End Date   | Operational Status | Inactivation Date |
|-------------------|-------------------|-----------------------------|----------|------------|------------|--------------------|-------------------|
| 188-188-188       | State SSA         | Managing Employee           | Approved | 06/01/2012 | 12/31/2012 | Active             |                   |
| 188-188-188       | State Health      | Individual State Proprietor | Approved | 06/01/2012 | 12/31/2012 | Active             |                   |

View Page: Page Count: 1 Save To XLS

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Name: PINK POINTE HEALTHCARE AND REHAB

1. 11/1/13 - Address: 1000 S. 10th St., Suite 200, Normal, IL 61764

Owners List

35

And: Filter By: [v]

| Owner SSN EHV TIN | Owner Information | Type                                 | Status   | Start Date | End Date   | Operational Status | Inactivation Date | And Operational Status |
|-------------------|-------------------|--------------------------------------|----------|------------|------------|--------------------|-------------------|------------------------|
| 111-11-1111       | 111-11-1111       | Board of Directors/Officers/Partners | Approved | 11/01/2013 | 12/31/2099 | Active             |                   |                        |
| 111-11-1111       | 111-11-1111       | Managing Employee                    | Approved | 11/01/2013 | 12/31/2099 | Active             |                   |                        |
| 111-11-1111       | 111-11-1111       | Unaffiliated Company                 | Approved | 11/01/2013 | 12/31/2099 | Active             |                   |                        |

Page Count: 1

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Navigation icons: Home, Back, Forward, Stop, Refresh, Print, Help, and system tray icons including network, volume, and power.

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

Provider Park Pointe Senior Living of Morris ID # \_\_\_\_\_  
Address 1221 Edgewater Dr Freestanding ( ) Rehab NF ( )  
City Morris Zip Code 60450  
Phone # 815-416-6200 Fax # 815-416-6201

Occupancy Information

|                             |    |            |
|-----------------------------|----|------------|
| # of Single Occupancy Apts. | 40 | [REDACTED] |
| # of Double Occupancy Apts. | 18 |            |
| Total # of Apts.            | 58 |            |
| Maximum Potential Occupancy | 76 |            |

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

| Type of Certification Review<br>(complete only one) | Entrance Date | Exit Date |
|---|---------------|-----------|
| Final   |               |           |
| Annual  | 1-28-19       | 11-14-19  |

REVIEW FINDINGS: YES ( ) NO ( )

Ombudsman was notified on 1-25-19 about the date of the review.

Ombudsman participated in review: Yes ( ) No (X)

Provider Manager/Designee Sign [REDACTED]

Review Team's Signature/Date [REDACTED]

Regional Supervisor Signature/Date \_\_\_\_\_

Area Manager Signature/Date \_\_\_\_\_

Bureau Chief Signature/Date \_\_\_\_\_

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

**1. Required Certifications/License**

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

| Certification/License  | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Fire 146.210(a)(1)   | ✓   |    |     |         |
| Local Health and Food Preparation 146.215(c)(5)  |     |    |     |         |
| Elevator (freestanding 2 or more levels = 1 for 75 or < apartments/2 for 76 or >apartments 146.210(a)(4) | ✓   |    |     |         |
| Other (list)   |     |    |     |         |
|  |     |    |     |         |
|  |     |    |     |         |
|  |     |    |     |         |

**General Policies 146.230 and 146.310**

**Yes No Comments**

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

**General Policies 146.230 and 146.310**

**Yes No Comments**

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Community Setting Validation**

**Yes No Comments**

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

[ ] [ ] [ ]

If "Yes", check the following that apply:

SLP building has a separate entrance

SLP building has separate outdoor signage

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

SLP building has separate licensure

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

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

[ ]  [ ]

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Double Occupancy**

**Yes No Comments**

1. Does the building have apartments certified for double occupancy? If no, mark "N/A" and skip the rest of this section.

[ ] [ ] [ ]

N/A, all apartments are single occupancy.

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

[ ] [ ] [ ]

**Double Occupancy**

**Yes No Comments**

3. Do residents have a choice regarding roommates or a private apartment? **NOTE:** Current vacancies and affordability should not be taken into consideration.

[ ] [ ]

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

[ ] [ ]

**Comments:**

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**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?<br><b>NOTE:</b> Dining room can be one. 146.210(j)(1)  | [✓]        | [ ]       | [ ]             |
| 2. Are areas accessible for wheelchair use and furnished to meet residents' needs? 146.210(j)(2)   | [✓]        | [ ]       | [ ]             |
| 3. Are all common areas physically accessible to residents? 146.210(j)(2)  | [✓]        | [ ]       | [ ]             |
| 4. Are residents observed in the common areas, both inside and outside of the building?  | [✓]        | [ ]       | [ ]             |
| 5. Is each common area equipped with a working emergency call system? 146.230(m)(2)<br><b>NOTE:</b> ALL common area call buttons must be checked.  | [✓]        | [ ]       | [ ]             |
| 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)  | [✓]        | [ ]       | [ ]             |
| 7. Is there a handicapped accessible phone that allows residents to have private conversations? 146.210(l)<br><b>NOTE:</b> Does not have to be located in a common area, but must be made available to residents at their request. | [✓]        | [ ]       | [ ]             |
| 8. Is there ice for resident use in at least one common area? 146.210(j)(4)<br><b>NOTE:</b> For SLP providers approved after 1/1/05  | [✓]        | [ ]       | [ ]             |
| 9. Is there accessible drinking water in at least one common area? 146.210(r)(4)   | [✓]        | [ ]       | [ ]             |
| 10. Individual locked mailboxes inside the building? 146.210(d)(4) or 146.210(e)(5)<br><b>NOTE:</b> For SLP providers approved after 1/1/05  | [✓]        | [ ]       | [ ]             |
| 11. Is there night lighting for corridors? 146.210(c)  | [✓]        | [ ]       | [ ]             |
| 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)<br><b>NOTE:</b> Single story SLPs must display at least 2 posters                       | [✓]        | [ ]       | [ ]             |

*General Observations*

**Common Areas 146.210, 146.230 and 146.250**

13. Is at least one Long Term Care Ombudsman Program poster displayed on each floor in an area that is accessible to all residents? 146.250(d)

NOTE: Single story SLPs must display at least 2 posters

[ ] [ ]

**Comments:**

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**Baths/Restrooms 146.210 and 146.230**

**Yes No Comments**

1. Common Bath – If applicable, does the common bath have a toilet with grab bars sufficient to meet the needs of the residents, bathtub and roll-in shower which is wheelchair accessible, non-skid surface, transfer seat with grab bars, and lockable door, that is kept clean and orderly, and has a working emergency call system? 146.210(j)(5) and 146.230(m)(2)

NOTE: Common bathing rooms are optional in SLP buildings.

[ ] NOT APPLICABLE

[ ] [ ]

2. Public Restrooms – Is there at least one public restroom that is handicapped accessible, clean, has soap, toilet tissue, waste receptacles, and non-reusable hand drying means and that has a working emergency call system? 146.210(k)(1-3) and 146.230(m)(2)

[ ] [ ]

**Comments:**

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**Kitchen 146.210 and 146.230**

**Yes No Comments**

1. Is food prepared daily onsite? 146.210(n)(2)
2. Is there storage space for both non-perishable and perishable foods? 146.210(n)(3)(A)
3. Do food preparation areas have cleanable surfaces? 146.210(n)(3)(B)
4. Is there capability for food distribution at the appropriate temperatures? 146.210(n)(3)(C)
5. Is kitchenware washing space available to meet food service needs? 146.210(n)(3)(D)
6. Are hand washing areas separate from food washing areas? 146.210(n)(3)(E)

[ ] [ ]

[ ] [ ]

[ ] [ ]

[ ] [ ]

[ ] [ ]

[ ] [ ]

5/15/18

10

*General Observations*

**Meals/Dining 146.210 and 146.230**

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

**Comments:**

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**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?<br>146.210(p)(1)(A) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | [ ]      |
| 2. Does the resident laundry room have a sink for hand washing? 146.210(p)(1)(B)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | [ ]      |

5/15/18

12

*General Observations*

**Water Services 146.210**

**Yes No Comments**

- |  |             |
|--|-------------|
| 1. Does the SLP building have hot and cold running water with adequate water pressure? 146.210(r)(3)                           | [✓] [ ] [ ] |
| 2. Does the SLP provider have a policy in place for checking water temperatures and is the policy followed? 146.210(r)(5)(A-C) | [✓] [ ] [ ] |

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

**Comments:**

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*General Observations*

**Activities 146.230**

**Yes No Comments**

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

*General Observations*

**Activities 146.230**

**Yes No Comments**

3. Does the SLP provider make available information about community resources and make community integration part of recreational, socialization and vocational activities? 146.230(i)(4)  
**NOTE:** Review activity calendars, newsletters or other communication.
4. Does the SLP provider allow both on-site and off-site services? Are residents given the opportunity to interact with the larger community without SLP staff? 146.250(e)(10)  
**NOTE:** Examples include physician appointments, activities and family visits not arranged by the SLP provider.
4. Does the SLP provider offer daily activities that are based on individuals' needs and preferences?  
**NOTE:** Interview staff to learn how activities are identified and how residents are involved. Review applicable policies

**Comments:**

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## **NEW ADMISSIONS**

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

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 ██████  [ ] [ ] [ ]

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 ████████████████████  
██████  [ ] [ ] [ ]  
**NOTE:** The timeliness of the assessment is not relevant for this question.



Resident |

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

**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. [REDACTED]  [ ] [ ]

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.



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

**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: [REDACTED] of the assessment is not relevant for this [REDACTED]

SLP New Resident Review (3 of 6) Resident Name: Resident G  
Resident Participation Requirements 146.215, 146.220, 146.240 Yes No N/A Comments

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

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:             [ ] [ ] [ ]

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) 1  
 Developed by or co-signed by an RN?  
 Signed/co-signed by RN w/in 7 days of completing the comprehensive assessment?  
 Date:             [ ] [ ] [ ]  
 NOTE: The timeliness of the assessment is not relevant for this question.

**SLP New Resident Review (3 of 6) Resident Name: Resident F**  
**Resident Participation Requirements 146.215, 146.220, 146.240 Yes No N/A Comments**

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

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

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

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

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

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

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

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

## **RESIDENT REVIEWS**

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

- |     |  |     |     |     |     |
|-----|--|-----|-----|-----|-----|
| 5.  | ISP reviewed/signed by the resident or his/her designated representative and any others included by the resident? 146.245(d)<br><b>NOTE:</b> 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?<br><b>NOTE:</b> 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)<br><b>NOTE:</b> This includes services provided by family.   | ☒   | [ ] | [ ] | [ ] |
| 11. | Is the ISP individualized to the resident's preferences and assessed needs? 146.245(d)<br><b>NOTE:</b> 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)<br><b>NOTE:</b> Examples include a medication lock box or escorts during outings in the community due to cognition.  | ☒   | [ ] | [ ] | [ ] |
| 13. | If the resident declined any services, are they noted on the ISP? 146.245(d)   | [ ] | [ ] | ☒   | [ ] |

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

Services 146.215 and 230 Yes No N/A Comments

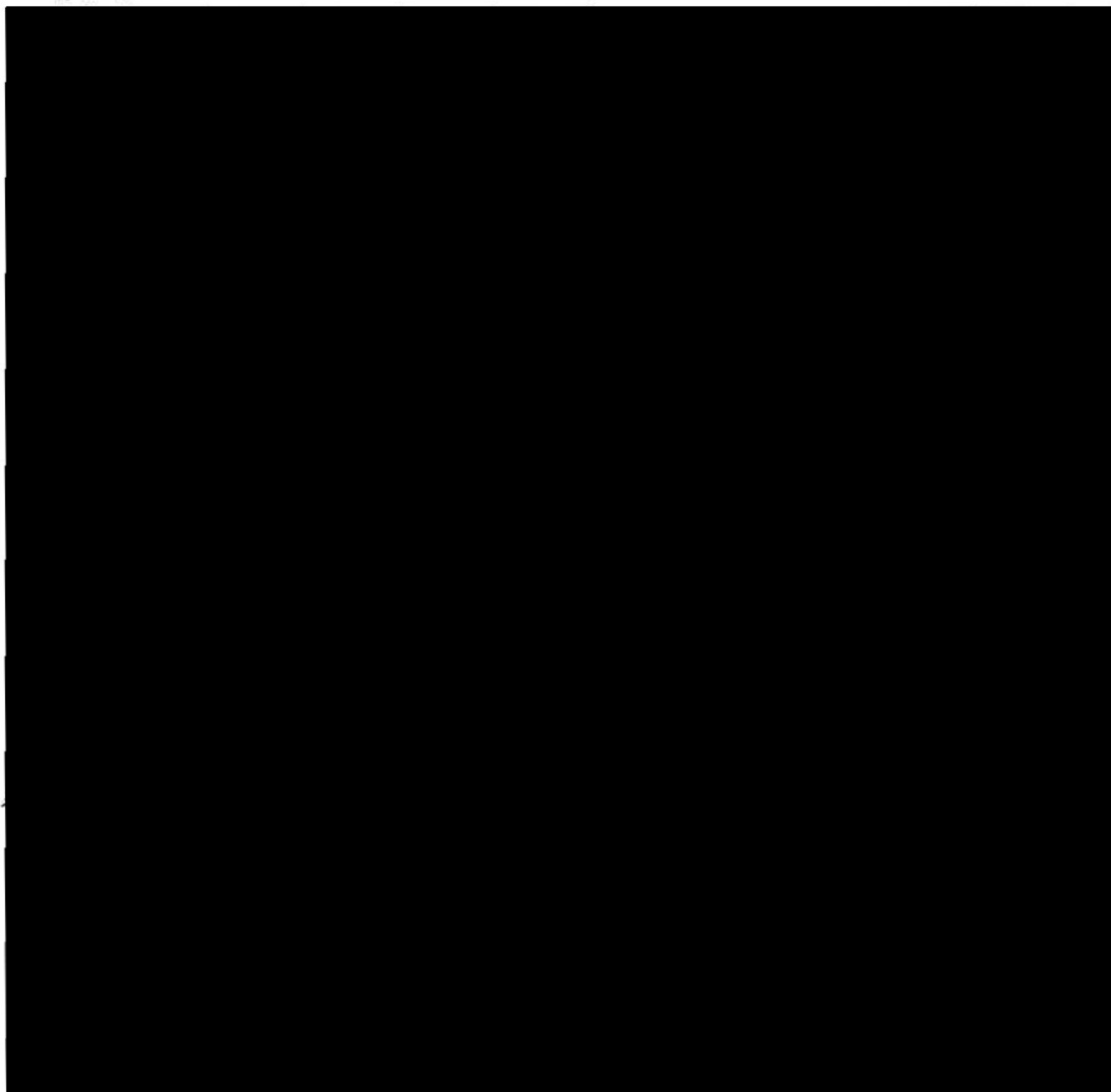
21. If the resident speaks limited English, does the SLP provider ensure that the resident has meaningful and equal access to benefits and services? 146.215(n)

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

[ ] [ ]  [ ]

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

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

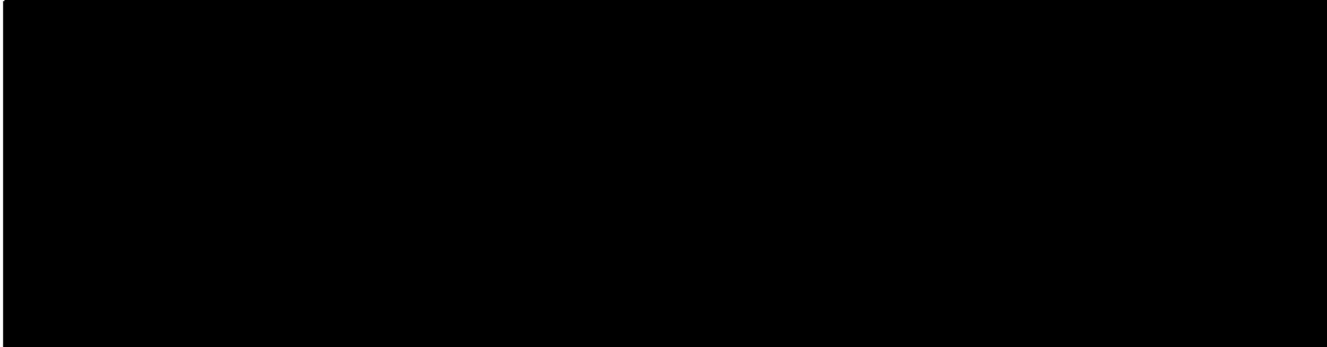


**Medication Management Services 146.230**

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)  | <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)<br>NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.<br>[ ] NOT APPLICABLE   | <input checked="" type="checkbox"/> [ ] [ ] |
| 6. Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D)  | <input checked="" type="checkbox"/> [ ] [ ] |
| 7. A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub and/or shower stall with grab bars sufficient to meet the needs of the resident, sink, hot and cold water? 146.210(f)(1) | <input checked="" type="checkbox"/> [ ] [ ] |

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

**Apartment Observations 146.210 and 230**

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



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

**Resident Name:** Resident 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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

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

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

Individual Resident Review

Resident Name: Resident E

| 146.200, 210, 225, 230, 245, 250 and 260 cont'd   | Yes                                 | No                       | Comments                 |
|---|-------------------------------------|--------------------------|--------------------------|
| 19. Are your emergency calls answered promptly?<br>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)<br>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?<br>146.250<br>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?<br>146.200(b) 146.230(g)(2), 146.245(d)<br>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)<br>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)<br>NOTE: Take into consideration individual preferences. If "no" is marked and the resident is independent with some or all of their personal care, include a comment. If the resident receives personal care services from the SLP, but refuses them as documented in the record, include a comment. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| 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)<br><b>NOTE:</b> If a signature is missing, answer the question "No" and remediate while on-site.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> |
| 6. Did the resident initial the ISP to indicate he/she chose to receive services from the SLP provider?  | <input checked="" type="checkbox"/> | <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?<br><b>NOTE:</b> 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)<br><b>NOTE:</b> This includes services provided by family.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 11. Is the ISP individualized to the resident's preferences and assessed needs? 146.245(d)<br><b>NOTE:</b> Compare with assessment, MD orders, nursing notes, etc. The assessment may differ from the ISP if there has not been a significant change in condition or if there has been a preference change by the resident since the assessment was completed. This is acceptable. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 12. Does the ISP identify safety concerns that impact the resident's options or choices? 146.245(d)<br><b>NOTE:</b> 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"/>            |

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

Services 146.215 and 230 Yes No N/A Comments

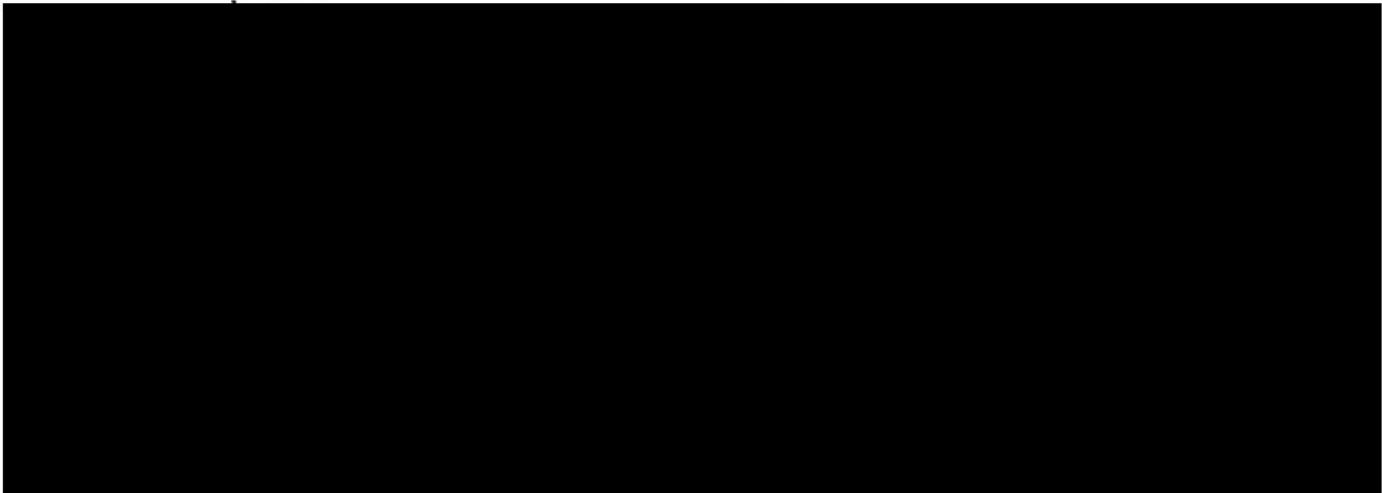
21. If the resident speaks limited English, does the SLP provider ensure that the resident has meaningful and equal access to benefits and services? 146.215(n)

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

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

[ ] [ ]  [ ]

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



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

Medication Management Services 146.230

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

146.265(c)

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

Comments: #3) assist sheet initiated but specific is being identified.

**APARTMENT OBSERVATIONS**

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

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

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

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

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

Resident D

**Resident Name:** \_\_\_\_\_

**NOTES FOR COMPLETION:**

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

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



*Individual Resident Review*

**Resident Name:** Resident D

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

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

*Individual Resident Review*

**Resident Name:** Resident D

| <b>146.200, 210, 225, 230, 245, 250 and 260 cont'd</b>   | <b>Yes</b>                          | <b>No</b>                | <b>Comments</b>                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 19. Are your emergency calls answered promptly?<br>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)<br><b>NOTE:</b> Mark N/A for private pay residents.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 25. Do you feel your rights are respected?<br>146.250<br><b>NOTE:</b> 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?<br>146.200(b) 146.230(g)(2), 146.245(d)<br><b>NOTE:</b> 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)<br><b>NOTE:</b> If no, contact Regional Supervisor <b>immediately</b> .   | <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)<br><b>NOTE:</b> Take into consideration individual preferences. If "no" is marked and the resident is independent with some or all of their personal care, include a comment. If the resident receives personal care services from the SLP, but refuses them as documented in the record, include a comment. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

Services 146.215 and 230 Yes No N/A Comments

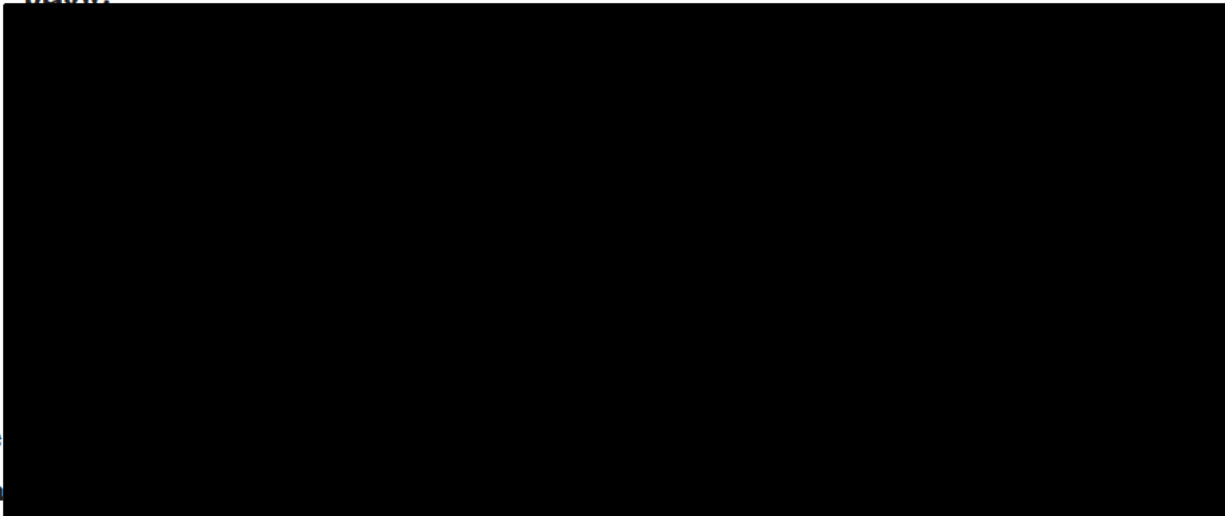
21. If the resident speaks limited English, does the SLP provider ensure that the resident has meaningful and equal access to benefits and services? 146.215(n)

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

[ ] [ ]  [ ]

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

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



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

Medication Management Services 146.230

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

146.265(c)

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

Comments:

**APARTMENT OBSERVATIONS**

| Apartment Observations 146.210 and 230  | Yes                                 | No                       | Comments                 |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Entrance doors open onto a public corridor? 146.210(h)(3)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Each apartment entrance door equipped with an "eye view"? 146.210(h)(4)<br>NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.<br>[ ] NOT APPLICABLE   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub and/or shower stall with grab bars sufficient to meet the needs of the resident, sink, hot and cold water? 146.210(f)(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

**Resident Name:** Resident 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)   | [✓]        | [ ]       | [ ]        | [ ]             |
| 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 C \_\_\_\_\_

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

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



*Individual Resident Review*

**Resident C**

**Resident Name:** \_\_\_\_\_

| <b>146.200, 210, 225, 230, 245, 250 and 260 cont'd</b>   | <b>Yes</b>                          | <b>No</b>                | <b>Comments</b>          |
|--|-------------------------------------|--------------------------|--------------------------|
| 19. Are your emergency calls answered promptly?<br>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?<br>(Medicaid only) 146.225(c) and (d)<br><b>NOTE:</b> 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?<br>146.250<br><b>NOTE:</b> 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?<br>146.200(b) 146.230(g)(2), 146.245(d)<br><b>NOTE:</b> 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.**

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.

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**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)<br><b>NOTE:</b> 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?<br><b>NOTE:</b> 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)<br><b>NOTE:</b> This includes services provided by family.   | [✓] | [ ] | [ ] | [ ] |
| 11. | Is the ISP individualized to the resident's preferences and assessed needs? 146.245(d)<br><b>NOTE:</b> 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)<br><b>NOTE:</b> Examples include a medication lock box or escorts during outings in the community due to cognition.  | [✓] | [ ] | [ ] | [ ] |
| 13. | If the resident declined any services, are they noted on the ISP? 146.245(d)   | [ ] | [ ] | [✓] | [ ] |

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

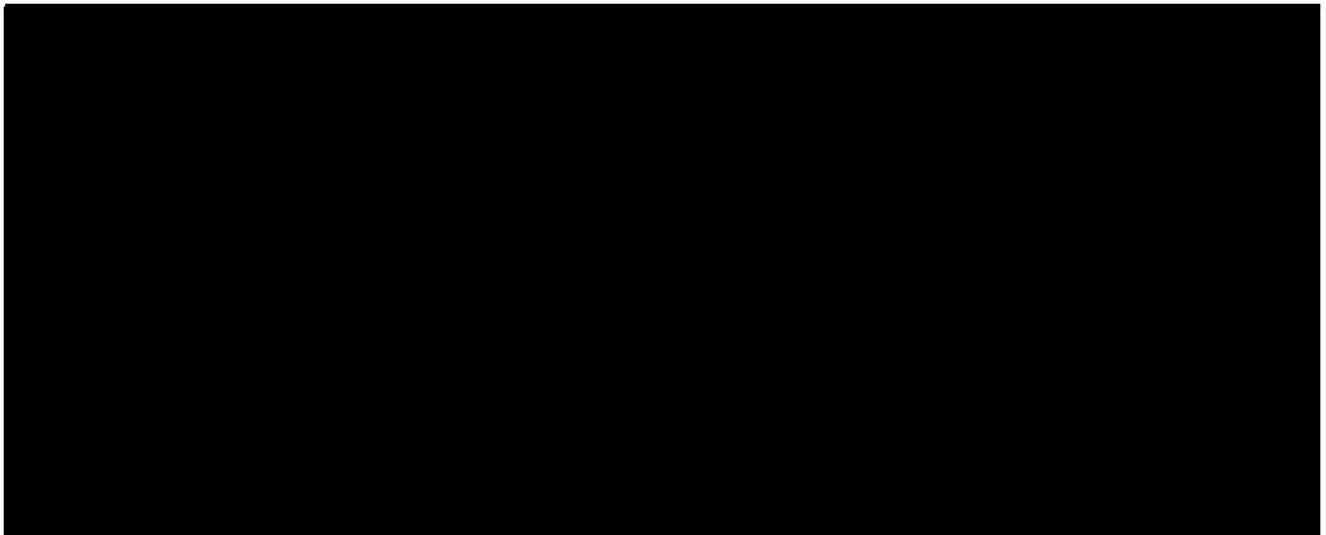
**Services 146.215 and 230** Yes No N/A Comments

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

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

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

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



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

**Medication Management Services 146.230**

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

146.265(c)

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

**Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APARTMENT OBSERVATIONS**

**Apartment Observations 146.210 and 230**

|   | Yes                                 | No                       | Comments                 |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Entrance doors open onto a public corridor? 146.210(h)(3)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Each apartment entrance door equipped with an "eye view"? 146.210(h)(4)<br>NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.<br><input type="checkbox"/> NOT APPLICABLE                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub and/or shower stall with grab bars sufficient to meet the needs of the resident, sink, hot and cold water? 146.210(f)(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SLP Resident Review (9 of 10) Resident Name:** Resident B

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

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

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

**Resident Name:** \_\_\_\_\_ Resident B \_\_\_\_\_

**NOTES FOR COMPLETION:** 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.

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

Individual Resident Review

Resident Name:



Resident B

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

Yes No N/A Comments

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

*Individual Resident Review*

**Resident Name:** \_\_\_\_\_ Resident B

| <b>146.200, 210, 225, 230, 245, 250 and 260 cont'd</b>   | <b>Yes</b>                          | <b>No</b>                | <b>Comments</b>          |
|--|-------------------------------------|--------------------------|--------------------------|
| 19. Are your emergency calls answered promptly?<br>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)<br><b>NOTE:</b> 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?<br>146.250<br><b>NOTE:</b> 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?<br>146.200(b) 146.230(g)(2), 146.245(d)<br><b>NOTE:</b> 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)<br><b>NOTE:</b> If no, contact Regional Supervisor <b>immediately</b> .   | <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)<br><b>NOTE:</b> 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

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**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)<br><b>NOTE:</b> If a signature is missing, answer the question "No" and remediate while on-site.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" 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"/>            | <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"/>            | <input type="checkbox"/> |
| 8.  | Did the resident initial that he/she received a copy of the SLP's resident rights?<br><b>NOTE:</b> 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"/>            | <input type="checkbox"/> |
| 9.  | Does the ISP include areas important to the resident, such such as goals, interests, preferences or choices? 146.245(d)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <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)<br><b>NOTE:</b> This includes services provided by family.   | <input checked="" type="checkbox"/> | <input 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)<br><b>NOTE:</b> Compare with assessment, MD orders, nursing notes, etc. The assessment may differ from the ISP if there has not been a significant change in condition or if there has been a preference change by the resident since the assessment was completed. This is acceptable. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 12. | Does the ISP identify safety concerns that impact the resident's options or choices? 146.245(d)<br><b>NOTE:</b> 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"/>            | <input type="checkbox"/> |
| 13. | If the resident declined any services, are they noted on the ISP? 146.245(d)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

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

Services 146.215 and 230 Yes No N/A Comments

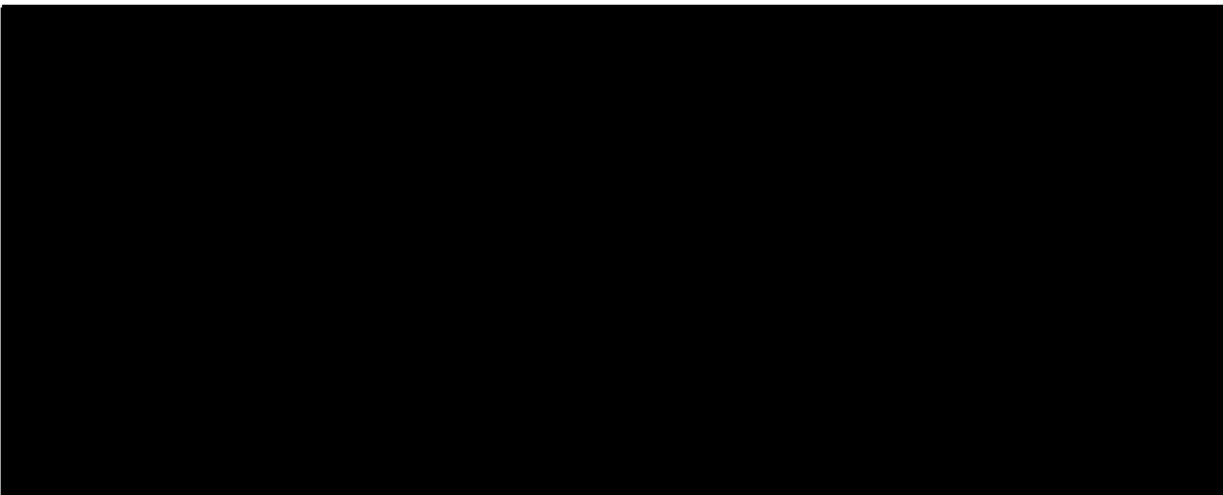
21. If the resident speaks limited English, does the SLP provider ensure that the resident has meaningful and equal access to benefits and services? 146.215(n)

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

[ ] [ ] [✓] [ ]

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

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



**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)  | [ <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)<br>NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.<br>[ ] NOT APPLICABLE   | [ <input checked="" type="checkbox"/> ] | [ ] | [ ] |
| 6. Apartment has individually controlled systems to maintain comfortable temperatures? 146.210(b)(1), 146.210(d)(3)(D) or 146.210(e)(4)(D)  | [ <input checked="" type="checkbox"/> ] | [ ] | [ ] |
| 7. A full bathroom that provides privacy, is equipped with toilet with grab bars sufficient to meet the needs of the resident, bathtub and/or shower stall with grab bars sufficient to meet the needs of the resident, sink, hot and cold water? 146.210(f)(1) | [ <input checked="" type="checkbox"/> ] | [ ] | [ ] |

**SLP Resident Review (9 of 10) Resident Name: Resident A**  
**Apartment Observations 146.210 and 230**

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

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

**Resident Name:** Resident 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.

| <b>146.200, 210, 225, 230, 245, 250, and 260</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Comments</b> |
|---|------------|-----------|------------|-----------------|
| 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)   | [✓]        | [ ]       | [ ]        | [ ]             |

Resident Name: \_\_\_\_\_

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

9. If you are interested, does staff provide you access to indoor and outdoor activities which include community opportunities? 146.230(i)(1) – (4)      
NOTE: Mark N/A if the resident is NOT interested.

10. If requested, does staff assist you with making appointments and/or arranging transportation? 146.230(j)(1) – (3)

11. If you require services related to your personal care, such as bathing, dressing, grooming or assistance using the bathroom, do you receive these services when you need them from staff? Are these services provided in private? 146.230(c) and 146.250(e)(5)

12. If requested, does staff assist you with your medication? 146.230(b) & (d) NOTE: This includes ordering and set up. Make sure response matches RSP. Mark N/A if resident does not require medication assistance.

13. If you wish, are you able to change the services you receive? 146.250(e)

14. If you choose to be employed, does staff prevent you from seeking employment? 146.250(e)(10) NOTE: Mark "N/A" if the resident does not wish to be employed.

15. Do you choose how to dress, with whom to interact, your activities and the furnishings in your apartment? 146.250(e)

16. If interested, can you use the common areas of the building, such as the dining room, activity room and resident laundry room?

17. If you choose, can you leave the building and participate in activities of your choosing without staff? Including overnight visits with family and friends?

18. Can you request certain staff provide you with services? NOTE: If the answer is "No" and alternative staff is not available, please include a comment. Example, no male CNAs or only 1 CNA assigned to a floor.

Individual Resident Review

Resident A

Resident Name: \_\_\_\_\_

| 146.200, 210, 225, 230, 245, 250 and 260 cont'd   | Yes                                 | No                       | Comments                            |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 19. Are your emergency calls answered promptly?<br>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)<br>NOTE: Mark N/A for private pay residents.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 25. Do you feel your rights are respected?<br>146.250<br>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?<br>146.200(b) 146.230(g)(2), 146.245(d)<br>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)<br>NOTE: If no, contact Regional Supervisor <b>immediately</b> .   | <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)<br>NOTE: Take into consideration individual preferences. If "no" is marked and the resident is independent with some or all of their personal care, include a comment. If the resident receives personal care services from the SLP, but refuses them as documented in the record, include a comment. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6/4/18

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## **FINDINGS OF NON-COMPLIANCE ISSUED**



ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
SUPPORTIVE LIVING PROGRAM

RESPONSE TO ON-SITE REVIEW FINDINGS Page 1 of 2

SLP NAME: Park Pointe

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: 1-28-19 EXIT DATE: 11-14-19

CHANGE OF OWNERSHIP REVIEW FINDINGS: YES  NO   
ENTRANCE DATE: \_\_\_\_\_ EXIT DATE: \_\_\_\_\_

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

COMPLAINT REVIEW DATE OF COMPLAINT: \_\_\_\_\_  
REFERRAL DATE: \_\_\_\_\_ REVIEW FINDINGS: YES  NO   
BEGIN DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

FIRST FOLLOW-UP REVIEW  SECOND FOLLOW-UP REVIEW  
(1<sup>st</sup>) BEGIN DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_  
FINDINGS CORRECTED: YES  NO   
(2<sup>nd</sup>) BEGIN DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_  
FINDINGS CORRECTED: YES  NO

**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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Bureau of Long Term Care Regional Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Bureau of Long Term Care Area Manager

\_\_\_\_\_  
Date

PROVIDER NAME: Park Pointe REFERRAL DATE: 11-14-19  
 First Follow-up ( ) Second Follow-up ( )

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

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

146.245d

P 2 of 4

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

This requirement is not met:

ISP signed by resident/designated representative (designated rep)

R1 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/7/19.

R2 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/7/19.

R3 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/7/19.

R4 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/7/19.

R5 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/7/19.

R6 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/7/19.

R7 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/7/19.

R8 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.

R9 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.

R10 – ISP [redacted], resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.

R11 – ISP [redacted] resident or designated rep did not sign that ISP

was reviewed. Remediated 2/1/19.

R12 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.

R13 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.

R14 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.

R15 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.

R16 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.

R17 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.

R18 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/4/19.

R19 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/4/19.

R20 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/4/19.

R21 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.

R22 – ISP [redacted] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.

146.245 d

P. 488

ISP individualized

R9 - ISP [redacted] does not address [redacted] performed by SLP nursing staff [redacted] through [redacted] R9 also received from [redacted] through [redacted]

R13 - ISP [redacted] does not address [redacted] provided for [redacted]. On [redacted] an order was received for CNA's assist with [redacted] when the R13 [redacted], but [redacted]

R13 - ISP [redacted] does not address the [redacted] helping by providing an [redacted]

ISP includes outside services

R3 - ISP [redacted] does not address [redacted] services ordered on [redacted] K3 received [redacted] from [redacted] to [redacted] ISP says [redacted] per MD order, nurse will order [redacted] nurse will check for accuracy. However, [redacted] orders [redacted] from [redacted]

ISP addresses declined services

R13 - ISP [redacted] does not address frequent [redacted]

Signature of SLP Provider Representative \_\_\_\_\_

Date \_\_\_\_\_

E11: Date of hire [REDACTED]. The HCWR is late – print date [REDACTED]. The six print was done timely on [REDACTED].

**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.

ISP signed by resident/designated representative (designated rep)

- R1 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/7/19.
- R2 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/7/19.
- R3 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/7/19.
- R4 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/7/19.
- R5 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/7/19.
- R6 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/7/19.
- R7 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/7/19.
- R8 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.
- R9 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.
- R10 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.
- R11 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.
- R12 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.
- R13 – ISP [REDACTED] 8, resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.
- R14 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.
- R15 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.
- R16 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.
- R17 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.
- R18 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/4/19.
- R19 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/4/19.
- R20 – ISP [REDACTED] 8, resident or designated rep did not sign that ISP was reviewed. Remediated 2/4/19.
- R21 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.
- R22 – ISP [REDACTED] resident or designated rep did not sign that ISP was reviewed. Remediated 2/1/19.

ISP individualized

R9 – ISP [REDACTED] does not address [REDACTED] performed by SLP nursing staff [REDACTED] through [REDACTED]. R9 also received [REDACTED] for [REDACTED] to [REDACTED] from [REDACTED] through [REDACTED].

R13 – ISP [REDACTED] does not address dressing assistance provided for [REDACTED]. On [REDACTED] an order was received for [REDACTED]. CNA's assist with [REDACTED] when the R13 will [REDACTED] them, but R13 often [REDACTED].

R13 – ISP [REDACTED] does not address the [REDACTED].

ISP includes outside services

Park Pointe – 1<sup>st</sup> f/u to [REDACTED] AR

R3 – ISP [REDACTED] does not address [REDACTED] services ordered on [REDACTED] R3 received [REDACTED] from [REDACTED] ISP says [REDACTED] per MD order, nurse will [REDACTED] [REDACTED] will check for accuracy. However, [REDACTED]

ISP addresses declined services

R13 - ISP [REDACTED] does not address frequent [REDACTED] of [REDACTED] to [REDACTED]

Follow up on Findings in the examples cited for 146.245d:

ISP signed by resident/designated representative

R1 has been [REDACTED]

R2 current ISP dated [REDACTED] done timely with all appropriate signatures.

R3 has been [REDACTED]

R4 has been [REDACTED]

R5-current ISP [REDACTED] done timely with all appropriate signatures

R6-current ISP for [REDACTED] was not in the chart. This HFSN-AL asked E6 for current ISP. E6 printed out the most current ISP while this HFSN-AL was in the nursing office. ISP dated [REDACTED] was signed by RN on [REDACTED]

[REDACTED] but was missing Residents or Designated Resident Representative signatures. Signatures were remediated [REDACTED]

R7 has been [REDACTED]

R8-current ISP [REDACTED] done timely with all appropriate signatures

R9 has been [REDACTED]

R10-current ISP [REDACTED] done timely with all appropriate signatures.

R11-current ISP [REDACTED] done timely with all appropriate signatures.

R12-current ISP [REDACTED] done timely with all appropriate signatures.

R13 has been [REDACTED]

R14 has been [REDACTED]

R15-current ISP [REDACTED] done timely with all appropriate signatures.

R16-current ISP [REDACTED] done timely with all appropriate signatures.

R17-current ISP [REDACTED] done timely with all appropriate signatures.

R18-current ISP [REDACTED] done timely with all appropriate signatures.

R19-current ISP [REDACTED] done timely with all appropriate signatures.

R20-current ISP [REDACTED] done timely with all appropriate signatures.

R21-current ISP [REDACTED] done timely with all appropriate signatures.

R22-current ISP [REDACTED] done timely with all appropriate signatures.

ISP individualized

R9 has been [REDACTED]

R13 has been [REDACTED]

ISP includes outside services

R3 has been [REDACTED]

ISP addresses declined services

R13 has been [REDACTED]

Additional Charts Reviewed for Compliance for 146.245d

R23's RAI dated [REDACTED] section [REDACTED] letters [REDACTED] were updated to code 0 but there is no date of correction or nursing initials as to who updated RAI.



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-Section F3 letters [REDACTED] were both updated code 3 but there is no date of correction or nursing initials noted on update.

-Section [REDACTED] was corrected to include [REDACTED] and [REDACTED] but there is no date or nursing initials on correction.

ISP dated [REDACTED] is not individualized, as it does not include R23 being on [REDACTED] or [REDACTED]

-The ISP "Needs" section is incomplete and only give a one-word answer for the following:

[REDACTED]

R24's RAI [REDACTED] appears to be in compliance.

The ISP dated [REDACTED] "Needs" section is incomplete and only give a one-word answer for the following:

[REDACTED]

[REDACTED] section is also not completed.

R25's RAI [REDACTED] section [REDACTED] does not have [REDACTED] checked but is listed as a diagnosis on the ISP [REDACTED]

R25's ISP dated [REDACTED] "I choose" or "I do not choose" [REDACTED] services was not selected but the resident did sign. "I choose" was remediated on-site on [REDACTED]

-The resident's goals section is incomplete, with only the word [REDACTED] entered.

-The ISP [REDACTED] section is incomplete and only gives a one-word or simple phrase answer for the following:

[REDACTED]

-The ISP Health Monitoring is incomplete, with nothing listed for Strengths and nothing listed for Steps to Achieve. Health Monitoring, section Needs and Steps to Achieve are incomplete. [REDACTED] Services, section Steps to Achieve – type of service provided and how many times a week is not complete. [REDACTED] section Steps to Achieve - day of the week is not provided. [REDACTED] section Steps to Achieve - day of the week is not provided. [REDACTED] section Steps to Achieve has portions left blank. [REDACTED] sections Strengths and Steps to Achieve are incomplete. [REDACTED] needs column incomplete. [REDACTED] section Steps to Achieve has portions left blank.

R25 [REDACTED] PSA discussed with E12 [REDACTED]

R26's RAI [REDACTED] appears to be in compliance. The ISP dated [REDACTED] was done timely with all appropriate signatures. The ISP is individualized for residents assessed needs.

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R27's RAI [REDACTED] appears to be in compliance. The ISP [REDACTED] was done timely with all appropriate signatures. The ISP individualized for residents assessed needs.

**Section 146.265 Records and Reporting Requirements**

- c) Medication Error Report: The SLF shall record, and retain in a facility record, all medication errors identified and reported by staff. Errors shall be recorded on a Department designated form. Any medication error resulting in a hospitalization shall be reported to the resident's physician and to the Department within 24 hours after discovery.

R3 - On [REDACTED] R3 had [REDACTED] Per Nursing notes, the [REDACTED] was due to R3 not having [REDACTED] as s [REDACTED] R3 agreed to [REDACTED] and [REDACTED]

R3 – R3 is C [REDACTED] removed scheduled [REDACTED] from R3's [REDACTED] wanted the [REDACTED] from R3's [REDACTED] wanted the scheduled [REDACTED] discontinued. The scheduled [REDACTED] was discontinued off the POS on [REDACTED] A discontinue order was not received until [REDACTED]

**Follow up on findings for 146.265 c –**

R3 – [REDACTED]

**Additional Charts Reviewed for Compliance for 146.265 c**

Medication accuracy and administration was reviewed for R5, R8, R18, R24, R28, R29 and R30 and for the look-back period of [REDACTED] there appears to be no med errors, except for R29.

R29 – As discussed in finding 146.230 B)5) Services (see for more information), it was unable to be determined if [REDACTED] as ordered during the look-back period, as it was unable to be determined if the POS was correct due to [REDACTED] that were not provided for R29. Per request, E6 provided an updated POS signed by the APN on [REDACTED]

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**PLAN OF CORRECTION**

- Staff Nursing Director and Staff RN will receive an in-service by the Regional Director of Nursing on the following: HFS 89 ILLINOIS ADMINISTRATIVE CODE section 146.230 b)5), d)3)4); 146.245 d); 146.265 c).
- CNAs will receive an in-service by the Staff Nursing Director on the following: HFS 89 ILLINOIS ADMINISTRATIVE CODE Section 146.230 d) 4).
- Community will have monthly POS' sent from pharmacy to keep in the chart.
- POS' will be reconciled monthly by Licensed Nurse.
- Medication Error Reports will be completed on R3 by Licensed Nurse.
- Specific Medication Names will not be listed on the CNA MAR.
- MARS will be reviewed for accuracy by Licensed Nurse and Executive Director Monthly.
- Daily weight orders/parameters will be verified with MD and monitored daily by Licensed Nurse.
- A Licensed Nurse Mar will be utilized to document Medication Administration and MD ordered as scheduled.

146.235 e)1)B)F) – Added 2 new training modules to our annual and semi-annual training when it was brought to my attention during our state survey in early 2019: Promoting Your Client's Independence and Empowering Resident's Through ADL's (attachment provided).

146.235 l) Staffing – HR employee during this timeframe is no longer with us as of 7/2018. Current HR employee has been re-educated on the importance of timely background checks, printing the 6-print report from the HCWR